

# Organizations as Volunteers for the Rural Frail Elderly

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While the use of individuals as volunteers has been historically recognized as a significant resource for health and social welfare organizations, the development and utilization of organizations as the focus of volunteer involvement is another important volunteer effort. Since 1980, the Southwestern Pennsylvania Area Agency on Aging (AAA), an affiliate of the Mon Valley Health and Welfare Council, Inc., has provided leadership for a network of organizational volunteers which is delivering services to more than 300 frail elderly persons in Fayette County, Pennsylvania. This project, funded by the Administration on Aging, sought to examine the feasibility of the recruitment and retention of community organizations as the primary focus of volunteer efforts, rather than the more traditional model of recruitment of individuals.

The project emphasis on community organizations as social sup-

port systems for the frail elderly was based on the growing literature on the importance of these supports for healthy coping with stress as well as routine living tasks. Gerald Caplan and others have reported that support systems are able to fortify a person's physical and psychological coping mechanisms.<sup>1</sup> By buffering the effects of stress, social supports seem to be able to reduce the individual's susceptibility to physical and mental health problems.<sup>2</sup>

Zimmer<sup>3</sup> and others<sup>4</sup> have used this concept in various projects which analyze ways to strengthen natural or family supports of frail elderly. Others have noted the potential of community groups as informal supports,<sup>5</sup> although actual exploration of this potential has only been documented by a few researchers.<sup>6</sup> In addition to the benefits of psychological support provided to the individual, the benefits of the community

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involvement in a network of social support for the frail elderly could be an extension of the psychological support system.

Community organizations depend on semi-formal relationships between individuals and are usually based on a community service objective. Aside from the relative ease of identification, community organizations have other characteristics which appear to be favorable for volunteer recruitment: they are a ready source of community leaders and doers; they are generally distributed throughout the area in proportion to the client population; and their members are drawn from the same cultural backgrounds as the persons to be served.

As a result of service needs and greater emphasis on the significance of social support systems, the Fayette County project (Model Project for the Activation of Community Supports for the Frail Elderly) began in January, 1981 with the following goals:

1. To enlist and activate existing community organizations as service providers for frail elderly residents of the Fayette County area;
2. To match community organizations to older persons through client identification, needs assessment strategies and organizing and training activities;
3. To coordinate these organizational volunteers; and
4. To amalgamate the service agencies and volunteers through a client-focused planning and management process.

#### SERVING THE RURAL FRAIL ELDERLY

The site of the project was Fayette County, Pennsylvania. Fayette County had been a coal mining center in the late 19th and early 20th centuries and had provided the coal that fueled the steel industry in western Pennsylvania. However, with

changes in the steel industry and the depletion of the Fayette County coal, the one-industry economy of Fayette County sharply declined. Today, despite efforts at economic recovery and a new economic base, the county remains an underdeveloped area, difficult to access because it is located in the foothills of Appalachia with few modern highways and almost non-existent public transportation.

Poverty has been a long-term social problem in this Appalachian area. Of the county's 159,000 people, seventeen percent are considered below the poverty level and the unemployment rate is currently 29 percent. There has been high outmigration through the last fifty years, leaving a high proportion of dependents within the county. Most of the population live in small villages built by coal mining companies for their workers, with few modern roadways connecting these villages. The Appalachian mountains cover one-third of the county's 850 square miles while the other two-thirds is hilly terrain. The health and social service system has not met many of the basic needs of the communities; Fayette County ranked as the third most medically underserved county of the 67 counties in the state of Pennsylvania. The high proportion of older persons, low income levels and unavailability and inaccessibility of health care services have contributed to mortality rates due to heart disease, malignancies, cerebral vascular disease, diabetes and diseases of infancy which are higher than the mortality rates for other Pennsylvania counties.

The county has a high proportion of elderly persons with 20 percent of the population 60 years and older. Furthermore, 15 percent of these older people are poor and many are isolated geographically and socially in the small coal mining "patch" communities which are scattered throughout the county. Of the 7,831 persons 75 years and older enumerated by the 1980 census, approxi-

mately 1,000 were projected to be homebound due to frail health. Although services were available such as homebound meals and homemaker and chore services which would be needed by the frail elderly living in their own homes, the Area Agency on Aging was serving fewer than 300 of these persons prior to the development of the network of organizational volunteers. With limited funding and paid staff, it was even difficult to provide comprehensive services to those frail elderly that had been identified by the professional service system.

In order to target resources to the county's homebound elderly more effectively, the AAA recognized a need to overcome multiple barriers of access to this target group. Although services of paid staff were available throughout the county, their abilities to deliver the needed services to this vulnerable and geographically dispersed group were limited. In addition to the economic and geographic problems associated with service delivery through the paid staff, case-finding seemed to be limited by the cultural norm of self-reliance. It appeared that even the homebound who were unable to care for many of their own needs were reluctant to seek services from persons who were part of a professional system of aging services. With the ever-increasing proportion of frail elderly in the county's population and the escalating costs of long-term care within institutional settings, planning for the early identification of the population at risk for institutionalization was critical for effective planning. The invisibility of this large and needy group of elderly was a major problem for the existing aging programs such as the Southwestern Pennsylvania Area Agency on Aging.

Getting closer to the community level and as a result getting closer to the individual who was homebound were both necessary to heighten the awareness of the community for the frail elderly. With shrinking funding

for paid services for the care of the elderly, planning for future care dictated greater utilization of the family, neighbors and members of community organizations who were living in the same communities as the homebound. Although there was much informal help for the elderly in these rural areas, there was little overall leadership nor was there a linkage to the paid, professional system of care for the elderly. It was also unknown what specific services for the homebound would be readily performed by community groups. The project also wanted to determine the type of administrative support needed for the recruitment and utilization of community organizations as volunteers for the rural frail elderly.

## THE COMMUNITY ACTIVATION PROCESS

The paid personnel for the project included three social work professionals whose objective was to develop the system of organizational volunteers to deliver services to the frail elderly in their communities. The manager of the project was responsible for coordinating organizational system development and linking this resource with the existing formal service system. The two community organizers were assigned to develop and activate specific organizations within the communities through involvement with these organizations.

As a first step, this approach required an inventory of the existing community organizations. After reviewing all traditional sources of listings such as phone books, church and service directories, and other community information sources, the project staff learned that more than 300 established organizations existed in this rural county. Therefore, in the Fayette County population of 160,000 people, there was a 1:533 ratio of organizations to people, and for the sub-population of 32,000 elderly, the ratio was 1:107 elderly. Since the organizations included service or-

ganizations such as churches, school groups, fraternal organizations and veterans groups, it was felt that recruitment of organizations for the needs of the elderly would be feasible.

Through letters about the project and its goals and with phone contacts, the project staff made initial contact with 319 groups during the first two years of the project. More than half of the groups agreed to meet with project staff and discuss the project more fully. After getting some verbal interest from several groups in each community, the project staff would arrange a meeting of the representatives of the community groups. These meetings were usually held near one of the groups such as the meeting place of a service club or a church hall. The purpose of the meetings was to obtain a verbal commitment from the groups to participate in the project in some way. During the course of each initial meeting, the project staff explained the case-finding goals as well as the ongoing needs of the frail elderly. Cooperative services between the community organizations and the paid staff were emphasized, as well as the ability of each community and the organizations within that community network to creatively develop their own unique system of volunteerism for this group. Following meetings with the community organizations, 50 agreed to participate and subsequently the project staff arranged meetings with the members of these groups for the purpose of training and negotiation of the volunteer roles which they wanted to assume.

A summary of the responsiveness to the activation process by all 319 organizations that were contacted is shown on Table I. As the table shows, while more than 300 organizations were contacted by the project staff, 15 percent expressed willingness to help the elderly, 11 percent actually performed services, and 5 percent became ongoing service providers. As organizations continued to

perform these roles, the retainability of the groups was determined. Thirty-six of the fifty organizations that had made an initial commitment have been retained for more than a year and seventeen of these organizations have provided more than fifty hours of documented direct services on a regular monthly basis.

#### ATTITUDES OF COMMUNITY ORGANIZATIONS TOWARD VOLUNTEERISM

During the beginning of the second year of the project, the staff sponsored a survey of the entire group of organizations that had been contacted by the project so that a better understanding of the recruitment process could be determined and so that future organization recruitment could be more efficient. A random survey of 42 organizations, stratified by type of organization (church, school, fraternal organization, other) and geographical location, was conducted using personal interviews of leaders of the organizations. The response rate was 71 percent; the interviews were conducted by two persons with social work experience who were not associated with the project.

The purpose of the survey was to determine if the organizations' experiences with volunteerism, attitudes toward volunteer efforts and community networking, and/or their experiences and attitudes toward the particular group that the project wished to serve--the frail elderly--affected their responses to the project staff recruitment efforts. The approach of the staff to the groups was also another issue which was analyzed to gather information for better targeting of staff efforts.

The results of the survey generally showed that organizations in communities do volunteer work but usually restricted to members of their groups, and mostly to specific tasks done on an episodic basis. While there was cooperation at times among organizations, this coopera-

Table I: Community Organizations' Activation Responses

	1	2	3	4
	NUMBER OF TYPE SOLICITED	NUMBER COMMITTED TO PARTICIPATE	PROVIDED ONGOING DIRECT SERVICE TO OLDER PERSONS	PROVIDED MORE THAN 50 HOURS OF DIRECT SERVICE
Church Affiliated	114	17	9	3
Fraternal	107	11	9	5
Social Action	42	3	3	1
Veterans	20	5	1	1
Business	20	2	2	1
Youth or School Affiliated	16	12	12	6
TOTALS	319	50	36	17

tion tended to be among groups that were of the same organizational type, i.e. churches with churches.

The sample of 30 organizations included 10 churches, 7 fraternal organizations, 7 ambulance and fire companies, 4 community organizations, and 2 youth groups in schools. The respondent was generally the president or other leader of the group. What were these groups' experiences with volunteerism and their attitudes toward the project? While the majority (25 of 30 organizations) did volunteer work for their own members and twenty-one organizations indicated that they also did volunteer work with the elderly, it was clear that the volunteer efforts were more episodic than that required by the volunteerism project. The volunteer activities of the groups tended to be restricted in terms of scope, time, and extent of organizational involvement. They tended to be projects such as annual charitable events, food donations, or remembering the sick in the hospital. This finding showed the project staff that the recruitment of organizations for a more sustained effort of volunteerism for the elderly, particularly for persons outside their own organizations, would involve greater efforts than had previously been placed on volunteerism.

Another organizational strategy of the project was the networking of community organizations within specific geographic areas. This was particularly important since distance and the costs of traveling are especially critical in this rural area. The project staff had held meetings of all organizations in each network area that had seemed interested in project participation. Therefore, fraternal groups, churches of different denominations, school groups and community groups might all be represented for this discussion of the needs of the elderly. Since the network approach had been important in the first contacts with the groups within their own communities, the

respondents were asked about their attitudes and past experiences in working cooperatively with other organizations. Responses to the query showed that in their previous volunteer experiences, the organizations rarely worked jointly except with organizations of the same type. Furthermore, the combining of organizational efforts like the volunteer activities tended to be based on specific tasks rather than on-going relationships connected with regular programs of activities such as had been proposed by the Model Project staff.

What were the attitudes of the organizations toward volunteerism on behalf of the frail elderly who were homebound in their communities? While 43 percent of the respondents felt that it was a good idea (on the premise that organizations should become more involved with the elderly), one-third of the respondents had reservations about volunteerism with this population. They felt that volunteers were not as responsible or dependable as paid staff, that only certain people were capable of working with the frail elderly, and that volunteers did not have the training and expertise that this population required.

Were there aspects of the Model Project itself and its strategies for organizing volunteer efforts that contributed to the responses of the organizations to the recruitment efforts? The leaders of the organizations felt that the primary advantages to the concept of the Model Project were the use of volunteers for companionship for the frail elderly, increased community involvement with this population, and increased self-worth for the individual volunteer. Their reservations about the project included those related to the need for special training, the time and effort commitment, and concerns that staff expectations of volunteers might be too high.

#### ACTIVE VOLUNTEER ORGANIZATIONAL INVOLVEMENT

Of the 319 organizations con-

tacted by the project staff, fifty chose to participate and 269 chose to decline. Of those organizations volunteering, 72 percent began to deliver services to the frail elderly. What were the reasons for the other organizations' refusal to participate? Thirty-nine percent of the organizations did not participate since the leader was opposed to the project; therefore the staff was unable to learn the reactions of the organizational members. Fifteen percent did not participate due to members' lack of interest in the project and another twenty percent of the organizations were unable to participate due to organizational decline or the organization's commitment to other charitable projects.

Other clues to the negative participation rate were obtained from a survey which represented all organizations contacted by the staff: lack of previous long-term volunteer efforts; lack of substantive volunteer involvement with individuals who were not in favor of a sustained volunteer program; and concerns about the feasibility of volunteers working with the frail elderly who were homebound. All of these issues as well as organizational issues contributed to the responses of organizations to recruitment for the Model Project.

The intergenerational aspect of the Model Project was an unanticipated consequence of the recruitment efforts. Of the 36 organizations which became active participants, one-third were school clubs or youth organizations. The other organizations included one-fourth church-related and one-fourth fraternal and/or ethnic organizations. Three social action groups, one veterans' organization and two businessmen's organizations were also in the service provider groups.

Training sessions for each community network were held in locations within each network area. The training focused on basic gerontology

issues, communication skills with people during face-to-face encounters such as the home visits which the volunteers would be expected to make, and health issues important to the needs of the frail elderly such as CPR and first aid concepts. These training sessions were conducted by staff of the Area Agency on Aging and faculty of a local college. During the training session, the persons interested in volunteering also became acquainted with the realities of working with the frail elderly and more familiar with each other and with the paid staff of the Model Project.

During the period when the community networks within the county were first receiving training, publicity in local newspapers and radio described the efforts of the volunteer organizations. Through the training and publicity, other organizations in other parts of the Fayette County area became aware of the project objective to recruit organizations to help the frail elderly.

The training sessions also helped to build the base for subsequent regular meetings of the organizations with the Model Project staff member assigned to their area. These ongoing meetings helped to clarify problems that volunteers might be having with referrals, i.e., filling out forms, making appropriate referrals, or following up on individual clients. The meetings also evoked suggestions to the staff for improvements of services and procedures.

What did the volunteer organizations actually do for the homebound frail elderly? During the initial contacts of Project staff with organization leaders and later in the community meetings of the networks, the staff encouraged creativity and flexibility in the volunteer activities. It seemed that there were many tasks which community groups could do to help the frail elderly, such as escorting them to the doctor or dentist, visiting with them or telephoning them. The organizations proved ef-

fective and interested primarily in two types of activities: case-finding and direct contact in the form of visiting the elderly person and, to a lesser extent, telephone assurance.

The outreach role was very significant since the professional paid staff of the Area Agency on Aging had not been able to contact as many of this population as community persons were able to reach. Organizations readily fulfilled an outreach role by identifying and referring older people in the communities to the Area Agency on Aging. From the beginning, organizations provided staff with names of people who they believed needed to be helped, and over the course of the project's first two years, the organizations identified nearly 442 individuals, of whom 256 (58%) had not been identified previously by the formal service network. In comparison, the Area Agency on Aging was serving 404 homebound Fayette County residents who were seventy-five years of age or older in December 1980, the month before the project's activation process began. During the project, organizations identified a new group of clients to the aging services system equalling 63% of the pre-project total.

In addition to the increase in numbers of this population being identified by the volunteer organizations, the type of person being served also changed so that a more representative mix of the frail elderly was being identified and served. Although 221 of the clients identified had received services from the professional aging system, the volunteer organizations helped these persons receive more comprehensive services through their participation. An increased proportion of clients from the most rural and most isolated parts of Fayette County were identified through the use of community volunteers. For example, AAA-funded senior citizen centers in Fayette County are located in the seven largest population centers, and carry

on limited outreach activities outside of those towns. Prior to the project only 32.7% of the pre-project clients lived in the smaller communities of the county which did not have senior citizen centers. However, 52.9% of the individuals identified by Project organizations lived in communities that did not have senior citizens centers.

The organizations succeeded in two types of service roles. First, they could establish and maintain ongoing personal contact with specific individuals, and second, they could conduct periodic special community projects for the elderly in their communities. The former activity was developed as a program entitled "Adopt a Friend," using a format through which group members provided regular telephone contact and weekly visits, and performed household tasks and errands for the older persons. This service format became an almost family-like support which responded to a variety of the "adopted" individual's needs.

The second service role was more time-limited. Special community projects which included county-wide spring yard cleanups were organized by groups in various communities of the county. Organizations also provided parties and entertainment for elderly in their private homes as well as in senior citizen centers during the holiday seasons.

During the first two years of the project, 261 elderly persons received a total of 2,426 hours of friendly visiting by volunteers. Forty homebound elderly received 1,717 calls on a daily basis for telephone reassurance. Forty-one elderly persons had 282 hours of assistance with house and yard maintenance. Thirty-six others had participated in special recreational events in their homes or in senior citizen centers.

#### COMMUNITY WIDE COORDINATION

The earlier statement of project goals indicated that the first two



goals were to activate organizations and match these organizations with individual older persons. As previous discussion shows, activities related to these goals, although arduous, began to show notable success during the first two years of the project. However, in addition to far-reaching recruitment efforts and consciousness-raising strategies aimed at promoting organizational awareness of the elderly in communities, the achievement of the third project goal (the coordination of organizations' activities with the elderly) was vital. Therefore, the organizational dynamics of this project included a strong emphasis on creating a project infrastructure that would facilitate inter-organizational communications, ease volunteer linkage with resources and systematize client processing through the system, as well as establish a construct for maintaining the activity after the Model Project phase ended.

As an initial coordination strategy prior to activating the project, staff had established a project coordinating committee of thirty-three key professional and consumer informants. This committee met every two months to review progress and provide advice to the staff. In addition, the committee sponsored publicity efforts and annual public hearings to promote community awareness of and participation in the project.

Another leadership coordination technique was a process of networking the community organizations to achieve activity coordination locally and benefits countywide. Staff identified six geographic sectors or networks within the county and assigned organizations as members of the network in which they were located. Subsequently, each network of organizations met on a monthly basis to share information about experiences, collaborate on techniques and establish joint projects and activities.

These network organizations have also evolved into linkages between

the homebound elderly and the professional system of aging services. The leadership and advocacy role was encouraged among the network participants in the interest of frail elderly and representatives were added to the Coordinating Committee.

After about a year of network activities, relationships among organizations became patterned through the monthly meetings and a stratification of their various complementary roles became apparent. Knowing this, a final coordinative project activity could commence, that of service system amalgamation.

### SYSTEM AMALGAMATION

The AAA did not want this project to result in a free-standing volunteer system separate from the system of professional service providers. In addition, an analysis of the referral patterns of individuals identified and assessed during the project revealed that in 63% of the cases clients could appropriately be sustained by family and friends if occasional guidance were made available by professionals. In another 25% of the cases, assessments recommended professional intervention, while the remaining 12% seemed able to maintain themselves in their own homes if a community organization were available to provide ongoing contact and periodic assistance with household tasks.

Neither system without interacting with the other could provide adequate or comprehensive assistance to the elderly. Without an effort to maintain the volunteer resources, the agencies could anticipate a greatly increased workload. Therefore, a process of amalgamating community organizational volunteers and professional agencies was initiated.

The Project Coordinating Committee already was a demonstration of this amalgamation concept. In that committee, professionals, community organization leaders and consumers caucused together to discuss

and advise the Model Project staff. Therefore, as the Project networks became stabilized, staff invited leaders of the agencies that served the elderly to join the volunteers in network meetings. Since the network meeting agendae focused on serving the needs of specific individuals and clusters of older people, that format allowed staff to direct formal/informal resource amalgams toward the target elderly. In other words, a resource amalgam for a single client might include a case assessment and service plan developed by a professional agency as well as delivery of various services by both formal service agencies and organizational volunteers, each in appropriate roles.

Service planning for Fayette County homebound elderly adapted to this amalgamated pattern in the project's second year. Formal organizations that had been unable to address all the multiple needs of the homebound elderly now are beginning to regard the volunteers as a useful resource for supplementing agency activities. Early in the project the organizational volunteers had recognized the need of the homebound elderly for professional intervention for certain problems and they were pleased when professional resources were provided to people whom they had identified but who had not received agency service prior to the project.

In order to assure the maintenance of the newly developed service system beyond the termination of Federal funding for the project, the Area Agency on Aging formalized this resource amalgamation approach. All agencies applying for program funding in 1984, the post-project year, have been required to negotiate agreements with Model Project community organizations. These agreements specify referral patterns and case handling alliances and define service delivery objectives that will be shared by the organizations and the service agency. Both provide specific amounts and types of

services to the senior citizens in their target communities, appropriate to the special capacities of the agencies and organizations. Through this technique the agencies are being required to facilitate an ongoing organizational volunteer system as a prerequisite to receiving funding from the Area Agency on Aging. The enforcement of this multi-resource program for the elderly is consistent with the project experience that both professionals and volunteers are needed in coordinated action in order to provide a comprehensive system of service to the older citizens of the county.

Through this process the Southwestern Pennsylvania Area Agency on Aging has been able to ascertain the realistic potential for community organizations to participate as operants in a service system for the homebound elderly of Fayette County.

While more concrete conclusions require analysis of the amalgam that has been created as it operates over the next few years, the preliminary conclusions of this effort are that organizational volunteers can:

1. Identify a large number of homebound older persons who reside in their communities;
2. Assume responsibility for maintaining contact with these persons and providing a communications link between these persons and professional service providers; and
3. Provide a measurable amount of service to the homebound elderly, of an interactive but non-technical nature.

## RECOMMENDATIONS

Based on the three years of activation and implementation of a system of volunteer organizations, the Model Project discovered many of the strengths and limitations of this approach to volunteerism. During any activation process, several aspects of recruitment should be considered:

1. What are the goals and expectations for each organization as a volunteer?
2. What are the capabilities of the organization to participate?
3. What are the capabilities of the individuals who are members of the organization?
4. What is the potential match between the needs of the client population, the organization's capacities and interests, and the staff needs for help with this population?

Following an initial inventory of potential organizations for participation in a volunteer program such as the project for the frail elderly, additional screening can be done including the following issues:

1. What organizations are most likely to be interested in working with the target volunteer population?
2. What are their past experiences working with this population?
3. Do they have an existing service program which can link to the volunteer project?
4. What are the perceived needs of the client population?
5. Which of those needs do the volunteer organization wish to fulfill?
6. In what form do they wish to fulfill these needs?
7. What types of training are needed?
8. What types of staff support are needed?

The experience of this project indicates that social welfare organizations (guided by policy statements for improving the quantity and quality of social services with volunteers) need to approach this task critically. This project has shown that in this rural area most volunteer organizations willing to be involved were youth and school groups and church-related

groups. The individuals volunteering for the project were more likely to be the "young old" (60 and older) and adolescents; other age groups did not volunteer with the same interest and frequency. This pattern may be attributed to the many family and economic obligations during these middle-aged periods of life, and volunteer commitments to other groups.

Volunteer organizations of adolescents and the older volunteers, while possessing certain important qualities, have inherent limitations as a volunteer pool. They are usually less independently mobile and are limited in the kinds of tasks they can do with confidence and to the satisfaction of the elderly client. While the ideal prototype of volunteer task mix may include personal services such as homemaking, shopping, transportation and housecleaning, the volunteers that were recruited for this project did not prefer these activities or were not prepared for the reactions of the elderly clients toward non-family members doing these services. Instead, companionship and other non-intrusive services were the preferred services for both the volunteer and the client population.

In addition to these considerations of quality of services, the project indicated that an intensive community organizing effort was needed to maintain a quantity of volunteer services which is meaningful in terms of impact on the overall system. The quantity of volunteer services provided was significant, however the services were not the type which could be substituted for existing professional services. In fact, organizational volunteers seemed to be most effective at identification of additional persons needing professional services, advocacy on behalf of the needs of the frail elderly, and providing non-intrusive direct services such as companionship on an ongoing basis. For a smaller proportion of the clients, organizational volunteers did act as a linkage with the formal system in supplementing the formal

system's services. Finally, organizational volunteers appeared unwilling to provide significant quantities of services to clients who needed personal services such as personal care, shopping, and meal preparation.

In summary, this project demonstrated that even within a poor area, community organizations did provide volunteer resources to assist in the support of a dependent population. However, in order to effectively mobilize rural communities for volunteerism, the project experience suggests that social welfare organizations must first understand the following: 1) the strengths and limitations of the potential pool of volunteers; 2) the various needs of the client population to be served; and 3) the socioeconomic, cultural and geographic characteristics of their service area.

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#### FOOTNOTES

<sup>1</sup>Gerald Caplan, "The Family as a Support System" in Caplan and Killilea (eds.), Support Systems and Mutual Help: Multidisciplinary Explorations (New York: Grune Stratton, 1976).

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<sup>3</sup>Anna H. Zimmer, "Strengthening the Family as an Informal Support for

*Their Aged: Implications for Social Policy and Planning," Community Service Society of New York, November 17, 1978.*

<sup>4</sup>James J. Callahan, et. al. "Responsibility of Families for Their Severely Disabled Elders," Health Care Financing Review, (Winter 1980), 29-48. Ethel Shanas, "The Family as a Social Support System in Old Age," The Gerontologist, 19(2): 169-174, (1979). R. Kuly and Sheldon S. Tobin, "Older People and Their Responsible Others," Social Work (March 1980), 138-145. Marjorie Cantor and Johnson, Jeffrey L., "The Informal Support System of the 'Familyless' Elderly--Who Takes Over," Paper presented at the 31st Annual Meeting of the Gerontological Society, Dallas, Texas, 17 November 1978.

<sup>5</sup>Herbert J. Pigman, "Service Clubs: Catalysts for Community Action," Human Development News, (February-March 1983), p. 5. Abraham Monk, "Family Supports in Old Age," Social Work (November 1979), 533-538. Clingen, Donald F., Aging Persons in the Community of Faith, The Institute of Religion and Aging (Indianapolis, October 1980).

<sup>6</sup>Phyllis Ehrlich, "Service Delivery for the Community Elderly: The Mutual Help Model," Journal of Gerontological Social Work, 2(2): 125-135, (Winter 1979). Illinois Humanities Council and the National Endowment for the Humanities, Because Somebody Cares, a film, Terra Nova Films, Inc. (Tinley Park, Ill., 1980). Sheldon S. Tobin, "The Church: Successful Service Provider to the Elderly?" Human Development News (May 1982).