

THE ELDER SUPPORT NETWORKSM : AN EXPERIMENT IN CONTINENTAL COOPERATION AND PLANNING

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The Elder Support Network is a continental delivery system that links isolated, frail elderly who live far from family and friends with an alternative support system provided by a Jewish family service agency in their community. Its success illustrates that the Jewish community will make use of programs of a continental nature and that it is possible to fund a continental program.

The Elder Support Network (ESN) is a North American service delivery system that provides help to frail, isolated, and physically or emotionally impaired elderly people and their families and friends who live far away from them. Since it went on-line in June 1987, over 1,800 clients have been served by ESN.

Older persons who have no social supports are often at some risk because of the unavailability of the kinds of support and resources that close family members and/or friends living in the same geographic areas can provide. What stands between them and custodial care is often their own ability to pull together the resources to allow them to live independently. More often than not, as age increases, they are less able to accomplish this task and must make the physical and emotional move toward greater dependence and a more limited lifestyle. That begins a destructive process. As one's independence is reduced, the stress resulting from prematurely limited functioning decreases one's physical and emotional well-being. The intent of the Elder Sup-

port Network is to mobilize alternative support for the elderly who are isolated from this natural nurturing system of family and friends.

RECENT DEMOGRAPHIC CHANGES

There have been major changes in the demographics of the Jewish population of North America since 1960. One of the most evident is where Jewish people live. Location as it is related to age has had an even greater impact on patterns of Jewish communal living.

Jews have moved in great numbers from the population bases established during the first half of this century. Significant movement has occurred from the Northeastern corridor, particularly New York, New Jersey, and Pennsylvania, as well as some of the major Midwestern cities. The direction of this move has been consistently to the South and Southwest, the "Sunbelt." Since 1960, the Jewish population of California has increased by 75%, of Arizona by 60%, and of Florida by 250%.

Further, the data indicate that the most mobile segment of that population has been those over the age of 60. These have not been family moves; rather, they have been the relocation of older persons who have the resources required to change their location and to seek a more comfortable

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lifestyle for their later years. At first, this mobile segment tended to be older people with very modest incomes moving to such areas as Miami Beach, Florida. More recently, older adults with more significant means have moved to very comfortable residential areas on the east and west coasts of Florida, to Arizona, and to Southern California.

Young Jewish families are moving as well and represent a substantial portion of those leaving the Northeastern corridor of the United States. These younger Jewish people often leave behind older relatives who could not or did not want to relocate. In both cases, one of the most significant results of the demographic shift of Jewish population in the United States has been a large population of older adults who are dispersed and isolated from their natural network of support and no longer have available to them the assistance that an extended family can provide.

NEEDS OF OLDER PEOPLE

The movement of significant numbers of Jews is not a new phenomenon. Indeed, the resourcefulness of Jewish communities in the development of refugee resettlement services is unique. Today, the ability of the Jewish community to support, care for, and integrate large numbers of people is again being tested, particularly in Israel and the United States, as increasing numbers are permitted to leave the Soviet Union.

However, the fact that the population movement in the United States has affected so many older adults makes the problem unique and requires a different approach to problem solving. Stress research indicates clearly that relocation has strong consequences for the welfare of human beings. All change involves loss, and loss can be extremely stressful. For older people, that stress can become rapidly debilitating, particularly since what is lost—the involvement in and support from families—is

considered critical to the ability of older adults to maintain an independent lifestyle. Interestingly, a contradiction has occurred for the thousands of older people seeking a more comfortable life. As they moved to the lifestyle of their dreams, they reduced their ability to meet their increasing need for outside support and assistance.

Given the high incidence of stress related to geographical moves and the particular complications faced by elderly persons making those moves, a number of critical needs have become evident:

- Maintenance of adequate housing
- Appropriate and adequate medical care, including the ability to negotiate for increasingly complex medical services and finding the financial resources for payment for services
- Information and advocacy regarding stabilized financial resources
- Logistical services to compensate for reduced physical capabilities
- Case management by a local support system
- Counseling regarding personal needs
- Mediation and counseling focused upon the interaction or lack thereof of older persons and their distant families

In sorting through these needs and the lack of resources, two primary concerns become evident. The first is the need for a system that would facilitate communication between elderly persons and their distant family. Of equal importance is the availability of a substitute local support system, capable of providing the support that in earlier times might have been available from local relatives. Networks are intricate entities. The type and quality of services provided by family networks are complex, and their replication requires more than a simple service delivery system. The effort to develop a system of support similar to that typically provided by the family of an elderly person is a formidable undertaking.

CREATION OF THE NETWORK

In 1985, at the Annual Conference of the Association of Jewish Family and Children's Agencies (AJFCA), a group of executives of member agencies met to discuss the difficulties they were having in ensuring the delivery of quality services to members of their communities who had moved to distant parts of North America or had relatives in other parts of the continent. Many of these agencies had already created local service delivery mechanisms that offered a package of services to elderly community members. Meeting together, it became clear that it was possible to meld the local services with new telephone technology and thereby create a continental linkage.

The challenge was to develop a system for disseminating information about the availability of services in dozens of communities so that any family in North America having concerns about elderly relatives could find and use those services. With that as an objective, initial steps in the development of ESN were taken as a number of major issues were confronted. The problem had to be defined in such a way that Jewish communities across the continent, those heavily affected, as well as those only mildly affected, could agree that all shared in the responsibility for these elderly persons and their families, no matter what their location. This concept of continental responsibility for creating a system providing the highest level of accessibility was not easy to sell. A number of difficult questions were raised:

- Why should an agency in a community that has few Jewish elderly commit resources to a system that will serve few, if any, of its constituents?
- Why should a community that is primarily populated by younger persons, who would be paying a fee for services in another location, invest any of its resources in such a system?

- Why should a community that has limited resources for services to the elderly invest in a system that will only increase the demand for those limited services?
- Why should a community that, for many reasons is offering services with marginal professional involvement, subject itself to a standard-setting process that will force it to spend more of its limited resources on higher quality care and a broader range of service capabilities?
- Why should agencies in the North take responsibility for resource problems of agencies in the Sunbelt?

These were questions that had to be resolved, at least to some extent, before the consensus critical to the operation of a partnership network could be reached. Essentially, everyone had to agree that the problems faced by dispersed elderly and their families were of a continental scope and had to be approached from that point of view. It took more than a year to come close to that consensus, and, despite 2 years of network operation, considerable disagreement on these issues still exists.

Beginning in 1985, a committee of agency executives committed to the concept and representing all areas of the United States struggled with issues of principle and process for almost 2 years. They were joined by a committee of lay leaders of Jewish family agencies who were board members of the AJFCA. Jointly they designed the Elder Support Network, which would be composed of partner agencies voluntarily agreeing to participate in a service delivery system.

It was decided that a national network associated with a national organization should carry some responsibility for the quality of the services provided by each of the partners. Therefore, standards for quality of care had to be included in the structure of the network. The result was a manual, which spelled out the philosophy of the service and referral process, detailed the obligations of each partner and the

national information and referral service, and outlined provisions related to quality of care. Time limits for agency response were set, and credentials for staff and supervisors were detailed. The manual also spelled out the minimum range of service to be made available and to be required for partnership and the process by which referrals were to be made.

The key component of the Network is the information and referral center, which is operated by AJFCA. The entire project is coordinated by a project manager employed and supervised by AJFCA, who handles the bulk of direct service responsibility. A national toll-free number has been established that routes the caller to this central resource. The role of this central resource is to gather information about the concern of the caller, and share with him or her the resources that are available in the geographic area of the elderly persons concerned, specifying that the primary service provider is the ESN partner in that area. The staff person offers to "call ahead" to alert the partner agency of the need for service. In addition, it is recommended to callers that they contact their own Jewish Family Service for the ongoing support that is often necessary when dealing with problems of distant elderly relatives. A record-keeping system was developed that would provide information not only about the activities of the information and referral service but also about the ultimate outcome of the referrals made.

Recognizing the importance of the involvement and approval of the Council of Jewish Federations (CJF), the CJF Committee on Services to Older Adults was approached. That committee carefully reviewed ESN and offered some suggestions and modifications. Ultimately, it endorsed the program and recommended that the Large City Budgeting Conference (LCBC) of CJF be asked to validate the program for the funding needed to make it successful. The LCBC, after offering some suggestions and modifications, approved the

Elder Support Network and validated an approach to Jewish federation endowment funds and foundations for seed money to establish the project. Unfortunately, LCBC validation does not guarantee funding. Their permission only authorized ESN to approach endowment funds and begin to request the money needed.

It became quickly apparent that the biggest difficulty in approaching federations for funds is that few communities wanted to be the first to commit funds for such an innovative project. Fortunately, the Cleveland and Detroit federations quickly provided the initial funding to begin ESN. Over the 2 years of this pilot phase of the project, the ESN has received \$117,750 in foundation funding.

As a source of additional funding, AJFCA member agencies were offered the opportunity to become "Partners" in the Network. All members were asked for seed money of varying amounts. Large agencies were asked for \$750 per year for 2 years; intermediate ones for \$500; and small agencies for \$250. This money would be used to hire the project manager and to get ESN on-line. Because of the inclusive nature of AJFCA, it was recognized that not all of its members would choose to or would be appropriate candidates for "partnership."

The very process necessary to the creation of a stable, ongoing service also contributed to negative reactions to the Network. More than 100 agencies were identified as potential partners in the Network. In order to facilitate that involvement, the two committees previously mentioned—one made up of agency professionals, primarily executive directors, and the other composed of lay persons, primarily presidents or past presidents of local agency boards—assumed responsibility for development and implementation of the Network. In addition, the opinions of possible partners were sought at several major steps along the developmental way. Agreement, even consensus, was sometimes difficult to reach.

Despite some major differences in posi-

tion on the Network, support was substantial. Seventy-seven agencies initially signed on as Partners, not only agreeing to meet minimum standards in the delivery of service but also making a financial commitment to support the Network.

MARKETING THE NETWORK

To create awareness of ESN, a national marketing program was implemented. It was directed at as broad an audience as possible within the North American Jewish community, with the goal of reaching those who are not familiar with Jewish Family Service agencies and the types of care and services the agencies offered. Because funds were limited, the program focused on advertising in the print media and on the production of posters and brochures. The services of professional graphic artists, models, and copywriters were used in the design and production of all marketing materials. At the same time lawyers arranged to have the name, abbreviation, and logo legally trademarked.

Advertisements were placed in Jewish magazines and in the house organs of the major American Jewish organizations. Rapidly, it was discovered that the most successful advertisements were those placed in the magazines of women's organizations since it is the woman who is most often responsible for arranging for the delivery of service to the elderly, even for her husband's relatives. In addition, posters were sent to every Jewish Family Service, Jewish federation, Jewish Community Center, and synagogue in North America, and letters were sent to major American Jewish organizations explaining ESN and requesting coverage in their newsletters. Press releases and public service announcements were sent to Jewish newspapers, radio, and television programs. The JTA, the national Jewish news agency, published a very complimentary article, as did a number of Jewish community newspapers.

CASE EXAMPLES

These case examples of the kinds of services that ESN has been called upon to provide illustrate how it works to develop support systems for the isolated elderly.

After seeing an advertisement in *Hadassah Magazine*, a woman from Bloomington, Indiana, called ESN about her parents who live in Lauderdale Lakes, Florida. Her mother is 70 years old, and her father is 75 years old. The caller's mother was diagnosed as having Alzheimer's disease. The daughter called because she felt her father, the only caretaker for his wife, was becoming very resentful of his wife's illness and was refusing to help out in the house with cleaning and cooking. She felt that he needed a support group to help him deal with his feelings. The family was referred to the Jewish Family Service in Broward County, Florida.

In the second case, a woman called from Kansas City, Missouri, upon referral from her local Jewish Family Service. Her call was in regard to her 93-year-old mother who was living in Brooklyn, New York. The caller was concerned because her mother was caring for a 60-year-old daughter who was emotionally disturbed. She called ESN after her mother told her that she was being physically abused by this daughter who was striking her with a cane. That call was referred to JASA, the Jewish Association for Services to the Aged, the partner agency in New York City.

After being referred by her synagogue a woman called from Stockton, Massachusetts in regard to her stepbrother's mother, a 78-year-old deaf woman who was living in Brooklyn, New York. The elderly woman's son, who was her primary caretaker, had recently passed away. The caller learned that the elderly person had not contacted anyone after her son had died and that he had laid dead in her home for 3 days. After the death was discovered the elderly woman was taken to the hospital for observation and was, unfortunately, released without the family members being notified. The

family tried to contact her, but since she is deaf, they were unable to reach her by telephone. The referral was made to JASA, which went into the home and was able to improve the situation.

In another case, a woman called from Philadelphia about her 90-year-old uncle and her 87-year-old aunt. Her uncle was diagnosed as having AIDS, which he contracted from a blood transfusion received 5 years previously. He was in a hospital awaiting placement in a hospice. The caller's concerns were for her dying uncle, as well as for her aged aunt, who was becoming emotionally unable to handle the situation. The caller wanted to find every possible means of placing her uncle in an adequate facility and was not satisfied with the answers she was receiving from the hospital. Once again, JASA was the agency utilized. Unfortunately, the elderly uncle passed away before a plan could be implemented. However, the agency was able to assist the caller's aunt.

Finally, ESN received a call from a woman in New York City who was referred by a friend who had seen the ESN poster in her synagogue. She called in regard to her 70-year-old aunt living in Canoga Park, California. Her aunt is quite ill physically, but is the sole caretaker of her adult retarded children. She has two sons, one of whom is 50 years old, severely retarded, and blind, and a 47-year-old daughter, who is retarded as well. The caller was most concerned about the family's well-being and financial situation and worries about what will happen when the aunt dies. This call was referred to the Jewish Family Service of Los Angeles for assessment.

RESULTS

Since the advent of the advertising campaign, an average of over 100 calls per month have come into ESN. What the results would be with a prominent radio and television campaign can only be imagined. In 1988, ESN won the Volunteerism in Action for the Aging Award of the National Council on Aging, and in 1989 the program was awarded the William J. Shroder

Award of CJF for innovative programming by a national agency.

After its successful 2-year pilot phase, ESN was incorporated, with modifications, into AJFCA's regular program and budget, effective January 1, 1990.

The modifications are several-fold. First, *all* agencies that provide the Basic Package of Services as specified by AJFCA are automatically included in ESN and have been assessed a small AJFCA membership dues increase to cover the additional costs that ESN will add to AJFCA's regular budget. Second, rather than the ESN project manager taking down the information from the caller and then calling the agency to make the referral, the caller is now given the name of the agency, the name of the contact person, and the telephone number and instructed to call on his or her own. Of course, ESN will make the call for those unable to do so. Each caller then receives a follow-up letter urging him or her to call and asking for a donation to help keep ESN in operation. Also, if permission is granted, the agency to which the caller was referred receives information on the caller and, it is hoped, will follow up if contact is not made in a reasonable period of time, although this is at the agency's discretion. This change in ESN procedure was made because it was found that most callers preferred to talk directly with the agency without an intermediary.

In addition, the advertising budget, which was already small, has been even more drastically curtailed. Agencies are now given professionally prepared marketing kits and are asked to handle insertions in their local media. If money is available, the national advertising will continue, although at present this is highly doubtful.

As successful as the program is, there have been a number of failings. First has been AJFCA's failure to properly educate its constituency so they would understand the importance of the continental program to the Jewish community and the benefits of a continental program that will promote

Jewish family service in general even if it does not promote a specific Jewish family service agency. In addition, many foundations were uncomfortable with the idea of a continental program. They wanted something tangible that directly benefited their home town, preferably in very concrete ways. Helping former residents who had moved elsewhere was a difficult concept to sell.

The federated communities have failed in their ability to communicate the need for continental programs as well. Communities were not sufficiently appraised of CJF's support of this program and therefore did not make their own funds available. Finally, many communities responded as our agencies did. They looked at the program and said, "What's in it for me?"

Other national groups, mainly women's organizations, were helpful in the initial marketing effort although one major congregational group refused to inform their rabbis about the program because it was not solely designed for their membership.

LESSONS TO BE LEARNED

The success of ESN demonstrates that the Jewish community will make use of programs of a continental nature. The calls received demonstrate that people want the Jewish community to help and are prepared to call for help. Other calls on the ESN "800" number have requested other communal services beyond that which are advertised.

ESN's experience also indicates that it is possible to fund a continental program. Some foundations are prepared to be forward-looking and innovative in providing monies for the provision of services on a continental basis, and some agencies are willing to provide the necessary services. That is very exciting, but again, the base must be broadened.

Print media are a reasonable place to advertise Jewish community services. The approach can be broadened by including television and radio as well, but at least as a beginning, print media can be used effectively.

The Elder Support Network and its concept could be broadened significantly given a large enough marketing budget. Clearly, there is a place for a continental Jewish information and referral service that would inform callers not only about services to the elderly but also about services related to adoption, relocation, and a myriad of other communal programs as well.

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