

Friendly Visiting: Who Needs Companionship in Later Life?



Program Fact Sheet

Background

Loneliness and isolation endanger the health and wellness of older adults. Elders with limited social networks or who feel lonely may suffer worse mental and physical health, are twice as likely to develop Alzheimer’s Disease, and have an increased risk of developing heart disease, high blood pressure, bad sleeping patterns, and worse cognition over time.

FriendshipWorks’ Friendly Visiting program is an established companion matching program that meets the needs of isolated seniors in Boston. The program screens, trains, and matches volunteers with elders and disabled adults. Volunteers visit and assist with tasks one friend might do for another, offering friendship as well as help with everyday tasks that keep life on track. Some include healthy movement and walks to help elders remain active.

Project and Research Description

From 2010 to 2012, an in-depth assessment of the Friendly Visiting program and its effects on recipients and volunteers was completed by two Gerontology PhD students from the University of Massachusetts Boston.

The effectiveness and quality of the Friendly Visiting program was measured through surveys and qualitative interviews. All newly referred recipients were surveyed before they became active in the program and then all active, currently matched recipients were asked about their Friendly Visiting experience.

A series of companion fact sheets answer our research questions on who is being served and the benefits they receive. This fact sheet is 1st in the series and summarizes the findings from surveys with newly referred older adults before they are matched with a volunteer to answer one of the study’s research questions: *Who are the individuals in need of this service?*

Findings

During the data collection phase, 37 elders were enrolled into the Friendly Visiting program. Demographic information for these individuals can be found in Table 1. The people entering the program were notably disadvantaged.

The majority were living alone, low income, and had some physical impairment. Over 70 percent had at least one clinical diagnosis with 65 percent having two or more diagnoses. Many of the elders had never been married or found themselves divorced or widowed in later life.

Table 1. Demographics for New, Qualified Friendly Visiting Referrals (n=37)

Gender	Female	69.4
	Male	30.6
Age	65 and younger	24.3
	66 to 75	29.7
	76 to 85	21.6
	86 and older	24.3
Race/Ethnicity	White/Caucasian	67.6
	Black/African American	29.7
	Other	2.7
Marital Status	Married	8.3
	Divorced	25.0
	Widowed	27.8
	Never Married	38.9
Income	Under \$14,999 per year	56.3
	\$15,000 to \$19,999	21.9
	Over \$20,000 per year	21.9
Living Situation	Lives Alone	94.6
	Lives in Institution	29.7
Impairment	Disabled	47.2
	Mobility	64.9
	Hearing	18.9
	Sight	16.2
	Confusion	13.5
Number of Health Diagnoses	No Diagnoses	29.7
	One Diagnosis	5.4
	Two or More Diagnoses	64.8



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An in-depth baseline survey was completed by 24 elders out of the 37 who came into the program during the data collection phase, offering a detailed look at who comes to FriendshipWorks in need of Friendly Visiting.

Assistance with Daily Tasks

Due to health or memory problems, the top 3 tasks elders had difficulty with were cleaning/laundry, transportation (driving, taking taxis, or using public transit), and shopping.

To understand if FriendshipWorks is reaching its target population, the researchers explored whether elders who have difficulty with tasks have someone in their life that can help them. Table 2 shows the percentage of people who have difficulty with each corresponding task and then the proportion who reported having no one in their life to help them with that task. Though

Table 2. Assistance with Daily Tasks and Whether Someone is Around to Help (n=24)

Difficult Task	Yes, I have difficulty	IF YES - there is no one to help
Cleaning/Laundry	79.2%	17.7%
Transportation	70.8%	50.0%
Shopping	57.3%	33.3%
Managing Finances	41.7%	54.5%
Reading Mail	37.5%	70.0%
Preparing Meals	37.5%	40.0%
Taking Medications	25.0%	28.6%
Using the Phone	25.0%	85.7%

a number of people have difficulty cleaning and doing laundry, almost everyone has assistance. Tasks like using the phone and reading the mail are challenging for fewer elders, yet those who need help with these tasks do not have support.

Emotional Well-Being

Three scales were used to measure the well-being of individuals referred to the program: the Geriatric Depression Scale (GDS), the Satisfaction with Life Scale (SWLS), and the Brief Sense of Community Scale (BSCS).

- **20.8%** of new referrals had a severe depression rating, 37.5% were suggesting depressive symptoms (GDS)
- **45.4%** were dissatisfied or highly dissatisfied with their life satisfaction (SWLS)
- **38.0%** reported an extremely low sense of community where they live (BSCS)

Social Isolation

The size of social networks and the extent of isolation experienced by new referrals was measured by the Lubben Social Network Scale (LSNS) which is a brief instrument designed to measure social isolation and an elder's perception of social support.

- **37.5%** of new referrals had dangerously limited social networks (LSNS)
- **54.2%** had no family or friends they see or visit with regularly (i.e. monthly or more)

Conclusions

FriendshipWorks' Friendly Visiting program targets specific individuals in the community with low levels of emotional well-being and social networks. They reach a disadvantaged population who are in poor health, have low income, and are isolated. These elders come to the program so they may benefit from the mission to reduce social isolation, improve quality of live, and preserve dignity in old age.

This Fact Sheet was created August 2012 and can be found at www.fw4elders.org