



## STUDY OF THE RELOCATION OF ELDERLY PERSONS

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This volume is one of a series reporting on the study of the relocation of elderly persons, sponsored by the Ford Foundation and conducted by the Institute for Environmental Studies and the National Association of Housing and Redevelopment Officials. The four volumes already published are:

*Essays on the Problems Faced in the Relocation of Elderly Persons (1964)*

*The Elderly in Older Urban Areas: Problems of Adaptation and the Effects of Relocation (1965)*

*Relocating the Dispossessed Elderly: A Study of Mexican-Americans (1966)*

*Preparing the Elderly for Relocation: A Study of Isolated Persons (1966)*

The report on the other demonstration project, conducted in New York, is now in preparation.

**THE SOCIAL FUNCTIONING OF  
THE DISLODGED ELDERLY**

**A Study of Post-Relocation Assistance**

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## STUDY OF THE RELOCATION OF ELDERLY PERSONS

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Demonstration Project on the Relocation of  
Elderly Persons in Providence, Rhode Island

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**THE SOCIAL FUNCTIONING OF  
THE DISLODGED ELDERLY**

**A Study of Post-Relocation Assistance**

by

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## PREFACE

This report on a project in Providence is part of a comprehensive study of the relocation of elderly persons conducted by the Institute for Environmental Studies at the University of Pennsylvania and the National Association of Housing and Re-development Officials, under a grant from the Ford Foundation.

The subject was selected for exploration because it stands at the intersection of two great national problems: the need to assure a satisfactory place of residence for all elderly people, and the need to deal constructively with families who are compelled to leave their homes because some public program demands an alternative use for the land on which they live. This aspect of these problems commands our particular concern, not because the elderly constitute a disproportionate number of persons relocated, but because they are more vulnerable to the multi-dimensional shocks that accompany any forced expulsion from places of residence, even though it be undertaken in the name of the general public good.

The study was divided into two main sections. In the first, the general subject was explored, the literature examined, and the accumulated knowledge coupled with our own understanding was put together in a research effort conducted almost entirely within the University precincts. In the second, four demonstration projects, one each in New York, Providence, San Francisco, and San Antonio, were undertaken to study various aspects of the problem and to test a variety of field situations.

The City of Providence was among those chosen because it had demonstrated considerable concern for the social and psychological problems associated with forced relocation. Moreover, a social service program was instituted by this agency to deal with the particular problems of older people who are compelled to move. Providence also possessed a progressive local housing administration, which not only provided accommodations for relocated persons but also pioneered in the construction of low-rent

accommodations designed to meet the social as well as the shelter needs of elderly people. Dexter Manor was so successful socially and architecturally that a second project to serve the same clientele was soon erected. Perhaps most important of all is the fact that many public officials and private individuals in the City of Providence were profoundly concerned with the elderly and their problems. One of the most notable is David Joyce, director of the relocation agency, who was invited to become the director of the Providence demonstration study.

The Providence study was devoted to determining ways of overcoming the difficulties faced by elderly people in re-establishing social ties in a new neighborhood after relocation. In particular, we were concerned with the length of time required and the ease with which transplanted persons explored the available neighborhood facilities and decided upon the shops in which they wished to trade. Of equal importance was the re-establishment of associations with relatives and friends and the nurturing of new acquaintanceships to meet social needs and requirements for mutual help. The demonstration also attempted to assure continuity in the benefits that individuals had received from various social services while at their previous places of residence or to make the necessary contacts for services for which need was precipitated or discovered in the course of relocation. Finally, in order to prevent a diminution in participation in recreational activities, which play such an important part in the lives of retired persons, the demonstration made a point of acquainting people with the ways and places in which time could be spent pleasantly and productively.

In order to uncover the needs of the clients immediately after relocation, an interview was conducted with elderly persons relocated from the Central Classical Redevelopment Area. On the basis of the findings, a social service program was instituted, designed to hasten the establishment of the elderly in their new places of residence and, in particular, in their new social setting. A second survey was conducted approximately a year later among the same households in order to collect information on the extent to which the diagnosis and the services rendered had met the needs of the families.

The accompanying report provides a full and detailed account of the entire procedure and an evaluation of its effectiveness. Among other things, the demonstration showed that the sheer act of intervention via the interview is important, not only as a means of determining the required assistance, but also because it provides an opportunity for a warm and friendly encounter between the interviewer or social worker and the frequently lonely or

isolated client. This unanticipated gain reinforces the value of the additional services provided directly by the project staff or through referral to other agencies. The methods and results of this study are to be commended to all cities faced with the problem of providing for the welfare of elderly persons who have been compelled by public action to leave their homes.

Chester Rapkin  
Professor of City Planning  
University of Pennsylvania

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## ACKNOWLEDGEMENTS

In the course of this demonstration project and in the preparation of this report, many persons played major roles, contributing their time, talent, and energy.

Without the financial assistance of the Ford Foundation, this study would not have been possible. We acknowledge, with deep appreciation, the generous grant we received.

Mr. Michael A. Gammino, Jr., Chairman, and the members of the Advisory Committee must be thanked for providing specialized knowledge and continuing guidance.

Our debt is great to Miss Ellen Carol Cotter, Field Specialist, and Miss Gertrude M. Olson, Social Caseworker, whose skilled casework and devotion to the service program are amply illustrated in the pages of this report.

The Rhode Island Council of Community Services, and Robert R. Mayer, Research Consultant, carried out the research and analytical part of the demonstration with care and competence.

The availability of Professor Sidney Goldstein, Chairman of the Department of Sociology and Anthropology, Brown University, for consultation was of great assistance in strengthening the design and execution of the research.

The exceptional empathy, warmth, understanding, and lively interest of the men and women who interviewed the elderly added vital and sympathetic insights to this project. The interviewers were Mrs. Mildred Marks, Mrs. Shirley Moran, Mrs. Helen Saissilin, Mrs. Barbara Snyder, Mrs. Rita Temkin, Mr. Stuart Aaronson, Mr. Rudolph Pyle, and Mr. Edward Tully.

Our particular gratitude is extended to Dr. Chester Rapkin, Chairman of the Urban Studies Group, Institute for Environmental Studies, University of Pennsylvania, and Director of the Relocation

Study, for his unselfish dedication and assistance in the fulfillment of our responsibility. Our special thanks go to Mrs. Grace Milgram, Research Assistant Professor at the Institute, for her interest and suggestions.

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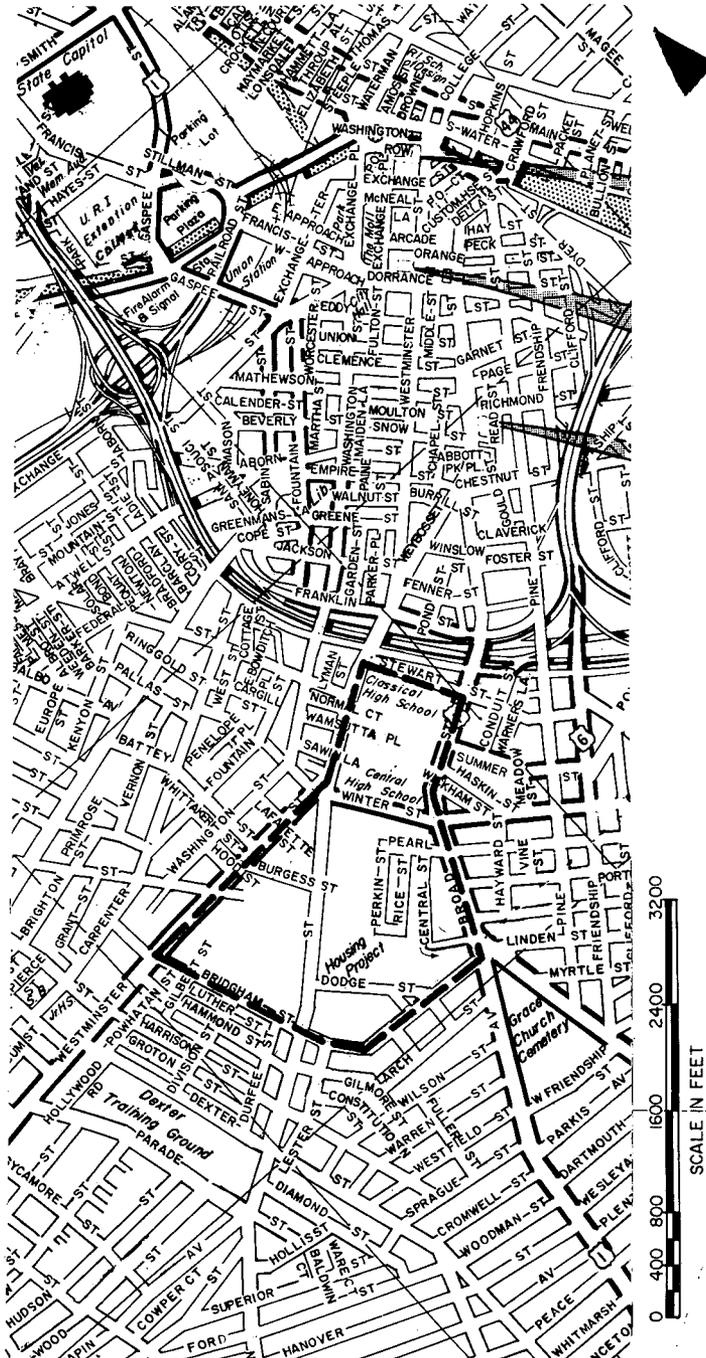
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Central Classical Renewal Area, Providence, Rhode Island

## CHAPTER ONE

# INTRODUCTION AND BACKGROUND

With the dual aim of examining the dynamics of relocating elderly persons and proposing public policies, the Institute for Environmental Studies at the University of Pennsylvania, in cooperation with The National Association of Housing and Redevelopment Officials, in 1962, selected four cities to participate in demonstration projects funded by The Ford Foundation. Interest focused on Providence, Rhode Island because of its rather extensive experience in providing relocation services. In particular, the city's Central Classical neighborhood seemed suitable for study because its elderly 1) comprised a substantial portion of its total relocation workload, 2) were among the first relocatees in the country to receive assistance from a caseworker wholly concerned with serving the elderly, 3) had just recently been relocated, and 4) formed the nucleus of a projected social service program which was to offer services well after relocation. These last two factors provided a unique opportunity to analyze the impact of relocation upon the elderly and to discover the types of needs generated by the process.

### PROVIDENCE: CORE OF AN HISTORIC CITY-STATE

Thankful for "God's merciful providence unto [him]," Roger Williams established the colony of Rhode Island and Providence Plantations in 1636 as a sanctuary for political and religious tolerance. Though Providence, the state's capital, has undergone many transformations since then, the most fundamental have been those in its economic and social structure.

The scene of a thriving shipping industry throughout the eighteenth century, Providence could not compete in the

early nineteenth century with ports better located for transshipping goods westward. Yet, as one industry was dying, another, potentially more dynamic, was being born. Abundant, rapidly flowing streams, providing a cheap source of electricity, spurred the emergence of a manufacturing-based economy with the primary emphasis on textiles. For almost a century, textile production highlighted a healthy industrial climate in the city, but once again, the economics of location proved to Providence's disfavor. The southward movement of the textile industry forced the local economy into a decline which has prevailed, almost unabated, since World War I. The industrial exodus has had a severe effect on the city's population, which has dwindled from a peak of 253,000 in 1940 to 187,000 in 1965. Providence's 16.6 percent decline in population between 1950 and 1960 was, in fact, the most precipitous for any United States city having over 100,000 people. Since 1960, the diversification of Providence's economic base and the more efficient productivity of the still numerous manufacturing firms have offered encouraging, though inconclusive, signs that the tailspin has run its course.

Even more striking than the reversal in Providence's economic fortunes has been the sharp change in its social structure. Beginning in the mid-1800's, successive waves of immigrant groups have entered the city and upset the formerly homogeneous, Anglo-Saxon, Protestant population. Frictions engendered between the natives and the "greenhorns" resulted in hardened social lines and, in many ways, a divided community. Due mostly to the profusion of Irish, Italians, and French Canadians, Rhode Island had a larger proportion of foreign born residents between 1890 and 1910 than did any other state. Even today, it has about twice as many of its residents born outside the country than the nation as a whole. Related to this ethnic richness is Providence's small number of Negroes (less than 2 percent of the population) and its primarily blue-collar, Catholic, and Democratic character.

Providence can be regarded as the core of an overwhelmingly urban state. Its influence, and to a lesser extent, that of the neighboring manufacturing city of Pawtucket, pervade the state. Eighty-eight percent of Rhode Island's population lives in urban areas and the remaining rural population engages almost entirely in non-farm activities. There is a marked sense of continuity as one progresses from the center to the outer fringes of the state. The manufacturing cities merge rather inconspicuously with the populous suburbs which in turn identify closely with the state's more rural areas. Rhode Island is essentially a compact city-state.

Of more importance to this study is Rhode Island's (and Providence's in particular) comparatively high median age level.

Despite the recent nationwide trend toward a younger population, 14.5 percent of Rhode Island's residents in 1960 were 60 years old or more as compared to 13.4 percent of the United States population. In 1965, 15.6 percent of Providence's population was over 62 years of age. Consequently, state legislators, supported by an electorate which is primarily elderly, blue-collar and low-income, have been prompted to pass a number of bills giving the aged and the working man substantial financial aid from the state. Indicative of their efforts is Rhode Island's distinction of being one of the few states to have enacted a medicare plan before the national one was passed.

Quite naturally, then, Rhode Island state-local expenditures are decidedly oriented toward welfare assistance. In 1960, 42.3 percent of all such expenditures were allocated for personal services. The state, in that year, ranked eleventh in the proportion of its state-local budget devoted to the census-defined category of Assistance and Subsidies and had a first place tie with Ohio in the field of Insurance Benefits and Repayments.\*

### THE PROVIDENCE RELOCATION EXPERIENCE

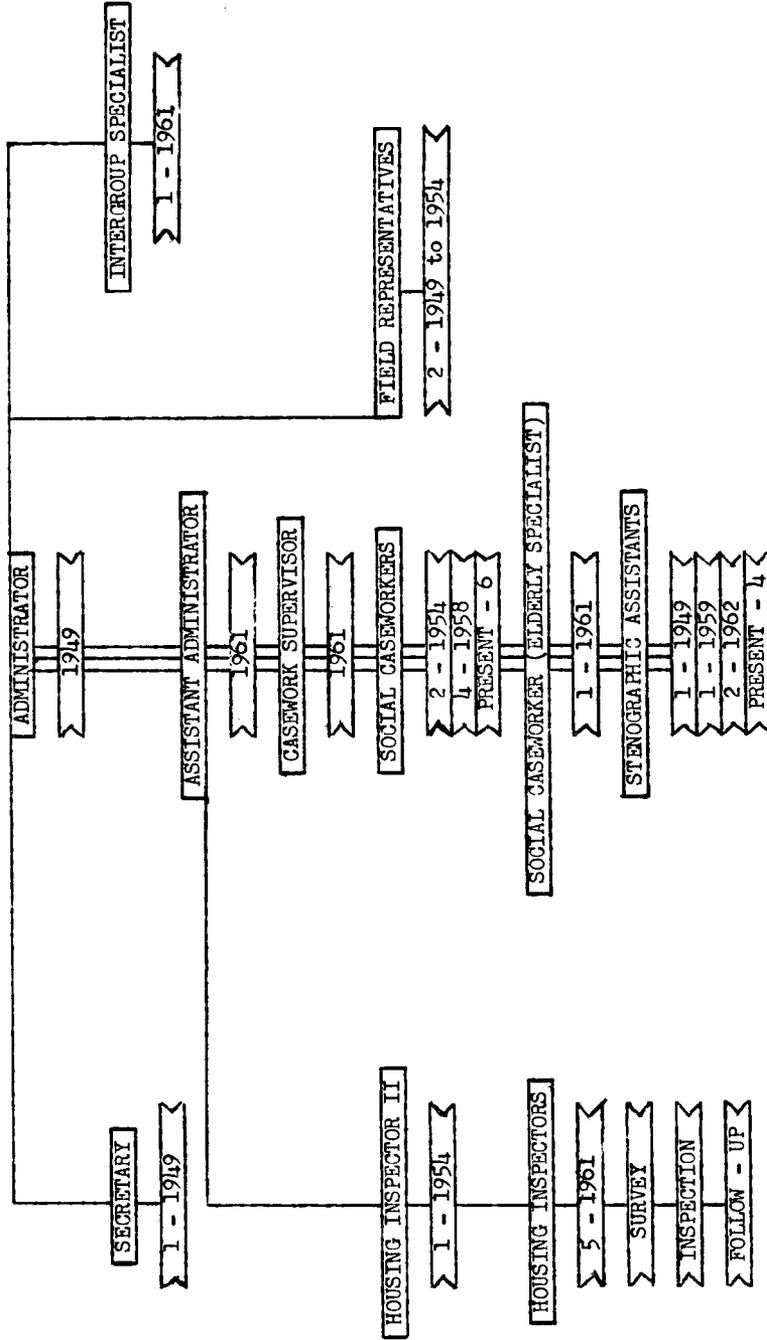
A result of such concern with personal welfare is Providence's long history of providing aid to families displaced through governmental action. Providence was the first large city in New England to begin a relocation program and one of the first in the nation to provide a direct city appropriation to assist in relocation activity. The Family and Business Relocation Service, in fact, has frequently been used by the Urban Renewal Administration to test new ideas in relocation practice.

Organized in 1949, the FRS of Providence has since relocated more than 5,000 families. Urban renewal activities have accounted for half of the total displacement, highway construction for slightly less than half and city capital improvement programs for the remainder. Reflecting increased sophistication, the FRS has made many changes in structure and staffing since the inception of its program. As is shown on the following organization chart, the staff has grown from five to twenty persons and is now built around a core of social caseworkers and housing inspectors. A number of specialized services have also been added.

\*U. S. Census of Governments, 1962, Compendium of Government Finances, Vol. IV, No. 4, Table 33.

CITY OF PROVIDENCE  
 FAMILY & BUSINESS RELOCATION SERVICE  
 ORGANIZATIONAL CHART

1949 - 1965



The first major change, in 1954, involved the hiring of two social caseworkers who could better handle the admittedly difficult problems uncovered in the relocation process. Certified caseworkers have been able to increase contact with key community service agencies in the areas of health, recreation, employment, and income. Their effectiveness has paved the way for the addition of more caseworkers as the relocation obligation has expanded.

In December, 1959, the local officials first began to show interest in the need for special services for the dispossessed elderly. At that time, the extension of Interstate 95 into the dilapidated fringe of the central business district necessitated the displacement of 510 households, the vast majority of them consisting of older persons. To study their plight, the Relocation Service organized meetings with the Rhode Island State Division of Aging, the Providence Housing Authority, the Division of Public Assistance, and other public and private agencies. Though action was not taken in time to assist this particular project, concern had been generated. An urgent need for concrete action arose in January, 1960, when an industrial park project again promised a high number of elderly among the 455 families to be displaced. Most of the 49 percent who owned homes, furthermore, were long-term elderly residents.

Consequently, in August, 1961, the Relocation Service appointed an exceptionally experienced social caseworker to work with the elderly. After a four month training program, taken with the cooperation of the Rhode Island Division of Aging and the United States Public Health Service, the new caseworker commenced the specialized program for the aged. She was assigned 64 persons located in the Central Classical Urban Renewal Project and 54 located in another section cut by Interstate 95.

A further specialization was added to the FRS program when a full-time intergroup specialist was appointed to assist minority (particularly non-white) families. As a part of the program, such organizations as the Urban League of Rhode Island, the Providence Chapter of The National Association for the Advancement of Colored People, The Catholic Interracial Council, and several other church organizations participated in promoting understanding of the problems of these displacees. All major lending institutions were urged to arrange mortgage funds through which the non-white family could become a home owner. Several conferences were conducted with civic leaders to facilitate the implementation of this phase of the program.

Still another field of specialized service was inaugurated in January, 1963. The focus this time was on people living in the poorest section of Providence. Experience indicated that the Relocation Service could achieve the most beneficial results by offering assistance well in advance of property condemnation. The decision was made to provide social services to those being relocated from the Randall Square part of the East Side Urban Renewal Project two years before acquisition. Plans were initiated, in cooperation with the Rhode Island Council of Community Services, to conduct a detailed diagnostic study identifying the problems of the residents of this depressed area. By March, 1963, the Council of Community Services completed its study, which provided considerable insight into the complexities of the relocation process.

This orientation toward the human problems in relocation is concomitant with a change in the municipal government's concept of development. Relying heavily upon the property tax, the city had for many years regarded urban renewal primarily as a means of providing new industrial sites and, thereby, increased revenue. Since the issuance of the Community Renewal Report in 1964, however, there has been a more pronounced interest in the social dimensions of renewal. Thus, relocation, though long a concern of city administrators, has gained greater stature in recent years as human renewal has become closely associated with the urban renewal process.

### THE CENTRAL CLASSICAL RENEWAL AREA

Inaugurated in January, 1962, the Central Classical renewal program, sponsored by the Providence Redevelopment Agency, was the largest ever undertaken in the city. Those displaced included 814 families and individuals of whom 139 were elderly\* households.

This densely populated area was located on the fringe of the downtown business section and, before demolition, contained mainly small shops, rooming houses, and private dwellings. Though the houses were in poor condition, their proximity to the central business district facilitated shopping and minimized transportation costs. Other advantages included the nearby presence of places of worship, small variety shops, food and

\*"Elderly" in this report refers to men and women over the age of 62.

drug stores. The Citadel Corps, operated by the Salvation Army, offered many religious and leisure time activities. The Fraternal Order of Eagles conducted a weekly bingo and social program in the area. These facilities and social outlets served, to an extent, to transcend the less than adequate living conditions and create a tolerable existence for the residents of the area.

Renewal in the Central Classical area was intended to establish a new educational center for the city. Two large public high schools and the main administration building of the Providence School Department were located in this section and in a deteriorated condition. The land use after clearance entailed the construction of one new high school and a new administration building. Adjacent land was to be utilized for privately owned, moderate-income housing, a Boy Scouts of America Headquarters, the Catholic Interracial Council, and various types of commercial facilities.

### The Central Classical Relocation Program

The Central Classical relocation program began with the opening of a field office in early September, 1961. The ample staff included an administrator, assistant administrator, casework supervisor, intergroup specialist, three social caseworkers, four housing inspectors, and three stenographers. A social survey conducted five months prior to the actual date of property condemnation found that the population was comprised of 168 white and 158 non-white multiperson families and 373 white and 115 non-white individuals. The survey identified their economic, health, and social needs, and pinpointed hardship cases requiring special assistance.

There were 139 households in the renewal area containing 153 elderly persons. According to the survey, the typical elderly household resided in three rooms and paid an average monthly contract rent of \$25.\* Many of the structures they occupied were of poor quality, with inadequate facilities. Only 20 percent of these elderly occupants owned their property.

Average income for the elderly about to be relocated amounted to a mere \$89 per month. Social Security, public assistance, private income and veterans' benefits, in this order,

\*While this fee may seem low, the average contract rental in Providence is \$44 per month for a five-room house.

were the main sources of income, with many of those receiving Social Security also obtaining a supplement through the public assistance program. While some had part-time jobs, only a very few were engaged in full-time employment. Their health problems were varied and numerous, typical of those faced by the aged in general.

Social needs were usually met quite satisfactorily in the neighborhood. As has been noted, recreational and leisure time activities were quite abundant. In addition, many tenants relied on their landlord or real estate agent for personal services and friendship. Frequently, landlords ran errands, loaned money, and provided entertainment, thereby engendering a security which often permitted the aged to function on a day-to-day basis. Yet, the transient nature of this heavily populated rooming house area often negated the establishment of long friendships.

Besides the social survey, a number of other important activities were undertaken by the Relocation Service in the pre-condemnation period. Desirous of making its first specialized program for the elderly an effective one and a prototype for future efforts, the Service staff worked on a comprehensive, case-by-case basis to effectuate successful relocation. A public affairs program was initiated to stimulate interest in assisting displaced persons to obtain a wide range of housing. Publications were distributed to give all site occupants adequate information. Liaisons were established with community social, health, and welfare agencies, especially the Division of Public Assistance. Arrangements were made with the Nickerson House Settlement Center to provide social services to those who relocated to its area. And, finally, the John Hope Settlement House, which was located in the Central Classical area, was also encouraged to provide social services.

## THE FORD FOUNDATION STUDY IN PROVIDENCE

### Objectives

The Ford Foundation study of the elderly displaced in the Central Classical Renewal Area arose at a strategic stage in the evolution of Providence's relocation services. Though the elderly already relocated from the area had had the benefit of more direct, specialized attention than did those in any prior relocation project, the services they had received were confined to the move itself; they did not continue once the individual had settled in his new home. Thus, the situation in 1963 was appropriate for

a demonstration which would examine how well the elderly adjusted to their new environment and, in particular, what services might be provided after relocation to ease the transition.

The Providence demonstration had the following basic objectives:

- 1) To compare, through a detailed interview, the social functioning of elderly persons in their new homes with that which prevailed prior to relocation.
- 2) To relate this comparison to certain characteristics of the relocatees, the neighborhood into which they moved, and the relocation process.
- 3) To carry out a program aimed at servicing the socialization, housing, health, and income needs of the relocatees.
- 4) To determine, through a follow-up interview, how social functioning and service needs compare after the demonstration service program with functioning and level of need prior to the program, and to measure any gaps in services provided.

To accomplish these broad goals, the study hoped to measure the impact of the relocation process on the elderly and to design a social service program to make relocation a positive, rather than a negative, change. Of particular concern was the question of which services should be the prime responsibility of the relocation agency itself and which should be under the direction of existing social agencies. When the latter was found to be the case, the project aimed to test the effectiveness of using relocation caseworkers to establish a permanent liaison between the needy and the appropriate community service agencies.

## Rationale

The focus of this study deals with an aspect of neighborhood life which the Family Relocation Service felt had not been given adequate attention formerly. It was assumed that people tend to develop patterns to satisfy their perceived needs. Such needs may be many and varied, such as those for companionship, medical care, consumer goods, and leisure time activities. Satisfying these needs may involve a formal procedure, as in the case of medical care, or an informal one, as in the case of friendship. A person's house and its immediate environs, the neighborhood, may play an important part in this process by providing a unique

physical context. The relocation of a person from one neighborhood to another disrupts the relationships which he has built up over the years with need-meeting persons and institutions. It was assumed, on the basis of past relocation experiences, that the elderly are unusually susceptible to this disruption. As people grow older, their needs change, their ability to satisfy them often decreases, and their adaptability lessens.

During exploratory interviews conducted in connection with this project, it was observed that many relocatees were "worse off" following relocation for reasons that appeared unrelated to the displacement process itself. Their income had decreased with retirement, they had been stricken by serious or chronic illness, or they had been faced with the death of close friends or relatives. It was realized that these changes, which can be considered part of the normal aging process had to be taken into account in addition to the changes in social functioning caused by relocation which originally were to provide the focus of the project. In fact, in many cases, the two cannot be separately identified.

### Guiding Concepts

Social functioning, as used in this study, is a relative concept. It refers to the relative satisfaction with which elderly relocatees view basic neighborhood facilities in their new location; for example, drugstores, food stores, churches, places to cash checks, and medical facilities, as compared with those in the Central Classical area. Satisfaction is also determined by the convenience of getting to and from work, the ease of finding work, the frequency and convenience of visiting friends, and the convenience of engaging in usual leisure time activities. Any comparative difficulty in social functioning is called dysfunctioning.

Certain characteristics of the elderly, their new neighborhood, and the relocation process were felt to be relevant in accounting for any dysfunctioning. These characteristics, which will be described more specifically in subsequent chapters, are as follows:

- 1) Length of residence. Any dysfunctioning may simply be a matter of getting used to a new environment.
- 2) Extent of earlier mobility. Previous studies have shown that the emotional disruption of persons relocated depends on how transient they were prior to relocation.\*

\*Sidney Goldstein and Basil Zimmer, Residential Displacement and Resettlement of the Aged (Providence: Rhode Island Division of Aging, 1960).

- 3) Residential stability of the neighborhood. Previous studies have indicated that in the neighborhoods inhabited by transients, there are likely to be weaker friendship ties.\*
- 4) Ethnicity. Members of ethnic groups may be more attached to their neighborhood because they tend to live in physical proximity and near specialized institutions.
- 5) Dependence on an intermediary for relating to need-meeting institutions. The Family Relocation Service has found that relocation is most difficult for the physically infirm who depend on a friend or neighbor to run errands for them, or for those who are dependent on a neighborhood store to deliver their goods.
- 6) Social class. Studies have shown that working class and lower class individuals are more dependent on local neighborhoods as sources of friends than middle or upper class individuals.\*\*
- 7) Age. As people grow older they become more dependent, and therefore more susceptible to dysfunctioning irrespective of relocation.
- 8) Degree of relatedness to community social services. Given an equal amount of need, it is assumed that people who utilize community resources for solving their problems are less likely to show dysfunctioning in the relocation process than those who do not.
- 9) Service rendered by the Family Relocation Service. The extent of utilization of the Relocation Service may be related to the relocatee's social functioning.

Involving 124 relocatees who had been in their new homes from one to fifteen months, the initial interviews, conducted by the Rhode Island Council of Community Services, were begun in September, 1963 and completed in March, 1964. The service program, carried out by the Family and Business Relocation Service, began in July, 1964 and terminated in April, 1965. Follow-up interviews, also conducted by the Council, were made in June, 1965. Each of these stages of the study was molded by the forestated objectives, rationale and guiding concepts. The following chapters describe the application of these principles and the conclusions to be drawn from the results.

\*Peter Rossi, Why Families Move (Glencoe, Ill.: The Free Press, 1960, p. 50).

\*\*Irving Rosow, Housing and Social Integration of the Aged (Cleveland: Western Reserve University, 1964).

## CHAPTER TWO

### A PROFILE OF ELDERLY RELOCATEES

To draw meaningful implications from this study, it is helpful to examine those characteristics of the study population which are related to social functioning. Obviously, such factors as age and economic background are likely to affect a person's ability to meet his needs and to adjust to relocation. This chapter analyzes those features which seem to be basic determinants of social need, way of life, and ultimately, response to relocation. This material provides a background for a detailed discussion of both the needs accentuated by relocation and the social service program designed to meet them.

#### Age and Sex

The study population, including 86 percent of all the elderly households relocated from the Central Classical area, is unusually old as a group. The median age of the heads of households is 76 (Table 1). This high figure is probably a result of the project's case selection process rather than a reflection of the age distribution in the area.\* The findings of this study will emphasize, therefore, the experiences of "older" elderly persons and stress the aging process as an unusually important feature in relocation.

There are 58 men and 66 women in the study population. All the men and 54 women are household heads. Of the total population, 50 women and 43 men live alone. The remainder reside in multiperson households, some of which contain non-elderly members.

\*See Appendix IV for a discussion of the case selection process.

TABLE 1  
Age of Household Heads, by Sex

Age	Total	Male	Female
	Percent		
Total	100	100	100
62-64	4	4	4
65-69	14	10	17
70-74	28	36	20
75-79	24	22	26
80-84	18	19	18
85 plus	10	9	11
N. R.	2	0	4
Median Age	76	74	77
Total Households:	112	58	54

### Social and Economic Status

The concept of social class as a measure of individuals has considerable usefulness. Social class indicates a general life style which finds expression in taste, use of leisure time, patterns of friendship, and housing preference. In addition, it has some bearing on the use of health and welfare services. Frequently, those in the lowest social class are in considerable need of community services but do not make sufficient use of them.

The elderly relocatees in this study are of extremely low social class as was emphasized in a parallel analysis in New Haven, Connecticut (Table 2). The total population of New Haven, a comparable city with similarly derived social class data, is in marked contrast. The elderly households in this study, furthermore, have a social class composition which is dramatically low in comparison to that which can be assumed to prevail in Providence as a whole.

Their economic status is also abysmally low. Almost one-third of the households report a monthly income below \$75 and 30 percent state they receive between \$75 and \$99 a month (Table 3). Only six persons are employed and two are looking for work.

TABLE 2

**Social Class Compared with a Total Community Sample  
of New Haven, Conn., 1963**

Social Class*	Study Households	New Haven Sample **
	Percent	
Total	100	100
(High) I	0	3
II	1	10
III	7	19
IV	25	48
(Low) V	60	20
N. R.	7	0
Total Households:	112	3,559

\*Class is derived through A. B. Hollingshead's Two Factor Index of Social Position (New Haven: Yale University, 1965) which combines an individual's occupation and education by means of differential weights into an overall numerical score ranging from 1 to 77.

\*\*Source: A. B. Hollingshead and F. C. Redlich, Social Class and Mental Illness (New York: John Wiley and Sons, 1958), p. 33 and p. 395.

TABLE 3

**Monthly Income**

Monthly Income	Percent of Households
Total	100
Less than \$50	5
\$ 50 - \$ 74	26
\$ 75 - \$ 99	30
\$100 - \$149	20
\$150 - \$199	9
\$200 or more	6
N. R.	3
Total Households:	112

## Marital Status

The marital status of elderly persons will, in many ways, affect the impact which relocation has on their lives. It will influence the needs for housing, social activities, and personal care services for the physically handicapped. A single elderly person is more likely to be dependent on his immediate neighbors than is a person living with his spouse. A recently widowed person is the most likely to experience social dysfunctioning since the loss of his spouse can drastically change his needs. Demographic studies have shown that for every age group the death rate for widowed and single persons is much higher than for those who are married.\*

The people most vulnerable to social dysfunctioning are abundantly represented in this study. Among these elderly, the single (never married) are an especially large group, while married persons comprise a much smaller proportion than is characteristic among the aged (Table 4). This unusual distribution results from the fact that the Central Classical area contained many rooming houses, encouraging a single, male, "skid row" type of population. The relocatees' high incidence of widowhood also differs substantially from that of the elderly population in the nation. Although their loss occurred primarily before relocation, it may still have a lingering effect on social functioning, which will be examined later in this study.

## Ethnic and Racial Background

Identifiable ethnic or racial backgrounds among relocatees often create distinctive needs. Foreign-born persons may lack citizenship and facility with English, and may have a social life still dependent on their native culture. Negroes born in the South may have difficulty adjusting to northern urban life. Such circumstances can present a barrier to community service agencies and require them to make adaptations to achieve maximum effectiveness.

The definition of ethnicity, as it is used in this study, is based on the birthplaces of household heads (Table 5). An elderly person could have first entered this country when a child and still be considered a member of an ethnic group even though he may feel little identification with his place of birth. Viewed in this manner,

\*Warren S. Thompson and David T. Lewis, Population Problems (New York: McGraw-Hill, 1965), pp. 364 f.

TABLE 4

**Marital Status, by Sex, Compared to  
United States Elderly Population**

Marital Status	Study Population			U. S. Population 65 or Older*
	Total	Male	Female	Total
	Percent			
Total	100	100	100	100
Married	19	20	18	54
Single, never married	18	21	16	7
Separated	11	12	9	**
Divorced	7	10	5	1
Widowed	45	37	52	38
Before Sept. 1961	42	35	48	**
After Sept. 1961	3	2	4	**
Total Respondents:	124	58	66	

\*Source: Department of Commerce, Statistical Abstract of the United States 1963, p. 36.

\*\*No comparable data.

TABLE 5

**Birthplace of Household Heads and Their Fathers**

Birthplace	Household Heads	Fathers of Household Heads
	Percent	
Total	100	100
New England	50	16
Other northern states	9	8
Southern states	10	10
Other states	1	1
Northern Europe	13	36
Eastern Europe	3	3
Southern Europe	6	7
Canada	4	8
Other countries	3	4
N. R.	1	7
Total Households:	112	

then, ethnicity is characteristic of the Central Classical relocatees, even more than for the city's population as a whole. Approximately 30 percent of elderly household heads were born abroad, and about 60 percent are of foreign parentage, the largest group being from northern Europe, especially Ireland. Ten percent of the households are headed by persons, mostly Negroes, born in the South. Of all the households interviewed, 77 percent are white and 23 percent, Negro.

The eastern and southern European groups, accounting for a very small portion, may require individual attention but are not numerous enough to need group programming. Since the predominant ethnic groups, the English and Irish, are closely identified with the culture of the United States, ethnicity need not be considered here as a major element in social functioning. Race, due to the predominance of whites, also will not be treated as a major variable.

### Nature of Housing After Relocation

A relocatee's new home can have an important bearing on his social functioning. An apartment house provides more opportunity for social contacts than a single-family dwelling; and a rooming house presumably promotes even more social contact. In any case, it has been demonstrated that the proximity of elderly persons to one another is likely to generate friendships.\*

Of those interviewed, 65 percent moved into apartment houses and 19 percent into rooming houses (Table 6). Thus, the great majority are in situations favorable to close contact with other persons. The remaining few consist primarily of persons living with their children's families. As was discovered in the interviews, many of these situations are unpleasant, both for the children and the elderly person.

Since most of the relocatees can afford only the cheapest, and thus most dilapidated, housing, it is possible that a move into public housing could have a positive influence on them. Providence's Dexter Manor, a housing development exclusively for the elderly, has been designed to meet their particular needs, providing many social services. As is illustrated in the subsequent analysis, Dexter Manor has had a dramatically favorable impact on the lives of its residents. However, only 13 percent of the project's relocatees moved into Dexter Manor and only 28 percent entered any type of public housing.

\*Irving Rosow, *op. cit.*

TABLE 6

## Type and Auspices of Housing After Relocation

	Percent of Households
Type of Housing	
Total	100
Single-family dwelling	3
Apartment	65
Rooming house	19
Personal care institution	9
Someone else's home	4
Auspice of Housing	
Total	100
Public	28
Dexter Manor	13
Hartford Park	6
Other	9
Private	72
Total Households: 112	

## Physical Dependency

The Family Relocation Service recognized that relocation could have a crucial effect on the social functioning of those who are physically handicapped. Such persons are often quite dependent upon neighbors or local stores to help them meet their daily needs. To measure the extent of this dependence, the relocatees were asked whether or not they required someone from outside the household to assist them in obtaining service from each of five basic neighborhood facilities: the food store, the drugstore, a place to cash checks, a church, and a hospital, clinic, or doctor (Table 7). Since the question refers to the household and not necessarily the elderly person himself, this measurement of physical dependency is a conservative one because if a physically disabled individual is living with an able-bodied person who provides assistance, the household is considered as one capable of meeting its service needs.

Since some of the households do not use all five of the facilities mentioned and because others may be more important to them,

the table alone does not completely explain the degree to which they are dependent on someone else for meeting their daily needs. Yet, it can be assumed that the need for outside help in relation to at least three of these facilities denotes a rather extensive reliance. Using this minimum as a criterion, then, 23 percent of the households are in a state of considerable physical dependence.

TABLE 7  
Extent of Physical Dependency

Number of Facilities Needs Help With	Percent of Households
Total	100
None	54
One	13
Two	9
Three	7
Four or more	16
N. R.	1
Total Households: 112	

### Sociability

The extent of ties with friends or relatives indicates the degree to which the basic need for friendship or companionship is met, but it is also important in determining how other needs are satisfied. For instance, the person who is without friends or relatives is more likely to be dependent upon community services than the person with many.

Social isolation typified many of the relocatees (Table 8). Thirteen percent of the households stated that they see no one on a regular basis, and another 20 percent reported seeing only one person regularly. In actuality, the interview results show that as many as 30 percent have no regular weekly visits with friends or relatives. In light of past studies of the aged, such social isolation is not unusual. For example, in a study of a group of elderly relocated from an earlier project in Providence, the authors found that 52 percent had no contact with neighbors, 59 percent had no close friends in the neighborhood, and 57 percent had no relatives in the city.\*

\*Sidney Goldstein and Basil Zimmer, *op. cit.*, pp. 20 f.

**TABLE 8**  
**Extent of Social Ties**

Number of Persons Associates With	Percent of Households
Total	100
None	13
1 - 3	48
One	20
Two	17
Three	11
Four or more	26
Unspecified	12
N. R.	1
Total Households: 112	

### Relatedness to Community Services

The elderly relocatee's knowledge and use of various community services is considered one of the most important sources for determining the best method of service. To obtain this information, however, it would be necessary to match the respondent's knowledge and use of individual services with the diagnosis of his particular condition. Such an approach requires a level of professional competence on the part of the interviewer which was not available to this study. Therefore, the information which was gathered must be regarded as only a gross indication of greatest and least relatedness.

An index of relatedness to community services was applied to facts obtained in the interviews. Four questions about 17 representative health, welfare, and recreation agencies were asked of each respondent: (1) Have you ever heard of the agency? (2) Do you know anybody who has been there? (3) Have you ever been there for service yourself? (4) If you have been there, was it on more than one occasion? (Table 9). Arbitrarily, the four questions were given numerical weights of 1, 2, 3 and 4 respectively. Therefore, the highest possible score indicates extensive knowledge and use of a given agency, and the lowest possible score reflects no contact whatsoever. Later in this study, knowledge-use scores for related groups of services will be considered as variables in analyzing social needs.

TABLE 9

Maximum and Minimum Contact with  
Community Agencies

Agency	Visited More Than Once	Agency Unknown
	Percent	
Rhode Island Hospital	59	0
Providence Public Library	54	3
Social Security Office	46	3
Welfare Department	46	0
St. Joseph's Hospital	36	0
Dept. of Employment Security	27	32
Round Top Church	27	12
Dexter Manor	21	12
YWCA	21	4
John Hope Settlement	18	41
District Nursing Association	14	17
R. I. Association for the Blind	10	18
Sunshine Society	4	57
Plain or Gesler Street Recreation Centers	3	55
Arthritis and Rheumatism Foundation	2	39
State Division on Aging	2	68
Information Service, R. I. Council of Community Services	0	88
Total Households: 112		

Examination reveals that the elderly as a group have the most extensive relatedness to those agencies which are used by the general public and do not serve specialized needs. Hospital, library, economic, and welfare services are utilized quite frequently, while the more specialized health, leisure time, and aging services are employed considerably less often.

### SUMMARY

A general picture emerges from the characteristics discussed in this chapter. The study group is somewhat older than the total group of elderly actually relocated and certainly older than those living in the community at large. They are of

extremely low social class and economic station. More are single or widowed than is true for the nation's elderly population. Though many are part of ethnic groups, they are predominantly second generation Americans, born in New England. The great majority are primarily apartment dwellers, though many reside in rooming houses. While many of them are not hampered by physical handicaps, a significantly large group is physically dependent on outside help. Finally, they exhibit a high degree of social isolation, seeing few friends or relatives on a regular basis.

Due to a paucity of research, it is difficult to ascertain if these characteristics are typical for elderly relocatees throughout the country. Applying, however, the generalized information in an earlier publication of the Ford study, The Elderly in Older Urban Areas,\* it becomes clear that the Central Classical study population differs noticeably from the national norm on five particular points: (1) it is considerably older, (2) it is of even lower economic position, (3) it is somewhat more mobile, (4) it has a higher proportion of single men, (5) it has a smaller proportion of employed persons. Considered altogether, however, their characteristics are similar to those typical of nationwide relocation workloads. In both cases, there is a lower than citywide income level, a higher than citywide proportion of non-whites, an over-representation of ethnic groups, a high incidence of single-family households, and a heavy dependence on public aid. Thus, the findings made in regard to the Central Classical relocatees have considerable relevance to all the relocated elderly in the nation.

\*Paul L. Niebanck, The Elderly in Older Urban Areas (Philadelphia: University of Pennsylvania, 1965).

## CHAPTER THREE

### IDENTIFYING SOCIAL SERVICE NEEDS

This chapter, based on the first set of interviews,\* identifies basic socialization, housing, health, income, and personal service needs of the elderly relocatees as experienced in their new homes immediately after relocation. As noted in Chapter One, these needs are not necessarily related to the act of relocation itself, but may stem from the natural process of aging. The goal in this chapter, however, is not to isolate the separate effects of these two processes. Instead, the objective is a broader one: to provide direction to an ideal social service program and to provide the data for examining the changes revealed by the second interviews, which occurred about a year and a half after relocation.

Identifying social service needs was a difficult task, involving both skill and patience. Many older persons are quite distrustful, reluctant to confide, and wary of offers of assistance. In addition, their attention span and memories are often relatively short. Perhaps the interviewing difficulties are best revealed by one of the elderly relocatee's comments on his peers: "The Ford Foundation, or any other group, should remember that little things upset them. . . You can't tell old people what they are going to do. . . Some have been living alone so long that it has affected their dispositions. . . Old people have established a pattern of living which no one is going to change. . . Many are concerned about the closeness of death. They are highly selective as to whom they will admit into their confidence." This complexity of attitudes, of course, inevitably affects the observed social service needs of the elderly relocatee.

\*See Appendix I for the first interview schedule.

## NEED FOR SOCIAL ADJUSTMENT

Although relocation induces change in many needs, the most serious disruption affects socialization patterns. The extent of this impact is here measured by a scale based on the relocatee's change in personal relationships, in terms of the number of friends, frequency of visits with friends, stability of household composition, and difficulty of visiting social activity centers.\*

Of the above factors, the number of friends and frequency of contact are most informative. In terms of these two elements, nearly two-thirds of the elderly households need either some or a great degree of assistance in adjusting socially to their new residences (Table 10). Though some of the adverse change is probably due to the aging process alone, it is tenable that at least one-half of the households suffered disruption in relationships due to relocation.

TABLE 10

### Extent of Need for Socialization Services

Extent of Need	Percent of Households
Total	100
None (No reduction in friends or visiting)	35
Some (Friends lost or visited less)	31
Great (Friends lost and visited less)	33
Total Households: 112	

### Sociability

The degree of relatedness to friends and relatives is designated in this study by a sociability score which combines four specific aspects of social relatedness, running the gamut from the withdrawn, with few, if any, consistent social relationships, to the outgoing, with many social contacts and an inclination to meet people (Table 11).

\*See Appendix III for variables used in calculating complex scores.

TABLE 11

Sociability Score, by Average Visits Per Week  
and Percent Having New Friends

Sociability Score	Average Visits Per Week	Percent Having New Friends
(Low) 0 - 9	1.1	36
10 - 19	3.3	45
(High) 20 or more	5.0	74
Total Households: 112		

In devising a social service program, it is necessary to determine which relocatees show the greatest need for socialization services. It appears that those in the middle range of sociability have as great a need to recapture social contacts as do those in the lowest (Table 12). In contrast, the most sociable persons have little need for community aid since they are prone to make new friends quickly and easily. Those with low sociability, the isolates, present the sternest challenge to the service program, yet it is those with moderate sociability who are the most amenable to community assistance and are likely to receive the most immediate benefit from a service program designed to encourage socialization.

TABLE 12

Need for Socialization Services, by Sociability

Sociability Score	Need for Socialization Services					
	Total		None	Some	Great	N. R.
	#	%	Percent			
(Low) 0 - 9	47	100	36	26	36	2
10 - 19	38	100	24	37	39	0
(High) 20 or more	20	100	45	40	15	0
N. R.	7	100	57	14	28	0
Total Households:	112		39	35	37	1

### Marital Status and Sex

The marital status of an elderly person apparently is an important determinant of relocation's effect on his social life. Households containing individuals who have never been married and have always been independent are less likely to show need for socialization services than those who are or have been married (Table 13). It appears, in fact, that marital status can be related to social adaptiveness to relocation: single, independent persons are likely to make rapid social adjustment to the event; those who are married, separated, or divorced would achieve an average adjustment; long-term maladjustment would be the lot of the widowed.

Social functioning of relocatees can also be differentiated according to sex. Women living alone are more likely to need socialization services than are men living alone. This factor is probably interrelated with marital status, since there are more men who were never married than women, and more widows than widowers. Thus, a widow, living alone, is in prime need of socialization assistance.

TABLE 13

#### Need for Socialization Services, by Marital Status and Sex of Household Heads

	Need for Socialization Services					
	Total		None	Some	Great	N.R.
	#	%	Percent			
<b>Marital Status</b>						
Never married	21	100	52	33	14	0
Married, separated or divorced	35	100	37	31	31	0
Widowed	56	100	27	30	41	2
Total Households:	112		39	35	37	1
<b>Sex</b>						
Females living alone	50	100	26	32	40	2
Males living alone	43	100	47	30	23	0
Total Households:	93		33	29	30	1

### Physical Dependency and Age

As might be expected, those with a physical handicap experience a greater need for socialization services than those who are not restricted (Table 14). Their maladjustment, however, is not as extensive as that of the widowed and women living alone. In fact, the handicapped person's socialization needs are attributable more to deteriorating health than relocation itself.

It could be posited that many of these factors simply reflect a natural difference in sociability between younger and older elderly persons. The widowed are likely to be older than the non-widowed, women older than men, and the physically dependent older than the healthy. There is, however, no relationship between age and the need for socialization services (Table 14). In fact, there is even less need among the older than among the younger relocatees, negating any possible relevance of age.

**TABLE 14**  
**Need for Socialization Services, by Physical Dependency and Age of Household Heads**

	Need for Socialization Services					
	Total		None	Some	Great	N.R.
	#	%				
<u>Facilities Needs Help With</u>						
None	61	100	43	31	26	0
One or two	25	100	20	44	32	4
Three or four	25	100	32	20	48	0
Total Households:	111*		39	35	36	1
<u>Age</u>						
Under 70	19	100	37	26	37	0
70 - 74	32	100	34	31	34	0
75 - 79	27	100	33	41	26	0
80 or more	32	100	38	28	31	3
Total Households:	110**		39	35	35	1

\*Degree of physical dependency was unknown for one case.

\*\*Age was unknown for two cases.

### Attitude Toward Golden Age Clubs

It was revealed in the interviews that most elderly do not participate in specialized social activities. Usually, they prefer such pastimes as talking, visiting, reading, and watching television. Contact with community-sponsored activities is extremely low, especially for those in great need of socialization services. For example, it was found that about two-thirds of the elderly do not desire to participate in golden age clubs. Since golden age or senior citizen clubs are a major community resource for meeting socialization needs, it is appropriate to examine the reasons given for not wanting to join these clubs.

An analysis limited to those who show great need for socialization services indicates that the two predominant reasons for non-participation concern transportation and health problems, difficulties not attributable to the clubs themselves. Other often-cited reasons for lack of interest relate to: (1) some particular aspect of the club, (2) a desire to be left alone, and (3) lack of time. But many said "nothing in particular" and for the purposes of the service project, these would seem to be the group most amenable to assistance.

Of all the households, only about one-tenth dislike a particular aspect of golden age clubs. Some of the reasons, in effect, simply indicate a preference for doing things on one's own. Others, however, reflect a negative attitude toward the members of the clubs. The response that "they don't welcome newcomers" was aired more than once. Some of the women, in particular, were even more acerbic in their condemnation. In general, the expressed attitudes provide few workable criteria for determining whether non-participation is due primarily to lack of interest in the programs offered or to difficulty in joining, though it seems that the former is more likely.

### NEED FOR REHOUSING

It is possible that some of the relocatees may need further rehousing because their original move was unsatisfactory. This need is measured in two ways here. One evaluates the relocatee's comparison of his present house and the one he resided in before relocation. On this basis, about 60 percent of the households report that they are more satisfied with their new housing, 20 percent that they are as satisfied, and 20 percent that they are less satisfied. With more than one-half regarding their housing as improved, relocation emerges as a substantially positive influence.

The second method of determining this need, based on the relocatee's estimation of his current living quarters, shows that 70 percent of the households are very satisfied with their new housing and more than 85 percent do not intend to move again (Table 15). Relocates considered to be in greatest need of housing assistance are those who are planning to move, whether willingly or not, and those who are planning to stay but are unhappy about the prospect. This group is called the "movers and discontented stayers," while all the remaining households are classified as "contented stayers." The need for rehousing assistance is not merely a function of discontent but is related to a variety of factors which will now be discussed.

TABLE 15

## Attitude toward New Housing

Attitude	Percent of Households
Total	100
Stay - happy	70
Stay - indifferent	4
Stay - unhappy	12
Move - unhappy	4
Move - indifferent	1
Move - happy	6
N. R.	3
Total Households: 112	

## Attitudes Toward Public Housing for the Elderly

Attitudes toward public housing for the elderly are particularly significant to this study, for Providence has committed itself strongly to developments for the aged. Two of them, Dexter Manor and Bradford House, have recently been built on the periphery of downtown and already have long waiting lists.

Surprisingly enough, 60 percent of all the relocatees said they are not interested in public housing. More than 40 percent of the reasons given for this disinterest, however, have no direct relevance to the developments themselves but simply reflect satisfaction with current housing (Table 16). Approximately one-fifth of the reasons were judged, after consultation with the Providence Housing Authority, to reveal misinformation on the part of

TABLE 16

## Reasons for Lack of Interest in Housing for the Aged

Reason	Households	
	Number	Percent*
Prefers present residence	29	43
Wants to be alone or not with elderly	5	7
Particular aspect of housing - misinformed	13	19
Particular aspect of housing - informed	20	30
Restrictions	8	13
Facilities and design	6	9
Eligibility	4	6
Residents	1	1
Location	1	1
Other or undefined	4	6
Total Households Responding: 67		

\*Due to multiple responses, total exceeds 100 percent.

the respondent. Many of these responses are clearly exaggerations of existing restrictions. Such comments include, "You can't use your TV or radio after 11 o'clock," "You may want to stay up until 3 o'clock in the morning and they won't let you," and "It's like a prison, you can't be on your own." Other comments reflect outright factual error such as "They only allow couples," "The beds are in the wall," "You have to buy new furniture," "Welfare won't allow that much rent," or the opposite, "It is only for people who have nothing."

Yet 46 percent of the negative answers are not based on misinformation. The most frequently mentioned objection has to do with restrictions imposed by the Housing Authority (Table 16). For example, many referred to the fact that they can not bring their pets who provide their only companionship. Others voiced dissatisfaction with an "institutional" aura, the inspection of apartments, and the probable questioning about their past.

The second most frequently mentioned objection has to do with the facilities or design of the housing. These complaints often focus on the limited amount of space, especially for storage or furnishings. Many fear that they would not be able to retain their "houseful" of prized possessions should they move into a

public housing development. Two comments on Dexter Manor are typical of the structural objections: (1) The building is set so far back and so close to a freeway that a windy open space is created which is often hazardous on icy winter days, (2) The windows in the rooms open outward so far beyond the sill that they are difficult to close.

### Auspices of Current Housing

A determination of whether the "movers and discontented stayers" are likely to be found in and prefer public or private housing is particularly important, for it provides a guide to post-relocation efforts. "Movers and discontented stayers" reside slightly more often in private than in public housing (Table 17). The somewhat greater popularity of public housing is due entirely to Dexter Manor, which, except for minor complaints, was reported as a blessing by those living in it.\* Other housing developments fared considerably worse. The elderly living in the Hartford Park Project, for example, frequently complained about the distance from downtown and the expense and infrequency of public transportation. Residents of projects not entirely devoted to the elderly were especially perturbed by their surroundings. There were complaints such as: "The children leave their chicken bones in the hall," "The children urinate on the walls," "My mail always gets torn up before I can get to it," and "The children are so noisy." Rehousing assistance, thus, is best given to residents of the older public housing units, particularly those having a mixture of age groups, and to residents in private dwellings.

### Sociability

The degree of an elderly person's social contact may affect his need for rehousing. In view of the demonstrated relationship between a high density of elderly persons and extensive social contacts, friendship patterns may imply the type of housing best suited for a particular relocatee.

Referring to the index of sociability, it is clear that the "movers and discontented stayers" are more likely to have low

\*Providence's newest housing project for the elderly, Bradford House, was not opened until after the completion of this study. Its enthusiastic reception by the aged marks a healthier attitude toward public housing than was the case when the interviews were conducted.

TABLE 17

## Attitude Toward Current Housing, by Its Auspices

Auspice	Total		Attitude		
			Contented Stayers	Movers and Dis-contented Stayers	N.R.
	#	%	Percent		
Public	31	100	81	16	3
Private	81	100	73	25	2
Total Households:	112		84	25	3

TABLE 18

## Attitude Toward Current Housing, by Sociability

Sociability Score	Total		Attitude		
			Contented Stayers	Movers and Dis-contented Stayers	N.R.
	#	%	Percent		
(Low) 0 - 9	47	100	64	30	6
10 - 19	38	100	76	24	0
(High) 20 or more	20	100	90	10	0
N. R.	7	100	0	0	100
Total Households:	112		77	25	10

sociability than the "contented stayers" (Table 18). What is not known from this analysis is the extent to which relocation fosters this situation. It may be that the low sociability is determined by the presence of habitual isolates and movers, rather than of sociable people who have become withdrawn after relocation. In either case, encouraging social relations among the elderly frequently can promote satisfaction with their housing.\*

\*See Irving Rosow, *op. cit.*, p. 54 who also affirms this point.

## NEED FOR HEALTH SERVICES

Results of the first set of interviews provided considerable insight into the extent of health problems and medical care. Approximately one-fourth of the respondents have inadequately treated problems and about the same number reported that they receive medical treatment less than once a year (Table 19). These two groups of people are in considerable need of health services.

To determine if this need can be met by a program of referrals, knowledge and use of community health services was examined. The findings suggest that the greater the need for health services, the higher a household's index of relatedness to these agencies (Table 20). For those in less severe need, it appears that poor motivation, rather than lack of knowledge, is the key problem in obtaining treatment.

TABLE 19

### Health Status and Extent of Medical Care of Individuals

Health Status	Percent of Individuals
Total	100
No complaints	26
Ill: treated	46
Ill: partially treated	26
N. R.	2
Total Respondents: 124	
<u>Extent of Medical Care</u>	
Total	100
At least once a week	4
1 - 3 times a month	22
4 - 11 times a year	14
1 - 3 times a year	29
Less than once a year	28
N. R.	3
Total Respondents: 124	

TABLE 20

## Relatedness to Health Services, by Need

Relatedness Index	Need for Health Services*				
	Total		Low	Medium	High
	#	%	Percent		
Total	112	100	100	100	100
(Low) 1	7	6	13	3	5
2	20	18	19	17	18
3	24	21	29	20	18
4	26	23	16	29	22
5	22	19	10	15	30
6	4	4	3	10	0
7	4	4	3	2	5
8	1	1	0	2	0
9	0	0	0	0	0
(High) 10	0	0	0	0	0
N. R.	4	4	7	2	2
Total Households:	112		31	41	40
Median Score	3.7		3.1	3.8	3.9

\*See Appendix III for criteria used in determining need.

More of these poorly motivated, untreated relocatees live in rooming houses than in apartments (Table 21). Since rooming house residents are frequently transients and social isolates, it may be especially difficult to spur them toward improved health practices. In addition, most of these individuals have low incomes and have been unable to afford regular health care. Whether or not Medicare will substantially increase their contact with local health services is not yet clear.

Only one other variable was found to be related to the unmet need for health services. Age, which might be assumed to be highly important, has slight effect. Though a substantially larger proportion of the older relocatees reported ailments, their tendency to obtain treatment is somewhat less than the younger elderly. The key factor of sociability has no differentiating effect either. The health needs of those with low sociability just barely exceed those of people with medium or high sociability.

TABLE 21

## Type of Housing, by Health Status

Type of Housing	Total		Health Status			N.R.
			No Complaints	Ill: Treated	Ill: Partially Treated	
	#	%	Percent			
Apartment	85	100	26	51	22	1
Rooming house	21	100	19	33	48	0
Total Households: 106*			26	50	29	1

\*Six responses concerning private and nursing homes were deleted because they produced negligible percentages.

## NEED FOR INCOME ASSISTANCE

The low income of the elderly involved in this study has already been documented. To determine which individuals are in most need of income assistance, it is necessary to examine closely their financial situations. Two crucial factors are: (1) whether an income is meant to support more than one person, and (2) whether a person receives free board, room, or other services. Furthermore, it should not be assumed that those on welfare are relieved of extreme financial need. While maximum Old Age Assistance benefits (\$94 for a single person, \$121 for a couple in Rhode Island) are reserved for those with the greatest need, there are some individuals who should be receiving these amounts but are not. Fourteen percent of the study households are welfare recipients but have a monthly income below the OAA standard (Table 22).<sup>\*</sup> Such cases, of course, should be reviewed.

Those households whose incomes fall below minimum public assistance standards but are not receiving welfare aid are the prime target for a service program. Twenty percent of the households are in this priority group, and, with one exception, they reside in their own homes. Many of these people are in dire economic straits.

<sup>\*</sup>There is a possibility that income data is not completely accurate. People living in public housing may have tended to under-report income due to a fear that they would negate their eligibility.

TABLE 22

Monthly Income of Households Compared to Basic  
OAA Budget, by Receipt of Welfare Assistance

Monthly Income Compared to OAA Budget	Total		Welfare Recipient		Not Welfare Recipient	
	#	%	#	%	#	%
Total	112	100	50	45	62	55
Lower	38	34	16	14	22	20
Comparable	34	31	22	20	12	11
Above	38	34	11	10	27	24
N. R.	2	1	1	1	1	1

An example is Mr. C., a foreign-born, seventy-year old relocatee, who is an enfeebled but alert widower. He had for many years owned and operated a small grocery store in Providence. This was his only source of income and provided him with just enough to subsist. Because of another urban renewal project, however, his store was condemned, and he was granted \$8,000 for the property, \$3,000 of which he used to pay his mortgage and legal fees. With the remaining money, he purchased and repaired a dilapidated home in the Central Classical area. When forced to relocate from there, Mr. C. was given \$4,600. Though terming this "a fair price," he dwelled on the original loss of his grocery store, which was still a severe shock.

He has since bought another deteriorating home, which is all he can afford, and his only income now is \$56 per month from Social Security. He says that he is ineligible for Old Age Assistance since he is an owner, but that it is better to keep his property. If he sells it and thus becomes eligible for OAA, he will have to live in "one old room" and only get \$32 more per month toward his cost of living. In a voice filled with emotion, Mr. C. asked, "Is there a foundation to evaluate the worth of a citizen? An individual suffers when a redevelopment agency takes over . . . he loses his livelihood and is too old to start again."

Such a case is a great challenge to a relocation agency, for it involves an individual who has been deprived of his livelihood and, in addition, subjected to double relocation. Few instances, to be sure, will be found where financial hardship is so directly and drastically attributable to relocation. Many relocatees, however, share similar financial concerns and need advice and referral to the proper agencies.

## NEED FOR PERSONAL SERVICES

One of the major concerns at the outset of this study was the effect of relocation on those living alone who are home-bound due to physical handicaps. Highly dependent on nearby friends and relatives for their daily needs, such people were felt to be especially prone to hardship upon moving. However, only seven of the 26 classified as physically dependent reported increased difficulty in meeting their daily needs after relocation. Of these, one case involved the loss of a son who lived with his mother and was admitted to a hospital for health reasons. The problem, therefore, was not engendered by relocation. The dysfunctioning of the other six people was due to transportation problems and deteriorating health. Thus, the effect of relocation on the physically dependent does not emerge as a large-scale service need, although it obviously deserves attention for the few involved.

Nevertheless, a physical handicap has a pervasive influence on social functioning. In examining physical dependency in relation to sociability, it was found that those who are completely dependent physically are as sociable as those who are completely independent (Table 23). It is the elderly who are partially dependent, that is, who need help with one or two facilities, who are most likely to have low sociability. Of the partially dependent households, 52 percent have a low sociability score, and 12 percent of them refused to answer enough questions to permit their being scored. This is, in itself, indicative of social isolation, since these persons typically had few social contacts. This partially dependent group may include persons who are just beginning to experience reductions in their independent functioning and have not yet developed supportive personal relationships. They, therefore, evince the greatest need for personal aid.

TABLE 23  
Physical Dependency, by Sociability Score

Sociability Score	Facilities Needs Help With				
	Total		None	1 or 2	3 or more
	#	%	Percent		
Total	112	100	100	100	100
(Low) 0 - 9	47	42	39	52	36
10 - 19	38	34	33	28	44
(High) 20 or more	20	18	21	8	20
N. R.	7	6	7	12	0
Total Households:	112		61	25	25

In comparing physical dependency with relatedness to community services, it was found that the partially dependent households have more contact with almost all community services than do the physically independent (Table 24). In contrast, the most severely handicapped have a lower degree of relatedness to all community services, except for health agencies, than do the independent and the partially dependent. It appears, thus, that the elderly who have partial physical dependency are using community services possibly because they lack friends or relatives.

TABLE 24

Median Relatedness to Community Services, by  
Type of Service and Physical Dependency

Type of Service	Facilities Needs Help With			
	Total	None	1 or 2	3 or more
All services	3.6	3.6	3.8	3.1
For the aged	3.1	3.9	3.1	2.8
Health	3.4	3.4	3.9	3.9
Leisure	3.5	3.7	3.9	2.8
For general public	4.8	5.6	5.7	3.9
For physical handicaps	2.5	2.6	2.7	2.3
Total Households: 112				

### NEED FOR SUBSTITUTE NEIGHBORHOOD FACILITIES

The specific neighborhood facilities used in measuring physical dependency - the food store, the drugstore, a place to cash checks, a church, and a doctor's office or hospital clinic - are likely to be less accessible after relocation. Such change can induce particular hardship for the elderly who have decreasing mobility and fear the disruption of long-established living patterns.

In many instances, relocation severed the tie with familiar neighborhood facilities. Of the respondents, 65 percent reported using a different food store, 58 percent, a different drugstore, 38 percent, a different place to cash checks, 25 percent, a different church, and 15 percent, a different medical service. The overall impact of relocation on the household's relationship with these facilities was determined by a comparison of satisfaction and convenience before and after displacement. Seventeen percent

TABLE 25  
Comparative Reactions to Selected Facilities in Old and New Neighborhoods

Reaction	Type of Facility					Percent
	Net Reaction to All Facilities	Food	Drug	Medical Care	Checks Cashed	
Total	100	100	100	100	100	100
Less satisfied	17	12	5	1	4	3
Equally satisfied	62	69	69	61	82	52
More satisfied	15	12	5	4	4	3
Do not use	0	0	13	24	1	32
N. R.	6	7	8	10	9	10
Total	100	100	100	100	100	100
Less convenient	21	21	11	9	11	19
Equally convenient	40	43	50	54	59	32
More convenient	35	32	21	11	25	12
Do not use	0	0	14	20	1	32
N. R.	4	4	4	6	4	5
Total Households: 112						

reported less satisfaction with all new neighborhood facilities (Table 25). Of all the households, however, 68 percent felt equal satisfaction and 15 percent felt more satisfaction with facilities.

For the most part, there was an indifference to a change in facilities. The greatest dissatisfaction, only 12 percent, lay with food stores, allegedly due to high prices and greater distance. Unless there are food stores in the new neighborhood which remain unexplored, it is unlikely that a service program can placate this dissatisfaction. In any case, the problem seems to be a small one.

When related to the convenience of facilities, the impact of relocation emerges as a positive force (Table 25). Though 21 percent of the households found neighborhood facilities, on the whole, to be less convenient, 35 percent regarded them as more convenient. In contrast to satisfaction, then, changes in convenience were more widespread. On the whole, 32 percent of the respondents reported a notable difference in satisfaction, while 56 percent observed changes in convenience.

In regard to the individual facilities, this same pattern exists. Each facility drew a substantial number of negative reactions, but in every case, except for churches, the majority found the facility more convenient. Again, the food store received the highest proportion of negative responses. Second was the church, even though about one-third of the elderly said they do not attend regularly. A church presents a rather special problem because it is the most difficult neighborhood facility to substitute for adequately. Most of those who attend church still consider one in the Central Classical area as their place of worship.

## SUMMARY

This chapter has discussed the social service needs the elderly experienced after relocation, including those for socialization, housing, health, income, and personal service.

Of all the needs considered, those determined by reduction in social contacts were the most pervasive. Thirty-one percent of the households lost friends after relocation, and an additional 33 percent had fewer social contacts in general. Those who had had a moderate number of friends were less likely to establish new relationships than those who had few or no friends. The widowed, especially, were in need of socialization services. Only 20 percent of the relocatees expressed interest in senior citizen

clubs. This was usually due to health or transportation problems, rather than a dislike for such clubs. Reasons for disfavor were largely personal, relating to the clubs' members or activities. Finally, those in need of socialization services were less likely to be familiar with the relevant agencies than those not in need.

In relation to the need for rehousing, 20 percent felt their housing was worse than it was in the Central Classical area, and 23 percent are either planning to move again or are unhappy about remaining. Of those in need of rehousing assistance, 18 percent expressed interest in living in public housing, but of all the respondents, 60 percent said they were not interested. The basis of this lack of interest was, for the most part, simply a preference to remain in their own homes. Of the other reasons given, 18 percent were clearly based on misinformation and 28 percent were not. There appeared to be a marked tendency for complaints about current housing to be more common among people with few social contacts.

Questions about health problems and medical care revealed that 28 percent of the elderly see a doctor less than once a year and, therefore, cannot be receiving sufficient health care. Those in need of medical attention are definitely less likely to see a doctor frequently than are those not needing care. However, although they are knowledgeable about available health services, they apparently lack motivation to use them. Rooming house residents are much more likely to have untreated complaints than their counterparts in apartment houses. Age and socialization makes little difference in this respect.

Inadequate income, in terms of the basic budget allowed under Rhode Island's Old Age Assistance program, was reported in 34 percent of the elderly households. Substandard income occurred among welfare recipients almost as frequently as among those not receiving state aid. Many of those subsisting on un-supplemented, personal incomes were in severe financial straits. Seldom, however, did relocation directly cause a loss in personal income.

Relocation also did not seem to affect adversely those who are physically handicapped, or otherwise homebound. Like the able-bodied, they were affected by increased distances and the need for additional transportation, but were found to be as sociable as the physically independent. Instead, it was the elderly with partial immobility who evinced the greatest socialization needs. Except for general health services, the physically dependent showed the least relatedness to community services, even to those dealing with specialized handicaps.

Lastly, in relation to neighborhood facilities, two-thirds of all households were satisfied with services after relocation; only 17 percent were less satisfied. The only individual facility provoking substantial dissatisfaction was the food store, yet an equal number of respondents (12 percent) were more satisfied with these facilities. Convenience, rather than satisfaction, elicited divided reactions, for more households (35 percent) found neighborhood facilities to be more, rather than less, convenient (21 percent). Specifically, only church facilities were viewed as less convenient than formerly.

A realistic evaluation of these needs can provide a broad perspective for a social service program designed to make relocation a positive experience, or at least a less painful one than has been the case in the past.

## CHAPTER FOUR

### THE SOCIAL SERVICE PROGRAM

Though providing a helpful guideline, the initial interviews were inadequate for determining the particular needs of individual relocatees. Since they were administered in one session, they did not promote the formation of mutual confidences or permit reconsideration of questions by the respondents. Consequently, the FRS itself reinterviewed the relocatees to identify more precisely the most productive means of assisting each individual. Each of the relocatees was notified that an FRS worker would be visiting him to request his help in developing a service program.

The need for this supplementary information was evidenced frequently. For example, a 76 year old man, living alone, informed the first interviewer that his health was generally good, that he saw the doctor about three times a year, and that all his health needs were being treated. Yet, subsequent interviews by the FRS field specialist revealed that this man had serious, unattended, hearing and locomotion problems. He was then furnished with transportation and health referral services. Had the first interview been the only basis of information, he would not have received this assistance.

This sort of discrepancy, which was encountered numerous times during the study, emphasizes the great need to use with care interview findings gained from the elderly. A statistical approach is useful in obtaining general trends and determining the areas of need in a study population, but it should not be relied upon to dictate a specific course of action. In the case of the aged, only a confrontation with the individual and the worker's personal analysis of his problems will bring him the necessary assistance. This chapter, thus, concerns itself with the individual and the alleviation of his troubles.

Since it was found that the most acute needs were expressed by residents of private dwelling units and rooming houses, rather than of nursing homes, institutions, and public housing, households were interviewed in this same order. Most of the information obtained was recorded on comprehensive office procedure cards, which included additional sections for referrals for special problems, and a treatment plan. By focusing on the most critical needs, this format expedited the implementation of the service program.

In addition, case histories were filed for each respondent. Subsequent visits and action taken were all noted to keep the staff informed of the progress on each case. This information, coupled with that on the procedure cards, promoted a coordinated and incisive course of action.

#### THE TOTAL WORKLOAD: ACTIVE AND INACTIVE

To develop a service program oriented toward those requiring the most assistance, each household was assessed according to the following criteria: For active cases: (1) requires service, (2) desires service through visiting, (3) senile - relatives inactive. For inactive cases: (1) requires no service, (2) refuses assistance, (3) senile - relatives active, (4) alcoholic, (5) unable to gain admittance, (6) unknown, (7) deceased. The total workload in November, 1964, consisted of 115 households, about equally distributed between the active and inactive categories.

Included in the inactive caseload were 23 individuals not requiring assistance and 13 refusing it. Closer examination revealed that 21 of these households resided in places such as hospitals, institutions, and public housing developments, where their needs were well served. In particular, Dexter Manor, which offers many health and social services, accounted for 14 of these. The remaining cases were married couples and single men who are usually more independent than other households in meeting their needs. At the termination of the service program in April, 1965, the active workload showed a decrease of eight households whose needs had been serviced to the extent possible by the Relocation Service.

## REFERRAL TO COMMUNITY AGENCIES

A major facet of the service program concerned the referral of elderly relocatees to existing community agencies. In sum, 85 such referrals were made to income, health, housing, and social services (Table 26). The majority of these were to the Rhode Island Department of Social Welfare for financial assistance.

### Income Needs

Through its administrator and staff consultant on the aged, the public assistance office offered extensive cooperation. It provided services in regard to qualification for assistance, re-determination of public assistance budgets, requests for supplementary assistance for health care, eyeglasses, dentures, and orthopedic garments. For a typical referral, the field specialist contacted the public assistance case worker and area supervisor, and then held a conference concerning the particular needs of a relocatee.

As a result of these services, many of the elderly received considerable material benefits. Mr. C., the grocery store owner mentioned previously, was frequently visited by the field specialist who cheered him and personally transported him to the public assistance office, an action Mr. C. feared to take. It was determined that once his meager cash resources were exhausted, Mr. C. would be eligible for bi-monthly welfare checks to supplement his Social Security allowance. Having a new measure of financial security, this Armenian gentlemen expressed great appreciation to the FRS.

TABLE 26

### Referrals to Community Agencies

Agency	Number of Referrals
Total	85
Rhode Island Department of Social Welfare (Public assistance)	48
Providence District Nursing Association	28
Providence Public Housing Authority	5
Family Service, Inc. (Homemaker services)	4
Total Active Caseload: 64 households	

Another relocatee, Mr. S., a tall, heavily built, 70 year old man, lived alone in a small apartment. Receiving clinic treatment for an ulcer condition, he could not afford to buy the foods for his recommended diet. He told the field specialist that he had been refused an increase in his OAA budget to cover this expense. The field specialist then consulted with Mr. S.'s dietician and discussed the case with Welfare Department personnel. It was finally agreed that Mr. S. merited an increase in his allowance. At a later date, the field specialist again talked with the relocatee, who enthusiastically noted that the increase had helped him achieve the needed diet.

At the time of the FRS's first interview, Mrs. H., an 85 year old woman, was very depressed over the death of a close friend who had frequently helped her. She also remarked that she had worn the same coat for 12 years and could see no possibility of obtaining another one on her OAA allotment. Unassisted, she was incapable of purchasing the greatly needed coat. A series of meetings were held to improve the lot of this lonely, deprived person. Through the aid of the Department of Social Welfare and a friendly visitor service, the field specialist presented Mrs. H. with some new articles of clothing (including a coat) and the news that someone would occasionally visit her. On a subsequent visit, Mrs. H. appeared much happier and was most profuse in her thanks.

The extent of income assistance that could be given under the service program was limited almost exclusively to the budget allowances of the Welfare Department. Intimate knowledge of the needs of elderly persons suggests that the present welfare budget is too low. Ninety-four dollars a month does not provide an older person with sufficient security and comfort.

In the ten-month service period, the FRS gave the relocatees many of the amenities of life that their welfare allotments could not provide. Deprivation of small comforts was reflected again and again in the comments of the elderly. One man could not afford to buy tobacco; a woman did not have a quarter to wash her clothes in the laundromat; many individuals were ashamed to go to church because they had nothing to put in the collection plate. Certainly, monetary provision should be made for these items which are important to the dignity of any individual, particularly an elderly person who relies heavily on such comforts to sustain his sense of personal worth.

Typifying the limited financial means of these persons is the following comment:

I go as far as six dollars a month will take me. I watch my pennies and save up for what I need. It would be nice if the elderly could get a raise to get what we need — like stockings and slippers and a dress. Either you get the clothes you need or you use it to have a change by seeing the stores and having lunch downtown with a friend.

There was little evidence that these financial burdens could be eased by budgeting of funds. In fact, the service program workers estimated that only 5 percent of the respondents might have been helped by financial advice. Instead, the problem is a more basic one; there is simply not enough money.

### Health Needs

The second largest number of referrals were those to the Providence District Nursing Association. Uncovered during the program was the following range of health needs: cardio-vascular (46 cases), arthritis (31), diabetes (24), general senility (19), general asthenia (14), carcinoma (3), and sight and hearing impairment (2).

Bringing health services to persons with these ailments proved to be a difficult task. Unlike their use of community aid to meet income needs, many of the elderly showed little relatedness to the resources available to treat their health problems. Furthermore, even after the FRS's encouragement, some would not accept assistance. A notable example is a 77 year old man who had received no medical attention in two years but had serious ambulatory difficulties and was able to walk only with the aid of a cane. Despite numerous home visits by FRS workers, appointments arranged for him at a health clinic, and other inducements, the man refused to cooperate. He consistently disregarded appointments, and at the end of the ten-month service program showed little, if any, progress in receiving the necessary medical aid.

In contrast, however, most of the referrals were successful. Some typical instances of these can be cited. An 85 year old woman was troubled with a growth on her neck, which at the time of the first FRS interview, she was treating herself. "I take care of it myself and put a little salve on it once in a while." The woman was persuaded to accept treatment at the out-patient clinic of the local hospital, where her sore was diagnosed as carcinoma. With a series of radium treatments, the sore was healed in five months.

Mrs. F., a dignified, solemn woman of 76 years, was accustomed to privacy and antagonistic during the field specialist's first, rather abbreviated, interview. The woman's skin was adversely affected from recent penicillin injections and she had a mole on her cheek which was soon to be removed by surgery. Having talked with the client at greater length during the second visit, the Service worker decided that a district nurse could offer Mrs. F. considerable aid in her post-surgical treatment. Shortly after this woman's dismissal, the Service arranged for the District Nursing Association to visit her. When the field specialist visited Mrs. F. at her home, she was in good spirits. Though a married daughter and neighbor had given her much assistance, she was most grateful for the nurse's visits.

Miss M. was suffering from severe emotional strain. At the time of the field specialist's first interview, it was difficult to gain access to Miss M.'s apartment due to her extreme deafness. By banging on the door, a neighbor finally aroused the elderly woman, who stated that she had a sick spell and was not wearing her hearing aid. She soon impressed the worker as a sad woman rapidly losing touch with reality. "I'm all mixed up and I can't get anything done. It's lonesome here; I don't see anybody all day." During the interview, conducted largely through written conversation, it was also noted that Miss M.'s hearing aid was, in fact, out of order and that she was fearful of going outside to have it repaired.

The field specialist then contacted the District Nursing Association, relating to them the woman's depressed state and hearing impairment. On the next day, a district nurse visited Miss M. and made an appointment for her with a doctor. After subsequent visits by FRS, Miss M. became emotionally more secure and was seriously considering the possibility of ear surgery. FRS then called the Department of Social Welfare to verify that the projected operation could be financed by the state. Finally, Miss M. consented to surgery and the district nurse, at FRS's urging, agreed to visit as often as possible to prepare the woman for the operation. Miss M. was ecstatic about the doctor's promise that she would hear again and requested the field specialist to continue her visits stating, "I've been able to discuss my trouble with you."

Based on its experience with the service project, the FRS feels that far too little is done to inform the elderly of available health facilities. To incite the elderly to utilize these health services, it is necessary to increase staff assistance and lengthen the time span of similar service programs. Health treatment frequently requires continuous contact over a long period of time to sustain the interest and receptivity of the elderly.

## Socialization Needs

It was noted in the previous chapter that the social disruption caused by relocation is likely to be more intense than that associated with any of the other factors considered. The FRS interviews corroborated this point and, in fact, suggested even more convincingly the seriousness of the situation. Social isolation, in particular, is the crux of the problem. Seventy-five percent of the relocatees lived alone, and for a great many of them relocation cut familiar social ties and long-established arrangements designed to meet personal needs.

The extent and impact of social isolation among these people are revealed in their comments.

- The main thing that elderly people need is kindness and someone to visit them because they are so lonely.
- Today, the people have no respect, sympathy, compassion or friendliness toward the old people that is needed. Isolation of elderly is worse than cancer.
- Any elderly person living alone should be visited once a week to see if he is alive or dead.
- No one comes. I am so cheered up by your visit.
- I have no hobbies, but I have a friend who visits me.
- I miss my old neighborhood; the neighbors here are not friendly.
- It was a sad move. I cried leaving my friends and I didn't want to go.
- Around Christmas time and the holidays, I lay down on the floor and cry because I have no one.
- The only way to pull the elderly out of a rut is to give them visitors and take their minds off themselves.
- I can't get out, come talk to me; it's better than \$1,000 in my hand.

The effect of social isolation on the elderly was summed up by the director of a nursing home:

One elderly person living in a room alone seems to hasten mental deterioration. The elderly need to communicate with others for mental stimulation.

The visiting done by the FRS staff in itself substantially abated loneliness. During the service program, the field specialist alone made 249 visits to the relocatees and 25 additional visits to relatives, landlords, friends and others to stimulate further social contacts for the elderly. The first visit usually lasted about an hour because most of the relocatees were delighted with the opportunity to relate their relocation experience and discuss their needs. Because the FRS interviews were open-ended, unlike the structured Council of Community Services' interviews, the respondents seemed less suspicious and more willing to express their thoughts.

Closely related to the social benefits derived from these visits is the transportation assistance provided. Physical handicaps and lack of funds greatly restrict the mobility of the elderly. In some cases, as has been noted, relocation aggravated the need for transportation. In servicing this need, the field specialist herself drove many of the relocatees to department stores, doctors' offices, clinics, and to homes where they visited friends or relatives. Performed on an informal, personal basis, this transportation aid usually promoted social well-being.

Services provided by the field specialist also included many small personal favors. At Christmas time, all of the clients were visited and given gifts. During the early winter months, heavy coats were distributed. On one occasion, the FRS organized a theater party through the generosity of a downtown theater. The field specialist corresponded with them, sent sympathy cards when clients were bereaved, and wrote notes of thanks or encouragement in special instances. All of these minor services were exceptionally well received and appreciated.

Despite the strenuous and successful efforts of the field specialist, it is clear that no one person can provide all the needed services. A permanent arrangement should be made to render these social services. Furthermore, it is apparent that certain persons, especially the clergy, can be more effective in comforting the elderly than can an FRS worker or any public representative.

Recognizing the gravity of the situation, the project director initiated the service program's most tangible and lasting product, the Providence Visiting Program for the home-bound elderly. It arose out of several meetings with officials of religious institutions, such as the Rhode Island Council of Churches and the Catholic Diocesan Social Service Bureau. The FRS organized a 35-member group, representing health, welfare, and civic, as well as religious, organizations, to set up a program of visiting

shut-ins (not necessarily relocatees). As a result, varied people are now visiting elderly persons. The program has been an immediate success and now functions on a permanent basis. At present, it has been formally proposed that the program be adopted on a statewide basis.

### A COMPLEX CASE

Each example presented in this chapter has stressed the provision of specialized services involving either health, income, or socialization needs. Many aged persons, however, require services in all of these areas and others. A detailed case study exemplifies the complexities involved in working with many elderly relocatees.

At the first FRS interview with the enfeebled Mrs. G., it was discovered that she had great difficulty in walking (due to an unhealed fractured hip), poor hearing, and poor vision. While crying, she told the field specialist, "I cannot see out of my left eye at all and can hardly sign my check." Mrs. G. said that she and her cousin, Mr. M., have shared the same apartment for two years because she was no longer able to care for herself. "I can't cook any more because I can't stand up on my crutches."

Due to arguments between the two occupants, the interview was extremely difficult to conduct. Resenting Mr. M.'s interjection of comments, Mrs. G. frequently shouted and used profanity, her moods fluctuating greatly throughout the conversation. At one point, she would commend her cousin for caring for her and at the next moment she would castigate him for speaking.

This woman's stated income is \$94 in OAA funds per month, of which \$40 goes to rent. Mr. M. was hesitant to discuss finances, but it was presumed that he received some veterans' benefits. Mr. M. noted that he was under a physician's care. His hands shook considerably and Mrs. G. indicated that he was subject to "fainting spells."

Mrs. G. had lived alone for 20 years after the death of her husband. She cried as she said that all of her relatives were dead and that "nobody visits." Even though Mr. M. had a rail built along the stairway, Mrs. G. refused to venture outside. In fact, she has not been out of the house for two years. Remarking that she is a "prisoner of the house," Mrs. G. stated that all she does is watch television and listen to the radio.

Not until she recalled the 12 years she spent in a fraternal home in Florida with her husband, did Mrs. G. smile. She cried again as she talked of her inability to see the time on her watch and then became extremely angry describing how her cousin never showed her mail to her. Mr. M. stated that he has looked after his cousin since 1960. Though seemingly incapable of caring for either of them, Mr. M. did cook and prepare the meals.

Throughout the long interview, Mrs. G. spoke of her fear that when Mr. M. goes out "he might have an attack and I will have no one." Their flat is poorly located, without easy access to neighbors, should she have to shout for assistance. A telephone and a walker for Mrs. G. are two items which could have substantially benefited this household.

A month later, a conference was held at the public assistance office concerning Mrs. G. The OAA records corroborated the following information: Mrs. G. was born in 1877 and widowed on February 3, 1945. Her only living relatives are a niece and brother, both of whose addresses are unknown. Mr. M. is, in truth, not her cousin but merely a friend. In 1959, Mrs. G. told her public assistance worker that she did not intend to marry Mr. M. because her OAA allowance would be decreased, since Mr. M. received a pension of \$91.60 per month. Mrs. G. moved into his home in 1962 when she was no longer able to care for herself.

A little more than a week after the conference, Mrs. G. went to the hospital for a medical check-up. Furthermore, the OAA worker encouraged her to consider moving to a more satisfactory housing arrangement. It was decided that a telephone would be installed at her new address.

After a month of inactivity on the case, the FRS field specialist noticed the death of Mr. M. in the newspaper. She visited Mrs. G. and found that an elderly woman was staying with her until after the funeral services. Mrs. G. was overwhelmed by her loss and realized that she was unable to care for herself in her current surroundings.

The field specialist telephoned the public assistance district supervisor who agreed that a change in living arrangements was necessary for Mrs. G. and indicated she would convey the message to the newsupervisor in charge of that particular case. Two weeks later the field specialist telephoned the newly appointed supervisor to learn what had been done for Mr. G. The supervisor had received the message, but had not reached a decision, and felt he should talk with the caseworker. Stressing the need for quick and concerted action, the field specialist suggested he

discuss the case with the supervisors formerly in charge of and familiar with the case.

Three months later the field specialist found Mrs. G. very despondent and angry. She seemed especially resentful that the public assistance worker visited her once every two weeks. She wanted no one to bother her. Mrs. G. had also begun to use a newly connected, but deteriorating, gas stove for heat. The flames from the gas jet were not properly adjusted and flared very high. When the field specialist warned Mrs. G. of the dangers inherent in this type of heating, she was assured that the burners were turned low during the night. This woman's worsened eyesight further endangered the situation. Upon the client's request, the field specialist arranged to have a priest visit.

On the next day, the field specialist again contacted the OAA area supervisor, expressing particular concern over the leaking gas jets and the woman's eyesight. The area supervisor promised (as once before) to talk to the worker in charge and have him contact the gas company. The FRS, it was agreed, would be informed in writing of the action taken. The Relocation Service never received any communication on this matter from the Department of Public Assistance.

When the field specialist once again visited Mrs. G. a few months later, she was even more belligerent than in the past. She had received no benefits (telephone, walker, or anything else) from public assistance and to aggravate her further, one of her OAA checks had been stolen. She had become adamant about remaining in her present home and insisted that she could cook and clean, though it was quite obvious that she was undergoing severe strain. Convinced that a perilous situation existed, the FRS again called the public assistance office. They responded that Mrs. G. had been extremely obstinate during past visits, but that they would still try to serve her.

A month later a public assistance worker began visiting the woman once a week. Mrs. G. has refused the installation of a telephone, but friends and neighbors are rendering homemaker services. Though it might be preferable for Mrs. G. to change her residence, many of the past hazards have been removed and her housing situation has clearly improved.

## SUMMARY

Based on its own intensive interviews, the FRS formed an active workload comprising those most in need of services. Often

revealing urgent financial and health needs, these cases were frequently referred to the Department of Social Welfare and the District Nursing Association. The benefits received from increased contact with such agencies were substantial, as an examination of specific cases reveals. Socialization services, however, were the most well received. Social isolation was prevalent among the relocatees and often prevented them from seeking assistance with other problems. Thus, minor services promoting social contacts had the most pervasive effect. The FRS initiated the Providence Visiting Service which now provides such contacts on a permanent basis. Throughout the service program, the FRS was continually reminded that providing contacts with agencies or individuals is not sufficient. As the detailed case of Mrs. G. illustrates, a subtle combination of sensitivity and persistence is necessary to motivate the frightened or recalcitrant to utilize the available assistance.

## CHAPTER FIVE

# SHORT AND LONG-TERM EFFECTS OF RELOCATION

This chapter evaluates the social functioning of the elderly relocatees shortly after relocation (Interview I) and a year and a half later, at the time of the second interview.\* It measures the impact of the service program and analyses the changes in the need for social services.

The responses delineated below seem to suggest that the service program had only limited impact, despite the obvious evidence to the contrary given elsewhere in this report. After a close examination of the responses and the respondents, it was decided that this anomaly arose from at least four causes: (1) imperfect memory of service, (2) misunderstanding of evaluative questions, (3) reluctance to admit need, and (4) recognition of assistance but lack of association of this service with the FRS. Of all these points, the first is probably the most important. Interviewers often commented that persons they had previously visited had no recollection of the event. One of the main findings of this study derives from this fact, namely, that questionnaire data gained from the elderly is not a reliable indication of need or extent of assistance. The following comparative data from Interviews I and II are presented, however, because they certainly give a minimum indication of need and assistance received. The case records themselves, presented elsewhere in this report, evidence the maximum.

\*See Appendix I for the first interview schedule and Appendix II for the second interview schedule.

## COMPARATIVE NEED FOR SOCIAL SERVICES

### Socialization

To provide a means of estimating relocation's overall impact on social functioning, the satisfaction and convenience scores discussed in Chapter Three were combined to provide a social functioning score for each respondent after the first interview.

When viewed on this comprehensive basis, many more households were adversely affected than was true for the previous, more specialized analyses (Table 27). Forty-five percent had lower social functioning scores, while 30 percent showed a gain. Apparently, this increase in negative reactions is attributable to dissatisfaction rather than increased inconvenience. Of all the respondents, 50 percent had a negative satisfaction score while 31 percent reported less convenience. More specifically, changes in friendship patterns were the most responsible for social maladjustment. Changes in relationships with friends and relatives occurred far more frequently than those with neighborhood facilities.

TABLE 27

#### Post-Relocation Reaction to Satisfaction, Convenience, and Social Functioning, at Interview I

Reaction	Satisfaction Score	Convenience Score	Social Functioning Score
	Percent		
Total	100	100	100
Negative	50	31	45
Neutral	19	20	12
Positive	21	41	30
N. R.	10	8	13
Total Households: 112			

In the light of the program's goal, it is appropriate to ask if those in need of socialization services following relocation experienced any improvement during the ensuing year. There was a general reduction in social contacts between Interviews I and II except for those households originally showing a very low degree of social activity. Since as many as 26 percent stated in the

second interview that it was harder to meet with friends (Table 28), the decline in sociability is probably due to the debilitating effects of the aging process coupled with environmental factors. Regretably, it appears that those who suffered the greatest social losses during relocation gained the least benefit from the FRS project. While 31 percent of those with no need for such services made new friends by Interview II, only 12 percent of those in great need did. Furthermore, the socially maladjusted were more likely to have difficulty maintaining friendships. Only 8 percent of those having no socialization needs had greater difficulty in meeting friends, compared with 38 percent of those in great need (Table 28).

TABLE 28

Change in Social Contacts, by Need  
for Socialization Services

Change from Interview I to II	Need for Socialization Services				
	Total		None	Some	Great
	#	%	Percent		
Total	81*	100	100	100	100
Visit more often	4	5	4	6	4
Visit about the same	54	67	84	59	58
Visit less often	21	26	8	32	38
N. R.	2	2	4	3	0
Total Households:	81*		26	31	24

\*Due to death, senility, and unknown location, only 81 of the original households were included in Interview II.

When golden age clubs are considered, however, those with the greatest socialization needs vouched the most heightened interest, showing a 25 percent increase. Altogether, twice as many respondents had more rather than less interest in the clubs, but in actuality, this enthusiasm resulted in new membership for only two persons.

When comparing relatedness to community services, the reliability of this data becomes questionable. Since the index for this relationship is based on whether an individual ever heard of or used a given agency, it is theoretically impossible for him to

show less relatedness in Interview II. Yet the ratings were consistently lower. Reported contact with services in the first interview may have been exaggerated, perhaps due to a desire to seem knowledgeable or agreeable. It is more likely that by the second interview the respondents had forgotten an earlier use of an agency.

### Housing

There was little change in satisfaction with housing between the two interviews. Seven percent of the households who originally disliked their housing upon relocation now liked it, and 9 percent who were at first satisfied were now dissatisfied. When considering attitudes toward staying or moving from current housing, a more negative picture is revealed. In Interview I, 80 percent of the households were "contented stayers," but by Interview II only 67 percent were classified in this category. Undoubtedly, many factors, some out of the service program's control, accounted for this loss in satisfaction. Closer examination of individual situations revealed that most of those who were happier about their housing had moved between interviews. In contrast, most of those who were unhappier had not moved.

Since residence in public housing for the elderly has been mentioned as a factor facilitating post-relocation adjustment, it is pertinent to note reactions toward such developments a year and a half after relocation. Once again, though, little evidence of change appears and those living in Dexter Manor maintained a high degree of satisfaction (Table 29). Dexter Manor's salutary effect on social functioning is easily explained. Adjacent to downtown and within one-half mile of the Central Classical area, it is favorably located, new, extremely clean, occupied solely by the elderly, and conducive to social contacts. In contrast, Hartford Park, the other principal housing project for the elderly at that time, is far from downtown, has relatively few nearby facilities, and is an older building.

Seven households who, at the first interview, were uninterested in public housing later expressed an interest in it; two of them, in fact, became residents. But an almost equal number, four households, changed in the opposite direction, toward a dislike for this type of housing. Those evincing a more positive interest in housing developments were of two distinctive types. One group consisted of those who had "nothing against" them in the first place but simply preferred living where they were. Their new interest was due to a change in their living situation, such as the departure of a household member or ill health. The

second identifiable group comprised those who had become convinced of the merits of the available public housing.

TABLE 29

Social Functioning Score, by  
Auspices of Housing, at Interview I

Social Functioning	Auspice of Housing				
	Total		Private	Dexter Manor	Other Public
	#	%	Percent		
Total	112	100	100	100	100
Negative	50	45	47	20	56
Neutral	13	12	12	13	12
Positive	34	30	27	67	13
N. R.	15	13	14	0	19
Total Households:	112		81	15	16

### Income

There is evidence of an overall improvement in the economic position of the relocatees. After the service program, 19 percent of the households had a higher income, 69 percent the same, and 9 percent lower. Encouragingly, the gains were most common for those who had been living below the OAA standard. By the time of Interview II, 50 percent of these households reported incomes at a level comparable to or above this standard (Table 30).

Another indication of a healthier financial situation is a change in the source of income. Previously, it was seen that those living on Social Security benefits alone often experienced the most oppressive hardship. Of the 22 households limited to this one source during Interview I, ten received additional income from welfare or some other source by the time of the second interview. Overall, only three households had lost another source of income and had become solely dependent on Social Security benefits.

### The Neighborhood

An underlying concept of this study states that forced disassociation of the aged from their old neighborhood is likely to

TABLE 30

Comparable Status of Household Income,  
at Interviews I and II

Status at Interview II	All Households at Interview II		Status at Interview I		
			Below OAA	Comparable	Above OAA
	#	%	Percent		
Total	79*	100	100	100	100
Below OAA	16	20	50	4	11
Comparable	34	43	42	89	4
Above OAA	26	33	8	7	81
N. R.	3	4	0	0	4
Total Households: 79*			24	27	28

\*Excludes two households whose income was not reported for Interview I.

have a rather damaging effect. To measure the extent of dependence on the former neighborhood, satisfaction and convenience scores, obtained from Interview I, were compared for those relocated within one-half mile of the Central Classical area (presumably within walking distance) and those who relocated beyond this distance but within Providence (Table 31). The results show quite certainly, that those who moved beyond one-half mile experienced more dissatisfaction and inconvenience than those who remained closer. Of the people who moved beyond one-half mile, 62 percent had negative satisfaction scores, while only 44 percent of those remaining within the stated distance had such scores. Furthermore, 50 percent of those moving further than one-half mile had negative convenience scores in comparison to only 25 percent of those staying within that distance.

Another factor which is seemingly related to changes in social functioning is the stability of the neighborhood into which the households moved. It was found that those who moved into neighborhoods with greater residential stability than the Central Classical area were more likely to suffer social dysfunctioning than those who relocated in sections with the same degree of stability. This correlation, however, is misleading, since distance moved outweighs the influence of stability on the relocatees. Because Providence's residentially stable areas are far from the Central Classical section, they are the most likely to elicit

TABLE 31

Distance Moved from Central Classical Area,  
at Interview I

Distance Moved	Percent of Households
Total	100
Less than 1/2 mile*	56
1/2 to 1 mile	10
More than 1 mile, but within city	21
Outside the city	13
Total Households: 112	

\*Distance is measured from the edge of the area.

negative responses due to their inconvenience and dissatisfaction with neighborhood facilities.

The first interviews revealed that the facility in the new neighborhood provoking the most dissatisfaction was the food store. At interview II, there was little change. Of the eleven persons who originally reported that they were less satisfied with their food store, only two reported an improvement in the intervening time span. Four were less satisfied and four expressed no change in opinion.

In regard to the relative convenience of facilities, it was found in Interview I that the problem of going to church was markedly aggravated by relocation. In the ensuing year and a half, the extent of this inconvenience had increased, due mainly to transportation problems. Seven persons said it was harder to get to church and only one said it was easier. Aside from this factor, however, there was little change in attitude toward individual neighborhood facilities.

### Health Status

Results of the first interview suggested that public housing has a considerable impact on the health needs of the elderly. Of those who moved into public housing, 40 percent noted improvement in their health, while only 17 percent of those relocating

into private housing reported such a change. It seems that the more pleasant environment, both physically and socially, of the developments, Dexter Manor in particular, has also served to promote overall physical well-being. If valid on a widespread basis, this finding presents dramatic evidence of the desirability for haste in increasing public housing units for the elderly.

In contrast to the unexpected effect of housing on health, the first interview did not confirm the common belief that age and the move itself are deleterious factors. The younger elderly were more likely to report their health as improved than the oldest, but there was no difference in the proportions of the two age groups stating their health to be worse since relocation. Similarly, contrary to reports in other recent studies, there was little evidence that the relocation process itself precipitated health deterioration during the period immediately following displacement. Each person was asked if he had experienced a change in his health since relocation. Of the 62 reporting change, 32 said it was for the better and 30 for the worse. In only five of the negative cases could relocation be held responsible for the decline.

In regard to health care, by the second interview backsliding seems to have been slightly more frequent than improvement. Eleven percent of the respondents needing medical treatment showed a more extensive use of available health facilities, but 16 percent of them were found to have less contact, illustrating the difficulty in persuading the elderly to maintain such contacts. Similarly, when the more specific criterion of frequency of doctor's visits is used, there is little change.

### EVALUATION OF ASSISTANCE RECEIVED FROM THE PROGRAM

You lovely, lovely woman to remember me with such a beautiful gift. Even to have received a card from you would have gladdened my heart but never did I think of receiving such a lovely present from one I didn't think cared about being on friendly terms with me. . . I can never forget how kind you were to me - like a ray of sunshine in my life.

This warm expression of thanks, written by an elderly relocatee to the field specialist upon receipt of a Christmas present, reveals better than any statistics the impact of the program's assistance. To know that someone is genuinely interested in his welfare has great meaning to an older person. Consequently, small matters such as the Christmas gift and candy, the trip to

the theater, aid in transportation, personal advice, and just the mere act of visiting itself can have a dramatically favorable effect on the lives of these people.

A definitive measure of the service project's effect on social functioning is difficult to obtain, but a brief discussion of some tangential questions can clarify the problems and thereby provide criteria for future endeavors. Of particular interest is how the clients viewed the service program. A detailed analysis of their evaluation of rehousing assistance illustrates the difficulties involved.

FRS case records clearly indicate the amount of service given each person and show that only 9 percent of the relocatees found their new housing through an FRS listing. This finding is consistent with that of an earlier study of a similar group of elderly relocatees in Providence.\*

Interview results, however, produced rather different conclusions. Two relevant questions were asked in Interview I: (1) What did the Family Relocation Service offer to do for you? (2) Was this help satisfactory? In response, 18 percent of the households reported that the FRS offered them satisfactory rehousing assistance. Later in the interview, the relocatee was asked where he first learned about the house he was then living in, and 19 percent answered that the FRS provided their first contact. Despite the fact that these responses tend to confirm one another, it seems unlikely the Service's records can be so inaccurate.

The respondents' confusion is further illustrated by their answers to a query asking if an FRS representative visited them and if they knew that this service was available. Twenty-nine percent of the households, at the time of the first interview, reported that they were not contacted and 16 percent also said that they were unfamiliar with the Service, although, in reality, all had been visited (Table 32).

During the second interview, a year and a half later, similar questions were asked concerning service in general: (1) Did anyone from the FRS come to see you during the past year? (2) Did you want to receive such a visit and if so, for what purpose? (3) If you did receive such a visit, what did the FRS do for you? Their answers to these questions were then analyzed and compared with their particular project status.

\*Sidney Goldstein and Basil Zimmer, *op. cit.*, p. 39.

TABLE 32  
Report of Rehousing Assistance from FRS,  
at Interview I

Report of Assistance	Percent of Households
Total	100
Was not offered assistance	29
Heard of FRS	13
Never heard of FRS	16
Did not want assistance	44
Had own house	29
Wanted to be left alone	8
Other	7
Wanted assistance	27
Was satisfactory	18
Was not satisfactory	9
Total Households: 112	

Though the field specialist visited every household at least once, 30 percent of the elderly said that they did not receive such a visit (Table 33). Those who refused service were the most likely to report that an FRS representative did not contact them. Among those who were served by the project, 18 percent insisted that no FRS worker visited them, a discrepancy probably most explicable by failing memories. All of these instances revealing inconsistencies, however, involved only 12 households or 15 percent of the study group.

More relevant to the rationale of the program is the surprising finding that 71 percent of all the households at Interview II either did not want assistance from the FRS or felt that they did not need it (Table 33). Even among those who were served, 47 percent felt that they did not need any help and 13 percent did not want any. Such responses raise some crucial questions for future programming. Do the elderly relocatees not recognize their needs? Are they reluctant to acknowledge their needs? Did the elderly accept service without concern for the identity of the specific agency involved? Or, more importantly, are they, perhaps, conscious only of tangible needs, rather than more intangible ones, such as for socialization?

Another relevant determination is the extent to which the program actually served those in need. In the areas of health,

TABLE 33

Households' Report of Program Activity,  
by Project Status, at Interview II

Report of Activity	Project Status of Household					
	Total		Served		Requiring but Not Requiring	
	Number	Percent	Refused Service	Percent	Service	Service
Total	79*	100	100	100	100	100
No one visited	23	30	18	60	23	23
Did not want visitor	16	21	13	40	15	15
Wanted visitor	3	4	5	0	4	4
Wanted service from another agency	1	1	0	7	0	0
Other	3	4	0	13	4	4
Someone visited	56	70	82	40	77	77
Needed no help	40	50	47	40	61	61
Visited frequently	5	6	8	0	8	8
Got help from another agency	3	4	5	0	4	4
Gave transportation	3	4	8	0	0	0
Other	5	6	14	0	4	4
Total Households:	79*		38	15	26	26

\*Excludes two households who did not respond.

TABLE 34

Extent of Service Needs, by Project Status,  
at Interview II

Extent of Service Needs	Project Status	
	Required Service	Actually Served*
	Percent	
Total	66	47
Income		
Less than \$75 per month	85	55
\$75 - 99	59	45
\$100 or more	60	47
Housing		
Movers and discontented stayers	71	71
Contented stayers	65	43
Health		
Great need	68	50
Some	67	52
None	50	25
Socialization Services		
Great need	67	46
Some	71	58
None	58	35
Total Households: 81	53	38

\*Excludes those requiring service but refusing it.

housing, and income, those having the greatest needs were the ones most frequently served by the FRS (Table 34). The pattern differs, however, in regard to socialization services; those having a moderate need received the most extensive assistance. Such an emphasis conforms with the earlier finding that those in the moderate range of sociability are hurt the most by relocation.

Those needing housing assistance can be considered the most thoroughly served. All of the "movers and discontented stayers" received at least some FRS aid after the first interview. For the other categories, of income, health, and socialization, there is little differentiation in the extent of service given. In sum, 66 percent of all respondents were judged to require service and 47 percent actually received service.

A final factor in the program's success concerns social class. It has often been asserted that social service programs tend to neglect persons in the lowest social class. Evidence indicates that the FRS program was not limited in this respect. Of the elderly households in the lowest classification, over two-thirds of the 75 percent needing service obtained it.

### SUMMARY

Two factors stand out as having a significant bearing on the post-relocation social functioning of the elderly. These are: (1) the type of housing into which the elderly person moved, and (2) the distance he moved from his old neighborhood. Public housing developments for the elderly, such as Dexter Manor, located near the downtown area, greatly alleviated relocation ills. With respect to distance moved, those who relocated more than one-half mile beyond their former neighborhood suffered more dissatisfaction and inconvenience than those who remained within that distance. Despite the fact that the FRS attempted (and succeeded in many cases) to adjust these and other factors to the respondents' advantage, answers to questions evaluating the service implied that the program had a minimum effect. This reaction was probably due to reluctance to admit need and, more importantly, imperfect memories.

For most of the households, little change in the level of need after the service program ended was recorded. Often, the few persons evincing less need were counterbalanced by those showing more. This pattern was especially true in the areas of housing and health. In regard to income, however, there was substantial improvement; almost one-fifth indicated an increase in income, twice the number that reported a decrease.

The identification of needy households in the first interview was substantially in accord with the evaluation of the FRS. Yet 71 percent of the respondents said that they did not want or need any help from the Relocation Service. Because of the obvious benefits received in many instances, this finding most probably relates, in part, to an inability to recognize socialization needs objectively.

On the basis of this comparative picture of social functioning, the evidence does not show that the service program assisted the elderly involved to complete security. Being of only one year's duration and of limited scope, the program could hardly be expected to have such an effect. A primary finding was that

because of the nature of aging, the concept of improvement frequently is not a valid criterion of success. Aging is a deteriorating process in many aspects. Older people, particularly those living in a depressed area, have little to look forward to but a continuing downward movement. Thus, the extent to which deteriorating conditions can be arrested is a better measure of success. On these terms, the FRS program succeeded admirably.

## CHAPTER SIX

# CONCLUSIONS AND RECOMMENDATIONS

During the demonstration project, through the application of various indices, it became clear that the needs of the elderly are not simple but composed of complex interrelationships. The conclusions and concrete recommendations that follow attempt to suggest means of satisfying needs by utilizing these relationships to improve the relocation experience.

## CONCLUSIONS

### Socialization

The most important phase of the FRS's ten-month program revolved around socialization needs, which were clearly intensified by the relocation process. Though not ignoring the apparently voluntary social isolates, the program was geared toward creating social contacts for the receptive elderly. This objective was accomplished through the many home visits of the field specialist, the planned activities (such as the movie party), and finally, the establishment of the Friendly Visiting Service. In the process, some of the socially isolated also evidenced increased socialization.

Benefits received from these services were varied and pervasive. The elderly were counseled on their needs and given considerable help in making important decisions. Many evinced a new sense of personal worth and a more optimistic attitude toward solving their problems. More specifically, many overcame the emotional impact of relocation and adjusted well to their new surroundings.

The widespread receptivity to friendly visits and other personal contacts certifies that the FRS was servicing a largely unmet need. Prior to the Friendly Visiting Service, no established community agency was operating in this field. It must be clearly recognized that, for older people, loneliness and insecurity are areas of need equivalent to, if not transcending, those in the realm of income, health, and housing.

### Housing

The need for rehousing assistance was relatively small. Though there was some dissatisfaction with the inexpensive housing available, most of the accommodations were adequate and acceptable to those relocated to them. The Dexter Manor development emerged in a particularly favorable light, for those who relocated there showed marked overall improvement. In regard to public housing in general, however, there were some basic misunderstandings. Both a more effective effort to acquaint the elderly with public housing and an expansion of facilities for the aged seem mandatory.

In addition to its locational and structural advantages, Dexter Manor's success is attributable to its comprehensive service facilities, covering health, income, and socialization needs. An occupant there is able to achieve a sense of personal security, while maintaining an independent manner of living.

### Health

There was no evidence that relocation itself affected health status. Health problems seemed typical of those found among low-income older persons unaffected by relocation. The crux of the problem was to effectuate a close relationship between those needing health care and the city's ample health resources. Because alleviation of illness requires extensive cooperation and, frequently, a long-term commitment by the individual involved, health needs were the most difficult to serve. Impeding FRS's efforts even further was the fact that the elderly are not well-informed about available health services, or at least less informed than is the case for income assistance. Consequently, success required a considerable expenditure of time and patience to explain available sources of aid, convince the individual of his need, and then persist until some help was rendered. Although this was often accomplished, it was clear that with more time and a larger staff a more significant resolution of health problems could have been obtained.

## Income

Quite clearly, the income of many relocatees was insufficient to engender security, or even to provide for many of the small personal comforts of life. This plight was attributable mostly to the basic inadequacy of Social Security and Old Age Assistance payments, since they were well acquainted with these and other sources of available income assistance. Only a few could have been helped by budgeting advice. Relocation itself caused the severest economic hardship for those who lost their means of employment and those who depended greatly on supportive arrangements with neighbors. In only a very few cases, however, did relocation actually cause a loss in personal income.

The goal of the service program was to provide as much economic security as possible within the limits of available resources. To make a better assessment of individual situations, the field specialist encouraged mutual confidence and often discussed rather personal matters with the relocatee. Some of the elderly were assisted in re-establishing contacts with acquaintances who might offer them financial help in an emergency.

## Mobility and Transportation

Another important conclusion arising from the service program experience is that lack of mobility markedly impairs the ability to meet needs. The FRS field specialist spent much time transporting people to health clinics, the Social Security office, downtown stores, and friends and relatives. To be effective, any long-term program serving elderly relocatees must of necessity be concerned with the vital matter of transportation.

## RECOMMENDATIONS

On the basis of the FRS's ten-month service program and its prior experience, some specific recommendations for future programs affecting elderly relocatees can be proposed. These cover six major areas: (1) time span and scope, (2) coordination of resources, (3) community social services, (4) neighborhood social service centers, (5) staffing, and (6) further study. In each of these fields, there is need for immediate, definitive action.

### Time Span and Scope of the Relocation Responsibility

The FRS has provided services both well in advance of property acquisition and well after actual relocation. Knowledge gained through this experience suggests the following observation:

- A relocation agency should extend service from 12 to 18 months before property acquisition until 6 to 24 months after relocation.

Such a lengthy time span is particularly crucial to the aged. They must be prepared for the strains involved, counseled on suitable housing, referred to appropriate community agencies, settled in new homes, and assisted in what is often a very painful social adjustment. In view of the wide scope of services required, the following points are recommended:

- The responsibility of the relocation agency should be focused on those needs most directly affected by relocation which are not served by other community agencies. Finding adequate rehousing has been and should continue to be its primary responsibility. The new housing, furthermore, should not only be adequate physically, but able to meet socialization needs. In the future, the concept of relocation assistance should be broadened to include the related health, income, and personal service needs of those affected.
- Assistance should be based on an early, sensitive evaluation of these needs and an actively functioning liaison with relevant community services.
- Since the need for a supportive relationship is decidedly accentuated by displacement, the trained worker should associate closely with the relocatee throughout the relocation process, and until at least six months after rehousing.

### Coordination of Public and Private Resources

In order to discharge relocation services with optimum effectiveness, concerted action is needed among both public and private auspices. In relation to the federal government, these points are recommended:

- The Urban Renewal Administration,\* at both the regional and national levels, should undertake to assist local relocation

\*Now absorbed into the new Department of Housing and Urban Development.

agencies in effectively planning services for the elderly by providing definitive guidelines for both the organization and administration of such a program.

- The Public Housing Administration\* and the Urban Renewal Administration should attempt to coordinate their activities and expand public housing as a resource for low-income, displaced elderly.
- The Department of Health, Education, and Welfare should urge an increase in Social Security and public assistance payments to enable the deprived elderly to achieve a degree of comfort and security.
- The Urban Renewal Administration and Office of Economic Opportunity should coordinate resources to establish neighborhood social service centers for the elderly under Section 703 of the Housing and Community Development Act of 1965.

In relation to the state government, these points are recommended:

- State governments should direct the agencies concerned with the aged to survey the present services rendered to those relocated and make suggestions on how state resources can be mobilized to improve relocation programs.
- A study should be undertaken by the state, perhaps through a task force appointed by the governor, to assess the feasibility of creating and providing financial assistance to a friendly visiting service.

In relation to private agencies, these points are recommended:

- Private organizations with a special interest in relocation or the elderly should formulate further study projects on how the relocatee can be provided further assistance. Such organizations include the National Association of Housing and Redevelopment Officials (NAHRO) and the National Council on Aging.
- NAHRO, in particular, should undertake a series of training workshops for staff members of local relocation agencies, giving special emphasis to the aged.

\*Now absorbed into the new Department of Housing and Urban Development.

## Gaps in Community Social Services

Though major policy changes are a national and state responsibility, the crucial phase of implementation rests at the local level. Many improvements can be made in the community, such as:

- A program of health service education to increase the elderly's use of available resources.
- An information program to clarify misconceptions about public housing.
- An even greater effort to increase the cooperation between relocation and other community service agencies, both public and private, to provide the maximum possible service to elderly relocatees.
- A more intensive effort by community agencies to work closely with the elderly through personal interviewing.
- The establishment of a friendly visiting service, as a permanent institution.

## Proposal for a Neighborhood Social Service Center

After reviewing overall needs and the ability of the FRS to satisfy them, it seems that there is a need in the city for neighborhood-centered social service resources for the aged. Such centers would have many advantages:

- They would bring needed services within walking distance, thereby minimizing the problem of transportation.
- They could provide informed counselors from health, welfare, and other agencies who could work more directly and personally with those needing help.
- They might act as focal points for group recreation activities.
- They could serve as a readily available resource to meet the emergency needs of the elderly, including transportation.

In order to test the feasibility of such a neighborhood social service center, it is recommended that funds be made available in several communities, perhaps through the anti-poverty program, to establish demonstration projects. Ideally, such

demonstration centers would be established in connection with renewal projects displacing older persons.

### Staffing of the Local Relocation Agency

It has been recognized that the elderly are an important relocation subgroup, requiring services which demand the attention of specially trained workers.

—A local relocation agency, therefore, should have at least one staff member skilled in working with the aged. If an agency is not large enough to support such a worker on a full-time basis, it should procure such service under contract. This is particularly important for an early identification of needs and for follow-up services.

### Need for Further Study and Demonstration

As mentioned at the outset, the central objective of this study was to investigate and define the dynamics of relocating the elderly. These have, indeed, been found to be multi-faceted and complex. An attempt has been made to elucidate these factors in this study, especially those concerning socialization needs. Yet, the extent of relocation's impact and the services best designed to ease this impact are difficult to substantiate adequately. Thus, the final recommendation here is that funds be made available from both public and private sources to conduct further study on the socialization needs encountered in relocating the aged. The benefits derived from such inquiry will be to the advantage of our society as a whole, as well as to those directly confronted with relocation.

## APPENDIX I

### FIRST INTERVIEW SCHEDULE

Note: These questions comprise the first interview given the study population. All interviewers gave the following introduction before each session.

Introduction: My name is \_\_\_\_\_. I am from the R. I. Council of Community Services. We have been asked by the Family and Business Relocation Service to make a survey of the people who have been relocated by the City. May I come in and talk with you? The purpose of this study is to get a picture of what happens to people after they have been asked by the City to move. The City wants to do a better job of helping such people. I am going to ask you a number of questions about your home and neighborhood. This is not an investigation; it is a survey. The information you give me will be kept confidential and used only to help the Family and Business Relocation Service plan services for people like yourselves.

1. a. How long have you lived at this address?  
b. Who lives here? (List members of household. Head of household is person who has contributed most financial support.)
2. a. Where did you live when the City asked you to move? How long? Did you own or rent?  
b. Who lived with you? (Relationship) What happened if not same as present household?  
c. Where did you live before that? (Pursue for 6 moves or 6 years.)
3. a. Where did you first learn about this particular place to live? (Family or friends, realtor, FRS, newspaper, other)

11. a. Do you usually use the same or different (food store or restaurant, drug store, place to cash checks, church, doctor or clinic, other) than before you moved?
12. a. Do you live closer or farther away from your (food store or restaurant, drug store, place to cash checks, church, doctor or clinic, other) now or is it about the same distance?
13. a. Are you more satisfied or less with your (food store or restaurant, drug store, place to cash checks, church, doctor or clinic, other) now or do you feel about the same? If more or less, in what way?
14. a. Is it harder or easier to get things done now or is it about the same? (To shop for food or eat out, get drugs or prescriptions, cash checks, get to church, get medical treatment, other) If harder or easier, in what way?
15. a. In general, would you say you have a lot of friends or just a few?
  - b. Are your friends primarily in this neighborhood, or your old neighborhood, or are they scattered all over Providence and Rhode Island?
  - c. If in this neighborhood, is this the same neighborhood as before you moved?
16. a. Who are some of the people you get together with most frequently? (Location, relationship, activity when together, frequency, occasion)
17. a. Do you have fewer or more friends now or about the same number?
  - b. Is it harder or easier to get together with friends or relatives now than when you lived at your other home or is it about the same?
  - c. If harder or easier, in what way? (Distance, mode of transportation, meeting place, etc.)
  - d. Do you get together as often, less often or more often now? If less or more often, why?
  - e. Have you made any new friends since moving here?
18. a. What other relatives do you have who live in Rhode Island? (Relationship, location, frequency of visits)
19. a. What are some of the things you like to do for relaxation and enjoyment, other than those already mentioned? (Activity, where done, harder or easier or same difficulty in doing)

- b. What made you settle on this place to live?
  - c. What do you like about where you are living?
  - d. What do you dislike about it?
4.
  - a. How would you compare your present housing with the kind of house you lived in before you moved?
  - b. Would you say that you are more satisfied, less satisfied or is it about the same?
5.
  - a. Do you think you will stay here or move somewhere else?
  - b. Are you happy about (moving, staying), not happy about it, or doesn't it matter very much?
6.
  - a. After the City told you that you had to move, did anyone from the City's Family Relocation Service come to visit you?
  - b. If no, did you know there was such a service provided by the City?
  - c. If yes to (a) or (b), What did you think was the job of the FRS? Did you want any help from the FRS? What? Why?
  - d. What did the FRS offer to do for you?
  - e. Was this help satisfactory or unsatisfactory?
  - f. In what way?
7.
  - a. How would you say your health is? (Excellent, good, fair, poor)
  - b. Do you have any specific difficulties or complaints now? (Describe)
  - c. If yes, is a doctor currently treating these ailments? (Some, all, none)
8.
  - a. Would you say your health is better or worse than before you moved, or is it about the same?
  - b. If better or worse, in what ways?
  - c. If worse, when did it start getting worse? (Date)
  - d. On the average, about how often do you have to see a doctor or receive medical treatment? (Number times, per week, month, year or less than once a year)
9. [a. If there is another elderly person who was a member of the pre-relocation household, ask the household head questions (7) and (8) concerning this person.]
10.
  - a. How do you usually get around town for: food, shopping or eating, medicine, cash checks, church, doctor, other? (Who goes or is it delivered, means of transport, need help from other household, if yes, from whom)

- b. If harder or easier, in what way? (Persons to do with, places to go to, distance, health, means of transportation, etc.)
20. a. Is there any elderly member of the household who is working now? (Relationship)
21. a. What kind of work does household head do? How many hours does he work a week? Where is his place of work?  
b. Is it harder or easier for him to get to work now or is it about the same? If harder or easier, in what way?
22. [a. If there is another elderly person in the household who works ask questions 21 (a) and (b) concerning him.]
23. a. (For household heads who work 35 or more hours a week). What kind of employer or company does he work for?  
b. Does he supervise other workers? If yes, what is his position? Approximately how many people work there?
24. a. (Head of household only; if widow, get information for former husband). What kind of work did he do on his last full time job?  
b. What kind of employer or company did he work for?
24. [a. For head of household only. If widow, get information for former husband. Ask questions 23 (a) and (b) concerning him.]
25. a. (For household head). Are you retired or looking for work?  
b. If looking for work, has the move to your new home made it any more difficult or easier to find work or is it about the same? If more difficult or easier, in what way?
26. Now I would like to ask a few questions to get a little more complete picture of you and your family.  
a. Have you ever been married?  
b. If yes, are you still married, separated, widowed, or divorced?  
c. If a widow, when did your husband/wife die?
27. a. Do you own a car? If yes, do you drive it?
28. a. What was the last grade head of household completed in school? (Grade school, some college, college graduate, post college)  
b. What school were you attending when you last attended full time? Where was it located?

29. a. Where were you born? (Interviewee, head of household)  
b. Where were your father and mother born?
30. a. Do you own or rent?  
b. Would you prefer to own or rent?
31. a. Do you have a separate kitchen for your exclusive use?  
b. Do you have a private bath?  
c. Are there living quarters for anyone else in this building?
32. It would be helpful to know in general about your level of income in order to know how to plan services for people like yourselves.
  - a. What is the source of your income? (Social Security, welfare, wages, savings, pension, other)
  - b. Is this a regular income?
  - c. Is this more or less than you received before you moved or about the same?
  - d. Do you have a regular source of income which you can count on for the rest of your life? If yes, is it more or less than what you receive now or about the same?
  - e. Do you have any additional resources you can fall back on?
  - f. (For whole household). I am going to show you a card with some income figures on it. Beside each group of figures is a letter. Please tell me the letter of the group that includes what you usually receive a month now. (A: less than \$50; B: \$50-75; C: \$75-100; D: \$100-150; E: \$150-200; F: \$200 or over)
33. We are interested in finding out how well different public organizations are known in the community. I am going to read off a list of them and ask you very brief questions about each one. (Have you ever heard of it? Do you know anyone who has ever been there? Have you ever been there? If yes, once or more than once?)
  - a. Social Security Office
  - b. Providence Recreation Center, Plain or Gesler St.
  - c. R. I. Hospital
  - d. Providence District Nurses
  - e. Providence Public Library
  - f. Welfare Department
  - g. John Hope Settlement House
  - h. St. Joseph's Hospital
  - i. Y. W. C. A.
  - j. Sunshine Society
  - k. Arthritis and Rheumatism Foundation
  - l. R. I. Association for the Blind
  - m. R. I. State Division on Aging

- n. Department of Employment Security
  - o. Dexter Manor Housing Development
  - p. Information and Referral Service
  - q. Round Top Church
34. a. Have you ever heard of golden age clubs or senior citizen centers?
- b. What do you think of them for yourself? (Want to join, interested and want more information, not interested- interviewer should comment on attitude)
35. a. Have you ever heard about housing developments for the elderly?
- b. What do you think of them for yourself? (Want to live in one, interested and want more information, not interested and don't want to, in one- interviewer should comment on attitude)

(End of Interview)

To be answered after interview:

1. Does the entrance to the housing unit open into a common corridor or to the outside of the building?
2. Did the respondent volunteer information about his problems?
3. Did the respondent indicate that he wanted somebody to help him in any of the following ways? (Ask about where he might get help, express criticism of agencies for not being of help, express that there was no one around to help, say that he didn't know what he was going to do about things that troubled him, other)
4. What is proportion of those living in census tract in 1960 who lived there in 1955? (Pre-relocation neighborhood, present neighborhood)
5. How many caseworker visits were made prior to relocation?
6. Did the household use the listing service of FRS?
7. What is the racial composition of the household?

## APPENDIX II

### SECOND INTERVIEW SCHEDULE

Note: The second interview contained most of the questions found in the first interview, with the modifications necessitated by the time lapse. All interviewers gave the following introduction before each session.

Introduction: My name is \_\_\_\_\_ . I am from the R. I. Council of Community Services. You may remember that we talked to you about a year ago because you had been relocated by the City from the Central Classical area. The Family and Business Relocation Service has asked us to talk to you this final time to find out how you have gotten along in the past year and to find out if the City has been able to help you in any way. May I come in and talk with you? I am going to ask you a number of questions about your home and your neighborhood. This is not an investigation; it is a survey. The information you give me will be kept confidential and used only to help plan services for people like yourselves.

The following questions in Interview I were deleted from Interview II: 19 to 25, 27, 28b, 29b, 30, 32e.

The following questions were added to Interview II at appropriate points in the schedule:

1. Have there been any improvements (including maintenance) made on your house (building) during the past year?
2. If yes, what kinds?
3. If no, has your house been kept-up over the past year? If no, in what way has it run down?

4. How much rent do you pay a month?
5. How much did you pay a month a year ago?
6. Has anyone from the Family Relocation Service come to see you during the past year? If no, did you want them to? What would you have liked them to do?
7. If someone came, what did they do? (Nothing, I didn't need any help, nothing \_\_\_\_\_, visited frequently, got service for me from an agency, got in touch with relatives, gave me transportation, other.)
8. Were you satisfied with what they did for you? Why?
9. How do you get along now that Miss Carter doesn't come? (Another worker comes to see me, nobody is helping, I don't need anybody any more, a neighbor, friend or relative comes in, other.)
10. Would you like more friends or are you satisfied with the number you have?
11. (For landlord if possible). How many living quarters are there in this building?
12. How many are occupied by elderly persons?
13. Do you belong to a Golden Age Club or participate in one actively?
14. Is there anything which prevents you from joining or participating in one? (Nothing, doesn't think he is eligible, lacks transportation, physical disability, can't get out even if had transportation, not interested, other.)
15. If you wouldn't like to join, why not? (Doesn't like people at club, doesn't want to associate with elderly, doesn't like program of clubs, wants to be left alone, has plenty to do now, nothing in particular, other.)

## APPENDIX III

### VARIABLES USED FOR CALCULATING COMPLEX SCORES

Note: The following charts illustrate the variables used for obtaining the scores used throughout this report. The question number refers to queries in the first interview, found in Appendix I. Numbers in parentheses are the score value assigned to the given answer. Scores were obtained for every respondent.

#### A. Sociability Score

<u>Question Number</u>	<u>Answer</u>
15a	Has a lot of friends (3) Has a few friends (0)
16a	# persons seen regularly
16a	# meet in definite place
16a	# persons who are new friends
17a	Has made new friends (1) Has not made new friends (0)
	Total

## B. Need for Health Services Score

<u>Question Number</u>	<u>Answer</u>
7b	# complaints
7c	All taken care of (0)
	Some (1)
	None (2)
8a	Health is better (0)
	Same (1)
	Worse (2)
	Total
9b	# complaints of other person
9c	All taken care of (0)
	Some (1)
	None (2)
9d	Health is better (0)
	Same (1)
	Worse (2)
	Total

## C. Need for Socialization and Leisure Time Services Score

17a	Fewer friends (2)
17d	Visit less often (2)
2b	Lost household members (1)
19a	# activities harder to do
14a	Harder to get to church (1)
	Total

## D. Satisfaction Score

13a	# more satisfied minus # less satisfied
17a	Has more friends (2)
17d	Visit more often (2)
17e	Has new friends (1)
2b	Lost household members (-1)
	Total

No response to any part of above

## E. Convenience Score

<u>Question Number</u>	<u>Answer</u>
14a	# easier minus # harder
17b	Easier (+1), harder (-1)
19a	# easier minus # harder
21b	Easier (+1), harder (-1)
22b	Easier (+1), harder (-1)
25b	Easier (+1), harder (-1)
	Total

No response to any part of above

## APPENDIX IV

### SELECTION OF THE STUDY POPULATION

Prior to relocation, the FRS conducted a census of all residents of the Central Classical area and identified 139 elderly households as the study population. Because birth records were not checked to validate the reported ages, it was found that some persons were included who were not 62 years of age or older and some who should have been included were missed. There was a notably small number stating their age to be between 62 and 70.

Of the 139 households originally selected, 4 were later found to be too young, 5 had died before the interviewing began, 16 could not be located and 2 refused to be interviewed. Thus, the interviewed study population consists of 112 households, or 86 percent of the living elderly households known to the FRS as relocatees from the Central Classical section.

Non-responses were greatly reduced by sheer persistence. When a household refused to cooperate with the first interviewer, a second one was sent later and usually met a positive response. Furthermore, a household was not classified as unable to be located until after three separate call-backs at different times of the day, an examination of the public assistance registry, inquiries of neighbors, and the mailing of a registered letter to the last known address.

## APPENDIX V

### GATHERING, ANALYSIS, AND RELIABILITY OF DATA

The relocatées were interviewed in their new homes by trained, experienced personnel. Each of the interview schedules, when completed, was edited for internal consistency. Where inconsistencies indicated possible misunderstanding of the question or error in recording the answer, the interviewer reconstructed the situation or revisited the respondent to verify the information. The data was coded twice by two different persons to reduce the possibility of error and was then transferred to IBM cards.

Most of the statistical analysis of the data is in terms of percentage distributions. Usually, a frequency distribution involving less than 20 cases is not percentaged because of its limited significance. In all of the percentage distributions, non-respondents are shown as a percent of all cases. Though usually comprising a very small group, they were included separately because it is feasible that they have different characteristics from the respondents. Therefore, the stated percentages indicate the minimal proportion of individuals belonging in each category.

Since the same population was interviewed on two separate occasions, it is possible to make some measure of the reliability of the data by comparing the answers to the same questions posed in both interviews. This was done in regard to the variables of race, age, marital status, and birthplace of the household head. In each case, except for the latter, where there was found to be some confusion in administering the question, the information gained in Interviews I and II was in substantial agreement and was consistent.

Overriding this test of the data's reliability, however, is the consideration that the elderly frequently have failing memories and a propensity to prefer times in the past. These characteristics tend to condemn reliance on statistical comparisons based on the remembrances of the elderly themselves. For this reason, case studies rather than data based solely on the interview results present a more meaningful basis for analysis.

