

CHAPTER IV

SOCIAL SERVICES

Social Services may be a misnomer for this chapter because the term does not apply strictly to social problems. Included under the umbrella of the term are health services, financial services, counseling services, protective services, and emergency services among others. It is difficult to separate one type of service from another because they are so closely interrelated and sometimes overlap. Since 1968 the proliferation of agencies and organizations that provide help to people in need is nothing short of astounding and is probably a reflection of the changes in family life since the early years of this century. Today the nuclear family (parents and children) has become the norm, leaving the oldest generation on its own and the youngest in need of care while mothers work. Often it is the oldest generation most in need of help, but there are needs at all levels.

Some of the services described here are provided exclusively by Jaffrey groups, but more are regional in nature and include other county towns. Funding comes from state and local taxes in some cases, but many are supported largely by the United Way through its annual fund drives in which local citizens are asked to extend their help to neighbors in need. On the local level, invaluable help comes from unselfish volunteers working through church and civic organizations. The bottom line is that all of us can help in one way or another.

ADULT DAY PROGRAM

In 1982 Stephen Conroy came to work for Monadnock Family Services as an elderly care specialist. In the course of his work, he became increasingly aware that many seniors were totally isolated from social contact, sometimes seeing no one for extended periods of time. Often their only mental stimulation came from watching endless hours of television, not a notably thought-provoking activity. Some, Steve realized, were confused and were having difficulty making basic decisions about everyday living. Planning and

preparing regular meals was just too much bother, so many ate whatever came to hand. Even tending to basic hygiene was difficult for them. For these and many more reasons, Steve decided there should be some kind of program to address the problems. Monadnock Family Services and Monadnock Christian Nursing Home encouraged him to develop such a program. The result was the Adult Day Program.

In November 1986 Steve began in a very modest way to gather seniors in the parlor of the United Church of Jaffrey one day each week. The first group consisted of three people. Later the program was expanded to three days a week as interest and attendance grew, and the group moved from the parlor to the parish house. There it remained for several years until 1993, when Monadnock Community Hospital, having expanded its facilities, donated the building on hospital property formerly used as doctors' offices to the Adult Care Center. By 1996 the number of participants had grown to 35 and the number of days a week the program was offered was increased to five. The staff had grown to eight, including Steve, a social worker, a nurse, an activity director, a secretary, and various aides and drivers.

The Adult Day Program provides structured care during the day for adults with physical, mental, and/or social impairments. Its purpose is to improve the quality of life of the participants while at the same time supporting their efforts to continue to be independent and to remain in their own homes for as long as possible.

The program offers such activities as hobbies, crafts, and art projects; group discussions of current events; movies; musical programs and sing-a-longs; poetry and short-story readings; parties and holiday festivities; intergenerational activities; and community projects.

All of the activities are designed to improve or maintain the physical, social, and emotional well-being of participants. At the same time, the program provides for family caregivers a much-needed respite from the responsibilities entailed in the constant care of an elderly parent or mate. Participants are transported to and from their homes in area towns by the Monadnock Family Services bus, which is also used by the group for outings and community events. A nutritious meal and two snacks are served each day.

Funding for the program comes from several sources. Those

participants who can afford it pay their own costs, or whatever portion they can manage. United Way also makes significant contributions. Since the program became licensed in 1992, Medicaid funds have become available for some people.

After a major life change such as the loss of a loved one or a serious illness, older adults often experience a period of apathy or depression. By providing structure on a daily basis, promoting involvement with other people and activities, and focusing on the future instead of the past, the Adult Day Program has helped lift the spirits of many participants to the point where they show a renewed interest in life. What better testimonial to a job well done!

In November 1996 the Adult Day Program celebrated its 10th anniversary with special activities. We wish it many more.

HOME HEALTH CARE, HOSPICE, AND COMMUNITY SERVICES

Home Health Care, Hospice, and Community Services (HCS) is a home health agency that in the past was known as the Visiting Nurses Association (VNA). Today it offers many more services in addition to nursing care. HCS provides assistance to elderly people who want to stay in their own homes, to middle-aged people who need skilled nursing care to recuperate at home after an illness or injury, and to newborns and their mothers when they come home from the hospital. Visiting nurses provide most of the agency's services, but many other specialists and volunteers work under the



Monadnock Community Visiting Nurse Association office off US 202

umbrella of HCS.

Therapy is available for people with physical, occupational, or speech impairments. After testing and evaluation, therapists design individually tailored treatment programs to improve patients' independence. Along with this, a registered dietitian provides counseling and education regarding nutritional and healthful dietary practices that will enhance and support whatever efforts the patient is making in the therapy program. Social workers offer counseling for individuals and their families in times of illness. Homemakers can provide assistance with shopping, laundry, housekeeping chores, meal preparation, and errands. Certified home health aids attend to personal care needs such as bathing and shampooing.

Care is comprehensive, and because it is available in the comfort of familiar surroundings, it can mean a measure of independence not possible in an institutional setting.

Maternal and child health services have become a large part of HCS offerings, especially at this time when childbirth stays in the hospital have been reduced from three or four days to one. Prenatal care is available. Mothers who face a difficult pregnancy or risk of premature delivery can be monitored at home. When mother and child come home after delivery, visiting nurses make home visits to answer questions and offer support. Well Child Clinics are available for income-eligible families with children from birth to age five. The clinics provide physical exams, nutritional counseling, developmental assessment, and immunization. Also, Nanny Care is available to provide extra hands during a very special time. Nannies are certified nurse's aides with additional training in infant care. Financial help is also available for respite services for income-eligible families with small children.

In medieval times a hospice was a place of shelter for travelers on long, arduous journeys. Today hospice is a concept of care that supports terminally ill people and their families in the difficult journey through the final days of life. When someone chooses to die in the comfort and dignity of their own surroundings, Hospice Alliance at HCS can arrange nursing care 24 hours a day seven days a week. But beyond hands-on care, help takes many other forms, such as counseling to help deal with the fears of impending death and bereavement support for family members dealing with grief. An important part of hospice care is the contribution of volunteers

who visit the patient, run errands, or give family caregivers a break from their duties. HCS periodically offers free training programs for volunteers who meet at weekly sessions for two months. The course is designed to prepare people to work with the terminally ill and their families.

HCS is also committed to helping people stay well by offering community clinics. Wellness clinics are offered free of charge to screen people for high blood pressure and high cholesterol levels, two of the major risk factors for heart disease. Dietary counseling is also available. In Jaffrey the clinics have been sponsored by the Monadnock Community Hospital at Primary Bank (formerly Peterborough Savings Bank) for several years. HCS also develops occupational and health education programs customized to businesses of any size. These programs can be taken right to the workplace. The scope of services offered by HCS has continued to expand as society's needs have increased. They will no doubt continue to grow.

MEALS ON WHEELS

The Meals on Wheels program has been available in Jaffrey since 1979. The first meeting of the volunteers was held in the parlor of the United Church of Jaffrey in April of that year. Present were the Reverend Emily Preston, Betty Badertscher, Margaret Bean, John Boutwell, Abby Brown, Patricia Bullock, Frances Butler, Helen Coll, Frances Forcier, Edith Grodin, Mary Hill, Helen Krause, Nancy Moore, Justin Vinal, and Linda Wilson.

Meals on Wheels is a program that is available in communities across the country. It is run by volunteers from each community, although in some places it receives government funds. The organizers of the Jaffrey program decided it should be totally independent of government connection. The sole purpose was to deliver a hot meal to persons unable to cook one for themselves and also to check on their well-being every weekday.

The volunteers are ordinary people of all ages from several churches who believe in the program. All have families and all are aware of people who, because of age or disability, need a helping hand, perhaps temporarily or on an on-going basis. For whatever reason, recipients do not or cannot cook for themselves, or they find planning and preparing meals too taxing for their diminished

stamina. Sometimes the food they consume if left on their own initiative falls far short of what can be called nutritious. The hot meal that volunteers deliver each weekday is designed to maintain a good standard of health and to promote healing for those recovering from an illness or surgery. The meals can be requested in a variety of ways: by family members, by the individuals themselves, by doctors or a medical facility, or by a social service agency. Often the meals make it possible for people to stay in their own homes and retain some measure of independence for a longer period of time rather than being confined to a nursing home.

In 1998, the cost of the meals was modest, \$12.50 per week. But inability to pay does not exclude those in need of the service. Help is available through Jaffrey's Department of Public Welfare, the Poole Fund, the Crop Walk for Hunger, and private donations. All meals are prepared by Good Shepherd Nursing Home under the supervision of the food services director and are low in sugar and without salt. Some recipients find that with their diminished appetites they cannot consume in one meal all the food they receive. Often they save part of the food for their evening meal, so for many this means they get more than a single meal. Originally the meals were prepared at Monadnock Community Hospital, and briefly at Jim and Diane's restaurant.

In addition to the meals, there are other benefits not immediately apparent. Dorothy Chamberlain, who was a dispatcher for the Jaffrey program for many years, remembers many instances when volunteers often represented the only social contact shut-ins have, perhaps for days on end. Then, too, there have been times when volunteers have found someone in serious trouble, perhaps having fallen and been unable to get up, sometimes even sustaining broken bones.

Finding people in various kinds of medical crises is not unusual for the drivers. In many cases they were able to summon help and in some cases save a life. It is this kind of concern and caring that makes a community a community.

The first director/coordinator was the Reverend Emily Preston (1979-1986). She was followed by Helen Coll, who served until 1990, then by Thomas Kell until his death in 1994. Douglas Lowe then became director and served for two years. Sally Soney, who

had been driver coordinator since 1992, became director in 1996 and still serves in that capacity. Valerie Owen is now driver coordinator. The first dispatcher was Abby Brown, who served until Dorothy Chamberlain took over, from 1986 until 1994, since which time the dispatcher's duties have been absorbed by the driver coordinator. The program is presently in need of a dispatcher. Treasurers have been Edith Grodin (1979-1983), Betty LaFreniere (1983-1991), and Gaius Merwin (1991-). Beginning in 1991 the program was able to establish a second route in order to serve more recipients. While the numbers served fluctuates, frequently there is a waiting list. The program has never been in want of volunteers.

MONADNOCK COMMUNITY DAY CARE CENTER

Monadnock Community Day Care Center (MCDCC) was established in September 1970 by a group of concerned citizens. It was small at first, serving only nine children, and was housed in the Union Congregational Church in Peterborough. In 1975 the center purchased its first building, an old farmhouse on High Street in Peterborough, where 35 children from three to six years of age were cared for. A satellite center was established at the United Church of Jaffrey in 1978 to serve 26 additional children. Each year demand for child care increased as the center gained community recognition and support. In 1980 a local contractor was persuaded to build one facility to bring both centers together to serve



Monadnock Community Day Care Center

80 children, including infants and toddlers for the first time. MCDDC leased the building while running a fund drive in order to purchase it. That goal was reached in 1983 when the community provided funds for a 50 percent down payment.

Meanwhile, as more jobs became available and more mothers joined the work force, the waiting list continued to grow. To meet the demand, in 1982 the center developed a network of licensed homes in the area. Then in the fall of 1986 an addition to the center provided space for 10 more infants. The center presently serves 90 children, but still there is a waiting list. Since 1984 MCDDC has offered a summer program for 20 school-age children in space provided at the Peterborough Elementary School.

MCDDC has successfully participated in the community since 1970 as a state licensed, nonprofit child-care facility. The center opened during a time when more and more families struggled to make ends meet. It was very difficult to find affordable child care so that both parents could bring financial support into the home. Today with more two-working-parent households and even one-parent families, MCDCC plays a key role in helping parents with acute time pressures to manage their children's schedules with both flexibility and stability. The center fills an economic need in the community by offering a sliding fee scale. Although MCDCC reaches out to families with the greatest economic need, its philosophy attracts families regardless of their socioeconomic background. Parents know that their children are in a safe, nurturing, and developmentally challenging environment while they work.

Over the years many local businesses have generously given much-needed financial and/or in-kind support to the center. In 1986 MCDCC became a United Way Agency. Community fund-raising efforts, United Way support, and appropriations voted by towns such as Jaffrey at annual town meetings have helped offset the sliding scale of fees. MCDCC is also a contract agency for the New Hampshire Division of Human Services Title XX program for working families that meet state guidelines for child care financial assistance. Children are also placed at the center through the Division of Children Youth, and Family Services Protective or Preventive Programs (DCYF). Pursuing financial assistance through grant proposals has also assisted the center to tackle much needed and on-going capital improvement projects through the years.

MONADNOCK COMMUNITY SHARE

SHARE stands for Self-Help and Resource Exchange Program. The basic purpose is not only inexpensive, quality food, but rather community service and gathering community members at a specific point to meet one another. Anyone, no matter what economic level, can participate in the program by donating one hour of community service and in return earn the opportunity to buy meats and produce at reduced prices. SHARE OF NEW ENGLAND has a food broker who finds these bulk foods and passes the savings along to the local community. SHARE can be found not only all around the United States, but it has achieved international recognition as more and more communities of the larger world join forces to do community service for one another.

SHARE was started in Jaffrey by Catholic Charities of New Hampshire under the leadership of April Fitzgerald. In the fall of 1991, Ms. Fitzgerald met with interested people in the community and soon found out that the United Church of Jaffrey (the Rev. Emily Preston) and St. Patrick Church (the Rev. Richard Kelley, Pastor) were willing to sponsor this program as a joint venture between the two churches.

Susan Gilbert of SHARE NEW ENGLAND came to Jaffrey and helped set up the program as she had done in other New England communities. Jo-Ann M. Harvey of St. Patrick became the first coordinator. She spent the rest of the fall finding the people needed to fill the various jobs. Her husband, Robert Austin, from the United Church was responsible for finding transportation and training the men who were to deliver the SHARE food to the St. Patrick cafeteria on the prescribed Saturday. Local businesses such as Belletetes and Crest Oil loaned SHARE a truck and driver once a month to go to Goffstown (now Manchester) to pick up the food. The Austin family and Claire Moore, through the Poole Fund, donated the start-up monies for the program.

Numerous families from around the area helped each Saturday with the food distribution: Thomas and Adelle Remillard, David and Estelle O'Neil, Evelyn and Michael Collins, the John McCarthy family, the Thomas Caouette family, the Esposito family, Shirley Damski, Marjorie Zerbel, Myrtle Carney, Dora Moore, Eva Coll, Grace Fernald and Lydia White. Local Boy Scouts, confirmation

classes, and members of the honor society at Conant High School also helped out.

In the spring of 1992, SHARE was up and running. The year 1997 marked its fifth anniversary, and it's still going strong under the leadership of Patricia McCarthy and Jean Headley. Other members of the Executive Board include Adelle Remillard, Marie Powley, Nannette Fornal, Marie Rene, and David Duval. The group meets at 7:00 P.M. the Wednesday before distribution day at the United Church.

It's a great concept and an admirable program staffed by dedicated people from the local community. It is our hope that SHARE will continue for years to come.

MONADNOCK FAMILY SERVICES



Monadnock Family Services

Monadnock Family Services (MFS) is a community mental health center that was established in 1905. The first office was in Keene and served all residents of Cheshire County. In the last quarter century new district offices have opened in Walpole, Winchester, Peterborough, and Jaffrey because needs for services have increased phenom-

enally and continue to do so.

Life's challenges can create stress in all families. When the pressure becomes more than the family can manage on its own, the clinical staff at MFS can teach new ways to respond to and cope with critical situations, either through individual or group counseling directed toward problem solving, planning, and change. The process is a journey of self-discovery that can lead to increased self-esteem, relief from depression or anxiety, and improved relationships for people of any age group.

Children often need help resolving conflicts with parents, teachers, or friends. They can suffer from depression just as adults do and feel discouraged or anxious about what is happening in their

lives.

A death or divorce, for example, can create a crisis that can be overwhelming for a child. Counseling can help a child find new ways of coping. There also may be problems of physical, sexual, or mental abuse, which seem to be escalating in this day and age. Or perhaps abuse has always been with us but has been kept well hidden, and only now are we discovering its extent and trying to find ways to deal with it.

Adults face some of the same problems that children do, but with the addition of many others. Adults need help with parenting, drug and alcohol addiction, abusive relationships, and a host of other problems. Because of the worsening domestic abuse problems, for example, MFS has instituted a domestic violence program for men who resort to battering. Battering is any coercive behavior designed to threaten, intimidate, or harm others. It can range from emotional abuse to threats to kill, and it includes any sexual or physical abuse. This is not to say that women are not abusers; they sometimes are. But men seem to choose violence more often than women in order to get their needs met. Weekly published reports from the Jaffrey Police Department reveal the extent of abusive behavior even in our small town. The abuse problem has led to the establishment of shelters where victims can go for relief and safety when a situation becomes too dangerous.

It is interesting to note that New Hampshire has taken positive strong steps in dealing with domestic violence. In 1993 Governor Steve Merrill established a commission to assist abuse victims and end the violence. The commission developed a 225-page document presenting a set of guidelines for dealing with abuse. In the spring of 1996, at a meeting of attorneys-general from across the nation, New Hampshire was recognized for its aggressive and positive action in creating the new protocols, the first effort by any state to address domestic violence. One result has been that the state Attorney General's Office has received numerous requests from other states for copies of the protocols to use as a model. On the local level, it has made a difference in the way the Jaffrey Police Department handles domestic violence situations. The "presumptive arrest" element of the protocols directs officers who have probable cause to believe a crime of domestic violence has occurred to make an arrest unless there are "compelling reasons" not

to. Also in the protocols are directives for the courts, medical professionals, prosecutors, child protective services, the clergy, educators, and mental health professionals as well as police.

Monadnock Family Services also offers an Older Adults Program that includes a full range of therapeutic services, such as counseling for depression, bereavement, and health and lifestyle losses. The program also includes counseling for the family caregivers of older adults. Many of the support groups for seniors that we see listed in the calendar section of local newspapers are run or sponsored by MFS.

In May 1996, MFS was one of a coalition of senior-service providers called Monadnock Senior Advocates that hosted an area-wide day of celebration to honor older adults. The program included information about the services available to and for seniors. They included lectures, entertainment, a fashion show, and lunch. The coalition plans to make this an annual event.

Funding for Monadnock Family Services comes from several sources. Some, of course, comes from the individuals who use its services. Most health insurance plans and health maintenance organizations pay for all or part of the costs, and Medicare and Medicaid help is also available. The United Way annual fund drive also supports MFS, which is the way the local community can extend direct help to its fellow citizens.

MFS has not yet stopped developing and expanding its services, and it appears the future will present many more challenges.

NURSING HOMES

The term nursing home first appeared in the language in 1896. It was defined as a place, usually privately owned and operated, for the maintenance and personal or nursing care of the chronically ill or elderly who are unable to care for themselves. The definition is still valid today.

Jaffrey had no nursing home in its earlier days. Instead, people in need of care who had no family to provide for them were put out to the lowest bidders among the citizenry, who agreed to care for them in their own homes, usually for a year. In most cases those needing care were elderly, ailing, or widows with no means of supporting themselves. Orphaned children were also put out to bid in

the same manner. Those families who took in the destitute were entitled to take advantage of any labors they were able to perform, and this affected the amounts of the bids the town would accept. Those still able to work were put out at much lower bids. It is interesting to note that in 1794 Amos Fortune bid one pound, sixteen shillings for taking care of one Polly Burdoo, believed to be a black woman. (The country at that time was still using the British currency system.) Other bids accepted that year ranged as high as 15 pounds, 15 shillings, a rather wide range.

In 1827 this system came to an end when the town fathers decided to place all needy people into the care of one person at \$500 per year. The new practice proved workable apparently because in 1834 the town purchased a property on what is today Town Farm Road off route 137. It became popularly known as "the poor farm." Many other communities found the town farms a solution to the problem of caring for the destitute well into the 20th century. Nearly all towns of any size had them. Later the responsibility passed to the county when Cheshire County Farm was established in Westmoreland. Other counties in the state did likewise.

The practices of earlier years were forerunners of the nursing homes that have become part of today's scene. Although Jaffrey and other towns do not directly pay for the care of nursing home residents, the cost of care is supported by taxes when necessary. Some residents can meet their own expenses, at least for a while. When their resources are depleted, they can be helped through Medicaid, a combination of state and federal monies. In the late 1990s we are experiencing great changes in assistance of this type. It is difficult to predict what form, if any, this type of aid will take in the 21st century.

Jaffrey's first modern nursing home was opened in 1957 by David Vinal, who purchased the former Hillcrest Lodge on Hillcrest Road. It was then renamed Hillcrest Home and incorporated two years later in 1959. David had been a psychiatric nurse at the Institute of Living in Hartford, Connecticut, where he became aware of the need for nursing homes. Through David's efforts, together with those of his sister, Janet, who worked with him in the early years, the first Jaffrey nursing home became a reality. It operated for 20 years, until 1977.

David remembers that the early years were lean ones, almost a

hand-to-mouth existence. In the beginning he took no salary. At the time, the State of New Hampshire paid the princely sum of \$4.50 per week for each resident of the home, usually 10 in number. When the weekly check arrived from the state, the first order of business was to shop for food to restock the always-empty larder. Salaries for the nursing staff, who were paid 60 cents an hour, took the next bite out of the available funds. Even taking into consideration the difference in the cost of living in the late 1970s as compared to today, it is easy to see that the undertaking had to be a labor of love.

While Hillcrest was still struggling along, others, in particular a group of concerned people from the Jaffrey Bible Church, were contemplating building another nursing home in town. In 1974 the group put its first proposal before the town for a larger, more modern facility. It was over two years before all the necessary legal and other requirements were met. The town granted final approval in 1975, and construction got underway. The building was dedicated on October 27, 1976, and opened in March 1977 as Monadnock Christian Nursing Home. Having closed Hillcrest Home, David Vinal became the new home's first administrator and remained in that position until 1980.

In the 20 years since it opened, Monadnock Christian Nursing Home has evolved into a well-respected institution dedicated to providing the best quality of life for its residents. In addition to medical care, the staff is always concerned that residents feel well cared for in other ways as well. All types of activities are offered to keep them interested in the world around them as well as in other people. The social director has a challenging job in planning a program that offers something for everyone. For example, all holidays are celebrated with special events and observances. Guests are invited often to share experiences or to entertain with talents in singing, playing musical instruments, or reading aloud.

For those people so inclined, instruction in various crafts is available. Even physical exercise tailored to the ability of the individual is provided with the aim of maintaining fitness. A look at the monthly schedule of activities, a copy of which goes to each resident, reveals that there is no reason for anyone to be bored. If anything, there is too much to do for any one person to do everything.

SOCIAL SERVICES



Good Shepherd Nursing Home

The aging of America has increased the need for nursing-home space throughout the country, and Jaffrey's home has felt the pressure as well. Soon after the home was sold to Catholic Charities in 1990 and its name was changed to Good Shepherd Nursing Home, a building program was launched to increase the size of the building. By 1992 the number of beds had been increased from 51 to 83. However, there is still a waiting list.

The majority of the residents at Good Shepherd are Jaffrey citizens, and that has always been the case. The ages vary, but most are in their eighties and nineties. In 1996, one Jaffrey citizen, Waty Taylor, celebrated her 100th birthday. She was the holder of the Boston Post cane, a tradition begun in 1909 to honor the oldest citizens of New England towns, and incidentally increase the paper's circulation. Good Shepherd is a nonprofit institution, as was its predecessor, but the cost of maintaining the residents has risen sharply over the last few years. Presently the cost is about \$50,000 per year. Nevertheless, Jaffrey is fortunate to have the services it affords to its citizens, who might otherwise have to be placed in homes at some distance from friends and family.

THE RIDE-ALONG PROGRAM

On September 18, 1994, the members of the Jaffrey VFW Memorial Ambulance Inc. created an Auxiliary Ride-Along Program, to help ensure the long-term survival of the service. Auxiliary mem-

bers are citizens from the towns of Jaffrey or Rindge who are 18 or older. Initially, members of the auxiliary program helped the EMTs at emergencies and assisted them with tasks such as report writing and bringing equipment into the scene. By generating interest in and knowledge of prehospital care, the crew hopes that auxiliary members will continue their training and become certified Emergency Medical Technicians.

Participants of the Auxiliary Ride-Along Program include Michael Greenough, Stephanie Quinlan, Mark Cournoyer, Brian Blanchette, Mark Ray, Mark Mitcheson, Scott Symonds, Christopher Bartlett, and Arthur Snow. These members have gone on to become EMTs and regular members of the ambulance service.

SAINT PATRICK OUTREACH

In the spring of 1998 the Pastoral Council of St. Patrick Church announced the formation of St. Patrick Outreach, a group of volunteers committed to serving the homebound and providing emergency services to people in the Jaffrey-Rindge area.

The group provides meals, transportation, and respite care for the sick and disabled. It is also involved with other service-oriented groups in the Monadnock Region, which makes it possible for them to give referrals if necessary. The goal of the group is to provide interim services rather than long-term assistance, which is already provided by local and state agencies. The critical period for many aid recipients is the time during which their applications are being processed and the time they begin to receive the assistance they need. It is during this period that people can slip through the cracks, which could prove disastrous to someone in fragile health. Sometimes just knowing that someone is there to help can be a key factor in survival.

Presently the outreach program cannot provide interim financial support, but long-range plans include a fund-raising campaign that will make financial help possible. In the meantime, the volunteers of St. Patrick Outreach will continue to offer valuable services to those in need.

SENIOR FOCUS

In September 1997 a group called Senior Focus celebrated its

10th birthday. Born out of a Bible study group, Senior Focus is the result of members recognizing that Peterborough seniors needed services that the community was not providing in the areas of housing, transportation, recreation, and health. Although it is based in Peterborough, Senior Focus serves a constituency from all over the Monadnock Region.

Transportation organized by Senior Focus provides once-a-week rides to area shopping centers, twice-a-week rides to Sargent Camp so that people can participate in the nutrition program there, and rides (in conjunction with the American Red Cross) to medical appointments. For people who can no longer drive, these services are invaluable.

One of the greatest accomplishments has been in housing with the development of the Woodland Heights complex to provide safe, affordable quarters for seniors. It was full to capacity soon after opening and has a waiting list that keeps growing. A major goal is to investigate and develop another facility as soon as possible.

Senior Focus mails a seasonal newsletter to anyone interested in participating in its activities. The "Fall 1997 Connection" listed a smorgasbord of events. A few of the offerings were: movies and popcorn on the second and fourth Tuesday of each month; senior day out on the third Monday of the month with programs to appeal to various interests; indoor and outdoor walking programs; excursions for eating out, train trips, and mystery trips; wellness programs in cooperation with Monadnock Community Hospital; and classes for such things as quilting and how to do a family genealogy. The activities change with the seasons and the interests of participants. Senior Focus works because of the volunteers who drive, serve food, answer phones, and teach classes as well as those who plan activities and events. The group is aligned with Monadnock Family Services and affiliated with United Way. Without volunteers, most of whom are themselves seniors, none of the services would be possible because costs would be too high.

SENIOR RIDE

As a requirement for her Master's Degree in Human Services, Ellen Clarke created a free transportation system for the elderly of Jaffrey.

Thomas N. Kell, who was active in the Meals on Wheels program, recruited volunteer drivers and helped promote the Senior Ride program. Approximately 15 drivers and six or more substitutes are needed per month. Volunteers donate their time and pay for the gas. Senior Ride is run under the auspices of the American Red Cross in Keene, which coordinates the rides that are available three days a week for seniors who are unable to drive themselves.

The first ride occurred on August 10, 1993. Walter F. Bayen drove Ruth Fortin to Ames Department store in Peterborough. In September 1995 Patricia Van Ness, one of the drivers, took over administration of the program from Ellen Clarke.

UNITED CHURCH OF JAFFREY FOOD PANTRY AND SHELTER

The Food Pantry opened in the early 1980s as a result of many requests to the pastor from townspeople and those just passing through for something to eat. It was apparent that these people were in great stress, often without a job or transportation. Initially they were given cash to buy a meal. But that was not a good way to meet the needs because there was never enough cash in the Pastor's Discretionary Fund to take care of everyone.

On Thanksgiving Sunday in 1981, church members were asked to bring canned food to start a food pantry. As it evolved, the entire Jaffrey-Rindge community was invited to participate. Schools, churches, and charitable organizations responded and have continued to donate to the project over the years.

The shelter was opened not long after for similar reasons: too many folks evicted for nonpayment of rent and scarcity of jobs at that time. Many needing help were in their early twenties. Like other communities, Jaffrey had a considerable number of people drifting through on the way to somewhere else, people whose cars broke down or whose funds ran out. The Refugee Committee also dealt with the problem of lack of rentals because none were available anywhere in town during the 1980s.

For a long time the needy were put up in the church parlor on couch pillows and blankets and cooked the Food Pantry food on the stove there.

Since the parlor was often in use by church groups, it was inad-

equate to meet the needs of the steady stream of distressed folks who appeared. For that reason a Sunday School class was moved to the parlor and the classroom was made into a permanent shelter. With the help of government grants, volunteer labor, and community donations, a shower was installed and the room was furnished with bureaus, lamps, table and chairs, and ultimately a small television.

Church members learned many important things about folks who fall into the abyss of being suddenly without food and shelter, such as how humiliating their situation is to them, how they have a need to privacy, and how they need activities to fill the many empty hours. The church has learned to meet these needs and still keep church events going at the same time.

And so it was that a Cambodian family lived in the shelter for over three months. A retired man and his dog stayed for five months. Generally, though, most stayed from overnight to three or four weeks. Some were battered women with children, and others came from the hospital for a recuperation period before going home. The circumstances have varied with the individuals, but the church has responded with one of the most significant ministries in its history. And the services continue today, supported by volunteers from the church and community. In 1996 the shelter was renamed "Ali's Place" in memory of its first director, Alison Draper Reimer.

WOMEN'S CRISIS SERVICES

In August 1998 Women's Crisis Services of the Monadnock Region opened a new office on Peterborough Street in Jaffrey. Its objectives are to provide a support group that will be open during school hours and a staff person who will be available three mornings a week. Volunteers, presently needed and welcome, will complete the staff.