## CASE WORK IN HOMES FOR THE AGED

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THE purpose of this paper is to discuss the care of the aged in Homes for the Aged from the point of view of the case worker and the role of the Social Service Department in a Home for the Aged. It is not my intent to discuss managerial aspects of the problem.

The care of the aged has always been a very important part of the philosophy and tradition of the Jewish community, and Jewish groups in this country have been very progressive in their planning for the aging person in their midst. This manifested itself in many localities through the establishment of Jewish Homes for the Aged to provide for elderly Jews the type of care that they could not at that time obtain through the facilities of a public home. Jewish Homes have taken pride in their recognition of the special needs and problems of their residents. They made early provision for special plans for chronically ill and for the services of social workers to meet the special problems of individual residents.

At the present time it is important to examine the services which the Jewish Homes for the Aged are rendering, since our increasing numbers of elderly people have made the entire area of services to the aged an important part of the community's concern and activities. A number of significant developments are now taking place in relation to the applica-

tions being received by our Homes. In the first place, the number of applicants is on the increase. During the past year our Home alone received 994 applications. Then, there has been an interesting change in the reasons for applying. Formerly a large number of the applicants came to us because of economic reasons, as changes in their financial situation made it impossible for them to continue their former mode of living. At present we receive few applications for economic reasons alone, as people who would formerly have come to us for this reason now prefer to remain in the community with the assistance of Old Age Assistance and Social Security. As a result, those who do come to us are, as a group, older, sicker and more urgently in need of the protective services of the Home than formerly. Many of them are less active than the applicants of former years and require more services from us in every area. An example is special medical care. The facilities of Homes in both large and small communities are far from adequate to meet the demands placed upon them for both quantity and quality of service.

It is, therefore, necessary for us to examine our own role in meeting the community's problem and our effectiveness in handling the responsibility placed upon us. I shall not go into the importance of expanding and establishing such facilities as will help to take care

of the people who need us. My concern is rather with reviewing the contribution which the social worker has in meeting this problem and developing methods of strengthening that contribution.

One of the social worker's special responsibilities in a Home for the Aged is in the intake process. We can, at present, hope to admit to the Home only a small portion of the applicants for our services. We must therefore make services available only to those persons who need them the most and who can make most effective use of them. Great selectivity and sensitivity is needed in the intake process, from the client's initial contact with the agency. We have tried to develop the intake process into a constructive experience for the client in several ways. One of our concerns has been to bring the client himself into the application process to the maximum of his capacity, by focusing on offering our services to the applicant and developing our relationship with him, moving away from the practice of handling the application largely with other members of the familv. We have tried to avoid the client's developing the feeling that this is an agency where his relatives have come in order to "dump him," as such a feeling on the part of the client would lead to projecting onto this agency his negative feelings about the actual or implied reiection by his family.

We have tried to interpret the application process to the client and to enlist his participation in it. Also, to let him know as early in our contact with him as possible whether we can serve him and, if so, how soon, in order to free him to make other plans for himself if admission to this Home seems out of the question or would be too long delayed to be of any real service.

In the handling of applications it is

important to control the tempo of the application process in accordance with the client's needs. This process, with all its implications of inability to make a satisfactory adjustment in the community, rejection by families, and unhappy planning for an uncertain future, is a traumatic one for the older person. In many instances he cannot go forward with it very directly, but finds it necessary to reconsider his interest in proceeding with the application and the possibility of changing his mind about entering the Home. We are constantly faced with the administrative problem of broken and postponed appointments, as a client finds himself unable to take the next step in the application process. In order to give the client every opportunity to present the situation in a relaxed and leisurely way from the first, we try to see people on a scheduled basis only, allowing them full opportunity to present their situation.

The case is assigned to the same worker throughout the application process in order to provide continuity of service and she also retains responsibility for the applicant after his admission to the Home. It is often necessary to have several appointments with the client because the content is very difficult for him to handle. At the time of the first interview we move forward only as far as the client is able. It was at one time our practice to give a complete medical examination at the same time the application was made, but we found this was too difficult for an elderly person. If children or other relatives accompany the applicant to the interview, we try to see them in privacy without the applicant in order to avoid developing situations which will be difficult for the applicant and the children to handle. These grow out of the complex feelings which the applicant and the children have brought to the application For example, offer of a foster home process.

it evident that admission to the Home is not the answer to the client's problem. His application may have been precipitated by some temporary critical development or he may have been forced to apply because of the pressure of solicitous relatives. In reviewing the situation tohis present living arrangements may offer way of living. Some applicants do not really want to enter the Home, but are not aware of other resources in the community which would provide a more suitable service for them. In other situations, such as those of terminal illness, we cannot hope to serve the client quickly enough to meet his present needs. The interview then grows into a counseling service, either to help the client accept his present situation or to develop other resources which are available to him and which can furnish him either a permanent or interim solution to his problem.

We have found that aged applicants find it very difficult to accept substitute plans once they have faced the necessity of making a change and considering the possibility of entering a Home as an answer to their problems. Particular skill is necessary in working the situation through with them because of the need for security which they present at the point of application. Many of the living arrangements we may suggest to them hold a threat of the unknown and untried. Their previous failure to work out a suitable way of living for themselves, which is frequently based on difficulty in making successful personal relationships, raises a fear of the relationships which might be involved in other arrangements.

placement is sometimes refused because Frequently, the intake interview makes of the concern about the necessity of establishing personal relationships within the foster home. An interim placement of any sort is often refused because it involves the necessity of making two adjustments, first, in a nursing or foster home, and later in this Home. In many instances an applicant prefers to retain gether, we may reach the conclusion that his present mode of living until we can serve him in the Home though that arhim a more suitable and comfortable rangement may be unsatisfactory, even dangerous to his health and welfare.

> The client frequently brings to the intake interview problems with which he needs the immediate help of a case work agency. In some instances these are problems with which he needs help before he is truly free to seek and accept our services. The question of utilizing the services of another community agency arises at this point. We accept responsibility for the client's situation from the point of intake. Even though we cannot hope to serve him immediately, we work with him during the waiting period. We hope to increase the services we can offer him with raised staff standards and the development of our skills in this area. In other situations we feel that the problem can be met more effectively by a Family Service Agency and we ask them to meet the current problem and then refer the applicant back to us when he is ready to work with us. In still another group of cases we may feel that the critical problem, such as a difficult family situation, may require the help of a case work agency but the client is ready to proceed with his relationship with us and we, therefore, make the referral to the case work agency, but at the same time proceed with the application. Once the resident is admitted to the Home we assume full responsibility for the case

work services to him. Should our contact with him involve us in a family situation which is beyond our ability to handle, we may then refer the family to a case work agency.

Throughout the application process and especially after the decision has been made that the client is to be admitted to the Home, we focus our efforts on preserving the client's normal relationships within the community, particularly in the area of his relationship to his relatives. After admission here we are anxious to preserve his ability to function as normally as possible as a self-directing member of the community of the Home and the community at large. We try to strengthen the bond between the resident and his relatives. In relation to this, the handling of the financial contribution of the relatives towards his maintenance in the Home is a factor of special concern. Formerly, relatives usually contributed a lump sum on the applicant's admission and then dropped out of the picture financially. At present the usual arrangement is for relatives to continue their responsibility for the resident to the extent to which they are able. Periodic payments by relatives present a new aspect of this situation, which develops a different type of relationship between the resident and the relative. We find that our residents have much feeling around the subject of continuing to pay for their care in the Home. It is a source of pride with them that they are able to pay in whole or in part for the services that they receive here. We, of course, make no distinction among residents or applicants on the basis of their financial situation. The receipt of the Old Age Assistance grant is very frequently a real source of satisfaction to our residents as they feel it gives them a special status to be able to pay the Home every month

with their own check. One of our residents, for example, makes a practice of keeping the Old Age Assistance check in his pocket overnight as he derives satisfaction from this control of his money.

The social worker has a particular responsibility at the point of the client's admission into the Home. The seriousness of this step for an old person cannot be over-emphasized. No matter how carefully he has been preparing and prepared for this decisive step, it still holds endless threats for him. Our experience indicates that a considerable number of applicants are unable to accept the placement when it is offered to them and withdraw their application or delay their admission when confronted with the reality of entering the Home. The worker therefore must prepare the client when admission seems imminent and prepare for him the placement within the Home best suited to his needs in terms of location within the building, roommates, etc. During and immediately after the process of admission she must stand by very closely to anticipate and prevent difficulties in his adjustment to his new way of living. We recognize the new resident's limitations in the degree of responsibility which he can immediately assume for his activities in a totally new setting and the dangers of his giving up his former sources of activity and satisfaction and becoming lost, frightened and over-dependent in strange surroundings and try to avoid this in a number of ways. Whenever possible, he is encouraged to continue his previous sources of satisfaction through participation in community, family, recreational and religious affairs outside the institution. We work with the family to interpret to them the new resident's needs and problems and try to reduce in every way possible the amount of regimentation with which

a new resident is confronted within the hope to serve those individuals who can institution. He is encouraged to take part in the activity program within the Home which will provide him with substitute satisfactions for those he may have had to relinquish in entering the Home. This activity program includes occupational therapy, planned recreation, membership in a Home club, and preparation of the Home newspaper. A number of our residents take great satisfaction in voluntarily helping in the work of the Home. They serve as receptionists, go on errands, provide escort service for residents who are unable to go out by themselves, help in the library, in the conduct of funerals and religious services, and perform many other important services.

The Home is interested in developing its program of service to the residents. At present we have several special programs in an effort to provide new ways to serve the needs of the aged in our community. The first is our apartment project, a Home. branch of the Home which provides a non-institutional way of living in the community for able-bodied older persons. Heretofore this project included only persons of very limited means. At present, however, it is being extended to include an economic group who can afford to pay about \$1800 a year for this service, but who are in need of the security of this type of permanent living arrangement. This latter group will receive the same type of services as the other residents.

We have also recently established a Home Care Project. This is being operated by this Home in cooperation with the Central Bureau for Jewish Aged and the Jewish Family Service and includes the services of a social worker, visiting housekeepers, physicians, nurses, and occupational therapists. Through this program of integrated service we

and would prefer to remain in their own homes in the community and to free institutional beds for those who most require protective and institutional life. The development of this Home Care Project has provided us with an interesting experience in learning to use a new service. We were slower in getting started than we had anticipated, as both clients and staff needed to learn to use the service. Persons who have for some time been waiting for admission to the Home have not proved most likely candidates for this project, as throughout our previous relationship with them we have prepared them for institutional living and they are not able to change their plans and to accept this new type of service. It has been more constructive to handle this service with new applicants, with whom it is discussed from the point of their application to the services of the

The project is a rapidly growing one and holds many potentialities. It can be developed very simply and quickly without investment of capital funds, is economic in its operation, and flexible in its adaptation to the needs of the client.

The case worker who operates in a setting of a Home for the Aged faces special problems. The small size of the agency makes for some lack of professional stimulation. It is important for her to relate herself to the mainstream of professional activity in her community through participation in activities of the local community council and other professional agencies and groups.

Another problem is the difficulty of obtaining qualified social workers to work in Homes for the Aged. The opportunities for doing a dynamic, expanding case work service in this setting are not sufficiently well known within the profession, and the salary range of many Homes is too low to attract competent people. Work in a Home for the Aged is still thought of as a simpler, easier kind of assignment. The right type of person is extremely important for this assignment. It requires a well-trained person who has been able to work through her own attitudes towards the aged and aging. The worker must be able to accept an institutional setting with its constant physical presence of the client without the barrier of a secluded office and a carefully guarded appointment schedule which prevails in other types of assignments.

Homes for the Aged have an unusual responsibility at present in the increas-

ingly important field of work with the aged. We must be active in developing our own services, qualitatively and quantitatively, to meet the demands which are placed upon us. We have a fund of knowledge about the needs of the aged and about some of the successful methods to meet these needs which we have developed from our own experience. It is our responsibility to share these data with the community in the interest of our clients and to lend our services as a laboratory setting for testing and developing new techniques. The community looks upon us for leadership in the planning to work in this area and we must make every effort to meet the demands which are placed upon us.