

THE INSTITUTION FOR THE AGED IN THE TOTAL COMMUNITY PLAN*

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A TOTAL community plan is the sum total of all its parts—the individual local private and public agencies; and the state and federal organizations. It is comprised of people who create or help to create a whole community. It requires the cooperative participation of both professional workers and lay people. In a total community organization, it is people who are being coordinated, as well as agencies.

The institution for the aged is no longer a custodial institution. It is a therapeutic agency, for both social and medical therapy. If the institution is in fact therapeutic, it must have a firm professional and social community plan. Even though the federal, state and local rehabilitation organizations may seem remote, they impinge on the program of the institution.

We all realize, and yet do not always have in mind as we go about our daily work, that what we do is not done in an ivory tower. We should always be aware that we are working in a large community and also doing our work in a Jewish community. In the community is a network of services developed for the care of people who need help. The

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institution for the aged can only be considered as one part of this network of services, and like all other agencies dealing with people, cannot isolate itself from the total community, for those who support and serve the institution have definite ties in the general community.

As indicated, institutions for the aged must be considered as a part of the total community welfare program. Such a program should be developed with a point of view toward an effective relationship to other agencies in the community. There is practically no phase of community welfare activity which is not related to the problems of the aged. Therefore, it is the community's responsibility to promote cooperation among all agencies which deal with aged so that they can share, according to the function they perform, in a well-rounded and well-coordinated program. However, to work with older people, each community needs to consider the various agencies in terms of what each means to the aged. The family agency, hospital, clinic, home for the aged, recreational agency, vocational bureau, nursing home, boarding home with private family, congregate boarding arrangement, housing, public and private, visiting housekeeping service, occupational therapy, research in medical and social work, physical rehabilitation, public assistance organizations, educational in-

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stitutions, and possibly agencies we do not know about as yet, all influence our work with older people.

Institutional care for the aged has a very important and vital place in a modern program, but today we know that the aged problems are essentially community problems with a wide variety of solutions, all having in common the basic ingredient of individualization. "No two communities are alike; each has its own history, tradition and its own social climate. Considerations in developing the institution for the aged in the total community program will be determined by the community's awareness, willingness and readiness of its lay leadership to give up vested interests and to move in new directions, the competence of its professional leadership, the standards of its social agencies, the professional and personal relations between these agencies, their attitude toward their autonomous status, the influence of special but limited interest groups, and the degree of priority for a certain project at a given time."

"Institutions for the aged have and will continue to serve a useful purpose in providing care for chronically ill individuals who do not require hospital care, and for persons who cannot adjust in the community or who prefer congregate living. Institutional programs, like others, need to be built upon a philosophy of individualized service and should be flexible and creative rather than static and rigid."

RELATIONSHIP OF THE INSTITUTION TO THE FEDERATION

The institution for the aged has a unique experience in working with older people. The persons who direct the institution, work and live with the older people daily. It affords them unusual

opportunity to understand the aged and gain knowledge of their individual and group behavior. Emotional growth or regression of the aged may be closely observed and the effect of the help given the older person is more readily noticed than when seen occasionally. Proper use and knowledge of this unusual experience makes for a real contribution for all the work done with the aged in the community. This experience, when freely given to the Federation, will tend toward skillful correlation and tying together of all that has been learned about dealing with the individual and group, and brought to focus on the community in general.

On the other hand, the institution must be aware of the structure of the community as a whole, as well as having an understanding of the personality of the individual or group with which it works. Then too, the Federation must help to improve and facilitate inter-relationships and to promote coordination between organizations, groups, and individuals concerned with serving the aged.

The intramural planning should come from the institution and improvements of its program are also its responsibility. It should be constantly dynamic and not traditional. It should at all times find effective ways of acting in cooperation with the Federation to bring about and maintain more effective adjustment between resources and needs for the aged.

The Federation represents the total Jewish community. The institution, on the other hand, represents only a part of that community. Therefore the institution should be willing to concede leadership to the Federation and to accept the leadership of the Federation in its efforts to develop inter-agency and community programs.

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It is the responsibility of the institution and Federation to develop a better public understanding of aged problems, needs, objectives, programs and methods. The relationship between the Federation and institution should be used, through formal or informal means, to further and improve the work done with the aged by the various groups involved.

THE INSTITUTION AND THE CENTRAL BUREAU OR COUNCIL ON CARE OF AGED

"A number of communities, particularly the larger ones, assume that one way of developing the institution as a part of the total program is by organizing a council or bureau for the aged in some form. Historically, the bureau or council for the aged was the family service agency that developed the first phases of the central bureau in its search for community resources for its individual clients. Then too, the Federation desired some device to get the institutional people interested in the total community program for the aged. Thus case work agencies, institutions, hospitals, clinics, and more recently, group work agencies, have contributed their part to the acceleration of this process; a process that inevitably leads to central planning and requires some sort of central guidance for working out acceptable and comparable professional standards. In other instances, it was the Federation itself that set up a central committee as a planning body designed to coordinate existing services, establish new ones for yet unmet needs, study community resources in terms of budgeting and new obligations.

"The community coordinating council for the aged should be recognized as a coordinating body, and not administrative nor functional. In this field, as in

any other business, social work or government, we have to distinguish between the administrative, legislative and executive functions. The council on the aged, if it takes on administrative activities, loses all possibility of being useful as a coordinating device. A considerable part of the difficulty in the past has been that the council, in one respect or another, has been given an administrative function and responsibility.

"There must be participation in the program of the coordinating council by both professional and lay people. Personnel from all the constituent groups that make up the council, not as auditors, but through activity and committee work, will be directly exposed to the problems that come from one or another of the agencies, or problems that are of general community concern.

"Basic to the coordinating council, institution, and federation is the responsibility for finding, promoting and developing resources—new kinds of resources. This represents a departure from past practice and attempts to test out by experience some of these newer methods and policies. Further attributes of effective community planning include: flexibility as a guiding tenet, to break down institutional-mindedness and to permit a broader scope.

"Because there is limited knowledge about bridging the gaps between the agencies with aged, in most larger communities it will require years to build up a coordinating council on an intelligent understanding basis. There is no assurance that a given plan which worked effectively in one place will work the same way in another."

One, and possibly more communities, are thinking of the possibility of a central agency for the aged, rather than the present practice of a number of in-

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dependent agencies, each with a specific center, cooperating through a coordinated council. The plan that is being considered would combine within one agency and administration, with one staff and one budget, the home for the aged and the services for the aged now being carried by the family agency, with strong relationships to the hospitals, the recreational and vocational agencies and others working with specialized aspects of the problems of the aged. Thereby community attention might be focused on the aged, generic aspects of the problem would be concentrated, and specialized phases more highly developed. An all-inclusive program would therefore be achieved, personnel could be improved, research activities accelerated and intensified.

Then too, a Central Bureau, as established in New York City, is another method of procedure for developing an overall community program for the care of older people. This Central Bureau was set up "(1) to be the agency to which an aged Jewish person, or those seeking to help him might apply for information and guidance as to the type of care which he most needed, and then to be directed to the agency best suited to meet his specific need; and (2) to gather an organized fund of knowledge concerning the aged, the nature of their problems, their characteristics, their needs and the services available to them in the community, as a basis for a community program on their behalf."

Such a central service can relieve the agencies working with aged people of a time-consuming responsibility, and probably assure better clearance and greater speed in handling referrals; it could keep agencies abreast of new trends and developments in services to the aged; it could interpret to the public

the values of present services rendered by agencies; it could select in cooperation with agencies, projects for study in research in order to refine and improve services to the aged; attention of the community could be focused on the services and needs of the aged; and there would be opportunity provided for utilizing students in schools of social work, interested in research and study of problems of the aged.

With this type of program, the services to the aged could be planned on a continuous basis, giving greater assurance that the services would be more completely covered.

For a number of years, the Council of Jewish Federations and Welfare Funds has been confronted with numerous problems concerning the care of the aged in the total community plan. In an effort to help the Jewish communities with programming for the aged and chronically ill, the Council established an Advisory Committee. Last year this committee prepared a statement to establish the philosophical approach to the Care of the Aged for the field of Jewish social work. This statement was incorporated as a part of the Council's social planning bulletin No. 5. In this bulletin is included detailed descriptions of Central Bureaus on the Care of the Aged, as conducted and operated by various Jewish communities.

In considering coordinating services for the aged, the Council's report states that "any approach to the program of a coordinating body cannot overlook a basic principle in social work: individualization of each situation as to diagnosis, treatment and interpretation." The report also indicates that "the value and significance of a centralized set-up should be gauged according to the needs of individuals which have to be met and

for which the community assumes the responsibility."

THE INSTITUTION AND THE FAMILY AGENCY

Up to this time, it has not been generally accepted by institutions for the aged, that the intake of these institutions should pass through the family agencies for study and investigation as to the need for institutional care, and for the family agency to attempt to resolve the problem. Many institutions for the aged take the point of view that the institution is the agency that understands the aged who come for admission, and they cannot accept the findings and the diagnosis of other organizations.

They have also expressed the idea that if the case worker is employed by the institution and has contact with its staff and Board of Directors, and does the intake job and studies the whole situation, the worker would be in a better position to interpret the needs of the individual to the staff and to the Board of the institution.

It has been generally accepted that a complete service is necessary in an institution. However, many institutions still seem to be struggling in an attempt to handle the aged individual in terms of the relationship to the family follow-up and service. A few of the institutions in larger communities carry on the intake case work service within the institution. It seems that if the intake service is conducted in the institution, the other agencies get no impact of the direct experience involved in studying intake and the determining criteria on which intake is based. They get only the end result of the problem and have no direct understanding of the whole problem.

Usually, there is a tendency on the part of the institution to assume that

an application made to enter the institution means that, and nothing else. Upon further study, it is often found that the individual may need some other type of care. The family agency studies the situation on the basis of what the client needs and desires. The situation is studied from the point of view of admission to the institution, but there is also a discussion with the applicant about other types of plans outside of the institution. A number of larger communities have not reached this stage of study as yet. When a person applies for admission, the investigation for admission to the institution is made. Often it means rejection and the effect upon the would-be resident is detrimental. The family agency can be, if accepted as part of the intake process, helpful with the individual not accepted for placement in the institution.

The family agency should involve the institution in the intake process. No agency can think completely into the other agency's situation; therefore, the institution has to make the final decision on the applicant.

In two communities, the family agency assigns a worker or workers to the institution for the purpose of giving necessary case work services, and to present and discuss findings with the institution's admissions committee. This method of procedure gives the institution a more complete and comprehensive process of intake, even though there might be some semblance of duplication.

The care for the aged is a dynamic situation in which there is constant development of resources as well as problems, skills and understanding.

It does not seem that a community can achieve harmony, or make progress by the domination of one agency over another. Therefore, while we are learn-

ing and in the developmental stages, it is desirable that intake analysis be centralized preferably in the family agency. The family agency should make recommendations according to its findings, and within the general policies developed in the coordinating council. The family agency must, however, accept the fact that the institution consider the findings according to the policies as set up by the institution.

In the last analysis, a good relationship between the institution and the family agency will help shed light on trends and yield new information about the role of the agencies. By examining the problems of the aged we are now meeting, by sifting out the similarities and differences of approach of the two agencies, by seeing how we can come closer to unmet needs, we could become more valuable and more closely integrated into the community. By developing a good relationship with the family agency, or other agencies, the institution will be helped toward seeing the broad implications and issues. The institution and other agencies would increase knowledge and understanding of people, and develop more skill in relating our work to the broad economical and social environment.

THE INSTITUTION AND THE HOSPITAL

The increase in longevity has contributed to an increase in the number of persons in the population suffering from chronic illnesses and degenerative diseases. Most hospitals are not geared for the study and treatment of long-term illnesses. It is recognized that the general hospital can make a contribution to the care of the aged and chronically ill now largely left to institutions that are not essentially hospitals, but are primarily concerned with providing ac-

commodations for the disabled. Some of the institutions for the aged and chronically ill are recognizing the need for specialized medical care for their residents and are developing medical services which parallel, but are not as adequate as those which are usually available in general hospitals. Some recent studies of institutions which are now primarily residences for the aged and disabled have recommended that they concern themselves with patients who may need long-time medical supervision to supplement the general hospital which should extend its services to patients with chronic illnesses, either through their regularly established services, or through the creation of a special department concerning itself primarily with the treatment of long-term illnesses. It is felt that through such development a contribution can be made to medical knowledge on disease in all of its stages, with benefits to diagnostic and treatment procedures.

General institutional care should be planned in accordance with the general medical program as developed by the community. It is a part of all programs for public health and medical care. The coordinated program with the hospital should include the use of all of its facilities for treatment and diagnosis and any facilities that are needed. It is suggested that the medical staff of the institution should be recruited, at least, in part, of the staff of the general hospital. This would help toward concentration of such patients under their care and a continuous process of medical care and records would prevail.

The medical staff of the institution should be responsible for the medical service within the institution. However, the teaching and research program of the hospital should extend to the insti-

tution, since in the study of the chronic disease it is important to observe the course of the disease during the patient's life.

In several larger communities some thought is being given to the plan of having the institution located on the grounds of the hospital.

Most of the factors to be considered in planning an institution for the aged seem to be social rather than medical. Moreover, most of the beds in the average institution are non-medical. It is therefore, important that such social considerations as accessibility to relatives and friends, freedom of access for the patients to community life outside the institution, and as far as possible, separation of the institution from an exclusively medical atmosphere, be taken into account. As nearly as possible an institution for the aged should be a "home" in the finest non-institutional sense, even though medical services and resources play a large part.

On the other hand, there are experts in the field on the care of the aged who feel that the institution, if located on hospital grounds, would lose its identity as a "home." It is felt that the program of the institution can maintain its own functional integrity despite the emphasis on medical care. This, they indicate, will depend on the imaginative resourcefulness of the professional staff of the home and their ability to direct the home in such a manner as to secure maximum benefits from contacts with the community, as well as from its contiguity to the hospital. Then, too, it is felt that the benefits to be derived from a joint medical project will compensate for any liabilities resulting to those who require residence in the institution for other than medical care.

It is generally felt that an institution

for the aged in large or small communities should have a very direct connection with one or more hospitals, and wherever expedient and beneficial to the community involved, should be near or located on the grounds of the hospital.

With a growing sense of the need for responsibility for planning for the aged and chronically ill, the institution and hospital, it is hoped, will develop a co-operative relationship to meet the challenge for providing adequate and proper medical care for the older group of people.

THE INSTITUTION AND PUBLIC ASSISTANCE

The relationship between a private institution for the aged and the public assistance agency or program, can be one of mutual advantage: it can benefit the private institution by making it possible to expand its program by use of the increased revenue from payment from public assistance recipients, and it can be of help to the public assistance agency in planning with recipients who need or desire sheltered care. Both the institution and the public agency have a responsibility in this relationship: the institution to make good care available to recipients, and the agency to enable recipients to pay adequately for such care. Under a recent change of policy in Illinois, this mutually beneficial relationship between voluntary institutions and the Illinois Public Aid Commission, which administers Old Age Pension, Blind Assistance, and Aid to Dependent Children, has been re-emphasized. In June, 1946, the Commission adopted a new policy to govern the basis for grants to the aged and blind wishing to purchase care in homes for the aged and other non-profit institutions. Under this policy, the

amount of the assistance grant of a resident of such institutions is based upon the per capita cost to the institution for the care and maintenance of its residents, except where general home income exceeds the per capita cost. The Commission no longer requires that the per capita general home income be deducted from the per capita cost as was formerly the policy. The former policy discouraged non-profit institutions from making additional openings in the institutions available to Old Age Pension and Blind Assistance recipients who needed the care offered. It also served as a deterrent to program expansion such as the development of increased facilities for the chronically ill.

Public assistance administrators have been turning more and more to voluntary institutions for the aged for the type of sheltered care which is preferred or needed by so many recipients of Old Age Pension, Blind Assistance, and, in some communities, general assistance. Public assistance agencies have been particularly anxious that private institutions should continue to emphasize planning for the care of the chronically ill in their institutions. This is one of the greatest needs facing public assistance programs and there is no doubt but that institutions must play a large part in the total community program for care of the chronically ill. In this total program, the institutions must not only provide additional facilities, but must also carry on the responsibility of private agencies for setting standards and developing programs which may later be followed by public agencies. The standards of care and program development in good private institutions have been, for example, an important factor in the development of standards for licensing of nursing homes, and in Illinois, for

the standards set by the Illinois Public Aid Commission as requirements for county institutions that have converted their programs to care of the chronically ill. The licensing experience of the Illinois Department of Public Health, which has been licensing nursing homes throughout the state since July 1, 1945, illustrates the leadership which private institutions have taken in maintaining good standards of care.

THE INSTITUTION AND COUNCIL OF SOCIAL AGENCIES

Over the years there has been a close integration of our Jewish social agencies with councils of social agencies and community funds or chests. Through this close tie-in with these community agencies, there has been more active participation by professional staffs and lay leaders in committee work and projects of a non-sectarian character on a community-wide basis. This coordination has afforded the Jewish community an opportunity for closer cooperation with the general community.

The institution for the aged is considered a vital resource within the council in its total community planning.

The relationship with the Council in Chicago has been built up, not only for the value of the service rendered, but for a greater mutual understanding. We pool all points of view in determining a program, and share our resources and understanding of the problems of the aged for joint planning and action.

The Council looks to the institutions for aged in Chicago, for help in formulating policy for study and research of needs and resources for the aged and chronically ill; for interpretation of the problem, and for active utilization of board members.

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THE INSTITUTION AND THE GROUP WORK AGENCY

Although time does not permit a detailed discussion on the institution in relation to the group work agency, it is important to mention that the group work agency has a vital place in the field on care of older people.

The group work agency is one of a number of resources in the community that could be used to help give our older people a feeling of being a member of a community group. Through a cooperative plan, residents of an institution could become members of the group work agency on an individual basis. Thereby, their individual integrity would not be imposed upon. They could be drawn into general or special activities and help toward developing an attitude of being useful, and members of society.

In those institutions where a group worker is not employed, the institutions would benefit greatly in developing their recreational program, by seeking the advice and help from the staff of the group work agency.

The institution, where facilities are available, could be the center in the group work agency's extension program. This would provide professional staff direction or supervision by the group work agency.

A well coordinated program between the institution and group work agency will tend to help both agencies in learning more about the recreational and occupational desires and needs of older people. Through such a program, our older people will be given an opportunity to live a fuller, more enjoyable, and worthwhile life.

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We do not have sufficient time to discuss the relationship of the institution with other agencies directly or indirectly working with older people. It is hoped that a discussion on the agencies not mentioned here today, such as the relationship of the institution with volunteers; nursing homes; congregate boarding homes arrangement; housing, public and private; research in medical and social work; and occupational and physical rehabilitation, will be presented at the next conference.

It is important to keep in mind that the institution for the aged is a very important part of a total community program. Its responsibility is to develop a good relationship with agencies from the point of view that all the agencies interested in the aged are working with similar problems and toward the same objectives, namely, to give adequate care and service for the aged and chronically ill within the general community.

THE OLD AGE HOME IN THE TOTAL COMMUNITY PLAN*

FROM THE STANDPOINT OF THE SMALL AND INTERMEDIATE CITIES

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CENTRAL bureaus or councils for the care of the aged have come into existence in the larger communities to "serve as a clearing house for its member agencies and for the total community, to coordinate existing services, plan new ones, interpret the program to the community and assure responsibility for promoting new resources to meet the need of all types of aged in the community."¹

These councils were usually a creation of the family agency or the federation wanting "some device of infiltrating into consciousness of the people running the homes" and injecting case work concepts. Where central bureaus have become accepted they have undoubtedly done a great service in improving standards, and developing new resources and interpretation.

However, in the small and intermediate community, there is usually a limited number of professionally operated functional agencies and no central planning body. According to Mr. Harry Lurie,

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¹ Coordinating Care of the Aged. Bulletin No. 5, Council of Jewish Federation and Welfare Funds.

Executive Director of Council of Jewish Federation and Welfare Funds, only 20 of 48 cities with more than 10,000 population have a single functioning central agency concerned with both fund-raising and Jewish planning.²

It is not in the province of this paper to go into the reasons why smaller cities lag in developing central planning bodies or why homes for the aged have been reluctant to join central councils. However, it may be sufficient to mention a few reasons that are often overlooked.

The usual criticisms such as "vested interests," "agency-mindedness," may contain a particle of truth but not the whole truth. Mr. George W. Rabinoff at a Regional Conference in Chicago in June, 1945, put his finger on a sore spot in council approach.

He says that "people representing the homes for the aged were not invited as partners but as subject of lectures on how to carry on their affairs." He admits also that this was not a "sound basis for an effective continuing relationship."³

Some critics overlook the fact that homes for the aged value their inde-

² American Jewish Year Book, 1946-47.

³ The Community Organization Process in Planning for the Aged and Chronically Ill.