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PREPARING SOCIAL WORK PRACTITIONERS TO WORK
WITH AND IN BEHALF OF OLDER ADULTS

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Practice in the field of social gerontology is one of the developing frontiers in social work. Now and in the foreseeable future, services with a population that is growing older will be a rapidly expanding field of practice. Many of the programs for older adults are multidisciplinary and demand collaboration among several professions and services. In some instances social work is and will be the central organizing force assuming administrative responsibility. In other instances social workers are collateral with several professions, and in still others social work services are an adjunct to another service profession, such as medicine, nursing, urban planning, public administration, law or adult education.¹

While specialized services for the aging are not new within social work, the rapid demographic changes in the population of middle aged and older people and the predictions for the future have necessitated some new approaches to services. The study of gerontology which emerged in the 60's, and the translation of the findings of the research into programs of work with older adults, should have a considerable impact on social work practice.

Older adults comprise the fastest growing segment of people in the country and are becoming a proportionately larger percentage of the total population. Because of the baby boom of World War I now reaching retirement, and the second baby boom after World War II, there are swells in the older population now and in the foreseeable future. At the same time population is reducing substantially at the birth level. Demographers predict that 25 years from now there will be between 30 and 40 million people over 65 as compared with 22 million today and only 3 million in 1900.² This continuous increase in older people arriving at retirement generally in better health, better educated, and to some degree in better financial condition suggests that social workers in practice now and those preparing for future practice will continuously face the social needs of more older people.

To explore further some of the implications of the demographic data, actuarials tell us that in 1974, on the average, a person who had reached the age of 65 could expect to live to be 81. However, if there should be any change in medical knowledge regarding heart disease and cancer, considerably more people will live longer. If there continues to be work on the circulatory system and arthritis, older people will have better mental and physical health. Unless major changes occur with the changed life styles

for women, men still die earlier than women. To date, and in the predictable future, the largest proportion of older people are women and are widows, who will have to deal with grief and loss, and learn to manage and maintain a life style and a household alone, or to develop an alternative living arrangement. Blacks of both sexes die sooner than whites: 60 as compared to white men of 68 and black women at 68 as compared to white women of 78. However, with increased health care, education and improved occupation status, the life span of blacks is increasing more rapidly than other populations.

If one examines the kinds of needs that face people over 75 in the later years, there is a potential for services for which social workers should be able to put their knowledge and skill. These needs fall within the areas of shelter, transportation, economic support, health care, social and interpersonal relations, self and survival management, and activity for the development of new services.

For instance, there needs to be more alternative approaches to housing: independent living with some social and physical supports, communal living, subsidized housing, living with relatives, institutional arrangements or such alternatives as cooperative day care centers or foster home placements for the elderly. Transportation for people who have found it necessary to give up driving necessitates either the re-development of living arrangements providing all of the services necessary within walking distance, or alternative transportation systems that take into account some of the reasons people give up driving. Consideration of vision, balance, reaction and response time, mental orientation, feeling of dependency and independency, fear or lack of self-confidence, all effect the capacity for people to make use of public transportation, special transportation like "dial-a-ride," taxis, or dependence on neighbors or friends.

The resources available for people with inadequate income have long fallen within the responsibility of social workers, but a more imperative need may be for the management, protection and support of people with adequate income, who can no longer manage their finances. Such problems exist as keeping track of incoming checks from social security or bank statements indicating that the check has been deposited in account; paying utility bills; filing the necessary forms for medicare or private insurance; paying rent, taxes, or utility bills on time; or avoiding the "con-artists" who exploit older people. Most people have some difficulties in this area as the financial situation becomes more complex, or is confusingly simplified by electronic devices. For those people who have become anxious, forgetful, confused, or have some problems with sight or orientation, handling of money matters can be overwhelming. Social work counselors could be helpful with these problems at some places; banks are considering engaging social workers to counsel their older customers. Some store chains have engaged social workers to train their checkout clerks in dealing with older shoppers.

According to recent economic reports the cost of living has increased 70% since 1966.³ People who retired in the 1950's and 1960's on what appeared to be an adequate pension plan, savings, or other resources are now living into their 70's and 80's and finding that they are reaching a level of poverty. Many of these people never were covered by social security, which has, to some degree, been adjusted upward with increase in cost of living. Many of these people who live in cities are in crowded and run down city hotels, rooming houses, and small apartments, and are living on marginal diets, alone, lonely, unable to purchase transportation, recreation, or anything beyond the barest necessities. To cite an example of an area of need, the SRO's (single-room occupants) should be a target group for social workers, and our competency in out-reach and programming for downward mobile people at the poverty level should provide greater resources than are now available to this segment of the aged.⁴

Social workers are working as activity directors, staff supervisors or inservice trainers or consultants in some nursing homes, long-term care facilities and retirement communities. For the 8% to 10% of the aging population who are in institutional care, some social workers have found roles. But there is an even greater function that social workers could play with a knowledge of systems, groups and ecological management. Social workers should see the whole person, his psyche as well as his physical well-being, and can work to affect the ways in which people relate to each other and can see that they are given as much independence as is possible (especially while patients in institutions). Social workers can design group arrangements for eating, conversation, reminiscing, therapy, entertainment, reaction and activity, based on their knowledge of the value of supporting oneself and one's self-image through interactions with others. Social workers have only scratched the surface in providing the resources they could offer to the small but important portion of frail elderly who are in institutions.

Another area where social workers have considerable potential is working with the middle-aged children or relatives who are concerned about their elderly relatives due to a sense of responsibility, concern, guilt, and inadequate knowledge or understanding about the kind of help they can give or should give. Frequently these people struggle with the role reversal as their parents take on a dependency role. Sometimes they are faced with economic burdens beyond what they could or should bear. More frequently they face psychological burdens. Sometimes they do not know how to engage their aged relatives in planning for themselves, or in working out mutually satisfying arrangements. The highly skilled, sensitive social worker should have the skills to counsel in these situations, if he has resolved his own conflicts and ambivalence about aging, about the meaning of old age, about parents, about middle age, and about dependency in persons other than children. Agencies such as family services, community centers and mental health centers could well offer brief conferences on "living with and helping an aged parent," the resources available, and how to maximize the independence of an aging parent. Basic to our skills in

social work is the capacity for empathy, assessment of the biopsychosocial-emotion and environmental factors in exploring need, supporting the ego strengths and reinforcing productive social roles in people. This approach is particularly important in working with and in behalf of the aging.

More family service, community service, mental health service and private practice should be and will be called upon for these kinds of problems. More community planning should establish such services, if the traditional agencies cannot or will not pick up the responsibility.

Similarly, the family pressures and marital problems of younger groups of elderly in their late 50's and early 60's facing the crisis of retirement, pose an area of service for social workers. Basically well people with adequate income and in relatively good mental health face a crisis at retirement, no matter how well planned. There are psychological, sociological and economic losses at giving up work, a regular demanding pattern of living, a regular income, one's associates, and being thrust into constant companionship of one's mate if married, or one's friends whom one saw occasionally when one worked.⁵ Social work knowledge and skills are needed to assess the meaning of these changes to people. Yet there is great need for new social inventions to provide alternative roles, alternative social structures, appropriate counseling and social programs at several social and economic levels for this kind of need. Senior volunteer programs, senior centers, and adult education programs, among others, need manpower with the wisdom and knowledge of human behavior and the effects of the social environment. Social workers could bring this knowledge and must begin to design services for preretirement and retirement counseling for individuals and marital partners.

Another area in which social workers could be more active is in social advocacy in the administration of services for the elderly. Knowing what we do about powerlessness, and what gives and takes power in our culture, social workers should be tuned into the need to take a supportive advocate role with older people. Increasingly more older people are eager to do something about their situation and about social conditions that effect them. Yet they lack organizational skills in taking action. Social workers with basic group and community organization skills could be initially very useful for older people who could be expected to carry out their own activity once they are encouraged and given the skills.⁶

SOCIAL WORK FUNCTIONS IN INCREASING POWER OF THE ELDERLY

In recent years there has been a growing recognition that one source of power, namely collectivity of numbers through organization, may be used for a political, social and economic thrust for older adults. Advocacy and activist organizations have come into being (such as the Gray Panthers, the United Senior Citizen's groups, and the National Council on Aging) and are working in aggressive and militant ways to bring about modification

in social, economic and political spheres of the society. Other organizations such as the National Retired Teachers Association and the American Association of Retired Persons, having a membership of well over twelve million in the late 1970's, have moved to provide services for the older people in their own behalf and have used traditional methods to work for legislative and structural changes. In this movement for organization, recognition, and collective power, social workers have had a significant part, especially those whose specialty is community organization, planning and group leadership. There will be continued need for this type of social work leadership skill in organization, administration, advocacy and encouragement of older people to organize and become a powerful force in their own behalf.

Some social workers have also organized older adults into supportive groups, focused on encouraging the individual older person to improve his self confidence and self awareness. These groups give primary attention to the participant rather than to collective action for social change, yet, one goes with the other. That is, a person who feels better about himself can function better and be more assertive in acquiring his rights. Collective action that effect social changes, on the other hand, also brings recognition, produces a sense of adequacy and gives power. Social workers in the field of aging, therefore, are finding that they need a methodology which combines understanding the dynamics of behavioral and personality factors which support ego functioning, the effect of role functioning, and the social and cultural factors that reinforce or diminish a person's sense of adequacy. Further, social workers must be knowledgeable about individual and group supports for older persons, task achievement aspects of interpersonal relationships, and social and community influence and power. Knowledge of the relationships among alienation, achievement, isolation, interpersonal functioning and the continuity of social attachments is crucial for the social worker who practices with older adults as individuals, in families, in small groups (for self development, sustained functioning, or community action), and in social organization for change.

SOCIAL WORK FUNCTIONS IN PROGRAMS BY AND FOR ELDERS

One social worker as catalyst, for example, can facilitate older volunteers and paid workers in developing services to meet needs of both frail and well elderly persons in a community (with a high density of population age 60 and over). Many suburbs, central cities, and small towns have concentrations of retired persons with talents which can be adapted from previous occupations and put to new uses. Some elderly can develop a battery of "survival" services--home delivered meals, telephone reassurance networks, handyman home repairs, shoppers, visitors, and other such services. With these supports, some of their frail neighbors can remain in their own homes and avoid premature or unnecessary institutional care. Other senior volunteers and paid workers can, at the same time, develop adult education and related services--classes, forums or task forces--for the enhancement

of the older individual and for the effective exercise of citizens responsibilities. Together, these batteries of services not only result in improved quality of life for both the frail and the well older participant/recipient, but have visibility and vitality that elicits positive recognition and support from the wider community, and provides the basis for recruitment of senior adults to operate the programs and recipients for such services.

PUBLIC SERVICES AND GOVERNMENTAL STIMULI FOR SERVICE

While social services for older adults were stimulated initially by voluntary associations, probably the greatest advancement in recent years in the field of services for the aging has come within the public sector. The Social Security Act of the 1930's was, of course, a significant step in beginning to undergird the economic well-being of older adults. Improvement in medicine, in health and nutrition, and in care and protection have all interacted to provide for a healthier, prolonged life. The original Older Americans Act of 1965 was established to provide federal assistance to the states to develop new and improved programs to help older persons through community planning and services, to support training of personnel to work with older adults, and to promote research that would result in better services. The Act established the Administration on Aging within the Department of Health, Education and Welfare. This Act, and its subsequent amendments,⁸ has had a far-reaching effect on governmental involvement, or public programs, in the field of aging.

Through the provisions of the Act, local communities and organizations may request financial support through local, state, regional, or federal governmental sources for the establishment of the programs and services for the elderly specified in the legislation. The Older Americans Act encourages state and local agencies to foster the development of comprehensive and coordinated service systems to provide programs for older persons. The Older Americans Act also encourages local groups to provide for social services, to recognize and, where appropriate, reassign existing functions which will maintain maximum independence and dignity in a home atmosphere for older people capable of self-care with appropriate supportive devices and to remove individual and social barriers to personal and economic independence for the older person. Thus, the Act establishes a philosophical position regarding maximizing the independence of the elderly that is compatible with social work ethics and values. The law interprets social services to include health, continuing education, welfare, information and referral, recreation, homemakers, counseling, transportation to facilitate the use of resources, services to encourage use of facilities, adequate housing, and services to assist in avoiding inappropriate institutionalization (such as home health care services).

The net result of such provisions was the establishment of the State Offices on Aging throughout the nation and also the establishment of Area Agencies on Aging (AAA's). The AAA's sometimes serve a metropolitan area

or a county and sometimes serve a combination of several counties under the jurisdiction of the state agencies. The skills necessary for the management of these services include not only knowledge of gerontology but also skills in community organization, planning and administrative management. Social workers who have community development and organizational skills, as well as knowledge of aging, have found their way into many AAA's. In addition, social workers have been involved in developing the training materials and offering the training programs for personnel in these agencies. While basic community organization skills, as taught in schools of social work, are helpful in the creation and management of AAA's, another dimension of knowledge derived from social gerontology is an additional asset. For instance, in organizing a local citizens sponsoring body, the social worker needs to consider that many older adults who could make an excellent contribution to the advisory group (on the basis of life experiences, skill in leadership, cohort relationships and knowledge of need) are constrained from participating because they can no longer drive. If meetings are set at times or places where a person with some energy loss or visual impairment cannot participate, the contribution of these people is lost to the group. Time and place of meetings, transportation facilities, placing of sessions, use of written communications all need to be considered. Innovative means of engaging older adults in organization and administrative functions may also need to be considered. The social worker who understands the aging phenomena will not only be tuned in to the appropriate engagement of older adults, but will have specialized input in program design based on knowledge of need rather than hunches about need.

With the proliferation of AAA's, some are taking on responsibilities that formerly were carried by welfare planning councils, there should be extensive engagement of social workers skilled in planning and coordination. To a large extent, these services have not been staffed by social workers, primarily because many social workers lacked interest or knowledge in aging or in public administration. These programs need staff who have a depth of understanding of people, as well as organizational skills. They should not be left to public administrators alone. The new aging programs should be based on the knowledge of psychological factors of aging, as well as systems management and program design.

One of the main provisions of the aforementioned Older Americans Act was to encourage the development of multi-purpose centers, community facilities for the organization and provision of health, social and educational services.⁹ Following the model of the old settlement house or community center, many of the multi-service centers have been established in middle and lower income communities. Some are administered by social workers and staffed by a variety of professional personnel including health specialists, recreation workers, and adult educators. Depending upon the host setting, or the organization giving the initial impetus for the establishment of the center, social workers may provide the major services or may collaborate with public administrators, nurses, nutritionists, adult educators, and psychologists. The social workers in these settings bring expertise of understanding human behavior dynamics; individual, family, small group, organizations and institutional interventive skills in working at various levels and with different modalities. The work in the multi-

service center may include counseling of older adults and their families on such matters as psychological, physical and emotional needs of the elderly and for the emergent family problems resulting from the newer phenomenon of three to five generation families with two generations of older adults. The social worker may assume responsibility for groups of older adults, for purposes of socialization, recreational activity, counseling, adjustment to role losses, losses of peers and mates through death or mobility, adaptation to changing cultural patterns and life styles. Work with groups in the multi-service center will find demands put upon him to practice in a variety of modalities previously seen as casework, group work and community organization and perhaps some administration. In addition, he will find demands put upon him to cooperate and collaborate in planning and services with physicians and dentists, public health nurses and nutritionists, public officials, psychologists, educators, lawyers and financial advisers. The distinctions in knowledge and skill may differ somewhat, but - particularly in functions - these may not be totally distinct among the helping and healing professions as they work together within the multi-service center. The common binding factor for all of these professionals is their concern with and knowledge about older adults. Social workers who have experience in working at the neighborhood level and who have a philosophy about the capacity of people to be as independent as possible, and to function in their own behalf, have a major synthesizing and leadership role in the multi-service center. The social worker should feel secure in his own expertise, on the one hand, and accept and support the other professionals whose skills interface with his, on the other hand.

EDUCATIONAL RAMIFICATIONS

Theoretically, the generic approach in social work education should have produced graduates knowledgeable and skilled in use of individual and group methods for work with individuals and families for growth, change, rehabilitation and support, and able to work on program development, organization and management. However, it appears that the generalist out of many programs turned out to be a specialist in counseling or a specialist in systems organization and management; a generalist with children families or communities; and a specialist in delinquency, drugs, family breakdown, poverty, health related services or neighborhood work. Very little content on aging has been included for the generalist and very few specialists have emerged in aging from social work education. Yet, even our general knowledge and skills should equip us to design new services and work in existing ones for the new aging population, if the basic knowledge of aging were incorporated in the basic skills. These are some of the issues.

This review of the needs of the elderly from demographic data, and an exploration of the human needs and the service gaps, are examples of areas in which social workers could be useful and inventive, and assumes an understanding of the biological, physiological, psychological, social, economic and political aspects of aging. The need for flexibility of social

work graduates to transfer their knowledge from one situation to another, and to use more than one modality in order to develop new services for older adults or improve existing ones, may lead us to look at newer modes of curriculum development, new styles of teaching and new arrangements of the available knowledge. It becomes imperative that the graduates who become professional workers in the human services, especially in the field of aging, not be bound by an in-depth mastery of content about a single problem nor the mastery of technical skills in a single set of interventive modalities of individual or group approaches.

While some social workers have been engaged in work with older adults for many years, emphasis in the field of aging is only beginning to gain momentum, opening many new areas of work and many new employment opportunities. It becomes clear, however, that social workers functioning in most positions in services for older adults need more than the traditional single method specialized social work skills. The well elderly who need socialization and survival-types of services, or the impaired elderly who need health care and social supports, demand a new combination of methods or modalities. Social workers practicing in programs for the aged must be able to combine skills in direct work with individuals and families through individual and group methods, and must be able to follow through on the creation of new programs through planning, development and administration. In addition, they must have collaborative skills to work with other professionals and consultative skills to help others to develop and maintain programs. This demand for a range of social work skills, and capacity to function in a variety of modalities, may be due to the newness of the programs and the rapid emergence of new services. Or it may be due to a recognition that when services are delivered on a population basis rather than a single problem basis, the modalities cannot be separated. Whatever the reason, the field of services for the aging has emerged as one of the exciting frontiers within social work.

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