FOSTER HOME CARE FOR THE DEPENDENT AGED

A Study of the Values and Limitations of Family Placement in the care of the Dependent Aged.

by

ROBERT MICHAUX DEILDAL

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ABSTRACT

The purpose of this study has been to determine the feasibility of introducing a foster home placement service for the aged in British Columbia. A number of social agencies have concerned themselves with old people who are no longer able to care for themselves, and are dependent upon others for many of their dependency needs. With many senior citizens, ability to function independently in the community is limited by problems of health, nutrition, or other basically economic considerations. Very often, family support, and help from relatives are not available, and they must seek assistance from social welfare agencies. At the present time, the resources offered by agencies are, for the most part, institutional, i.e., care in licensed boarding homes, nursing homes, hospitals et cetera. Institutional care is, of course, required for those whose dependency needs are acute. It is not considered the best resource, however, for those who are dependent to the extent where they cannot live alone, but whose dependency needs are not sufficiently grave to require institutional protection. The theme of this study has been an exploration of the values of foster family placement as an additional and appropriate resource for the care of the aged.

Social agencies in the Greater Vancouver and New Westminster areas were most co-operative in permitting the use of case files for purposes of research. Over fifty cases were examined, of which twenty-four were selected as conforming to the definitions outlined in Chapter II. Home visits were made in each case, and brief social histories obtained from both clients and foster guardians. The development of the criteria outlined in Chapter III has been based to some extent on comparable studies of placement services for the chronically ill, mentally ill, as well as for adoptive and foster children.

In setting forth the implications of the study, emphasis is given to the professional requirements of the social work practitioners engaged in the finding of suitable foster homes, the selection of clients, and the supervision of those placed in foster care. Practical suggestions have been offered on subjects as, desirable physical standards of the prospective homes, the qualifications desired in those who assume the major responsibility for the care of the client, and the organization of community resources to facilitate the operation of the programme.

The study not only illustrates the validity of establishing a programme of foster home placement for the dependent aged, but emphasizes the need of immediate action to alleviate the urgent housing problems of old people.
ACKNOWLEDGEMENTS

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Chapter I

PROBLEMS OF ADJUSTMENT IN OLD AGE

Of the many sociological changes taking place in family life in Canada, those relating to responsibility for the care of the aged are being recognized as having increasing importance. Scientific interest in this age-group has been greatly accelerated in recent years. Perusal of the programmes of various professional conferences show that an increasing number of meetings have been planned to discuss the health and social problems of old people, problems in the administration of private and public social welfare programmes, and the need for specialized social work skills in planning for the aged person. Social workers are becoming more and more aware that to work effectively with the aged, they must apply the same basic casework principles that have been developed over a longer period, and with more concentration, in work with children, adolescents, and others with problems of social adjustment. These principles include sympathetic understanding of the individual client, and recognition of the multiple factors of physical and mental health and well-being, family and social situation, and personality differences which affect different periods of life experience.
There is a need to view the position of the aged in the community in the new perspective and, therefore, to coordinate and consolidate the total community resources to care for the aged dependent in a way most satisfactory to him and most advantageous for those responsible for his care. In recent years, in British Columbia, there has been a growing interest in the study of the problems of the old age. In 1945 the Community Chest and Council of the City of Vancouver published a "Study of the Situation of the Aged in Vancouver".1 This study, which was revised in 1948, included consideration of several fields of interest - Maintenance; Care and Accommodation; Housing; Medical Care; Other Health Requirements and Recreation. In addition, three studies undertaken by students of the University of British Columbia School of Social Work have dealt with specific problems concerning the care of the aged. The Leydier project was a general survey of the conditions in licensed boarding homes in Vancouver, with an analysis of their limitations, and recommendations for future planning.2 The McKenzie thesis included a comprehensive survey of the facilities for the care of the aged war veterans in Shaughnessy Hospital.3 A critical evaluation of Taylor Manor, a large


Vancouver institution for old people, was included in the
Guest Study.¹ Other thesis studies, while not concerned
primarily with senior citizens, have given consideration to
various aspects of their problems, and have contributed to
the general body of knowledge of the aged.

More recently, the National Council of Jewish Women
of Canada provided a fellowship to the School of Social Work
to be used for the study of the recreational interests and
activities of the aged in Vancouver. The report of the study,²
which was printed in mimeograph form in 1954, includes a de­
scription of the existing recreational facilities for senior
citizens, with recommendations for further research projects.

General Problems of the Aged

There are several facets of the study of the aged yet
to be explored. As far as age groups are concerned, social
research in Canada has been more generally directed to infancy,
childhood and adolescence. Also, particular attention has been
given to specific economic groups, minority groups, and deviant
groups, such as criminal offenders, the mentally ill, and the
physically and mentally defective. Because the social problems

¹ Dennis T. Guest, "Taylor Manor - A Survey of the
Facilities of Vancouver's Home for the Aged", Master of Social

² Joan Grant, "Recreational Interests and Activities for
Senior Citizens in Vancouver", School of Social Work, Univers­
ity of British Columbia, August, 1954.
of the aged in British Columbia are rapidly becoming acute, the need for immediate research and the development of resources for their care are urgent matters. The increase in the number of persons over sixty-five years of age in British Columbia has been approximately eighty percent during the past decade, during which time the total population has increased by approximately forty percent. It appears to be unlikely that there will be a diminution of the numbers of the aged in the future. The fight against death, and the prolongation of life is the legitimate concern of science, and is resulting in a great numerical increase of aged persons on this continent and elsewhere.

The solution of any one or more of the problems of old people affects personally every member of society. All people hope to live long and useful lives and should, therefore, be concerned. Since many aspects of modern life make individual preparations for old age very difficult, everyone has some personal involvement in the problems. In many respects, the way of life in British Columbia is very demanding, and requires much effort on the part of individuals. Because of its competition character, its constant changes and quickness of pace, irregularities of employment, and the demands on current incomes in the modern consumer's market economy, saving and

1 See the Canadian Year Book for 1954, Chapter 3 - Population. Published by the Dominion Bureau of Statistics, Ottawa, 1954.
preparation for the future is very difficult, if not impossible. Thus a large proportion of the aged are dependent upon others for financial support. There is good reason for concern about not being able to meet the needs of old people in the community in the traditional ways. Two generations ago, the care of the aged was considered to be a family matter and, to some extent the legal philosophy reflected this attitude. The Parents' Maintenance Act is a statute remaining, which if enforced, can make sons and daughters liable for the support of their aged or incapacitated parents. The fact that this legislation is seldom enforced is indicative of the recognition that the care of the aged is also a public responsibility.

The recently accelerated transition of Canadian culture from a rural to the predominantly urban way of life, accompanied by an increase in home building costs, is resulting the reduction of living space per family unit. Fifty years ago, it was the custom to have homes sufficiently large to accommodate grandparents, children and grandchildren. The greatest number of homes now being constructed are only capable of accommodating parents and children. In most instances, it is no longer possible for the three generations to live in one house, and it is usually the aged grandparents who must live elsewhere. The increased cost of living, accompanied by the higher standards

of care considered appropriate for the aged, make the fulfillment of the traditional family obligations very difficult.

Many young people feel a moral obligation to assist their parents if they are not self-supporting, and to furnish them with living quarters and board, as well as with any medical care they might need. Sometimes sons and daughters assume duties which often become increasingly arduous; or if they refuse to assume them, face social censure, resentment, and feelings of guilt. Neither course offers a satisfactory solution.

On the other hand, the individual's adjustment to old age is often difficult. Human life includes a period of growth, a peak in capacities, and finally, a decline in physical and mental capacities. Each stage of development requires that the individual adopt different patterns of behaviour in order to adjust himself to life. Those who have not the ability to adapt themselves to changes in status and function constitute a sociological problem. There is a tendency in Canadian society, as in other countries, toward the "agetypings" of roles and the individual status. Society designates certain roles and compensations as being appropriate for different age levels. Because of this "typing", which often seems to be arbitrary, the individual must give up certain behaviour and forego accustomed compensations as he enters a new age-group. The ease or difficulty of change depends on whether the new behaviour and compensations are desirable in terms of the cultured values of the total social group.
Related to this, there has been an increasing trend in industry, the civil services, and other occupations, toward compulsory retirement at a comparatively early age level. In a large number of instances, the employee is obliged to terminate his employment years before the time when his productivity falls below the level at which he is still able to make a positive economic contribution to society. This results in a large number of elderly people with leisure time, and with little to do to occupy themselves. Many must be dependent on reduced incomes, perhaps wholly or partly dependent on old age pensions, or, to a greater or lesser extent, upon children and relations.

Work, independence, and freedom seem to be among the highest social values in this society, and limitations of behaviour are prone to be considered as a hardship, particularly since little compensation in status is offered for such limitations. This means that all ages except early adulthood tend to be problem ages. The special problem character of old age is inherent in the fact that its limitations are experienced after a period of freedom from such restraints. It is difficult for old people to rationalize the changes as a transition to a more desirable situation. The limitations of childhood, and especially of adolescence, may be mitigated by expectation of their removal in the future, but the limitations of old age must increase rather than diminish.
Added to this, the way in which age-groups are typed tends to aggravate the difficulties of adjustment in old age. In this respect, the Western Canadian attitudes are different from those of many other cultures, and also from its own early-stages. In primitive communities, and formerly in this country, age-typing depended on the actual biological impact of ageing, rather than the rather rigid chronological age-typing that is now employed. With the mathematical awareness of age as demonstrated by the frequent use of birth certificates and formal age grouping, and compulsory retirement at a certain chronological age, the point has been reached where age-typing is based, not so much on manifestations, as on expectations of changes with age. The result of this, therefore, is that behaviour changes are expected from people whose manifestations of age would not require it. This creates many artificial tensions, and contributes to their special problems of adjustment.

Primary Needs of Old People

To gain knowledge which will provide a basis for organizing programmes to help older people find effective and satisfactory adjustment, it is necessary to analyze the problems of ageing, and the individual's reactions to those problems. It is also necessary to relate both problems and reactions to the individual level of adjustment.

Needs may be described as conditions of dissatisfaction
wherein the individual experiences a lack of adjustment. The individual is impelled to behave in ways calculated to satisfy whatever requirement is unfulfilled at the time being. When the need is satisfied, the individual is adjusted insofar as the particular need is concerned, although he may not be adjusted with respect to other needs that are manifest at the same time. The well-adjusted person is one who is able to satisfy his needs quickly and adequately as they arise. A poorly-adjusted person, on the other hand, is unable to satisfy his needs, and remains in a condition of "unadjustment", which is more or less severe depending on the nature and strength of his unsatisfied needs.

Basically, the needs of old people are like those of all other people. They want, primarily, financial security, freedom from concern about their next meal, and freedom from worry about housing. They desire security, not only for the present, but for the rest of their days. They need housing with the sort of living conditions that are most suitable to their individual situations. Those who are ill want good medical care. Most of all, they want emotional security. They need to feel that they are wanted, and to have a sense of "belonging". Old people want to feel that they still matter to someone, and are important and useful beings.¹ They want to be considered as individuals, and not just the group that is loosely classified as "the aged".

Recently, the writer had a discussion with a delegate who had attended the "Northwest Institute on Serving the Needs of Our Ageing Population" held in Seattle, Washington on November 11, 12 and 13, 1954. The Conference agenda included discussions of many of the facets of the study of old age. It was reported, however, that although there was a great divergency of subject matter from session to session, nearly every speaker re-iterated the importance of emotional security to the social adjustment of old people. Evidently, all authorities agree that, to the old person, the satisfactions acquired in a home where he is wanted, loved, and is considered to be an important family member, transcend such values as high material standards, income, et cetera.

These objectives are not very different from the average objectives of the average citizen. It is essential that there be a re-orientation of thinking and approach in the planning for the welfare of senior citizens. It must be recognized that the old react to life experience in as many ways as do the young. Fundamentally, the needs of the old person are those common to all people, and must be met on an individual basis. Although the need may be similar, the method of gratification is often different from that of the younger person. For example, a youngster might sublimate his aggressiveness through participation in a hockey game. The older person, too, has a need of an outlet of his aggressive and pleasure-seeking tendencies. In the role of a spectator, he might be able to gratify the need by vicarious participation.
Medical Problems of the Aged

There has been a greater emphasis on the study of the biological factors of ageing than on its societal problems. There has been extensive research in matters pertaining to the health, nursing, and medical care of the aged. The development of these studies has given rise to the science of geriatrics, i.e. the study of the various diseases and physical disorders suffered by old people, the most suitable techniques for their treatment, and measures for preventative medical care.¹

A discussion of the specific medical problems of this age-group is not necessary for the purposes of this study. Nevertheless, the medical implications of the processes of ageing have an impact on the total problem. Old age is invariably accompanied, to a greater or lesser degree, by a deteriorating physical condition. Although most of the physical disorders and diseases of old people are not very different from those suffered by the young, proportionately, the incidence of illness is much higher. A person in poor physical health may often have a constructive and happy life if, otherwise, his emotional and material needs are fulfilled. With many old people, however, this is virtually impossible. Too often, the deteriorating physical condition which comes with age may be aggravated by inadequate diet and poor housing conditions - sometimes with both.

Home Facilities for the Dependent Aged

There is already in British Columbia, and especially in the Greater Vancouver area, growing interest in the housing problems of senior citizens. An evaluation of their housing needs, and recommendations for future planning was included in the Vancouver Community Chest and Council surveys. Several thesis written by University of British Columbia Social Work students have added to the knowledge of this social problem. The problem has been given further discussion and consideration in social work and medical conferences, newspaper articles, professional periodicals, et cetera.

For the most part, the study of the housing problems of the aged has been directed toward evaluation of the existing facilities for care of old people without homes, and plans for the improvement of these resources. At the present time the major resources for senior citizens who require protective care are restricted to institutions.

In the Lower Mainland area of British Columbia exist several types of institutions, i.e. infirmaries for the aged, nursing homes, low-cost housing projects, boarding homes licenced under the Welfare Institutions Licencing Act, and Old Folks homes operated and owned by church and national groups. In addition to these, both the Provincial Mental Hospital at Essondale, and the Veterans' Hospital in Vancouver have units for aged patients. Rural areas of the province, of course, cannot provide the same variety of services.
The standards of care of the various institutions vary, and while it is felt that there are inadequacies, there are indications that steps are planned to meet these in the next few years. The fact that there is a variety of institutions designed for dependent old people certainly does not mean that their housing needs are being met adequately. On the contrary, as the number of old people in the province progressively increases, institutional resources are less able to assume the responsibility for the care of all the aged. The development on institutional facilities is simply not keeping pace with the increase in the number of old people requiring protective care.

People concerned with the care of the aged are becoming more and more aware that however valuable institutional care may be for many old people in need of protection and specialized help, it is not the most suitable resource for many others whose dependency needs are less acute.

The findings of previous surveys illustrate the limitations of institutional care for the aged - limited in the sense that they often cannot fully meet the special individual needs of many old people, and cannot keep up with the housing requirements of the increasing number of senior citizens. There appears to be no doubt that the development of a method of alleviating the situation is a matter of immediate necessity. The suggestion that the placement of old people with private families on a "foster" home basis, as a means of reducing the housing problem, has occurred in several studies. To date, however, this proposal has not been explored thoroughly.
Purpose of the Study

Some social agencies in British Columbia, notably the Children's Aid Society and the Social Welfare Branch of the Provincial Department of Health and Welfare, have staff members specifically trained and experienced in the placement of children. These agencies have social workers who are skilled in the techniques of finding and evaluating of foster and adoptive homes for dependent children who, for a variety of reasons, are no longer receiving care from natural parents. These workers are also skilled in the placing of an adoptive or foster child in a home that might best meet its particular emotional and material needs.

At the present time, no social agency has instituted similar services for the dependent aged as a specified part of agency function. In actual practice, however, social workers in some agencies occasionally place old people in the protective care of private families. Such placements are usually made by workers with generalized case loads. There are no workers who have been specially trained in the techniques of selecting suitable foster homes for old people, and are skilled in the classification procedure of finding suitable clients for particular homes.

It was the intention of this study to determine the feasibility of instituting such a service. Although no attempt has been made here to prepare a statistical evaluation of the need for a foster home care programme, an effort has been made
to indicate the need in a non-statistical way, by evaluating the merits of foster homes that already exist, and by reporting the benefits gained by the aged recipients of this type of care.
Chapter II

THE VALUE OF FOSTER CARE IN MEETING THE NEEDS OF THE AGED

Collecting the Necessary Data - Methods and Procedures

As mentioned before, no social agency in British Columbia has developed a programme of foster home finding and placement for the dependent aged. This is significant because, when an aged person who previously has lived independently or with his family or relatives, loses his ability to live by himself, or when the family situation deteriorates, the only resources the social agency has immediately available for his care are institutional. Institutional care includes nursing home, boarding home and hospital care. As yet, there is no intermediary resource for caring for old people who are partially dependent, though not to the extent where they require the specialized care of institutions.

Since there were no documented cases of old people who had been formally placed by an agency in private family care, this study posed the problem of finding existing foster homes for the aged that might meet the conditions of the foregoing definitions. Social case workers of the Social Welfare Branch offices in Vancouver, New Westminster
and Burnaby were most co-operative in giving the names of people in their respective case loads who might be considered to be recipients of foster care.

Thirty-three such cases were presented, of which twenty-one have been selected as meeting the requirements of foster homes according to definition. Two more cases were obtained through a Salvation Army officer in New Westminster, and another was recommended by a friend of the writer. The case recording in none of these cases was sufficient for the purpose of the enquiry, therefore visits were made to all foster homes. In every home, except two, both guardians and their foster charges were interviewed. In two cases the old person had recently been hospitalized for a temporary period, and was not available for interview.

Information received from the other foster homes varied considerably from one to the other. In some situations, full histories were obtainable from both hosts and foster charges. In other instances the information received was of a relatively superficial nature. There were several reasons for this. In two homes the aged person was senile. In two other homes there were difficulties in language. A very old Chinese immigrant living happily in the home of a middle-aged Chinese couple could speak no English, nor could an aged Norwegian gentleman who was living with friends. It was therefore impossible to acquire information directly from these men.
In addition to the information and ideas resulting from interviews with caretakers and clients in foster homes, valuable suggestions were obtained through discussions with social workers in other agencies, from laymen interested in the subject, and from old people in institutions. The matter of placement for family care was discussed with the inmates and superintendents of five boarding homes for aged, and in the five boarding homes, twenty-one inmates were interviewed. Two nursing homes in Burnaby were visited and discussions were held with staff members. In Burnaby and New Westminster three low-rent housing projects for the aged were visited. Several people were asked to give their personal opinions regarding private family placement.

All in all, most old people indicated great interest in this alternate proposal for care of the aged, and many of their opinions and suggestions have been incorporated in the present text.

Two boarding homes in South Burnaby were visited. Each home had four old men as inmates, and was licensed under the Welfare Institutions Licensing Act. The general facilities of these institutions are good compared with others of their sort in the Municipality of Burnaby. The ages of these inmates range from 72 to 90 years. Each inmate is able to be up and about and to look after his own personal needs in the matter of dressing, feeding himself and personal hygiene.
Two of the men had lived in the same boarding home for over seven years, two for over four years, and the remaining four for less than four years. None are completely incapacitated or senile. Since losing their abilities to live in an independent fashion, and becoming partially incapacitated for work and productive activity, these old men have been alone in their rooms for many years. Aside from simple work in the home, with their hobbies, helping with dishes and making beds, they are unproductive. Because of diminishing physical faculties, each has experienced a rather sudden transition from independent living in the active world, to a state of inactive dependency in which he has little or no opportunity to make use of his remaining productiveness. They have good care with regard to their material needs, but are no longer able to make a contribution to the general welfare of the community.

Placement of Old People

The files of the Social Welfare Branch Offices show many instances of old people living by themselves in homes of their own, or in rented rooms with very meagre facilities. Because of feebleness or other forms of incapacitation, these people are dependent on others - their neighbours, the visiting social worker, the public health nurse, or relatives, for the fulfilment of many of their
needs. Yet, because they cling tenaciously to the residue of their former independence, and because they may not be eligible for institutional care, their needs are not met adequately enough to provide them with normal satisfactions. Many of this group have raised families, or at least, have had many years of participation in a family setting. Many people in this category, with proper methods of selection, would be placed in private homes in family settings that approximate their former homes. These might be the most likely candidates for foster home placement. The individual's need for a degree of independence could be re-directed so he might obtain gratification by contributing to the home management in many ways, such as help in the garden, with house work, cooking, baby-sitting, et cetera.

Some aged persons with a mild senility, though harmless to themselves and to others, are far removed mentally from the realities of life. Often such a person lives contentedly in the dream world he has created for himself with his delusions, reminiscences and bizarre ideas. His illness may not be acute and he may not be in need of the more highly specialized services offered by boarding homes and nursing homes. Though he is not well enough mentally to do much work, he may enjoy caring for his room and doing small tasks around the home. A simple wholesome environment will meet his emotional needs, and close sympathetic supervision of a carefully chosen home will give
him the necessary protection and sense of 'belonging'.

This study has been of an exploratory nature and, as such, no attempt has been made to present a statistical assessment of the need for 'foster homes' for the dependent aged. Rather, it has been an attempt to indicate in fact that such a need is existent, through a comparative study of licenced boarding and nursing homes and of 'foster homes' where old people have more or less inadvertently found themselves to be. The cases described in the study would certainly suggest that placement in private homes has much to offer for many of the aged in terms of personal happiness and fulfilment of individual requirements. It is evident from the cases studied that family care can have a positive therapeutic value, in many cases far more so than institutional placement. Too often, institutional care is the only resource remaining for aged people whose dependency needs have increased to the extent where they can no longer live with their immediate families. Most institutions must adopt more or less uniform techniques in caring for their charges, necessarily with less emphasis on individualization of treatment. However well the individual's material requirements might be met, he usually misses the personal attentions to which he was formerly accustomed. The impersonal, and occasionally, cold regimented routine of an institution can be conducive to deterioration of the person's feelings of well being, particularly to his self-esteem.
It seems obvious to him that he is not wanted or really needed, and he tends to give up the struggle for prestige and recognition. The personalized, individualized care that can be gained in family placement should prove to be more conducive to the arrest of personality deterioration. Although family care is not necessarily of greater value in restoring the aged person's ability to function in a more independent manner, it should tend to arrest or slow down the process of decline in a greater number of cases.

It is by no means suggested that family care in 'foster homes' should be a substitute for placement in institutional homes for the aged. Rather, it can, at best, be only another means by which a social agency is able to expand and augment the present services offered to the aged. The limitations of this type of social service must be recognized by a placement worker, and each case evaluated on its own merits.

**Limitations and Definitions**

Primarily, this study is an enquiry into the feasibility of instituting a plan in which foster care or private family care could be used as an additional resource in the care of the dependent old people. Since the object of the investigation is the study of a specific group, it is first necessary to delimit the areas of relevant research. This poses some important conceptual questions: (1) Should
the definition of old age be chronological or functional? (2) Should it be general or specific? (3) Should it cover several age sub-groups or only one? (4) What constitutes dependency?

The terms 'old age' and 'dependency' are both relative and require definition and delimitation. Some people are physically and mentally old at fifty years, while others are robust and strong at seventy-five. It is impossible to plan for the extremes in the same way. The term 'aged', as generally applied, covers a large proportion of the population. In Canada, one may become eligible at the age of sixty-five for public assistance under the provisions of the Old Age Assistance Act. It would therefore appear that sixty-five is the chronological age that is generally accepted as the beginning of old age. Throughout this study, therefore, old age for both males and females will be considered to mean the chronological age of sixty-five or over.

In a similar way, the term 'dependent' is relative, and there are many degrees and forms of dependency. At birth and during the early years of a child's development, he is completely dependent on others for the gratification of all his needs. All physical and emotional requirements have to be fulfilled by his parents and others who may have the responsibility of his care. During the process of maturation the child becomes progressively less dependent
upon his parents, and relies more and more upon others in his social environment to meet his needs. He becomes progressively more self-reliant and, in turn, learns to contribute to the well-being and protection of others in his social group. No one ever achieves the state of complete independency, but throughout life one is always dependent on others to some extent in order to live happily. The mature adult person is not independent, but is in a state of interdependency with others in his social milieu. As the individual ages, there is a lessening of his physical, and occasionally, his mental capabilities, and he is gradually, and sometimes suddenly, reduced from this state of interdependency to one of partial or complete dependency.

It is in connection with dependency that the element of protective care arises. Children need protection because of their immaturity of judgment, and because of the fact that, in the formative period of childhood, opportunities for full mental and emotional growth need to be safeguarded. In old age, on the other hand, the individual needs protection or supportive help to the extent that his diminishing physical or mental capabilities prevent continuing function at the previous level of interdependency.

The degree of one's dependency is largely based on two factors: the functional capacity of the individual, and the state of his mental health. Functional capacity is determined by the extent to which he is able to provide for his
physical requirements. Mental health includes his attitudes, faculties for reasoning, social adjustment, intellect, memory, et cetera. To determine the degree to which a person is dependent, it is necessary to know both his physical or functional capacity and the state of his mental health, and to assess the relationship of one with the other.

The expression 'dependent aged' is used in this study as applying to those persons of either sex, of sixty-five years or over who are incapable, for physical or mental reasons, of providing for their own needs, to the extent where they require some form of protective care. Since this study is concerned with that category of the aged that might best benefit from a private home placement, it is preferable that the definition be further limited to exclude the mentally ill. It can, however, include individuals who are mildly senescent, but not to the degree where conduct is seriously disorientated, destructive, or uncontrollable.

The term 'foster home' here refers to the family situation in which the dependent aged person might be placed for protective care. A rather broad definition has been used, to include situations where the aged individual is living with a family group comprised of a husband and wife with or without children, or with a single individual upon whom he is dependent for some of his needs. It may also include the situation where an aged person who is dependent lives with another dependent
person, but whose dependency needs are complementary, that is, where each is able to meet the other's dependency requirements to the satisfaction of both. The definition also includes those homes which accept remuneration for the care of the dependent person.

The terms 'hostess' or 'guardian' are used to mean the person in the foster family who takes the major responsibility in caring for the aged client. In referring to the hostess or guardian as 'she' in the text, there is no intention of belittling the importance of the man's part in caring for the client. Rather, this merely follows accepted usage which, because of the nature of the work, gives the woman the more prominent place.

**Nineteen Case Examples**

The remainder of this chapter contains nineteen case studies that illustrate the values as well as the limitations of family placement for old people. Chapter III attempts to establish certain criteria with reference to the cases described, and Chapter IV includes an evaluation of the total study.

**Case 1. Social History:** A woman, sixty-five years of age, was partially incapacitated because of frail health. In appearance, she appeared to be a good deal older than her actual age. She showed little ability to form friendships and her emotional adjustment was not good. After her husband's death in 1950, she began to live with her daughter and son-in-law.
Reason for Placement: Because this woman was irritable and very impatient with her grandchildren, her daughter decided that it would be better for all concerned that she live elsewhere. It was explained to the old lady that the home was not sufficiently large to accommodate the parents and children, as well as her.

Choice of Placement: She was placed by her daughter as a boarder in the home of a widow who was in receipt of an old age pension. The guardian was in good health, and was a well-adjusted and extrovertic person. She welcomed a boarder in order to defray some of the expenses of maintaining her home.

Period of Adjustment: The relationship of the boarder to the guardian was one of dependency and she relied on her to a great extent for guidance and for the fulfilment of many of her needs. The guardian treated her with patience and tolerant understanding. She insisted, however, that she assist in all household tasks such as cooking, sewing, and housework. She interested her in church activities, and included her in her own circle of friends.

Evaluation: The woman's health improved considerably and, over a period of eighteen months, she became progressively less dependent upon her guardian. She regained much of her ability to function in a more independent manner. Several months ago she accepted the proposal of a seventy-two year old man and left the home to be married.

Case 2. Social History: A sixty-six year old woman spent two years in the Provincial Mental Hospital following a "nervous breakdown". On her release she was returned to her family. Her behaviour in the home was sometimes unpredictable and she had occasional lapses of memory. Under the supervision of her husband she managed to function fairly satisfactorily. After his death in 1952, her behaviour became more eccentric, and the son and daughter-in-law, with whom she lived, could no longer put up with her.

Reason for Placement: Her erratic behaviour proved to have a disrupting influence on the children in the home. She developed a habit of wandering away from home and becoming lost. The
daughter-in-law did not have the time nor patience to care for her properly, so placement in another home became necessary.

Choice of Placement: The old lady's son found a woman of her own age who agreed to accept $65.00 a month for her care. The two women had known each other for years, although they had never been close friends.

Period of Adjustment: At first, the old woman took very little interest in her new surroundings, and her manner with her guardian was demanding and petulant. She resented the fact that she had to leave her former home. For the first two weeks, she sat in the shade of a tree all day except when called for her meals. Little by little she began to form an attachment for her hostess, who was a patient and understanding woman. Gradually, she began to take part in the performing of household tasks and now, after two years, takes almost as much responsibility for the housekeeping, cooking, and gardening as does her guardian.

Evaluation: This woman, who previously had been surly and difficult, has become pleasant around the house and is now taking her place as a contributing member of the family. She is still very dependent upon her guardian for many of her needs, particularly those with emotional content, and also, she is still an ill person with little hope of complete recovery. But, in this home her adjustment is sufficient for her own personal happiness, and further deterioration of personality has evidently been arrested.

Case 3. Social History: On the death of her husband after fifty-two years of marriage, one old woman became very despondent and reclusive. Her income from her husband's estate was sufficient for her to live comfortably, but she retired to the seclusion of her apartment and rejected all overtures of friendliness from relatives and old acquaintances. For several months, the only people with whom she had contact were those who made store deliveries to her door. She no longer took pride in her appearance, and there was a marked deterioration in her habits of cleanliness.

Reason for Placement: Finally, she became ill
and was hospitalized for several weeks. It was found that she had no organic disease, but was suffering from neglect and under-nourishment. She appeared to respond to the social contacts with other patients during her convalescence and, with the help of a medical social worker, began to realize that it would be better not to return to her home.

**Choice of Placement:** On discharge from the hospital, a home was found for her. The family comprised of parents of early middle-age and three teen-age children.

**Period of Adjustment:** She was treated kindly, and soon assumed the traditional role of "Grannie" in the home. She was, in fact, distinguished by this name by all members of the family. Within a few weeks, she was taking part in all family group activities.

**Evaluation:** The old woman's physical health improved as time went on. This was accompanied by a renewal of interest in former friends and social activities. In her reminiscences, she speaks nostalgically of her late husband, but the thought of his death no longer provokes a mood of despondency.

**Case 4. Social History:** An eighty year old man was released from the Provincial Mental Hospital after treatment extending over a period of three months. Evidently, he had suffered a mild psychotic disorder but had responded favourably to electro-shock therapy. While in the institution, a worker of the Essondale psychiatric social service participated in his treatment and pre-discharge planning. A good deal was known of the man's social and family history and the environmental circumstances that evidently had contributed to his illness. For some years prior to his committal he had lived with his second wife, who was many years his junior, in the house of his son and daughter-in-law. The home was characterized by discord and excessive drinking, along with a deplorable neglect for the old man's needs.

**Reason for Placement:** The hospital authorities considered that return to this home would be a very ill-advised course, so a special placement was made in the private home of a young couple with two children.
Period of Adjustment: So far, this placement has continued for almost two years. The old gentleman's mental health has not deteriorated and, in fact, there are indications that it has improved to some extent.

Evaluation: He appears to be quite content in the home and, in recent months, has been working as a clerk in a small store on a part-time basis. This is the first time he has been able to work for a number of years.

Case 5. Social History: Another family could no longer look after an aged father who constituted a financial burden to them. In addition, he was an irascible old man and was continually provoking quarrels with his son and daughter-in-law. He became progressively more unhappy and more difficult to please as time went on, and was very disrupting to the family routine. There were, nevertheless, strong bonds of affection between all members of the family, and the son felt a great responsibility for the care of his father.

Reason for Placement: The clergyman of the church to which they belonged suggested they try living apart from each other for a few months. He went further to offer to take the old man into his home for a while.

Period of Adjustment: The minister, a very tolerant man with a profound understanding of human relationships, worked intensively with both the old man and the family. Both parties were helped to understand their own and each others failings and strengths. During this period of separation, which extended over almost a year, the minister encouraged frequent visiting, and, as well as this, contact was maintained through the medium of church activities.

Evaluation: Gradually, the old man began to stay with his son and daughter-in-law for periods of several days at a time. With the help of the minister, he had become more tractable and willing to conform to the demands of the home. Several months ago he moved back on a permanent basis.

It was evident during the course of this study that
in certain cases, improvement can be expected when the old person is removed from an institution and placed in a private home. The greater variety of activities in a family setting tends to cause the person to be more responsive and interested in his environment.

Case 6. **Social History**: One self-sufficient old gentleman, a widower, managed to live alone until 1952, at which time he severely ruptured himself in a fall. Until then, with the help of his old-age pension, he had been able to meet his own needs without other help. He responded favourably to an operation, but on his release from hospital, he found that he could no longer live alone. A social worker of the Social Welfare Branch found a placement for him in a licenced boarding home where he remained for two years. He describes this as the unhappiest period of his life. He says that he was well cared for, the meals were good, and the home was warm and comfortable, but the inactivity was 'unbearable'. When interviewed, the supervisor of the home described him as a morose, unhappy old man, who 'wouldn't lift a finger to help her' and had not been known to do anything but sit quietly in his room or pace up and down the halls of the home in utter boredom.

**Choice of Placement**: Finally, in 1954, on his own initiative, the old man arranged to live with a middle-aged couple in the city. He paid $45.00 of his $50.00 old age pension to the landlord, and in return, received his board and room.

**Evaluation**: When visited, he was sitting in the warm, sunny kitchen of his 'foster home', preparing vegetables and helping with other light household tasks. The people with whom he lives, said that he helps with the flower garden to such an extent that he feels it to be his own creation, and his pride in it is unbounded. This man's interest in work and other purposeful activity had not been evident during his placement in the boarding home. As in others, this
case demonstrates that when an aged person is able to become more useful and productive than he has been previously, he is usually much happier and more content. This is almost invariably accompanied by other improvements in habits and behaviour.

Case 7. **Social History:** A very old lady felt both hurt and resentful toward her son and daughter-in-law. Not realizing that their home was too small for the growing family, and that they were far too busy to give her the special care she required, she thought they had been very unjust in arranging for her care in a licensed boarding home. In the institution she refused to take part in any of the activities and remained aloof from the rest of the inmates. After a lifetime of family living, to her, life in the boarding home was monotonous, frustrating and lonely. Whereas formerly she had been an active, easy-going extroverted person, she was reduced to bitterness and passive rebelliousness.

**Reason for Placement:** Her daughter-in-law, who visited frequently, became very concerned about her change in demeanour, and after several months, made arrangements for her to live with a middle-aged widow in the same small town.

**Evaluation:** The old woman had known her guardian and her children for years, so welcomed the change of environment. Since her return from the institution, she has regained her former attitudes of optimism and cheerfulness and, in spite of her physical frailty, seems quite content.

Social workers generally consider it not feasible to select for placement in family care, clients who are in a stage of advanced senility, or helpless physical infirmity. Two cases examined in this survey, however, were concerned with people who were quite senile. Another successful family placement concerned an old man who was totally disabled.

Case 8. **Social History:** Forty-five years ago, when he
was twenty-two years of age, this old man emigrated from Sweden to British Columbia. He worked for over forty years in the logging industry, during which time he made regular savings. With his savings he purchased a Canadian Government annuity, thus establishing a retirement income. About five years ago, he retired from logging and decided to obtain board and room in town.

Reason for Placement: The old man found that he could no longer meet the strenuous demands of the logging industry. Although he had no other specialized skills, he had established an income sufficient to keep him for the rest of his days, so he decided to retire.

Choice of Placement: Some years before he retired, the old man had formed a friendship with a middle-aged couple of Swedish descent. When he left the forestry work, they welcomed him to their home as a boarder.

Period of Adjustment: A real friendship had existed between his hosts and himself for a number of years, so there were no problems with regard to his adjustment in the home.

Evaluation: Approximately five years ago, this man began to experience occasional lapses of memory, and from then on, his mental condition deteriorated steadily. There is no doubt that he is now in a fairly advanced state of senility. However, the fact that he is no longer able to speak coherently, is enuretic, and cannot feed himself, has not interfered with his adjustment in the family home. In spite of the special attention he requires, his guardians are still fond of him and reject the thought of his transfer to an institution.

Case 9. Social History: An old woman, eighty-two years of age, had been senile for several years. Little was known of her previous history.

Reason for Placement: Because of senile regression she could not live alone.

Choice of Placement: A friend of long standing arranged for her boarding care with a woman her own age.
Period of Adjustment: She was a very tractable old woman, and became settled in her new home almost immediately.

Evaluation: The old lady was quite senile, and spends most of her time picking imaginary devils off the window panes and furniture. She is quite harmless with her distorted ideas, and appears to be very happy and contented. She is almost completely detached from reality, but is pleasant and cheerful, and appreciates any attention offered her. Her guardian adores her and says that she and her family "would be lost without her". When first placed in this home by her friend, she was already senile. Throughout her five years with the family, there has been no appreciable change in her condition. For her care, the guardians receive seventy-five dollars a month. Her old age pension of forty dollars monthly is augmented by thirty dollars contributed by her sons.

Case 10. Social History: Several years ago a man, now seventy-eight years of age, was injured in an automobile accident. Since the accident he has been almost completely paralyzed in both legs and, in addition, is seriously crippled by arthritis. He is bed-ridden a good deal of the time when the arthritis condition is acute. At other times he is able to be in a wheelchair.

Choice of Placement: This man chose the home where he has boarded for the past seven years.

Evaluation: This man is, of course, a very dependent person but has managed to retain an air of cheerfulness and optimism. The responsibility for his care has been assumed by the woman in the home, whose husband is incapacitated as a result of a series of heart attacks. She explained that she must remain at home at all times, even though her husband who is chronically ill, does not require a great deal of attention. The presence of the old man has brought a new interest to both of them and has made her feel that she is doing something useful.

Case 11. Social History: An eighty-two year old man retired from business fourteen years ago. He is a widower, with no relatives remaining to care
for him. Although his health is good, his vision and hearing are failing, and he requires protective supervision.

**Choice of Placement:** The old man has a very substantial retirement income. He chose to board in his present home about eight years ago.

**Evaluation:** He responds very favourably to the care of his guardians largely because the husband brings in interests from the outside world. Before his retirement the old man was a successful business man and still considers himself an authority on business matters. He derives a great amount of satisfaction from his conversations with the husband regarding matters of business. The wife is amused at the high respect the old man has for her husband and his polite contempt for her because of her lack of business knowledge. He will readily accept male decisions from the husband without a protest, but will argue and complain for days about a similar decision if made by the wife. Fortunately, both husband and wife are mature, tolerant people and have a genuine fondness for the old man. They have a good understanding of his personality and are doing a good job of meeting his needs.

**Case 12. Social History:** After her children and grandchildren had left to live in another province, an eighty-two year old woman had to be placed for care.

**Choice of Placement:** A place was found for her with a family in town. The standards of living in the home were comparable to those to which she was accustomed.

**Evaluation:** The old woman is very attached to the twenty-year old daughter of her guardians and takes a vicarious interest in her social life. She is proud of the girl's new clothes and other possessions as if they were her own. Similarly, she is unobtrusively possessive when speaking of the daughter's boy friend who has her high approval. The usual activities and diversions of the rest of the family provide interests for her, although there is little active participation on her part. Significantly, this woman was quite unhappy and withdrawn when sharing a quiet apartment with her daughter. There is no doubt that her placement in a family setting has had an excellent therapeutic value for her.
The foregoing cases were chosen to illustrate the broad possibilities that foster home care has to offer for the care of the dependent aged. They are all examples of successful placement in terms of satisfying relationships between both clients and guardians, and each represents a situation with a degree of permanency. This last factor invariably proves most conducive to the aged persons' emotional security and sense of well-being. There were, however, foster home situations that were far from being successful.

Case 13. Social History: A middle-aged man and his wife live in a comfortable home in a residential district in New Westminster. The man has a good job as manager of a downtown store, and his wife has an income from an inheritance. Their greatest disappointment has resulted from having no children. The husband is a quiet self-effacing man whose every move is dominated by his wife. She is an energetic and talkative woman, active in church and club groups. She is not particularly well liked, but is a very capable person, and usually holds the chairmanship of three or four committees of the organizations to which she belongs. Evidently, her husband admires and respects her capabilities, and accepts her leadership in the home without any indication of resentment. She makes all the decisions with regard to the family budgeting and expenditures. According to community gossip, for many years the husband has neither voiced an opinion nor made a decision without first consulting his wife.

Reason for Placement: Several months ago, the husband's eldest brother, a widower of sixty-nine years, came to live in the home during his convalescence following a serious medical operation.

Evaluation: He remained for three months, during which time he was constantly subjected to the wife's 'bossiness'. He described this period as one of quiet desperation. He was unaccustomed
to peremptory orders as to when he should bathe, go to bed, or come to meals. He says that he resented every minute spent in the home of his sister-in-law, and that he left at the first opportunity.

Case 14. Social History: An eighty-six year old woman was released from hospital after an illness extending over a period of several months. She had no immediate family to care for her, so placement was necessary.

Reason for Placement: The old lady was very resistant toward the idea of placement in an institution. She had always been an active, hard-working person, and she was convinced that she could not be happy unless she lived with a family.

Choice of Placement: The social worker of the hospital, in co-operation with the Social Welfare Branch, chose a foster home for her.

Evaluation: For over fifty years she had lived in a modest four-roomed house that, although clean, was always in a mild state of disorder. In her foster home she was treated like an honoured guest. Because of her frailty, she was discouraged from doing any work at all. Her material requirements were provided in a manner she had never known before, but she had no opportunity to make use of her remaining capacities. After a few months the old lady became very unhappy, and was petulant and demanding toward her hosts. They, in turn, became more resentful and hostile toward her because of what they considered her lack of gratitude. Eventually, the situation became intolerable to both hosts and client, and the placement was terminated. It was reported that the old woman is now living happily with two other very old ladies in a small licensed boarding home. She is permitted to assist the matron in light tasks about the house, such as preparing vegetables for meals, making her own bed, and so on.

There were several cases where the placement proved to be very satisfactory because the guardian seemed to have a neurotic need to care for someone who, in turn, derived an
Inordinate satisfaction from his role of dependency. The following case affords an example of this.

Case 15. A woman was so deeply attached to her father that her own marriage was never happy. Before his death, the father lived with the family for many years. The husband's interests were constantly subordinated to those of the old man, so that there was always discord in the family. The old man died in 1949, and the following year the husband was killed in an industrial accident, leaving the woman alone with her twenty-year-old son. She was considered to be rather shy and unsocial in the small town where she lived. It seemed that her own affairs were so absorbing that she saw very little of her neighbours.

Her son was quite a normal young man, but she made every effort to keep him attached to her. As far as possible, she tried to have him at home every evening with her, and she gave him all her attention. This left the son in a very uncomfortable position. He was very fond of his mother and wanted her to be happy but, at the same time, he preferred to associate with his own friends. In the meantime, the woman took in three or four successive boarders. Finally, a gentle old man began to board with her. He was an old age pensioner and was quite feeble and very dependent upon her. She began to shower attention upon him and became very engrossed in his welfare. This left the son freer and less guilty about leaving his mother while he associated with his friends away from home. This really improved the family situation and, incidentally, the old man thrived on the affectionate interest.

Case 16. Social History: A very old lady had been in hospital for several months following a heart attack. Before her illness she had lived with a daughter and son-in-law, both of whom worked. She had taken a large part in the upkeep of the home and caring for her daughter's child.

Reason for Placement: On leaving hospital she was no longer able to accept these responsibilities. The situation in the home became very strained and placement elsewhere became necessary.
Choice of Placement: The daughter soon found a middle-aged couple who agreed to look after the old lady for $60.00 a month. The guardians were childless, and wished to augment their income by admitting a boarder. The foster home was but a few city blocks from the home of the daughter, who was still anxious to assume some of the responsibility for her mother's care.

Period of Adjustment: For a while after the placement was made, the relationship between mother and daughter continued to be strained. In the meantime, the old woman settled down fairly well in the foster home. She became quite fond of her guardians and was reasonably happy although she missed the company of her daughter and grandchild.

Evaluation: After a period of several weeks, on the urging of a family friend, the daughter began to visit her mother to look after various needs that could not be provided by the foster home. Soon after this, the mother began to visit the daughter quite frequently, returning to the foster home at night. She often takes care of her grandchild when her daughter and son-in-law have an evening out. In a more limited way than before, she is still able to contribute to her daughter's family. At the same time, as her health is improving, she is becoming more content in her foster home, and is helping her guardian in some of the household tasks. This plan has worked out to the satisfaction of everyone.

Case 17. Social History: A widower of eighty years could not care for himself after the death of his son, with whom he had lived for several years. He had a number of relatives, but none would take the responsibility for his care because of his violent temper and irascible behaviour. His personality was such that he projected all his dissatisfaction upon others, or upon situations over which he had no control.

Choice of Placement: The old man had an income of approximately $150.00 a month, so was able to choose his own placement. He finally began to board with a childless middle-aged couple in the town.

Period of Adjustment: During the early part of
the placement, the family found his conduct to be almost intolerable, and were strongly tempted to force him to move elsewhere. As time went on, there was no improvement in his behaviour, but there was a change in attitude on the part of the guardians.

Evaluation: The old man's requirements were met in an adequate manner by the guardians and he was probably as content as he ever had been. Although the guardians found him to be very trying to their patience at first, as time passed they began to understand that his behaviour was really the manifestation of a mental illness. They soon realized that the only way he could find satisfaction in living was by feeling that the whole world was at fault except him. The guardians began to see humour in the situation, and even derived a certain enjoyment from his outbursts of rage. They were able to treat him with affection and kindness until his death in 1954.

Case 18. Social History: A seventy-six year old woman was widowed two years ago, and shortly afterward suffered a heart attack that left her partially incapacitated. In addition to her old age pension, she had a moderate income from an annuity left her by her husband.

Reason for Placement: Because of her frail health, she could no longer live alone, so decided to seek room and board in a home with standards comparable to her own.

Choice of Placement: By placing an advertisement in the local newspaper she made contact with a young man and his wife who agreed to care for her for $75.00 a month. By taking her into their home, the guardians were motivated by the opportunity to augment their income.

Period of Adjustment: The guardians considered themselves to be modern and progressive, and viewed the old lady's "old-fashioned" ideas and prejudices with an amused tolerance. Their home was modern and, in many ways, well suited to her requirements. The husband, however, soon began to address the old lady by her first name. He was a man of thirty-five, and such familiarity was thoroughly repugnant to her sense of propriety. The wife, without any genuine affection for her,
would call her "Dear" and "Honey", at the same time preventing her from doing the things she wanted, and dominating her every activity. The guardians, who were actually kind people, wondered at the old lady's decline and increasing unhappiness.

Evaluation: Finally, the association ended with the old lady's move to a small licensed boarding home.

Case 19. Social History: An arthritic widow of sixty-eight years lived with her sister for the eight years following her husband's death. The sister was committed to the Provincial Mental Hospital in 1953 and the woman was no longer able to care for herself alone in the home.

Reason for Placement: She was in receipt of social allowances at the time and was periodically visited by a representative of the Social Welfare Branch. The social worker persuaded her to accept boarding care in a selected home.

Choice of Placement: The social worker found a home for the old lady in the neighbourhood where she had lived since the death of her husband. The guardians were both about forty years of age and parents of three teenage children.

Period of Adjustment: The old woman is a person of very rigid views, particularly in religious matters. The morals and behaviour of all members of the family are of deep concern to her, and she is usually very disapproving of the conduct of the children. Nevertheless, she is fond of them and enjoys their presence. The home is characterized by democratic participation in all activities and planning. Although the old woman is a boarder, she is accepted as having the status of a member of the family. The rest of the family recognize the significance to her of what she says, believes, and does. They share things with her and make her believe that what is happening to her is important to them because she believes it so. Because they have a sincere affection for her, her opinions are also important to them, whether or not they fully understand them, or care about them personally.

Evaluation: This placement has been very satisfying to the client. Although the family members
do not take her opinions and dogmatic judgments seriously, they provide an audience for her, and she achieves gratification in thinking that she is guiding them in the paths of righteousness. Her material requirements are adequately cared for and she is a contented person.

Having illustrated a number of foster homes that satisfactorily met the special needs of certain dependent old people, there appears to be validity in the conclusion that the instituting of a formal programme of placing old people for family care would have merit. Thus, the task at hand is to give further discussion to the type of person suitable for placement, the standards required for his care, and the techniques of supervision of both client and foster home on the part of the social worker. Subsequent chapters will be devoted to these criteria, as well as the probable limitations of such a programme.
Chapter III

EVOLUTION OF CRITERIA

Old People Suitable For Foster Home Care

Desirable as it is to this study, it is not a simple task to make a systematic classification of the old people suitable for foster placement within families.

From the cases described in Chapter II it can be concluded that those who were able to respond to such care represent a wide variety of people. Although all were over sixty-five years of age and unable to live by themselves and function without help from others, their dependency requirements varied from the need for minimal help and supervision, to the need for constant surveillance and skilled assistance on the part of guardians.

The following criteria that are suggested for the selection of suitable candidates for family care are not based on the study of a large number of cases. Rather, they are based largely on comparable studies of child placement services, and similar services for the blind, the chronically ill and the mentally ill. The twenty-four cases under study do, of course, demonstrate the scope as well as the limitations of family placement.
It appears that the most suitable candidates for foster family placement would come from the following sources: from licenced boarding homes; from nursing homes; from hospitals (those temporarily incapacitated through illness); from families (those who are living with relatives); and from independent living, (those living alone, or in a rented room, who are dependent upon others for some of their needs).

Proper classification procedures would be an essential part of a good foster home system for the aged. It would be advisable to obtain as much social history material regarding the client as possible. Prospective candidates should be selected carefully and not too hurriedly. They should be interviewed several times to obtain full information as to their educational, social and economic backgrounds, their health, their mental capacity and their general interests and abilities. Much useful information could be obtained from families, local agencies and other sources with whom the aged client has previously been in contact. On the basis of his case history the social worker would be enabled to reach a decision as to the particular home in which the client is to be placed.

In considering an old person for family care, one must know how he has been adjusted in his former social environment. People who are emotionally disturbed or physically infirm obviously should not be placed in homes, nor should destructive clients, or those in stages of advanced senility. The quiet person who has adjusted well in a boarding home, or with his own
relatives, usually adjusts well in family care. But much more than his overt behaviour patterns must be considered. He must be able to look after his own physical needs with perhaps a little assistance from the guardians. Some quite dependent clients would require help from their hostesses to take baths, and get dressed, and with feeding, but a hostess should not be expected to look after a helpless old person who requires constant help in keeping himself clean and presentable, nor should nursing care be required of her, except for short periods of illness.

In considering the individual for family care, one must know his interests and recreational preferences, and to what extent this can be replaced by the recreational resources offered in the prospective home. The things that irritate and upset the old person must be known so that the guardian can be helped to avoid them. For instance, one aged woman in a foster home became much excited at the striking of a clock because she thought it warned one of the approach of the fire department. So her guardian merely kept the grandfather clock from striking, with the result that the old lady lived quite comfortably with her distorted ideas.

It is important to know whether the aged individual gets along with other people. If he does not, he will be likely to find it hard to become a harmonious member of a family group. On the other hand, if he has a number of close friends, he may miss their companionship in his new home, or he may be the kind who will readily make friends wherever he is.
Some old people, who have found their entire security in institutional life, may become quite upset when the less formal routine of a home is substituted. The writer was told of an intelligent and attractive elderly woman of 68 years, who had been in the T.B. Sanitarium for seven years. On her recovery, she was placed by her family in a private home. In the home she was expected to assist the guardian in housework and in caring for the children. Although the woman's recovery was considered complete, she could not adapt herself to the lack of strict routine in the home. Finally, she was removed to a nursing home where she made a more satisfactory adjustment.

In the files of the Social Welfare Branch offices it is not uncommon to find a similar preference for congregate placement on the part of those released from mental hospitals and other institutions. Within the institutional setting, people tend to become accustomed to a life of well-ordered routine and may find life in a family situation upsetting, with its irregularities with regard to the times meals are served, bed-times, and other distractions.

For several months during 1954, the writer was employed as a social worker at Oakalla Prison Farm. His duties were concerned primarily with the classification and segregation of prisoners within the institution. Almost daily, interviews took place with old men who had been committed to gaol. Although they were committed on a variety of offences, and the duration of the sentences varied, most of them were admitted for short
periods upon conviction under the Provincial Liquor Act. A large majority of these men formerly had been loggers and miners, after emigrating from European countries as young men. Many had not married, and over the years had formed no family attachments. Work in the logging and mining camps was hard and demanding and they had to be in good physical health. They found that in the camps, a man's prestige was largely based on his ability to 'high-ball' - that is, his ability to work hard without visibly tiring. It was characteristic of loggers and miners to take pride in their physical prowess and efficiency on the job, and during their younger years they could meet the demands of the industry as drillers, fallers, buckers, rigging slingers, chokermen, et cetera. Many of them, unfortunately, placed too much emphasis on this single method of gaining self-esteem. When the pattern of living was upset as a result of the development of a chronic illness, permanent physical injury, or simply growing too old and feeble for camp-life, the individual suffered a severe narcissistic trauma. Too often, these men knew no other resource to restore self-esteem, nor did they have adequate psychological defence mechanisms to combat their basic emotional insecurities. Many of those who sought solace through the indiscriminate use of intoxicating liquor were imprisoned as vagrants and drunkards. Some had been in gaol a good many times on the same charge. The experience of going to prison tends to reinforce the individual's feelings of inadequacy, and many of these men are now virtually lost to society as happy and proud citizens who might have made a further contribution to the community.
These old men require special training and re-education for other skills, through which they might bolster their failing egos. Such facilities are not found in our Provincial gaols. A few might be suitable for placement with families, but usually it would be inadvisable to consider them for this type of care. The long years of bachelorhood, and the congregate existence of camp life do not condition a person for placement in an ordinary home. In most cases, placement in licenced boarding homes, with other men of similar backgrounds would, no doubt, be more appropriate.

The advisability of making use of foster family care for the senile aged was discussed with a number of social workers. Although this study brought to light two cases where people in advanced stages of senility were being cared for in foster homes, it was, nevertheless, the opinion of most workers, that the practise of placing the senile aged in family care should be avoided. At the same time, it was generally agreed that family care might have advantages over institutional care in those cases where senile regression extends no further than mild displays of eccentricity, occasional lapses of memory, et cetera.

Family Care as a Therapeutic Measure

A programme for foster family care could be developed for two general groups of the aged. The largest group would be the continuous treatment type of person whose chief needs are a
moderate degree of physical comfort, sympathetic guardians, some freedom to wander about the home and grounds, and simple work and recreation of various kinds, according to his interest and capabilities. With the greatest majority selected for family care, marked improvement could not be expected. Although they should improve as a result of the individual attention they would receive in homes, it is not to be expected that they would improve enough to be rehabilitated, that is, to restore their former degree of independence and ability to support themselves. Most have suffered a reduction in their abilities to care for themselves and earn a living, and there is little hope for the restoration of former independence.

This study has indicated that there is a second and smaller group for whom family foster care might be used almost entirely as a therapeutic measure. This means that the permanent and total rehabilitation of the individual might be expected, and that family care is used as a treatment measure to bring this result.

Family placement as a therapeutic measure could be used for many old people who come to hospital in periods of confusion or extreme irritability due to the onset of senility. These symptoms frequently clear up somewhat with treatment in the hospital. Because the previous family situation might be conducive to the recurrence of the symptoms, placement of these patients in family care, other than their own, might keep them
from becoming permanently institutionalized. Careful selection of such homes would be necessary, and the guardians chosen should have a good knowledge of the individual's needs. When these patients have made an adjustment to the family care home, they could be given some responsibility for managing their own affairs, and eventually, they might be able to live without hospital supervision, but with the assistance of suitable community agencies.

When an aged person is placed in a foster home where he finds the security and protection that he would with his own relatives, but without the emotional complications, he is often able to work out his own adjustment. There were several examples where the family of the old person could not care for him without provoking resentment, dissension and unhappiness. When placed with another family who could handle him more objectively, and without the emotional involvement, he was able to find a way to establish himself and his own independence.

A review of the characteristics of the old people who have made satisfactory adjustments in their 'foster homes' suggests that a fairly large proportion of the aged could be considered for family placement.

No attempt has been made to estimate the percentage of old people now in institutions, or living an insecure existence alone, who might benefit from family care. However, the differing degrees of dependency need, both physical and
mental, in the cases illustrated, suggest that a large number of old people should, at least, undergo consideration for this type of care. The particular needs of aged individuals vary, one from the other, to quite a large extent, and particular care must be taken to find homes that best suit their individual requirements.

**Qualifications Required in Guardians**

In the cases studied, it was observed that successful family care was found to develop around the personality of the guardian. The old person's adjustment in the foster home is directly related to the interest, help and understanding he receives from the family with whom he is placed. In some homes it is the wife who seems to be the most potent therapeutic agent, or who gives the client the greatest security by meeting his needs. In other cases the husband is the person to whom the client relates more readily.

The children in the home, in some instances, seem to mean most to the aged client. But in every case the recognition of the therapeutic potentialities of the family members is the most important part of the evaluation of the home.

In the most successful homes the general family relationship was found to be harmonious, and there was a high degree of mutual appreciation. Emotional balance between members of the family is essential before a stranger is placed
in the home. Even though a submissive husband may live with a dominating wife quite happily, there is no reason to suppose that an old person will share the husband's happiness in such a domination.

In the interviews with operators of boarding homes, and with the guardians of the better foster homes for the aged, it appeared that, in general, people who have made good parents do the best work in caring for aged clients. Mature people whose greatest satisfactions have always been in family and home life and whose parental love has been satisfying, but not hampering, to their children, are the best guardians. Those who are known to be kind and generous in the community, who can always find time to help others in case of illness, are usually people who can gain satisfaction from doing what they consider helpful things for the old person in the home.

There were homes where the husband had died and the wife, much attached to the home, wished to keep it but at the same time, was lonely, and had financial difficulties. In these cases, real satisfactions were gained in caring for old people. Usually, the expressed reason for taking in the dependent old person is because of the financial remuneration. But, in the greatest number of instances, the actual financial gain is negligible since most clients are totally reliant upon old age assistance for their support. Often the real reason for admitting the dependent into the home appears to be an attempt to make a substitute for a lost spouse; someone whom she may
interest in working with her to maintain the home comfortably and attractively, someone with whom to communicate and reduce the curse of loneliness, or someone with whom she may share her recreational interests.

Families who will take old people should have an understanding of old people and a generous philosophy toward them. In addition to this, they must have a certain flexibility, warmth and adaptability if life is to be pleasant for their charges. Too much emphasis cannot be placed on the personal qualities of the guardians. In the most successful cases they were found to be sympathetic, tolerant people who were not easily upset or irritated. For the most part, they will be well adjusted and secure within themselves and with others. They were firm when the occasion demanded, yet essentially kind. They were the kind of people who do not let small unimportant things or events bother them. Most of them displayed a sense of fun and were able to see the humorous aspects of irritating situations, without any suggestion of unkindness in their humor. They were stable people with a good deal of common sense, and ability to accept the client on the level at which he could function. Some took great pride of the fact that, because of their patience and interest, the client improved and has become more responsible and more willing and able to take part in family and community activities. One middle aged lady, caring for a seventy-one year old man said, "The old boy has been with us six months now and is just beginning to thaw out. Before
I'm through with him, I'll have him going to old-time dances".

When there are young children in the family, the advisability of placing an old person with them may be questionable. Very often, these young children may have a therapeutic effect on the life of the old individual, but one has to consider the effect of another adult on the child and his ability to accept the possibility that he might receive less attention from his parents now that they have assumed the responsibility of another charge. In some instances there might be the real danger of rivalry between the child and the aged guest for the affection of the mother. This would be comparable to a sibling rivalry, and could increase the feeling of insecurity of both child and old person.

On the other hand, if the family life is so organized that the child's life may keep normal and wholesome in spite of the boarder, the home may be suitable. One woman who has been caring for an old woman who is seventy-three and in poor health, said that she likes having the old lady in the home, because if increased the number of errands and amount of work her nine year old boy was able to do. She believes that every child should have responsibilities for tasks in his own home, and these had been hard to find before 'Grandma' came. Now that the old lady is in the home, there are continual errands which he can do, and the extra work has made him feel that he is a part-proprietor in the enterprise. The boy himself appears to accept the situation as very normal and has a comfortable
relationship with the old lady. Since he has his own room and a rumpus room in the basement where he and his friends can enjoy uninterrupted activities, he accepts "Grandma" as a normal part of the family life.

Standards Required in the Foster Home

The first homes in the community in which placements are made should be ones in which the families are known and respected. If a well-selected family accepts an old person, and finds caring for him to be a satisfying undertaking, before long applications to the agency should come in from other people in the vicinity. Illustrative of this point is the experience of a social worker in a Vancouver social agency which has foster home finding services for children as part of its programme. The worker placed a child for temporary foster care in the home of a moderately well-to-do couple. The parentless child was of average intelligence and good physical condition, but presented behaviour disorders arising from an unfortunate early environment. For some legal reason the little girl could not be adopted by the foster parents, but they accepted the child and her problems as a challenge to their ability as parents. The placement was very successful and, through parental acceptance, accompanied by affectionate and understanding care, the child has overcome her behaviour difficulties. She is still in the home and appears to be a secure normal little girl. A few months ago the foster parents accepted the responsibility
for the care of another child, a four year old boy who appeared emotionally disturbed. The foster parents are in their middle-thirties and have a large circle of friends, most of them with good modern homes and in the same income bracket. Some of them had previously considered adopting a child. To love and nurture a child that was to belong to them was acceptable, but nurturing one who belongs to someone else was something that they had never considered.

In the past three years, however, the friends have been interested observers of the experiences of these foster parents. They began to realize that foster parenthood calls for all the usual virtues, and in addition, qualities above and beyond those customarily associated with parenthood. It is significant that in the past year the agency has received three applications for foster children from among their circle of friends.

In child placement work, social workers find that such experiences are not infrequent. Often, the workers' attempts to place children for foster care are met with community apathy for quite some time. After two or three successful placements, however, it is not uncommon for the agency to receive applications for foster children from friends and relatives of the successful foster parents. In most instances these people had previously refused to give consideration to the idea.
In a similar way, it could be anticipated that the establishment of a foster home programme for the dependent aged, would not be readily accepted by most people in a community. In time, after its benefits and advantages have been illustrated by several successful placements, community apathy should become progressively less in importance.

The social worker should make every effort to evaluate the family situation and the assets that it will have for a particular client. However, in the light of our present knowledge, the only way that one can make sure of a home is by trying it out. It has been the experience in the placement of children, unmarried mothers, and the mentally ill, a home may seem quite ideal for family placement, yet almost every person placed there will deteriorate instead of improve. Good casework practices should minimize the chances of failure. It is no brief task to try to determine the suitability of a foster home. If a home has been used previously by the local agency and found satisfactory for the placement of children, unmarried mothers, or the chronically ill, the evaluation of its capacity for the care of the aged is much easier. Records of the social agency's work with the family would throw much light on the personalities in the home, and on their physical well-being and economic status. After one visit the social work could probably determine if they were interested in the care of the aged, and whether they have the capacity for developing the necessary skills.
Where a family has had no previous experience in working with the agency, however, the evaluation of the home becomes more difficult. For example, the ability of the family to work with and co-operate with the agency is very important. The homefinder must determine the willingness to accept agency help in arranging for the medical care of clients, budgeting, and other details important to the smooth operation of the foster care programme. If the importance of these things is not clearly understood from the first, it might mean far more effort on the part of the social worker to establish and retain a satisfactory working relationship.

The physical health of the members of the family is also important. In most cases it is desirable that they have a clean bill of health. But, at times, illness of a member of the family group can be an advantage. When one member of a family gladly stays home to look after a chronically ill person, and that person accepts his illness cheerfully, it can be a desirable home for a client.

Needless to say, the guardian herself must be in good health to be able to assume the responsibility of the care of a dependent. In a foster placement programme it might be advisable to insist that prospective guardians meet the requirements of a medical examination as is required by foster mothers of children.

In evaluating prospective foster homes, the social
worker should consider the guardians' ability to develop. They should be able to respond to the educational and interpretive efforts of the social worker. Should families apply to the agency for an old person, it is likely that many will have little knowledge of the kinds of old people they will have. Before a final decision has been made, the family members should be fully aware of the responsibilities they will have, the help that the agency will give them, and their duties and responsibilities in caring for the client. It would be expected that some families, when they realize the extent of their duties, will withdraw their applications. Other families, after thorough investigation will be found unequal to the undertaking.

Most prospective guardians will have hope for some small financial gain as a result of their efforts. This is very natural and justifiable, but they should be helped to realize that the greatest return would be the satisfaction of helping the dependent aged to have a more normal and happier life.

The majority of guardians chosen should be sufficiently well-adjusted to look after any old person selected for foster care. Occasionally, however, a home placement could be made wherein the special emotional needs of both client and guardian may be met. Careful consideration of the needs of both, and the ability of each to meet the others' needs is very important.
But generally, it would be best to choose guardians who are themselves quite secure emotionally and not overly dependent on others for the gratification of their needs. If emotional disturbances on the part of the client can be avoided by careful placement at first, in the long run, less time and effort will be required for subsequent adjustment.

**Physical Standards of the Home**

In considering foster home placement for an old person, there are certain essentials necessary for his physical well-being. The house should be of sufficient size to afford the old person a comfortable bed of his own, and a place to keep his own personal possessions. In every one of the cases studied the client had his own room in the home and set high value on this fact.

It is one of the common complaints of inmates of licensed boarding homes that one has little privacy. Most aged individuals value the opportunity for some privacy and a place where his possessions may not be disturbed. His personal possessions may be very meagre, perhaps a few pictures, a clock and books, but usually he treasures them, and is very upset when his privacy is violated.

The physical set-up of the home need not be elaborate in the greatest number of cases. It is a striking fact that most of the clients interviewed had drifted into home situations
that came close to approximating the homes to which they had been accustomed for many years, prior to becoming dependent. In none of the cases under study did the old person complain about the physical standard of care, with the exception of not having enough money for clothing, bus fare and incidentals. It would appear that, generally, old people are very conservative in their attitude toward improving their living standards. It is true that they resent a lowering of these standards, but they seem to feel most secure living under conditions that are similar to their previous living accommodations.

The home need not be elaborate, but there should be some minimum standards. The two modern conveniences that should be required are electric lights, as it is hazardous for a shaky old person to have to use lamps, and a telephone. The home should have a telephone, or be close to someone who has, so that the guardian can readily call for medical assistance, and also, that she may contact the agency for advice and help if necessary. No specific requirements need be made regarding a furnace or a bathroom, although the house should be adequately heated, and there should be warm water for washing, available at all times, and bathing facilities should be practical and comfortable. If the house does not have central heating, there should be a warm comfortable place for the old person to sit, and ample bedding to keep him warm and comfortable at night. In rural homes a check should be made on the adequacy of the
water supply. In case there are no plumbing facilities in the house, a check should be made to see that adequate and sanitary toilet facilities are arranged for the client.

It was found that a yard or garden added materially to the pleasure of many of the clients in foster homes, depending on the ease with which they could get about. In some cases a lawn and a garden provided a setting when they could wander about without being annoyed by other people. In two homes there are facilities for the old person to have his meals apart from the rest of the family. In each case this has been an asset. In the first instance, the old man needs help with his meals because his movements are too uncontrolled for him to feed himself. In the other, the old lady becomes so diverted by the lively conversation of the family group that she does not eat as she should. The size of the house and its assets from a physical standpoint, are not important factors as long as the client has the care and physical comforts that are essential for his well-being.

The social worker should be sure that the guardian has some idea of what constitutes well-balanced meals, and that she will take an interest in providing these. A renewed interest in cooking may be aroused in the guardian as a result of added responsibility. One sixty-four year old woman who had lost her husband said that before taking in an old lady to live with her, she lived alone, and found little incentive for cooking. She
neglected her own diet, and began to lose weight. Now, with someone to care for, she again enjoys preparing meals and no longer has to have her meals alone.

**Satisfactions gained in caring for Old People**

Material requirements of foster homes may be simple, but high personality qualifications are essential. One of the most encouraging things about the foster homes under study, is that people who meet these personality qualifications received satisfaction from taking in old people, and are doing everything they can to be successful in their efforts.

Families who take old people into their homes as part of the family find this has real value to them. Most people like to feel they are doing something for someone else. When a family, not related to a client, takes him from an unhappy environment, that family feels that it is doing something to help. Most of the old people interviewed in such homes were appreciative of the freedom and care they receive in living as part of a family, and this created an increasing satisfaction on the part of their hosts.

The majority of old people in private homes were living with middle aged couples whose families had grown up and left home. With just the husband and wife alone, the house seemed lonely and empty. The aged client could occupy empty
rooms and provide some companionship and interest for the hosts. Caring for dependents utilizes all the guardian's domestic skills, and most of them expressed pride in their work. The old person's appreciation of good food and attention makes them feel that their pride is justifiable.

Old people are happier if they are busy, and it often takes ingenuity on the guardian's part to keep them occupied. Caring for the aged appears as a challenge to most guardians and utilizes all their skills, and they appear to enjoy the challenge.

In a foster placement programme for the aged, there would be a need for the social worker to keep close contact with both client and hosts. The client must be helped through counselling to adjust to the home. The family must be helped to understand the reasons for the client's strengths and limitations. The social worker can help the family to realize the value of its services by pointing out improvements noticed in the old person, mentioning appreciation expressed by him, and making the family aware of the confidence the agency staff has in its ability as a therapeutic agent.

Role of the Social Worker

The social worker engaged in the finding of suitable 'foster homes' and the placing of old people in the homes should have special knowledge, training, and skill. He must
learn to know each member of the family, understand their inter-relationships, evaluate their capacities, and judge the effect on them of the placement of an aged client. He must help them to comprehend how the social agency works, what its plans are, and what the respective responsibilities of the family and agency will be. He must be able to understand old people and the special problems created by the family situation and the placement. Disturbed guardian-client relationships need to be recognized and treated early if re-placements are to be avoided. Before an aged client is placed in foster family care the social worker must know him well. Careful study should be made of his history. Since there may be circumstances and experiences in the client's past which have had a deleterious effect upon him, an understanding and knowledge of his previous environment, living habits, and behaviour patterns is necessary to make sure that his new home will not revive memories and disturbances that have an adverse effect on his adjustment.

The client's present physical and emotional conditions, and any limitations that these conditions may impose, must be considered, as well as his recreational interests and skills. Religious interests and the extent to which he participates in church activities are also important to know. In eighteen of the twenty-four cases studied, the religion of the clients coincided with that of the guardians. Similarly, several of the inmates of boarding homes stated preference
for placement in homes of the same religious beliefs.

The social worker must know how the client feels about his future, what his aims are, and why he wishes to have foster family care. He must be made to realize the limitations of such care, as well as the advantages. The inmates of boarding homes for the aged, with whom foster home care was discussed, were inclined to idealize family placement and lose sight of its possible inconveniences and disadvantages. Unless the individual realizes the limitations as well as the advantages in family life, he may not make a good adjustment in the home. This factor indicates the necessity for a good deal of interpretation on the part of the social worker.

The social worker must have frequent discussions with the client prior to his placement and, so far as possible, must gain his confidence if successful plans for him to live outside an institution are to be realized. If he has a family or relatives of his own to whom he wishes to go and who, for some reason or other, cannot take him, he should have an understanding of why it is not possible for him to live with them. He should know how they feel about his placement, how often visits may be made, and what he may expect from them in other ways. It would probably be reassuring to most old people to know that their families and friends have been consulted. Probably, with the greater
freedom offered by family care, their relatives may be able to show them more attention and interest than they have had in the past while in an institution.

One aim of supervision, in many cases, should be to develop wholesome and understanding attitudes on the part of the old person's relatives towards him and to make their visits to him meaningful. Interest and co-operation of relatives and family can have a definite therapeutic value, and should be fostered as an integral part of the supervisory services. An example of family co-operation as a therapeutic aid is afforded by Case 16 in Chapter II.

Relatives would often have to be helped to understand and accept the guardian's role in the old person's life. They may not realize that instructions to the guardian should come from the social agency that makes the placement, and that the foster home is responsible to the agency, rather than to the relatives, for supervision. Any criticism of the old person's care, which the relatives may have, must be discussed with the social worker rather than with the guardian. She should not be put in the difficult position of being responsible to numerous relatives as well as the agency, for the welfare of the dependent.

Should the old person be placed temporarily in the foster home for therapeutic purposes, with a view to an ultimate
return to his relatives, the social worker should offer guidance and help to the family in preparation for his return. On the other hand, should return to the family continue to be impossible, it might be necessary for the family to help in considering an alternate plan. None of the cases studied presented such situations. However, in the foster home placement of children, such situations constantly arise and often constitute a problem.

In addition to the old person’s own family, if he has one, the social worker must know all the members of the family in the home where the individual is to go. He should talk to each member of the family to make sure that all are interested in the project and have a good understanding of what it means to take care of a dependent old person. The social worker should discuss what plans the guardians have for the care of the aged individual when they themselves go out for recreation and a change. It is important for the guardian to be able to carry out her own interests, but suitable supervision must be arranged for the old person when she is absent.

It is advisable for the social worker to discuss with the guardian beforehand, the old person who is coming to the home, so that something will be known of his personality and individual needs. The family should be given an idea of what things interest him and cause him to respond more favourably. The old person’s religion and church activities may
mean a great deal to him. The guardian must realize the value of these interests and encourage him to continue in them. The guardian should know all the facts that can be used constructively in the care of the old person, but the social worker should never reveal anything which is confidential in nature, or unessential in the handling of the individual.

The First Period in Foster Family Care

The aims and procedures of placing the aged dependents for foster family care would vary with the individual. In some cases, the purpose would be a temporary placement when the aim is to facilitate the convalescence and rehabilitation of an old person who has been hospitalized. In this type of case, and in instances where the aged individual has been suddenly bereft of his spouse, placement might be therapeutic, and efforts would be made to restore the individual to his former state of relative independency.

In such instances, the old person should be taken to visit the prospective foster family before final arrangements have been made, to see how he feels about living there. If it appears satisfactory to him after meeting members of the family, plans for his placement could be carried through.

In many instances, when the social worker takes the old person to the home for the first time, it will be with the
understanding that he is to remain there. After introductions between the client and members of the family have been made, the social worker should remain until a considerable rapport has been made. The worker must be prepared to offer supportive help to both client and hosts during the early part of their relationship.

During the first few weeks, it would be advisable for the social worker to make frequent visits to the home, perhaps once a week. This would be the period when problems of adjustment are most in evidence, and supervision would provide the supportive help necessary for permanent adjustment. There may be things about the aged person's care that the guardian does not fully understand, and that require specific advice. The social worker could offer encouragement and reassurance to the guardian in handling the client, and perhaps by simple explanations help in understanding some of the reasons for the client's actions.

The client may bring up many questions. He may not accept his role of dependency, and may not understand why he might be restricted in his activities. The change of environment may make him feel somewhat insecure at first, and this insecurity may appear in sleeplessness, or some other manifestation such as increased irritability or despondency. The supportive guidance of the social worker would help to direct the client's behaviour into more acceptable and satisfactory channels.
There are a number of details to be considered if the transition is from institutional care in hospital or boarding home to family living. For instance, some individuals placed in family foster care may have been in an institution so long that they are no longer familiar with some of the facilities of community life. This can result in many minor annoyances and frustrations. The old person may have lost the habit of turning off the gas stove or the electric toaster, with disastrous results, or he may not know how to regulate the heat from the furnace, or how to use a washing machine. From a position of dependency in the institution he must re-learn how to become self-sufficient for some of his needs. One old gentleman now in a foster home had spent two years in a hospital, followed by three years in a boarding home, before his present placement. One evening recently, he was replacing a light globe in his room and accidentally gave himself a severe electric shock. The old person in the home should be encouraged to re-learn former skills gradually, and to accept new responsibilities only as quickly as he is able.

In boarding homes and hospitals, food is usually served on the inmate's plate, so that he is no longer accustomed to helping himself to food in the way customary to many families. Often, too, he has become very casual about matters of table etiquette. Sometimes old men are very lax about shaving, and they may have to be told when to wash and take a bath.
These may seem to be trifling details, but problems of adjustment may arise from them unless they are taken into consideration, and the aged person's life in the home planned accordingly. Problems seem as varied as the old people themselves, and the adjustment each will have to make, and the meaning of family care for him must be understood by the social worker and the hostess if the placement is to be successful.

When the old person has been in a foster home for a few weeks, it should be evident whether or not he will be comfortable and happy there for an indefinite period. In a number of the cases studied, some of the clients were withdrawn and taciturn at the time of placement, but they have responded to some extent to the warmth and interest of the guardian. Most of the old people interviewed in the foster homes expressed their feelings toward the homes. It appeared that those in the more stable situations, where the best client-guardian relationships prevailed, were best able to express their opinions and even criticisms.

Each social agency that was contacted cited instances where a private family placement had to be terminated because the caretaker found the client to be difficult, unhappy or unresponsive. In none of these cases had sufficient selective- ness been carried out in the home-finding or client selection processes. In cases of failure, the old person should not be given a feeling that he is at fault because he has been unhappy
in one family. On the contrary, he should be made to feel that the social worker will have a greater understanding of him as a result of the experience, and that a home better adapted for his needs might be found. Similarly, it should be made clear to the guardian that the fact that the placement was unsuccessful is not necessarily a reflection on her capabilities. She should be given to understand that the reactions of old people are far from predictable, and for this reason, changes of placement may often have to be made.

**Relationship of Social Worker to Client and Guardian**

In visits to the home, the social worker should always make a point of being alone with the client for a while so that he can feel free to talk about any difficulties. Even if he is somewhat senile and his thoughts are not clear, it is important to know what his general ideas and trends seem to be. If, on the other hand, the aged person is mentally alert, and something has happened which has upset him, he should be secure enough in his relationship with the social worker to discuss the problem. Furthermore, individual attention would give him a feeling that his welfare is important to the social worker. He should feel that he is recognized as a person, and that he has someone to rely upon if any difficulty arises. It would be reassuring to him to know that he will have the opportunity to discuss confidentially with someone, what is troubling him.
The same opportunity should be given the guardian, so that both sides of any situation may be understood. On listening to old people both in boarding homes and in foster homes, one hears many strange ideas, and one feels that often their complaints and demands have little validity. This may be true, but one must understand their ideas thoroughly to know how to meet their difficulties, real or imaginary. With such cases, the guardian requires much help to understand the client and to accept his eccentricities.

The social worker should avoid concentrating his efforts solely on the member of the family group who assumes the major responsibility for the old person's care. The rest of the family might need much help, and if this help is given, they all might be helped to become effective therapeutic agents. At the same time, the social worker must be prepared to give the client time and attention if he is to have the sense of security he needs. The aged client must feel that in the social worker he has someone who will understand and help him, and the guardian has a right to expect interpretation of the client's behaviour, and practical suggestions how to handle specific problems.

**Problems and Techniques of Supervision**

The supervision of old people in foster homes would be no work for an amateur. If it is to be carried out
successfully, it would require the services of a social worker well versed in a knowledge of human behaviour, particularly the behaviour of old people. There would be a number of routine matters of supervision, such as arranging for medical care and examinations, advising him as to the expenditure of money he may have, and perhaps arranging for the purchase of clothing. The actual casework services offered the guardian in the care of the aged, however, is quite a different matter. This would come about through discussion of the old person's behaviour peculiarities, and methods of handling them. The guardian will need concrete suggestions as to when to offer encouragement and praise, what the client should be encouraged to do on his own initiative, and when his interests and energies should be diverted into other channels. The guardian and members of her family may be discouraged and frustrated because the old person does not respond to their care as it is felt he should. They must be helped to understand that many old people tend to be rigid in their attitudes and relationships, and are more resistant to change and forming new relationships than younger people. At times some recognized improvement could be pointed out, and the family given credit for their part in bringing it about.

In some instances, the emotional needs of an old person can never be met. Their reaction patterns have become so solidified over the years that no change in personality
or behaviour can be expected. The old man described in Case 17 in Chapter II was intractable and demanding, in addition to having very rigid ideas and standards of behaviour. Only because the people with whom he lived had exceptional qualifications, the placement was successful.

In an established agency programme for the placement of old people for family care, it is questionable whether this extreme type of person should be considered as suitable. Many old people, however, do present such personality disorders to a lesser degree, and it should be the duty of the social worker to help the caretaker to understand that this is a form of illness and, although incurable, may be dealt with through sympathetic understanding.

In some situations where the foster placement seems quite successful, problems may arise about the client's overzealousness toward work around the home. He may show an unusual amount of initiative in finding jobs to do around the house and garden. The family may not have a full understanding of the client's limited capacity for work, and may encourage, or at least, not discourage him to undertake something that is far beyond his ability. The social worker, prior to placement, should take care to warn them of the client's physical limitations, and the hazards of overstepping them.

A frail old lady of eighty, was very appreciative of the affectionate care she had been receiving in her foster
home. She tried to express this appreciation by helping her hostess with the housework and other household duties. One day last summer she tried to move a heavy piece of furniture, strained her back, and was bed-ridden for three weeks. Although she is again able to assist in the house work, the family has learned to keep a close watch over her, and now insists that she confine her efforts to light work.

After the old person has found his place in the home and seems to feel that he is a part of the family and the community, less frequent contacts with the social worker would be necessary. While some visits would be made on the basis of need, monthly routine calls would probably be sufficient. The reassurance and encouragement which the client and guardians receive would be essential to continued adjustment. The social worker would be helpful in straightening out small difficulties which may arise between client and family. Furthermore, the social worker should always be an interested and encouraging listener. Most old people achieve great satisfaction from telling of the social functions they have attended, or showing people how their gardens have grown, or what they have achieved along the lines of their special interests.

It would seem wise to put only one aged client in the home at a given time, or possibly two if they are congenial and interested in one another. When an old person has settled
down and become part of the home, perhaps he will be glad
to have the company of another old-timer so that there will
be a sufficient number in the family group to carry on
certain activities. For instance, there are old men who are
not able to do enough puttering around the house to keep
themselves busy. They may enjoy companionship of their own
age and will welcome someone with whom they can play cribbage
or discuss politics, who will be a companion on a walk, or
share special interests. Furthermore, old people love
reminiscing about the past. An audience of the same age is
satisfying for the often repeated story of halcyon days when
life was, to their minds, full of exciting adventures.

Through the use of available social history material
and from his own observation of the aged client, the placement
social worker must make an evaluation of the client's ability
to participate in the social activities of a prospective
home. He should also determine his recreational interests
and preferences, and evaluate the home partly in terms of its
ability to fulfil these interests.

Boarding home supervisors seem to agree that card
games and puzzles is far less general among the old women
than among the old men. The women enjoy doing some kind of
handiwork as a form of recreation rather than playing games.
Elderly women are far more self-reliant and resourceful, and
better able to amuse themselves than are old men. When a
man, because of physical incapacitation, is no longer able to work for a living, he tends to lapse into a greater degree of dependency than a woman. A dependent woman, although limited in her ability to get around, usually has a number of skills which she may still pursue, such as sewing, mending, knitting and so on.

Because of her greater resource of skills, an old woman is not usually so reliant on group activities for her entertainment. By making a contribution to the family group through use of her remaining skills she is able to gain much more satisfaction out of family life and is less likely to become as lonely as an old man does if there is no group around. Therefore, sex differentiation of skills is an important factor that the social worker must consider in the placement of an aged individual.

The possibilities of the old person's adjustment in the foster home depend to a marked degree on the guardian. The old individual's ideas and patterns of response are usually well fixed. A guardian must be chosen for her ability to accept these, and she should be able to gain satisfaction in creating situations in which the dependent old man or woman responds favourably. The supervision of old people in family care is a continual case work process, which aims to secure from the guardian an increasingly understanding acceptance of the client, and from the client, an improved response to normal family relationships.
For most people, the increase in the number of people over sixty-five years of age has been interpreted mainly in terms of need for larger old-age assistance appropriations. Social workers concerned with the care of the aged, however, must visualize what a gradually ageing of population will mean in terms of need for case work, for medical and mental hygiene facilities, for re-training programmes for older workers, for sheltered work and recreational opportunities, and for semi-protected living arrangements especially geared to the needs of elderly people. Until the present time, most social agencies engaged in providing care for the aged, according to the various means at their disposal, have been so involved in establishing a smoothly run administration that they have been unable to view the situation of the aged in the community in its total perspective. There is a necessity for social workers to examine the problem in its entirety and, to co-ordinate and consolidate the total resources available for the purpose of caring for the aged dependent in a way most satisfactory to him and most advantageous for those responsible for his care.
The theme of the present study has been the assumption that social workers in British Columbia are not aware of, or, are not making use of the total resources for the care of the aged, with the result that quite often the plan for meeting the special needs of the aged individual is not the most suitable. For the most part, social agency personnel are cognizant of the facilities offered by the hospitals, licensed boarding homes, and nursing homes in their districts, but have little awareness of the practically untapped resources available through placement of the dependent aged in foster homes. The results of this study strongly suggest that a substantial proportion of the aged in the community could benefit through this measure. There appears to be little doubt that the institution of a 'foster home' placement programme for the dependent aged would be a valuable adjunct to existing methods of placing old people for specialized care in licensed boarding homes, nursing homes, et cetra.

Much of the current literature on the various aspects of gerontology indicate recognition of the necessity of individualizing services to the aged. Because no two private family homes are quite alike, and because they vary, one from the other, as individual personalities differ, they would offer a great range of resources to meet the individual needs of old people.
Private family homes may offer special opportunities for individualized planning if there are sufficient homes available, and therefore a wide choice as to location, religion, cultural, and nationality backgrounds, social interests and standards of living. In this kind of arrangement the individual's need for personal attention and assistance with certain aspects of daily living are fulfilled along with the individual's need to continue to be part of the community.

If family care had no value other than it gives to old people, it would have demonstrated its worth. It gives opportunities for more or less normal living to people who may have been isolated and restricted because of the inadequacy of other methods for the meeting of their needs. Throughout this study, it became more and more evident that, for some old people whose dependency needs were only partial, prolonged institutional life tended to have a deleterious effect on the personality. Somehow, the common experience of neglect, illness, or dependency, which cause people to be placed in institutions, did not help them to live in love and affection. Loss of security in these fundamental relationships causes much unhappiness amongst inmates of institutions and they react in various ways to the experience. Their reactions are intensified by the lack of attention to their individual needs and by the regimentation so difficult to avoid in institutional life.

In contrast, family care can increase the measure of
human happiness by restoring to normal life in a friendly world, and sometimes to a more useful and active life, people whom the monotony, loneliness, and frustration of institutional life have reduced to passive indolence and, at worst, to bitterness and rebellion. Although treatment in institutions is necessary and valuable for many, more emphasis should be made toward placement in the community, and utilization of facilities for living that are nearly normal as possible, with the aim that the individual should have the opportunity to make full use of his remaining capacities in an environment in which the usual life experiences predominate. Should foster family care be utilized extensively for the placement of old people, we could probably anticipate some administrative results, effective for the following reasons; it would release space in institutions for others who are in need of specialized treatment; it would provide care for the aged at less cost than institutional maintenance; and, a large proportion of people so placed would make a relatively permanent and satisfactory adjustment.

Recommendations for the Selection of Homes

In introducing family care for the aged, the social worker should go into the community first of all to give certain key people an understanding of the whole philosophy of the project. The plan might be discussed with the agencies directly concerned with programmes for the care of the aged.
These might be private or public agencies interested in programmes for housing of the aged, employment agencies, recreational centres, and old people's own organizations. The experience of the writer has been that when laymen, or even social workers, are approached with the idea of considering foster placement, the reaction is one of mild surprise. The proposal is, at first, alien to their prior thinking. Their interest, however, is readily aroused after interpretation. People who are familiar with the inadequacy of the existing programmes for the care of the aged are, in most cases, glad to welcome and consider a new proposal. Often they suggested cases as examples of foster home placement, although they themselves had never before considered them as such.

For help and advice in the selection of homes, the placement worker would be advised to make contact with the community physicians and nurses, particularly the public health nurses. They usually have an extensive knowledge and understanding of the problems of many of the old people under their care. In spite of the various social implications of old age, it is still largely a medical problem. For this reason, and also because many prospective guardians would be well known to them, members of the medical professions should prove of great assistance in a family placement service.

Social agency supervisors and community social
workers also, often may be able to recommend people who have cared for various local charges, such as unmarried mothers prior to birth of their babies, foster children and chronically ill. For instance, the child welfare worker may know of foster parents with whom children have been placed for years, but who have reached the age where the care of young children is now too strenuous for them, although they would still be able to provide a good environment for older dependents. In the cases studied, the age of the guardians has not seemed to be a major factor in evaluating the ability to look after old people. In fact, in a number of instances, people of middle age gave more capable supervision because they were more willing to remain at home with their charges and give them the attention they need, than young people whose recreational interests tended to take them away from home more often. Guardians whose ages are from fifty to sixty might prove to be best suited to care for old people. This might prove to be particularly true if they have had previous experience in caring for other types of cases in co-operation with welfare agencies.

Clergymen should also be visited by the social worker. They usually know the church members well, and are able to give some idea as to the suitability of people for such an undertaking. They might prove to be particularly helpful in recommending homes for old persons who express a desire to live with people of similar religious faith.
If there happens to be an organization of a particular national group, the social worker may discuss the project with its leaders, in case one wishes to place a non-English speaking old person in a family home where his native language is spoken.

The object of interviewing these various people in the community is twofold: to interpret the project to them, and to find suitable homes for the aged clients. The social worker will likely find that many people are astonished by the prospect of having aged foster charges in their midst, and it may take some time for them to accept the fact that family care may be a community asset. For this reason, if the programme is to be successful, a good deal of preliminary work will be necessary to make sure that there is general understanding of what family care means, particularly on the part of the community leaders.

The preparation of a community for family care would be a time-consuming task. It is something that must be done in an unhurried way and many resistances and prejudices must be overcome if the recipients of this care are to enjoy the maxim satisfactions from living in the community.

The education of the community would be accelerated by the placing of clients. No patient should be placed in the community, however, unless some responsible people besides the guardian know and understand the situation. Usually the
family physician of the guardian and the clergymen of the old person's faith know of his placement. It could be anticipated that knowledge of the placement would spread, particularly if the placement is in a rural or semi-rural district, so in a short time, quite a number of neighbors would know something of family care. Service clubs and Neighbourhood Houses interested in the care of the aged should have a realization of the placement programme, and their co-operation should be used as a resource for the recreational and avocational needs of the clients.

When a social agency sets up a programme with a social worker appointed as a foster home finder, the district should be canvassed for homes that might offer the aged clients the maximum amount of freedom within their limitations, and with the fewest possible hazards. The homefinder should call upon the various people who might be recommended as desirable guardians by other social workers, clergymen, and other interested individuals.

When the home finder goes to a house to interest the family in caring for old people, the educational process is repeated. The immediate response that might be expected from any prospective guardians is that they could not put up with a doddering, cranky old man or woman who might thoroughly disrupt the home. When, however, they are helped to understand the type of people who will be placed in family care, their assets as well as their liabilities, it is anticipated that interest will soon be shown.
The home finder might find that the wife in a home is very much interested in undertaking such a project, but that when the husband is interviewed, he is emphatic in refusing to have the equilibrium of his home disturbed by having a stranger live with the family. Sometimes it may take a long time and a great deal of interpretation to give the husband an understanding of what to expect from an aged guest, and to overcome his prejudices. In some situations like this, the husband’s feeling about old people may be so deep-seated that it will not be advisable to try to have him receive them in his home. Often, when the husband and wife look upon the caring for an old individual as something interesting to do, and something that has possibilities of satisfaction and some financial gain, other members of the family, possibly sons and daughters who contribute to the maintenance of the home, may offer objections. This would necessitate more interpretation on the part of the home finder. All members of the family situation should be helped to accept the old person because of the effect their attitudes might have on the old person’s adjustment. Ideally, the entire family should be interested in carrying out the project if it is to be successful.

Professional Qualifications of the Social Worker

The use of family care for therapeutic purposes would require intensive case work, not only with the old person and his foster family, but often with his own family
and relatives. If it is intended to prepare him for his eventual return from his foster home to his family, the relatives must know what the placement is expected to do for him, and why one home was chosen in preference to another. Even though their attitudes toward him may be hostile, rivalrous, or rejecting, it is important to interpret the aged person's problems to the relatives, and to include them in each step of the foster placement. Often, when a family gains a certain insight into the difficulties of adjustment experienced by an aged person, a sympathetic understanding may replace former intolerance, and the home may again be prepared to assume the responsibility of his care.

If placement in family care is intended for the purpose of hastening convalescence after an illness, with the goal of permanent restoration of health, the social worker should have the skill to be able to consider the home in terms of its therapeutic possibilities, and must be able to help the people who make up the family group to become therapeutic agents. The patient must be helped and protected from misunderstandings, anxieties, and other factors that may have played a destructive role in his life. Experiences in the foster home placement of aged mental patients has shown that materially, the home should be on a par with the home to which the patient will return, or in keeping with the standards he may expect to have when he
re-establishes himself. Otherwise, he may set a standard for himself that he cannot attain later, with resulting frustrations and dissatisfactions that may be disastrous to his mental health. It may be possible for him to adjust comfortably to standards of living lower than those to which he has been accustomed, while difficulties arise if he attempts to adjust on a higher level than he can hope to maintain.

Needless to say, special professional qualifications would be required of the social workers who would specialize in the techniques of foster home finding for the aged, the selection of suitable clients, and their supervision after placement. He should be well trained in generic social work principles and techniques but, in addition, he would require a thorough knowledge of the characteristics and the special problems of adjustment experienced by the aged in the community.

In the course of this study it became increasingly evident that the longer a human being lives, the more like himself and the more unlike anyone else he becomes. It is younger people that are the conformists and who resemble each other more. Yet, it is a characteristic of youth to tend to consider the aged in our midst as a separate category having identical feelings, thoughts, likes, dislikes and ambitions. In actual fact, each old person, whether sick or well,
wealthy or poor, bright or dull, happy or sad, is an individual human being, and each wants to be considered as an individual. Indeed, the right of each to be treated as an individual must be recognized by the social worker concerned with his placement, whether it be in an institution, boarding home, hospital or private home.

Lawton\(^1\) discusses a number of the "rights" of the aged. The social workers recognition of these rights is essential in giving the most effective assistance to make the adjustments called for by later maturity. First, is the right to be treated as a person. As they become older, people may become slower in their activities, both physical and mental, and cannot function as efficiently as younger people can. Along with the diminishing of their faculties, there may be a lessening of interest and an increase in eccentricity. But they are still people, old people, not a sub-species of homosapiens. Old men and women are more like people of younger ages than unlike them. Should the worker not know how to act toward them on some particular matter, a good general rule is to treat them the way he would wish to be treated. The Golden Rule includes old people too.

The right to be treated as an adult is equally important. A paternal and protective attitude may stem from the best of intentions, but carried too far, can lead to unfortunate results. It is true that some people of advanced years are dependent to the extent of needing nurses and guardians all the time. The greatest number of old people, however, have many remaining strengths that can be utilized. They are grown-ups and quite capable of using their own judgment and making decisions. They have a need to use their remaining capabilities, because if others do all the thinking and deciding for them, they tend to become helpless cripples, both morally and mentally. Inactivity can sometimes do more harm than over-exertion and they should not be kept from developing initiative of their own unless they are obviously doing themselves harm.

The aged, no more than the very young, cannot be deceived by patronizing affection. They are quick to discern the difference between genuine affection with a real interest, and an affected tolerance toward their affairs.

Case 18, outlined in Chapter II, illustrates a foster placement that was unsuccessful. Its failure may be attributed to the lack of genuine interest on the part of the guardians toward the aged client. On the other hand, the woman described in Case 19 thrived on the sincere affection shown her by all members of her foster family.
In comparing these two examples of private home placements, it is important to recognize the second was successful because the guardians respected the client's status as an adult in the home. Although she is dependent upon the family for emotional support and for protective help, she is permitted to make full use of her remaining capabilities. She is thus a happy and contented person.

A social worker should be sufficiently skilled to evaluate a prospective foster home in terms of its ability to accept the aged person as an adult. An old person able to function as a grown-up and with the ability to make his own adjustments and decisions should be placed in such a home. On the other hand, an old man or woman with a neurotic need to be dominated and treated as a child would perhaps be better suited for placement in a home such as the first described.

Most old people want an opportunity for self-expression and self-development and many for a vocation, avocation or an education. As a right, they should be granted a fair chance on their merits. Within the limits imposed by the degree of the individual's dependency, he should be permitted, and encouraged, to compete with others for the jobs and in other constructive pursuits. One seventy-one year old gentleman, living by himself, re-defined the term "democracy" to mean "a place where people can com-
pete for opportunities regardless of race, colour, creed, or age. He demands the right to be regarded as a worthy opponent. He said that nothing annoys him more than to have a younger person shrug his shoulders, smile generously, and say or imply, "After all, he is an old man." This man is in receipt of the old age pension but wishes to implement his income by taking part time work. By doing so, he hopes to avoid or delay lapsing to the position where he is dependent upon others for his material needs. Although still a capable and experienced tradesman, and in good health, he is not considered acceptable for a job because of his advanced age. A chance to advance on his merits is not being recognized, and therefore his rights are being violated.

No old person should be deprived of the inalienable right to make his own mistakes and do his own discovering. Many old people were interviewed during the course of this study, and it was remarkable the number who struggle to retain their adult responsibilities in spite of all the things that reduce their independence; inadequate energy, money, health. They want the chance to remain until the last minute, managers of their own lives and affairs. It would be well for any social worker involved in the placement of the aged to allow the client to make his own decision and assume responsibility for them. Before the worker offers help or advice, he should
wait until he is asked for it.\textsuperscript{1} In this way the placement programme could conceivably increase the old person's ability to solve his own problems. Except in instances where dependency needs are acute, the worker should avoid making arbitrary decisions for the care of the client. The emphasis should be on giving him guidance and assistance in making his own plans.

Everyone who lives wants something to look forward to, to plan for, to work for. This includes the aged also. Food, lodging and clothes are necessities, but no one is satisfied with just these, whether young or old. One commonly hears about old people living in the past, and it is true that they tend to reminisce a great deal more than younger people. The past, however, is often the only place they can visit. In so many instances the individual is denied the opportunity to make a contribution to the world. His present existence is drab and uninteresting and the future holds no promise of betterment. The only way he knows to gain satisfaction is to think and talk of the "good old days" of long ago. It was noted in the course of this survey that, by and large, the old man or woman, living happily in a home, took a greater interest in his personal future and was less inclined to

\textsuperscript{1} Marc L. Hollender, M.D. and Stanley A. Frankel, "Don't Baby the Old Folks", Today's Health, August, 1954, pp. 26 - 74. Published by the American Medical Association, Chicago, Illinois.
dwell upon past experiences. An assessment of the aged client's tendency to dwell upon old triumphs, as a mechanism to relieve current feelings of inadequacy or helplessness, could be of value to a placement worker in two ways. Its inclusion in a social history would help determine the need of the client for special placement. It would also be a guide in evaluating the success of a home placement. Should a client, after a period of time in a foster home, show indications of ceasing to rely on memories of past achievements in order to gain satisfaction, and begin to make realistic plans for the future, one could conclude that he had benefited from the placement.

It is possible to understand many of the emotional reactions of older people if the stresses of the latter years of life and their effects upon the previously existing personality structure are considered. Such understanding is essential to the social worker concerned with their home placement and his skills must include the ability to make a careful evaluation along these lines. The most common stresses are physical and mental limitations or disabilities, retirement, loss of relatives and friends, and rejection by children. It is true, of course, that the hardships to which some people are subjected are light, while those that others must bear are heavy. A mild stress that touches a weak spot may be as disruptive as one of greater magnitude which strikes a less vulnerable area. Physical and mental limitations,
retirement, and loss of relatives often produce their effects in two important emotional areas: self-esteem, as well as dependency (one's need for emotional sustenance). When latent but intense conflicts about self-esteem or dependence are mobilized by stress, a serious emotional upheaval may result. When, on the other hand, these areas are not unduly vulnerable, the reaction to the stress may be appropriate and mild. As have been stated, the social worker must recognize that the individual's response will depend on the severity and kind of stress and the previous personality structure.

The reactions to loss of self-esteem are evoked by stresses such as heart disease, and arthritis, which limit activity by loss of physical attractiveness, and by enforced retirement. They occur because the stresses disrupt old methods of keeping an unacceptable picture of oneself submerged. When external assurances, derived from productive work, and its accompanying recognition, are no longer available to combat the unacceptable picture stemming from earlier years when the basic attitude about oneself was formed, the hidden feelings threaten to emerge. Those people

1. For a detailed discussion see: Marc L. Hollender, M.D., Individualizing the Aged, Social Casework, Volume XXXII, No. 8, October, 1952, New York, N.Y.
who suffered the most early injury to their self-esteem, and who were most dependent upon a single method of obtaining external supplies, are hardest hit when stresses upset their pattern of living.

Giletson\(^1\) cites the case of the business man who had a heart condition that required a reduction of his activities. He reacted to this threat by declaring that his physicians were plotting to get him out of business.

Another business man of sixty-five developed street phobia that prevented him from going down to his office. It was easier for him to tolerate his symptoms than it was to face the fact that he was declining and being eased out of his business position.

In both cases the narcissistic blow resulted from inability to continue at work, and the loss of this source of prestige. Very different mechanisms of defence, however, were called forth. One man used paranoid projection and the other resorted to a phobia. Both were over-worked individuals who had not developed secondary ways of obtaining meaningful support of their egos. When the prime method of holding

feelings of worthlessness in check were taken away, an emotional illness resulted.

In selecting old men and women for placement in "foster homes", the social worker should not be expected to make a psychiatric diagnosis of the client. He should, however, be able to make gross differentiations between the reactions, (neurotic and psychotic in type), which may occur when undue stress deprives a person, with a deep narcissistic wound, of his major means of defense. Among the cases studied there were a number of aged people with whom there was little evidence of such a wound. Even so, in every instance there was some reaction, however slight, to the feelings of uselessness and inadequacy resulting from illness or retirement. Nearly all tend to use some of the defences that are so common in older people that they help to form part of the stereotype of the aged. Among these are: a turning to the past; a refusal to try new things; the development of a set way of doing things; and a self-assertiveness to the point of being domineering. For discussion purposes a sharp line has been drawn between these reactions and those in the cases cited previously. Actually there can be no sharp division, but rather, a shading from one group to another.

Therapeutic measures, if they are to be well suited to the old person, should be based on a thorough social
history and a careful evaluation. When the aged man or woman suffers from a deprivation of realistic needs, the worker should do whatever he can to fill these needs. In some instances, acceptance by and supportive help from a social worker will be of benefit. In other cases, encouragement to join clubs and recreational groups will fill the void. When an old person has turned to the past, or developed fixed ways of doing things as a protection against injuries to self-esteem, the worker should not tamper with these defences unless he is sure that he can provide adequate substitutes for them.

**Evaluation of the Study**

Despite the exploratory nature of the study, several tentative conclusions can be drawn:

1. The examples of successful foster family placements described in Chapter II demonstrate the feasibility of making more extensive use of private family care as a resource for the care of the dependent aged.

2. Foster home care would require special attention to individualized planning, and therefore, a wide choice as to location, religion, cultural and natural backgrounds, social interests and standards of living. In this type of care, the individuals need for personal attention and assistance with certain aspects of daily
living are fulfilled along with the individual's need to continue to be part of the community.

3. Foster home care could be used as a therapeutic measure for two general categories of the aged. The largest group would be people who require continuous treatment. Those whose capacities for earning a living and meeting their own needs have been reduced, and who require protective care. Another smaller group would be those for whom foster family care would be used as a treatment measure to bring about the total rehabilitation of the individual.

4. Social agencies engaged in foster home placement work with the aged would require social work personnel with special diversified skills. The work would require well-developed techniques in community organization, the finding of suitable homes, the selection of clients, and professional supervision of clients and guardians following the actual placements.

Many people live through their advanced years without any conscious planning or assistance from others. Some have the advantage of living in a milieu that is inherently helpful; others must have more consciously planned assistance. Regardless of whether the old person is struggling through his problems with minimal help, or is aided in his adjustment by means of group activities,
personal case work relationships, environmental manipulation through special institutional or family placement, or whether he is receiving medical or nursing care, one generalization seems to have validity; old age can still be a rich, constructive and enjoyable phase of the life span. Treatment, of whatever nature, should be geared by helping him utilize his remaining years optimally. It should never have as its goal the relegation of the old one to the dependency of the armchair or rocker, but should encourage always the personal expression and self-development of the individual.

The present study has been little more than a preliminary evaluation of the potentialities of foster home placement for the dependent aged. The need for further and more extensive research has been indicated throughout. As further statistical evidence of the housing and other dependency needs of the aged becomes available, it is anticipated that, for a large number of senior citizens, the opportunity to realize personal satisfactions can be better provided by foster home placement than through institutional care.
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