

The Team Method of Delivering Services to the Elderly: An Interim Report*

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Jewish Family Service of Philadelphia is currently engaged in a three-year research and demonstration project studying the relative effectiveness of centralized and decentralized service delivery systems in working with the elderly.¹ The two modes of service organization are being compared with respect to service delivery, staff morale and productivity, cost, and client satisfaction. This paper will describe how the project is being implemented, and some preliminary findings. Since this is a mid-project report, results at this point are primarily qualitative.

History

Jewish Family Service of Philadelphia had, throughout its 110-year history, been concerned with providing comprehensive services to older persons. In 1953 the agency felt a need to expand its commitment to the elderly. The agency knew from past experience that social workers disliked working with this population, and as a result, many of its older clients were being underserved.

A "Services for Older Persons" unit was established and selectively staffed with social workers who had indicated an interest and a desire for work with older persons. It was felt that interested social workers would provide better services to aging clients. The Older Persons unit took hold immediately, and has grown from three to sixteen social

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workers who now provide services to approximately 1,200 clients per month.

From 1965 to 1969 the Services for Older Persons unit participated in a nationwide study which explored the use of bachelor's level casework assistants in work with older persons. This Family Service Association of America study² used a two-person social work team to provide services. It was found that such teams could work effectively and could utilize staff skills differentially in providing a wide range of services to clients. The agency expanded its Services for Older Persons as a result of the FSAA study by maintaining several bachelor's level positions in the unit. As the unit expanded, the idea of expanding the team concept was considered as a next step in the process of providing effective services to the elderly. The agency conceived of an interdisciplinary team consisting of professional and paraprofessional staff. This

² Lenore Rivesman, "Social Work Team with Aging Family Service Clients," Third Report. (New York: Family Service Association, 1969).

multi-level team was designed to carry an MSW, two bachelor's level social workers and the following ancillary personnel: one homemaker, four friendly visitors, and four volunteers. Tests of this project's effectiveness would be:

(1) In maintaining the mental health of the aged person in the community, that is, in *decreasing the need for institutional care.*

(2) In *reducing the unit cost of service.*

(3) In *optimizing the availability and accessibility of service.*

(4) In *improving the continuity and comprehensiveness of service.*

(5) In *enhancing morale* and job satisfaction among agency staff.

How is the Team Approach Different from the Conventional Approach?

In the conventional service delivery approach, clients are assigned to an MSW caseworker. Each worker operates independently of other social workers in providing services to these clients. If a client needs ancillary services, such as a homemaker or a friendly visitor, the caseworker contacts the supervisor of that service. The ancillary service supervisors assign resources on a first-come, first-serve basis. As a result, social workers compete with one another for limited resources. Moreover, even if the service is provided, the social worker has limited control over the ancillary personnel because direct supervision of these staff members is done elsewhere; therefore, services cannot always be coordinated and cannot be tailored to the client's unique needs.

In the team approach ancillary personnel fall directly under the social worker's supervision. It is the team which carries the caseload not a single social worker. Because the casework and ancillary resources are contained within the team unit, the need to seek client services from departments outside of the team is reduced. In other words, there is more comparison by the profes-

sional team social workers with respect to the provision of ancillary services to clients. It is this comparison which is expected to increase the agency's flexibility and availability of service.

Essentially, the team approach versus the conventional approach tests the effect of service organization on service delivery. Can services be provided more adequately and at less cost if they are decentralized (teams) than if they remain centralized (conventional)? This is a question which has been studied by others,³ but as yet with no clear results.

Design

To compare the team approach with the conventional approach, we developed a design that would allow us to duplicate the results, that is, to double check our findings. A distinct geographical area was defined whereby one half of the clients were assigned to the team and the other half were assigned to a caseworker in the conventional manner. A second geographical area was defined and the same arrangements were made for the clients. This made it possible to compare the teams with each other and with their controls on their relative effectiveness to prevent institutionalization, to lower costs and to provide effective, comprehensive services. The teams and their controls are being measured on several classes of variables:

- a) service delivery (speed, amount, who)
- b) staff morale
- c) cost analysis
- d) client satisfaction

Implementation

To accommodate our design, it was necessary to reorganize the Services for Older Persons unit. Many transfers and shifts had to be made in the caseload. This was a sensitive process. By July 1, 1978 we

³ Edith Leopold, "Decentralized vs. Centralized Community Mental Health Center Programs: A Staff Perspective." Dec. 1977.

had started our first team; the second team began at the end of August, 1978. We matched as closely as possible the skill levels and experience of the staff in the two teams and between each team and its comparison group. It was expected that each team would take three to six months to get and to learn how to use the services of its own ancillary staff (homemaker, friendly visitors, volunteers) efficiently and effectively.

Measuring Service Delivery Variables

Data on service delivery are essential to comparing the centralized and decentralized groups since most agencies measure effectiveness in terms of the amount of service, the frequency of service, who provides the service, and where the service is provided. In order to measure reliably such variables as speed of service, patterns of service, amount of service, etc., the agency's Management Information System was upgraded.

Prior to the implementation of the team study, social workers recorded service statistics on a monthly basis. Information as to the number and types of visits was summarized monthly through a rudimentary computerized Management Information System.⁴ This system had been adequate for reporting and administrative purposes, and was an improvement over the manual system which it had replaced.

The research, however, required more exact information as to who received service, who rendered service, when, where, how often, etc. . . . Rather than summarize the *monthly* number of visits by each social worker, a new system was developed which measured *daily* activity by both casework and ancillary workers. The new system required less tallying by social workers, since they were to record service as it was delivered. A sophisticated editing procedure was included so that errors would be

⁴ Elliot Rubin, "The Implementation of an Effective Computer System." *Social Casework* 57 (July, 1976), 438-47.

detected, enabling us to improve the reliability of our data. Previously, small errors such as an incorrect case number, or filling out an impossible code on a case could not be detected. By asking social workers to record data daily, rather than monthly, it was possible to reduce mistakes created by errors in tallying.

Measuring Staff Morale

A staff morale questionnaire was developed⁵ to look at differences in morale between the team and comparison groups. This instrument was administered once, and a second administration is scheduled at the end of the demonstration project. The first administration looked at the effects of the team and comparison groups early in the project. This will be compared with staff responses towards the end of the project period.

Both team and comparison staff are keeping "logs." These are qualitative journals which describe the day-to-day experiences in the centralized and decentralized situations. The material in these logs will be subjected to a content analysis and will also be used to round out our quantitative findings.

Measuring Costs

One of the important questions arising out of a comparison between centralized and decentralized services is: Which method is less costly? Cost can be broken down into fiscal, time, and morale dimensions. While the cost analysis has not yet been conducted, we plan to explore the three (3) dimensions of cost as they relate to productivity and effectiveness. While the decentralized approach may at first appear more expensive fiscally and temporally, we suspect that improved morale, reduced turnover, and increased effectiveness may serve as a balancing factor when comparing the rela-

⁵ Polly S. Cornblath, "Relationship Between Staff Morale and Quantitative Staff Performance." Masters Paper, University of Pennsylvania, May 1979.

tive costs of centralized and decentralized services.

Measuring Client Satisfaction

The way in which clients perceive services is important to take into account when comparing ways of organizing service delivery. We are also interested in looking at a subsample of our client population more closely in order to answer the following questions:

- 1) Are clients in our four groups (two teams and two conventional) similar in their demographic and health characteristics?
- 2) Are clients in the decentralized teams receiving services more appropriate to their needs than clients served by the centralized conventionals?
- 3) How reliable are social worker assessments of client needs?

A ten percent subsample was randomly selected, and interviews with clients are being conducted using the PGC Multi-Level Assessment Instrument.⁶ During the interviews, clients are also being asked a series of questions about their reactions to and satisfaction with the service they are receiving. Data from these interviews will be included in the analysis of service delivery patterns. Client satisfaction relative to the appropriateness of services to self-perceived and interviewer rated need will be of particular interest.

Preliminary Findings

While we are still in the midst of the demonstration portion of the project, and will not complete a statistical analysis for another year, there are some qualitative findings of interest. They fall into the following categories:

- 1) Decentralization in practice;
- 2) Effects on service delivery patterns;
- 3) Effects on staff morale;
- 4) Changes in patterns of supervision.

⁶ Lawton.

1) Decentralization in Practice

The project design called for a team consisting of one MSW, two bachelor level social workers, one homemaker, four volunteers, and four paid friendly visitors. In July, 1978, the Services for Older Persons unit was reorganized so that two such teams could be created. The remainder of the unit remained as it was, with homemaker, volunteer, and friendly visitor services coming from a centralized pool.

It quickly became apparent that the original concept for decentralization might have been too ambitious. The "core" team seems to be the MSW, two BSW's and the homemaker. We discovered that the volunteer and friendly visitor services were not as adaptable to decentralization as we had originally thought. In both cases, characteristics of the service and of the individuals performing the service combined in such a way as to reduce or negate the impact of decentralization.

Both services enlist individuals for a certain number of *hours*, so, rather than identify themselves as part of a team, friendly visitors and volunteers tend to see themselves as performing a specific set of tasks. That is, regardless of team or comparison assignment, many of these individuals see themselves as providers of specific services and continue to identify with the centralized organization rather than with the team.

Most paid friendly visitors and volunteers are older persons who work for the agency in their spare time. Frequently they are clients, former clients, or potential future clients. Many have friends who are agency clients. These individuals are often very identified with and very similar to the clients they work with. While they receive supervision and training from the agency, the professional distance between themselves and clients is not the same as with the professional staff. The friendly visitors are often uncomfortable in case conferences; it is difficult for them to discuss objectively

clients' needs and to hear social worker's assessments of the clients they work with.

Although the attempt to decentralize has had only a modest impact on the friendly visitor and volunteer services, it has had an important effect upon the use of the homemaker. In the traditional centralized situation, a social worker requests a homemaker from the supervisor of homemaker services. A homemaker is requested based on a social worker's assessment, which often depends on what is presented by the client. The homemaker supervisor assigns a homemaker based on client need and staff availability; this sometimes results in the client being served by a different homemaker each time. If the homemaker arrives and finds that the client may have misrepresented need, and feels that her services may not be needed, it is difficult in the centralized system to send her to a new assignment.

On the teams, social workers are able to make a new assignment very quickly. In addition, clients are able to count on only one homemaker coming to see them, and they are able to develop a relationship with the homemaker. The teams rely on homemaker feedback in deciding which clients will get the service. Often the homemaker sees things in the situation which the worker has missed. Team homemakers have also increased the number of clients they see in a day by consulting with the professional staff. For instance, if Mrs. C. needs a bath, and Mrs. L. nearby needs laundry and help preparing a meal, the team homemaker might start her day with Mrs. C., move on to Mrs. L., and still have an entire afternoon to work with other clients. Team homemakers have seen up to five clients in a day. In the centralized homemaker pool, assignments are made by the half day, so the maximum number of clients seen by a homemaker is two. While it sometimes does take a half day to complete an assignment, there are many instances when less time is required, and it is here that the

team's flexibility is a bonus.

The teams have found the frequent feedback and access to each other a benefit. Team members feel that the increased communication stemming from a shared caseload improves client service in that they are able to provide continuity in a service plan, and cases are always covered by someone familiar with the situation.

In the teams, two or more caseworkers intervene on the same case, while in the conventional setting, one case worker is a service worker for the case. This simple difference leads to a number of outcomes. Because several social workers are familiar with a case, there is always coverage. If the primary social worker is out, someone else familiar with the case can maintain continuity of service. In the conventional situation, if a social worker is out, the caseload is not covered as well since other staff are not familiar with the caseload. Team social workers are able to share cases and provide each other with support. The team members are able to confirm or correct a treatment plan in cases where a social worker is not sure of himself or herself. This additional input can be valuable with difficult cases. Unfortunately, in the conventional situation, while a social worker can seek supervisory support on difficult cases, the sharing available to the social worker is not as frequent, leaving the social worker much more on his or her own in dealing with a case. When staff feel vulnerable or unsure, they are likely to feel worse about their jobs than when they are receiving support and assistance with their cases.

2) Effects on Service Delivery Patterns

Changes in the way services are delivered are to be expected as a result of altering the way services are organized. One of the issues addressed by our project involves the *differential* use of staff: Can the team organization work more efficiently than conventional service delivery by using staff skills differentially? While we cannot fully

address this question in a mid-project report, there is some evidence that changes in staff activities have occurred on the teams. Most notably, based on the monthly productivity reports, the team MSW's have been seeing fewer clients in person. The team BSW interview statistics are somewhat deflated also. This might at first appear to be a negative finding indicating that team social workers are reaching fewer clients. Yet, if one looks at the number of in-person contacts by the homemakers, and considers indirect services by social workers, it turns out that the teams are handling caseloads comparable in size with the conventionals. There seems to be a difference in the amount of direct client contact by professional staff that reflects an increase in ancillary contacts and indirect service. Team social workers seem able to develop community resources and manage concrete services to the client.

It may appear that social workers spending less time with clients is a negative effect of decentralizing. Yet, as staff use themselves differentially, contacts with clients may be spread out over several people rather than concentrated in one individual. One must consider that in many cases a client has requested a concrete service, not counseling. If more effective management of resources enables that client to receive the needed service, less frequent contact with the social worker might be appropriate. Client feedback indicates that they have noticed the flexibility and continuity of concrete services.

3) Effects on Staff Morale

The team approach seems to affect positively social worker morale since team members are able to share cases and provide each other with support. In addition, team members are able to confirm or correct a treatment plan in cases where the social worker is not sure of herself. This shared responsibility for the case frequently alleviates the frustration and exhaustion

induced by difficult cases. Not only is this true in cases requiring immediate attention, but also in cases of a long-term or chronic nature. The team provides a support system that reduces the "burnout" that often accompanies work with the elderly. The social worker in the conventional approach frequently feels much more alone in coping with the many demands of her caseload. Just as the adult child may require "respite care" from the burden of caring for elderly parents, the social worker also needs relief from the burden of working with difficult cases. This is more available to the staff assigned to the team approach than it is for those operating in the comparison manner.

4) Changes in Patterns of Supervision

The project has generated much thinking about the methods of supervision in the agency. The traditional one-to-one method of supervision continues in the conventional approach. However, in the team approach, group supervision has developed with the staff examining cases together to determine a treatment plan. In this kind of examination, assessment skills have been sharpened and realistic treatment goals more clearly established. There is the saying that "two heads are better than one." The team approach has already demonstrated that several heads are better than one. The input of ancillary personnel, such as the homemaker, into the assessment of the situation has also helped to give the homemaker greater sense of her valuable role. This new understanding not only increases her morale but gives her an increased sense of responsibility for carrying out service as effectively as possible.

In a family service agency which employs many more MSW's than social work associates, there is frequently a problem of the social work associate feeling like a "second-class citizen." No matter how much acknowledgment and recognition is given to the social work associate within the conventional approach, it does not begin to

give the social work associate the feeling of importance and status that is gained through the team examining the case together with each member having her appropriate input heard, recognized, criticized and implemented. Out of this kind of careful case examination, a treatment plan is developed. The ongoing relationship with the client is a shared team responsibility. Individual supervision, when indicated and needed, is available on a "demand-feeding" basis. One might say that this "demand-feeding" supervision could well create unhealthy dependency. Actually, the reverse has been found to be operating thus far. The mutual respect that develops in each team member through this group supervision progress has made for greater independence, more creative input, and heightened self reliance.

The team has also developed a different use of the administrator of the unit, using her consultatively and thoughtfully, which further develops independence rather than fostering dependence. In the comparison group where the traditional method of supervision continues, there is less opportunity for achieving this. Cases are brought to supervision, usually because of a problem the staff member is encountering. Even in a trusting supervisory relationship, there may be cases that may not be brought to supervision because the caseworker is uncertain of the supervisor's reaction or fears criticism. However, in the team approach, every case is in a sense being supervised not just by the team leader, but by the entire team. In a large family service agency such as ours, where the administrative responsibilities of the Director of Services for Older Persons are extremely heavy, the supervisory responsibilities are lessened by having teams within which there are accountability and essential supervisory controls. Essentially, the experience thus far has given affirmation of the value of peer and group supervision in helping the social worker to function more independently and to provide

quality services.

Implications

While we have not yet completed the project or our data analysis, our qualitative findings are already illustrating some advantages to using social work teams. Our final analysis will involve an examination of quantitative service delivery and cost factors as well as an assessment of client and social worker reactions to the team approach.

The project thus far illustrates the possible benefit of social work teams in working with clients who need concrete reality supports as well as counseling. Frequently the social worker is the only person standing between the family and disaster, real or perceived. This creates an enormous pressure for the social worker. Under heavy caseload pressures it is often difficult to assess a situation, resulting in insufficient or inappropriate services. However, with the team approach a social worker is not as easily overcome by a needy client population when he or she has the support of other team members. Our experience to date indicates that with older persons, pressures on the individual social worker seem to be reduced and seem to lead to more appropriate service delivery. Other client groups requiring a combination of counseling and concrete services might also benefit from a team approach.

The agency has adapted well to the introduction of this new mode of service delivery and is considering the application of the team concept to other client groups. This illustrates the constructive role which a research function can have in a family service setting. By limiting changes in program to the manageable and systematic answering of specific questions, research can permit the agency to explore more objectively alternative approaches without committing itself prematurely to massive organizational restructuring.

Community Responses to the Proselytization of Jews

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The only support that many young people have found has been in peer approval and empathy. Thus, to vulnerable adolescents who are lonely, idealistic, and sometimes rebellious and confused, the new missionary religious movements or cults have offered new opportunities for activities requiring commitment to clearly-defined goals. In the face of too many choices, the cults offer freedom from decision-making.

On 3 April 1977, it was reported in *The New York Times* that the sixth meeting of the International Catholic-Jewish liaison committee had issued a declaration denouncing proselytization of Jews. The article further stated that "the legacy of forced conversion of Jews has posed formidable problems for ecumenical talks even as the climate between two faiths has warmed since the Second Vatican Council."¹ Although the Second Vatican Council had condemned anti-Semitism, it had not explicitly rejected proselytizing practices. In response to the new declaration, Rabbi Henry Siegman, a conference participant, said: "The memory of forced conversions is deeply ingrained in the consciousness of the Jewish people and has been the most serious obstacle to the development of Christian-Jewish relations."²

Rottenberg, son of a convert to Christianity and grandson of a rabbi, supported this view, as he pointed out that most Christian clergy are unaware of such actions despite having studied church history. In a review of the cruelties perpetrated by Christians against the people they called "Christ-killers," Rottenberg asked, "Is it surprising then that to so many Jews conversion came to mean 'joining the enemy'?"³

¹ *The New York Times*, April 3, 1977.

² *Ibid.*

³ Isaac C. Rottenberg, "Should There Be Christian Witness to the Jews?" *Christian Century*, V. 94, (April 13, 1977), pp. 353-354.

In contrast to this rejection of proselytization, we have today the militant efforts of the Jews for Jesus to convert young Jewish adults through intensive evangelical campaigns on college campuses.⁴ This messianic group, as well as numerous other cults, pose a threat to a Jewish community already endangered by less exotic but potentially more lethal plagues of intermarriage, assimilation and ignorance.⁵ The number of young people enmeshed in all of these groups may be relatively small,⁶ but, like the State of Israel itself, we can ill afford to lose any of the newest adult generation of Jews. For that reason, we seek to explore this contemporary threat to Jewish life and to examine the psycho-dynamics of the community's response to it. Against an historical setting, we will emphasize the psychological factors involved in both the conversion efforts and the responses.

The significance of forced conversions, excessive proselytization, and the responses of the Jewish community to them, the principal issues of this article, reside in the importance Jews place upon family life. The family in the Jewish tradition is as important as it is in Christianity, perhaps even more so since the home has been the

⁴ Richard J. Israel, "The Kosher Revolution," *Christianity Today*, V. 23, (October 5, 1979), p. 1346.

⁵ Richard J. Israel, "The Cult Problem Is a Fake!" *The National Jewish Monthly*, (January 1980), pp. 34-37.

⁶ Richard J. Israel, "Personal Communication," *The National Jewish Monthly*, (January 1980), p. 37.