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ABSTRACT

The potential of the teaching aspect of homemaker service, to prevent breakdown and to strengthen individual and family life, presents a challenge to the initiative, creativity, and commitment of homemaker-home health aide and allied services. The guide provides a distillation of practical experiences in the day-to-day delivery of the teaching aspect of homemaker service. The following topics are treated: (1) purposes, teaching skills, examples of the needs of families, the elderly, and the disabled; (2) goals, selection, and evaluative criteria; (3) gaining acceptance, motivating, setting and achieving goals; (4) the role of the professional, selection, training, supervision, and evaluation of the homemaker; (5) the teaching role and responsibilities of the homemaker; (6) administrative aspects; (7) program planning and evaluation, research technology, evaluative criteria; (8) use of community resources; (9) the use of groups, materials, methodology; and (10) special needs, in-service education aids, working with handicapped adults and children. Each chapter includes related reference materials. A guide for teaching, national information source list and a selected bibliography are appended. (MW)

The Teaching Aspect
of Homemaker
Service

WIDENING HORIZONS

A GUIDE

HOMEMAKER SERVICES HOME HEALTH AIDE

National Council for
Homemaker-Home Health Aide Services, Inc.
67 Irving Place, New York, N.Y. 10003

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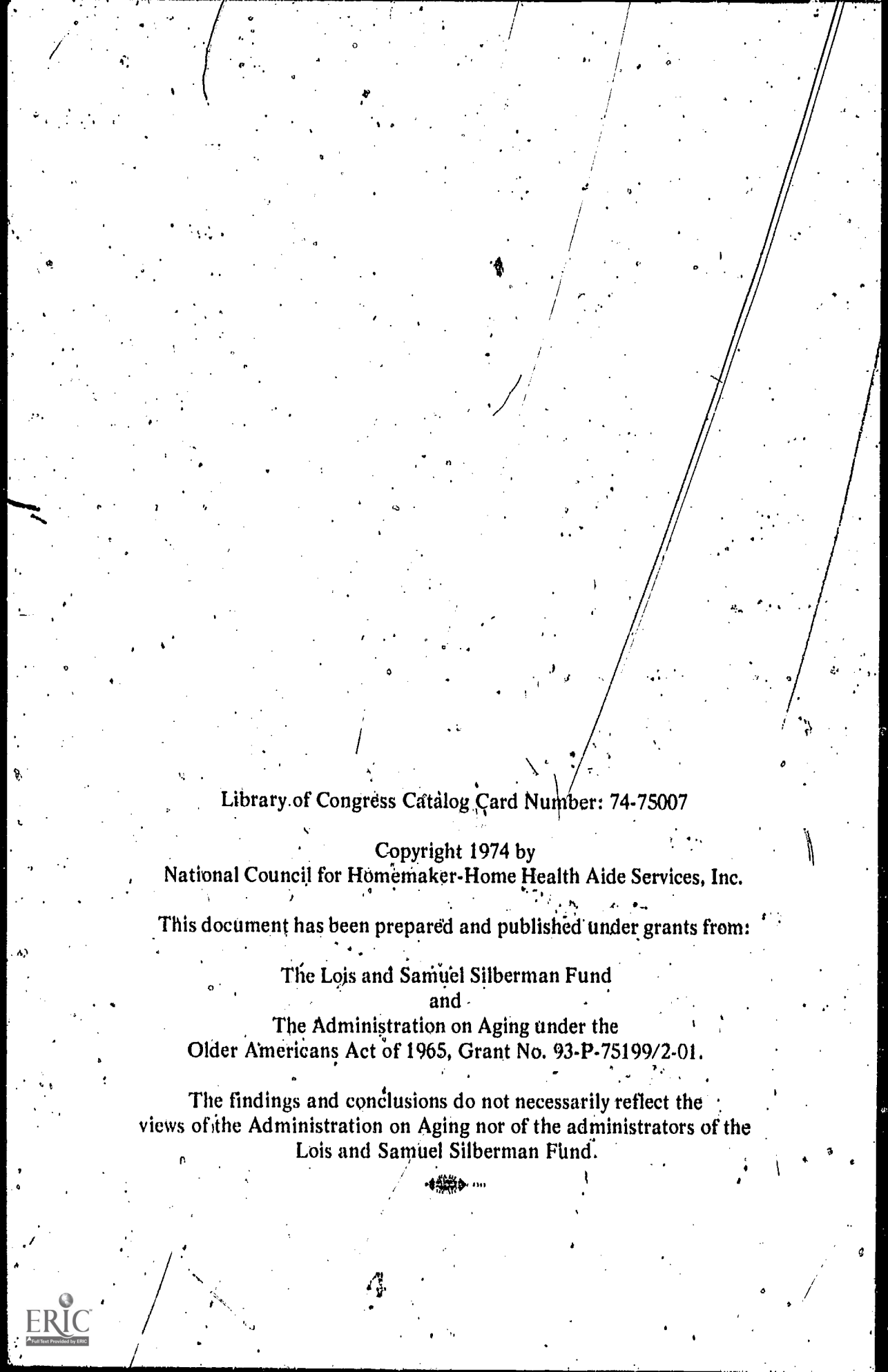

Foreword

The National Council for Homemaker-Home Health Aide Services is pleased to publish this guide to the teaching role in homemaker service. The teaching aspect of the service has been found to be an effective way to help families and individuals achieve a more satisfying quality of life.

Homemaker-home health aide service, in all its aspects, helps all kinds of families, including the single adult living alone. Its goal is to help individuals and families remain in their own homes, when that is the best plan, and to help them toward as much independent functioning as their capacities permit. Emergency or short-term help, sometimes involving 24-hour service, may be needed because of the illness or disability of a mother or elderly person. Long-term supportive services may continue on a less intensive basis for months—in rare instances even for years—when disability, terminal illness or other burdens require such extended help.

The teaching aspect of homemaker service is used to improve the quality of life for young families and for older persons. The teaching homemaker service team works with them, demonstrating and teaching them how to improve their homes, health and hygiene practices, cooking and nutrition, how to sew and care for clothing, how to take advantage of bargains to stretch the family income, and how to make use of many types of community resources. They teach parents how to care for and train children and they show the frail aged, the ill and disabled how to live as independently as possible.

The potential of the teaching aspect of the service, to prevent breakdown and to strengthen individual and family life, presents a challenge to the initiative, creativity and commitment of homemaker-home health aide and allied services in every community in the nation.

Preparation and publication of this guide has been made possible through the generosity of the Lois and Samuel Silberman Fund and matching assistance received under the Older Americans Act of 1965 (Grant number 93-P-75199/2-01). The findings and conclusions do not necessarily reflect the views of the Administration on Aging nor of the administrators of the Lois and Samuel Silberman Fund.

Acknowledgement is also due to the National Council's Committee on Raising the Level of Living, its chairman, Mary W. Milam, National Council board member, and the subcommittee charged with developing content for the manual, under the chairmanship of Patricia A. Gilroy, executive director of the Homemaker Health Aide Service of the National Capital Area.

Many agencies throughout the country have contributed illustrative materials and information used in this publication. We are deeply grateful to all who have had a part in the development of this guide. It is our sincere hope that it will be useful to those agencies emphasizing the teaching aspect of homemaker service or planning to add this important dimension to their programs. We hope, too, that many more homemaker service programs will be encouraged to serve those families and individuals who can benefit from individualized instruction in household management, child care and independent functioning.

Ellen Winston, *President*
National Council for Homemaker-
Home Health Aide Services, Inc.

December, 1973

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Table of Contents

About this guide

Perhaps no aspect of homemaker service has developed as rapidly as has the teaching role. This growth has led to increasing recognition of its enormous potential for strengthening individual and family life—a recognition which has been accompanied by many expressions of need for a comprehensive guide to the essential elements of this aspect of the service.

The National Council's Committee on Raising the Level of Living has been concerned, since its inception in 1969, with providing practical materials on this subject for use by the field. In 1970, the Council developed and published a small booklet, *Homemaker Service to Strengthen Individual and Family Life—A Focus on the Teaching Role of the Homemaker,* which identified many of the tasks a homemaker might perform in that role. The enthusiastic response to that effort underscored the need for a more fully developed guide.

In 1971, a subcommittee of the Committee on Raising the Level of Living was appointed to determine the content of a document which would set forth the philosophy of the teaching aspect of homemaker service and which would provide guidelines for its delivery. The subcommittee, composed of representatives of tax-supported and voluntary agencies providing this aspect of the service and experts in child development, protective services, home economics, health and social services, met during 1971 and early 1972. They brought to the project the wealth of their professional knowledge and experience. Many also consulted their colleagues and experts in allied fields to bring additional insights to the committee's work. In addition, at one meeting, homemakers who carried teaching assignments talked about what they did. In another session, several persons who had received teaching help told what it had meant to them.

By spring of 1972, the subcommittee had defined content areas for the proposed guide. Individually and in groups, members of the subcommittee drafted materials based on committee discussion. Several of these draft chapters were in progress when two matching grants—from the Lois and Samuel Silberman Fund and the Administration on Aging—made it possible to undertake publication and to engage a professional writer to develop the ideas drafted.

The committee's working materials were reviewed and discussed. Varying points of view were resolved and emphases sharpened for the guidance of the writer. In addition, the writer searched the literature for examples of service delivery, philosophy and case material to illustrate the narrative and sought additional information on specific areas of practice and philosophy from a number of program sources. A specialist in social research prepared the chapter on program planning and evaluation.

As the chapters took shape, the subcommittee met to review them. Homemaker-home health aide program personnel in various parts of the country reviewed portions of the manuscript and recorded their suggestions.

The result, we believe, is the only document of its kind in the field—a distillation of the practice experience of many of those who are involved in guiding the day-to-day delivery of the teaching aspect of homemaker service.

Mary W. Milam, *Chairman*
Raising the Level of Living Committee

Patricia A. Gilroy
Subcommittee Chairman

Editor's note:

To simplify reading, the term "homemaker service" is used in this document to stand for the generic term "homemaker-home health aide service" which indicates the equal usefulness of this service in situations where there are social problems and in those where problems are chiefly health-related.

CHAPTER I

"To Enhance the Quality of Daily Life"

The goal of the National Council for Homemaker-Home Health Aide Services is availability of quality homemaker-home health aide services in all sections of the nation to support individuals and families in their own homes when there are disruptions caused by illness, disability, social disadvantage or other problems, or where there is need of help to enhance the quality of daily life.[1]

The teaching aspect of homemaker service uses team skills to enable individuals and families to cope more adequately with their life situations. This aspect of homemaker service differs—in its primary goal—from homemaker service where care is provided to children in the absence or incapacity of the mother or to ill or disabled persons unable to meet many of their own needs. The teaching aspect of homemaker service often requires that the homemaker also care for the individual's or family's daily needs while a learning or re-learning process takes place. While this sustaining kind of support may be required in some situations for a long time, the emphasis remains on encouraging and motivating the individual or family toward increased independence and personal responsibility.

There are many situations in which the teaching skills of a homemaker, supported and guided by the skills of a professional person, can prevent

[1] *Whereas . . . National Social Policy Statement.* National Council for Homemaker-Home Health Aide Services, Inc. 1971.

breakdown and strengthen individual and family life. This can often be accomplished by working with persons in their own homes who are unable or not motivated to learn in other settings. Many skills of daily life may be taught by the homemaker—good hygiene and nutrition practices, cooking, sewing, marketing, budgeting, household care, child care and self care. These are the building blocks with which the homemaker service team works to create with the individual or family a new climate of hope and self-confidence. For any of a number of reasons many individuals and families may be inadequate to meet or be overwhelmed by the demands of daily life. When they are enabled to learn, through the mastery of needed skills, how to meet some of their daily and lifetime needs and responsibilities, they are helped to bring more meaning, self-direction and satisfaction into their lives.

Among those who might benefit from the teaching aspect of homemaker service are:

- families in which disorganized or destructive living patterns threaten the healthy development of children;
- the disabled person who needs to learn to manage daily tasks despite his handicap;
- the mother who has never experienced a positive parent-child relationship to pass on to her own children, or the very young mother who has no one to show her how to care for her new baby;
- the aged individual or couple who must adapt their lives to the limitations that age or illness have imposed upon them;
- the mother who may need help in learning to cope with stresses that lead to periodic mental or emotional breakdown;
- the overwhelmed parents who need guidance in family planning and responsible parenthood to provide for the physical and emotional needs of their children;
- the elderly person living alone who needs to be drawn out of loneliness and isolation and into the mainstream of community life.

No single community service can be considered a panacea for all social ills. The teaching aspect of homemaker service needs the support of other community resources and services. It cannot take the place of basic necessities, such as adequate income, health services and decent housing. The story of the K's illustrates the need for an adequate environment before effective teaching can take place:

Mr. and Mrs. K were about to be charged in court with serious neglect

of their five children, ages 8, 7, 6, 5 and one year old. The children were poorly clothed and undernourished. The older ones were frequently sent home from school because of foul odors. However, the K's were a close-knit, affectionate family and the parents were heartsick at the thought that their family might be broken up. The social service department worker found that the family's four-room house, with an outside pump their only source of water, was in such poor condition that the family's living conditions could not be improved without a change. Fortunately, a more modern house was found. Mr. K offered to help the owner fix it up. A homemaker helped Mrs. K sort and dispose of stacks of mostly inappropriate donated clothing which cluttered every corner of the old house. They saved what they could later alter for the children. Household equipment was inventoried and a list of minimum requirements was made, for which special allowances were obtained.

When the new house was ready, the homemaker helped the family get settled. Then, when there was an adequate environment in which to live, the homemaker began to help Mrs. K learn basic household routines. Both parents cooperated in the changed pattern of living, including improved hygiene and nutrition. "I always wished we could live like other people," said Mrs. K.

Mr. and Mrs. K were referred to a family planning service after Mr. K told the social worker "Now that we have life going better for this family, we want to be able to do the best we can for the kids we have." The serious neglect charges were dropped and the family is well on its way to normal functioning.

THE TEACHING ASPECT IN WORK WITH. . .

/1/ Families

The teaching aspect of homemaker service with families where there is need to learn adequate care of children and improved household management can provide the stimulus which will help them want to bring about change in themselves and their environment. The teaching homemaker service team works toward this objective through demonstration and practical suggestions, emotional support, understanding and encouragement.

Today there is more awareness than ever before of the lack of opportunities for very poor families. A county public welfare director has observed:

> In order to develop normally, children need to be exposed to conditions and opportunities which, if they are economically handicapped, are not available within their own homes or even in the neighborhood in which they live. The presence of the homemaker . . . is one way to give both the

children and the parents new exposures . . . the families come to be aware that there are ways of improving their living conditions and widening their horizons. The homemaker, in cooperation with the caseworker, can help both children and parents to take beginning steps to avail themselves of resources in the community which can lead to a better life.[1]

A homemaker service program for inner-city families with severe problems in household management and child rearing is described in a summary report which gives a penetrating picture of the teaching aspect of homemaker service with disadvantaged families. It provides a realistic appraisal of the limited progress which may sometimes be expected when families have been severely damaged by years of deprivation and isolation, but it emphasizes a commitment to help break the cycle before it is carried into future generations. The following excerpts are highlights from the report:

Homemakers are used as the primary agents of change with casework and other services supporting their efforts.

The homemakers function in many ways: as housekeepers, mothers, teachers, friends. They have worked nights and weekends, responded to emergencies, helped families move, paint and repair apartments. They take great pride in what they are doing and are committed to the objectives of the program.

We have found the majority of families amenable to help. This is not to say that progress is quick and easy. On the contrary, basic change is slow and expectations must be geared to the fact that problems are of long standing and deeply ingrained. However, improvements in housekeeping standards and child management do occur relatively quickly. For some parents and children this is the first opportunity to see what a home can become. More difficult to discern are basic changes in attitude . . . in some this basic change may never happen. Some will always be limited in their capacity to cope. However . . . the children have a potential for change and many do in spite of the parents' seeming inability to do so.[2]

/2/ Elderly persons

In situations where individuals are disabled or handicapped by the frailties of old age, the goal is to help them cope with their environment and become or

[1] Walter Kuralt. Paper presented at National Conference on Social Welfare, 1966. National Council for Homemaker-Home Health Aide Services, Inc. Reprinted 1973.

[2] *Special Project with Multi-Problem Families*, Chr-Ill Homemaker Service, Essex County, N.J. 1969.

remain as independent as possible. Older persons sometimes need help to adjust to the loss of a husband or wife or to manage with diminished resources and declining faculties. The story of Mr. T shows how the interest, patience and teaching skills of a homemaker reversed the downward trend for an old man who had seemed to be incapable of caring for his own needs properly.

Mr. T whose wife had died six months earlier was living on alone in their tiny apartment. His landlord had called the homemaker agency because he was concerned that Mr. T might not be able to manage alone any more. He mentioned in particular the fire hazard of newspapers and magazines all over the apartment and "a very bad smell." Mr. T, a mild and gentle man, was "real pleased" with the idea of having someone come to visit a few hours a week and help him with his apartment and meals.

On her first visit, the homemaker found Mr. T dozing in his chair. The stove was on and the apartment was suffocatingly hot. Mr. T said he hadn't heard her knock because he is hard of hearing. In addition to mountains of newspapers, the homemaker found stacks of unopened surplus food packages—most of them spoiled or spoiling. Apparently Mr. T took home all the surplus foods he could get and rarely used any of it.

Mr. T agreed with good humor to the homemaker's suggestions for an "Operation Cleanup" and, together they sorted the newspapers and magazines and made an inventory of the surplus foods. Mr. T himself called for a truck to pick up the papers and the surplus commodity agent to pick up the foods. He later learned that this amounted to more than 100 pounds of food, most of which had to be thrown away.

During her next visits, the homemaker taught Mr. T how to make hot cereal from surplus commodity rolled oats and dried milk. She told her supervisor that he ate "as though he had never eaten before" when she prepared it for him the first time. Gradually he learned how to make it himself and watched very carefully each time the homemaker showed him a new way to prepare food. She helped him prepare his surplus food order so he could get the right amount and kind for his needs each month. She also helped him make out shopping lists to use when he went to the supermarket. She taught him how to use a torch lighter instead of matches to light his stove, important because he had palsy in his hands.

Little by little, it became apparent that Mr. T was able to manage his own apartment, keeping it clean and orderly, and to prepare nourishing

meals for himself. Interestingly, his hearing also seemed to improve so that he always heard the first knock at the door.

According to a recent statement by several of the nation's chief state health officers, ". . . it is the preventive and supportive services that promote health and motivate the individual to keep on a regime which minimizes the need for crisis care by the physician and costly institutionalization."[1]

A recent study of home health care patients identified the following "realizable goals for disabled elderly persons: functional improvements in activities of daily living; maintenance at the least handicapping level; prevention of complicating factors; and relief from unnecessary suffering."

The study report emphasizes "the social necessity of keeping the sick and infirm in the mainstream of American life, and of interrupting the pattern of unchecked impairment of faculties—eyesight, hearing, teeth—and poor nutrition which triggers much unnecessary institutional placement." Conserving the strength and the faculties of the aging was seen as "absolutely necessary to prolong independence in daily living."[2]

Illustrations from the files of both voluntary and public agencies underscore the potential of the teaching aspect of homemaker service for maintaining elderly persons in the mainstream of community life by helping them to achieve independence in daily living. Too often, however, severely isolated elderly persons do not come to the attention of the community until an emergency occurs, as happened with the G's.

Mr. and Mrs. G, an aged couple with no children, struggled for years to manage on their tiny income from Social Security benefits. The combination of infirmities brought on by advancing years and their inadequate income resulted in a seriously deteriorated level of living. Underclothes and bed linens were rarely changed, eating habits were poor, health needs were utterly neglected and communication with neighbors and others in the community were all but cut off.

Homemaker service was requested from a voluntary agency by a hospital social service department after Mrs. G had broken a shoulder. The immediate needs created by this crisis were met. Then the social worker and homemaker turned their attention to the serious underlying problems. The homemaker demonstrated how to plan, shop for and prepare nutritious meals on the couple's limited income. She helped them establish routines that emphasized cleanliness while conserving their limited energies. Good health habits were re-established and medical appointments were made and kept.

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[1] In a joint statement on Medicare, quoted in *American Medical News*, May 14, 1973.

[2] Frank Van Dyke and Virginia Brown. "Organized Home Care: An Alternative to Institutions," *Inquiry* 9:2 (June 1972), pp 3-16. Chicago: Blue Cross Association.

As the couple appeared less ill-kempt and "strange" to their neighbors, friendly visiting among them began and one neighbor began taking Mr. and Mrs. G on weekly shopping trips to the supermarket in her car.

An important factor in enabling this couple to re-achieve the quality of life they had enjoyed in their more vigorous years was the homemaker's ability to teach them ways to become more independent, as well as doing helpful things for them. The social worker, meanwhile, helped the couple apply for a monthly public assistance grant to supplement their meager Social Security benefits.

Aged persons need to be able not only to manage their own daily lives with as much independence as possible, but they also need opportunities to be contributing members of the community, thus enhancing their own sense of dignity and worth.

Mrs. J, age 73, was ready to be discharged from the hospital in a wheelchair, after a hip fracture. Her husband, age 86, was anxious to have her at home, but could not manage without help, as he was crippled with arthritis and needed crutches to get about. Nursing home care was being considered for Mrs. J, but in addition to the fact that she desperately wanted to be in her own home, the cost of such care would have required the couple to apply for public assistance.

Homemaker service was provided to enable the couple to be together in their own home and to preserve their financial independence. The couple were largely homebound because of their handicaps and were isolated from community contacts, except for the homemaker. The homemaker and field supervisor learned that Mr. J had been a cabinet maker and that Mrs. J had formerly enjoyed sewing and crocheting. When they were told about the homemaker service program for making and giving Christmas toys to children, they became interested in contributing. Mr. J made a number of ingeniously crafted doll cribs and beds for which Mrs. J crocheted spreads and dressed dolls. Their enthusiasm and enjoyment at being able to use their skills creatively for others was matched only by the pleasure of the children who received these unusually attractive gifts.

/3/ Disabled persons

Persons of all ages with disabling handicaps can benefit from the teaching skills and motivating influence of a homemaker who can demonstrate how to manage the necessary tasks of daily life with greater ease and safety. She can encourage and help with prescribed exercises, the use of prosthetic equip-

ment, braces, walkers and the like and, above all, she can help the handicapped person—adult or child—realize the full potential of his abilities.

A small crippled boy, wearing bilateral braces, was referred by a social worker to homemaker service to take him to the clinic for therapy and to follow through with physical therapy at home. The homemaker took an interest in the boy's problems and worked intensively with him in his home, following the orthopedist's instructions closely. Equally important, she stimulated the child's imagination with books and neighborhood trips and worked with him on pronunciation and enunciation. She encouraged him to be more independent, praising him when he did things for himself instead of having others wait on him. He is now attending public school and making tremendous progress.

The orthopedist and therapist both credit the homemaker with being responsible for the great strides the child has made and for the greatly increased hopes for his future life as an independent functioning member of society.

In summary

The teaching aspect of homemaker service has demonstrated its unique contribution to enhancing the quality of daily life for those who have need of this help—for children and their parents, for disabled persons of all ages and for the elderly.

The support, encouragement and hope for the future brought to individuals and families through the skills of the teaching homemaker service team can help to reverse dependency trends and encourage individual responsibility and independent functioning.

The next chapter describes criteria which may be used by agencies to help determine which individuals and families may need and can be helped to make effective use of the teaching aspect of homemaker service.

Selected References

Anderson, Judith and Catherine Stein. "Accent on Living," report on reality orientation techniques with the aged in their own homes, papers presented at National Conference on Social Welfare, 1972. Unpublished.

Burns, Mary E. and Julia Ann Goodman. "The Teaching Homemaker in a School Project," *Children* 14:5 (September-October 1967), pp 171-174.

Cohen, Jerome. "Social Work and the Culture of Poverty," *Social Work* (January 1964), pp 3-11.

Davis, Martha J. "Homemakers and Preventive Welfare," *Home Economists in Community Programs.* American Home Economics Association, 1969, pp 32-37.

Foresman, Louise and Elizabeth Stringer. "Homemaker Service in Neglect and Abuse: Part I, Strengthening Family Life; Part II, A Tool For Case Evaluation," *Children* 12:1 (January-February 1965), pp 23-26.

Geismar, Ludwig L. and Michael A. LaSorte. "Factors Associated with Family Disorganization," *Marriage and Family Living*, 25-4 (November 1963), pp 479-481.

Grant, Jean M. and Lucille Pancyr. "The Teaching-Homemaker Service of a Welfare Department." Reprinted from *The Social Worker*, 38:2 (May 1970). National Council for Homemaker-Home Health Aide Services, Inc.

Jones, Bessie Mae. "A Demonstration Homemaker Project," *Child Welfare* 43:3 (March 1964), pp 133-136.

Jones, Sandra S. "A New Dimension in Homemaker Service," paper presented at National Council on Social Welfare, 1970. Unpublished.

Pommerenck, Kenneth. "Attitudes Determine the Services for the Aging," paper presented at National Conference on Social Welfare, 1972. Unpublished.

Reissman, Frank. "The Strengths of the Poor," *New Perspectives on Poverty*, eds. Arthur B. Shostak and William Gomberg. New Jersey: Prentice-Hall, Inc., pp 40-47.

Shames, Miriam, "Use of Homemaker Service in Families That Neglect Their Children," *Social Work* 9:1 (January 1964), pp 12-18.

Silber, Leon D. "Homemakers as Modifiers of Human Behavior." (See reprint in Appendix to this guide.)

Silcott, T. George. "An Alternate to the Placement of Children: The Homemaker/Organizer," paper presented at National Conference on Social Welfare, 1972. National Council for Homemaker-Home Health Aide Services, Inc.

Talsma, Eugene. "The Homemaker Carries Key Role in Child Behavior Modification," paper presented at National Council for Homemaker-Home Health Aide Services Forum, 1970; included in *Forum Report*.

Watts, Mary E. "Maternity and Infant Care Projects," *News* 3:2 (December 1966). National Council for Homemaker-Home Health Aide Services, Inc.

Williams, Johnnie U. "The Use of Homemakers to Help Families Raise Their Level of Living," from a paper presented at American Public Wel-

fare Association, Southwest Regional Conference. Reprinted in *Readings in Homemaker Service*, National Council for Homemaker-Home Health Aide Services, Inc., 1969, pp 40-42.

Winston, Ellen. "Current Realities and Future Opportunities for Homemaker-Home Health Aide Services." *A Unit of Learning about Homemaker-Home Health Aide Service, Teacher's Source Book.* New York: Council on Social Work Education and National Council for Homemaker-Home Health Aide Services, Inc., 1968, pp 91-96.

Homemaker Service—How It Helps Children. Children's Bureau, U.S. Department of Health, Education, and Welfare, 1966.

Homemaker Service in Public Welfare—The North Carolina Experience. Bureau of Family Services, U.S. Department of Health, Education, and Welfare. Revised 1965.

Reduction of Foster Care in AFDC. Project Report, Part II; "Homemaker Services for Children," Santa Clara County (California) Welfare Department, 1965.

Strengthening Family Life Through Homemaker-Home Health Aide Services. Report of a special project conducted in Washington, D.C.; National Council for Homemaker-Home Health Aide Services, Inc., 1972.

Testimony at a public hearing in behalf of services to the aging, by the Jewish Family Service of Philadelphia; underscores the conviction that "the very best skill in counseling . . . would be of little value if there were no reality supports to undergird this counseling (to the aged)." Excerpts, *Highlights of FSAA News*, 3:5 (May 1973), pp 7-8. New York: Family Service Association of America.

CHAPTER II

Criteria for use of the teaching aspect of homemaker service

An agency's commitment to the values of the teaching component of homemaker service is based on understanding of what the teaching role in homemaker service is, what the goals are and what is required to achieve them. Such understanding is important to the questions discussed in this chapter: Who is to be served by the program? How are they selected?

As these questions are considered, the agency will want to keep in mind that:

- There is an element of teaching in every homemaker assignment, but the basic goal of this special application of homemaker service is to help the individual or family effect changes in their living patterns which will enable them to manage their own affairs more competently, and with greater satisfaction.
- The teaching aspect of homemaker service is a means of strengthening individuals and family members so that they can live in ways which are satisfying to themselves, but which they have not been able to achieve for lack of skills, understanding or experience.
- It is not the aim of the service to impose pre-conceived life styles or standards on a family or individual.
- Though this aspect of homemaker service is remedial in approach—teaching skills and stimulating awareness of the possibilities for change—major goals are to prevent individual or family breakdown and to develop maximum independent functioning.

- Many families and individuals will require a mixture of personal support and teaching over a long period of time, especially when there are multiple problems and a long history of social and financial deprivation, often spanning several generations.

/1/ Who receives this service?

If the homemaker service is not a self-contained program, the goals of the sponsoring agency will determine those who will come to the attention of the professional staff. For instance, social workers in a family counseling agency may find that poor budgeting, inefficient household management and lack of knowledge about the developmental needs of children are important factors in some seriously disturbed or failing family relationships. Such families might be referred to the homemaker unit of the agency for in-home instruction while counseling support is continued and coordinated with the skills of the homemaker.

Similarly, agencies concerned with protective services for neglected or abused children, or with the problems of the elderly, the blind, the disabled, mentally retarded or chronically ill, will gear their homemaker-teaching services to persons or families who fall within those categories.

Families of children who are doing poorly at school, who are consistently absent, or who come to the attention of school authorities because of behavior problems, or because they always appear to be tired, or undernourished, without warm clothing, or are offensively unclean, may be referred by the school to an agency with a teaching homemaker service program. In some communities, a school, perhaps in an economically and socially deprived area, or an entire school system, has its own homemaker service designed especially to help families of children with learning problems stemming from disorganized family living conditions.[1]

Some agencies accept referrals only from professional or other agency sources; others accept referrals from any source, including self-referrals. Still others conduct an outreach program, perhaps in a particular neighborhood or other defined areas, bringing the program to the attention of the community and to those who might benefit from it.

/2/ How does the agency decide which individuals and families will benefit from the teaching aspect of homemaker service?

The necessity to decide who will benefit from homemaker service when the primary goal is to teach requires that the service begin with an evaluation of

[1]Mary E. Burns and Julia Ann Goodman. "The Teaching Homemaker in a School Project," *Children* 14:5 (September-October 1967), pp. 171-174.

the family situation, or of the person who lives alone, assessing not only the need for the service, but their interest in and ability to use teaching—or to be helped to learn to use it.

Assessment of the family situation should precede assignment of the homemaker who will be teaching in the home and continue through the first weeks that she is on the job. In fact, the homemaker contributes to the professional evaluation of social worker or health supervisor with her observations of the family's or individual's needs and their response to the service.

Experience has shown that a period of time is usually needed for the homemaker to establish a helpful relationship with the mother or other person with whom she is working and to get to know the nature and extent of the problems with which she is dealing. Some of these may not have been evident during the initial evaluation and may even have been consciously shielded from the agency.

When a homemaker was assigned to Mrs. P. she found not only many problems of household management, unsanitary home conditions, unkempt children, unpaid bills, threats of eviction for unpaid rent, gas and electricity turned off, but as confidence developed, some of the deeper despairs behind these problems. During the course of her visits, the homemaker learned that Mr. P was a philandering husband and a heavy drinker. Mrs. P had begun to drink too, sometimes during the day, but especially when her husband was out at night. The homemaker discovered that Mrs. P was going blind, and that she had simply given up hope four years ago when her sight began to fail. She had not gone to a doctor, believing that nothing could be done to help her. These were facts she had concealed from the agency.

Here was an array of problems, requiring the combined skills of the social worker, health worker and many other community resources, which might never have come to light in time for help, had not the homemaker become aware of them.

Homemaker service often provides an opportunity to find out if there are enough strengths in the family or individual to build on. If there are not, the homemaker may find her efforts rejected and be frustrated by hostility or evasion. This is especially true if the person does not really want the service in the first place and feels that it has been imposed on her by an outside source, such as when a court orders homemaker service for the protection of abused or neglected children. Though the need for the service may indeed be there, if, as in the following case, the mother cannot be motivated, success is in serious doubt.

Mrs. L seemed willing at first, to have a homemaker help her so that her children would not have to be taken into protective custody. Mrs. L, an

immature teen-aged mother, often neglected her three small children, and it was suspected that she abused them too. Within a few weeks she became increasingly resentful of the homemaker's visits and rejected her offers of help. Even when it became clear that the children would have to be taken from her for their protection, this mother appeared unable to act any differently.

There should be frequent professional re-assessment of family strengths and the goals, as understood by the agency and the family, to assure maximum effectiveness of the service. An example of the importance of on-going evaluation came to light in the following instance:

During a temporary absence of the homemaker assigned to work with the M's, a tenant farm family, her substitute found that Mrs. M who is mentally retarded, was capable of doing much more for herself and her family than had been supposed from the initial evaluation of her abilities.

Goals for this mother could have been revised much sooner had there been continuing evaluation by professional staff.

Whether the goal is to provide support and supplementary care or to help individuals and families learn to live in responsible, independent and satisfying ways, effective homemaker service cannot depend solely on the homemaker; no matter how capable she is. The professional skills of a social worker, nurse or other person trained to recognize, evaluate and work with complex human problems is an essential ingredient of the service.

Because the mother of the C family with several children was paraplegic, following an accident, she had been unable to care for the physical needs of her younger children. Long term homemaker service was planned. After several months, it was noted that the husband and wife's relationship was becoming more and more strained and tense. Mrs. C, who had always ruled everything and everybody in her home, could not accept the presence of the homemaker. Though the homemaker consulted her on every aspect of the home and children's care, the mother increasingly used her physical disability to sabotage the homemaker's efforts, just as she did to dominate her husband and control her children. At Mrs. C's insistence Mr. C asked that the homemaker service be discontinued. Agency offers to help with alternative plans were refused.

In retrospect it was felt that more thorough professional evaluation of the family relationships might have revealed the need for family counseling to help Mrs. C find more satisfactory outlets for her need to control and to help the family members cope with the pressures of her constant and unrealistic demands. With this professional support, a homemaker, using her teaching

skills, might have been able to motivate the mother and other family members to do more for themselves and each other.

/3/ Evaluation of the need for in-home instruction should reveal one or more of the following:

- There are evident problems of child care, self-care or home management, but individuals appear to be unable to reach out or respond to community resources such as cooking classes, consumer education, child guidance clinics, or other sources of help outside the home.

  Mrs. H and her three year old son were not happy. The public health nurse felt that the child was not attaining the physical growth he should and that he was not the lively, active boy a three year old normally is. They lived with Mrs. H's grandfather who said loudly and frequently that he couldn't stand the little boy. Mrs. H was depressed, underweight and lonely.

  Homemaker service was recommended to help Mrs. H improve her housekeeping and care of the child. The social worker was to support Mrs. H in her efforts to live with her grandfather. However, their real unhappiness became increasingly apparent and Mrs. H eagerly agreed to the suggestion that the whole family would be happier if she and her son could live alone. Mrs. H and the homemaker found a small trailer home for rent. Meanwhile the homemaker observed that the listless little boy was fed irregularly and that his mother usually gave him a bottle instead of solid foods. Gradually, the homemaker began to ask Mrs. H to fix the child's egg or hot cereal while she did something else. She explained the need for solid food and taught the child to use a cup and spoon. As time went on, she showed Mrs. H how to plan meals, how to shop for and prepare foods and how to use commodity foods.

  After six months, the homemaker was able to reduce her time with Mrs. H to a two-hour weekly visit. The little boy had become much more active as his mother continued to give him solid foods at regular meal times and to spend time outdoors with him each day. Mrs. H became proud of her ability to keep her trailer home clean and orderly. With the homemaker's encouragement she began to attend sewing classes held by an extension home economist. She established a more comfortable relationship with her grandfather; she visited with neighbors occasionally, gained weight, and grew much more alert and interested in the world around her.

- Problems of homemaking, child rearing or self-care are due to lack of

knowledge and experience, coupled with a lack of anyone to demonstrate how things should be done.

One homemaker told of a mother who:

. . . needed help with child care, homemaking, sewing and cooking, and also a little guidance in her own social activities. She can now replace a zipper, turn a hem, bake bread, shop wisely and help her children with their school work. Her unacceptable social behavior has diminished and we no longer get complaints from her neighbors or the police department. This mother is a slow learner and needed to have everything explained slowly and carefully. When I explained how things should be done and why, she said, "No one ever took time to teach me. All they ever said was 'you are dumb if you don't know that.'"

- The individual or family needs not only specific skills taught, but help in adjusting and adapting to new and overwhelming situations, such as the birth of a first baby to a very young mother, the addition of another child to an already over-burdened family, the birth of a retarded or disabled child, retirement, loss of a husband or wife, aging, disability or chronic illness.

  Mrs. B, aged 42, suffered a stroke and could not continue to manage her household, which included her husband and four children, ranging in age from 15 to 9. The family group was pretty much at sea because Mrs. B had always been an efficient homemaker who relied on herself to manage her home. The father and children needed to learn many things and were willing to do so. The homemaker demonstrated how to prepare food, manage money, do the laundering, housekeeping and marketing. While teaching these skills, the homemaker helped family members work out a schedule of who was to do what, and when, and how each activity affects the other.

- The individual or family has some homemaking skills and personal strengths, but because of isolation from or neglect by the community, these strengths have become weakened.

  Mrs. F, the 31 year old mother of seven children, lived in an isolated rural area in a shack. Her husband had deserted the family two years before. Mrs. F wanted her children to live better, but was frustrated by community neglect and total confusion about what to do. The service team of social worker and homemaker focused their efforts on finding community resources, such as more adequate housing and supplemental food programs. Then Mrs. F was helped to learn how to use the resources and manage her own household better. As Mrs. F felt less de-

feated, she became able to use the counseling skills of the caseworker and the teaching skills of the homemaker to achieve a more satisfying family life for herself and her children.

/4/ Evaluation of ability to benefit from the service should reveal:

- The family's or individual's willingness to accept, or to be helped to accept the service, evidenced by participation in planning for the homemaker[1] and acceptance of her as a source of help.

  Their family doctor revealed why the assigned homemaker had not been able to gain access to the E's home, though 70 year old Mrs. E had apparently accepted the teaching homemaker service plan. She felt threatened by the thought of another woman's presence in the home with her disabled husband. She was unable to reveal this fear directly to the social worker and instead hid in the basement the three days the homemaker was attempting to be admitted.

  Mrs. K, on the other hand, had rejected outright the offer of homemaker service to help her learn better household management, but later asked for a homemaker to care for her children while she was hospitalized and for the period of her convalescence at home. Mrs. K had many valid criticisms of the social welfare agencies and other city agencies with which she had had contact. Because the agency encouraged its professional staff to be advocates for families whose rights are endangered or whose needs are being bypassed, the social worker was able to act on Mrs. K's behalf and help her get satisfaction for some of her grievances. Mrs. K now considers the homemaker and social worker her friends and allies instead of representatives of still one more "authority" to battle. With these barriers down, Mrs. K has been willing to accept helpful suggestions from the homemaker and social worker.

- The nature and extent of the problems, the family's stability and its recognition that problems exist.

Recognition that problems exist may not always encompass the same ones that the professional agency person sees and if put into words at all, may be in such terms as "I just don't feel well," "The kids make me nervous," "I can't feed my family on the money I have," "I can't afford to dress my children for school." Public welfare workers who find that some families consistently run out of money between assistance checks may well see this as a clue to the need for homemaker service to demonstrate more efficient ways of managing limited income.

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[1] Principles and techniques of involving family members are discussed in the next chapter.

Families and individuals are most likely to stress those concrete problems in their lives which they find most distressing. Once those have been addressed, other deeply entrenched problems, not so readily recognized by the families themselves, may be brought into focus and ways of handling them demonstrated by the homemaker.

In a discussion with two mothers who had received in-home instruction from a homemaker during a Model Cities project, they talked about only the one problem that had been troubling them. Both are mothers of large families. One was deeply troubled because she could not feed her family adequately on a very limited budget. The other mother was distressed by her inability to keep clothes washed and available for her nine children and husband. Although, during the course of the homemaker service, both families had received help with many more complex problems, such as poor health, a child with lead poisoning, an unwed pregnant daughter, lack of discipline and control of children, limited knowledge of community resources, the attention given to the difficulty that disturbed them most was what they understood best.

- The strengths of the family as a whole and of the individual family members: Have they been too deeply damaged over too long a time to use help, to recognize problems, to want to effect changes to improve the quality of their own lives and that of the family? Or are there personal strengths, positive family relationships, dissatisfaction with the way things are and a desire to change them?

If there is resistance or apathy on the part of one family member, sometimes the strengths of other members can be mobilized to help bring about change. Sometimes a husband's ability can be tapped to help his wife accept teaching by supporting her efforts with praise and compliments; or an older child can be taught to help and to motivate the mother.

Elderly persons, whether as couples or living alone, may, through the necessity for frugality or because of failing faculties, lose their habits of personal and household cleanliness and lose interest in preparing balanced and nourishing meals for themselves. They may also lack the incentive to maintain or establish social and recreational interests outside their own homes. The homemaker who offers friendly encouragement, demonstrates easier ways of doing household tasks and preparing foods, introduces them to community resources and programs, may help them to conserve their limited physical abilities and revitalize their personal and social strengths.

Mrs. N was a 60 year old woman suffering from Parkinson's disease. When her 63 year old husband and mainstay was rushed to the hospital with a serious kidney infection, Mrs. N, emotionally shaken, became so

depressed she was unable to assume responsibility for herself and her home.

After a period, with the help of the homemaker, Mrs. N regained both her strength and her confidence. The homemaker encouraged Mrs. N to visit her husband in the hospital and helped her to get there. This led to Mrs. N's returning to physical therapy classes with the homemaker accompanying her. The therapist showed the homemaker how to do the exercises so she could work with Mrs. N every day to improve her coordination and walking. Lessons were given in simplifying meal preparation and eventually Mrs. N began to offer her own ideas for making housework easier for herself.

The homemaker remained for a time after Mr. N returned home, continuing to teach Mrs. N to become more self-sufficient and less dependent on her frail husband. She encouraged both of them to make and keep medical and dental appointments, to take in an occasional movie, go for frequent walks in the park and resume contact with their friends.

Selected References

Burns, Mary E. and Julia Ann Goodman. "The Teaching Homemaker in a School Project." Reprint from September-October 1967 issue of *Children*, U.S. Department of Health, Education, and Welfare.

Geismar, L. L. and Beverly Ayres. *Measuring Family Functioning.* Family Centered Project, Greater St. Paul Community Chests and Councils, 1960.

Jones, Bessie Mae. "A Demonstration Homemaker Project," *Child Welfare* 43:3 (March 1964), pp 133-136.

Lewis, Harold and Mildred Guinessy. *Helping the Poor Housekeeper in Public Housing.* Philadelphia: Friends Neighborhood Guild, 1964. A two-year demonstration project: summary report includes what was learned about characteristics of good and poor housekeepers and some factors which indicate potential for change.

Silcott, T. George. *An Alternate to the Placement of Children: The Homemaker/Organizer.* National Council for Homemaker-Home Health Aide Services, Inc., 1972.

CHAPTER III

Involving individuals and families

Though families or individuals sometimes apply for teaching homemaker service, in most cases they are referred by some other unit of the agency or another agency concerned about their functioning. If a family has requested the service, its members have indicated their desire for it and their recognition that they need help. Often, a family may have asked for some other assistance. If the agency sees that the need is for in-home instruction, this aspect of homemaker service can be offered.

Ingredients basic to involving the family in the teaching aspect of homemaker service are:

/1/ Gaining acceptance of the service

Often a social worker, nurse, home economist, teacher, or some other professional person believes that in-home instruction is needed to strengthen family life or individual independence. However, the person or family may not see the need or may not want someone, even a helping person, coming into their home. The family's right to make this decision is respected. Since the aim is to effect change, the teaching aspect of homemaker service cannot be imposed with any hope of success: acceptance is the vital prerequisite. However, family members also have a right to be guided toward an understanding of how this service might help, as long as that can be done without diminishing dignity or feelings of self-worth.

A father, if he is in the home, should be thoroughly involved in any planning for his family, even though, in most instances, the mother will be the

chief person with whom the homemaker works. He is an important figure in the family. His authority, his right to make decisions affecting his family, must not be usurped. The social worker must be willing to involve him in the plan during the hours he is available. He should be involved from the beginning, whatever his strengths or lack of them. On the other hand, if the father does not reject the service for his family, but declines to be involved in the planning, it should not be denied to the mother and children. Children, too, should be brought into the planning to the extent possible. A family conference is the ideal way to help all members understand and feel part of the plan.

/2/ Assuring that the family understands what the service is

The way in which the teaching aspect of homemaker service is presented to family members is an important factor in gaining their acceptance and involvement. All members of the family must be helped to understand that the homemaker is there to help them so that they will be able to manage their affairs with more satisfaction to themselves. That the homemaker will be there to "show how" as well as to "do" should be stressed in the beginning without seeming critical. This approach helps establish a "contract" among all involved and helps start the internal motivation needed by family members before they can effect changes in their daily lives.

Though the individual or family may not fully understand the agency's goal to teach, learning may come about naturally as limited goals they can accept are reached together, as in the case of the two mothers mentioned in chapter 2, page 18, who wanted help with specific problems of preparing adequate meals for their families on a limited income and of keeping clothes clean and available for their children.

/3/ Stimulating motivation for change

Change cannot take place unless there is a desire for it. The desire for a more satisfying life must be present, even if only minimally. The teaching aspect of homemaker service is provided on the assumption that parents do want better lives for their children and that the disabled and elderly do want to function as independently as possible.

How can motivation for change be activated? Sometimes simply living with the changes the homemaker demonstrates—such as easier ways to do household tasks, the establishment of a regular schedule for mealtimes, naptimes and bedtimes—and finding them satisfying is stimulus enough.

Sometimes the desire to effect change comes about because the presence of the homemaker provides opportunities to talk things over, receive reassurance and develop self-confidence.

Mrs. F was able to ask the homemaker to explain the difference between a hysterectomy and a tubal ligation—a question she was afraid to ask anyone else. The homemaker encouraged her to ask about anything that was bothering her, explaining that she talked things over, too, with the supervisor of the homemaker plan and with the social worker. One day Mrs. F told the homemaker she thought she should have her children tested for lead poisoning because they had eaten plaster. The homemaker supported her decision and it was found that one child needed to be hospitalized. As the mother's confidence increased, she began to take on more responsibility of this kind for herself and her family.

There are many adverse factors which can affect motivation for change or the ability to effect change, even when there is a desire to do so. There may be health problems, physical, mental or a combination of both, which are incapacitating. There may be severe social problems, marital conflict, alcoholism, or dependence on drugs which are crippling. It is essential that the social worker help the individual or family with these problems while the homemaker is teaching them how to function more effectively in day-to-day living. If family members do not receive help with deep-seated problems which interfere with healthy functioning, they will not be able to use the services of the homemaker in a constructive way.

Some members of a family may have had a previous experience with an agency which makes it difficult for them to trust any agency. Confidence must be developed.

Mrs. T, who had recently become eligible for Aid to Families with Dependent Children, lived with her three children in a small cottage at the edge of town in a semi-rural area. A home visit from the social service worker revealed that while Mrs. T needed to learn the skills a trained homemaker could teach her, she was fearful and suspicious. She had applied for aid most reluctantly, afraid that she would lose the independence she cherished and that her abilities as a mother would be questioned. She said she had bitter memories of her youth when her family were welfare recipients.

As the social worker tried to reassure Mrs. T, letting her know that she had a right to accept help for her children, she casually mentioned that she would be glad to help Mrs. T apply for a special grant to buy beds for the children. Both mother and children were sleeping on an assortment of old couches and mattresses. Mrs. T was thrilled and readily agreed to have a homemaker help select the new beds and help her arrange the cottage to accommodate them. From there, in gradual steps over a period of time, she was led to accept guidance from the homemaker, first to help budget her assistance money to cover the family's

needs and to save for a much-needed refrigerator, and later to learn more satisfying methods of home management and child care.

Mrs. T was especially pleased when, at her request, the social worker arranged for an extension home economist to help her plan a small vegetable garden and to show her how to can some of the surplus vegetables for winter use. Instead of losing her independence as she had feared, Mrs. T now rightly feels that she is caring for many of her family's needs through her own efforts.

/4/ **Setting achievable goals**

Many individuals and families feel quite defeated. If they have experienced little success most of their lives, they may tend to feel hopeless about any possibilities for change. It will be important to set very limited goals and to help them achieve a feeling of success in one task, however small, before they can go on to the next step.

Goals also often have to be minimal or geared to the problem situation for which teaching help can be accepted.

Miss O, 28 year old unmarried mother of three children had received past help from social agencies focused on better child care. She had been totally unresponsive and had continued to meet the needs of her children only marginally. Then Miss O gave birth to a child with cerebral palsy. She was not only unable to care for him properly, but her care of the other three children became even more neglectful.

Miss O did not recognize that her neglect of the three normal children was a problem, but she was deeply concerned about the youngest child. Total services, including those of a public health nurse, physical therapist and homemaker, were focused on helping her with the newest child. As she began to learn how to meet his needs, her increased understanding extended little by little to the other children. In the future, Miss O may be willing to accept services that are broadened to deal with her many problems of child care and home management.

/5/ **Building a positive relationship**

The success of all one-to-one teaching depends upon the relationship between teacher and pupil and, of course, the same rule applies to the homemaker in her role as teacher-demonstrator and those with whom she works. There are some factors which can operate adversely on the development of positive relationships. For example, one person may have a problem with

authority and may think of the homemaker and social worker as authority figures. Naturally, this will make the establishment of a helpful relationship more difficult.

Conversely, there may be a mother, or a disabled or elderly person, with dependency needs who will see in the homemaker the "good mother" he or she has always wanted and, if allowed to do so, would just like to give up and be taken care of. However, this need can be an asset in the teacher-pupil relationship. At first, the dependent mother, or ill, disabled or elderly person, may follow through on the homemaker's suggestions in order to please her and receive her praise. With proper guidance by the social worker, the homemaker can become conscious of this person's needs and use them to encourage more independence.

Mr. J, 75 and unmarried, was partially paralyzed, the result of a recent stroke. He had full use of his right side and limited use of his left. His sister with whom he had made his home had died six months before. He had no other relatives. Mr. J was referred to homemaker service for help with prescribed exercises and to demonstrate how he could carry on with household tasks despite his handicap.

Mr. J confided to the homemaker that he missed his sister deeply; not only had they been close since the death of their parents many years ago, but "Kitty always babied me." It was obvious that Mr. J would like to be "babied" again as he pretended to be able to do almost nothing at all for himself and was peevish about doing his exercises. The homemaker observed, however, that he had a lively sense of humor. She knew from the social worker that he also had a fiercely independent streak. He had refused, in no uncertain terms, the hospital physician's suggestion that he go into a nursing home.

Patiently the homemaker insisted that he do his exercises, praised him for his achievements, arranged his chair-side and bedside tables so that he would use his left arm and hand more frequently and encouraged him to do more and more for himself. As he made steady progress toward physical independence, the social worker and homemaker discussed how they could help abate Mr. J's loneliness and isolation and bolster his spirit of independence.

Reluctantly Mr. J agreed to go with the homemaker one day to a "senior citizens" group at a nearby community center. On their way home, he said, "I didn't think I would, but I had a whale of a good time. I'm going back next week—by myself."

The assessment of the potential for change which is part of the intake

process includes the potential ability to establish a constructive relationship with the homemaker. In some families abnormal behavior is so severe and of such long standing that there is virtually no such potential.

Some cases of mental illness are so damaging to the children or to a disabled or elderly family member that neither the teaching or supportive aspects of homemaker service are of help. Homemaker services, in situations where it is difficult to determine whether a family can be led to use help, must be accompanied by appropriate psychiatric, medical and social services. Each involved professional person should recognize that prognosis for positive change is guarded and that if unwillingness or inability to change puts the health or safety of vulnerable family members in jeopardy, other plans must be made. When such situations occur, the agency assumes responsibility for long-term planning, which may mean removal of children from the home or obtaining sheltered care for an adult.

The twin infants of Mr. and Mrs. B were placed in a foster home because they had been severely mistreated by their mother. Both parents were receiving treatment in a psychiatric clinic. A child abuse team recommended that the twins be returned to the parents under close supervision. Total services included weekly visits by the public health nurse and the social worker, continued psychiatric treatment and a homemaker to be in the home every day. The homemaker was to teach the mother proper care of the babies and to observe her relationship with them and her husband. The combined efforts of all involved did not succeed in overcoming Mrs. B's overwhelming feelings of hostility. When Mrs. B continued to harm the infants, they were quickly removed by court action.

In some cases, however, when the outlook for change looks poor, the patience and persistence of the homemaker does reach through defenses and a helping relationship is established.

Mrs. C, the mother of six children, whose husband had deserted the family, was a difficult parent with whom to work. The homemaker had to make many adjustments to her changing moods. Mrs. C was often unrealistic about the problems in her family, was unable to manage her budget at all, and resisted the changes in household management which, at the same time, she acknowledged needing.

Slowly but surely the homemaker was able to work on better household management, more understanding of the needs of the children, and reorganization of the household chores so that all members of the family would participate. Gradually, the mother relaxed with the homemaker and the household settled into a routine which was satisfying to Mrs. C

and met the needs of the children better. Meanwhile, the agency located the absent father who started sending regular payments for support of the children. Mrs. C was helped to budget the payments. Responding to counseling by the social worker and the patience demonstrated by the homemaker, she also learned to be less harsh in her discipline of the children, which had been a key factor in their behavior problems.

The teaching role in homemaker service not only prevented threatened placement of the children, but the family began to learn to live together in more harmony than they had ever known.

/6/ Recognizing and building on strengths

The essential assessment of the potential for change which should take place before service begins, as well as reassessment during service, should be aimed at discovering whatever strengths the individual family members have and the strengths of the family unit. Sometimes strengths will be obvious; at other times they will require skill, patience and time to be drawn out. Whenever they come to light, they can be used to build further strength.

Mrs. H, a 26 year old mother of five children, including one set of twins, was overwhelmed by the demands of her unruly, lively children. The social worker found that Mrs. H was exhausted and depressed and so frequently "let her temper out" on the children that the home atmosphere was grim and tense. But she deeply cared for the children and felt desperate about her lack of control.

The homemaker set about the delicate task of building on this strength to improve the parent-child relationships. She was careful not to preempt the mother's position and together they agreed on the kind of controls to be used with the children, thus presenting a united front. Since Mrs. H was eager to learn new methods of control, she was able to accept the homemaker's suggestions. An important factor was the teamwork of the social worker and homemaker. As the social worker encouraged Mrs. H in her desire to establish herself as head of the household, the homemaker suggested practical ways of carrying out these concepts in daily life, in such simple ways as encouraging Mrs. H to attend the parent-teacher conferences at school.

The greatest impact of the homemaker in helping to effect change in the parent-child relationships was her attitude toward Mrs. H. Because she showed respect for her as head of the household, the children began to see their mother in that light too.

/7/ **Providing proper timing**

As in all work with people, timing is a critical factor in achieving maximum family involvement. The family should not be pushed too fast, nor should the situation be allowed to remain static. Determination of timing requires real teamwork between the homemaker and the social worker. There should be ample recognition of the fact that, especially with multiple-problem families who have had few achievements and minimal relationships, it may be a long slow process to develop positive relationships and inspire motivation for change.

A time limit should be set and an evaluation made at that point as to whether or not there has been any progress or any indication of potential for change. A decision must be made as to whether or not it is valid to continue the teaching service. The timing of termination of service is crucial. Service extended beyond the point where the family has made maximum use of it according to its abilities delays independence. On the other hand, premature termination of service can undo much of what has been accomplished. It is usually best to taper off service so that the family gradually gets used to managing on its own and the homemaker and social worker are better able to gauge the timing of complete termination.

When homemaker service was terminated for Mrs. V, she asked if she could telephone sometimes when she felt depressed. The social worker agreed to this plan, but after Mrs. V had called several times in tears, it was apparent that service had been terminated too soon. The homemaker was reassigned to Mrs. V for a half day a week, because, although she had made great strides toward independence, she still needed a little personal support for a while longer.

/8/ **Helping to achieve independence**

Throughout the entire period of teaching service family members should be assisted toward planning for themselves. Otherwise, when service is terminated they will not be able to manage on their own. In the beginning, the homemaker and the social worker together will probably have to take a more active part in helping them reach decisions. As they are helped to take on more responsibility, there should be a gradual lessening in participation by the homemaker and social worker, so that by the time service is withdrawn, the family members are able to plan and manage according to their abilities.

/9/ **Providing concrete action to obtain basic necessities**

In order to give effective service to help individuals and families achieve satisfying levels of living, they must have basic necessities, such as sufficient

income for food and clothing and adequate housing. These are basic rights of every individual and family, yet many elderly persons and many families live under crushing sub-standard conditions. It is the responsibility of the agency to become advocates for them and to stimulate them to initiate steps themselves, or to join in social action, to try to obtain decent housing and adequate income, educational facilities and good health care. Assuring these necessities is basic to any other attempts to improve the quality of life.

Selected References

Harding, Margaret. *Helping Low-Income Homemakers: Programs and Evaluations.* A selected, annotated bibliography. New York State College of Human Ecology, Cornell University, 1969. Abstracts of papers, studies, action and research projects, divided into eight sections. Home Management Instruction, Section II A, pp 14-24.

Homemaker Service in Public Welfare—The North Carolina Experience. U.S. Department of Health, Education, and Welfare. Revised 1965. Setting realistic goals, p. 17.

Lippitt, Ronald, Jeanne Watson and Bruce Westley. *The Dynamics of Planned Change—A Comparative Study of Principles and Techniques,* ed. Willard B. Spalding. New York: Harcourt, Brace & Co. 1958. ". . . the basis of the work of various types of professional helpers concerned with a purposeful decision to effect improvement."

Trager, Brahna. "The Use of Homemaker Service in Preserving Family Life," paper given at Minnesota Welfare Association Annual Conference, 1965. Included in *A Unit of Learning About Homemaker-Home Health Aide Service, Teacher's Source Book.* New York: Council on Social Work Education and National Council for Homemaker-Home Health Aide Services, Inc., 1968, pp 73-78.

Williams, Johnnie U. "The Caseworker-Homemaker Team," *Public Welfare* 23:4 (October 1965.) Excerpt, "The Use of Homemakers to Help Families Raise Their Level of Living." Reprinted in *Readings in Homemaker Service,* National Council for Homemaker-Home Health Aide Services, Inc., 1969, pp 40-42.

CHAPTER IV

The role of the professional

"Every individual and family served shall be provided with these two essential components: service of a homemaker-home health aide and supervisor and service of a professional person responsible for assessment and implementation of a plan of care."[1] **Standard VII, Basic National Standards for Homemaker-Home Health Aides Services.**

This chapter deals with the professional component in the delivery of the teaching aspect of homemaker service.

The role of the professional

The role of the professional member or members of the team is twofold: One is to supervise and administer direction of the homemaker, beginning with her selection, through her training, assignment and performance; the other is to work with the individual or family on problems identified by the professional and family together, aided by the homemaker's observations.

Decisions concerning the learning objectives to be achieved, the extent of instruction to be provided, the methods to be used and the sequence of teaching activities are the responsibility of the professional members of the team.

In some agencies, these functions are carried out by one professional person. In others, selection, training, assignment and supervision of home-

[1] *Homemaker-Home Health Aide Services Approval Program.* National Council for Homemaker-Home Health Aide Services, Inc. 1971.

makers are responsibilities shared between the professional person who works directly with individuals or families, such as a social worker, a nurse or a home economist—and a supervisor or director of homemakers.

When there is an administrative director of homemakers, he or she is usually responsible for the selection, training and quality of performance of the homemakers. The director of homemakers and the professional person who works with the family might decide together which homemaker is best suited for a particular assignment. The worker who is responsible for the service plan for the individual or family to be served provides professional guidance to the assigned homemaker.

/1/ Professional responsibilities

To the family

- Make initial assessment of the situation, evaluating need for teaching homemaker service.
- Determine the individual or family's motivation and readiness to participate in the service.
- Convey to the individual or family a sense of hope that change is possible soon.
- Identify with the individual or family the specific problems with which they wish to accept help.
- Interpret the way in which teaching homemaker service can help with specific problems and how it works.
- Establish a beginning plan of service: what is to be done, why, when, how and how often.
- Estimate length of time of service.
- Introduce homemaker to family.
- Conduct periodic reviews of the beginning plan, modify as indicated, giving ample support to individual or family efforts.
- Help individuals or family with problems that interfere with their ability to benefit from teaching homemaker service.
- Involve other agencies or community resources, as they are needed, to further the teaching goals.
- Determine when teaching homemaker service can be reduced and/or terminated.

To the homemaker

- Select the homemaker most likely to work successfully with the individual or family.
- Interpret the family's need for teaching homemaker service and the specific immediate and long-range goals.
- Provide support to the homemaker, interpreting and helping her to understand what is happening and helping her to see and accept limited change.
- Arrange regular and frequent conferences to:
  - review progress toward established teaching goals
  - discuss new and old problems which may be interfering with achievement
  - provide opportunities for the homemaker to air her feelings and share her observations
  - discuss and agree upon any needed modification of goals or changes in approach.
- Provide opportunities for the homemaker to:
  - increase her understanding of people and the use of herself in the helping process
  - increase her knowledge of community resources
  - achieve above-average proficiency in homemaking skills
  - develop ability to demonstrate skills and motivate others.

Homemaker service . . . can permit a family to rally the strengths of each of its members and to experience deep satisfaction in having achieved a greater unity. This cannot be accomplished, however, with only one of the component parts of homemaker service. The caseworker alone cannot take care of the multiple and complicated details of the management of a household nor can the homemaker alone evaluate the results of her efforts—to know whether her work is encouraging and supporting a family toward independent functioning or whether she is fostering a dependence that will cause the family to break down even further when service is withdrawn.[1]

[1] Elizabeth A. Stringer. "The Utilization of the Team of Homemaker and Caseworker to Keep Families Together," paper presented at National Conference on Social Welfare, 1972. Unpublished.

/2/ Selection and training of homemakers for the teaching role

The team member who is responsible for the quality of the homemaker's performance should be instrumental in her selection, play a key role in her orientation and on-going training and either provide or see that she has frequent and ready access to the professional guidance she needs to understand and carry out the plan of service.

The selection process for homemakers with teaching potential has not become a formal one. Sometimes they are actively recruited, sometimes they are spotted among current candidates for homemaker service positions, but most often their inherent abilities are demonstrated and recognized as they handle a variety of situations in other aspects of the service. Professional, supervisory and homemaker staff should be encouraged to be on the lookout for homemakers with teaching potential.

Additional training to interpret the teaching role and the dynamics of helping persons to learn new skills and attitudes, plus further professional guidance and support, helps such homemakers work effectively in the new role.

/3/ Supervision

As important, and nearly as delicate, as the relationship between homemaker and family and between professional and family is that which the supervisor establishes with the homemakers under her guidance. The quality of that relationship has a direct effect on the quality of the service provided. The supervisor who is sensitive to the team concept of the service will help to create a positive relationship based on mutual appreciation of each staff member's skills and experience. Since the supervisor is ultimately responsible for the service given by the homemaker, she provides the basic support and essential backup for the homemaker's efforts with the family or individual.

This relationship with the supervisor not only stimulates learning, but gives the homemaker a sense of security which leads to more effective functioning. The supervisor's availability to homemaker staff, even in the evening or early morning, is important to their feelings of security while on assignments or for guidance in working out their own problems on their jobs.

The homemaker must also be helped to understand her role in a given assignment, according to the family's need and the long-range goal of the service. She needs to understand, in each situation she goes into, exactly what part she is expected to play.[1]

[1] "Essential Ingredients of Supervision," excerpt from Report of the 1964 National Conference on Homemaker Services, reprinted in *Readings in Homemaker Service*, National Council for Homemaker-Home Health Aide Services, Inc. 1969. pp. 136-139.

In a project to provide the teaching aspect of homemaker service to families where there was neglect of children:

> One of the significant facets . . . was the growth and development of the homemakers . . . the enthusiasm of the homemakers grew as they developed an increasing understanding—especially of the emotional factors underlying the neglect they encountered—and as they were able to see the many tangible improvements that took place during their duty on a case.
>
> Placed in homes to act as teachers to the mothers, they found conditions that they had never before encountered and a degree of maternal rejection . . . that could not fail to shock these warm, giving women. . . . As had been anticipated, it was found that supervision and education of the homemakers would have to be intensive and continuous . . . the support aspect being essential because of the emotional impact of this type of case on the homemaker.[1]

/4/ Evaluation

Evaluation of the homemaker's on-the-job performance in a teaching situation, another professional responsibility, is the best way to determine her ability to adapt or learn to adapt to this role.

In the final analysis, it *is* on-the-job performance that tells the story, as an agency director confirms in this report of a revealing experience:

> Mrs. S's bluntness during the interview made me question her ability to go into different homes and adapt to different family situations. However, her qualifications were satisfactory and she wished to take the training course. Observation during the course still left questions which remained until she was placed on her first assignment. Her weekly reports were thorough, observing and tinged with a delightful sense of humor! A letter was received from the family praising her abilities, expressing their heartfelt thanks for having her and mentioning her sense of humor! She has been with us for over two years and has been on a variety of assignments. I may not have been observant enough during the office interviews, but more than likely she was feeling stiff and formal in an office and her performance in a home was quite different. Any amount of office interviews and references cannot take the place of

[1]Miriam Shames. "Use of Homemaker Service in Families that Neglect their Children," *Social Work*, 9:1 (January 1964), pp 12-18.

on-the-job performance.[1]

Home visits (by the homemaker supervisor, social worker, nurse or other professional members of the team) provide an opportunity to observe physical changes which have taken place as a result of the homemaker's assignment. The relationship between the homemaker and family is observed, with particular attention given to sensitive areas in the relationship. For example, how well is the homemaker able to support an inadequate mother who must be taught to improve home and child care practices, but whose role as parent must be maintained? Or how well is she able to relate positively to the emotional dependence of some aged adults? Such observations add considerably to understanding the strengths as well as problem areas in the homemaker's performance.[2]

The following example illustrates the need for sensitive assessment of a homemaker's ability to serve effectively in a teaching capacity:

Mrs. J had been a successful homemaker for several years. Because she had shown exceptional skill in teaching young children and teenagers in the homes where she served as a mother substitute, the agency thought that she might do well on teaching assignments with adults. Mrs. J was interested in the idea, too.

Preparation for her first teaching assignment included observation of other homemakers in teaching situations and a thorough "briefing" on the problems, limitations and goals for the families and several elderly persons she would serve.

It was evident after a few weeks that Mrs. J, though she was trying very hard, was having difficulty adapting to the teaching role. She had maintained very high homemaking standards all her life, and found it almost unbearable to go into a home and not "clean it up" or immediately get the mother to do so. Being highly independent and self-reliant herself, Mrs. J was somewhat uncomfortable with the emotional dependence exhibited by some of the elderly persons she helped.

Perhaps Mrs. J, who was so successful in teaching youngsters, was not able to teach adults in the same "parenting" way. As she and the supervisor continued to discuss some of the factors contributing to the inade-

[1]Evelyn H. Zies. Visiting Homemaker Service of Morris County, Morristown, N.J., paper presented at 1964 National Conference on Homemaker Services. Reprinted in *Readings in Homemaker Service*, National Council for Homemaker-Home Health Aide Services, Inc., 1969, pp 118-119.

[2]Excerpt from *Report of the 1964 National Conference on Homemaker Services*, National Council for Homemaker-Home Health Aide Services, Inc., 1965.

quacy or dependency of these adults, it was hoped that Mrs. J could be helped to overcome her discomfort and feelings of censure and become effective in the teaching role. If she could not, the supervisor would support her decision to return to the "caring for" role and help her to make this decision without feeling that she had failed. The fact that Mrs. J was able to understand and express her own feelings and accept the supervisor's interpretation of others' feelings was a hopeful sign.

In Summary

Teaching in homemaker service, through creative guidance, provides an opportunity for developing the potential of a relatively untapped reservoir of women who, with training, recognition and encouragement can develop teaching skills and become "prime movers" in helping to strengthen individuals and families.

The next chapter describes the role of the homemaker in a teaching capacity and the primary helping team of homemaker and professional.

Selected References

Brodsky, Rose and Dora Goldfarb. "The Employment Process in Selecting Homemakers," *Social Casework*, 31:1 (January 1950), pp 18-22.

Burford, Elizabeth. "A Formalized Homemaker Training Program," *Child Welfare* 41:7 (September 1962).

Danish, Steven J. and Allen L. Hauer. *Helping Skills: a basic training program, Leader's Manual.* New York: Behavioral Publications, 1973.

Food and Nutrition . . . in-service training for extension aides — The Problem-Centered Approach. U.S. Department of Agriculture, Federal Extension Service PA 1008.

Hicks, Florence J. "Training Neighborhood Health Aides," *American Journal of Nursing*, 65:4 (April 1965), p 79.

Homemaker-Home Health Aide Guide. American Red Cross in Greater New York. Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.

Homemaker-Home Health Aides. . . Training Manual. National Council for Homemaker-Home Health Aide Services, Inc., 1967.

Low-Income Teaching Kit on Credit. U.S. Department of Agriculture, Federal Extension Service, Division of Home Economics, 1968.

Management Aide in Low-Rent Public Housing Projects, A Suggested Training Program. Office of Education, Division of Vocational and Technical Education. No. F.S. 5.287:87001, 1964.

Mootz, Ann A. *Supervision of Homemaker-Home Health Aides — A Complex and Rewarding Skill.* Cincinnati, Ohio: Home Aid Service.

Reissman, Frank. "Strategies and Suggestions for Training Non-Professionals," *Community Mental Health Journal,* 3:2 (Summer 1967), pp. 103-110.

Ripple, Helen E. "Supervision of the Paraprofessional: The Homemaker," paper presented at Child Welfare League Eastern Regional Conference, 1973. Unpublished.

Rouls, Janalyce. *Training Home Economics Program Assistants to Work with Low-Income Families.* U.S. Department of Agriculture, Federal Extension Service PA 681, 1965, "Factors that Influence Learning," "Barriers to Adult Learning," pp 71-76; 76-95.

Spindler, Evelyn B., Bertha F. Olsen and Margaret Oliver. "Program Aides for Work with Low-Income Families," *Journal of the American Dietetic Association.* 50:6 (June 1967), pp 478-486.

Training Non-Professional Workers for Human Services, A Manual of Organization and Development. Institute for Youth Studies, Center for Community Studies, Howard University, 1966. National Information Clearinghouse on New Careers.

CHAPTER V

The homemaker in a teaching role

The teaching role

A homemaker is carrying out the teaching role when she performs her service in such a way that she is helping individuals and families to help themselves. As "teacher," the homemaker is primarily a model, a demonstrator, a supporter, a stimulator and an encourager. It is not expected that she will have extensive knowledge of education principles nor the skills of a professional educator.[1]

Well-qualified homemakers who have demonstrated a capacity to motivate others become increasingly resourceful with experience in the teaching role. As they work effectively in a variety of problem situations, their confidence and self-reliance grow and they become ever more valuable members of the service delivery team.

/1/ Qualities needed by the homemaker in a teaching role

It is a far more demanding and complex task to help people to help themselves than it is to take care of them. Personal care of the ill or elderly and substitute mothering of children call for special skills, but do permit the homemaker to work pretty much at her own pace and in her own way. When

[1] Alberta D. Hill, Professor, Home Economics Education, Department of Education, Washington State University, in a communication to the National Council for Homemaker-Home Health Aide Services, Inc., 1970.

she is in a teaching situation, the homemaker must work at the individual's or family's pace toward goals that they can reach. As she helps a family or disabled or elderly person toward greater independence and self-care, she must be ready and able to relinquish more and more of her own activities and decision-making, so that they can gradually learn to function without her help.

The homemaker who carries the teaching role needs, to an even greater degree, the qualities sought in every homemaker—maturity, sense of responsibility, flexibility, learning ability, discretion, the ability to behave in an accepting and non-judgmental way and to establish good personal relationships with a wide variety of persons.

As a teacher, the homemaker will be called upon to "work with" rather than to "do for," to demonstrate skills as well as to perform them, to suggest and to lead, rather than to command or to exhort, to have the patience to go slowly and often over the same ground, to recognize progress and change, to accept progress that is slow and change that is limited, to exhibit respect for those individuals and families with whom she works and to motivate them to want to effect changes in themselves and their surroundings.

To meet and gain satisfaction from these challenging requirements, the homemaker who functions in this role will need an intuitive understanding of human behavior, a common sense approach to life, a good sense of humor and a heightened sense of self-awareness which will enable her to recognize her own strengths and limitations, and to work effectively as a team member.

In so-called "multi-problem" situations—a short-hand term to describe the results of years of hardship, loneliness, deprivation and frustration—the extent of the disorganization, tentative or marginal motivation and the complexity of health and social problems are often such that the first order of business must be to establish a climate for learning before learning can begin. Skills which may be demonstrated by the homemaker in a manner more like that of a warm friend or loving parent than that of an "expert" can become the stepping stones to trust, hope and a greater sense of self-worth. When this takes place, real learning progress begins.

The following report from a homemaker illustrates development of the kind of personal attitude which makes for fruitful performance in the teaching role:

I started as homemaker feeling it would be an interesting job, but with no idea of the good it would or would not do. After visiting the first few families assigned to me, I learned . . . I had to see things as they saw them and go on from there. Some of the simple everyday routines and duties of homemaking are unknown to some families. One woman, who has grown children, asked me if I could show her how to fry a chicken. Meal planning is such a problem. I have been able to show, at least a

few, that a limited budget needn't mean that the diet cannot be varied. Also, I have helped with organization of housework, laundry problems, mending and child care. After a few months, families look on me as a friend who can help with their problems.[1]

/2/ Goals of the homemaker in a teaching role

Whether she is working with a family, individual adults or elderly persons, the homemaker in the teaching role has a primary goal: to maintain or contribute to family stability and order and to independent functioning. Toward that goal, she will strive to:

- Inspire confidence, trust in the present and hope for the future, based on feelings of personal worth and dignity.
- Help the mother in a family or an elderly person to realize that everyone has needs, some like and some unlike her own, and thus encourage improved family relationships.
- Demonstrate how parents can both enjoy their children and learn to keep them under reasonable control.
- Encourage planning and setting of personal goals that can be reached by family members or by handicapped or elderly persons with satisfaction in a short time.
- Instill a joy in evaluating, taking stock of what has been attained and projecting what will be the next step.
- Help separate the "musts" and the "wants" and to plan so that both may be realized.
- Demonstrate skills in housekeeping, child care or self-care, starting where the family or individual is, but not leaving them there.

The homemaker in the teaching role follows steps that lead to good learning. She shows how, works along with, shows again, praises when at all possible, allows the person who is learning to take over the task and then repeats the same procedure, perhaps many times over a period of several visits.[2]

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[1]Mary Lehn. Excerpt from *Annual Report*. Washington County, Wisconsin, Welfare Department, 1965.

[2]Elizabeth W. Gassette. "Homemaker-Teachers Assist Low-Income Families in Hartford, Connecticut," *Working with Low-Income Families*. American Home Economics Association, 1965, pp 135-139.

Mrs. L was at a total loss. Her husband had left her. Though he sent money from time to time to help provide for the family, which included three school-age children and an infant, it was not enough. Mrs. L had no idea how to manage an income, even if it were enough. She was intellectually limited and had always relied on Mr. L for all decisions. A public assistance grant helped to take care of family needs, but Mrs. L needed help to learn how to budget, pay bills, shop and plan meals.

The social worker and homemaker worked intensively with Mrs. L. The service plan called for daily encouragement and support by the homemaker to help Mrs. L become what she now must be: the sustainer of her family.

The homemaker was patient and gentle with Mrs. L—but persistent. In the beginning she arrived early every morning to get Mrs. L out of bed, helped her get breakfast and have the children ready for school on time. When Mrs. L saw that the homemaker felt that getting the children off to school was so important, she shyly suggested that she would try getting herself up.

Gradually, Mrs. L took on more and more responsibilities and found satisfaction, first in the compliments she earned from the homemaker, then in her growing awareness that she could run her own household and manage her family affairs. After 10 months, the social worker, Mrs. L and the homemaker agreed that Mrs. L could get along with having the homemaker visit only three days a week instead of five. Then the visits were reduced to two days a week. Finally, it was clear that Mrs. L felt ready to manage on her own. She has not needed to ask for further help.

/3/ Responsibilities of the homemaker

Each member of the teaching homemaker service team has specific responsibilities to the other team members and to the family or individual being served. The homemaker's responsibilities are to:

- Work as a member of a team and accept guidance.
- Continue to grow in self-awareness and to increase knowledge which can be used to help others learn.
- Work within a plan for helping an individual or family change its pattern of living.

- Develop a climate conducive to change while accepting cultural differences.
- Do "with" not "for" a family or handicapped or elderly person who needs to learn independent functioning and self-sufficiency.
- Understand and sustain a mother or a disabled or elderly person during a learning or re-learning period.
- Work at the individual's or family's pace in effecting change.
- Have and exhibit respect for every person's inherent dignity, right to self-determination and to confidentiality.
- Observe individual and family functioning and be alert to problems which may affect the use of teaching homemaker service.
- Share with appropriate team members those observations which may affect the service plan.
- Maintain work records as aids to evaluation and future planning for the family or individual being served.

The primary team

Together, the homemaker and the professional person working with the family constitute the primary helping team. Other professionals—physicians, psychiatrists, therapists, nutritionists and others—may be called upon, as needed, from the agency's own staff, collateral agencies or as consultants—as in the following illustration:

In one of their weekly conferences, a homemaker and social worker shared their concern about eight year old Betsy M. The homemaker reported that she had not been able to persuade Mrs. M to take her children to the clinic for medical checkups. The homemaker's observations led the social worker to think that Betsy might be diabetic. She scheduled an immediate visit to see Mrs. M and convince her that Betsy must be taken to a doctor. Their guess about Betsy's condition proved to be true. A public health nurse then instructed the homemaker so that she was able to help Mrs. M in administering prescribed medication. A nutritionist helped Mrs. M understand the need for Betsy's diet to be regulated as prescribed by the physician. She helped Mrs. M and the homemaker plan meals that would be good for Betsy and that the whole family could enjoy. The social worker and homemaker worked together to teach Mrs. M how to manage Betsy's health and emotional needs without setting her apart from her brothers and sister.

In this example the social worker and homemaker were the "core" team, joined, as the need arose, by a clinic physician, a public health nurse and a professional nutritionist.

This primary or "core" team is made up of two persons whose educational preparation, areas of competence and concentration are different, but interlocking and interdependent. It is the homemaker who is in most frequent direct contact with the individual or family. It is she who provides leadership for the family and is the source of practical day-to-day help and support. The skillful professional person will recognize the uniqueness of the homemaker's contribution.

The professional person's educational preparation will have equipped him or her with a specific body of knowledge enhanced by experience which enables him to apply it skillfully to the situation at hand. It will be his or her challenge and responsibility to weld these two unique contributions into a single unified helping method—not only with direct service to the individual or family, but with support and professional guidance for the homemaker.

Selected References

Danish, Steven J. and Allen L. Hauer. *Helping Skills: A basic training program: Trainees Workbook.* New York: Behavioral Publications, 1973.

Homemaker Service in Public Welfare—The North Carolina Experience. U.S. Department of Health, Education, and Welfare. Revised 1965.

Homemaker Service to Strengthen Individual and Family Life—A Focus on the Teaching Role of the Homemaker. National Council for Homemaker-Home Health Aide Services, Inc., 1970.

McCullough, Rachael. "We Work with Human Beings," paper presented at Regional Meeting, Ohio Council of Homemaker-Home Health Aide Services, 1973.

Narrative Accounts—Teamwork in Protective Service: Homemaker Service. Wisconsin Department of Public Welfare, Division of Public Assistance. General Letter PA-66-41 to County Social Security Aid Agencies, November 22, 1966.

Seymour, Robert E. "Self-Awareness—The Key to Success," paper presented at Eighth Annual Supportive Services Workshop, North Carolina Department of Social Services, 1970.

Strengthening Family Life Through Homemaker-Home Health Aide Services. Report of a Project in Washington, D.C. National Council for Homemaker-Home Health Aide Services, Inc., 1972.

Stringer, Elizabeth A. "The Utilization of the Team of Homemaker and Caseworker to Keep Families Together," paper presented at National Conference on Social Welfare, 1972. Unpublished.

Williams, Johnnie U. "The Caseworker-Homemaker Team," *Public Welfare* 23:4 (October 1965.)

CHAPTER VI

Administrative aspects

Homemaker service in which learning is the primary objective is a method which can be part of any homemaker-home health aide service program. The teaching aspect of homemaker service can be administered within a multiple service organization or a single purpose agency or it can be a joint endeavor between two agencies, such as when one agency purchases service from another. When two agencies are involved, administrative procedures are needed to assure close collaboration and communication so that there is appropriate use and timing of the service.

/1/ Agency commitment

Because many individuals and families have experienced a lifetime of poverty, neglect, loneliness and frustration, they may require intensive long-term help to overcome their inability to provide adequate care for themselves or dependent family members. A decision to provide the teaching aspect of homemaker service involves a conviction that people who are respected and encouraged have a better chance of being helped to reverse destructive living patterns. This conviction is accompanied by a willingness and the ability to invest the time, personnel and financial resources required to provide teaching help to enhance the quality of daily life.

/2/ "Outreach" and interpretation

An agency's commitment to provide this enabling source of help includes the obligation to reach out to those who need it, since those who do are the least

likely to be aware of it or to know how to apply for it. The first problem is to locate them, because they are often isolated from the general community and its usual sources of information. This can probably be accomplished best through contact with those to whom they may be known, such as personnel of hospitals, clinics, schools, social centers, Social Security offices, churches or public housing.

To stimulate appropriate referrals, it is necessary to interpret the service to those who may be unaware of its existence or its purpose. The use of homemaker service to strengthen individual or family life may be more difficult to interpret to the community than is homemaker service for the more visible reasons of illness or the temporary absence of a mother. People in the community may lack understanding of the severe deprivation which underlies much inadequate functioning and may tend to censure those who seem not to hold the same values or to have the same aspirations as they do. It is often necessary to interpret, over and over again, the real contribution that the teaching aspect of homemaker service can make when it helps individuals and families learn how to meet the responsibilities of their daily lives.

> In one midwestern state, each county department of public aid has a welfare service committee made up of key members of the county-wide community. At regular meetings of these committees, various programs are discussed and interpreted. In turn, these informed community representatives become effective interpreters to the groups they represent and to the community at large. Explanation of homemaker service and its teaching aspect is also made through all other available media—newspapers, radio, television, and to church groups and civic clubs.[1]

/3/ Administrative responsibilities

- The agency establishes a climate which encourages individual initiative, recognizes special skills and promotes a team relationship among its staff members.
- The agency assures that service is provided by a team of agency workers that includes the homemaker, her supervisor and the professional person, usually a social worker or nurse, who is responsible for planning service with the family. In small agencies the planning aspect may be carried by the homemaker supervisor.
- The agency makes provision for the addition of other professional help when it is needed, such as that which can be provided by a home econo-

[1] Sandra S. Jones. "A New Dimension in Homemaker Service," paper presented at National Conference on Social Welfare, 1970. Unpublished.

mist, nutritionist, therapist or physician.

- The agency provides for continuing professional involvement with the family during the service and for evaluating effectiveness of the service.
- Agency policy provides that each homemaker be directly responsible to a supervisor on the agency's staff and that she receive her initial training and continuing guidance from a professional person.
- The agency requires that each homemaker be trained in basic homemaking and personal care skills, with emphasis given to the teaching role if she is to carry such assignments.
- The agency determines, according to established criteria (see chapter 2), whether the teaching aspect of homemaker service is appropriate and decides with the individual or family what the learning goals will be.
- The agency stands ready to support, to the best of its ability, each individual and family served with whatever health and social services are needed. It makes a determined effort to uncover those unmet needs which may block effective use of the teaching aspect of homemaker service.
- If the teaching aspect of homemaker service is not appropriate, the agency helps the individual find and use those community resources which will help meet his needs.
- The agency establishes working relationships and referral arrangements with a variety of community services.

/4/ Administrative variables

The teaching aspect of homemaker service can be integrated into the regular homemaker service caseload or be set up as a separate unit. The choice depends to some extent on the size of the agency, its staff, those it serves, its community setting, auspices, priorities and financial resources.

Establishing a teaching program as a separate unit may result in unnecessary fragmentation and may limit freedom to match skills with needs. However, with proper administrative controls, flexibility can be maintained in a separate unit.

/5/ Administrative priorities

- Meeting basic needs

  For homemaker teaching service to be effective, it is necessary for the agency to evaluate the family's full range of needs. Implicit in the service is

teaching the individual or family how to use available resources and helping them to find the health services, housing and social services they need.

- Selecting capable staff

  Homemakers who function in a teaching role should have:

  Initiative and capacity for creative work;

  Sensitivity to various cultural patterns of family life and the needs of individuals and families at all socio-economic levels;

  Ability to influence constructive changes in daily living through patient, understanding guidance.

- Maintaining flexibility

  In some homemaker service situations the need is almost completely for supportive and rehabilitative care; in others it is mostly for teaching; still other situations call for both teaching and caring for the individual's or family's daily needs. Assignments which take these variations into account and which focus on long-range as well as immediate needs will help assure the flexibility required. For example, when there is an emergency situation and it is also apparent that there are problems which might be helped with the teaching aspect of homemaker service, the most responsive plan would be to select a homemaker who can carry both roles, assisting during the crisis and continuing to provide service when learning becomes the primary objective.

  Deciding how often and for how long a homemaker will be scheduled to work with a particular individual or family requires a flexible approach. Some factors to be considered by the professional person who formulates the individual service plan are the person's ability to handle the new situation and to absorb what has been taught. In many instances, "time between" is needed to permit the individual or family to absorb and integrate new ways of doing things into their own living patterns. Scheduling is also geared to the amount and length of time it may take for a satisfying relationship to be established between the individual or family members and the homemaker.

- Providing in-service education

  So that homemakers can carry teaching assignments confidently, with heightened sensitivity and self-assurance, enriched in-service learning opportunities and ready access to consultation from professional team members are of special importance.

  Homemakers who carry the teaching role should understand the principles of adult learning (See references at end of this chapter on "how adults

learn.") Initial training should equip the homemaker with a knowledge of:

Children's physical and personality development;

The psychological effects of chronic and catastrophic illness;

Facts about mental retardation and other developmental disabilities;

The physical and emotional impact of disability and aging;

Symptoms of senility as a special problem;

Factors contributing to alcoholism, drug abuse, emotional depression and mental illnesses.

The goal of this training is to sustain the intuitive good sense of the homemaker with psychological insight into people—their motivations and aspirations, their individual differences and intricate relationships within and outside the family.[1] It is assumed that persons selected for this work have innate qualities which enable them to get along with and relate well to the people they work with, to be tolerant of others' differences and sensitive to their needs and to be emotionally secure enough not to feel personally threatened by those who are dependent, depressed or hostile.

Regular, continuous opportunities to be involved in case discussions, in groups and individually, are essential. Such discussions serve to keep the homemaker informed and alert to developments, to provide her with continuing learning experiences and the benefits of team skills. They afford support and encouragement for her efforts and opportunities to resolve difficulties and conflicts. Conferences with professional consultants are an integral part of supervision and in-service training. The following illustration points up the value of opportunities for free interchange between homemakers and the professional members of the service team:

Mrs. M was a skilled homemaker with an innate knack for getting along with people. She made effective use of her teaching skills, had respect for various cultural patterns and values of the families with whom she worked and firmly believed that she didn't "teach," but "helped others to learn."

At the beginning of a conference with her supervisor, Mrs. M expressed discouragement over lack of progress in one thoroughly overwhelmed family she had worked with for several months. She concluded by saying "I don't think I have accomplished a thing."

In the next ten minutes of discussion, much that she had accom-

[1] *Homemaker-Home Health Aides. . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, p. 16.

plished with this family was revealed. Because she saw so much to be done, she had, humanly enough, failed to recognize the real, if still limited, progress that she had helped to bring about.

The supervisor was able to re-interpret the family's problems and needs and bring Mrs. M to an awareness of constructive changes that were taking place. The homemaker, in turn, was enabled to pass on an encouraging feeling of progress to the family.

In summary

Successful administration of the teaching aspect of homemaker service requires acceptance of responsibilities which involve prevention and rehabilitation. The teaching role places new emphasis on the full potential of an agency's paraprofessional staff to help carry this responsibility and to provide meaningful, creative service. Successful implementation of a teaching service depends on the opportunities given to homemakers to develop their skills and to feel self-assured and respected for their capabilities as agency workers. It depends equally on the agency's commitment to provide professional evaluation and planning for flexible, long-term part-time services to those families and elderly persons who have need of special help to improve the quality of their daily living.

The next chapter discusses use of evaluation procedures as an aid to program planning and administrative decisions.

Selected References

Burford, Elizabeth, "A Formalized Homemaker Training Program," *Child Welfare*, 41:7 (September 1962.) Reprinted in *Readings in Homemaker Service*, National Council for Homemaker-Home Health Aide Services, Inc., 1969, pp 123-129.

Homemaker-Home Health Aides . . . Training Manual. National Council for Homemaker-Home Health Aide Services, Inc., 1967. Principles involved in teaching care of children, pp 99-108; home management, pp 76-82; nutrition, pp 87-95; independent functioning for disabled and elderly, pp 112-125.

Homemaker Service in Public Welfare—The North Carolina Experience. U.S. Department of Health, Education, and Welfare. Revised 1965. "Scheduling Homemakers," pp 16-17.

Resource Courses for Planning Local Adult Homemaking Programs. University of the State of New York, 1962. Characteristics and attitudes of the adult learner, p 1. Course content suggestions throughout the book include suggestions for recognizing evidences of learning.

Rouls, Janalyce. *Training Home Economics Program Assistants to Work with Low-Income Families.* U.S. Department of Agriculture, Federal Extension Service, Division of Home Economics, 1965. "Factors that Influence Learning," p 47.; "How Adults Learn," pp 48-50, 81-82; "Reinforcing the Program Assistants' Morale," p 31.

Strengthening Family Life through Homemaker-Home Health Aide Services. Report of a Project in Washington, D.C.: National Council for Homemaker-Home Health Aide Services, Inc., 1972.

CHAPTER VII

Program planning and evaluation

With increasing frequency, social agencies are seeing the need to use objective evidence of program effectiveness and cost efficiency as the basis upon which decisions in administration, planning and policy formulation are made.

When programs are continued because the services appear, without much firm evidence, to be appropriate and effective, accountability to boards, funding bodies, community and those who are served is seriously lacking. An objective measurement of the degree of accomplishment meets the criterion of accountability. It can lead to seeking alternative forms of service that might be more effective (and perhaps even less expensive) or it can lead to increased understanding and acceptance of the service because its effectiveness and cost efficiency have been confirmed.

Homemaker-home health aide service agencies also are more aware of the value and utility of systematic and objective evaluation to gauge the effectiveness and efficiency of their programs and techniques of service delivery. Counting cases served, with or without some impression of adequacy, may no longer be sufficient. Use of formal evaluation procedures may be required to improve both program planning and effectiveness of the services rendered. Such procedures help administrators become more cognizant of precisely what the goals of the program are, and of effective means to achieve them.

This chapter is included to highlight the nature of evaluation research as a basic tool to help administrators of homemaker-home health aide agencies determine program effectiveness. In addition, it may help to identify some of the problems and pitfalls to be wary of when planning and conducting an evaluation of the teaching or any other component of their services.

Uses of evaluation

Evaluation research designed to be an integral and on-going part of the teaching aspect of homemaker service can be helpful to agency administrators in many ways. In addition to providing more adequate evidence of effectiveness for purposes of accountability, systematic investigation of the success of the teaching program can be useful for making the following types of administrative decisions, as stated by Weiss (see references at the end of this chapter).

- To continue or discontinue the program
- To improve its practices and procedures
- To add or drop specific program strategies and techniques
- To institute similar programs elsewhere
- To allocate resources among competing programs
- To accept or reject a program approach or theory

Another important use of evaluation is in program development. When a new system of service delivery has not yet been fully established and is being subjected to continued modification as the best system is being sought, evaluation can help to establish what the best system probably is. Interim periodic evaluations can feed back information during the time of actual program operation to help improve it.[1] Continuing periodic evaluations offer opportunities to make improvements directed toward closing the gap between the existing and the desired level of achievement of the program's objectives and goals. Use of formal and systematic research procedures markedly increases the likelihood of program effectiveness, as compared with the probable results of informal administrative assessment procedures.

Nature of evaluation

A formal evaluation involves a systematic, objective and controlled investigation of the degree to which predetermined goals are achieved. It uses scientific methods to assess achievement as accurately as possible, without bias. It applies those methods to at least a representative time sample of all those who are served by a definable program. Implied in these statements are three primary components that comprise the structure of formal evaluation:

[1]This form of evaluation has been termed "formative" by Scriven as opposed to "summative" which measures outcome at the completion of a program. See "The Methodology of Evaluation" by Michael Scriven in *Evaluating Action Programs* edited by Carol Weiss, in references at end of chapter.

first, a program of action or service delivery; second, a set of intended goals to be achieved and criteria for judging their successful attainment; and third, a scientific research methodology to gauge accurately the extent to which the program achieved the intended goals. An explanation of each of these major components of formal evaluation follows:

/1/ Program of service

"Program," for purposes of an evaluation, refers to more than a global statement that it provides instruction to a person or family or helps them to improve the quality of their lives. It refers to the specific manner in which an agency has organized its professional staff and homemakers to operate within a specified framework of agency policies and administrative procedures to teach exactly those skills or attitudes to be learned by each person served. A program for the teaching component of homemaker service implies that the process of service delivery has been designed to meet certain pre-determined objectives. An imperative requirement when planning and conducting a formal evaluation is the precise description of the various aspects of that program—of its policies, processes and procedures—used in service delivery.

This description, and subsequent measurement of each facet, includes the agency's:

- applicable administrative policies
- staff structure
- mode of supervision
- expertise of professional staff and homemakers
- diagnostic procedures used at intake
- continued re-assessment planning for on-going services
- termination procedures
- selection of persons to be served
- length (amount) of service
- type of services rendered, including the specific domains of teaching.

The preceding detailed type of program description is necessary to define the in-put—that which will be tested. Ultimately, it permits assessment of the overall degree to which the program achieves success in serving the majority of all those whom it tries to help. Such detailed description and subsequent measurement of each component of a program can increase immensely the value of the assessment. It provides a basis for determining overall success or failure and for identifying those specific aspects of the program which are

most or least associated with achievement of the pre-determined goals and objectives.[1]

/2/ Goals to be achieved

The second major component of a formal evaluation is the specification of the intended goals of the program and the criteria to be used to define their successful attainment. In other words, what effects are expected to be *produced* by the program and by what means will the final results be judged for success or failure?

Unfortunately, sometimes goals are stated fuzzily or rather abstractly, perhaps not at all. For example, when asked about their goals, homemaker agencies might respond in a variety of ways which may not offer immediate, useful guides for the researcher-evaluator to build on for developing a viable evaluation plan. One level of response might be "to meet the home care needs of people" or "to raise the quality of individual and family life." Goals stated in such general terms are too broad and nebulous for use in measuring effectiveness. Another way agencies might define goals is at the level of objectives for a given case. For example: "to teach the individual personal health habits, better child rearing practices, food preparation and nutrition, or methods of housekeeping and sanitation." This level still leaves something to be desired, but offers much more specificity and application to the teaching aspect of homemaker service. Goals defined at this level offer the researcher-evaluator guides from which he can develop observable indicators to measure change produced by the teaching program.

The first, general, level of goal definition refers to the *ultimate effects* (goals) while the second can be referred to as the specific *immediate effects* (objectives) of a program. There are also *intermediate effects* lying conceptually somewhere between the immediate objectives that result directly from the homemaker's instruction and the more abstract ultimate goals. For example, agencies might report as achievements such observations as: "showed change in attitudes toward life, showed evidence of increased self-respect, or increased the family's social acceptance or participation in the community." This level of objectives implies the capacity of the individual or family served to use the homemaker as a role model, and to apply what was learned to other areas of functioning in their daily lives. This intermediate level of objectives is often overlooked in planning for services and in developing evaluation; yet they are probably the more permanent and desirable outcomes sought in providing the service.

All three levels of goals are useful for accountability, program planning

[1] For a detailed description of the teaching aspect of homemaker service, the preceding and following chapters in this monograph provide a good guide to each of the major service domains to be covered in a summary description of the program.

and administration. Consequently, all three levels should be consciously defined by agency staff and the evaluator to make clear and comprehensive all the intended goals of the program. In addition, when specifying goals during planning for an evaluation, attention should be directed to unintended, but foreseeable, consequences—those that might be negative as well as positive. The measurement process established to gauge outcome should also be designed to detect possible unanticipated consequences. In doing so, the widest range of outcomes or results of the program will be available for analysis.

A vital point to be kept in mind when identifying goals and objectives to be attained by a program is the required level of specificity. When defining objectives, it may be helpful to keep in mind that the researcher-evaluator must develop methods for assessing outcome by using indicators of overt behavior that can be observed by the homemaker and social worker or concrete impressions reported by them or the individuals served. For example: observations might be obtained by using rating scales[1] that reflect degrees of variation in an individual's management of her home, such as establishing and keeping to a routine eating schedule, showing greater control over abusive discipline, or showing a positive change in self-image, evidenced by better grooming and dress.

/3/ Research technology

The third major component of an evaluation is the use of research methodology to collect information, systematically and objectively, that empirically measures the extent to which the defined program has achieved each of the specific objectives. Evaluations can be conducted in several ways, some of which are easier than others, but also weaker from the standpoint of objective proof that the outcome was a direct result of the program being studied and not due to happenstance or some other possible cause.

One such method of conducting an evaluation, though not always a preferred one, is the use of an individual, a team, or a committee to conduct an inquiry and report their specific impressions. The person(s) conducting this type of evaluation can talk to the people responsible for directing and carrying out the program and to recipients of the service. They can read reports and case records or make direct observations of the agency and homemaker in action. Such an approach could lead to very useful information, especially in the formative type of evaluation, but it has several limitations and should be used with caution.

One limitation is that this method relies heavily on what the agency staff or

[1]Examples of rating scales established for evaluation are given in *Reduction of Foster Care in AFDC.* Santa Clara County, California, Welfare Department, pp 68-72.

those served are willing to tell. Another limitation occurs when the evaluator is in a position to include in his report some reflection of the responding staff's performance, or where the facts could indicate obvious negative aspects of the program. The respondents giving access to information might then attempt to shade their remarks or avoid revealing pertinent information.

Still another limitation lies with the evaluators themselves. They may be selective or biased in what they elect to review and report. In addition, this form of evaluation can be completed without any real reference to what the actual objectives of the program are and the extent to which they have been met. The evaluators quite often focus merely on the process without assessing whether or not goals were indeed met.

Despite its limitations, if it is used with conscious concern for possible pitfalls, this method can be extremely helpful to an agency.

Another technique for conducting an evaluation that gives an appearance of being systematic and objective (scientific), but is not entirely, is one in which the evaluator uses questionnaires or structured interviews to obtain opinions about the program from the staff, from those who have been served and from others in the community. The use of such instruments to gather information systematically and to assess change does improve the quality of an evaluative procedure, but it, too, is subject to limitations. For instance, if the information is requested only upon completion of services, there is no way to document change that may have been brought about by the program. It is also possible that those who have been served may give positive responses owing either to a "halo effect" of satisfaction with having had someone give any form of help or because they would feel uncomfortable stating their real feelings. Furthermore, it does not establish that the agency service was more helpful than no service or some other service. Despite its limitations, this evaluation approach can be designed with before-and-after use of questionnaires to increase objectivity. The before-after design also contributes to uniformity of information collected about what was done and what happened as a result. The information obtained is more useful than are impressions or "testimonials."

In many agencies, a quasi form of evaluation is used when a questionnaire is completed by the recipient upon termination of the service. Anecdotes and quotes are selected to illustrate success in the handling of cases or to demonstrate the value of the service program. Since selection of the anecdotes or testimonials can be made to slant the "evaluation" in any desired way, this method can lead to biased results. It should be avoided for accountability purposes. However, if *all* responses are reviewed, this method can offer feedback of useful information for internal agency planning.

A final model for conducting a systematic, objective and controlled evalua-

tion is the formal classic design using the full range of research technology. This form of evaluation should be used when there is a need or desire to "prove" the effectiveness of a program. It requires the skills of a researcher or research consultant who can establish an appropriately tailored design. This design should permit before and after measurements of the individual's or family's status in each of the specific objectives to be achieved with them. This more ideal research technique for conducting an evaluation also requires a design that permits comparison of two groups. The two groups are usually randomly divided so as to be equal at the onset of service, one receiving service and the other (control group) not receiving the service at that time. When the influence of other extraneous factors is excluded or the effects measured, this classic experimental design can provide objective, unbiased evidence of the effects of a given, defined program. It can also substantiate any cause and effect relationship existing between the program and the results shown by the cases studied.

This form of evaluation requires the construction of reliable and valid measuring instruments using observable indicators. These indicators should reflect, in a range of categories or on a scale, the status of the individual or family for each specific objective the program tried to help them achieve. Change for better or worse can then be measured objectively and with a minimum of bias and error. Ratings and measurements made independently by more than one observer, such as the caseworker and the homemaker, can be obtained and compared for agreement or disagreement. This is one means of increasing the reliability of evaluation as to whether or not goals were attained. (Illustrations of this form of evaluation are included among the references at the end of this chapter.)

The use of the classic before-and-after experimental research design, although the best design for evaluation of the teaching aspect of homemaker service, is not always possible. Then it may be necessary to use a less rigorous research design that still permits making objective judgment about outcomes, even though it does not permit establishing cause and effect. Many such designs are possible—too many to describe here. The interested agency can locate such designs in basic texts on research, including the Weiss book.[1]

Special considerations in planning an evaluation

When planning an evaluation there are several special factors that need to be considered. The administrator requesting an evaluation should be aware of them. Among those that can arise are a few particularly important potential

[1]Carol H. Weiss. *Evaluation Research: Methods for Assessing Program Effectiveness.* New Jersey: Prentice-Hall, Inc., 1972.

sources of problems:

- When to plan the evaluation
- One program or several
- Stability of the program
- Criteria of judgment for attaining goals or objectives
- Influence of type of case

When to plan the evaluation

A systematic, objective evaluation is not something that can be done after the fact. A common mistake is to decide too late to undertake evaluation of a program. The time to begin planning evaluation is *before* the program or service is started. Whenever possible, the evaluator should be a part of the group planning a new program, or be consulted about what type of evaluation is most appropriate to assess an on-going program.

The developing phase of a new program can be substantially aided by the researcher's orientation and expertise for breaking down unclear generalities and focusing on specific goals. He can set out the guidelines for insuring a feasible basis upon which to assess outcome and effectiveness. The researcher can direct the conscious attention of administrator and practitioners to defining precisely what results the program is expected to achieve and what will be accepted as successful accomplishment. Without such specification the researcher would be unable to do his job of developing instruments to measure the status of those who are served before and after service is given.

The researcher-evaluator needs to enlist the cooperation of the administrator to assure that certain conditions of timing or methods of service delivery and procedures are adhered to so that there can be systematic reporting of services given and ratings of individual or family progress. These requisites may call for staff training or instruction preceding the initiation of the program. It is important, then, that the researcher be involved in the planning phase or that sufficient time be allowed for preparation before there is an assessment of new cases about to be served in an on-going program.

One program or several

A major component of any evaluation is the precise nature of the program to be evaluated. Implied in the definition and specifications of a given agency's teaching component of homemaker service is a relatively consistent structure of service delivery that can be described and communicated with clarity to other people. However, it is not uncommon for agencies to use more than one, perhaps several, different forms of service delivery. For example, it may be that among a number of supervisors each conducts intake using different

priorities, assigns homemakers in different ways and maintains different levels of control over case planning. This may be quite typical when an agency operates several satellite units in various locations. When such differences occur, it is more than likely that a single evaluation will not be adequate. If there are several different programs, each one must be evaluated separately. Only as each approach is distinctively identified and independently evaluated will the administrator be able to develop a valid understanding of effectiveness and be clear about exactly what led to the effects. Where variations occur, the separately tailored evaluation should be able to detect differences in outcome. Comparison and contrast of the different approaches can be very helpful to those responsible for making administrative decisions.

Stability of the program

A program of service is rarely a static entity, but something that changes over time. This holds true unless the program has already been tested to show maximum goal attainment and efficiency. Hopefully, in the future, all new and old programs will be put to the test—evaluated—and modified until the processes and procedures that are most productive are identified. Until then, however, variation is to be expected. It is almost impossible to assess the effects of a program that varies from day to day or week to week, for there is no way to specify precisely what produced the measured results. Slight variations may not create much of a problem, but any major shifts in administrative policies, service delivery or types of cases, could have a serious effect upon the conclusions to be drawn from the evaluation.

If a relatively consistent approach to service has not yet been identified, evaluation might be used effectively to help develop a program. A particular approach can be used for a pre-determined period of time or for a specified number of cases. This approach can then be evaluated. Changes can be made on the basis of the evaluation, the modified approach put into operation and then evaluated. This process can be repeated until the optimum service approach has been achieved. Once the evaluation plan has been designed and the instruments and criteria for assessing effectiveness have been developed, the repeated use for each program variation is an easy task.

Criteria of judgment for attaining goals or objectives

One very important aspect of an evaluation not yet described is that critical point which defines the difference between success and failure in attaining the goals or objectives. This is the "value" component in an evaluation. It is one thing to measure systematically the status of an individual or family before and after service and it is another to determine how much change or what type of change indicates positive movement which can be claimed as a success for the program.

Among the ways to establish the criteria for judgment for successful goal attainment are the following:

A natural, absolute criterion. For example, if the objective is to have family members learn how to establish household routines, such as regular family mealtimes, it is easy to see whether they are doing it or not. Such easily identifiable and clear criteria of accomplishment are the easiest to establish and use for certain types of objectives.

Existing norms or levels pre-determined by a committee or "panel of experts." For example, to identify positive change, a panel, knowing the instrument and scale to be used in measuring family functioning, might pre-determine a level which the evaluating agency will accept as defining success.

Probability theory. In some instances the criterion might be a measure of change that exceeds what can be shown to occur naturally by chance or happenstance alone. When those persons who received the services show change beyond that which could be expected by chance (which a researcher can compute mathematically), the agency can claim success for its program, provided other possible causes have been excluded.

Comparison with no service or an alternative form of service. When developing a sound evaluation design, control or contrast groups can also be developed and studied. A criterion of success exists when it can be shown that the movement or change in an area of functioning among those being served by the program being evaluated was greater than that among persons in a control or contrast group.

Cost benefit analysis. Cost as a rational basis for determining achievement of goals and objectives can be used as a criterion in selected circumstances. Cost analysis methods are usable when two or more approaches to giving service are anticipated or have been shown to provide about equal achievement of the intended goals and objectives. Cost can become the basis of choosing among the alternatives. A limitation, however, is that the alternatives require that all approaches be reduced to a common basis of measurement so that direct comparisons can be made. That is, it is necessary to identify those components of each service delivery pattern that must be considered in establishing a comparable ratio of costs to benefits for each program.[1]

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[1] Peter H. Rossi and Walter Williams, eds., *Evaluating Social Programs: Theory, Practice and Politics.* New York: Seminar Press, 1972, pp 24ff; see also: Einar Hardin and Michael E. Borus, *The Economic Benefits and Costs of Retraining.* Mass: Heath Lexington Books, 1971. See chapter 2: "Design of the Benefit Cost Analysis."

These, among others, are illustrative of the many ways of arriving at a judgment *criterion* for determining program success. In all cases of systematic evaluation, whatever the criteria used, they should be determined prior to the assessment. This will preclude a bias of establishing the criteria after the fact so that they guarantee success.

Influence of type of case

Another special factor to be given consideration in the evaluation is the type of case served by the program. Although the variation in types of cases to which service is directed, such as families with children, aged, ill or disabled, may not alter the overall nature of the program being evaluated, it is potentially a significant variable that might explain variations in success and failure. Therefore, when agencies serve more than one type of case, measurement of outcome should be undertaken initially for each type separately. An analysis of success can then be conducted for each. This procedure offers a greater understanding of service and helps decision-making for policy and programming.

A final note

There is no quick and easy route to conducting a systematic and objective evaluation, but the agency willing to undertake an assessment of its performance can derive great benefits. Whatever the findings, an evaluation conducted in accordance with sound research principles will produce an array of information useful for accountability and for making decisions about the continuance of the program or modification of service delivery procedures. More than likely, other benefits will also be gained. The evaluation may well turn up new insights and identify beneficial outcomes that were not anticipated initially. Another possible unexpected dividend is that planning for evaluation often sharpens the administrator's and staff's understanding of what they do, why and how. It can help them to view their program from a new perspective, motivate them to strengthen some areas and to proceed confidently with procedures where success has been established.

Selected References

Evaluation Research Methods

Alexander, Frank D. "A Critique of Evaluation," *Journal of Cooperative Extension*. 3:4 (Winter 1965). Provides a classification of evaluation into 12 levels, ranging from subjective introspection to rigorous research design. The

article includes a chart describing the 12 levels and the appropriate measuring devices and extension personnel for each.*

Chilman, Catherine S., ed. *Approaches to the Measurement of Family Change.* Welfare Research Report 4, U.S. Department of Health, Education, and Welfare, 1966. Papers included in this report:

1. Joseph D. Lagey and Catherine S. Chilman. "Toward Measurement of Family Change Associated with Social Treatment or Other Intervention Strategies: The Challenge and Some Problems." Research Division, Welfare Administration.
2. Leonard S. Kogan and Ann W. Shyne. "The CSS Movement Scale: A Methodological Review." Community Service Society of New York.
3. Ivan Nye and William Rushing. "Toward Family Measurement Research." Washington State University.
4. Marvin B. Sussman. "The Measure of Family Measurement." Case Western Reserve University.

Hardin, Einar and Michael E. Borus. *The Economic Benefits and Costs of Retraining.* Mass: Heath Lexington Books, 1971. See chapter 2: "Design of the Benefit Cost Analysis."

Herzog, Elizabeth. *Some Guidelines for Evaluative Research: Assessing Psycho-Social Change in Individuals.* Children's Bureau, Pub. No. 375, U.S. Department of Health, Education, and Welfare, 1959.

Kraft, Ivor and Catherine S. Chilman. *Helping Low-Income Families Through Parent Education — A Survey of Research.* Children's Bureau, Pub. No. 0-263-455. 1966.

Rossi, Peter H. and Walter Williams, eds. *Evaluating Social Programs: Theory, Practice and Politics.* New York: Seminar Press, 1972.

Suchman, Edward A. *Evaluation Research: Principles and Practice in Public Service and Social Action Programs.* New York: Russell Sage Foundation, 1967.

Weiss, Carol H. *Evaluating Action Programs: Readings in Social Action and Education.* Boston: Allyn & Bacon, Inc., 1972.

A book of selected writings on evaluation research methods and examples. The first chapter provides an excellent summary of the evaluation process.

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*Description: Margaret Harding, *Helping Low-Income Homemakers: Programs and Evaluations.* New York State College of Human Ecology, Cornell University, 1969.

_____. *Evaluation Research: Methods of Assessing Program Effectiveness.* New Jersey: Prentice Hall, Inc., 1972.

Homemaker Service Evaluations

Evaluation of Athens Community Council on Aging: Homemaker-Home Health Aide Program. Georgia: Unihealth Services Corporation, 1972.

Evaluation Outline, A Guide for Assessment and Planning. Home Aid Service, Cincinnati, Ohio, 1970.

Myers, Nancy Moore and Vera Rodgers Kivett. *Evaluation—Home Managers' Program.* Salisbury-Rowan County Community Service Council, Salisbury, N.C., 1967.

Nielsen, Margaret, et al. "Older Persons After Hospitalization: A Controlled Study of Home Aide Service," *American Journal of Public Health,* 62:8 (August 1972), pp 1094-1101.

Phillliber, William W. *Reactions to an Urban Homecare Program Among Program Clients.* University of Cincinnati Institute for Metropolitan Studies, 1973.

Prescott, Elizabeth. *Evaluation of a Homemaker Demonstration Project with Dependent Children.* Welfare Planning Council, Los Angeles, 1962.

Reduction of Foster Care in AFDC, Santa Clara County Welfare Department, Final Report 1962-1965. State of California, Department of Social Welfare, Planning and Methods Division. "Project Study of Changes in the Families Served by Project Homemaking Services," pp 68-72.

Report of Evaluation, Homemaker-Teacher Component of the Hartford Community Renewal Team. Institute of Urban Research, University of Connecticut, 1966.

Stevens, Stephanie. *Guide for Evaluation of Homemaker Services.* Administration on Aging, U.S. Department of Health, Education, and Welfare, 1968.

Evaluations of Social Service Programs

Berleman, William C. and Thomas W. Steinburg, "The Execution and Evaluation of a Delinquency Prevention Program," *Social Problems,* Vol. XIV, No. 4 (Spring 1967), pp 413-423.

Blenkner, Margaret, et al. "A Research and Demonstration Project of Protective Services," *Social Casework* 52:8 (October 1971), pp 483-499.

Mullen, Edmond J. and James R. Dumpson and Associates. *Evaluation of Social Intervention.* San Francisco: Josey-Boss Publishers, Inc., 1972.

CHAPTER VIII

Use of community resources

To be fully effective in helping individuals and families achieve more satisfying lives, it is essential that homemaker service do everything possible to assure that services are made available to meet the family's total needs. This means making use of all the community resources available to meet their needs, and helping motivate family members to use these services. Needs may involve employment, education or training for employment, schooling, health, housing, legal services, dental care, psychiatric care, transportation, consumer education and protection and social, cultural and a variety of other opportunities, for which community resources must be marshalled and coordinated.

/1/ Determining total needs

Sometimes family members will be aware of some of their needs and ask for help with them. Evaluation of the total situation may reveal other problems for which help is needed. Some families may not be directly aware of their own problems or do not know that help is available. For example, parents may have grown up in families where regular medical and dental checkups were either unheard of, or unavailable to them or they had experienced repeated defeat in their attempts to obtain such services. As a result, these parents now neglect their own health needs and those of their children, too.

Elderly persons on small fixed incomes may be forced to neglect their health and other needs in the struggle to manage even daily necessities. Many such elderly persons eat poorly, partly because of lack of money, partly

because they lack strength to do the necessary shopping and transporting of groceries. Thus they compound their health problems.

There may be physical problems which the individual or family do not recognize, such as orthopedic, vision or hearing handicaps, or there might be emotional or behavioral problems. Homemaker service is in a particularly advantageous position to discover and help families act on such problems. Because the homemaker works closely with the individual or family, sees them frequently and in the circumstances of their daily lives, she is able to make observations, sharing them with the social worker who with his or her professional knowledge can determine the nature of the problems and guide the family to the appropriate resource.

The following example illustrates how a variety of unmet health needs were discovered and received attention as part of an effort to help a family remain together in its own home.

A county welfare department requested homemaker service for the A family when all nine children, ranging in age from 13 years to seven months, were returned to their mother from foster care. Mrs. A's husband was in prison and Mrs. A planned to divorce him. It was believed that Mrs. A could be taught to care for her family. There were many immediate and long-range needs, not all immediately evident. Evaluation showed that total services would require attention to poor housing, lack of transportation, great distances from services and a number of still-to-be-determined physical and mental health needs.

The homemaker worked with Mrs. A on problems of housekeeping, laundering and care of clothing, diet, financial management and discipline of the children. The homemaker observed that the children seemed to be social outcasts at school and in the neighborhood and that there were severe behavior problems. The 13 year old boy, who was very aggressive, was functioning on a second grade level. The ten year old wet his bed, even when awake, and was abnormally verbose. The nine year old girl was withdrawn. The six year old was hyperactive and the three year old had a speech impediment.

Mrs. A followed through on the homemaker's suggestions to be a firm but consistent disciplinarian. With some of the burden of daily pressures eased, Mrs. A slowly began to improve housekeeping and clothing care.

Through the combined efforts of the social worker and homemaker, some of the family's most pressing health needs were taken care of, including long-delayed surgery for Mrs. A. The social worker made medi-

cal referrals and the homemaker helped Mrs. A make and keep appointments. Mental health counseling was arranged for the two older boys. The overactive child was found to have a mild form of epilepsy, the cause of his excitable behavior. Medication was prescribed by a physician to help calm him. Speech therapy was needed for the three year old. Volunteer motor transport was recruited to take the child and his mother on a regular basis to a speech correction center, an hour's drive away. The painfully shy nine year old girl gradually responded to the changes going on about her and became more natural and outgoing, both at home and in school.

Progress in all areas was slow at first, and sometimes discouraging, with many setbacks between gains. Much time, persistence, encouragement, planning and patience went into the effort to find and help this family to use the resources required to meet their many obvious and hidden needs.

/2/ Teaching the use of resources

The roles of the social worker and the homemaker in referring individuals or families to community resources should be clearly defined according to their respective areas of responsibility, training and competence. It is the professional responsibility of the social worker working with the family to identify the unmet needs of the family, evaluating both her own and the homemaker's observations. It is the social worker's area of competency and responsibility to find the appropriate resources and make referrals which involve sharing and receiving information from professional persons or agencies serving the family.

The homemaker helps the family learn how to use these and many kinds of resources, such as thrift shops, recreation facilities, libraries, the best places in the area for food and other shopping, how to distinguish shoddy from well-made merchandise and do comparison shopping.

Maximum use of appropriate community resources can be a significant factor in helping achieve better standards of living. One of the outstanding strengths of the teaching aspect of homemaker service is in demonstrating how to use resources and in doing so help to be the bridge by which isolated persons enter into a fuller community life. The root causes of isolation may be fear, shame or simple lack of knowledge. With the homemaker as friend and guide to the community and its resources, these isolating factors can be overcome.

/3/ Using supplemental or alternative resources

The use of community resources as supplements or alternatives to the teach-

ing aspect of homemaker service should be considered when circumstances indicate it. Continuing professional evaluation and astute observations by the homemaker may reveal the desirability of such supplemental or alternative community service. For instance, a mother or elderly person who has benefited from one-to-one instruction in the home may be ready for a group experience, such as sewing or cooking classes. (Detailed discussion of the use of group instruction in teaching homemaker service will be found in the next chapter.) There are times, too, when a reasonable testing-out period shows that the family or individual cannot now, or perhaps ever, accept homemaker service and particularly the teaching aspect of the service. In that case, if at all possible, an alternative should be sought that will benefit the family in its present circumstances.

Following are two examples of teamwork observations resulting in the use of day care centers to give children a group socialization experience—one as a supplement to homemaker service, the other as an alternative:

Because of Miss D's neglect of them, several of her children had been placed in foster care, with only a three year old boy remaining with his mother. Miss D was 28, very much overweight and apparently an unconcerned mother. A county welfare board social worker requested homemaker service to see if Miss D could be helped to meet the child's needs.

The homemaker, assigned two half-days a week, found that Miss D appeared apathetic about her disorganized household, her child's inability to talk and her own state of health. The homemaker began by helping Miss D organize her household tasks. As she worked along with Miss D, she drew the child into some of their activity, making a game of small tasks he could do and praising him for his efforts. She brought him some picture books, pointing out and naming objects for him. Slowly Miss D began to follow the homemaker's example, paying more attention to her son and playing games with him. Next she began to show concern about her household and financial problems.

In conference with the social worker, the homemaker suggested and the social worker agreed, that the little boy might benefit from a day care center and the experience of being with children his own age. The homemaker was to work more intensively with Miss D on personal health and housekeeping. At the day care center, the little boy began to talk and to play with the other children. Miss D progressed, too. She began taking more interest in her health, hygiene and grooming and in her home and child. It is hoped that some day she may be able to have her other children returned to her.

The protective social worker in a child and family service agency was concerned about the neglectful care of two children by their very young parents. The children, it was suspected, were often left at home alone while their mother went to an afternoon movie or met some of her girl friends downtown. The children had no routines for mealtimes and naps, but snacked throughout the day and slept wherever and whenever they felt like it. A homemaker was assigned twice a week to try to encourage the young mother to take better care of her children and to help the couple with budgeting problems. The parents, initially willing, became less and less cooperative and sometimes were not at home when the homemaker arrived. A day care center was recommended and arranged for as a more appropriate resource for the children. Protective services were continued to assure that the children were not neglected.

Sometimes the manifest impossibility of making gains with parents leads to the alternative of placing children in a group home or with foster parents or in an adoptive home.

/4/ Intermediary role to obtain resources

Making full use of community resources can sometimes mean serving as an advocate or intermediary for the individual or family, in such ways as working with a landlord or housing authorities to assure that the family receives what it pays for, such as heat and water, pest control and adequate maintenance; securing legal aid when an individual's rights are in jeopardy; working with employers, credit unions, school authorities and all levels of government—in such ways as helping a family to apply for an FHA loan, securing veterans disability benefits, adjusting Social Security payments or obtaining food stamps and surplus commodity foods.

In some cases, working out an equitable arrangement with creditors may be called for, as in the following illustration:

Mrs. H had called the homemaker service of a county welfare department to ask for someone to show her how to prepare surplus commodity foods so that her family would eat them. She had read about homemaker service in the newspaper.

When the social worker arrived for a home visit before deciding to assign a homemaker, she found that there were many problems in this family of husband, wife, five children and a sixth on the way. Mr. H was employed in a seasonal industry at the minimum wage. The company did not employ persons full time without a high school education. Mr. H had completed eighth grade, so was employed for only part of the year. Because his employer did not offer medical insurance, the H's had more than a thousand dollars' worth of debts, mostly for medical expenses.

Their marginal income allowed them very little spending leeway. The house which they rented for $40 a month had only two bedrooms and had no hot water or bath.

A homemaker was assigned to instruct Mrs. H in meal preparation and sewing. Mr. H asked the social worker one day what he could do about creditors who threatened to have his wages garnisheed. The social worker called Mr. H's employer and learned that Mr. H was well regarded as a reliable worker. Various creditors were called, with Mr. H's permission, to explain the situation so that some of the pressures to pay the overdue bills would be relaxed until something could be arranged. The H's were helped to work out a budget which would allow them to pay small amounts on their bills at regular intervals. The homemaker helped Mrs. H stretch her budget by showing her how to shop wisely and how to sew clothes for her children.

There were other problems, too, which called for the use of community resources. One, the county guidance clinic, proved useful for two members of the family. The oldest boy appeared to be living in a fantasy world of his own and could not be reached by his parents or teachers. The guidance clinic thought Tommy might have to be removed from his home for treatment, but the parents, deeply concerned, agreed to full cooperation in Tommy's treatment if he remained at home. The clinic agreed to try this arrangement for six months.

Mr. H was tested at the guidance clinic and found to be quite intelligent. He enrolled in a high school correspondence course where he maintained a B average. Eventually he was employed in a different local industry, full time, with a sizeable increase in income and with medical and life insurance and other fringe benefits. In time, the H's were able to pay their debts and to make a down payment on a more suitable home. Tommy has improved to the point where there is no longer any thought of removing him from his home. He is in a special class in school and doing well.

This is one example, said the public welfare department, where service, without financial assistance, prevented a family from becoming dependent, strengthened family ties and assisted in improving ability for self-support and self-care.[1]

In some families, needs have gone on so long without attention that it requires the coordination of a whole battery of community services to deal with them, to say nothing of the agency commitment to find the right resources and coordinate their delivery. In many cases the multiplicity of problems

[1] Fond du Lac County, Wisconsin, Department of Public Welfare, *30th Annual Report*, 1965.

requires a similar commitment by the agency to stay with the family for the length of time required to meet its many needs. In one community, the chronic social and health problems of one family resulted in the use of the following resources, in addition to homemaker services: a decentralized health department facility to provide day milieu therapy for the mother; an AFDC grant to tide the family over a long period of convalescence for the father who had been injured in an industrial accident; a job training program for the father after his recovery; a day care program for the pre-schoolers; family planning services; use of food stamps and school lunch programs. The child welfare division and homemaker service have begun a program to provide long-term homemaker service to this and other similarly overwhelmed families.

/5/ Alternatives to lack of resources

Unfortunately, there are often needs for which there is no community resource in the area. In rural areas, particularly, the distance to services, coupled with lack of transportation can be a real barrier to helping families. Sometimes this means that the family must depend on the homemaker to get them to the needed services.

Sometimes when a needed resource is not available, another service may be used which will help alleviate the problem to some extent, at least. For example, if there is no school social work program in a county school system, a child welfare worker might counsel a child who needs help, work with his teachers and guide the homemaker in ways to help meet the child's emotional needs. It has been found that homemakers can be instructed in and are able to teach family members to use behavior modification techniques with aggressive or otherwise uncontrolled children[1] and, similarly, homemakers can demonstrate how to show affection to and bolster the confidence of a child who is withdrawn, thus buttressing whatever professional help may be given.

Another example of seeking an alternative solution when the proper resource is unavailable might be one in which elderly persons are unable to get to medical or other services because there is no public transportation in the community. Volunteer car transportation might be arranged through the nearest Red Cross, Community Volunteer Bureau, local church group or service organization.

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[1] Eugene Talsma. "The Homemaker Carries Key Role in Child Behavior Modification," paper presented at the National Council for Homemaker-Home Health Aide Services Forum, May 1970 and James D. Smith. "Training Homemaker Service Personnel as Agents of Behavioral Change," *Michigan Mental Health Research Bulletin*, 5:1 (Winter 1971), pp 33-35, and "Utilization of Behaviorally Trained Homemakers: A Case Example," unpublished paper.

There are times when an individual or family cannot be helped with a particular problem because there is no resource available and alternative arrangements are not feasible. There is an inherent responsibility, then, to encourage the community to meet its obligations to match unmet needs with appropriate services.

Selected References

Browning, J. Louis. *Strengthening Community Services in Low-Income Neighborhoods—A Field Guide to Concerted Services.* HUD-TS-17, June 1967. U.S. Government Printing Office.

Capovitz, David. *The Poor Pay More: Consumer Practices of Low-Income Families.* New York: The Free Press, 1963.

Consumer Education Among Low-Income Households. A selected bibliography. Consumer Education Study, University of Dayton, 1967.

Hines, Louise Kerr and Edna D. Johnson. *Consumer Protection Program: Education Protection, The Story of How Baltimore is Trying to Meet a Need.* Family Services Program, Baltimore Urban League, March 1968.

Miller, James O. "Intervention Research with Young Disadvantaged Children and Their Parents," Nashville, Tenn.: *DARCEE Papers and Reports,* 2:3, 1967, pp 4-8. Demonstration Center for Early Education, George Peabody College.

Reissman, Frank and Pearl Cohen, eds. *Mental Health and the Poor.* New York: The Free Press of Glencoe, 1964.

Reissman, Frank. "The Under-Utilization of Mental Health Services by Workers and Low-Income Groups: Causes and Cures." *American Journal of Psychiatry,* 121:8 (Feb. 1965) pp 798-801.

Schlesinger, Benjamin, ed. *The Multi-Problem Family.* A review and annotated bibliography, University of Toronto Press, 1963.

Simonds, John E. "Legal Service Plan, an 'Embarassing Success,' " *Ithaca Journal,* June 26, 1972.

Strong, Lydia. *Consumer Education for Low-Income Families—A Limited Survey of Programs and Resources.* Consumer Union of U.S., July 1964.

Talsma, Eugene. "The Homemaker Carries Key Role in Child Behavior Modification," paper presented at and included in report of National Council for Homemaker Services Forum, May 1970.

Services for Families Living in Public Housing and New Programs in Health, Education, and Welfare for Persons and Families of Low-Income. Joint Task Force on Health, Education, and Welfare Service in Housing, 1964, 1965. U.S. Government Printing Office.

(A) *Study of Community Facilities and Programs Serving Residents of Low-Rent Public Housing.* U.S. Department of Housing and Urban Development, Housing Assistance Division, 1967.

CHAPTER IX Use of groups

When the homemaker and social worker feel that some mothers or elderly persons might benefit from a group experience, they might be encouraged to enroll in a cooking, sewing or other class in the community. Some agencies, recognizing the special value of group experiences for persons with common interests, have organized their own group meetings as an adjunct to individualized in-home instruction. Their aim is to provide a protected socialization experience and to draw individuals and family members out of their isolation from the community in a gradual extension of their one-to-one relationship with the homemaker. This controlled use of group teaching can be a first step in helping individuals and families learn how to use community resources.

A department of health and social services found that its program of individualized in-home teaching by a homemaker had helped to develop higher levels of functioning, but that, in some families, neglect problems would recur when services were terminated. In an effort to combat the loneliness, fear and total isolation which were common characteristics of these families, the agency established homemaker classes in cooking, sewing and upholstery

> Special, personal efforts are made to encourage participation and overcome fears. A great deal of optimism is conveyed that there is a way to bring about some change soon. . . . The positive approach enables the client to move into a new learning situation entirely different from anything she has experienced.

After about a year of conducting these classes, the agency reported:

> The women have become more comfortable in group situations and, as they take more pride in themselves and their accomplishments, they have slowly been able to involve themselves in other community activities. We are working toward having some attend classes at the Community College and become involved in school and church activities.[1]

Participation in group activities often acts as a stimulus to personal awareness, growth and positive change. For many, being part of a group whose members have similar life situations and problems gives them new courage and impetus to tackle those problems.

> *The use of group sessions arose naturally and was highly successful in a short demonstration program to provide homemaker and casework services to a group of families scheduled for relocation from a badly deteriorated area of New York City. The homemakers were to use their demonstration skills on a one-to-one basis to help the mothers of these families learn better household management while a caseworker helped with social and personal problems.*
>
> *Since the goals of the project were to be met in a very short time, a get-acquainted meeting was held with the mothers of the families involved. The purpose of the program was explained and questions and discussion encouraged. After airing some of their grievances and doubts about finding and moving into better housing, the mothers expressed their wishes for more group meetings. Each seemed surprised that other mothers had problems similar to her own. They were asked if they would like to have a parent educator discuss with them some of the problems of child rearing and they all felt that this would be helpful. Two such meetings were held with some of the mothers bringing friends. There seemed to be new strength in these mothers as they united to help each other and themselves. At the close of the last meeting all of the mothers expressed enthusiasm about the group meetings, saying that the meetings had lifted their spirits and that they had enjoyed them.*[2]

Group instruction provides a wide variety of opportunities to learn new skills, plus the added stimulus of being with others who are learning, too.

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[1] Sue Minton. "Homemaker Classes: An Alternative to Foster Care," *Child Welfare*, 52:3 (March 1973), pp 188-191.

[2] "Homemaker Service to Families Scheduled for Housing Relocation," *Homemaker Services Bulletin* 4:30, (May 1963). (Project sponsored by the Neighborhood Conservation Bureau, Housing and Redevelopment Board and The Children's Aid Society Homemaker Service, New York City.)

Individual homemakers had persuaded the mothers of two or more families to join together to make a new hot dish or to sew together in the home of one of them. When most of these mothers expressed interest in learning more about sewing, group meetings were arranged at the agency's headquarters. The staff home economist led the instruction.

The number who participated and the regularity of their attendance increased with each session. These mothers had had little or no sewing experience, so instruction began with an introduction to the use of sewing machines and supplies, selection of patterns and fabrics and other such basics.

At first each member wished to work alone and required considerable individual guidance. By the end of the second session they had begun to function as a group. Most impressive was the carry over of interest and enthusiasm to other aspects of learning that the homemakers had been promoting with the families. It brought a dramatic turn for a mother of ten whose responses had previously been limited and faltering. Learning that she could create an attractive dress proved to be such a stimulus to her self-esteem that she was able to cooperate in many ways toward gaining control of her home and family problems.[1]

Group participation can create a sense of community status and of belonging, which are often completely lacking in the lives of families and individuals who are isolated from the mainstream of the community. The following report[2] and two selected case stories illustrate how group training programs geared to the needs of disadvantaged mothers can motivate them toward more satisfying lives.

The Division of C.H.A.N.C.E. (*C*lasses in *H*ome *A*rts, *N*utrition and *C*onsumer *E*ducation) in the New York City Human Resources Administration operates a training program for mothers on public assistance in which homemakers are an integral part of the teaching team. The program, which is neighborhood-centered, is provided to groups of 15 to 20 mothers in each of 15 training centers established in four-room apartments in low-cost housing projects in Manhattan, the Bronx, Brooklyn and Queens. Each training center is staffed with an assistant supervisor under the direction of a field case supervisor, a half-time caseworker, two senior homemakers and a typist.

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[1] *Strengthening Family Life Through Homemaker-Home Health Aide Services.* Report of a project conducted in Washington, D.C.; National Council for Homemaker-Home Health Aide Services, Inc., 1972, p 33.

[2] Juanita L. King. Unpublished report prepared for this manual, 1973.

The goal of the program is to motivate mothers to improve standards of household maintenance and family care, to broaden understanding of parental roles and to encourage greater participation in community life. Curriculum subjects include nutrition, meal preparation, sewing, consumer education, money management, child care, family planning, selection and care of clothing, linens and furniture and the use of community resources, such as health, recreational and vocational facilities. Teaching is by practical demonstration and by discussions led by staff members or specialists and by field trips.

The atmosphere is informal. Staff members are encouraged to gear discussions to the needs and interests of the group. Emphasis is placed on the development of a group spirit which will enable the mothers to participate and to have a sense of belonging to the social life of the group. Individual counseling and training in skills are given as needed, either in the centers or in the individual mother's home.

Participation in the program is open to all mothers on public assistance who wish to take advantage of it. Carfare is provided for those who need to travel by bus or subway to attend. In addition, each participant receives a two dollar a day stipend. Those with pre-school children receive a child care allowance to pay for someone to care for their children while they attend classes. The program is conducted five mornings a week for six weeks. If, in the supervisor's judgment, there are good reasons for a mother to repeat the course, she may if she wishes to do so.

Since August 1964, when the program began, approximately 11,500 mothers have participated. Many have been referred to vocational or educational training or to employment. Many have been employed as homemakers, teacher aides, nurse's aides, home health aides and in clerical and other jobs. Almost every participant has benefited from learning useful skills and from an enhanced self-image resulting from a satisfying and productive socialization experience. These mothers have been enabled in some respect or other to improve the quality of their own and their children's lives and to work for a better future, as the following examples illustrate:

Mrs. C, a 36 year old mother of four children ranging in age from 16 to four, was severely depressed and under psychiatric care at a community hospital. When she entered the CHANCE program, she was unable to take responsibility for her household, so most of the burden fell on her 16 year old daughter. Mrs. C was afraid to be alone with her four year old and usually kept one or the other of her children at home from school. She had no friends and left the house only to see her psychiatrist. Her home was barren and cheerless, with a minimum of furniture.

Attendance at two consecutive six-week courses brought about a dramatic improvement in Mrs. C. Her outlook became more positive and she began to show an interest in changing her situation. She added furniture to her home and made other improvements. She felt able to manage alone and stopped keeping her children at home from school. She began to participate in class discussions and to make friends. She became involved in the Client Advisory Council, attended their meetings, and became a member of a small group of women from the program who do things together. Now she is attending high school equivalency classes so that she can get her diploma and improve her job opportunities.

* * *

Mrs. B, a 41 year old mother of six children, aged 19 to ten, was greatly helped by her participation in CHANCE. From the beginning, Mrs. B was an outstanding member of the group. She was alert, outgoing and accepted as a leader by the class. In individual conferences with the training center supervisor, however, she revealed deep discouragement about her life and prospects, and a low sense of self-esteem. She had been estranged from her husband for some time and was bitter about having to carry the burden of rearing her six children alone. The supervisor helped her to express her feelings and fears and then remarked that she was amazed to hear that Mrs. B had a poor opinion of herself since she was so well liked by her classmates and was so effective as a leader of the class. Mrs. B had not consciously recognized her assumption of this role. She did say that she felt it did her good to get away from her home and family problems. She was encouraged to enter the high school equivalency program to complete her studies for a high school diploma. While she was there, she was selected as one of the candidates to enter nursing school because of her outstanding abilities, especially her ability to get along well with people.

Home economists and program specialists, a teaching homemaker, homemaker supervisor and homemaker consultant provided information from their group teaching programs[1] for much of the following guide to the successful use of groups for the instruction of homemaking skills.

Most groups come about as an outgrowth of one-to-one teaching situations in the home. The homemaker finds that a number of individuals with whom

[1] Connecticut Cooperative Extension Service and Connecticut State Welfare Department.

she has been working regularly are ready to be involved socially and would gain by being members of a group.

If the meetings are to be in a group member's home, the maximum number in the group should be six. The most satisfactory number is probably four and the minimum is two, with the hope of bringing it to three or more. There may be compelling reasons for expanding the "ideal" size of the group, as happened in one sub-standard housing settlement when five mothers were selected by a homemaker and social worker to form a "mother's club."

> *The response was so enthusiastic that by the second meeting five more mothers had asked to join their friends in the club. To have held to the original number—even by forming a second group—might well have blunted the enthusiasm of many of these mothers.*
>
> *There was some hesitancy on the part of the group members about inviting the club to meet in their homes because none of them had enough chairs and dishes. The homemaker borrowed chairs from a local funeral home and the agency bought plastic plates and cups. The members took great pride in getting curtains up, making new bedspreads and having their homes sparkling for the meetings.*[1]

If the group meetings are held in a public meeting room, the size of the group can be increased. In order to get all members to participate, the number should not exceed 15. The optimum seems to lie between 10 and 12 members.

The meeting place for the group should be near their homes and familiar to all.

> *In one community a six-room house, scheduled for eventual demolition, is used as a training center for homemakers and for demonstration classes in sewing and household management. The advantage of using a house or apartment for the groups is the availability of a kitchen where cooking can be demonstrated.*

Child care, when the group is small, is usually not a problem. If a mother has a pre-school child, she might bring him with her and be responsible for him during the meeting. In a group of 10 or 12 mothers, arrangements might be made for baby-sitters or a play group session for the children.

Meetings of one-and-a-half to two hours fit most teaching programs very well. Enough time is provided for participation as well as demonstration and yet it is short enough to minimize restlessness and inattention or a need to

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[1] *Homemaker Service in Public Welfare — The North Carolina Experience*, U.S. Department of Health, Education, and Welfare, Revised 1965, p 33.

leave the meeting early. It should be up to the group to decide whether morning or afternoon meetings are best, probably depending on school hours, the lunch hour or whether there is a school lunch program.

Food seems to be a common denominator for all such groups. Starting a group talking about food and its preparation seldom fails to hold everyone's interest. With food as the lead-off subject, the group can move on to efficient housekeeping techniques, good buying habits, good nutrition, storage, sanitation, family involvement and duties and social habits and children's physical and emotional development and their needs.

A group teacher needs, however, to feel out a new group to find just where to start, rather than having a pre-determined starting place and set goals. It is important that the group have some voice in what they would like to do; it is *their* group, formed to meet their needs. The skilled teacher-demonstrator will look for their guidance as to what will meet their immediate needs best.

One group which had had a lively session on handling children's problems, how and when to set limits and how to discipline them, was asked if they would like to have their next meeting be on sewing. The group was unanimous in its choice to continue its discussion of child-rearing, obviously a subject much more central to their family concerns at that time.

The materials used in group teaching should be geared to the members' abilities. The use of pictures and diagrams can be helpful when reading ability is limited. Films can also be a helpful tool. However, if the films selected are overwhelmingly middle-class in picturing houses, yards, equipment and toys that the families in the group do not have, it will take expert guidance to apply the content of the film to families with limited resources.

Mothers who have never before participated in a group may need help in learning how to be a group member—listening, staying on the subject and allowing all members to be heard.[1] It will take skill and tact on the part of the group teacher so that all may participate freely and usefully in group discussion and activity.

To assure the best learning, each member of the group needs to feel that she is making progress. It should be the prime objective of the group teacher to make opportunities for success for each member, taking individual needs and abilities into account. Equally important is recognition for each member's progress.

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[1] June L. Triplett. "A Women's Club for Deprived Mothers," *Nursing Outlook*, 13:1 (January 1965), pp 33-35.

In one group, a home economist awarded certificates to all members of her group as they completed one series of meetings. One mother said she had framed her certificate and hung it in her living room. She had never graduated from school. Now she could show her family and friends that she could graduate from something, too.[1]

The group teacher constantly provides opportunities for all members to participate, giving at least part of the class time to discussion when each member of the class can participate. Often she will find a leader within the group who will encourage participation and give the teacher a better opportunity to work through the group.

One of the special values of group teaching is that new avenues of discussion can be opened and mutual interests explored through the asking and answering of questions that might not occur to all members, through concentration on the subject at hand without outside distractions and through alertness to and acceptance of suggestions made by group members with similar life experiences.

It is not difficult to get a group of elderly persons together for group teaching if the meeting place is near and the weather mild. Some who have been very isolated may need encouragement, but most older persons welcome opportunities to get out to meet and talk with others.

Most group members are reluctant to discuss money management within the group, except in general terms. Because they prefer to keep their own financial status to themselves, they would rather talk individually or in their own homes about personal financial problems. However, many general principles can be taught, involving, for example, ways of conserving on utilities or budgeting for needed items.

Sewing lends itself well to group teaching because:

- Many families do not otherwise have a sewing machine available.
- There is a great satisfaction in making even a simple new garment for oneself or a member of the family.
- There is room for discussion of other topics while hand sewing. (A group teacher can lead this discussion or be alerted to other areas of need by listening to the discussion.)

The teaching aspect of homemaker service, whether with one or a group, has a two-pronged goal: finding solutions for existing problems and giving help to prevent problems before they have a chance to develop.

A homemaker, assisting the home economist leader of one group, knew

[1] Louise Proehl Shoemaker. *Parent and Family Life Education for Low-Income Families.* U.S. Department of Health, Education, and Welfare, 1965.

that one of the members who was diabetic was often careless of her diet. "With so many to cook for," she had said, "I can't bother with special dishes for myself." When the home economist led a meeting on food preparation, she included discussion of ways that many nutritious and good-tasting dishes can be prepared using substitutes for sugar and salt. Mrs. H responded to these ideas and asked many questions about how she could prepare meals that her family would like and that would be good for her too.

The use of outside resource persons has a definite place in a teaching program for groups. The members are usually pleased that experts in the community think enough of them to address the group and much valuable information can be imparted, especially to those who seldom attend P.T.A. or other community meetings. Among such outside resource persons might be: pediatricians, public health nurses, home economists, dietitions, family life educators, librarians, specialists in early childhood education, persons with special training in the problems and behavior of adolescents and those who can give guidance in sex education. Resource persons should be able to speak in non-technical terms and communicate in practical ways their understanding of the problems parents may be facing.

Field trips can be a valuable tool in group teaching. Members of the group can learn together such things as comparative shopping, how to get from place to place in the community, resources in the community and how to use them.

It is suggested that the group teacher have enough training and experience to be:

alert and sensitive to *all* the needs of the group;

flexible enough to adapt her program to varying needs of different groups;

able to guide discussion and help all members to participate;

able to use her own life experience to advantage in her teaching;

willing to continue her own learning through in-service training courses, attendance at conferences and workshops, reading and consultation with members of various professional disciplines.

Selected References

Chilman, Catherine and Ivor Kraft. "Helping Low-Income Families Through Parent Education Groups," *Children*, 10:4 (July-August 1963), pp 127-131.

Hill, Esther M. "Helping Low-Income Parents Through Homemaking Consultants," *Children*, 10:4 (July-August 1963), pp 132-136.

Minton, Sue, "Homemaker Classes: An Alternative to Foster Care," *Child Welfare*, 52:3 (March 1973), pp 188-191.

Shoemaker, Louise Proehl. *Parent and Family-Life Education for Low-Income Families: A Guide for Leaders*. U.S. Department of Health, Education, and Welfare, 1965. "Developing Program Control and Methods," pp 27-40.

Spindler, Evelyn B., Bertha F. Olsen and Margaret Oliver. "Program Aides for Work with Low-Income Families," *Journal of the American Dietetic Association*. 50:6 (June 1967), pp 478-486.

White, Gladys O., Alberta D. Hill and Edna P. Amidon. *Improving Home and Family Living Among Low-Income Families*. U.S. Department of Health, Education, and Welfare and U.S. Office of Education, 1962.

Resource Courses for Planning Local Adult Homemaking Programs. University of the State of New York, State Education Department, Bureau of Home Economics Education, 1962.

Rouls, Janalyce. *Training Home Economics Assistants to Work with Low-Income Families*. U.S. Department of Agriculture, Federal Extension Bureau, 1965.

Strengthening Family Life Through Homemaker-Home Health Aide Services. Report of a special project conducted in Washington, D.C.; National Council for Homemaker-Home Health Aide Services, Inc., 1972. Group Instruction to Mothers, p 33.

CHAPTER X

Adaptation to special needs

Need for the teaching aspect of homemaker service may occur when the physical, mental or emotional handicap of a family member disrupts ability to meet daily needs. Using teaching and motivating skills, the homemaker service team can help the individual achieve a greater degree of independent functioning. Family members also can be taught how to help the handicapped person meet his needs better.

Special needs which may require adaptations of the teaching aspect of homemaker service include:

- Developmental disability, such as mental retardation, cerebral palsy and epilepsy.
- Emotional disturbance and mental illness.
- Frailty brought about by advancing years, including symptoms of confusion and disorientation.
- Handicapping conditions of blindness, hearing impairment, heart disease, stroke and crippling accidents.
- Progressive or debilitating diseases, such as multiple sclerosis, muscular dystrophy, diabetes, arthritis and lung diseases.
- Chronic or terminal illness.
- Situations involving neglect or abuse of children or the need for protection of vulnerable adults.

Discussion of individual adaptations of the teaching role to meet each special need cannot be undertaken within the scope of this publication. However, there are commonalities of approach and attitudes to working in a

teaching capacity with those whose handicapping conditions have seriously disturbed the quality of daily life. Some of these are indicated in the following practical suggestions developed in consultation with a public health nurse, social worker, physical therapist, speech therapist and home economist. Specialized training and some of the tasks involved in meeting special needs are discussed later in this chapter.

Use of community resources

To work with persons who are disabled by any type of handicap, the homemaker service team needs the backing of an organization with access to many and varied resources. Public health nurses, physical therapists and occupational therapists can help the homemaker with the principles and details of working in a teaching role with the handicapped. A nearby hospital with a rehabilitation unit would be one valuable resource, since it would have therapists on staff who could demonstrate how to adapt hospital procedures to home conditions. Home economists are versed in energy-saving methods and principles of nutrition; many specialize in working with the handicapped. Other experts who work with the aged and with those who have visual or hearing handicaps may be found in local agencies which serve persons with these problems.

Many local agencies which focus on a particular handicap or disease have publications issued by the parent organization on the national or state level. An example is a pamphlet published by the American Heart Association, *Strokes (a guide for the family)*. It gives a brief, simple description of how strokes occur, what can be done for the stroke patient, how to make use of community resources, some simple self-help devices and a brief listing of other resource material. (For sources of other such information, see the Appendix.)

Information and referral services are to be found in many metropolitan and suburban areas. They have information about social welfare and health resources and services in the community and will spare no effort to get information and help. In rural areas, where some of these specialized agencies and services may be few and far between, a cooperative and interested librarian can be a great asset, and so can local welfare and health departments.

Some ways in which a teaching homemaker might help an individual or family to cope with a physical or a dietary handicap are:

- Help adapt a family's menus to accommodate a diabetic or other dietary need for one or more members of the household.
- Adapt the kitchen space to fit the limited scope of a heart patient, a paraplegic, a blind person or other handicapped person who is the principal

user of the kitchen.

- Help an arthritic person learn ways to prepare and cook foods in spite of severe crippling of hands and fingers.
- Help a severely handicapped mother and her family find ways to accomplish or delegate the housekeeping duties, such as making beds, cleaning, doing laundry, shopping and cooking.

If a homemaker is to teach these skills, it is advisable for the agency to provide in-service training aimed at adapting the homemaker's skills to these situations. This can be done in several ways. Here are two suggestions:

/1/ Invite special guests to conduct meetings and demonstrations. They might include:

- A dietitian or nutritionist from a hospital or health department
- A therapist from a rehabilitation center or hospital
- A home economist involved with home management and kitchen planning from the state university extension service
- A representative of the state or county medical association
- A representative of the local chapter of a national health organization.

/2/ Show films or slides about the needs of variously handicapped persons. Films of this kind are generally available through state health department film libraries and university audio-visual aids departments free of charge. There are also film distribution centers in New York, Chicago and other large cities from which films may be rented for a nominal charge.

What the homemaker needs to know and do

When working with a handicapped person in a teaching capacity, the homemaker needs to have an understanding of the condition and particularly of the physical limitations the handicap has imposed. She needs to be aware of the person's psychological and emotional reactions to the handicap and she needs to be informed of the expected outcome.

The homemaker should approach the challenge of her assignment with optimism tempered by realism and practicality. If the handicapped person has already reached maximum functioning, the homemaker can teach easier ways to do things, improvise gadgets and develop better methods to cope with the tasks of everyday living. If maximum functioning has not yet been attained, as revealed by professional evaluation, the homemaker may need to focus on activities which will improve functioning.

The following are some basic principles for working in a teaching role with

handicapped persons and their families:

- It is best not to compare what a handicapped person can do with what he or she could do before the handicap. Emphasize abilities rather than disabilities.
- Engage the person, within his limitations, in all self-care and household activities.
- Be aware of the individual's abilities and limitations so that neither too much nor too little is expected.
- Encourage, but do not pressure, a person to perform.
- Analyse each procedure and try it out yourself. You may want to change it.
- Focus on work simplification techniques.
- Provide or improvise special equipment and help the handicapped person learn how to use it.
- Be flexible and adaptable, keeping safety in mind at all times.
- Point up every gain the handicapped person makes. Look ahead, not back, and help the handicapped individual to do the same. Set up short-term as well as long-term goals, so that the handicapped person is encouraged to move ahead.
- Be aware that, with a stroke patient, there may be difficulties in understanding, judgment and awareness. Repetition, simplified instructions, short sentences, re-wording and use of gestures may be necessary to establish communication, keeping in mind that though the patient may have difficulties in comprehension, he needs to be treated as a responsible adult.
- Plan the day's activities with the individual to include religious, social and recreational activities in order to maintain involvement with people and events around him.
- Inform family members and other involved persons how and what the handicapped person is being taught, so that they can follow through with needed support and encouragement.

Need for specialized training

Though the well-developed generic training course for homemaker-home health aides[1] is designed to equip them for work in a variety of situations,

[1] *Homemaker-Home Health Aides . . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967.

some special problems may call for additional training in specialized skills, such as:

- Behavior modification techniques for use with some emotionally disturbed, mentally ill or developmentally disabled persons;[1]
- Reality orientation and socialization techniques for use with some elderly persons;[2]
- Work simplification methods, body mechanics and use of special equipment for work with physically handicapped persons.[3]

Specialized training may be provided through the use of community resources. One agency, for example, arranges for the instruction of individual homemaker-home health aides for special assignments:

> *A homemaker spent two days at a research hospital learning how to adjust braces and use mechanical equipment to care for a totally paralyzed mother; another attended an institute conducted by the state school for the blind, so she could learn how to care for and instruct blind children. Several homemakers working with mothers on restricted activity were instructed in the use of labor-saving devices at the "cardiac kitchen" of a local hospital. In providing such specialized instruction, community resources outside of the agency are used, with any necessary financing provided by the agency. Homemakers thus trained become more valuable staff members.*[4]

In another approach, an agency initiated a homemaker service demonstration project for developmentally disabled children and their families to learn how homemakers should be trained, supervised and oriented to provide the most effective service to families with special problems. The agency plans to incorporate this knowledge into the generic training of all homemaker-home health aides so that total community resources to such families will be

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[1] James D. Smith. "Training Homemaker Service Personnel as Agents of Behavioral Change," *Michigan Mental Health Research Bulletin*, 5:1 (Winter 1971), pp 33-35.

[2] Judith Anderson and Catherine Stein. "Accent on Living," report on reality orientation techniques with aged persons in their own homes; papers presented at National Conference on Social Welfare, 1972. Unpublished.

[3] Judith Ann Simonet. "Homemaker Rehabilitation—A Challenge to Home Economists," *Home Economists in Community Programs*. American Home Economics Association, 1969.

[4] Elizabeth Burford. "A Formalized Homemaker Training Program," *Child Welfare*, 41:7 (September 1962).

markedly increased.[1]

Tasks involved in meeting special needs

Working in a teaching capacity to meet special needs may include the following tasks:

- Teach concrete skills to meet daily needs;
- Provide assistance, motivation and stimulation to prevent physical and/or mental deterioration;
- Provide emotional support and encouragement to individuals and their families who are overwhelmed by catastrophic illness or disability;
- Train and teach handicapped children and help families learn new ways to meet the handicapped child's needs.

/1/ Teach concrete skills

Homemakers who are trained in methods of work simplification, body mechanics, kitchen planning and use of special equipment can help many persons to function safely in their own homes and to achieve better self-care, as illustrated in the following example:

Mrs. R, aged 63, is blind. She was referred for teaching homemaker service by the city department of vocational rehabilitation. She needed to improve her cooking and ironing skills because she burned herself frequently. At the start of the teaching program, Mrs. R's kitchen was cluttered with newspapers on counters and floor as protection against spilled foods and stains. Because they were fire hazards, Mrs. R was encouraged to remove them and to use asbestos shields and plastic floor strips instead. She was shown how to reorganize her kitchen so that implements were within easy reach. She learned to use a heat diffuser, asbestos mats and mitts and a timer. Safe methods of preparing her favorite foods were demonstrated with later opportunities to show how well she had mastered each task. Mrs. R has high standards of cleanliness and wanted to be shown how to do special cleaning chores. She learned how to operate her rug shampooer, how to use the attachments to the vacuum cleaner and how to do many household tasks more easily and efficiently. With the patient encouragement of the homemaker, Mrs. R mastered each technique, plus many simplified ways of caring

[1] Ann Mootz. *Homemaker Service to Families with Children Having Developmental Disabilities.* Report at end of the second year of a three-year demonstration project in Cincinnati, Ohio, 1973. Unpublished.

for her personal needs and grooming so that she can now manage nearly all aspects of her life independently.

/2/ Provide assistance, motivation and stimulation

The keynote to helping persons of all ages overcome problems imposed by their disabilities is to provide both concrete services and encouragement, so that they can be free to continue personal growth. A homemaker-home health aide program of reality orientation for aged persons emphasizes the need for all staff members to convey these positive attitudes:

> The older person *has* a future and *can be* vitally involved in life, however ailing, handicapped, hostile or close to the end he may appear to be. There is value in each day of life, whether it be the first or the last. There is potential for growth throughout life, up to the end. There is something unique from each life experience to share.[1]

The following summary of experience describes some of the ways that disabled adults and elderly persons with declining health or vigor have been taught to achieve greater independence, prevent further deterioration and remain in the mainstream of community life.

> Homemakers have provided encouragement and assistance to persons who needed to learn how to get about with walkers, crutches, canes or wheelchairs. They have encouraged those who have lost interest in their surroundings to continue to perform as many of their household responsibilities as they can manage, encouraging them to cook and reheat foods, plan meals and participate in money management.
>
> Those who have lost interest in their physical condition have been encouraged to eat nourishing meals, do prescribed exercises and (elderly persons, particularly) to get treatment necessary to preserve or aid hearing, eyesight and teeth. The homemaker service team encourages those who need it to get medical care, arranging appointments where necessary and escorting them for care and therapy.
>
> Homemakers have served as a stimulant to disabled or aged persons who have become isolated, encouraging them to get outdoors, to shop, to participate in church and community activities, such as senior citizens centers, and to maintain or re-establish ties with relatives, friends and neighbors. They have encouraged them to develop interests within their limitations which will keep them active, interested and contributing members of the community.

[1] Judith Anderson and Catherine Stein. "Accent on Living," papers presented at National Conference on Social Welfare, 1972. Unpublished.

In all such work with disabled adults and elderly persons the homemaker service team strives through teaching, encouragement and stimulation to prevent further deterioration of their mental and physical faculties.[1]

/3/ Provide psychological support

Psychological support and motivation can be of crucial importance to individuals and their families who are faced with overwhelming changes in their lives caused by catastrophic illness or disability. The story of Mrs. L's painful return to hope, the will to live and to become once again a vital part of her family illustrates this need.

Mrs. L. was nearly burned to death in an explosion of the gas range in her home. During surgery for skin grafts, her heart stopped beating and emergency heart surgery had to be performed.

Before the accident, Mrs. L had been a cheerful, outgoing person, a competent housewife and mother who enjoyed her children and the love and companionship of her husband. Mr. L, employed at the same job for 12 years, had especially enjoyed taking his wife dancing and the whole family out for Sunday drives.

Now their lives were tragically changed. Mrs. L flat on her back, unable to move without pain, was in physical and mental anguish, her body covered with large unhealed wounds, her outlook one of total despair. Mr. L was deeply distressed over his wife's terrible pain and her repeated wish that she could die. He sat near her bed for many hours, often sobbing with her. The children, feeling somehow excluded from the family circle by their parents' tragic unhappiness, were confused and unhappy too.

Though Mrs. L asked that the homemaker take over all decisions concerning the house and children, the social worker and homemaker worked as a team from the start to help Mrs. L to help herself. The medical report emphasized that Mrs. L's attitude about her usefulness would be crucial to her recovery. At best, prognosis was guarded and it was doubtful that she would ever walk again.

Mrs. L and Mr. L and the children each had weekly discussions with the social worker so that they could be helped to express their fears and anxieties about Mrs. L's condition.

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[1] Pearl Rowe, Division of Homemaker Services, New York City Department of Social Services. Prepared for this manual.

The homemaker—with the social worker's guidance in weekly conferences—made use of every opportunity to help Mrs. L become involved again with her family. Could she comb the nine year old girl's hair while the homemaker prepared breakfast so that the children could get to school on time? Maybe today she could plan the menu since she knows what foods her husband likes best? How would she like to fold the clothes from her bedside?

One day when Mrs. L felt she simply could not do anything because of the pain in her hands, the homemaker mentioned that seven-year old Billy had told her that when his mother used to help him with his homework he caught on faster. Billy had wished he could read to his mother so that she could help him with his words. Tears came to Mrs. L's eyes. She asked Billy to come to her room and read to her.

As she gradually took her rightful place in her family, Mrs. L's confidence increased. Gradually, she began to feel hope. After hope, came a new sense of courage. Within a three-month period she was climbing stairs, using her hands and buttocks for support. Then she agreed to go to a rehabilitation center, an idea she had previously rejected.

On the day Mrs. L was discharged from the center and ready to return home, instead of using the elevator, she walked unassisted down the 17 steps. Among all the happy faces that day, everyone agreed that the loveliest to see was Mrs. L's.

/4/ Teach handicapped children

Living with and rearing a handicapped child can sap the energies and patience of the most devoted parents. Other children in the family often suffer from lack of individual attention and marriages can be damaged by the strain of caring for and managing a handicapped child.

The report of a summer project to provide a one day a week respite for mothers of handicapped children observed:

> It is very difficult for families with emotionally, intellectually or physically handicapped children. The children may be unresponsive or unpredictable; what worked one day may not work the next. Nights and days may be broken with screaming, fears and erratic behavior. There may be long stretches of repetitious and unrewarding behavior. Some of the children need constant supervision or a great deal of lifting and physical care. There is danger of great physical and emotional exhaustion for the parents.
>
> We felt that a day off a week would give the mother time to turn her attention to herself or the other children and would be a preventive

measure, a support to the mother's emotional and physical health.

The mothers served were touchingly grateful for the relief provided, for the chance to take care of medical and dental needs, visit friends or "just walk and think." One mother stressed that the day gave her an opportunity to do things with her other children. Many mentioned that the "day off" enabled them to be more patient with the demands and behavior of the handicapped child during the rest of the week. Several commented that the homemaker was able to bring out unsuspected abilities in their handicapped children.[1]

In summary

The teaching aspect of homemaker service can be adapted to meet many special needs. Approaches may include 1) creative use of community resources to provide specialized training and 2) testing, through demonstration projects, what is required to train and supervise homemakers to work effectively in special problem situations.

The adaptation of teaching skills to meet special needs calls for emphasis on concrete assistance combined with ability to motivate and encourage improved functioning and thus to prevent deterioration of physical and mental capabilities.

Selected References

Aldrich, C. Knight, M.D. "A Psychiatrist Looks at Homemaker Service," *Child Welfare*, October 1965.

Apgar, Virginia, M.D., M.P.H. and Joan Beck. *Is My Baby All Right? A Guide to Birth Defects*. New York: Trident Press, 1973.

Arnold, Irene L. and Lawrence Goodman. "Homemaker Services to Families with Young Retarded Children," *Children*, July-August 1966, p 149.

Arthritis Manual for Allied Health Professionals. New York: The Arthritis Foundation, 1973.

Brodsky, Rose. "Homemaker Service in a Voluntary Agency for Families with Retarded Children," paper presented at National Conference on Social Welfare, 1966. National Council for Homemaker-Home Health Aide Services, Inc. Reprinted 1973.

Davis, Manja M., Walter E. Purviance, Dr. George W. Magner, David J. Christensen. *Crisis Intervention: The Homemaker—An Aid in Psychiatric Treatment*. Chicago: Child and Family Services, 1966. (Loan copies available

[1]Roberta Grundy. *Report of the Summer Project, July and August 1972*. Toronto: Visiting Homemakers Association.

from National Council for Homemaker-Home Health Aide Services, Inc.).

Developmental Disabilities Homemaker Project. Cleveland: Center for Human Services, Homemaker-Home Health Aide Division, 1972. (Continuation grant proposal available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Endres, Jeannette. "Serving Mentally Retarded Children," *Home Economists in Community Programs.* Washington, D.C.: American Home Economics Association, 1969.

Foresman, Louise. "The Use of Homemakers to Improve the Care of Children," from "Strengthening Family Life," *Children* 12:1 (January-February 1965). Reprinted in *Readings in Homemaker Service.* National Council for Homemaker-Health Aide Services, Inc., 1969, pp 37-39.

_____, Nelle Martin, Ruth Safier and Lorena Scherer. "The Team Approach in Protective Service," *Child Welfare,* March 1963, p 135.

Grundy, Roberta. *Report of the Summer Project, July and August 1972.* Toronto: Visiting Homemakers Association.

Handbook of Rehabilitative Nursing Techniques in Hemiplegia. Minneapolis: American Rehabilitation Foundation, 1964. (Chapter on homemaking)

Helping a Mental Patient at Home. Arlington, Va.: The National Association for Mental Health. Available from local or state associations or national office.

Homemaking Aids for the Disabled. Minneapolis: American Rehabilitation Foundation, 1963.

Humphrey, Jackson C. "Homemaker Service in a Psychiatric Program," paper presented at American Medical Association Conference on Aging and Long-Term Care, 1964. Abstracted, *Homemaker Services Bulletin* 7:1 (January 1966).

Johnson, Nora P. "Homemaker Services for Children with Psychiatric Disorders," *Child Welfare,* November 1961, pp 18-22.

Jolicoeur, Roger M., Sr. *Caring for the Visually Impaired Older Person—A Practical Guide for Long-Term Care Facilities and Related Agencies.* The Minneapolis Society for the Blind, 1970.

Kempe and Helfer. *Helping the Battered Child and His Family.* New York: Lippincott, 1972.

Lippke, Richard. "Retarded Children and Their Families Benefit from Specialized Homemaker Service," paper presented at 1970 Forum, National

Council for Homemaker-Home Health Aide Services, Inc. (Complete report of the program for retarded children and their families, in Puerto Rico, translated from Spanish, available on loan from National Council.)

Lowman, Edward W., M.D. *Self Help Devices for the Arthritic.* New York: The Institute of Physical Medicine and Rehabilitation. New York University-Bellevue Medical Center. Revised 1959.

Lydon, William T. and Loretta McGraw. *Concept Development for Visually Handicapped Children*—a resource guide for teachers and other professional persons working in educational settings. New York: American Foundation for the Blind, Inc. Revised ed. 1973.

Malik, Maude H., Barbara Eisenhour and Dorothy T. Kolodner. *Handicapped Homemaker Follow-Up Study.* Pittsburgh: Harmerville Rehabilitation Center, 1972. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Margolis, Philip, M.D. "Stabilizing the Family Through Homemaker Service." *Social Casework,* October 1957. Included in collection of papers on homemaker service. New York: Family Service Association of America. "Helping the Mentally Ill Mother;" "Assisting the Elderly," pp 3-5.

Mootz, Ann. *Homemaker Service to Families with Children Having Developmental Disabilities.* Final project report, 1973. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Ogg, Elizabeth. *Securing the Legal Rights of Retarded Persons.* Public Affairs Pamphlet No. 492. New York: Public Affairs Committee.

Preschool Deaf, Blind Child, The—Suggestions for Parents. New York: American Foundation for the Blind, Inc., 1971.

Proposal to Cuyahoga County Mental Health and Retardation Board. Describes continuing project of specialized homemaker service for mentally ill mothers. Cleveland: Center for Human Services, Homemaker-Home Health Aide Division, 1971-72 and 73. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

"Protective Services for Aging," brief description of Philadelphia Department of Public Welfare program. *Homemaker-Home Health Aide Bulletin* 9:1 (January 1968), p 4.

Rusk, Kristeller, Judson, Junt, Zimmerman. *Manual for Training the Disabled Homemaker.* New York: The Institute for Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 1955.

Schwab, Lois O. "The Home Economist in Rehabilitation," *Rehabilitation Literature* 29:5 (May 1968), pp 130-138.

Shachnow, Jody and Sue Matorin. "Community Psychiatry Welcomes the Non-Professional," *Psychiatric Quarterly* 43 (July 1969)

Shames, Miriam. "Use of Homemaker Service in Families That Neglect Their Children," *Social Work* 9:1 (January 1964), pp 12-18.

Silcott, T. George. "An Alternate to Placement of Children: The Homemaker/Organizer," paper presented at National Conference on Social Welfare, 1972. National Council for Homemaker-Home Health Aide Services, Inc.

Simonet, Judith Ann. "Homemaker Rehabilitation—A Challenge to Home Economists," *Home Economists in Community Programs.* Washington, D.C.: American Home Economics Association, 1969.

Smith, James D. "Training Homemaker Service Personnel as Agents of Behavioral Change," *Michigan Mental Health Research Bulletin* 5:1 (Winter 1971).

_____. "Utilization of Behaviorally Trained Homemakers: A Case Example." Mimeographed. Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.

Talsma, Eugene. "Introduction to Systematic Management of Behavior" and other materials used for training homemakers in behavior modification techniques. Flint, Michigan: Family Service Agency of Genesee County. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Taylor, Martha L. *Understanding Aphasia.* New York: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 1958.

The Impact, Costs and Consequences of Catastrophic Illness on Patients and Families. New York: Cancer Care, Inc., National Cancer Foundation, 1973.

The Value of Homemaker Service in the Family with a Retarded Child Under Five. Final Report, Child Welfare Research Project. New York: Association for Homemaker Service, Inc. and Retarded Infants Services. Inc., 1965 (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Van Dyke, Frank and Virginia Brown. "Organized Home Care: An Alterna-

tive to Institutions," *Inquiry* 9:2 (June 1972) Chicago: Blue Cross Association, pp 3-16.

Weiner, Florence. *Help for the Handicapped Child.* Where to Find Help. New York: McGraw-Hill, 1973.

Weinrich, Ernest. "Homemaker-Home Health Aide Services for the Handicapped," New York: United Cerebral Palsy Associations, 1967. National Council for Homemaker-Home Health Aide Services, Inc.

Winnet, Nochem S. "Reflections of a Juvenile Court Judge," *Papers from 1968 Annual Meeting and Forum,* National Council for Homemaker-Home Health Aide Services, Inc.

Appendix

GUIDE for TEACHING

Gain acceptance

- Be a good listener.
- Convey feelings of respect.
- Show that you care.
- Make small successes possible early. This will help:
  create confidence in you
  create self-confidence

Use these techniques

- Understand and tailor instruction to accommodate factors that can influence or inhibit learning:
  physical handicaps
  physical environment
  mental capacity
  previous education
  psychological problems
- Teach adults through the children.
- Teach by example.
- Teach by telling, showing, doing, telling again.
- Teach through other adults.
- Teach through use of all available material.
- Involve the individual or family members in action—in practical experience.
- Don't hesitate to praise and encourage.

Measure success

- Notice how things were.
- Note little changes.
- Keep a written record.
- Share observations of changes and improvement with family members.
- Share successes as well as problems with supervisor.

—Adapted from a guide developed by Mrs. Nancy Demer, Home Economics Specialist, Pennsylvania Department of Public Welfare, Harrisburg, Pa.

SAMPLE TRAINING SESSION

As you start—
Make friends.
How?
What are some ways to make friends?
How can you show the mother you are there to help her—to make her life better?

A way must be found to reach the family—to build a bond of trust.

Plan for success—
This group especially needs to succeed at something.
Make the goals easy to reach.

How to say it is very important—
Ask? Command? Beg?
How would you?

What about *your* attitude?
How do you feel as you walk in the door—
What do you say to yourself—
How do you show it—your face—your actions—your voice.

OUR PROBLEM

You are assigned to the following:
A lady—pregnant and not well with 4 small children ages 7, 6, 4 and 2. Not very much room—small apartment. Very untidy, beds unmade.

Children have not learned how to pick up their things or make beds. Mother thinks she shouldn't ask children to do anything. Now she is sick and cannot do it all herself. In fact, she is sick in bed and isn't supposed to get up.

How will you handle this case?
(1) The mother—Your attitude toward her?
(2) The children—Your attitude toward them?
What will you do first?
How will you talk with the mother?
How will you work with the children?
How much will you expect of the children?
How will you reward them?

HOMEMAKERS AS MODIFIERS OF HUMAN BEHAVIOR

by

Leon D. Silber, Ed.D. *Coordinator*
Learning Disabilities Section
Division for Exceptional Children
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As is commonly known now, most human behavior is learned from other people. Parents and others teach children to pay attention, to dress themselves, to play games, to fight, to steal, and to cry. Friends and other people have taught us how to develop skills and abilities as well as to be interested in certain things. As people, we have been taught to value some things and to be fearful or upset by other things. Our behavior is always changing according to the things we learn from other people. This is called social learning. It's obvious that children learn more from some people than they do from others. Frequently, what they learn depends on how they were taught. Both desirable and undesirable behaviors are learned. When children are young, most behaviors are learned in the home. It is here that the homemaker who comes into this environment with her sense of warmth and concern for both parents and children can have a positive influence. Oftentimes new ways of behaving, new ways of following instructions, and new ways of providing activities for parents and children can change the relationship within the family. The homemaker in her work, therefore, becomes the first line of defense to prevent and deal with difficulties before they become problems.

NATIONAL INFORMATION SOURCES

AFL-CIO Community Service Activities, 815 - 16th Street, N.W., Washington, D.C. 20006

American Academy of Pediatrics, 1801 Hinman Avenue, Evanston, Ill. 60204

American Association for Maternal and Child Health, 116 S. Michigan Avenue, Chicago, Ill. 60603

American Association on Mental Deficiency, 5201 Connecticut Avenue, N.W., Washington, D.C. 20015

American Cancer Society, Inc., 219 East 42nd Street, New York, N.Y. 10017

American College of Obstetricians and Gynecologists, 79 W. Monroe Street, Chicago, Ill. 60603

American Diabetes Association, 18 East 48th Street, New York, N.Y. 10017

American Dietetic Association, 620 N. Michigan Avenue, Chicago, Ill. 60611

American Foundation for the Blind, Inc., 15 West 16th Street, New York, N.Y. 10011

American Heart Association, 44 East 23rd Street, New York, N.Y. 10010

American Home Economics Association, 2010 Massachusetts Ave., N.W., Washington, D.C. 20036

American Lung Association, 1740 Broadway, New York, N.Y. 10019

American Medical Association, 535 N. Dearborn Street, Chicago, Ill. 60610

American National Red Cross, 17th and "D" Streets, N.W., Washington, D.C. 20006

American Parents Committee, Inc., 20 'E' Street, N.W., Washington, D.C. 20001

American Parkinson Disease Association, Inc., 147 East 50th Street, New York, N.Y. 10022

American Printing House for the Blind, P.O. Box 6085, Louisville, Ky. 40206

American Rehabilitation Committee, Inc., 28 East 21st Street, New York, N.Y. 10010

American Rehabilitation Foundation, 1800 Chicago Avenue, Minneapolis, Minn. 55404

American Schizophrenia Association, 56 West 45th Street, New York, N.Y. 10036

American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014

Arthritis Foundation, 1212 Avenue of the Americas, New York, N.Y. 10036

Association for the Aid of Crippled Children, 345 East 46th Street, New York, N.Y. 10017

Association for Children with Learning Disabilities, 2200 Brownsville Road, Pittsburgh, Pa. 15210

Association for Education of the Visually Handicapped, 1604 Spruce Street, Philadelphia, Pa. 19103

Association for the Visually Handicapped, 1839 Frankfort Avenue, Louisville, Ky. 40206

Alexander Graham Bell Association for the Deaf, Inc., 3417 Volta Place, N.W., Washington, D.C. 20007

Blue Cross Association, 840 North Lake Shore Drive, Chicago, Ill. 60611

Boy Scouts of America, North Brunswick, New Jersey 08902 (Scouting information for boys with handicaps)

Center for Sickle Cell Anemia, College of Medicine, Howard University, 520 'W' Street, N.W., Washington, D.C. 20001

Child Study Association, 50 Madison Avenue, New York, N.Y. 10010

Child Welfare League of America, 67 Irving Place, New York, N.Y. 10003

Closer Look, Box 19428, Washington, D.C. 20036 (A national special education information center which helps to find services for children with mental, physical, emotional, and learning disabilities; sponsored by U.S. Department of Health, Education, and Welfare)

Committee to Combat Huntington's Disease, 200 West 57th Street, New York, N.Y. 10019

Consumer Education, Cooperative Extension, Cornell University, 111 Park Place, New York, N.Y. 10007

Consumer Product Safety Commission, Washington, D.C. 20207

Council for Exceptional Children, The National Education Association, 1411 Jefferson Davis Highway, Arlington, Va. 22202

Council on Consumer Education, 15 Gwynn Hall, University of Missouri, Columbia, Mo. 65201

Epilepsy Foundation of America, 1828 'L' Street, N.W., Washington, D.C. 20036

Family Service Association of America, 44 East 23rd Street, New York, N.Y. 10010

Foundation for Research and Education in Sickle Cell Disease, 421-431 West 120th Street, New York, N.Y. 10027

Institute of Life Insurance - Educational Division, 277 Park Avenue, New York, N.Y. 10017

Joseph P. Kennedy, Jr. Foundation, Suite 205, 1701 'K' Street, N.W., Washington, D.C. 20006 (mental retardation)

Little People of America, Inc., P.O. Box 126, Owatonna, Minn. 55060

Money Management Institute, Household Finance Corp., Prudential Plaza, Chicago, Ill. 60601

Muscular Dystrophy Associations of America, 810 Seventh Ave., New York, N.Y. 10019

Myasthenia Gravis, Inc., 230 Park Avenue, New York, N.Y. 10017

National Aid to the Visually Handicapped, 3201 Balboa Street, San Francisco, Calif. 94121

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., 345 East 46th Street, New York, N.Y. 10017

National Association for Mental Health, Inc., 1800 N. Kent Street, Rosslyn, Va. 22209

National Association for Retarded Children, 2709 Avenue E. East, Arlington, Texas 76010

National Association for Sickle Cell Disease, Inc., 11 West 57th Street, New York, N.Y. 10019

National Association of Hearing and Speech Agencies, 814 Thayer Avenue, Silver Springs, Md. 20910

National Cancer Foundation, 1 Park Avenue, New York, N.Y. 10016

National Clearinghouse for Drug Information, Box 170, Washington, D.C. 20044

National Council for Homemaker-Home Health Aide Services, Inc., 67 Irving Place, New York, N.Y. 10003

National Council on the Aging, Inc., 1828 'L' Street, N.W., Washington, D.C. 20036

National Cystic Fibrosis Foundation, 3379 Peachtree Road, N.E., Atlanta, Ga. 30326

National Dairy Council, 111 N. Canal Street, Chicago, Ill. 60606

National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Ill. 60612

National Foundation for Neuromuscular Disease, 250 West 57th Street, New York, N.Y. 10019

National Foundation/March of Dimes, 1275 Mamaroneck Avenue, White Plains, N.Y. 10605

National Health Council, 1740 Broadway, New York, N.Y. 10019

National Hemophilia Foundation, 25 West 39th Street, New York, N.Y. 10018

National Kidney Foundation, 116 East 27th Street, New York, N.Y. 10016

National Multiple Sclerosis Society, 257 Park Avenue South, New York, N.Y. 10003

National Paraplegia Foundation, 333 N. Michigan Avenue, Chicago, Ill. 60601

National Parkinson Foundation, Inc., 135 East 44th Street, New York, N.Y. 10017

National Pituitary Agency, Suite 503-7, 210 West Fayette Street, Baltimore, Md. 21201

National Rehabilitation Association, 1029 Vermont Avenue, N.W., Washington, D.C. 20005

National Safety Council, 425 N. Michigan Avenue, Chicago, Ill. 60611
National Society for the Prevention of Blindness, Inc., 79 Madison Avenue, New York, N.Y. 10016
National Tay-Sachs and Allied Diseases Association, Inc., 122 East 42nd Street, New York, N.Y. 10017
Osteogenesis Imperfecta, Inc., 1231 May Court, Burlington, N.C. 27215
Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, N.Y. 10019
Public Affairs Committee, 381 Park Avenue South, New York, N.Y. 10016
John Tracy Clinic, 807 West Adams Boulevard, Los Angeles, Calif. 90007 (Education of deaf children)
United Cerebral Palsy Associations, Inc., 66 East 34th Street, New York, N.Y. 10016
U.S. Children's Bureau, Department of Health, Education, and Welfare, Washington, D.C. 20201
U.S. Department of Agriculture-Federal Extension Service, Washington, D.C. 20251
U.S. Public Health Service, National Institutes of Health, Bethesda, Md. 20014 (Public Information Officer)
For U.S. Government publications, write: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

RECOMMENDED READING FOR HOMEMAKERS IN A TEACHING ROLE

Child Care

Accidents and Children. Washington, D.C.: Children's Bureau, Office of Child Development, U.S. Department of Health, Education, and Welfare, 1963.

Care of Your Children's Teeth. The. Same source as above.

"Child in the Family, The." *Homemaker-Home Health Aides. . . Training Manual,* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 99-111.

Coming of Age: Problems of Teen-agers. Public Affairs Pamphlet 234. New York: Public Affairs Committee.

Enjoy Your Child—Ages 1, 2 and 3. Public Affairs Pamphlet 141.

Family Life and Sex Education. Two articles reprinted from *Children,* July-August 1967. Children's Bureau, 1967.

Federal Source Book, A: Answers to Most Frequently Asked Questions About Drug Abuse. Washington, D.C.: National Clearinghouse for Drug Information.

Glynn, Eugene P., M.D. *Adolescence.* A lecture in the training program for The Children's Aid Society homemakers. New York: The Children's Aid Society.

Helping Your Child Speak Correctly. Public Affairs Pamphlet 445.

How to Discipline Your Children. Public Affairs Pamphlet 154.

How to Help Your Child in School. Public Affairs Pamphlet 381.

How to Tell Your Child About Sex. Public Affairs Pamphlet 149.

Infant Care. Children's Bureau Publication 8, 1963.

Kempe and Helfer. *Helping the Battered Child and His Family.* New York: Lippincott, 1972.

Mead, Margaret. *A Creative Life for Your Children.* Children's Bureau Headliner Series, 1962.

Moving Into Adolescence. Your Child in His Pre-Teens. Children's Bureau Publication 431, 1966.

Neissen, Edith G. and Nina Ridenour. *Your Children and Their Gangs.* Children's Bureau Publication 384, 1960.

"Parents and Teenagers," *Training Home Economics Program Assistants to Work with Low-Income Families.* Washington, D.C., U.S. Department of Agriculture, Federal Extension Service, PA 681, 1965, pp 92-94.

Parent-Teenager Communication. Public Affairs Pamphlet 438.

Play: How the Adult Can Help. Madison, Wisconsin: State Department of Health and Social Services, Division of Family Services, Homemaker Services, 1968.

Prenatal Care. Children's Bureau Publication No. 4. Reprinted 1971.

Protecting Your Family from Accidental Poisoning. Public Affairs Pamphlet 459.

Ridenour, Nina and Isabel Johnson. *Some Special Problems of Children Aged Two to Five.* New York: Child Study Association.

Safe Toys for Your Child—How to Select Them—How to Use Them Safely. Children's Bureau Publication 473, 1971.

Talking to Pre-teenagers About Sex. Public Affairs Pamphlet 476.

Teach Children Fire Will Burn. Children's Bureau Publication 471, 1969.

The Only Child. Public Affairs Pamphlet 293.

The Shy Child. Public Affairs Pamphlet 239.

Understand Your Child—From 6 to 12. Public Affairs Pamphlet 144.

Vogel, Jacqueline, ed., *A Guide Book for Child Care.* Public Welfare Board of North Dakota, 1971.

Watch Out for Lead Poisoning. Department of Health, Education, and Welfare Publication No. (HSM) 72-5106, Spanish language version; (HSM) 72-5101, English.

What Can You do About Quarreling? Public Affairs Pamphlet 369.

What Should Parents Expect from Children? Public Affairs Pamphlet 357.

"You and the Children," *Training Home Economics Program Assistants to Work with Low-Income Families.* U.S. Department of Agriculture PA 681, pp 86-91.

Your Baby's First Year. Children's Bureau Publication 400, 1962.

Your Child from 1 to 3. Children's Bureau Publication 413, 1962.

Your Child from 1 to 6. Children's Bureau Publication 30, 1964.

Your Child from 3 to 4. Children's Bureau Publication 446, 1962.

Your Child from 6 to 12. Children's Bureau Publication 324, 1966.

Your Children's Feet and Footwear. Children's Bureau Publication 41, 1957.

Your Child Starts to School: 3 to 6. Public Affairs Pamphlet 163.

Your Child's Emotional Health. Public Affairs Pamphlet 254.

Your Child's Sense of Responsibility. Public Affairs Pamphlet 254.

Your First Months with Your First Baby. Public Affairs Pamphlet 478.

Your New Baby. Public Affairs Pamphlet 353.

Home Management

Accent/Consumer Education pamphlet series. Chicago: Follett Publishing Co., Educational Opportunities Division. The following titles are of special interest:

Containers—How to Compare Prices of Their Contents
Knowing How to Budget and Buy
Understanding How to Budget and Buy

Be Wise—Consumers' Quick Credit Guide. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Buying Guides (Money Management Series). Chicago: Household Finance Corporation, Money Management Institute.

Canned Food Buying Guide—Common Container Sizes. Washington, D.C.: National Canners Association, Home Economics - Consumer Services.

"Care and Maintenance of the Home and Personal Belongings," *Homemaker-Home Health Aides. . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 51-63.

Clothing Repairs. U.S. Department of Agriculture. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Consumers All. Yearbook of Agriculture. U.S. Department of Agriculture, 1965. (Chapters on clothing and equipment)

Cut Food Costs When You Shop. New York: Cooperative Extension Service, Consumer Education, Cornell University.

Dollars and Decisions. Monthly bulletins. Burlington, Vermont: Cooperative Extension Service, University of Vermont. (Free subscription on request.)

Easy Steps to a Spick and Span House. Chicago: Cook County Department of Public Aid.

Family Money Problems. Public Affairs Pamphlet 412.

"Family Spending and Budgeting," *Homemaker-Home Health Aides. . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 76-86.

Food Management for the Smiths. Los Angeles: County Health Department, Division of Public Health and Nutrition.

Getting the Most for Your Food Dollar. Same source as above.

Guide to Budgeting for the Family, A. U.S. Department of Agriculture. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Guide to Consumer Credit, A. Public Affairs Pamphlet 348A.

Helping Families Manage Their Finances. U.S. Department of Agriculture.

Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

"Home Accident Prevention," *Homemaker-Home Health Aides. . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967. pp 64-75.

Home Economics: Cornell Extension Bulletins. Ithaca, N.Y.: Cornell University.

Housecleaning Guide. Office of Public Assistance Educational Leaflet #15. Department of Public Welfare, Commonwealth of Pennsylvania, 1967.

Housekeeping Directions—A Simplified Guide. New York: The Soap and Detergent Association, Cleanliness Bureau.

"Housekeeping Duties," *Homemaker Service Training Manual.* Washington, D.C.: Administration on Aging, U.S. Department of Health, Education, and Welfare, 1970. (Also available on loan from National Council for Homemaker-Home Health Aide Services, Inc.)

How to Stretch Your Money. Public Affairs Pamphlet 302A

Lewis, Harold and Mildred Guinessy. *Helping the Poor Housekeeper in Public Housing.* Philadelphia: Friends Neighborhood Guild.

Live Better and Spend Less. Chicago: Cook County Department of Public Aid.

"Marketing Tips," *Homemaker Service Training Manual.* Washington, D.C., 1970, pp. 55-58. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.)

Money Management. New York: Institute of Life Insurance, Education Division.

Penny Planner. Pamphlet series. Pittsburgh: Allegheny County Board of Assistance.

The following titles are of special interest:

Budget Gadget — *It's Your Money*
Housecleaning Guide — *Meet Penny Planner*
Penny Planner's 10 Point Plan for Lower Food Bills

"Safety in the Home," *Homemaker Service Training Manual,* Washington, D.C., 1970, pp 79-81.

Simplified Housekeeping Directions for Homemakers. Washington, D.C.: U.S. Department of Housing and Urban Development.

"Storing Food Safely," *Homemaker Service Training Manual,* Washington, D.C., 1970, pp 59-61.

The Foods You Choose Can Save You Money. Los Angeles: County Health Department, Division of Public Health and Nutrition.

What Every Homemaker Should Know About Food Germs. A scriptographic

booklet. Greenfield, Mass.: Channing L. Bete Co., Inc., 1973.

"When You Cook," *Homemaker Service Training Manual*, Washington, D.C., 1970, pp 62-64.

Win the Shopping Game. Pamphlet series. Ithaca, New York: Consumer Education, New York Cooperative Extension, Cornell University.

You and Your Family. Pamphlet series. New York: Cooperative Extension, State University at Cornell University.

Your Home Furnishings Dollar. Chicago: Household Finance Corporation.

Your Housekeeping Guide. Chicago: Cook County Department of Public Aid.

Your New Home—Guidelines for Senior Citizens Who Are Moving. Storrs, Conn.: Cooperative Extension Service, University of Connecticut.

Nutrition and Health

A Way to Good Health Through Well-Balanced Meals. Augusta, Maine: Department of Health and Welfare, Nutrition Services.

Cultural Food Habits of Italians, Jews and Puerto Ricans. New York: Department of Health, Bureau of Nutrition.

Easy Meals that Please. Montpelier, Vt.: Dairy Council of Vermont.

Eat Right to Stay Young. Augusta, Maine: (see above)

Evaporated Milk—A Good Formula for Babies: (Three pamphlets) *A Day's Supply that Won't Sour; Heating After Bottling; Single Bottle Method.* Children's Bureau, 1969.

Family Fare—Food Management and Recipes. U.S. Department of Agriculture. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Family Food Budgeting for Good Meals and Good Nutrition. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Family Meal Planning and *Teaching Guide.* Edmonton, Alberta: Family Service Association, 1972.

Focus on Canned Foods. Washington, D.C.: National Canners Association, Home Economics-Consumer Services.

Focus on Food. Logan, Utah: Cooperative Extension Service, Utah State University.

Food and Nutrition—in-service training for extension aides. A Problem Centered Approach. U.S. Department of Agriculture. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Food and Your Weight. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Food for Families with School Children. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Food for Fitness. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Food for the Family with Young Children. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Food for Your Baby's First Year. Children's Bureau, 1969.

Food Guide for Older Folks. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

"Food, Nutrition and Meals," *Homemaker-Home Health Aides. . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 87-98.

Foods for the Preschool Child—Ages 13 months to 6 years. Children's Bureau, 1969.

Foods Your Children Need. Children's Bureau, 1958.

Good Meals Without Cooking. New York: Department of Health, Bureau of Nutrition.

Look Bright—Eat Right! Columbus, Ohio: Department of Health, Nutrition Division.

Mealtime Manual for the Aged and Handicapped. Compiled by Institute of Rehabilitation Medicine, New York University Medical Center. New York: Simon and Schuster.

Money Saving Main Dishes. U.S. Department of Agriculture, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Mothers and Fathers: Think About Breast Feeding Your Baby. Children's Bureau, 1968.

Mothers and Fathers: Your Baby Needs Iron Every Day. Children's Bureau, 1968.

Nutrition Source Book. Chicago: National Dairy Council, 1970.

Passover Meals—Food Marketing Program. New York: Department of Health, Bureau of Nutrition.

Penny Planner. Pamphlet series. Includes titles on fruits and vegetables, meats, meat substitutes, milk and dairy products, cereals and bread. Pittsburgh: Allegheny County Board of Assistance.

Rosh Hashannah and Yom Kippur Foods and Customs. New York: Department of Health, Bureau of Nutrition.

Shopping for Food. Chicago: National Dairy Council, 1970.

Spare Those Vegetables. New York: Department of Health, Bureau of Nutrition.

Source Book on Food Practices with Emphasis on Children and Adolescents. Chicago: National Dairy Council, 1968.

The Plan Below Is An Easy Way of Getting All the Foods You Need Daily. New York: Department of Health, Bureau of Nutrition.

The Star Plan of Good Eating. New York: Department of Health, Bureau of Nutrition.

Vitamins, Food and Your Health. New York. Public Affairs Pamphlet 465.

Weight Control Source Book. Chicago: National Dairy Council, 1967.

"What Do We Eat and Why," *Homemaker Service Training Manual,* Washington, D.C., 1970, pp. 74-78. (Available on loan from National Council for Homemaker-Home Health Aide Services, Inc.).

Special Needs

A Full Life After 65. Public Affairs Pamphlet 347. New York: Public Affairs Committee.

A New Chapter in Family Planning. Public Affairs Pamphlet 136C.

A Severely Handicapped Homemaker Goes Back to Work in Her Own Kitchen. New York: The Institute of Rehabilitation Medicine, New York University Medical Center.

A Step-by-Step Guide to Personal Management for Blind Persons. New York: American Foundation for the Blind, Inc.

Alcoholics and Alcoholism. Public Affairs Pamphlet 426.

An Introduction to Working with the Aging Person Who is Visually Handicapped. New York: American Foundation for the Blind, Inc.

Apgar, Virginia, M.D., M.P.H. and Jean Beck. *Is My Baby All Right? A Guide to Birth Defects.* New York: Trident Press, 1973.

Asthma—How to Live with It. Public Affairs Pamphlet 437.

Berger, Terry. *I Have Feelings.* New York: Behavioral Publications, Inc.

Better Health in Later Years. Public Affairs Pamphlet 446.

Cerebral Palsy—More Hope Than Ever. Public Affairs Pamphlet 401.

Clothes for the Physically Handicapped Homemaker (with features suitable for all women) Washington, D.C.: Agricultural Research Service, U.S. Department of Agriculture. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Danish, Steven J. and Allen L. Hauer. *Helping Skills: A Basic Training Program—Trainee's Workbook.* New York: Behavioral Publications, Inc.

DeCourcy & DeCourcy. *A Silent Tragedy: Child Abuse in the Community.* Princeton, N.J.: Alfred Publishing Company.

Depression: Causes and Treatment. Public Affairs Pamphlet 488.

Dittman, Laura L. *The Mentally Retarded Child at Home: A Manual for Parents.* Children's Bureau Publication 374.

Drug Abuse and Your Child. Public Affairs Pamphlet 448.

Early Disease Detection. Public Affairs Pamphlet 467.

Easy-to-Use Series (for physically limited homemakers)

Kitchens • Bathroom • Sink center • Food • Fashions • Cooking and Serving Center • Streamlining Household Tasks • No Stoop, No Stretch Kitchen Storage • Cleaning Supplies • Mixing Center. Lincoln, Neb.: College of Agriculture and Home Economics, University of Nebraska.

Epilepsy—Today's Encouraging Outlook. Public Affairs Pamphlet 387.

Family Planning. Children's Bureau, 1966.

Finnie, Nancie R. *Handling the Young Cerebral Palsied Child at Home.* New York: E.P. Dutton, Inc., 1968.

Help for Your Troubled Child. Public Affairs Pamphlet 454.

Helping a Mental Patient at Home. Rosslyn, Va.: The National Association for Mental Health.

Helping the Child Who Cannot Hear. Public Affairs Pamphlet 479.

Helping the Slow Learner. Public Affairs Pamphlet 405.

How Retarded Children Can Be Helped. Public Affairs Pamphlet 288.

How to Keep Your Teeth After 30. Public Affairs Pamphlet 443.

How to Live with Heurt Trouble. Public Affairs Pamphlet 184.

"How To's" on Dressing and Feeding. (Reprinted by permission of the publisher from the book, *Handling the Young Cerebral Palsied Child at Home*) New York: United Cerebral Palsy Associations, Inc.

"Ill, Disabled and Aging," *Homemaker-Home Health Aides . . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 112-128.

Immunity—Protection Against Disease. Children's Bureau folder 56.

Kitchen in a Low-Income Housing Project Adapted for a Paraplegic Homemaker. New York: The Institute of Rehabilitation Medicine, New York University Medical Center.

Living with Blindness. Public Affairs Pamphlet 473.

"Mental Health and Illness," *Homemaker-Home Health Aides . . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 129-150.

Multiple Sclerosis: Grounds for Hope. Public Affairs Pamphlet 335A.

New Hope for the Retarded Child. Public Affairs Pamphlet 210A.

Overweight—A Problem for Millions. Public Affairs Pamphlet 364.

Planning Kitchens for Handicapped Homemakers. New York: The Institute of Rehabilitation Medicine, New York University Medical Center.
Rusk, Kristeller, Judson, Hunt, Zimmerman. *Manual for Training the Disabled Homemaker.* New York: The Institute for Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 1955.
Schizophrenia. Public Affairs Pamphlet 460.
Serious Mental Illness in Children. Public Affairs Pamphlet 352.
Strokes (a guide for the family). New York: American Heart Association, 1958.
The Child with a Cleft Palate. Children's Bureau folder 371, 1953.
The Child with a Missing Arm or Leg. Children's Bureau folder 49, 1959.
The Child with a Speech Problem. Children's Bureau folder 52, 1964.
The Child with Cerebral Palsy. Children's Bureau folder 34. Revised 1957.
The Child with Epilepsy. Children's Bureau folder 35. Revised 1961.
The Child with Rheumatic Fever. Children's Bureau folder 42, 1955.
The Dying Person and the Family. Public Affairs Pamphlet 485.
The Health of the Poor. Public Affairs Pamphlet 435.
The Helping Hand. Self-help devices for arthritics. New York: The Institute of Rehabilitation Medicine, New York University Medical Center.
The Premature Baby. Children's Bureau folder 40, 1971.
The Preschool Child Who Is Blind. Children's Bureau folder 39, 1953.
The Preschool Deaf, Blind Child—Suggestions for Parents. New York: American Foundation for the Blind, Inc., 1971.
The Retarded Child Gets Ready for School. Public Affairs Pamphlet 349.
Toward Mental Health. Public Affairs Pamphlet 120A.
Training the Young Hemiplegic Homemaker. New York: The Institute of Rehabilitation Medicine, New York University Medical Center.
"What Rehabilitation Entails," *Homemaker-Home Health Aides . . . Training Manual.* National Council for Homemaker-Home Health Aide Services, Inc., 1967, pp 161-164.
When a Family Faces Cancer. Public Affairs Pamphlet 286.
When Mental Illness Strikes Your Family. Public Affairs Pamphlet 172.
Your Child May Be a Gifted Child. Public Affairs Pamphlet 291A.
Your Gifted Child. Children's Bureau Publication 371, 1958.

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Association for Homemaker Service, New York City
Burke County Department of Public Welfare, North Carolina
Camden County Welfare Board, New Jersey
Chr-Ill Service, Inc., Essex County, New Jersey
City of New York Department of Social Services, Division of Homemaker Service
City of New York Human Resources Administration, Division of C.H.A.N.C.E.
County of Cuyahoga Welfare Department Homemaker Service, Cleveland, Ohio
Dane County Department of Public Welfare, Wisconsin
District of Columbia Department of Human Resources
Family Service of Philadelphia, Pennsylvania
Fond du Lac County Public Welfare Department, Wisconsin
Forsythe County Department of Public Welfare, Winston-Salem, North Carolina
Greenville County Department of Public Welfare, South Carolina
Homemaker Health Aide Service of the National Capital Area, Washington, D.C.
Illinois Department of Children and Family Services, Champaign Region
Mecklenburg County Department of Public Welfare, North Carolina
Missouri Department of Public Welfare
Multnomah Public Welfare Commission, Portland, Oregon
North Carolina State Board of Public Welfare
Oconto County Department of Welfare, Wisconsin
Peoria Area Homemaker Service, Illinois Department of Public Aid
St. Louis County Welfare Department, Duluth, Minnesota
Santa Clara County Public Welfare Department, California
Selfhelp Community Services, Inc., New York City
The Children's Aid Society, New York City
Washington County Public Welfare Department, Wisconsin