

Homemakers for Israeli Families of Retarded Children

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Homemakers especially trained to assist in the care of retarded children remaining at home have proved effective in a year of experimentation.

The care of the retarded in Israel has been an area of persistent concern and debate in Israel's Parliament [6]. In June 1978 the Minister of Labor and Social Affairs described the scope of the problem and told of new plans for community services to the retarded [3]. Today there are more than 8000 persons receiving help from the Ministry's Department for Services to the Retarded. Of these, 4050 live in dormitory facilities, and the others in community settings, receiving services at day care centers, kindergartens and special schools. Four hundred of those living at home are eligible for institution placement, but remain at home solely because of lack of placement possibilities; they clearly represent a heavy burden on their families.

Each year, 250 retarded children are born, and this rate has not been matched with equivalent services, forcing placement settings to admit more children than acceptable by existing standards. The Ministry of Labor and Social Affairs is trying to cope with the situation by planning and encouraging a broad network of community-based services. Understandably, those children remaining at home present difficult problems and demand great attention from their

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parents and the family, particularly from the mother, who is house-bound and often under great mental and physical strain.

Akim [5:201-205], the Association for the Advancement of Retarded Children, was disturbed by the lack of home-based services to the retarded, and in cooperation with the Rehabilitation Division of the Jerusalem Municipality, turned to the Matav Homemaker Service [4:1-30] in Jerusalem to develop an experimental program for help to families of seriously retarded children living at home. The project began in June 1977. It is funded by the Jerusalem Municipality and implemented by the Matav Homemaker Service. Consultation is provided by the Jerusalem branch of Akim.

Training and Selection of Homemakers

Initially, three homemakers were employed on an hourly basis, serving the families. The number of hours was determined on the basis of each family's need, at a case conference attended by all of the agencies involved, after a house visit and home study by the Matav supervisor. The maximum for any one family was 20 hours a week of homemaker service, and the minimum was 6 hours a week. Today the project employs 10 homemakers working in 14 families in Jerusalem. All of the homemakers are over age 30, and are rearing families of their own.

In preparation for the project, regular Matav homemakers [1:8-11] participated in a special 2-week orientation course organized by Matav and Akim. The course included lectures and practical field work in connection with the care of retarded children, in addition to the lectures attended in their basic training. Of the original homemakers, one left the project, after being assigned to her first family, because of emotional stress from the work. Two others left because of physical inability to carry the children in their care. An additional eight homemakers were subsequently employed, without special orientation, but with individual, intensive inservice training, and after careful selection for participation in the project. Eight months later, seven of these eight homemakers were still on the job. Two reasons for their remaining seemed to be intensive supervision and individual consultation, and careful matching of homemakers and families.

Families and Children in Care

Fourteen families involving 15 retarded children (aged 4 months to 20 years), receive service from the project staff. Among the youngsters are three mongoloid Down's Syndrome children, two hydrocephalic and three microcephalic children, four with cerebral palsy, a pair of borderline twins, and one deaf and blind retarded child. In three families the parents are first cousins; in another family the mother was over age 42 when she gave birth, and in another case, the brain-damaged child was delivered with forceps. In eight of the 14 families, marital relations are extremely poor, in most cases exacerbated by the birth and care of the retarded child. In two other families, the husband abandoned the wife and the children, blaming the wife for giving birth to a malformed child, or declaring that the wife refused to comply with his demand to institutionalize the child. The traumatic effect of having a retarded child seemed more demoralizing for the husband, even though in all the families except one there were at least two other normal children.

The ethnic backgrounds of the families in care are varied. Included are Ashkenazi (Western) and Sephardi (Middle Eastern) families [2:91-99]. They also represent different educational and economic levels.

Although for many of the early clients the services were provided free by the Rehabilitation Division of the Municipal Welfare Department, as the project became known several middle-income families purchased the services, after social work screening, with a subsidy from the Welfare Department. There is no doubt that this group has unmet needs to which the project relates.

The Homemaker's Function

The homemaker's functions vary with the needs of the particular family. The major goal is motivating and assisting the child, in cooperation with and under supervision by Akim's occupational therapist, to develop maximum physical skills relative to his capacity, by structured playing with the child and through physical therapy exercises.

Homemakers also bathe the child, feed him, take him for walks and carry out many other daily activities that free the mother for a few hours from routine care of the child. Some of the children are so severely retarded that the homemakers mainly babysit, feed the child and look after the health needs [7:12-15], thus freeing the mother for rest, for errands outside the home, and for involvement with her other, usually young, children in the home.

The Role of the Supervisor

The supervisor, a trained children's nurse and social worker, advises the homemakers on their work with the retarded children and the family, helping them to understand family reactions, finding the most helpful role in aiding the family, and serving as go-between for the homemaker service and the family. An important function of the supervisor is to provide emotional and professional support for the homemaker during stressful periods. The supervisor also coordinates the relationship between the municipal family social worker and the homemaker, informing homemakers of the overall plan for the family and giving social workers information concerning developments in the family as perceived by the homemaker.

Conclusions

After a year of experimentation, all families that received homemaker services appeared pleased with the new resource. In two families, the service helped keep two children at home, the parents managing adequately with homemaker support. In three other families, the homemaker's stimulation helped in the development of the children to the point where they were no longer bedridden, and attended a special kindergarten for retarded children. In other cases the service gave parents more time to decide if a placement was desirable.

Experience has shown the great importance of providing homemaker service almost immediately after the birth of the severely retarded child, to help the family cope and to prevent serious, long-lasting family disruption difficult to overcome later on. Early aid would involve expanding the service, recruiting more homemakers, and finding additional resources.

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