

A DESCRIPTIVE STUDY OF SEVENTY-FIVE ADULT PROTECTIVE
SERVICE CASES RECEIVING SERVICES FROM THE TEXAS DEPARTMENT
OF PUBLIC WELFARE IN THE HOUSTON, TEXAS AREA
1972-1973

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the Faculty of the Institute of Contemporary Corrections
and the Behavioral Sciences

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of the Requirements for the Degree

Master of Arts in Social Service and Social Rehabilitation

by

Carl W. Leisner, Jr.

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Approved:



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Dean of the Graduate School

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ABSTRACT

Leisner, Carl W., Jr., A Descriptive Study of Seventy-Five Adult Protective Service Cases Receiving Services from the Texas Department of Public Welfare in the Houston, Texas Area, 1972-1973. Master of Arts in Social Service and Social Rehabilitation (Institute of Contemporary Corrections and the Behavioral Sciences), May, 1975, Sam Houston State University, Huntsville, Texas.

Purpose

The main purpose of this study was to analyze some of the existing data on the non-institutionalized adults receiving protective services, within the Houston city limits, by the Texas Department of Public Welfare. Since the State Welfare Department has been providing adult services, along with adult protective services, for approximately sixteen months, there has been no accurate data gathering system maintained. The number of protective service cases have not been counted, possibly because of their small ratio when compared to the total non-protective adult services being provided to those financially eligible. The sample with which this thesis deals is, therefore, an incidental and not a random sample.

Due to the newness of the adult protective services program on a statewide scale, data obtained at this time will contribute to knowledge about program effectiveness as well as to providing input to further development and/or expansion.

Methods

The research data from this study were obtained from reading all case records which I was able to identify as an adult protective service

case. The case records read were both active and inactive, maintained by the Texas Department of Public Welfare in Houston, which were open within a sixteen month period beginning January, 1972 and ending April, 1973. The case records were read with a case reading schedule which contained thirty-eight sections.

An agency informational face sheet, Department of Public Welfare Form 211, was available in all case records which were read for this study. Information not available on the Department of Public Welfare Form 211 was obtained through reading case recordings written by the caseworker providing services. In some instances it was necessary to interview the actual caseworker to obtain needed information. A total of 120 hours was spent on selecting, finding, and reading case records for this study. Due to the confidentiality of the case records, permission had to be obtained from State Welfare Commissioner Raymond Vowell prior to actual reading of the cases.

Findings

1. The recipient was most often a 75 to 84 year old white widowed female who lived alone in a house which she owned.
2. At the time of referral the primary source of income was an Old Age Assistance check and the average monthly income from all sources averaged \$95.00.
3. The recipient had to pay an average housing cost of \$29.78 per month for housing which was rarely located in a government housing project. The house most often had less than three rooms including a bath and kitchen and had only one bedroom.
4. If the persons receiving protective services lived with a

relative it was most often a son.

5. The majority of the recipients were unable to leave the residence without assistance, but did have a telephone available in a majority of the cases.

6. The persons receiving protective services tended to refer themselves and were found to be cooperative toward agency assistance.

7. The majority of the recipients had never received prior protective services from the agency.

8. Based on narrative recording, a majority of the cases were not contacted by a caseworker until the following day after referral.

9. The majority of the persons who received protective services were found to be unable to provide self care. The major area of needed service was social which included developing a plan of need with the client and assisting to achieve these goals through agency or community resources. The plan of need included arranging for medical, including psychiatric, services which would safeguard and improve the circumstances of the client. Some of the social service needs included assistance in finding social care arrangements, assisting with guardianship, assisting in nursing home placement, and counseling.

10. The protective service recipient was referred to other community resources the majority of the time for assistance not available through the agency.

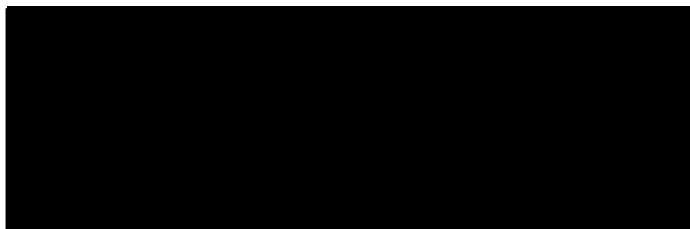
11. The majority of the clients referred to a community resource were placed in a temporary foster or nursing home.

12. Services determined or needed by the caseworker and/or recipient were met by the agency in the majority of the cases.

13. The recipient's residence at the close of services which averaged 73.6 days from referral to close of services, was most often in the same home they lived in at the time of referral.

14. In the majority of the cases the recipients were not declared incompetent.

15. One of every 15 recipients died during the course of services. An explanation of such a high rate of death is possibly attributed to the age and illness of recipients who had come to the agency's attention.



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CHAPTER I

INTRODUCTION

The Texas Department of Public Welfare assumed responsibility for providing adult protective services, in Houston, on January 1, 1972. The following agency guidelines, singly and in combination, are used to determine a protective service case from a non-protective adult service case: (1) the client behaves in a way that is harmful to himself or others; (2) the client has mental incompetency to the degree that legal measures are necessary such as guardianship, commitment or legal representation; (3) the client is living in an unsafe or hazardous condition; (4) there is suspected neglect, abuse, or exploitation of the client; (5) there is no one to act on his behalf such as friends or relatives in time of need; and (6) there is one or more physical condition which forces him to be unable to manage money or carry on daily life activities (Social Services Handbook, Texas Department of Public Welfare, Section 5000). Titles I, X, and XIV of the Social Security Act are the federal base for adult protective services. "There is no state law which charges the department with the legal responsibility for the protection of adults as in the case with children. However, the Federal Social Security Act gives such authority, and state law provides for compliance with federal law and regulation (Social Service Handbook, Texas Department of Public Welfare, December, 1971, Section 5130)." A state-federal agreement entitled, "State Plan for Title I, X, XIV, or XVI of the Social Security Act, Service Program for Aged, Blind, and Disabled Persons" is the

state basis for providing adult protective services, as well as non-protective services to qualified persons.

Under the state-federal plan, only adults who are active financial assistance recipients or those applicants who are potentially eligible for financial assistance within five years from the date of application are eligible for adult protective services. At the time of the study, the three adult financial categories were Old Age Assistance (OAA), Aid to the Needy Blind (ANB), and Aid to the Permanently and Totally Disabled (APTD). Along with economic eligibility, the eligibility guidelines for potential applicants are as follows: (1) the Old Age Assistance (OAA) applicant must be over the age of sixty; (2) the Aid to the Needy Blind (ANB) applicant must be over the age of thirteen and have a visual problem which may cause blindness; (3) the Aid to the Permanently and Totally Disabled (APTD) applicant must be over the age of thirteen and have a social, mental, or physical problem which is likely to result in permanent and total disability. However, those persons whose disability or impairment is totally limited to drug abuse, alcoholism, mental retardation, mental illness, or physical or mental impairment which may become progressive, social disorder or emotional behaviors which could lead to disability are not eligible for services due primarily to another state agency being responsible for their specialized needs.

The Problem

The problem area in providing adult protective service to qualified persons by the Texas Department of Public Welfare is a general lack of knowledge about the clients to whom services are provided. This lack of knowledge is attributed to the small amount of research by the state welfare agency. This lack of research, however, is not due to a lack of

interest in the area of adult protective services by the agency whose primary function is to administer the program, but is due to the newness of the program on a statewide basis. However, research in this area will help to determine who are the adults receiving protective service, what are their most needed services, why they require protective services, and where did they live before and after services. A study of all possible adult protective service cases coming to the attention of the State Welfare Agency in Houston and receiving services for a sixteen month period will help provide data for understanding some of the problems encountered in adult protective services. The problem of determining who is eligible for receiving protective services is basically one of description and will be discussed at length in Chapter III.

This lack of knowledge of the clients to whom services are provided appears to be a nation wide problem and more data will be necessary due to an expanding aging population. With more persons living to an older age in our society, more understanding and concern is needed for those who because of illness or failing mental capacities will become in need of protective services. "It is probably safe to say that...a reservoir of three to four million people are potential candidates for protective services if their normal social resources fail them (Blenkner, 1967, p. 5)." "Of particular concern are the mentally impaired aged living within the communities outside of institutional walls (Blankner, Bloom, and Nielson, 1971, p. 483)." "Estimates indicate that less than 5 per cent of the older populations are now in institutions of any sort...(Blenkner, 1967, p. 4)." "For all practical purposes, there are few epidemiological data, no well developed theories, and little research (Bloom and Nielson, 1971, p. 500)." "The problem is most acute in the large metropolitan areas,

where the old person without close friends or family ties is easily lost from sight when his condition or behavior warrants a sensational news story--and by the time the news story appears it is usually too late to do much to help him (Blenkner, Bloom, and Nielson, 1971, p. 483)." "Research teaches us that definition is typically the first and most crucial step in problem analysis (Weber, 1965, p. 1)."

Much of the little data available on the adults in need of protective services has been hampered by a lack of clear definition as to what constitutes a need for protection.

Another major problem found in providing protective services to adults is that their needs often cross many areas of professional and community responsibility:

Every case has legal and psychiatric ramifications as well as social and often medical ones. With very rare exceptions, no agency either public or private is willing to assume responsibility in any community, yet all who serve the aging will testify to the need and there is general agreement that social work is the logical profession to assume the responsibility (Rose Institute, 1963, p. 2).

However, "A comprehensive program of protective care requires the cooperation of persons and agencies providing health, social work and legal services (Larson, 1964, p. 247)."

Unfortunately, "A central problem of the local community is providing help to aged protective persons in the organization--or lack of organization--and lack of services to meet their needs (Wasser, 1971, p. 512)."

In their article, "The Older Person in Need of Protective Services (1971, p. 500)," Bloom and Nielson view the older protective social problems as part of a silent epidemic--a hidden social problem caused by several ambiguities arising out of the traditional usage of the term "social

problem." Among these are the following:

- (1) the inability of the clients to recognize their "needs" and in some instances vigorously resisting "services."
- (2) A lack of others in the society who might call attention to the problem.
- (3) More attention is given to full blown crisis conditions than to new social problems that are developing and to the continued nature of other social problems.
- (4) The manifest and latent dimensions of the social problem itself--when older persons are found in horrendous conditions, as protective service recipients sometimes are. What could be more natural and humane than to remove them from their surroundings and to place them in safe, sanitary conditions, whether they are willing or unwilling to move?
- (5) The degree to which a social problem is capable of amelioration. Unfortunately, there are many older persons in need of protective services who are not capable of being "cured" in the sense that their prime levels of physical and mental functioning can be restored.

The providing of protective services to adults is a complex problem with many unanswered questions. Among the basic questions are:

- (1) How far should services be extended to help persons continue to live in their own homes, despite illness and enfeeblement (White House Conference, "Facilities, Programs and Services," 1971, p. 1). "How many older citizens, at any given time, require some type of continuing supervision and assistance from a community agency because they are mentally incompetent or at best marginally competent and lack the protection of friends or relatives? To answer this question there are really no data available but the written estimate that between 7 and 10 percent of the

urban population over sixty years of age may come under this rubric, depending on how loosely one construes the word 'protective' (Blenkner, et al., 1971, p. 485)."

Evidence suggests both questions remain unanswered primarily due to a lack of congruent social definition of protection and unclear laws as to legal intervention concerning the rights of the individual.

Legal authority is an indispensable prerequisite to the provision of adequate protective services. Law must serve as the basis for conferring authority to undertake to act for an incapacitated person with due regard to his individual dignity, his right of decision, and his constitutional liberties and civil rights (Bennett, 1965, p. 283).

A protective service agency constitutes, in effect, a substitute for adult offspring or other responsible relatives missing from the picture.... The agency must, of course, have a legal base for assuming such responsibilities (Lehmann and Mathiason, 1963, pp. 4-5).

Purpose of the Study

The main purpose of this study was to analyze some of the existing data on the non-institutionalized adults receiving protective services, within the Houston city limits, by the Texas Department of Public Welfare. At the time of the study, the State Welfare Department had been providing adult services, along with adult protective services, for approximately sixteen months, with no accurate data gathering system being maintained. The number of protective service cases have not been counted, possibly because of their small ratio when compared to the total non-protective adult services being provided to those financially eligible. The sample with which this thesis deals is, therefore, an incidental and not a random sample.

Due to the newness of the adult protective services program on a statewide scale, analysis of data obtained at this time will contribute to knowledge about program effectiveness as well as to providing input to further development and/or expansion. Houston was selected due to its population concentration of available case records for data research. The information obtained will be made available to the Social Services Division, Texas Department of Public Welfare, in Austin for purposes which they might find the data to be of service. It is felt that data presented in this study will be helpful in understanding some of the problems and characteristics of the persons in need of protection coming to the attention of the State Welfare Agency.

One must consider that with more adults surviving to an older age each year, due in part to the many medical advances, an awareness of some of the problems of the elderly cannot be ignored. This study of protective services within the Houston area will hopefully help toward understanding some of the problems and characteristics of the people in need of protection, not only in Houston, but throughout the state. To provide services to our aged population of the present and future it is only logical that one must know to whom services have been provided.

...it is common in social agencies to examine the life history of the younger client, few agencies consider the life history of the older person to be of interest or of use. An understanding of an elderly person's life history can lead, however, to an understanding of his problems and desires (Blank, June 1971, p. 389).

Limitations of the Study

The case records analyzed were those which came to the attention of the State Welfare Department in Houston and are not from a true random sample. Efforts were made to obtain from all caseworkers and from the

intake records all cases which met the agency's definition of an adult protective service case. The intake service as a special unit did not begin until November of 1972, a period of ten months after the agency assumed responsibility for the program. It is possible that some cases were referred to caseworkers or elsewhere during this ten-month period which might otherwise have become an active case. All persons were either an eligible applicant or a recipient of one of the three adult categories, which means they were in most instances of poverty income level. There are numerous other agencies and organizations in Houston such as Salvation Army, Harris County Mental Health and Mental Retardation Center, Senior Information Service Center, County Health Department, Sheltering Arms, etc., who provide protective services to adults both on a short or long term basis. Many of these are used as a referral source by the State Welfare Department for short term monetary or physical needs not possible through the State Welfare Agency. Although the study is limited to welfare applicants and recipients, it is hoped that obtained data will bring into focus a better understanding of some persons in need of protective service as well as problems encountered. Since approximately 20 percent of the Old Age Assistance (OAA) population has been estimated to be in need of protection (Burr, 1974, p. 1), its usefulness for working with welfare recipients may justify its purpose.

CHAPTER II

REVIEW OF THE LITERATURE

Two important projects in the area of Adult Protective Services relevant to my descriptive study of protective clients in Houston are those found in the Washington, D.C. urban area and the demonstration project found at the Benjamin Rose Institute in Cleveland, Ohio. The purpose of this chapter is to discuss the two projects in terms of purpose and goals, types of control, and their findings in relation to adults in need of protective services.

The Benjamin Rose Institute received on June 1, 1962, a grant under the Social Security Administration Cooperation Research Program. The purpose of the grant was to develop a demonstration project providing social work services to older persons needing protective care. The social services were directed toward non-institutionalized persons sixty years of age or older regardless of economic status. Persons who were incapable of making their own decisions and maintaining standards of self care, as well as conduct, were persons to whom services were directed. An additional purpose of this project was to provide data that could be used in setting up additional projects as well as providing research in the field of social work with the aging.

Justification for the creating of a demonstration project at the Benjamin Rose Institute was based upon the lack of knowledge in providing services to adults in need of protection. In order to build a foundation

for research into this relatively unknown area of social work and to provide administration as found in the provision of the Social Security Act, the project was funded in 1962. Funding for the project came from an original grant from the Social Security Administration and later by a series of grants from the Welfare Administration Agency, the Social and Rehabilitation Service, and the A. M. McGregor Home of Cleveland. Several social factors also contributed to the needs of piloting such a project. These included the following according to the article entitled, "A Research and Demonstration Project of Protective Services," by Margaret Blenkner, Martin Bloom and Margaret Nielson:

- (1) the leaving of aged relatives in the central city while their children moved to the suburbs,
- (2) the life span of the person has become longer and,
- (3) a change in living patterns whereby three generations of family members no longer lived in the same household.

Type of Control

The Benjamin Rose Institute project used a controlled sample of 164 older persons meeting the criteria for "Protective Services" within the urban area of Cleveland, Ohio, for a one year period from June, 1964, through May, 1965. The 164 persons needing protective services were referred from thirteen agencies from within the Cleveland, Ohio area. The referring agencies were of four main types:

- (1) economic maintenance
- (2) housing
- (3) health
- (4) counseling

"A Protective" was defined by Margaret Blenkner, Director of the Benjamin

Rose Institute Project, in her article, "Protective Services: Needs, Professional and Community Responsibility," presented for a workshop on protective services for older adults in Portland, Oregon, on November 2-4, 1967. She defines a person in need of protective services as being "a person who is unable, by reason of disordered, mentation, or affect, to maintain minimal social standards of self-care and conduct sufficient to avoid jeopardy to the health, safety, comfort, or property of himself or others." Essentially the definition given by Mrs. Blenkner in 1967 was the definition used in the 1964-1965 study to determine the older persons that were studied in the project.

The 164 cases in the Benjamin Rose Institute study were randomly assigned to an experimental group (N=76) and a control group (N=88). The experimental group was provided services through the Benjamin Rose Institute Service Project for one year while the control group was left with the referring agencies during this period. Both groups continued to be analyzed for four years, after the demonstration period ended.

Findings

The findings from the Benjamin Rose Institute (BRI) survey of the 164 persons indicates that persons in need of Protective Services are found most often categorized as follows:

- (1) over age 75
- (2) female
- (3) white
- (4) native born
- (5) not married--the non-married persons include those who are widowed, divorced, separated, or never married.

- (6) majority of the persons lived in their own homes
- (7) had grammar school education
- (8) lived on Old Age Assistance, Social Security, or both
- (9) their income rarely exceeded \$150.00 per month and was most often below \$100.00.

Most of the referred persons were non-voluntary clients who had not sought out help from any of the referral agencies and were fearful and threatened by outside help. The following table entitled, "Characteristics of BRI Protective Sample From Initial Interview Data," taken from "A Research and Demonstration Project of Protective Services," by Margaret Blenkner, Martin Bloom and Margaret Nielson, Social Casework, October, 1971, p. 488, shows characteristics of Benjamin Rose Institute protective sample from initial interview data.

The findings from the project also indicated that "functional competence together with those on death and institutionalization force consideration of the hypothesis that intensive service with a heavy reliance on institutional care may actually accelerate decline (Blenkner, Bloom, Nielson, 1971, p. 494)." An increase in institutionalization seems to occur when services increase. At the end of the fifth year, 61 percent of the demonstrator participants and 47 percent of the control participants had been institutionalized. Findings revealed that males are more often institutionalized than females. The unresolved question is, do persons become institutionalized due to their coming to the attention of a friend or relative, or is institutionalization due to an official decision, or is it only a means to obtain an end? Due to the lack of social information, this question is not now answerable.

CHARACTERISTICS OF BRI PROTECTIVE SAMPLE
FROM INITIAL INTERVIEW DATA

Characteristic	Percent
Age	(95)*
60-74	37
75 and over	63
Sex	(100)
Male	31
Female	69
Color	(100)
White	91
Nonwhite	9
Nativity	(72)
Native born	72
Foreign born	28
Marital status	(92)
Married	15
Widowed	59
Divorced, separated	9
Never married	17
Education	(73)
No formal schooling	7
Grammar school only	57
Some high school	20
Some college	8
Other	8
Type residence	(89)
Private house	36
Apartment, public housing	24
Apartment, other	24
Room	15
Other	1
Major income source	(81)
Social Security	47
Old age assistance	34
Pensions, dividends, rents	7
Other income	7
Withdrawals from savings	3
No income	3
Monthly income	(70)
less than \$50	11
\$50-74	15
\$75-99	22
\$100-149	38
\$150-199	8
\$200 and over	5
	Median, \$102

*Figures in parentheses are the percentage of total sample on whom data were available for the particular characteristic. The number of the total sample was 164.

We should, however, question our present prescriptions and strategies of treatment. Is our dosage too strong, our intervention too overwhelming, our takeover too final? Some of the data pertaining to factors predictive of institutionalization or survival suggests that we are prone to introduce the greatest changes in lives least able to bear them (Blenkner, Bloom, Nielson, 1971, p. 499).

The second major study to be reviewed is The Report of the National Protective Services Project for Older Adults proposed by the U.S. Department of Health, Education and Welfare, Social and Rehabilitative Service, Community Services Administration in 1971. The project began on July 1, 1967, and ended on June 30, 1970. The general purpose of the project was to discover the extent to which Protective Services to the aged were needed and to improve methods of dealing with growing numbers of mentally impaired aged in the community who were in need of special protection. Since July 1, 1963, a number of state welfare agencies in implementing the 1962 Social Security Act had attempted some type of protective services to the aged in their communities; however, support from the local community was not responsive to the needs of the elderly in need of protective services in most states. In many instances the communities were generally unaware of the circumstances in which many aged persons lived despite government provisions for both medical and financial care. Historically local communities and laws provided for the protection of the client's property but not the client's needs.

"Goals of the project as stated in the Report of the National Protective Services Project for Older Adults (Health, Education and Welfare, 1961) were as follow:"

- (1) to increase knowledge of the numbers of aged, severely mentally impaired persons in the general community who need services to protect their welfare,

- (2) to improve local department of welfare skills in understanding the special needs of these aged individuals, and to increase their own facility to meet these needs through providing multi-disciplinary services to older adults,
- (3) to learn how to maximize use of existing community resources and enlist them as participants in a comprehensive program of protective services,
- (4) to identify unmet needs of older adults to serve as a guide to further community and Department of Welfare efforts to meet them,
- (5) to obtain cost data pertaining to the planning, development, and provision of agency protective services at the local level, as well as the cost of agency personnel required to carry them out,
- (6) to develop specific criteria to identify and define protective services and the role of each of the disciplines (social, medical, and legal) used in carrying them out.

Cases used in the project were taken from current, former, and potential applicants and recipients eligible for Old Age Assistance (OAA), Aid to the Needy Blind (ANB), and Aid to the Permanently and Totally Disabled (APTD). A minimum age of fifty years was established for the ANB and APTD clients. The majority of cases to be served would come from Public Assistance Programs. Attempts were also made to be as representative as possible according to National proportions of the Public Assistance Programs.

The definition of Protective Services as identified in the Urban Project and stated in The Report of the National Protective Services Project for Older Adults is as follows:

Social Protective Services are the range of agency services undertaken with or on behalf of an older client who, because of a physical or mental condition, is unable to manage his money or carry on the activities of daily living and who has no one ready, willing, and able to act on his behalf.

Legal Protective Services include those actions by an agency which involve the readiness to use legal authority and procedures on behalf of an older person who cannot manage his money, or is exploited or in danger; or which involve court action to determine whether an

older person is incapable of managing his own property or affairs; and which may result in the establishment of some form of true relationship or commitment to an institution for such an individual.

Individuals who are considered to be in need of Protective Services according to the report were identified as having one or more of the following characteristics:

- (1) Physical or mental limitations which render him unable to act on own behalf, to manage money and/or carry on activities of daily living.
- (2) Behaves in a way that is harmful to self or others.
- (3) Is mentally incompetent to the degree that legal measures are, or foreseeably will be necessary to be invoked for his own or others' protection, e.g. legal representative, guardianship, and commitment.
- (4) Is living in unsafe or hazardous conditions.
- (5) Is neglected or exploited.
- (6) Is without anyone reliable, ready and willing or able to act on his behalf, e.g., family member, relative, friend.

The findings from The Report of the National Protective Service Project provide the following relevant data from the 233 cases reported.

The median age of clients was age 74. The minimum age for eligibility was 50. The lower quartile averaged age 65 and the upper quartile averaged age 81.

It was reported that the race of the adults in need of protective services included 40 white, 58 black, 1 Spanish speaking, and 1 other. The social composition of Washington, D.C. is 71.1 black and 27.7 white.

When sex was compared, there were 72 percent females reported and 28 percent males.

The marital status of the reported cases indicated that 45 percent were widowed, 20 percent single, 14 percent married, 13 percent separated,

and 8 percent divorced.

The monthly income and source of most of the protective service clients met the state's standard of need and received medical or money payment. Some, though eligible, did not apply for an income maintenance program. Sixty-four percent of the clients were receiving Old Age Assistance, and the permanently and totally disabled and the blind received payments of about \$70.00 per month. With the high cost of living in the Washington, D.C. area, these cases were in extreme poverty.

The living arrangements of 43 percent of the cases reported lived alone, 38 percent lived with others, 11 percent lived with a spouse, 7 percent lived elsewhere and 1 percent lived in institutions.

In the case of mobility, a total of 68 percent of the reported cases were not homebound, 21 percent were homebound, and there was no information on 11 percent.

The referral source for 36 percent of the reported cases were non-public assistance or applicant, and 64 percent were recipients of public assistance.

The reasons for referral in 54 percent of the cases was due to incapacity to provide self-care, 19 percent due to defective judgment, 13 percent for inability to cope with outside circumstances, 7 percent due to living in hazardous or harmful conditions, 3 percent were considered to be a danger to self, 2 percent were considered harmful to others, and only 1 percent were considered to have been victimized or exploited by others.

It was found that in the area of needed services, 69.8 percent were considered to be in need of mental health services, 69 percent were in need of financial assistance, 64 percent were in need of housing

assistance, 57.7 percent were in need of physical health services, 56 percent were social service resources.

A total of 63 percent of the reported cases had their services met by the project.

Approximately one-half of the clients received services for less than a five month period, nearly three-fourths for ten months or less. The total service time for the project to provide needed services was limited to 25 months.

Another demonstration project of importance was the public welfare project on aging, financed by the Ford Foundation from 1960 until 1970. The public welfare project on aging was administered by the American Public Welfare Association (A.P.W.A.).

The American Public Welfare Association received a grant from the Ford Foundation of \$380,000 to be used in assisting state and local public welfare agencies with program activities designed to develop, expand and improve services to the aged to meet more effectively their social, economic and health needs (Dubin, Roney, Fall 1971, p. 439).

The public welfare project on aging did increase the public awareness of aging. It also inspired public welfare agencies to undertake a number of projects to emphasize the needs of the elderly.

The creation of state units on aging, partially financed by the Administration on Aging, has increased focus on the elderly person, but it should be emphasized that relatively little attention has been given to the 2 million recipients of old age assistance. There appears to be lack of coordination between such units on aging and public welfare agencies (Dubin and Roney, Fall 1971, p. 446).

The present state of research and development in the behavioral and social sciences as related to the aged according to the White House Conference on Aging, Research and Demonstration (1971, p. 15) is that while research and development in the behavioral and social sciences has

advanced our knowledge of aging and the aged considerably over the past decade, these efforts have been deficient in several respects as follow:

- (1) there is a need for an explicit research and development policy on aging,
- (2) impediments exist that make reliable knowledge unavailable and
- (3) there is the need to establish research and development priorities.

The legal aspects in providing adult protective services by a social agency are unclear and complex.

It is essential that the agency have clear cut authority for assuming burdens imposed on it in giving protective services. This authority should be clearly specified in state statutes or local ordinances consistent with state law (Lehmann and Mathiasen, 1963, p. 128).

The key to providing protective services is the right of the agency to intervene when the client is in need.

In attempting to provide legal protection for the confused,

Legal questions arise in connection with the protection of those whose judgment is impaired, particularly in the milder or beginning confused patient whose disorientation may be slight or fluctuating. Family members are often concerned lest the older persons failing judgment leads to financial exploitation yet at the same time they are reluctant to institute guardianship proceedings or request power of attorney since the latter may still be able to express good judgment in certain areas of functioning (U.S. Department of Health, Education and Welfare, Public Health Service, Working with Older People, Volume III, Ford, p. 51).

A great burden is placed on a caseworker or supervisor in an agency since they must often work with clients who do not wish to give up independence of years nor face the reality of an inability to function as they once were able to do. Thus,

It is clear that the decision to involve legal sanctions, legal processes, and legal remedies in respect to an older incapacitated adult should be made only after it has been determined by appropriate professional authority that recourse to law is the only practical and feasible alternative available to the protective service agency.... It is even more difficult, I believe, in many instances, at least to carry out the decision to supplement professional authority with legal authority. For one thinks, even to the

most secure caseworker, social work contact with legal institutions and involvement of the law in client problems is a strange and often forbidding undertaking (National Council on Aging, "A Crucial Issue in Social Work Practice," Bennett, p. 46).

If public welfare agencies are to provide suggested standards in providing adult protective services, they would need added legal authority.... The agency and its staff would need security in acting in behalf of others and protection against liabilities they might otherwise incur by taking forceful action (Bennett, 1964, p. 291).

In summary, the literature reviewed in this chapter has discussed the data and problems found in providing adult protective services. The surveys have been discussed with an attempt to show their findings and the need to resolve these problems. Findings in the literature indicate a need to further explore and develop the area of adult protective services.

CHAPTER III

METHODOLOGY

The research data upon which this study is based were obtained from reading all case records which the researcher was able to identify as an adult protective service case. The case records read were both active and inactive, maintained by the Texas Department of Public Welfare in Houston, which were open within a sixteen month period beginning January, 1972 and ending in April, 1973. The case records were read with a case reading schedule which contained thirty-eight sections. (See Appendix for case reading schedule.) The case reading schedule was made flexible enough to provide for the following: (1) demographic characteristics of the persons who were provided protective services, (2) a better understanding of services provided and main problems encountered from point of referral to the closing of the case, and (3) an initial instrument for possible future development as an administrative tool for use in program development and/or expansion.

A conference was held on April 26, 1973 with the program director of adult services in Houston and two supervisors responsible for adult social services. It was learned that fourteen workers provided both protective and non-protective services to qualified welfare applicants and recipients. Two of the case workers provided social services to nursing home recipients and one worker had responsibility for adult foster homes. A total of eleven case workers were responsible for non-institutionalized recipients living in the community.

At the time of the study, the agency had no method to account for the number of adult protective service cases either opened or closed, other than on an individual basis. It was estimated that 125 cases or more would be available for reading. The program director asked that the supervisor provide a list of the active and inactive cases provided services. The list was made available on May 4, 1973, only after written permission had been obtained from State Welfare Commissioner Raymond Vowell.

The provided list showed that sixty-eight cases had been considered in need of protective services and were either active or closed cases at the time of the report. To avoid a case being overlooked in the original servicing, individual conferences with the eleven workers were necessary. These conferences also allowed the caseworker to provide information not found in the actual case record. The agency definition as described in Chapter I was used as a guide in determining whether a case was protective or non-protective. An intake system was developed by the agency in November, 1972, to provide informational and referral services to recipients, applicants, or other interested citizens. Inquiries taken by the intake worker are brief, but useful, in cross checking the possibility that a protective service case was not brought to research attention. When the services case record was incomplete and the case worker was not readily available or could not assist in providing needed information, the financial case record of the individual was sought.

A major difficulty encountered in the survey was the inability to readily find either, or both, of the protective service or financial case records. One office provided adult services in the north of Houston, while the other provided services in the south. Active financial case records were in four geographic locations in and around Houston depending

upon the recipient's last name. A central locator is maintained in the regional office building, but due to a tremendous volume of work, there is a lag in filing so that index cards on file would show the case record in one location while in reality it was in another. A total of 120 hours was spent on selecting, finding, and reading case records for this study.

The case reading schedule was mimeographed and a schedule was used for each case. Of the 38 sections on the case reading schedule, 4 were found impossible to complete due to lack of sufficient data either from the case records or the caseworker interview. No clients were interviewed in this study. An agency informational face sheet, Department of Public Welfare Form 211, was available in all case records which were read for this study. This Form 211 indicated both the education completed and the type of employment of the recipient; however, this information was seldom completed by the caseworker. The interested relatives section on the Form 211 was seldom filled in, possibly due to the recipients having no interested relatives. Religion of the recipients was not available either on the Form 211 or in the narrative recording in the case records. Dated case recordings in narrative form by caseworkers visiting the protective client were extremely helpful in obtaining needed information. The four sections of the case reading schedule for which data were unavailable included education, occupation, religion, and distance from interested relatives. The remainder of these sections were developed into a total of 26 tables. Each table contained data by client related public assistance category.

Table 1, Age at Agency Acceptance for Protective Services, was determined by the client's age at his last birthday. The age range chosen for this study was from age 30 to 99 years.

Table 2, Race, was determined by the information given to the caseworker and recorded in the case record. Where no race was indicated, a caseworker contact was used to determine this information.

Table 3, Marital Status by Sex, was determined by case record information which had been provided by the client to the assigned caseworker. Marital status if not shown on the information face sheet or in case recording was also cleared through caseworker contact.

The Monthly Income at the time of referral to the agency for adult protective services as well as the source of the income was placed on the case reading schedule. This income was found to vary with each client. In some cases a client was found to be receiving more than one check. The monthly income at the time of referral from all sources was determined by dividing the number of checks into the total monthly income.

The Monthly Housing Cost and Type of Housing, Table 5, was divided into three sections: that of house, apartment, or other. Subtotals for each of these sections are given to show cost differences, not only by type of housing, but also by public assistance category. The type of housing in which each client lived was often found in the dated case recordings. However, it was necessary in some instances to obtain this information from the caseworker. This information was also used in determining whether the client lived in a government housing project. This information is shown in Table 6.

Table 7 shows the living arrangements of the client and was determined by dated case record recordings, as well as caseworker contact when necessary.

Table 8, which shows which adult relative lived with the client, was also determined in the manner described above. In some instances,

the client was found to live with more than one adult relative. A spouse was considered an adult relative.

Table 9 shows the actual number of persons in the house, including non-relatives and children. This number was divided by the number of cases to determine an average number of persons per household.

The number of rooms in the house, Table 10, as well as number of bedrooms, Table 11, was in most cases difficult to obtain as this information was often missing in the dated case record recording by the caseworker. A bathroom was considered as a room. In some instances the client had no bathroom or shared it with others. A contact with the caseworker to obtain this information was often futile as the case had been closed or the caseworker was unable to remember this aspect of the client's living conditions.

The mobility of the client at the time of initial agency contact, Table 12, was divided into a physical ability to leave the residence with assistance or unable to leave the residence without assistance. If a client could move about the house but not to a local store or doctor without assistance from a friend or relative, or, if confined to a wheelchair or bed, the client was considered not mobile. This information was determined from dated case record recording or interview with the caseworker.

Table 13 indicates whether a telephone was available to the client in time of emergency. If a client had a telephone in the residence or was able to readily use a neighbor's or friend's telephone, it was determined that a telephone was available.

The referral source which requested agency involvement, as well as method of referral, shown in Table 15 of the case, was found to come from seven sources shown in Table 14. This information was also obtained from case record recording or caseworker contact. The use of category item

Other in Table 15 includes the method of referral by which the State Welfare Department Form 200, "Declaration of Services" is given to clients periodically asking for their individual needs. Also included in this method of referral is when the initial agency contact was by a caseworker other than the one providing adult protective services.

Whether a previous protective referral was made on the client, Table 16, was determined primarily from the informational face sheet found in each case record.

Agency status at the time of protective referral, Table 17, was also determined by dated case record recording.

The length of time between referral and client contact, Table 18, was determined by taking the date of referral and the date of first recording in the case record which indicated a caseworker contact. In instances where a telephone contact was made with the client and was recorded, it was considered as a caseworker contact. The same day was determined to be when a caseworker contact was made the same working day as the referral was received whether at the first or last of the working day. If a client was referred on Friday afternoon but the caseworker did not contact the client until Monday morning, more than 24 hours was marked on the case reading schedule. In some cases it is possible that the caseworker may have omitted recording the initial contact with the client, especially if it were a brief encounter. It is also possible that the actual date shown in the narrative recording section of the case record was the date of the recording and not the date of actual contact with the protective client in some instances. Another factor delaying contact with the client by a protective service worker might be attributed to the time lag in using an intra-agency referral form.

Table 19, major reason for protective referral was determined by the use of seven reasons: danger to others, danger to self, hazardous conditions, victimization, exploitation, unable to provide self care, and unable to cope with outside circumstances. The major area of needed service was determined after careful case reading to fit into one of the above reasons. In some instances the reasons for referral were overlapping; for example, a person who is being exploited might be found to also live in a hazardous living condition, such as a rundown house which was a fire hazard. The most prevailing client need was selected and marked on the case reading schedule. A brief example of each of the seven areas of needed services is as follows. A person who is a danger to others was one who was aggressive and caused, or might cause, bodily harm to another. A person determined to be in danger to self was one who threatened or attempted suicide or threatened self injury. A person living in hazardous conditions was determined to be one whose residence was so dilapidated that fire, rats, a roof falling in, or lack of heating in cold weather was the major cause for referral. Victimization was chosen in those instances when physical bodily harm was evident such as hitting the client with an object or, being left alone by a relative without medical attention while bedfast. The key difference between living in a hazardous condition and victimization was that another party was involved. An example of exploitation was when the client's check was being spent by a relative or friend or their estate was in jeopardy due to apparent disregard for the client. Another example of exploitation was in any instance where the client was being used by others without an ability to understand or stop the exploitation. An inability to provide self care such as bathing, cooking, or taking medicine on the part of the client caused many of the clients to come to the

attention of the agency. Situations which determined the client to be unable to control outside circumstances included such things as being unable to obtain medical attention and receiving eviction notices without any place to go.

The major area of needed services, Table 20, included medical, legal, nutritional, social, and emotional. In some instances needed service overlapped such as a person needing medical attention who also had an emotional problem such as mental retardation which caused them to be unable to seek medical attention. After evaluation of the case recording the most needed service was selected and placed on the case reading schedule. The category medical was chosen when the client's life was in danger due to health needs which were unavailable. The legal section was chosen when the client was found to need legal advice to do such things as prevent exploitation by family members or others. The nutritional category was selected when the major need of the client was for food or adequate preparation of food. One case example was an elderly person who would eat only one food product which in turn caused a need for medical attention. The category social needs was selected when the client's main problem was due to social isolation for various reasons such as lack of transportation or friends. The emotional category was selected when the client's main problem centered around an emotional problem which caused the person to isolate himself from society. Included in this section were those persons who were totally or only partially aware of the problems which confronted them. These persons were often those who needed intensive counseling or therapy or were in need of a guardian.

Services provided through community resources, Table 21, were determined by placing what was felt would be the most often referred

resource on the case reading schedule and later compiling this data in a table. Many cases were not referred to a local community resource for services, while some cases were referred to more than one resource.

Services met by the agency, Table 22, were determined by reading the case records and evaluating the comments of both presently active cases and those closed for services by the appropriate supervisor. Since no legal basis exists for agency intervention into these cases, some had to be closed due to various reasons prior to completing what plans the caseworker and client had developed together. The caseworker records such plans in the case record of each client. The four main reasons for the case being closed prior to completion of services include client refusal to cooperate, family intervention such as moving the client out of town or to their home, or death of the client. In 6 cases the recipient was still receiving adult protective services at the time of case reading.

The client attitude toward services, Table 25, as could be determined by the reading of dated case record recording was scaled as hostile, reluctant, cooperative, and passive. Clients who were hostile were those who vigorously resisted agency intervention while reluctant was used to determine those who were mildly resistant towards outside assistance. Cooperative was used to determine those who showed no resistance to anyone wishing to provide service and who even expressed some happiness that someone cared. Passive was used to determine those clients who did not care to improve their situation, but who did not show resistance. The majority of these passive persons, as could be determined by the case recordings, were persons with possible mental deterioration. These were persons who generally could be determined to have passed the point of caring.

Table 26, length of time between referral and closure of the case, was determined by taking the date of application until the close of services or in the few active cases to the date of case reading. To emphasize the length of time between referral and closure of cases, table figures reflect less than 7 days through 61 or more days. The average days spent on the cases was determined by dividing the total category cases by total days spent on the case.

CHAPTER IV

ANALYSIS OF DATA

All data obtained from the survey were calculated and displayed in 26 tables. The age of the clients who received protective services is indicated on Table 1. In the age range of 30 to 44, 4 of the cases read, or 23.5 percent, of those receiving Aid to the Permanently and Totally Disabled (APTD) or Aid to the Needy Blind (ANB) were found to be in need of protective services. There were 13 cases, or 76.5 percent, in the age range of 45 to 64 found in the remaining APTD and ANB cases.

TABLE 1

Age at Agency Acceptance for Protective Service

Age (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
30 - 44	0	0	4	23.5
45 - 64	0	0	13	76.5
65 - 74	24	41.4	0	0
75 - 84	27	46.5	0	0
85 - 99	7	12.1	0	0
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the Old Age Assistance category (OAA), 24, or 41.4 percent, of the cases were 65 to 74 years of age; while 27 cases, or 46.5 percent, were the age range of 75 to 84. Only 7 cases, or 12.1 percent, were found to be in the age range of 85 to 99. The oldest client was found to be a 99 years old female. The reason for such a small percentage of clients being in the age range of 85 to 99 is possibly due to the death or institutionalization of many clients before reaching such ages. According to the 1970 U.S. Census, a total of 30,091 females and 22,383 males were in the 65 to 74 years of age range within the Houston, Harris County area. A total of 17,468 females and 9,623 males were determined to be age 75 and over.

The age range of 65 to 84 accounted for the largest number of persons coming to the agency's attention. The age range of 75 to 84 was found to be the age at which more referrals were made to the agency. A total of 66 of 75 cases were found to be persons age 55 and above.

It was found that the racial composition, Table 2, of the 75 cases were as follows. A total of 41 cases which received protective services were found to be in the White race. In the APTD and ANB cases combined, a total of 8 cases, or 47.1 percent, were White while 8, or 47.1 percent, were Negro. Only 1 Latin American case, or 5.9 percent, was found. In the OAA category a total of 23 cases, or 39.7 percent, were Negro while 33 cases, or 56.9 percent, were White. A total of 2 cases, or 3.4 percent, were Latin American. No persons among other races such as American Indian or Oriental were found in the study. The 1970 Houston census indicates that 179,334 persons were age 60 and above. A total of 32,968, or 18.3 percent, were Negro, 8,156, or 4.7 percent, were Latin American, while White and Oriental combined totalled 138,210, or 77

percent. This percentage of the racial composition of the city is perhaps why more Whites come to the attention of the agency, followed by Negro, then Latin Americans.

TABLE 2
Race of Protective Service Clients

Race (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Negro	23	39.7	8	47.1
White	33	56.9	8	47.1
Latin American	2	3.4	1	5.9
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

The marital status by sex at the time of referral, Table 3, of the 75 cases indicated that 13, or 22.4 percent, of the OAA cases were male while 6, or 35.3 percent, of the APTD and ANB cases combined were male. A total of 45, or 77.6 percent, of the OAA cases were female while 11 cases, or 64.7 percent, were female in the APTD and ANB cases.

Attempts were made in the study to determine if there were any significant differences in marital status among cases coming to the attention of the agency.

TABLE 3
Marital Status by Sex at Time of Referral

Marital Status (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Males				
Widower	2	15.4	1	16.7
Divorced	5	38.5	1	16.7
Single	2	15.4	1	16.7
Separated	1	7.7	1	16.7
Married	3	23.1	2	33.3
Total	13	100.0	6	100.0
Females				
Widow	32	71.1	3	27.3
Divorced	2	4.4	3	27.3
Single	5	11.1	1	9.1
Separated	1	2.2	0	0
Married	5	11.1	4	36.4
Total	45	100.0	11*	100.0

*Includes 1 Aid to the Needy Blind case.

Of the 13 males in the OAA category, 2, or 15.4 percent, were widowers; 5, or 38.5 percent, were divorced; 2, or 15.4 percent, were single; 1, or 7.7 percent, was separated; while 3, or 23.1 percent, were married.

In the APTD and ANB categories combined, 2 cases, or 33.3 percent, of the males were widowers, divorced, single or separated while 2 cases, or 33.3 percent, were married.

Of the 45 females in the OAA category, 32, or 71.1 percent, were widows, 2 cases, or 4.4 percent, were divorced, 5 cases, or 11.1 percent, were single, 1 case, or 2.2 percent, was separated, while 5 cases, or 11.1 percent, were married.

In the APTD and ANB categories combined, 3 cases, or 27.3 percent, were widows while 3 cases were divorced. Only 1 case, or 9.1 percent, was single while no cases were indicated in the study as being separated. A total of 4 cases, or 36.4 percent, were married.

The widowed female was determined by the study to be the person most likely to come to the attention of the agency. A total of 35, or 46.7 percent, of all 75 cases were widowed females. Among the limited number of males in all categories, divorce was the most frequent marital status shown in the case records. A total of 6 of the 19 males in the study, or 31.5 percent, were divorced. In summary, among all 75 cases, a total of 38, or 50.7 percent, were widows or widowers. Thus, this limited study appears to indicate that regardless of sex, a person who has lost a spouse because of death is more likely to be in need of protective services.

It was found that the monthly income at the time of referral and source of the income, Table 4, that 53 persons in the OAA category were receiving public assistance which averaged \$74.00 per month. The second leading source of income was from Social Security. A total of 30 cases received Social Security for an average monthly benefit of \$99.00. In the OAA category the 58 cases received a total of 87 monthly payments from

various sources. In some instances, persons received more than one check each month. The average monthly income from all sources in the OAA category was \$84.21.

TABLE 4

Monthly Income at Time of Referral and Source

Source (1)	Category					
	Old Age Assistance			Aid to the Permanently and Totally Disabled		
	Number Receiv- ing (2)	Total Monthly Income (3)	Monthly Income (4)	Number Receiv- ing (5)	Total Monthly Income (6)	Monthly Income (7)
Public Assistance	53	\$3,907.00	\$74.00	14	\$1,298.00	\$92.71
Social Security	30	\$2,996.46	\$99.00	4	\$406.80	\$101.70
Veterans Benefits	2	\$155.00	\$78.00	1	\$140.00	\$140.00
Other Private (Stocks, Bonds, Rental Property, etc.)	2	\$268.00	\$134.00	1	\$272.00	\$272.00
Total	87*	\$7,326.46	\$84.21	20*	\$2,116.80	\$105.84

*Includes 1 ANB case and in some instances more than one check received each month.

In the APTD and ANB categories combined, a total of 14 persons were receiving a public assistance check which averaged \$92.71. A total of 4 persons received Social Security benefits which averaged \$101.70. Income from veterans benefits was received by 1 person while 1 also

received income from other sources such as stocks, bonds, rental property, etc. An average of \$105.84 was available monthly to persons in the APTD and ANB categories. A total of 3 persons were in applicant status and were not receiving either an APTD or ANB check at the time of referral, although they might have been receiving income from other sources. A total of 5 persons in the OAA category were also applicants at the time of agency acceptance for services. A monthly average of \$88.25 was found to be the amount of income available to those in need of protective services. In May of 1973, the average monthly OAA recipient grant in Houston, Harris County, was \$58.82, the ANB recipient received \$82.81, while the APTD recipient received \$80.56. Actual grants received are rounded to the nearest dollar.

The monthly housing cost and type of housing, Table 5, indicated that 42 of the OAA category resided in a house, 12 cases lived in an apartment, and 4 cases lived in other types of housing including a trailer and rooming house. In the OAA category there were 14 cases in which the house was owned by the client at an average monthly cost of \$8.55. A total of 14 OAA cases also rented a house for an average monthly cost of \$51.00, while 11 cases were supplied housing at no cost.

In the APTD and ANB category combined, a total of 14 lived in a house, while 2 lived in an apartment and 1 lived in a rooming house. Of the 14 persons living in a house, 4 owned their homes at an average monthly cost of \$45.00, while 5 persons rented at an average monthly cost of \$63.40. A house was supplied at no cost in 1 case while 4 persons shared costs with others for an average of \$44.53. A total of 2 persons were found to be renting an apartment which cost an average of \$50.00 per month.

TABLE 5
Monthly Housing Cost and Type of Housing

Type of Housing (1)	Category					
	Old Age Assistance			Aid to the Permanently and Totally Disabled		
	Total Number (2)	Average Monthly Cost (3)	Average Monthly Cost (4)	Total Number (5)	Average Monthly Cost (6)	Average Monthly Cost (7)
<u>House</u>						
Owned	14	119.72	8.55	4	180.00	45.00
Rented	14	714.00	51.00	5	317.00	63.40
Supplied	11	0	0	1	0	0
Shared Cost	3	72.98	24.33	4	126.50	31.63
Subtotal	42	906.70	21.58	14	623.50	44.53
<u>Apartment</u>						
Rented	10	362.00	36.20	2	100.00	50.00
Supplied	0	0	0	0	0	0
Shared Cost	2	9.08	4.54	0	0	0
Subtotal	12	371.08	40.74	2	100.00	50.00
<u>Other</u>						
Trailer	2	0	0	0	0	0
Room	2	49.00	24.50	1	50.00	50.00
Subtotal	4	49.00	24.50	1	50.00	50.00
Total	58	1,326.78	22.87	17*	773.50	45.50

*Includes 1 Aid to the Needy Blind case.

A room was the home of 1 person who paid \$50.00 per month for rent.

According to the 1970 census for persons below the 1969 poverty level the mean gross rent was \$87 a month. The median rent for black households in Houston is \$67 a month.

An average monthly cost of \$22.87 for housing was found in the OAA category while \$45.50 was found in the APTD and ANB cases. The higher average monthly cost for the APTD and ANB cases is possibly caused by fewer persons in this category being supplied housing at no cost.

As shown on Table 6, it was found that government financed housing projects were the residences of 6, or 10.3 percent, of the 58 OAA cases. No APTD or ANB category cases were found to live in government housing projects. This is possibly due to the small number of adult protective service cases in these categories.

TABLE 6

Government Housing Project Utilized

Project Housing	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number	Percentage	Number	Percentage
(1)	(2)	(3)	(4)	(5)
Yes	6	10.3	0	0
No	52	89.7	17	100.0
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

Since so many, 89.7 percent, of the reported OAA cases did not live in government financed housing projects, can one assume that to live in

such projects would lead to better protection for the elderly? Do persons in government housing projects tend to be less in need of adult protective services or does ready access to others when in need of help keep down referrals for services? This limited study is unable to answer such questions.

The living arrangements, Table 7, of those in the OAA category showed that 35, or 60.3 percent, lived alone, while 20, or 34.5 percent,

TABLE 7
Living Arrangements

Type of Living Arrangements (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Alone	35	60.3	6	35.3
With Adult Relatives	20	34.5	10	58.8
With Non-Relatives	3	5.2	1	5.9
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

lived with an adult relative. An adult relative was considered to be a person over age 18. A total of three, or 5.2 percent, lived with non-relatives at the time of referral for protective services.

In the APTD and ANB categories combined, a total of 6 cases, or 35.3 percent, lived alone while 10 cases, or 58.8 percent, lived with relatives. Only 1 case lived with non-relatives. Overall, a total of 41, or 54.7 percent, of the 75 cases lived alone.

The higher percentage of persons living alone in the OAA category, as compared to the lower percentage of persons living alone in the APTD and ANB categories, is possibly explained by the age factor. Persons in the OAA age range have often outlived many relatives or their children have left home, while those in the APTD and ANB categories will still have relatives to whom they may depend upon when in need. There is also the possibility of an elderly person wishing to remain independent of others as much as possible after many years of raising children and being independent.

The living arrangements with relatives at the time of agency contact is indicated in Table 8. A total of 20, or 34.5 percent, of the OAA cases and 10, or 58.8 percent, of the APTD and ANB cases lived with an adult relative. In the OAA category a total of 6, or 24 percent, lived with their daughter while 5 cases, or 20 percent, lived with their son. A total of 4, or 16 percent, of persons were living with their spouse while 4, or 16 percent, were living with their daughter-in-law. Adult relatives were found to be sharing living arrangements with OAA category clients in 25 cases.

In the APTD and ANB categories combined there were 6 cases, or 40 percent, in which the client lived with the son and 4 cases, or 26.7 percent, in which the client lived with the spouse. The client was found to be living with the daughter in 3, or 20 percent, of the cases. In 1 case the client was living with the father and in another with the

daughter-in-law. In some cases more than 1 relative lived in the residence with the client.

TABLE 8
Living Arrangements with Relatives
at Time of Agency Contact

Adult Relative (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Son	5	20.0	6	40.0
Daughter	6	24.0	3	20.0
Spouse	4	16.0	4	26.7
Sister	2	8.0	0	0
Brother	0	0	0	0
Father	0	0	1	6.7
Mother	0	0	0	0
Daughter-in-Law	4	16.0	1	6.7
Aunt	0	0	0	0
Uncle	1	4.0	0	0
Step Son	2	8.0	0	0
Son-in-Law	1	4.0	0	0
Total	25*	100.0	15*	100.0

*Includes more than 1 relative in some arrangements, also 1 Aid to the Needy Blind case.

The client in all the categories who lived with a relative tended to live with son, daughter, spouse or with the daughter-in-law. This line of relationship is assumed to be the one to whom an adult in need of

protection would most often turn for assistance. It was found that the person with whom the client would live with most often was the son.

The number of persons in the residence of persons in need of protective services, Table 9, was found to be the client alone in 35, or

TABLE 9
Number of Persons in Residence

Number (1)	Category					
	Old Age Assistance			Aid to the Permanently and Totally Disabled		
	No. of Cases (2)	% of Cases (3)	No. of Persons (4)	No. of Cases (5)	% of Cases (6)	No. of Persons (7)
1	35	60.3	35	6	35.3	6
2	11	19.0	22	9	52.9	18
3	8	13.8	24	0	0	0
4	1	1.7	4	0	0	0
5	2	3.4	10	1	5.9	5
6	0	0	0	1	5.9	6
7	0	0	0	0	0	0
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	1	1.7	10	0	0	0
Total	58	100.0	105	17*	100.0	34
Average Per Residence	1.8			2.0		

*Includes 1 Aid to the Needy Blind case.

60.3 percent, of the OAA category cases. A total of 2 persons were found in 11 cases, or 19.0 percent. A total of 3 persons were found in 8 cases,

or 13.8 percent, while 5 persons were found in 2 cases, or 3.4 percent, of the OAA cases. In 1 instance 4 persons were found, or 1.7 percent, to be in the residence. In 1 instance there were 10 persons living in a residence. A total of 1.8 persons per household was found in the OAA category.

In the APTD and ANB categories combined, the client lived alone in 6 cases, or 35.3 percent, of the total. In 9 cases, or 52.9 percent, the client lived with 1 other person. In 1 case, the client lived with 4 others and in 1 case with 5 others. The average number of persons living in the APTD and ANB combined residence was 2.0 persons. Of the 75 cases the average number of persons in the residence was found to be 1.7. The larger number of persons per household was found to be in the APTD and ANB categories primarily due to large number of persons in the OAA category who lived alone.

The number of rooms in the residence of the protective service client, Table 10, was found to be 3 rooms, including bathroom and kitchen, in 9 OAA cases, or 15.5 percent, of the cases in this category. In 6, or 10.3 percent, of the cases the client had only a 1 room residence while in 4 or 6.9 percent, of the cases the client had 2 rooms. A total of 8 cases, or 13.8 percent, had a 5 room residence. In 8 cases also, the client had a 6 room residence. In 4 cases, or 6.9 percent, there was a 4 room residence. Information was not available in 15 cases, or 25.9 percent, of the OAA cases. The range of number of rooms in the residence was found to be from 1 to 9 rooms.

In the APTD and ANB cases combined, a total of 2 cases, or 11.8 percent, of the clients lived in a 1 room residence while a total of 4 cases, or 23.5 percent, lived in a 3 room residence. A total of 4 also

lived in a 5 room residence while 3 cases, or 17.6 percent, lived in a 4 room residence. Only 1 case was found to live in a 6 room residence. In a total of 3, or 17.6 percent, of the cases this information was unavailable.

The average number of rooms in the OAA category, including a bathroom and separate kitchen in some cases where the kitchen was not part

TABLE 10

Number of Rooms in the Residence

Number of Rooms (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
1	6	10.3	2	11.8
2	4	6.9	0	0
3	9	15.5	4	23.5
4	4	6.9	3	17.6
5	8	13.8	4	23.5
6	8	13.8	1	5.9
7	2	3.5	0	0
8	1	1.7	0	0
9	1	1.7	0	0
Information Not Available	15	25.9	3	17.6
Total	58	100.0	17*	100.0
Average Number of Rooms	2.4		2.7	

*Includes 1 Aid to the Needy Blind case.

of another room, was found to be 2.4 rooms per residence. In the APTD and ANB category the average number of rooms was found to be 2.7 per residence.

The number of bedrooms, Table 11, in the residence of those in the OAA category was found to be 1 in 20 or 34.5 percent of the cases. There were 17, or 29.3 percent, of the cases in which no housing data of this kind was available. In 16, or 27.6 percent, of the cases there were 2 bedrooms while in 4, or 6.9 percent, of the cases there were 3 bedrooms. In 1, or 1.7 percent, of the cases there was a 4 bedroom residence.

TABLE 11
Number of Bedrooms

Number of Bedrooms (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
1	20	34.5	7	41.2
2	16	27.6	6	35.3
3	4	6.9	1	5.9
4	1	1.7	0	0
No Information Available	17	29.3	3	17.6
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the APTD and ANB categories combined, a total of 7, or 41.2 percent, of the cases had a 1 bedroom residence while 6, or 35.3 percent, had a 2 bedroom residence. Only 1, or 5.9 percent, of the cases had a 3 bedroom residence. In 3, or 17.6 percent, of the cases, no information

was available regarding number of bedrooms. Of the 75 cases read the largest number of cases, 27, or 36 percent, of the clients, lived in a 1 bedroom residence.

The mobility of those receiving protective services, Table 12, shows that 23 cases, or 39.7 percent, of the OAA category were able to leave their residence without assistance from a neighbor, friend or

TABLE 12

Client Mobility at Time of Initial Agency Contact

Client Mobility (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Able to Leave Residence Without Assistance	23	39.7	8	47.1
Unable to Leave Residence Without Assistance	35	60.3	9	52.9
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

relative. A total of 35, or 60.3 percent, of the OAA category were unable to leave their residence without assistance. Of the 75 cases read, a total of 31, or 41.3 percent, were able to leave the residence without assistance while 44, or 58.7 percent, were unable to leave the residence without assistance.

The physical and mental requirements of disability that must be met by the APTD and ANB categories is perhaps why slightly more than one-half of these clients were unable to leave their residence without assistance. Although a physical or mental requirement of disability was necessary, alone with financial need, the disability itself may not be of such a nature which would leave the person bedfast or immobile. The OAA requirement is that of age 65 for a current recipient plus meeting financial need eligibility requirements. A person on OAA may be very mobile until a mental or physical condition places them in an immobile situation.

A telephone was found available, Table 13, in the majority of cases in the study. It was found that of the 75 cases, a total of 52, or 69.3 percent, had a telephone available in their residence or in ready access to them in time of need.

TABLE 13
Telephone Availability

Telephone Available	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number	Percentage	Number	Percentage
(1)	(2)	(3)	(4)	(5)
Yes	43	74.1	9	52.9
No	15	25.9	8	47.1
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the OAA category, 43 cases, or 74.1 percent, had a telephone available while 15 cases, or 25.9 percent, did not have a telephone available.

In the APTD and ANB categories combined, a total of 9 cases, or 52.9 percent, had a telephone available while 8 cases, or 47.1 percent, did not have a telephone available as could be determined by case reading or caseworker contact.

The availability of a telephone would appear from these statistics to be an important aspect of life for an aged individual. On the other hand, those persons who have been determined to be permanently and totally disabled, as well as blind, had a telephone available in only slightly over 50 percent of the time. Perhaps since some APTD and ANB category persons lived with others on a higher percentage basis than the OAA category clients, they did not feel the need for a telephone as much. The economics of paying for a telephone might also be ruled out as the OAA protective client's average monthly income was found to be \$84.21 as compared to \$105.84 for the APTD and ANB protective cases. Either way, to persons with such low average monthly incomes, a telephone is a very expensive part of their lives.

The referral source of the initial need for protective services, Table 14, indicated that all of the referrals came from 7 sources. The client was the main source of referral in 18, or 31 percent, of the OAA category cases. A neighbor was found in 11, or 19.0 percent, of the cases to be the referral source, while a relative was the referral source in 13, or 22.4 percent, of the cases. An intra-agency referral from a caseworker who had talked with the client and contacted the protective services caseworker was the referral source in 9 cases. A medical facility or other

agency was the referral source in 3 cases each, or 5.2 percent, of the total OAA cases. The police referred 1 case, or 1.7 percent, of the OAA category cases.

TABLE 14

Referral Source for Adult Protective Service

Referral Source (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Client	18	31.0	6	35.3
Neighbor	11	19.0	5	29.4
Relative	13	22.4	1	5.9
Intra-Agency	9	15.5	4	23.5
Other Social Agency	3	5.2	1	5.9
Police	1	1.7	0	0
Medical Facility	3	5.2	0	0
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the APTD and ANB category cases, 6, or 35.3 percent, of the cases were client referred while 5, or 29.4 percent, of the referrals were from a neighbor. The inter-agency referral was found in 4, or 23.5 percent, of the cases while other social agencies or relatives were the referral source in 1 case each.

Of the 75 cases, 24, or 32 percent, of the case referrals were client referred, while 16, or 21.3 percent, of the referrals were received

from a neighbor. A total of only 4 or 5 percent of the cases were referred by the police or a medical facility. Why are so few cases referred by the police or a medical facility such as doctors and hospitals? Is it because their sources of referral are not aware of the welfare department's services, or do they refer elsewhere such as to the family who protects their own relatives, or to other social agencies?

The method of referral, Table 15, was found to be by telephone in 44 or 75.8 percent of the OAA category cases. In a total of 2 cases, or

TABLE 15
Method of Referral

Method (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Telephone	44	75.8	13	76.5
Letter	2	3.5	2	11.8
Office Visit	2	3.5	0	0
Other	10	17.2	2	11.8
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

3.5 percent, the method of referral was by letter. Also, in 2 cases, or 3.5 percent, the method of referral was through an office visit. Other methods of referral were found in 10 cases, or 17.2 percent, of the OAA cases. Other methods of referral include initial agency contact by a

caseworker other than the one providing protective services or the client use of the agency Form 200.

In the APTD and ANB categories combined, a total of 13 cases, or 76.5 percent, were referred by telephone. A total of 2, or 11.8 percent, were referred by other methods of referral.

Of the 75 cases, 57 or 76 percent, were referred by telephone, while 12, or 16 percent, were referred by other methods.

Previous protective referrals, Table 16, were found in 7 cases, or 12.1 percent, of the OAA category cases while in the APTD and ANB categories combined, 1 case, or 5.9 percent, was found as a previous protective

TABLE 16
Previous Protective Referral

Previous Referral	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number	Percentage	Number	Percentage
(1)	(2)	(3)	(4)	(5)
Yes	7	12.1	1	5.9
No	51	87.9	16	94.1
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

service case. A total of 51, or 87.9 percent, of the OAA cases were never previously referred for protective services. A total of 16, or 94.1 percent, of the APTD and ANB cases combined were never previously referred.

Of the 75 cases read, a total of 8, or 10.7 percent, of the cases had been previously referred as a protective service situation. This small percentage of cases were those which had been referred to the agency and later closed. The small percentage of cases which were previously opened for protective service might be correlated to the fact that the agency had been giving protective service for adults for only a short period of time.

It was found that the status of the persons receiving protective services, Table 17, was that of a recipient in 55, or 94.8 percent, of the OAA category cases, while only 3, or 5.2 percent, were applicants.

TABLE 17

Client Status at Time of Referral

Agency Status (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Applicant	3	5.2	3	17.6
Recipient	55	94.8	14	82.4
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the APTD and ANB categories combined, 14 cases, or 82.4 percent, were recipients while 3, or 17.6 percent, were applicants. Of the 75 cases, 6 or 8 percent, were applicants at the time of referral for protective services. A total of 69, or 92 percent, were recipients at the time of referral.

Since the number of persons which come to the agency's attention are mainly public assistance recipients, it is only logical to assume that the majority of referrals would come from these current recipients. Persons who are potentially eligible for one of the agency's three public assistance programs (OAA, APTD, or ANB) are also eligible to receive protective services. The area of potential clients being served by the agency is perhaps an unknown service to persons in the community.

The length of time between referral and client contact, Table 18, was found to be more than 24 hours in 43 cases, or 74.1 percent, of the OAA category cases. A total of 9 cases, or 15.5 percent, were seen by the agency within the same working day as the referral. In 6 cases, or 10.3 percent, the client was seen within 24 hours.

TABLE 18

Length of Time Between Referral and Client Contact

Length of Time (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Same Day	9	15.5	1	5.9
Within 24 Hours	6	10.3	0	0
More Than 24 Hours	43	74.1	16	94.1
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the APTD and ANB categories combined, 16 cases, or 94.1 percent, were contacted more than 24 hours after the referral. Only 1 case, or 5.9 percent, was seen the same day that the referral was made to the agency.

The length of time between referral and worker contact may have been delayed by many factors. Some of these factors were: receiving the referral on a Friday and not contacting the client until the following Monday, as well as having to provide services to the non-protective service clients.

In the OAA cases, the major reason for referral to the agency for protective services (see Table 19) was an inability to provide self care

TABLE 19

Major Reason for Protective Referral

Major Reason (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Danger to Others	3	5.2	1	5.9
Danger to Self	1	1.7	0	0
Hazardous Conditions	1	1.7	0	0
Victimization	6	10.3	1	5.9
Exploitation	9	15.5	1	5.9
Unable to Provide Self Care	22	37.9	8	47.1
Unable to Cope With Outside Circumstances	16	27.6	6	35.3
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

in 22, or 37.9 percent, of the cases. The second major reason for protective referral was an inability to cope with outside circumstances in 16, or 27.6 percent, of the OAA cases. A total of 9, or 15.5 percent, of the OAA cases were being exploited while 6, or 10.3 percent, were being victimized. In 3 cases, or 5.2 percent, of the OAA category cases the client was referred due to a danger to others. In only 1 case, or 1.7 percent, each a referral was made because of the client living in a hazardous living condition or was a danger to themselves.

In the APTD and ANB cases combined, 8, or 47.1 percent, of the cases referred were unable to provide self care. A total of 6, or 35.3 percent, were referred because they were unable to cope with outside circumstances. In 1 case each, or 5.9 percent, a client was referred because of danger to others, victimization and exploitation.

Of the 75 cases read, the 2 primary reasons for protective referral was an inability to provide self care in 30 or 40 percent of the cases while an inability to cope with outside circumstances was found in 22, or 29.3 percent, of the cases.

Since 52 of 75, or 69.3 percent, of the cases referred needed help with providing self care or coping with outside circumstances, efforts to intensify services in these areas to all adult welfare recipients should eliminate many of the needs for protective services.

The major areas of needed services, Table 20, were found to be 27, or 46.5 percent, social in the OAA related category. An emotional primary need was found in 11, or 19.0 percent, of the cases while medical was determined to be the primary need in 10, or 17.2 percent, of the OAA cases. Nutrition was the major need in 8, or 13.8 percent, of the cases

while a need for legal assistance was found in only 2, or 3.4 percent, of the cases.

TABLE 20
Major Areas of Needed Service

Major Areas (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Medical	10	17.2	3	17.6
Legal	2	3.4	4	23.6
Nutritional	8	13.8	3	17.6
Social	27	46.5	4	23.6
Emotional	11	19.0	3	17.6
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

In the APTD and ANB categories combined, 4, or 23.6 percent, of the cases were found to be in need of a social service and 4 cases in need of legal assistance. A total of 3, or 17.6 percent, of the cases in the major area of needed service was medical, nutritional and emotional. There were 3 areas accounting for 52.8 percent of the 17 cases in the APTD and ANB cases combined.

Of the 75 cases, a total of 31, or 41.3 percent, were in need of a social related service while 14, or 18.7 percent, were found to need an emotional related service. These 2 service needs together accounted for 45 cases, or 60 percent, of the 75 cases read. These statistics, though

representative of a small number of protective service cases, point to the need for strengthened services to the elderly in the social and emotional services areas.

The number of adult protective services cases referred to services provided through community resources, Table 21, indicated that of the 58 OAA cases, 22, or 37.9 percent, were not referred to community

TABLE 21
Number Referred to Community Resources

Type of Service (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Not Referred	22	37.9	5	29.4
Referred	36	62.1	12	70.6
Homemaker	5	9.4	1	5.9
Visiting Nurse	3	5.7	2	11.8
Meals-on-Wheels	1	1.9	0	0
Transportation	6	11.3	3	17.6
Friendly Visit	2	3.8	2	11.8
Temporary Foster or Nursing Home Placement	15	28.3	2	11.8
Medical Equipment	4	7.5	1	5.9
Counseling	0	0	1	5.9
Legal	8	15.1	3	17.6
Other	9	17.0	2	11.8
Total	58*	100.0	17*	100.0

*Some cases referred to more than one resource. Also, 1 Aid to the Needy Blind case is included in the APTD category figures.

resources. Some referrals were not followed through by the client. A total of 36, or 62.1 percent, were referred outside the agency for various forms of resources not available through the State Welfare Department. Some cases were referred to more than one resource, which may have not been their primary need for service. In the OAA category the largest referrals, 15, or 28.3 percent, were to temporary foster or nursing home placements. A total of 8, or 15.1 percent, were referred for legal assistance. A total of 6, or 11.3 percent, of the cases were referred for transportation, while 8, or 9.4 percent, were referred for homemaker services. In 4, or 7.5 percent, of the OAA cases a referral was made for medical equipment such as crutches, wheelchair, etc. Friendly visiting was referred in 2, or 3.8 percent, of the cases, while a visiting nurse was referred to the client in 3, or 5.7 percent, of the OAA cases. A meals-on-wheels referral was made in only 1 case. In 9 OAA cases other community resources were called upon to assist the client.

In the APTD and ANB case combined, 5, or 29.4 percent, of the cases were not referred to other agencies while 12, or 70.6 percent, of the cases were referred to community resources. Of the 14 cases referred, 3, or 17.6 percent, of the cases were referred for legal assistance and transportation. A total of 2 cases, or 11.8 percent, of those referred was for a visiting nurse, friendly visiting, temporary foster or nursing home placement and for other community resources. Only 1 referral or 5.9 percent, was made for homemaker service, medical equipment or counseling services.

Of the 75 cases, a total of 27, or 36 percent, were not referred to a community resource for services, while a total of 48, or 64 percent, were referred. Since a large percentage of protective service clients

are referred to community resources for assistance not available through the agency, awareness of available community resources by the caseworker is of major importance.

The services by the agency, Table 22, was found to be met in 41, or 70.7 percent, of the OAA cases. Needed services by the adult in need

TABLE 22
Services Met by Agency

(1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Services Met				
Yes	41	70.7	10	58.8
No	5	8.6	1	5.9
Partly	12	20.7	6	35.3
Total	58	100.0	17*	100.0
Reasons If No or Partly Met				
Client Refusal	4	6.9	1	5.9
Family Intervention	4	6.9	1	5.9
Death of Client	4	6.9	1	5.9
Services Still Active	4	6.9	2	11.8
Other	1	1.7	2	11.8
Total	17	29.3	7	41.2

*Includes 1 Aid to the Needy Blind case.

of protective services was not met in 5, or 8.6 percent, of the cases or were only partly met in 12, or 20.7 percent, of the OAA cases.

In the APTD and ANB cases combined, a total of 10, or 58.8 percent, of cases had the needed services met while 1 case, or 5.9 percent, did not have the needed services met by the agency. In a total of 6, or 35.3 percent, of cases services were only partly met by the agency.

Of the 75 cases, a total of 51, or 68 percent, needed services were met by the agency, while 6 or 8 percent of the cases were not met. A total of 18, or 24 percent, were partly met.

Of the 24 cases where needed services were not or only partly met, the main reasons were client refusal, family intervention, death of the client, services still active at time of case reading or other reasons.

In the OAA category, 4, or 6.9 percent, of the cases were not met or only partly met by the client's refusal to cooperate or participate with the agency's caseworker. A total of 4 cases, or 6.9 percent, of the OAA cases were still active at the time of case reading. The family intervened in 4, or 6.9 percent, of the cases and took over responsibility for care of the client to the extent that the agency was no longer needed. However, some aspects of needed services were not completed at the time the family intervened. In 4, or 6.9 percent, of the OAA cases the client died during the servicing period. In 1, or 1.7 percent, of the OAA cases other reasons prevented the caseworker from working with the client to overcome needed services.

In the APTD and ANB cases combined, 2 cases, or 11.8 percent, were still active at the time of case reading, while 2 cases had needed services met or only partially met for other reasons. Client refusal,

family intervention and the death of the client in 1 case each were the reasons that needed services were not met or only partially met.

Unless declared non compos mentis by the courts, the client may refuse services by the State Welfare Agency or any other agency. The legal basis to work with adults who are in need of protective services is very unclear in regard to agency responsibility. Fortunately, as this study has shown, most of the adults in need of protective services welcomed agency intervention.

The client's attitude toward needed services, Table 23, was determined as either hostile, reluctant, cooperative, or passive. In the OAA category, a total of 34, or 58.6 percent, were determined cooperative

TABLE 23

Client Attitude Toward Protective Service

Attitude (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Hostile	5	8.6	1	5.9
Reluctant	9	15.5	2	11.8
Cooperative	34	58.6	12	70.6
Passive	10	17.2	2	11.8
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

while 10, or 17.2 percent, were passive toward someone giving needed services. In 9, or 15.5 percent, of the cases the client did show reluctance

to someone providing services while only 5, or 8.6 percent, of the cases were hostile toward agency intervention.

In the APTD and ANB cases combined, 12, or 70.6 percent, of the cases were cooperative while 2, or 11.8 percent, were passive toward services being provided. Only 2, or 11.8 percent, were reluctant to receive agency assistance while only 1, or 5.9 percent, of the cases was hostile.

Of the 75 cases, 46, or 61.3 percent, were cooperative while 12, or 16 percent, were passive toward agency services. A total of 11, or 14.6 percent, were reluctant while only 6, or 8 percent, were resistant to agency intervention.

The client's residence at close of services, Table 24, was found to be his own residence in 21, or 36.2 percent, of the OAA cases while a

TABLE 24

Client Residence at Close of Service

Residence (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Home	21	36.2	13	76.4
State Institution	0	0	0	0
Home of Relative	19	32.6	1	5.9
Foster Home	1	1.7	0	0
Nursing Home	11	19.0	2	11.8
Death	4	6.9	1	5.9
Home of Friend	2	3.4	0	0
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

total of 11, or 19.0 percent, were placed in nursing homes. A total of 4, or 6.9 percent, died during the period of services, while 19, or 32.6 percent, lived in the home of a relative. A total of 2, or 3.4 percent, were living with a non-relative while only 1, or 1.7 percent, was placed in a foster home.

In the APTD and ANB cases combined, 13, or 76.4 percent, remained in their homes at the close of services or at the time of the case reading, while 2, or 11.8 percent, were in a nursing home. In 1 case each, or 5.9 percent, the client was in the home of a relative or had died.

Of the 75 cases, a total of 34, or 45.4 percent, were in their own homes while 20 cases, or 26.7 percent, were in the homes of relatives. A total of 13 clients, or 17.3 percent, were in nursing homes, while a total of 5, or 6.7 percent, of the clients were deceased.

As shown in Table 25, it was found that 6, or 10.3 percent, of the OAA protective service clients were declared incompetent during the period of service. A total of 52, or 89.7 percent, were not declared incompetent. In the APTD and ANB cases combined, 3 cases, or 17.6 percent, were declared incompetent while 14, or 82.4 percent, were not.

Of the 75 cases read, a total of 9, or 12 percent, were declared incompetent while 66, or 88 percent, were not declared incompetent in court. These statistics seem to indicate that providing services was possible in many cases without attempting to declare the protective services client incompetent through legal channels or that few protective clients were of such a mental condition that such legal control was necessary.

TABLE 25

Client Declared Incompetent During Period of Service

Declared Incompetent (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Number (2)	Percentage (3)	Number (4)	Percentage (5)
Yes	6	10.3	3	17.6
No	52	89.7	14	82.4
Total	58	100.0	17*	100.0

*Includes 1 Aid to the Needy Blind case.

The length of time between referral and closure of the adult protective service cases (see Table 26) ranged from 7 days or less, to 61 days, or more. A total of 25 cases, or 43.1 percent, required 61 days or more to complete the needed services in the OAA category. In 13 cases, or 22.4 percent, of the OAA cases, 15 to 30 days were required while 10 cases, or 17.2 percent, of the cases required 43 to 60 days. In 4 cases, or 6.9 percent, a total of 31 to 42 days, or 8 to 14 days, were required to close out a protective service case. Only in 2 cases, or 3.4 percent, was 7 days or less required to close a protective service case.

In the APTD and ANB categories combined, 9 cases, or 52.9 percent, of the cases required 61 or more days to complete while 4, or 23.5 percent required 43 to 60 days. In 2 cases, or 11.8 percent, a total of 15 to 30 days were required. In 1 case each or 5.9 percent,

a total of 8 to 14 days and 7 days or less, were required to provide the needed protective services.

TABLE 26

Length of Time Between Referral and Closure

Days (1)	Category			
	Old Age Assistance		Aid to the Permanently and Totally Disabled	
	Total Number (2)	Total Days (3)	Total Number (4)	Total Days (5)
7 days or less	2	8	1	4
8 to 14	4	46	1	14
15 to 30	13	34	2	45
31 to 42	4	152	0	0
43 to 60	10	502	4	218
61 or more	25	3,541	9	955
Total	58	4,283	17*	1,236
Average Days of Service	73.8		72.7	

*Includes 1 Aid to the Needy Blind case.

Of the 75 cases read, 34, or 45.3 percent, required 61 days or more while 15, or 20 percent, required 15 to 30 days. A total of 4,283 days were spent on working with 58 OAA cases for an average of 73.8 days per case which includes weekends, holidays, etc., and caseworker time in working on other cases. An APTD and ANB case required 72.7 days from time of agency acceptance until closure of the adult protective service case.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The following are conclusions regarding adults in need of protective services brought to the attention of the Texas Welfare Department over a 16 month period in Houston, Texas. The recipient was most often a 75 to 84 year old white widowed female who lived alone in a house which she owned with an average monthly income of \$95.00. The primary source of income was an old age assistance check. The average housing cost was \$29.78 per month for this type of housing which was rarely located in a government housing project. The house in which the recipients lived most often, had less than 3 rooms including a bath and kitchen, and had only 1 bedroom. If the person receiving protective services lived with a relative, it was most often with a son. Persons in the study living with a daughter, were also found to be in need of services in nearly the same percentage of the cases.

The majority of the clients were unable to leave the residence without assistance, but did have a telephone available in case of emergencies. The persons receiving protective services referred themselves, in the majority of the cases, by telephone. They were found to be cooperative toward agency assistance. The majority of the clients had never received protective services from the agency. Initial contact by a caseworker frequently required more than one day. The majority of the persons who received protective services were found to be unable to

provide self care. The major area of needed service was social, which included developing a plan of need with the client and assisting to achieve these goals through agency or community resources and counseling. The protective service client was frequently referred to other community resources for assistance not available through the agency. The majority of the clients who were referred to a community resource were placed in a temporary foster or nursing home. Services determined or needed by the caseworker and/or client were met by the agency in the majority of cases. The client's residence, at the close of services which averaged 73.6 days from referral to close of services, was most often in the same home they lived in at the time of referral. In the majority of the cases the clients were not declared incompetent. One of every 15 clients died during the course of services. An explanation of this high rate of death is possibly attributed to the age and illness of clients.

These findings compare with the findings from the Benjamin Rose Institute survey of 164 persons receiving protective services. In the Benjamin Rose Institute survey, the age, sex, as well as residence of the clients, were similar to these categories in the Houston study. These clients receiving protective services also lived in their own homes. Many lived on Old Age Assistance, Social Security, or both, and their incomes often fell below \$100.00. Findings from the Benjamin Rose Institute also showed that the majority receiving protective services were widowed.

The findings from The Report of the National Protective Service Project revealed that the median age of the protective client was age 74, which is comparable to the age found in this thesis.

The racial composition of persons receiving protective services in Washington was found to be primarily black. The noted racial composition may be a reflection of the heavy black composition of Washington, D.C. population. The Washington study also found that the majority of the protective clients were widowed females who lived alone. Most were primarily Old Age Assistance recipients who received an average of \$70.00 per month.

Unlike the findings of the Houston protective clients, the majority of the Washington clients were not homebound, and only 64 percent received public assistance. As found in the Houston survey, the majority of the reported cases had their needed services met. In the Washington study the majority of cases were completed in two to five months.

Based on the findings of the limited Houston survey, the Benjamin Rose Institute survey and the Washington, D.C. project, it is apparent that adults in need of protective services are primarily the aged, alone, who have extremely low incomes and are most often unable to provide for their basic self needs because of a mental or physical condition or both. To understand the total client who finds himself in contact with a social agency is beyond the capabilities of this current limited survey in Houston. Each protective client became such because of a number of complex life situations. The content of a public social agency's files, such as the Texas Department of Public Welfare, rarely contains psychological testing or other indepth information regarding the protective service client. Information available in such case records can only be used to determine the general demographics and efforts of the individual caseworker to assist the client in their needs which often are varied and complex.

After surveying the 75 cases of adults determined to be in need of protective services, several recommendations are made to improve services:

- (1) That consideration be given to the use of specialized adult protective service worker or workers. At the time of the survey, caseworkers were being assigned both protective and non-protective adult social services.
- (2) That the present 24 hour service available for child neglect and abuse be considered for those adults also in need of protection. Although only 75 cases could be found for this survey, there were undoubtedly many requests for immediate protective needs which were met by the agency or referred elsewhere for which no case record was maintained by the agency.
- (3) A 24 hour telephone number should be made available in Houston for persons to call in case of emergency services for adults. This number might also be the one presently used by the Harris County Child Welfare Unit, which in turn could call the specialized adult protective services worker. This number and information regarding adult protective services should be made available to all adult clients as well as the general public. The specialized adult protective services worker might also be assigned to a Harris County Child Welfare Unit. Although the difference between a protective child and a protective adult are different, they both require immediate attention in most instances.

As the adult social services program administered by the State Welfare Department continues, the quality of their casework assistance to the elderly will improve. Experts in the area of aging are being hired and will continue to be sought by the State Welfare Agency.

It is hoped that the findings from this study, though limited to 75 adult protective service cases, will be of some assistance in agency

planning. Much of the information found in the survey has proven to be the same as that found in other pilot projects; however, this survey does indicate that the adult in need of protection is there. It is the agency's responsibility to now pursue efforts to assist those most in need.

It is suggested that a follow-up study be done in which a random sample of all the non-protective adult service cases in a region be compared with a total or random sample of adult protective service cases of the same region. The purpose of such a study would be to determine what baseline characteristics differentiate the two populations. Factors such as education, former occupations, associational memberships, if any, and religion should be included if possible as factors for study.

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APPENDIX

CASE READING SCHEDULE

NAME _____

1. Age
 - A. Under 50 _____
 - B. 50 to 59 _____
 - C. 60 to 69 _____
 - D. 70 to 79 _____
 - E. 80 and above _____
2. Race
 - A. Negro _____
 - B. White _____
 - C. Latin-American _____
 - D. Other _____
3. Marital Status
 - A. Widowed _____
 - B. Divorced _____
 - C. Single _____
 - D. Separated _____
 - E. Married _____
4. Sex
 - A. Female _____
 - B. Male _____
5. Education
 - A. No formal _____
 - B. Grade 1-9 _____
 - C. Some High School _____
 - D. High School _____
 - E. Some College _____
 - F. College _____
6. Monthly Income Source and Amount
 - A. Public Assistance _____
 - B. Social Security only _____
 - C. Both Social Security and Public Assistance _____
 - D. Other Private _____
 - E. Other Governmental _____
7. Monthly Income from All Sources _____
8. Religion
 - A. Protestant _____
 - B. Catholic _____
 - C. Jewish _____
 - D. Other _____
 - E. No Religious Affiliation _____
9. Occupation
 - A. Professional _____
 - B. Skilled _____
 - C. Semi-skilled _____
 - D. Unskilled _____
10. Address _____
11. Monthly Housing Cost _____
12. Type of Residence
 - A. House
 - (1) owned _____
 - (2) rented _____
 - (3) supplied _____
 - (4) shared _____
 - B. Apartment
 - (1) owned _____
 - (2) rented _____
 - (3) supplied _____
 - (4) shared _____
 - C. Other _____
13. Housing Government Financed
 - A. Yes _____
 - B. No _____
14. Living Arrangements
 - A. Alone _____
 - B. With Relatives
 - (1) Son _____
 - (2) Daughter _____
 - (3) Sister _____
 - (4) Brother _____
 - (5) Spouse _____
 - (6) Other _____
 - C. With Non-relatives _____
15. If Living Alone, Distance from Interested Relatives
 - A. Less than 1 Mile _____
 - B. 1 to 4 Miles _____
 - C. 5 to 9 Miles _____
 - D. 10 to 14 Miles _____
 - E. 15 to 19 Miles _____
 - F. More than 20 Miles _____
16. Number of Rooms in Residence
 - A. One _____
 - B. Two _____
 - C. Three _____
 - D. Four _____
 - E. Five or More _____

17. Number of Bedrooms
 - A. One_____
 - B. Two_____
 - C. Three_____
 - D. Four or More_____
18. Number of Persons in Residence
 - A. One_____
 - B. Two_____
 - C. Three_____
 - D. Four_____
 - E. Five or More_____
19. Mobility
 - A. Able to leave residence without assistance_____
 - B. Unable to leave residence without assistance_____
20. Telephone Available
 - A. Yes_____
 - B. No_____
21. Referral Source
 - A. Client_____
 - B. Neighbor_____
 - C. Relative_____
 - D. Intra-agency_____
 - E. Other Social Agency_____
 - F. Police_____
 - G. Medical_____
22. Method of Referral
 - A. Telephone_____
 - B. Letter_____
 - C. Office Visit_____
 - D. Other_____
23. Previous Protective Referral Made
 - A. Yes_____
 - B. No_____
24. Agency Status at Time of Referral
 - A. Applicant
 - B. Recipient
 - (1) OAA_____
 - (2) ANB_____
 - (3) APTD_____
25. Length of Time Between Referral and Case Contact
 - A. Same Day_____
 - B. 24 Hrs_____
 - C. More Than 24 Hrs_____
26. Reasons for Referral
 - A. Danger to Others_____
 - B. Danger to Self_____
 - C. Hazardous Living Conditions_____
 - D. Victimization_____
 - E. Exploitation_____
 - F. Unable to Provide Self Care_____
 - G. Unable to Cope with Outside Circumstances_____
27. Major Areas of Service Needed
 - A. Medical_____
 - B. Legal_____
 - C. Nutritional_____
 - D. Social_____
 - E. Emotional_____
 - F. Other_____
28. Services Provided thru Community Resources
 - A. Homemaker Services_____
 - B. Visiting Nurse_____
 - C. Meal on Wheels_____
 - D. Transportation_____
 - E. Increased Relative Contact_____
 - F. Friendly Visiting_____
 - G. Day Care Services_____
 - H. Temporary Foster or Nursing Home Placement_____
 - I. Medical Equipment_____
 - J. Legal_____
 - K. Others_____
29. Services Provided by Agency Met
 - A. Yes_____
 - B. No_____
 - C. Partly_____
30. If No or Partly, Reasons
 - A. Client Refusal_____
 - B. Family Intervention_____
 - C. Death of Client_____
 - D. Other_____

31. Client Attitude Toward Services
A. Hostile_____
B. Passive_____
C. Cooperative_____
32. When Services Were Closed
was Client Still in Home?
A. Yes_____
B. No_____
33. If Not, where?
A. State Institution_____
B. Home of Relative_____
C. Foster Home_____
D. Nursing Home_____
E. Other_____
34. Was Client declared Mentally
Incompetent During Period of
Service?
A. Yes_____
B. No_____
35. If Case Is Still Active, Is
Court Action Pending for
Guardianship?
A. Yes_____
B. No_____
36. Length of Time Between Referral
and Closure of Case
A. Less Than 1 Week_____
B. 1 to 2 Weeks_____
C. 2 to 4 Weeks_____
D. 4 to 6 Weeks_____
E. 6 to 8 Weeks_____
F. More than 2 Months_____
37. Services Provided By The Agency
A. _____
B. _____
C. _____
38. REMARKS:

Vita redacted during scanning.