

"והי אחיד עמך"

Caring for Aging Holocaust Survivors

By Ella Harel

One of the striking characteristics of people of Dutch origin living in Israel is that although the community is very small and is scattered throughout the entire country, with no significant population centers to speak of, people are still very much in touch with each other and there is a vibrant network of connections among the community. The feelings of belonging and caring on the part of members of the Dutch community are expressed in the many organizations, which exist to help those from the Netherlands.

Israel's local Dutch community has developed many services for its members, spanning foundations which provide financial assistance, loans and grants, organizations that hold psychosocial and cultural activities, preserving the Dutch heritage and so on, and the two Dutch old age homes, Beit Joles and Beit Juliana, which maintain the character, mentality, customs, tastes and lifestyle of the Netherlands.

The Nini Czopp Association, a social service for immigrants from Holland, was founded, out of a feeling that Israeli society fails to provide its elderly members with the quality of life and social care to which they were used in Holland, and in particular does not provide senior citizens living in the community with adequate public welfare services provided on an universal basis.

As a result, a service has been set up which implements the values of "the old generation" of the Jewish community in Holland, which was characterized by a feeling of mutual responsibility and caring for each other. This is done by means of modern social work and present-day management methods.

The goal of the service is to enable senior citizens from Holland to enjoy the best possible quality of life during their old age in Israel, making it possible for them to remain in their homes and grow old in the community. Today we are in touch with about 1,600 clients out of the total of 1,800 elderly Dutch people known to us to be living in Israel, most of them survivors of the Holocaust as it affected Dutch Jewry.

We provide unique care, which we call a “**developmental approach to caring for elderly people.**”

The organization, which today has 13 social workers, is in touch with 1,600 elderly people from Holland, out of the 1,850 known to be living in Israel.

The work is done on the basis of regular home visits plus telephone calls between visits. The house visits enable us to get to know the elderly person in his or her natural environment. They reflect the spirit of the service, which takes the initiative to come into contact with the client and adapts itself to his or her wishes and abilities. The most frequent topics that arise during the sessions are those that occur in practically any service which cares for elderly people: coping with old age and the unique characteristics of this stage in life, physical and emotional changes, coping with the ageing of spouses, memories of the past, losses such as: being widowed, the death of friends and acquaintances, problems involving intergenerational relationships, “the betrayal of the body,” anxiety about the future, difficulties when deciding about housing solutions, such as old age homes, etc.

The model and the nature of the therapeutic work are adapted to the unique characteristics of ageing Holocaust survivors. We define old age as a state of multiple losses, which takes on a unique character because the people involved are Holocaust survivors. Generally the therapy addresses the “here and now,” but it has unique nuances due to the trauma of the Holocaust. The late consequences of the trauma are expressed in difficulties when it comes to establishing relations of trust, sensitivities, fears, memories, associations and coping patterns, and they surface intensively around topics of illness and dependence.

A significant difference is created as a result of **continuity over time** – the fact that we are in constant touch over years enables us to identify physical, mental and cognitive changes and to relate to them in terms of baselines. Continuity over time is of great importance to generating relations of confidence and trust. The fact that there is a permanent presence of a supportive professional, who knows the person and their history, who is aware of their fears and their difficulties, and knows their preferences and wants, is a comfort and reassures both the elderly people and their relatives, who know that an entire system will spring into action to help them in times of need. There

is a **preventative** aspect to relating to the different problems, which arise over the years, and also the continuous monitoring of the physical, cognitive and mental changes that take place in clients.

One of the most important characteristics of our work is that we relate to the Dutch community as a single social network that covers the entire country, and in this sense the model can be copied and applied to any group of people living in a defined geographical space and who have a common denominator. Above all the work comprises personal acquaintance with every single older member of the community, familiarity with his or her family structure, lifestyle, present-day needs, ways of coping and thoughts about the future. This familiarity is critical to an understanding of the individual's needs and working out suitable responses.

The community/social network includes the elderly person's immediate family – their spouse and children, siblings, more distant relatives and friends. It is particularly important to be familiar with the relationships within the community. Like all social groups, the Dutch community also has its social cliques, and when somebody dies or there is a crisis, support can also be derived from broader circles which are also affected by these events. The loss of siblings or close friends with whom a relationship has existed for more than 60 years, particularly friendships which developed as a substitute for family after the Holocaust, is one of the hardest losses to bear, and therapists in other services are not always aware of the tragedy which the elderly person whom they are treating is coping with.

The fact that the community should be related to as a social network is also expressed in the information which the staff receive from members of the community, who notify us about other elderly people who have fallen ill or who need urgent attention. We call this phenomenon the “modern tam-tam drums.” For the elderly people who let us know what is going on, this is their way of helping a sick relative or friend, and it gives them a sense of satisfaction and achievement: despite their advanced age and their physical infirmities, they have managed to provide indirect assistance.

Being familiar with the community's sociometric map makes it possible to identify those people who are lonely or rejected. For these individuals, who generally do not

have a supportive family, the organization is the main source of psychological support, advice and intervention. These people rely on us to help them when they cannot take decisions for themselves, by representing their wishes to medical, legal and other institutions.

As a result of our familiarity with the overwhelming majority of the community's elderly members, we have been able to identify common denominators, to relate to problems that we found to be characteristic of the target clientele, and to work out solutions on a country-wide level.

It has very quickly become clear how important it is to provide a basket of concrete services alongside the social service: a basket of services which would be accessible and immediate, such as "first aid" in emergencies. We have therefore developed a basket of services for crisis situations, designed to provide a response to critical on-the-spot needs, until the family gets organized and the services provided under the law become available.

Where a long-term solution is needed, we help to establish a home-care arrangement, for elderly people who have opted to continue to live in the community despite their need for round-the-clock nursing care. This solution is known as an "old age home at home."

We have not been able to provide solutions to all the problems that we have encountered and identified as unique to or characteristic of our target clientele, due to the lack of resources and because of the problem of fund raising for this purpose.

One of the main problems facing non-profit organizations involves obtaining budgets and using them properly. Using resources efficiently and economically is a critical factor in the establishment and survival of associations and organizations such as ours. The Nini Czopp Association is run as a "paperless" computerized organization, with a cheap, efficient and rapid-response way of operating. The house visits save on the high cost of maintaining regional clinics.

Today, society's attitude to ageing Holocaust survivors has made it on to Israel's public agenda, and I hope that a major change will come about in this area **very quickly**, so that those survivors who are still living in our midst will be able to enjoy a dignified old age with a good quality of life.

We will be happy to share our knowledge with other communities and bodies caring for and treating Holocaust survivors.