

tion or which require a specialized kind of knowledge.

Participation as defined at the beginning of this paper implies a sharing with and working together. It becomes then the responsibility of the case workers to introduce only those subjects to the committee for discussion which will enable both groups to contribute and participate. I think that this is possible only if the committee members can feel that their attendance is of any value and they are really being helpful. This can be true only if it is a mutual relationship and the case workers come ready to share in the experience and benefit by it. We gain respect for each other by mutual appreciation and acceptance of what we each have to contribute.

Most matters relating to case work process or professional development on the job do not lend themselves to committee discussion. By the case work process are meant those things which are definitely in the case workers' area of responsibility. These have to do, for example, with decisions for relief to individual families, particular approaches in handling any family or family problems, or any decision affecting a client-worker relationship such as granting more or less relief, opening or closing of cases. The quality of the worker's job and her relationship with clients are related to the second point—professional development on the job.

We have considered the possible meaning of committee activity to the members of the committee, the community, and the case workers of an agency. As mentioned before, the agency is the structure set up by the community to help those who are in need. The basis for the agency's con-

tinued existence is its ability to respond to ever changing needs and interests of the public which it serves. The ultimate determination of what job the agency should do and how it should be done lies with the community. The basis for this control is in the fund raising power of the community. It is natural for the agency to use every means possible to secure its place in this scheme of things. One of the ways it can do this is by enlisting the greatest degree of representation and participation by the community in its activities. The value of the committees to the agency is unlimited as long as it continues to have meaning to those who take part in it. The agency secures real justification for the job it is doing by having committees assume, in addition, financial responsibility for some of its expenditures. Committees are a genuine medium for interpretation of the agency's work to the community. The sharing of responsibility in this way makes the actuality of agency-community relationships very apparent.

Committee activities provide a bridge across which understanding and mutual appreciation may be gained between the community and the agency. The development and maintenance of such a relationship enables the agency to serve more effectively the client who comes to it for help. By this process the client is assured of the possibility of securing help for his problems through the support and interest which the community gives the agency in this way. We believe our experience in the Jewish Welfare Society demonstrates the values, constructive use and resultant benefits derived from committee activities.

A COMMUNITY PROGRAM FOR THE CARE OF THE AGED

By MAURICE TAYLOR

Federation of Jewish Philanthropies, Pittsburgh, Pa.

ONE of the fundamental facts facing the world today is that as a people we are growing older. For many years there has been a general concern with the falling birth rate and with the corresponding increase in the proportion of older persons. It is estimated that in 1980 the number of persons in the United States who will be 65 or older will number about 22,000,000 compared with less than 7,000,000 in 1930. Census figures in this country show that in 1880 those 65 and over comprised 3.3% of the population; in 1890, 3.8%; in 1900, 4.1%; in 1910, 4.2%; in 1920, 4.7%; and in 1930 the proportion had increased to 5.4% of the total. In other words the trend toward an older population is unmistakable.

As an organized body we have not until recent years given much formal consideration to the various factors entering into the problem. I think it is less than ten years since the sessions on the aged in this Conference became a regular occurrence. The volumes of the proceedings of the National Conference of Social Work are relatively barren in their discussions on the subject, and it was not until the years of depression with the coming of the New Deal and the passage of the Social Security Act that any widespread interest was shown in the needs of the aged. Prior to the present administration in Washington, their care outside of the almshouses was predominantly the responsibility of private philanthropy, mainly along the traditional lines of institutional care.

The greatest single factor influencing our Jewish program for the care of the aged, similar to that in all of our work, has been the universal development of public old age assistance. Due to the unusual pressure that has been exerted by many powerful groups toward singling out the aged for special treatment, this segment of our dependent population receives on the whole higher standards of relief than the general run of the needy. Special groups like the aged, children and the blind have ridden the crest of the wave of mounting public sympathy which has been impressed by their extreme helplessness in the face of the economic cataclysm. There is not the conflict in the mind of the body politic concerning their ability to help themselves which arises in the case of the able unemployed. There is not the suspicion that here are folks who could help themselves if they would. Children and the blind were accepted for special treatment long before the depression, but not the aged. Interest in them has also developed out of the marked changes in industry which have quite definitely thrown this group into the economic scrap heap.

It was all this that made possible the easy and widespread growth of the Townsend plan and similar "crack pot" schemes. Despite their fantastic nature they served the constructive purpose of arousing the politicians to the need of making provisions for the aged in need. The passage of the Social Security Act was but the termination of this tremendous growth in sentiment,

and with continuing pressure an extension of its provisions to include more people and provide for greater benefits may confidently be expected.

Even more important in its effect on the life of the country generally and on the programs of private philanthropic agencies is the entry of the government into the field of old age benefits or retirement allowances on a contractual or quasi-insurance basis. For the first time the government of the United States has undertaken to furnish forthcoming generations of old persons an opportunity to create for themselves a competence which will have none of the disadvantages and stigma of relief. It will also provide a more adequate income than relief allowances, even for the aged who, as I have already said, are receiving a higher standard of relief than recipients generally.

The effect on Jewish agencies and Jewish institutions for the aged will be definite and important. It will tend to withdraw from their potential source of clientele the largest part of those who have sought the assistance of the community on economic grounds. Just as today even low standards of public relief make it possible for the aged to live with their children or alone on a self-respecting basis, so even more cumulative will be the effect when the psychology and the reality of independent old age becomes widespread among the population. Planning for their old age by people who are physically capable of taking care of themselves will take on an entirely different aspect. They may still need to come to the community for advice and assistance, but it will be for a different service.

The original function of homes for the aged was to care for the so-called

normal, the ambulatory group, those who were threatened economically, rather than medically. As those who entered the homes for economic reasons grew older they naturally acquired the diseases incident to old age, so that at any time one would find a substantial proportion of inmates who were physically unable to care for themselves. Of course there were, and no doubt there still are, institutions who refused to retain those who become physically incapacitated. They transferred such inmates to chronic hospitals or to the medical wards of public almshouses.

With the passage of time and the growth of an aged population which of necessity was in large measure a physically disabled group, the intake of these institutions have been physically incapacitated. More and more whether consciously or unconsciously, Jewish homes for the aged have taken on the character of institutions for the chronically ill and their functions will be increasingly of this nature.

A survey just completed in Pittsburgh has revealed this to be the case. About three-quarters of the inmates are persons suffering from various forms of chronic disease. A similar story is told in the recently issued Seventh Annual Report of the Council on the Care of the Aged and the Chronic Sick operating under the Jewish Charities of Chicago. Not only have the number of applicants for care increased, but they have been found to be an increasingly more infirm group. Likewise, the general experience throughout the country, as shown by the last annual report on the aged of the Council of Jewish Federations and Welfare Funds, is that those applying for and receiving care are an increasingly aged group,

the largest majority being seventy years of age and over. This is a natural development when one considers the fact that while old age assistance permits people to remain in the community for a longer period of years, when they do apply for admission to an institution it is because they have developed one of the chronic illnesses attendant on old age and are, therefore, unable to care for themselves in the community. The Chicago report states that since 1932 the type of person coming to the Department for the Aged has completely changed and the cases carried now fall largely into the chronic sick group.

The impact of all these forces has of necessity brought our Jewish communities to the need of reviewing their programs in behalf of the aged. They must take account of changing economic forces and of the entrance of government into this problem, of the changing types of need, and therefore of the changing types of care, or at least a realignment of the various forms of care offered by the community.

A proper community plan for the care of the aged necessarily involves a consideration of the various forms of need and of the community resources available to meet those needs. It involves a re-orientation in all of the present day factors and thinking on the subject. It involves an adjustment to the public relief program and to the social security old age benefit scheme. All of these we must take into account together with the likely trends for the future and a consideration of community financing.

Chief among the services which the aged seek of us are economic security, medical service and an opportunity to complete their lives in a fitting social

environment. They may not present many of the complicated and esoteric problems which delight the hearts of our present day practitioners. On the other hand, we make a sad mistake when we over-simplify their difficulties and adjustments. The proper solution of their problem is frequently complicated by the naive attitude of the community about what may be done both with and for them.

People generally think of the institution as the only community resource for the care of the aged. Primarily this is due to the fact that institutional care is the traditional method. We know, however, that there are various ways in which the aged may be assisted and adjusted. Examination of the locus of aged people being cared for by the community reveals that most of them are to be found either in their own homes or living with children or relatives, with an increasing number in boarding homes secured either by themselves or by others, including social agencies. The smaller proportion of dependent aged are to be found in institutions.

The number of dependent Jewish aged is not known with any exactness. Assuming an approximate Jewish population in the United States of between four and four and a half million, and knowing as we do that persons sixty-five and over constitute between four and five percent of the Jewish population, we may estimate the total group (65 and over) at between one hundred and seventy-five thousand and two hundred and twenty-five thousand. The Social Security Board estimates that about eighteen and a half per cent of all aged are receiving old age assistance, and about forty per cent are dependent upon either the community,

friends or relatives for their maintenance. The proportion of Jewish aged in this class is probably substantially less than in the population as a whole. We know, for example, that the percentage of Jews on relief in various communities is usually much less than the similar proportion in the general population. From such scattered figures as are available, a rough approximation of ten to fifteen per cent of the Jewish aged could be classed as dependent, which would produce a total of between twenty to thirty thousand in the country as a whole.

The two basic premises upon which this paper has been prepared are first, that the care of the aged, like that of any other group being served by our communal agencies, should reflect an individualization of treatment based upon the particular needs of the individual and not necessarily upon the community facilities into which the future life pattern of that individual must be squeezed whether or not they fit. The second is that the normal aged, those who are able physically and mentally to care for themselves, should be maintained in as normal an environment as possible. This leaves for institutional care those who, because of their physical ailments, cannot be cared for adequately in their own homes, in the homes of children or other relatives, or in boarding homes.

Institutions for the aged, like institutions for children, either have or should have changed their emphasis from caring for normal individuals to those who present special problems. As we have progressed over these many years, as we have come to a better understanding of people's problems, their motivations and their needs, we have

come to a realization that institutional life is not a normal existence. The type of individual who has sought the care of the institution for the aged has become one who presents either physical or mental infirmities. Institutions for the aged may look forward to an increasing pressure for the admission of the disabled aged and, conversely, the need to accommodate the so-called normal aged, primarily for economic reasons, will grow less and less.

Serious questions are raised concerning the validity of placing the aged in boarding homes comparable to foster care for children. I think we can all agree that the placement of aged in boarding homes offers certain difficulties that do not exist in the case of children. However, I doubt whether we have sufficient experience in Jewish agencies with the boarding home plan to say with conviction that it is an insuperable task. There is plenty of evidence that if the agency is properly geared to developing such a program, it can be carried out. The non-Jewish agencies have much more experience in this field than we have. However, cities like Chicago, St. Louis, and San Francisco have developed a program of extra-institutional care which should give the rest of us encouragement. Certain WPA projects in this field, particularly in the city of New York, have demonstrated the possibilities of nursing care of the aged in their own homes.

Questions are raised regarding the comparative cost of institutional and boarding home care. Facts are scarce but what there are do not suggest that boarding home care is any more expensive. If we take into account the fact that most of the aged are eligible for public assistance, even if it is in-

adequate and needs to be supplemented by the Jewish agency, the cost of this supplementary relief, including the administrative expense, does not exceed the per capita cost in an institution. There is, in addition, the advantage of a far greater degree of flexibility in treatment in a well developed non-institutional program. We know that many aged who do not enter institutions are able to make their own adjustments in the community, even to the finding of homes where they may secure kosher food and be near enough to a synagogue to enjoy its religious and social advantages.

Homes for the aged should increasingly develop social service departments, not only to serve the social needs of their clientele, but also to act as a liaison between themselves and the other agencies in the community, and to stimulate continued interest by the general community in the lives of the people who have entered their institution. By this means, also, there can be injected a greater degree of flexibility into the institutional program and, where possible or necessary, transfer back to the community can be facilitated. Social service departments can make such arrangements without the intervention of other agencies, except on a cooperative basis.

In the light of what can reasonably be foreseen as the future trend, there should be every incentive to experiment with programs that do not demand large capital outlay. We should attempt projects which are as flexible as possible, which can be shifted in accordance with developing needs. Demands locally, nationally and overseas are such as to make us pause before we enter into irrevocable debts and

charges. This is all the more necessary in the field under discussion, when there is so much to be gained by developing our non-institutional community resources. There is no reason why the same wide participation and service cannot be developed in the care of the aged as has been done in the children's field. It should require only a serious campaign of education, first with those who now are responsible for institutional administration, and secondly, with the public which will be called upon to open its doors to old folks who are still able to carry on a normal existence, for the necessary financial help and moral encouragement to be forthcoming.

Above all, what we need today in this field is a spirit of tolerance, of open-mindedness, of a willingness to experiment. We are faced with tremendous social, biological and political influences which, whether we like it or not, will have a deep effect on all the work we are doing. No agency in this field can expect to function as though it were in a vacuum. There is no single solution. We cannot isolate ourselves and feel that we can carry on as we have in the past, without affecting the general program of the community. We must be as conserving of community funds as we can while doing the best possible job. Cooperation, coordination have always been necessary even when times and conditions were easier. We must present a united front toward all of these problems if we are to cope with them adequately. Competition, unwillingness to play the game, can only redound to our own, our clients' and our community's disadvantage. We face new conditions. We must meet them in new ways.