

of professional attitudes, insights, and beliefs. I presume that the members of the committee agree that these attitudes and beliefs are conditioned rather than instinctive and predetermined. The definition, however, goes on more incisively to state that they have in mind the attitudes, insights, and beliefs "which recognize and conserve Jewish cultural values and characteristics." It is obvious that Jewish content and Jewish cultural values and characteristics are synonymous; but what are these values and characteristics? Which of them are Jewish and by what authority shall we determine whether any variations are to be permitted from the practices and principles which are of an orthodox or fundamentalist character? A further clause in the definition, "and which help to maintain and enrich Jewish life," is again in the realm of vaguenesses since we are offered no specific philosophy of Jewish life according to which values and practices are to be measured.

The authors declare that a considerable part of Jewish social work is essentially non-sectarian in character and we are led to infer that only the sectarian aspects of Jewish social work can be considered to possess "Jewish content." The authors, I believe, will agree that social work of a non-sectarian character is highly important and under certain conditions may represent the most important parts of the program which remain the responsibility of the Jewish group. To indicate that this type of work should have less emphasis indicates a greater interest in religious and cultural activities than in the social and economic services which have been considered as being highly important activities to

be carried by the Jewish community for the benefit of Jewish individuals as long as such services are not available.

The focal point of the rather vague philosophy which is offered in this paper, it seems to me, is a desire for a cultural monism for the Jewish group. A plea is made for cultural pluralism in the American environment, permitting the different religious groups to develop their own activities and their own social welfare programs. No such freedom, however, is offered to the Jewish group to develop within itself the cultural pluralism which is applicable to the shifting cultural conditions of our time.

Unless one assumes an orthodox or fundamentalist view, determining what is appropriate for Jewish social work content is a matter of personal opinion and selection. The actual nature of "Jewish content" is a dynamic process upon which impinge all of the varieties of attitudes, principles, and opinions which are current in the Jewish community. Any selection from these large variations constitutes the formulation of a platform which may be acceptable to some of the partisan views, but will not be in line with other legitimate views and opinions. What we have, therefore, in this paper, is a statement, not too clearly drawn, of a partisan view of Jewish social work. Furthermore, if I understand the paper correctly, it is a reactionary view which seeks to arrest some of the processes of change and adaptation in cultural life which have been the products of current knowledge and represent a greater awareness of the possibilities of cultural integration within the interacting forces of modern civilization.

Care of the Aged

PROBLEMS OF HOMES FOR THE AGED

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IT HAS always been assumed and still is in a measure, that Homes for the Aged are institutions for the able-bodied aged and should not be expected to receive the sick. My qualification of the statement is a deliberate one, for in 1929 or thereabouts when the Bureau of Jewish Social Research made a study of Homes for the Aged it brought out the interesting fact that in some of them, there existed a large population of sick in varying stages, needing nursing and constant medical care. To my knowledge (which may be refuted), this was the first instance among the Jewish groups, when the policy of the Homes for the Aged was questioned and when their leaders demonstrated its elasticity and readiness to meet changing conditions. The next mile-stone in the care of the aged, was the passage of the Old Age Security Act, which although it has been a boon to many thousands hitherto utterly dependent or neglected, did not produce all the results anticipated.

It is to these two points and the different conditions they have created in the care of the aged that I wish to address my few remarks. Information is available about 78 private benevolent homes within the metropolitan area and public institutions, some housing couples, others men and women singly, and others caring for either men or women. They are established according to nationalities, religion, color, masonic order, and some are maintained for veterans or mariners. They vary in population from 8 to 800. The entrance age varies from 60 to 70, and the

requirements for admission differ in different institutions; some are free, others demand an entrance fee, others request transference of property and insurance and there are more variants of lesser significance.

But the situation which the survey of the Welfare Council made in 1931 unearthed was that although with few exceptions the homes under voluntary auspices refuse admission to an applicant who is ill or suffering from a chronic disease that is likely to incapacitate him, nevertheless, of chronically ill persons reported in the census, 13% of the patients of all ages were found in the private homes for the aged. Furthermore, although the requirements are that a guest must be ambulant and able to care for himself when admitted, 48% of the guests in 60 homes were found to be chronically ill.

This utterly different conception of Homes for the Aged, the departure from care which is merely custodial, demands more adequate treatment and greater institutional resources. It is stated that over a third of the chronically ill were receiving unsuitable medical care. It adds furthermore, that "the trend today is away from the care of normal dependent aged people in institutions, and in the direction of using such institutions for the care of chronic sick." If this trend continues, as it surely will, policies will have to be more clearly defined, a separation made of the able-bodied aged from the chronic ill aged, and a complete medical and nursing program instituted.

As in all institutions housing smaller or larger groups of people, the character of the administration is determined by those who are in charge. Mr. Bardwell, whose reputation and experience as Inspector of Almshouses and Institutions in the Department of Public Welfare in Massachusetts qualify him to speak on this subject, says that "the type of worker best suited to handle aged people is the one who has a genuine love for old persons, who inspires them with confidence, who has courage, and fights for their welfare, who has the proper angle of approach, who does not patronize, who meets the old person on his own ground. The worker should possess a sense of humor and a reasonable amount of sentiment, not sentimentality." In addition, the position calls for knowledge of modern methods in conducting an institution. Some boards of directors in choosing a director consider only the physical needs of their guests, and look upon the matron merely as a housekeeper, and therefore do not demand properly trained personnel. Constant supervision and interest on the part of the board tends to raise standards, and as in all other institutions and organizations the board can be a valuable factor, helping in shaping policies, and in strengthening and encouraging the superintendent in charge.

The importance of occupational service to the mental well-being and happiness of the guests in Homes for the Aged is becoming more generally recognized, but as yet is not as universal as one would wish. Well directed occupations, under the guidance of resourceful intelligent and trained teachers, can go far toward creating a contented happy atmosphere, bringing with it as it does a sense of useful accomplishment.

Careful individual inquiry into the situ-

ation of each applicant for admission to a home is the only means by which resources can be used to best advantage and the applicants assured of care suited to their needs. One of the homes studied in New York has adopted the plan of a full time social worker; in Chicago a number of Homes for the Aged have followed the plan of social investigations through a joint bureau and the use of case work methods in working out the best plan for each applicant. The method recommended by the Jewish Communal Survey is the third plan, to obtain this service for the homes from a case-working agency.

In one home of which I have heard there is some form of self-government, a council which passes on all the problems brought to it by the guests, and if it is unable to reach any conclusion, then a small committee confers with the superintendent and the court of last referral is the board. But on many questions of vital importance to their small community, they unite in deciding on their common issues, which results in greater harmony and a sense of importance.

In the majority of homes recreation is recognized as an essential, and celebrations and parties of all kinds go far toward breaking the monotony of the daily lives.

After the initial medical examination there is little or no follow-up of persons not requiring special attention. Only a small number of the homes have routine examinations of all inmates several times a year. A number of superintendents would consider such a check-up highly desirable and believe that much suffering could be alleviated if certain physical manifestations were noted at the outset. One home in New York has established

the practice of periodic physical examinations and aside from the benefit to the guests the doctor believes it has great value to preventive medicine in the scientific study of the diseases of later life. He goes on to say that the average person suffers from one or more diseases and that an institution for the aged must be well staffed with interested physicians and nurses and must be equipped with modern medical facilities.

There is no recognized standard of medical service in Homes for the Aged. Any arrangement may be found from expert service and hospital facilities to no medical oversight, with a doctor called in only in case of sickness. The medical examination on admission may be thorough and carefully followed up with care and treatment likely to give the guest the greatest possible comfort, or it may be cursory and unrelated to the guests regime of life in the home. No two of the 67 homes studied by Welfare Council are conducted in the same way, and this should be a problem to which the community could well address itself since it evidences a shocking lack of co-ordinated effort. The records kept by most of the application committees are so meager that it has been impossible to gather data on the length of time that expires between the date of application and the date of entrance. The superintendents of the homes in New York are urged to refer all rejections to the Central Information Service, where in turn an effort is made to guide the applicant to a suitable institution or to a family welfare agency. Many homes are very cooperative about this, and some go even further, referring applicants if their waiting list is unduly long, or if the applicant does not meet the obvious requirements. This has resulted

in many of the homes keeping better records, as only by having adequate records will it be possible to know to what extent the needs of the aged are being met in any community.

When, in 1930, the first Old Age Security Bill was passed, a general exodus from Homes for the Aged was anticipated, but statistics show that this has not been the case, though it is true that few have sought admission during this term of years. How great a factor the depression has been in this situation; the depleted finances of relatives and friends, unemployment forcing many on relief rolls, is difficult to gauge, but these are no doubt important considerations which entered into the situation.

Finally, I should like to consider the second point with which I opened my remarks: the effect of the Old Age Security Bill just passed in New York. If we are to follow the precedent of twelve other states, which grant allowances to inmates of charitable, benevolent or fraternal institutions, privately financed, provided free inspection is permitted, and no admission fee is demanded, will it stimulate the creation of more Homes for the Aged and how will we face the question of the separation of the chronic sick and the aged? Is the answer to be the using of Homes for the Aged as hospitals for the chronic, and through case workers, to influence the aged who are able to do so to live with relatives or friends, with the aid of the government stipend?

An enlightened group of board members, who will consider and study these problems with all their attending phases seriously and understandingly, can do much to influence public opinion, and gain for the subject the attention and action it merits.

THE FAMILY AGENCY AND OLD-AGE LEGISLATION

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THE private family case work agency is an inclusive rather than an exclusive agency and cannot work within a limited area. Such an agency is constantly confronted by new needs in the community it serves. At various times the family agency has assumed burdens which at that particular time it was not equipped to meet. While pressure from without has to a large extent been responsible for the problems assumed at times when the agency was equipped neither with skills nor resources, an attitude of open-mindedness and experimentation on the part of the family case-work agency has contributed to its willingness. Frequently, from just such situations after a long and painful experience have developed new programs, now techniques of treatment and an expanded area of usefulness.

The years since 1930 have offered a continuous challenge to private social work. Since the advent of public relief in terms of millions of dollars the question has on every occasion been asked, what is the changing function of the family agency? Change and growth have always been important factors but changes were more subtle and gradual than at present. Although caseworkers amongst themselves have long realized the value of the non-financial services of the family casework job, they were difficult and perhaps not so important to define as at the present time. Today, with the appropriation of millions of dollars for relief making the front pages in the newspapers of the country, the relief needs and usages of the private agency are at times brought to the fore and at other times relegated to

the background. The service aspects of the family agency have become more clearly defined, yet the relief function of the private family agency is today as important as at any period in its history. The use of public relief is restricted and limited by legislation so that the family agency has from its funds been forced to supplement or provide fully in those instances in which public funds cannot at this time meet the needs. This is especially true in cases of old age. The necessity to use these funds to provide for the aged indicates the inadequacy of present day old age pensions because of the too stringent restrictions of the law. A great debt of gratitude however is due the pioneers in the field of social legislation through whose efforts have been made possible the present laws for the aged, despite any inadequacy we may feel these laws to have.

In Pennsylvania, legislation to provide for the aged was written into the law in January 1934, the first pensions being paid in December of that year. At the present time although there are over 7,000 persons in Philadelphia on the payroll, of this number there are only 183 Jewish recipients. As a matter of interest, it might be mentioned that there are in addition over 11,000 applicants whose turn has not yet been reached. From these figures it may be said that the old age program of the private family agency is little affected, but this may be said only if the facts are surveyed superficially. The renewed interest of the family agency in the aged is coincident in many communities with the granting of old age

pensions. The effect of old age legislation is profound and far reaching in that it has given us a positive attitude and approach to this very important and long neglected problem. Old age is an inevitable experience, and as a problem has long been known to the family agency, but it has now assumed new proportions in that we have rediscovered and redefined our responsibility to this group. We have now an opportunity to set the pattern for public departments in future work with the aged. The present concern of these departments is chiefly with proper administration of funds.

The most unique contribution of the private family agency has been its flexibility and its individualized approach to its clients and their problems. We have been rather belated in applying this philosophy in our approach to work with the aged. Until recently, the family agency has not given the aged group the consideration that clients whose problems offer a different kind of challenge have received. Our attitude was essentially negative, the needs of the aged being met usually on a very superficial level. The usual attitude was the expectation that the aged client would enter a home for the aged. We failed to face the fact that old people are still complete human beings and that their personalities and problems are as varied as those of any other group of people. With a changing philosophy we recognize that work with old people needs individualization, case work knowledge, and a rich and sympathetic understanding.

But who are the aged? Is old age a stage of one's being as is adolescence and maturity? Are there similarities in this group upon which to base a program? Similarities there are, to be sure, but also a wide range of differences which need specialized thinking, specialized knowl-

edge, and specialized planning. We recognize how important it is for all agencies interested in work with the aged to formulate their programs and coordinate their work so that a well integrated program for the aged may be a reality.

We are informed that "the average span of life has been increased by 50% from 39 years in 1840 to nearly 60 at the present time," that "every decade sees more old people than before," and that "more and more of us live on to old age." On the other hand, we are told that, "the years of remunerative employment are being steadily curtailed," which means that people live longer but that their years in industry become shorter and shorter. In an agricultural civilization, this state of affairs was not true, but with the present trend in industry we have the painful phenomenon of superannuation at 40. With these facts in mind the question of when old age begins is indeed important. It is a sad commentary on our present industrial system that economically and industrially old age is placed between 40 and 45 whereas physiologically and actually it should be placed at about 60. The industrially aged offer a great challenge, so that through social planning and adequate legislation they may forever be removed from the ranks of the truly aged. It is this latter group, those who are showing the results of gradually wearing out bodily organs and tissues, and our responsibility to them, that we are considering today.

Previously, we mentioned the very few Jewish recipients of the old age pension in Philadelphia, which is probably typical of the situation in other communities. This to an extent, at least, may be accounted for by the very strenuous citizenship and residence requirements of the law. What are the responsibilities of the family agen-

cy in regard to citizenship and Americanization? Among our clientele, the present pensionable group are those who entered the country in the 1880's and 90's when there was unrestricted immigration. With limited earnings and the stress of immediate needs, securing one's citizenship papers was relegated to that future which seems never to have come. Many who did become citizens falsified their ages and therefore are not pensionable today, for even at that time employment was more easily obtained by young people. Our present clientele may or may not be the recipients of old age pensions when they reach the three-score years and five which will be the pensionable age by 1940. Shall we offer the wherewithal and encouragement to gain citizenship to every client who comes to us? To be sure, we would reach only a fraction of the population, but this is also true in other spheres of our interest, yet the approach is none the less useful. Lack of citizenship, however, is a transitory problem and will be even less significant as a factor in later decades.

The private family agency recognizes in casework with the aged that its objective cannot be personality growth or a good social adjustment in the sense in which we hold this to be an objective with younger clients. The aged person does not change easily. In working with the aged, we must think in terms of change in our own attitudes, or in the environmental situation rather than in the client himself. Clearly, our objective in working with old people is their comfort and happiness and our efforts must be shaped toward this end.

In practically every case of old age which comes to the attention of the private family agency, there is the basic problem of providing food, shelter and clothing, a very real use for the funds of the private

family agency. But, "men do not live by bread alone" and the aged person is a complete human being. The aged men and women who become our clients are usually those who have had a life-time of hard work and struggle which has left its mark upon them physically. The diseases to which the aged flesh is heir have taken their toll. The health problems of the aged are many and usually provision for proper medical attention and physical care is inadequate. Many of our clients, because of incorrect and sometimes insufficient diet, over activity, insufficient relaxation and rest, show the relentless changes of old age long before physical degeneration should set in from a physiological point of view. Years of hard work and strain leave their mark on the vital organs.

The present over-crowded condition of our hospital clinics, which necessitates long hours of waiting to be followed only by a hurried few minutes of inadequate attention entail untold hardship to the aged person and are not conducive to either physical or psychological well being. It would seem important in a well defined program for the aged that the provision of adequate medical care should supplement that provided by medical agencies, wherever this is warranted, to preserve or restore health. An agency which undertakes care of the aged should have on call a doctor to serve those clients who cannot take advantage of other types of medical service. The demonstration of this need is important; perhaps the legislators may see fit to amend the law so that proper and sufficient medical care may be provided for aged people.

In contrast to the physically unfit among the aged, are those who are well and with whom the desire for activity is very real. Industry, we know, will not take them and

enforced idleness, when the desire to be useful and productive exists, makes for greater unhappiness. The minimization of usefulness is a great trial to a person physically able and accustomed through habit to the routine of employment. Sheltered workshops might be a partial answer to this and may offer not only an opportunity for usefulness but provide in part the companionship which may help dispel some of the loneliness of old age.

The psychological problems of old age have not until now engaged our attention as have the problems of childhood and adolescence. We cannot overlook psychological factors in work with the aged any more than with any other group of individuals. The aged have emotions—loves and hates—as have others, and in addition they have long established habits of conduct. We are at present being guided in the plans we make in providing for the living arrangements of aged couples and individuals by their own needs and preferences. So often have the last years of an aged person been embittered by his enforced residence with children or other relatives who themselves are raising families and whose household takes little cognizance of his needs because its routine must revolve around its younger members. While socially we recognize that children and other relatives, who are able to do so, should provide for the aged of their families, how often have tension, antagonism and unhappiness resulted from an attempt to enforce this responsibility on those unwilling to assume it? Without this pressure these very people could provide a source of pleasure and recreation for their aged relatives. We do a great injustice to old people as well as to the young members of a family when we force them to live together, unless the arrangement is mutually agreeable. Young chil-

dren should not have to live under restraint, forbidden to give expression to their healthy, happy energy because an aged grandparent demands a quiet, uninterrupted existence. An aged person can undoubtedly be a disturbing factor in a household of young and middle-aged people, interfering with the development of normal family life, whereas, under other living conditions, each may be a source of happiness and satisfaction to the other.

Old people want their own things about them. Furniture, accumulated papers, trinkets, valueless in themselves, are priceless to an aged person. The familiar takes on a consummate charm. His own things about him give the aged person the emotional satisfaction that the younger individual gets from newness and change. Providing the living conditions which the aged person desires may cost a little more in dollars and cents, but the social and psychological value cannot be measured in this way.

All of us are going to be old some day. The care of the aged is not a problem for the aged to carry alone. It is the responsibility of those who are young, able and socially minded. Building a wholesome attitude toward the inevitability of old age is something which must also be done while one is still young. How much easier that will be when the present fears and insecurities which overtake the aging person are no longer concomitant with old age. Old age should be a time of peace and serenity, and not a time of anxiety and humiliation. We shall have made great strides in social growth when the aged person can feel in the depths of his being the words of Robert Browning:

"Grow old along with me
The best is yet to be
The last of life for which the first
was made."