

There is no way of summarizing adequately the nature and findings of this research. A monograph is in preparation. For our purposes today I can say that a team of six case judges made four different ratings.

1. The first ratings were those made on the basis of data that was available about the girls at the time of admission, consisting in each instance of a complete social history, direct examination by the agency child psychiatrist, examination by the agency clinical psychologist (Wechsler-Bellevue, Rorschach, Thematic Apperceptive and other tests) and examination by the agency educational psychologist.

2 The second ratings, made on the basis of the same intake data, predicted the adjustment of the girls two years later if they had no treatment of any kind.

3. The third ratings predicted the adjustment of the girls if they had treatment, at a point two years after the completion of treatment. The case judges were told to assume that this hypothetical treatment involved 2-3 years of therapeutic intervention in a residential treatment setting with continuous social casework and some op-

portunity for psychotherapy. In making prognoses, judges were asked also to assess disruptive or self-defeating behavior, social, cognitive and educational status, family background and the girls' likely situational prospects for the future.

4. The final ratings were those made on the basis of the follow-up interviews. The interviews covered the same five areas of adjustment. In addition the judges considered information about the girls' personal and social adjustment as obtained in a detailed questionnaire.

Ratings number 2 and 3 were attempts to substitute for a control group.

Changes were measured in five areas: School and Job Adequacy; Adjustment to Living Situation; Peer Relationships, Female; Peer Relationships, Male; Attitudes Toward Self. Statistically, the amount of improvement exhibited between actual outcome and admissions ratings, and actual outcome and the predicted outcome ratings was significant. Thus, the research evidence points to a program that achieved its intended objectives.

## The Jewish Family Agency and the Problem of Poverty Among Jews\*

SAMUEL LERNER

Executive Director, Jewish Family and Children's Service, Detroit, Michigan

*"Once an agency—and a Federation—makes a decision to embark on a financial assistance program that doesn't only handle emergency needs but will provide regular monthly or periodic grants to financially strapped families, then they can expect that the costs will rise steadily over the years."*

FOR TOO long we have lived with the myths that (a) there are no Jewish poor; (b) if they do exist their numbers are so small as to be insignificant and not important enough to be considered as a serious problem; (c) the poor or near-poor are concentrated almost exclusively among the aged; (d) the Jews "take care of their own" and therefore have solved this problem to the satisfaction of the givers and receivers of assistance.

Unfortunately none of these guilt-relieving myths are true. There are Jews who are poor; in significant numbers; not only among the aged but in younger and middle-aged families with children and we have not as Jewish communities "taken care of our own," to any marked degree. However, we are beginning to wake up to the problem and in certain cities community action has begun and some help is being given. But there is still general acceptance of the above "myths," and too little direct financial support to the poor and near-poor.

Part of the problem is the confusion around the definition of poverty. For too long we have been lulled into accepting the definitions of poverty put out by the state and local public assistance agencies or the low standards set by the Department of Health, Education & Welfare for SSI or Social Security grants or for food stamp eligibility

\* Presented at the Annual Meeting of the National Conference of Jewish Communal Service, Grossinger, New York, June 10, 1975.

as measures of what people really need to live on. By these standards a typical family of four is expected to live on \$3,500-6,000 (depending on which agency sets the standard) whereas a recent study by the U.S. Labor Department, Bureau of Labor Statistics, calculated the cost for a family of four living on the low cost "austerity" budget as \$9,200 a year. Note that these lower budget families are assumed to live in inexpensive rental housing, use public transportation or drive a used car and do most of their own cooking and washing. (Families of four living on a "moderate" cost budget require \$14,300 to maintain this "moderate" standard of living.)

The B.L.S. statistics on minimum budget costs averaged \$323.33 a month for a couple and around \$200 for a single person living in the New York City area in September, 1973. Since then the cost-of-living has gone up at least 20%, with even larger increases for the poor and moderate income families in food, rent and service items. Yet we know that SSI grants a maximum of around \$170 for a single person and \$235 for a couple (though permitting maximum incomes of \$235 for single working aged, blind or disabled, or up to \$300 a month when either of the couple is working). Only those fortunate few who are living in housing under H.U.D. subsidies, are participants in hot lunch programs, get food stamps, or otherwise get their budgets subsidized, can manage to survive

without suffering malnutrition or deprivation of other basic necessities. Although Social Security Administration has recently raised the allowance 8%, effective July, 1975, we know that the actual costs rise faster than adjustments are made in Social Security grants. We know that the national average for inflation for the year 1974 was 12.2%, the steepest rise since 1946, and consumer prices have risen 3-4% since January, 1975.

Without dwelling on statistics, it is important to accept the reality that there are many more people struggling to make ends meet than we are willing to admit or that most communities are prepared to subsidize from their limited funds.

The Jewish family agency, and Federations, must frankly face several difficult issues before embarking on a program of financial assistance, such as:

- a. How does one define the "poor or near-poor?"

To use public assistance standards of poverty, or to use only the concept of helping "starving" individuals does not tackle the question. There are many "non-starving" individuals who are living day-to-day on a subsistence budget, depriving themselves of various items, whether it be food, clothing, personal incidentals, the kind of drugs, or medical care they may need, or funds to take buses to recreation centers—or even to the movies.

- b. To what extent should one try to change the life-style of individuals entrenched in their food eating and living patterns? To what extent should they be expected to conform to a low-cost or "moderate" food cost budget, if in their life experiences such budgetary

standards do not cover their expenses without depriving themselves of other essentials?

- c. What is to be included in a definition of the "basic necessities" of life? What is to be done when the client's perception of his needs is significantly different (either higher or lower) from the agency's perception?

These questions are related to the broader issue of the need to help those people who are not generally considered among the poverty group. Benjamin Sprafkin referred to them as a new underprivileged class, the families who fled from the inner city to the suburbs, and who over-extended themselves financially. As he stated, "unlike the real poor who in a crisis are eligible for such benefits as medical care, food stamps, and free use of community services, these people who are above the poverty level, yet not affluent, are not eligible for such benefits and services. Thus, many times they have no other way than ever-increasing indebtedness."<sup>1</sup> Equally fundamental must be an honest facing up to the potential costs for a program of financial assistance that is not oriented primarily to the emergency, one-time grant. As we will see from the Detroit experience, plus that of other large cities which have Jewish populations of over 40,000, a change in program to regular sustained supplementation of budgets of those in need, will not only double or triple the dollar outlay but will raise it ten-fold and, in time, it may be 20 or 30 times the original outlays for emergency assistance alone. This can become a severe strain on a community's budget

<sup>1</sup>Benjamin Sprafkin, "The Jewish Poor-Who Are They? Are We Helping Them Enough?" *Journal of Jewish Communal Service*, Vol. XLIX, No. 3 (1973).

—and will begin to pose serious problems to the agency board and staff when, and if, the question is posed, as to whether to increase staff and salaries, or to increase financial assistance grants to the needy. Too often there is little realization that as a community's program of financial assistance increases it requires additional staff, to process and handle the increased caseload. Equally important from our experience, is the realization that the job of helping these clients needs skilled, trained staff. With few exceptions it requires workers who are not just oriented to calculating budgets but who understand the complexity of problems that often are masked under the request for financial assistance. The caseworkers should know and be able to utilize agency and other community resources for the benefit of the client. The private family agencies should be wary of developing the image of the welfare worker. This does not mean that all clients who apply for help need to be treated for emotional problems. I would agree with the statement of philosophy of the Jewish Family and Children's Service of Metropolitan Toronto to the effect that "the money is given within the larger framework of the core counseling services and rehabilitation program of the agency. We allow for different approaches to a wide variety of client needs and we recognize that *all clients do not immediately want or need personal or family counseling when they come to us for help*. This idea represents a change in philosophy in the past years, a change which has improved the honesty between worker and client. However, we do believe that we have the right and responsibility to understand fully the client's social and familial situation before granting assistance, and that the client work together with us to develop a financial plan with feasible

goals for which both parties carry responsibilities."<sup>2</sup>

It seems clear that there are situations when we are not likely to make effective changes in the basic condition of individual cases. The casework process is neither surefire nor guaranteed, regardless of the economic status of the individual client or family unit. We also know that often the reality problems related to poverty; the troubled families whose financial problems are compounded by emotional difficulties; the gradual deterioration and reduction in functioning of some of the aged;—these cannot necessarily be resolved by casework, although in some cases it may be helpful. Nor is it advisable to contribute to the creation of long-term dependency on the part of these individuals and families by keeping the cases open "ad infinitum." The client's right to independence, once financial supplementation is no longer needed, should be encouraged. Similarly, the client should be encouraged to recontact the agency periodically, after the case is closed, to give progress reports or to apprise the caseworker of changes in the client's financial situation, health and social adjustment. The agency should stand ready to get reinvolved in these situations. Primarily we would assume that the former clients, their friends or relatives, or other involved social agencies and organizations will recontact the agency and notify it of the desirability of intervention. It would be philosophically undesirable for the agency to attempt the role of "Big Brother" or "community parent" to keep a continuous check on the poor, except in known situations where "protective service" is indicated. In those situa-

<sup>2</sup>Karen Wynnychuk, "Review of the Financial Assistance Program of JFCS—Metropolitan Toronto," Internal Document dated January 26, 1973.

tions it is likely the cases would continue to remain open for long periods of time.

Some Jewish communities, like Toronto and Baltimore, have for many years spent large sums of money yearly to help the poor through direct financial grants. Others, like Detroit, have instituted such programs within the past two years. Most communities have always provided token assistance to the poor, handling the short-term emergencies, but they do not have programs that provide regular subsidies to the majority of low income families who might reside in their communities and need financial subsidization.

In Detroit, when we decided, early in 1974, to get involved on a more intensive scale to provide direct financial assistance to families, we asked for and received an increased grant from Jewish Welfare Federation from \$7,000 to \$50,000 for 1974; for 1975 Federation granted us \$75,000. Our request for 1976 is \$90,000. This is in addition to the various ways we currently subsidize clients through other agency programs, e.g.:

- a. Homemaker Service (Cost for 1974 was \$90,125 for which income averaged 15% in re-payments.)
- b. Housing Relocation for the Elderly—a program of direct subsidy of rents. (Cost \$34,000 for 1974; estimated \$36,000 to \$38,000 for 1975.)
- c. Kosher Meals-On-Wheels
- d. Child Placement Services—where children are subsidized in placement in residential treatment and special school facilities. (1974 costs—over \$65,000. Anticipated costs for 1975—over \$75,000.)
- e. Counseling services. This is largely subsidized, since most of the

clients either pay no fee, or pay a modest fee, much less than the cost per interview.

We felt that once we were going to get involved in a financial assistance program involving large numbers of clients and outlay of substantial funds yearly, that we should formulate a policy and guidelines for a poverty program, setting forth the philosophy of private agency assistance. We then detailed the procedures that we would follow in making grants. We focused on the role of children and relatives as possible resources, the supplemental support (scholarships, camperships) by other Jewish agencies, and the essential role of the casework services in helping the client to cope and to improve the quality of life. This statement of "Policy and Guidelines for Poverty Program" was accepted by the JFCS Board and subsequently submitted to the JWF Board of Governors. The statement is as follows:

1. JFCS is the Federation agency which has primary responsibility for evaluating and handling individuals and families who present a need for financial assistance.
2. The primary responsibility for providing financial assistance to the needy rests with government through such programs as general assistance under county auspices; federal and state programs, such as Supplementary Security Income programs, Aid to Dependent Children, Disability allowances and Medicaid.
3. Public assistance programs attempt to meet basic food, shelter, clothing and medical needs. However, they have not kept pace with the inflation in food, clothing and shelter costs. They do not allow for certain special needs nor for the greater cost of observing Kashruth and other aspects of the life style of the Jewish family.
4. Many individuals may receive Social Security income or employment income which maintains them on a marginal level. This income may make them ineligible for public assistance, yet provides them with less than bare essentials to maintain an adequate living standard.

5. Drawing on data from the Family Budget Council (cost-of-living standard setting service sponsored by UCS agencies) JFCS has developed a standard which it considers basic to the maintenance of an adequate living standard.
6. JFCS is prepared to the extent that funding is available, to supplement:
  - a. Individuals and families who receive less than this amount if the supplementation is necessary and essential to provide for their basic necessities. The agency will take into account the client's life-style, and his expectations, and will not automatically include in the person's budget those items which he can forego without any significant hardship
  - b. Individuals and families who by reason of unusual high rent or mortgage payments which cannot be reduced; unusual medical expenses; and/or other fixed expenditures who have an income that exceeds the low cost budget.
  - c. Individuals and families, who may resist making application for public funds. Assistance will generally be on a temporary basis, until a referral is effected.
7. In situations where the life-style does not support the facts as presented (or the caseworker senses some withholding of facts in regard to resources) verification of financial information should be requested. However, verification of resources will be utilized on a selective basis and not as a regular routine.
8. Supplementation may be on a regular weekly or monthly basis, a one time grant, or periodic grant.
9. Children and interested relatives will be considered as possible resources. Similarly, lay organizations and other sources of special funds will be utilized wherever possible to meet the special needs of clients. Referrals will be made to appropriate UCS-supported agencies in the general community.
10. Clients will be encouraged to use the facilities that the Jewish community offers, such as Shiffman Clinic, Jewish Vocational Service, Jewish Community Center, United Hebrew Schools; and these agencies are asked to provide free service or scholarships to these needy clients so that they can make use of the facilities provided by the total Jewish community.
11. JFCS' focus will be on providing for the financial needs of the poor and near-poor,

combined with a casework assessment of what else is needed to help the client cope with the realities of his/her existence, and to attempt to improve the "quality of life" of the poor. In addition to food, clothing and shelter JFCS is oriented to the client's health needs, his loneliness and isolation, his desire for recreation and companionship. The various supportive services of the family agency, plus the resources of other Federation agencies are essential to help this group of clients rise above the level of poverty and deprivation.

Before this policy statement was formulated both staff and board were engaged in a process of self-education as to the dimensions of the problem and the special techniques that would need to be employed to reach out to these families, how budgets should be calculated, what the existing public welfare standards are and what supplementation they permit. A board-staff case committee was formed to review some typical case situations; in-service training of supervisors and staff resulted in greater awareness of local resources as well as focussing attention on techniques of decision-making and case analysis oriented to understanding the client, as well as his budgetary needs. Brief surveys were undertaken of a select group of aged clients (e.g. those living in Federation Apartments, a JWF facility) to analyze their needs for supplementation of food or rent and to draw conclusions that might be applicable for others living in the general community. The administrative staff prepared new face sheets and questionnaires, formulated guides for recording on "poverty" cases, and analyzed the budget standards used in the local community, using these as guides for formulating standards of assistance and supplementation for our clients. The board-staff case committee, after studying the material, approved of a set of standards for assistance to individuals, couples, and families with children. The standards,

as formulated in April, 1974, proposed the following ranges of income that we would attempt to achieve in supplementation, recognizing that there would be adjustments upward and downward for special circumstances, as defined in our guidelines.

Single persons	\$3,000-3,600
Couples	\$3,800-4,500
Each additional child	+\$750-1,000
Thus, for family of 3	\$4,550-5,500
Thus, for family of 4	\$6,050-7,500

The staff was instructed to make adjustments in the grants in March, 1975, due to change in the cost-of-living. Periodic adjustments in grants will be made in the future, to the extent that funds are available, and within the limitations in the amount of supplementation permitted by SSI or the local Department of Social Services.

The guidelines are oriented to the caseworker and spell out in more detail the policy statement approved by the board-staff committee and subsequently by the board. For example, it describes the kind of supplementation possible for eligible clients, for (a) those on SSI totally (\$20 a month without jeopardy to their grant); (b) those who receive a combination of SSI and Social Security or other income or those who receive public assistance (no regular weekly or monthly supplements permitted but "periodic" grants are possible); (c) those whose income derives from employment, pension, compensation, unemployment compensation and social security. (They may be supplemented on a weekly or monthly basis.)

The guidelines specify the criteria for making a decision for supplementation, how to be "realistic" yet not depriving by taking into account the client's life-style and expectations. They set parameters for granting funds to cover unusually high medical

expenses, high rent or mortgage payments, fixed expenses for their children, etc, where these expenses would exceed the low-cost budget.

In other words, our agency accepted a policy position that it would not only help those below the low-cost budget standards but would help other families in the community in financial straits, those in the "new underprivileged class" who had over-extended themselves financially and were faced with financial crises. We agreed that for such families supplementation may be indicated on a one-grant basis or for regular supplementation while the caseworker and the family try to work out these problems and to consider whether some change in life-style might be indicated.

What has been the result of our "poverty program" so far?

- a. During the period January 1, 1974, through April 30, 1975, we granted approximately \$75,000 in direct financial assistance to 195 families.
- b. We made a startling discovery—that the majority of the families assisted in these programs were not aged, but were younger families with children.
  1. Of the 195 families, 92 heads of household were over 60; whereas
  2. 103 of the 195 heads of household were under 60 years of age. In over 30% of the families the heads of households were under 50 years of age.

This means that we must make a major shift in our thinking and assumptions of where poverty exists in the Jewish community. Most previous studies have ascribed 75-90% of the poverty that exists is among the aged Jews. Now we have direct evidence from our caseload that the majority of

indigent or low-income families coming to our attention for direct financial subsidy (and not involved in other agency subsidy programs like housing relocation program) are not aged but are younger families who cannot survive on their modest incomes. They are not all on ADC. Many are families not on public assistance but who are in debt or have special financial needs that cannot be met from their meager incomes.

Equally significant is the shift in the ages of heads of households of families served during the first six months of the program and in the subsequent nine month period. When we first started the program and did an outreach to all families known to have received cans of food by local women's organizations, we granted assistance to 105 of the 204 cases studied. Significantly, 58 of the 105 cases granted assistance in the first six month period were ages 60 and over (over 55%).

However, in the subsequent nine month period, when the program was more stabilized and new referrals came from normal referral sources (self-referrals and women's groups who have knowledge of specific "poverty" families) the percentage of younger families served increased. Of the 90 families helped, 56 (or over 62% of the heads of household were under 60 years of age; 34 families (or less than 38%) were among the aged.

No firm conclusions can be drawn from these statistics. But it might suggest that:

- a. As an agency becomes known in the community as ready and willing to help low-income families, more of the marginal families with children are willing to apply for assistance. They come forward more freely and apply for help. Often it is for a one-time grant, to

avert dispossession or loss of a house; or to meet a medical emergency cost; or to cover special clothing or household repair needs.

- b. The aged tend to be taken care of first when an agency is establishing a financial assistance program. Many of these clients are already known to the agency through other programs (e.g. homemaker service, housing relocation projects) where subsidies are granted; thus, there will be less new cases applying for assistance once the initial outreach has occurred to reach the "aged poor."
- c. A regular, well-publicized program of financial assistance will continue to draw referrals from the general community.

This means that:

- d. Once an agency—and a Federation—makes a decision to embark on a financial assistance program that doesn't only handle emergency needs but will provide regular monthly or periodic grants to "financially strapped" families, then they can expect that the costs will rise steadily over the years. The costs will rise because of various factors:
  1. A certain number or percentage of the families will always need subsidy periodically. This group will be the "core group" and it will continue to increase as referrals increase.
  2. For those already receiving aid, the rises in cost-of-living necessitating subsidies will usually be greater than increases in their incomes, especially for those existing on public assistance or social security grants. Thus the amount of

subsidy needed per case will continue to rise.

3. New referrals, stimulated by community awareness, will mean more cases added to the current caseload, whether for long-term assistance or short-term emergency help. The addition of new cases will tend to exceed the loss of cases—those taken off subsidy because of death or acquisition of other resources making them financially independent.

The major conclusions to be drawn are:

- a. Programs of financial subsidy by the Jewish community for the poor and marginal income families are desirable and needed.
- b. Once such programs are instituted, larger numbers of "younger" families get referred for assistance than originally anticipated, indicating that poverty among Jews is not confined primarily to the aged.
- c. Such programs involve marked increase in expenditure of staff time (professional, clerical, bookkeeping) to study the cases, to determine eligibility, to make home visits, prepare budgets, provide mechanisms for continued grants and continued casework follow-up with clients, whether or not they received a grant.
- d. Budgeting for such programs must therefore include funding

for additional staff as well as for steadily rising costs for direct financial assistance.

- e. There must be a clear understanding on the part of staff, board and the Federation that once a regular financial assistance program is instituted in the community there is no way of retreating and withdrawing the grants without causing serious hardship to those who need this assistance, and have come to expect such supplementation. It becomes part of the "rising expectations" not only on the part of clients but also the community, the volunteer workers who come in contact with these families, the board members who set agency policies and who have helped raise money in campaign drives, and the leadership of Federation who have developed a sense of commitment to the concept that the Jewish community "takes care of its own."

This convergence of forces and pressures will tend to insure continued commitment to financial assistance programs once the process has begun and there is continued interpretation of the need. It emphasizes the importance of knowing from the beginning what one is getting into when making a commitment to help the Jewish poor and marginal-income families, and the long-term consequences of such a commitment.

## An Experimental Geriatric Group Home

ELOISE RATHBONE-McCUAN, Ph.D., *Director.*

AND

STEPHEN ELLER, *Social Worker.*

*Levindale Geriatric Research Center, Baltimore, Maryland*

*"Since intensive service is not the intent of the group home . . . (it) should be reserved for the more independent and motivated applicants. The admission of moderately dependent people who are not motivated toward independence should be limited to those whose families are available to provide the necessary linkages with the community."*

By any criteria the elderly easily qualify as a vulnerable group. They are poorer economically, have more health problems (physical and mental), experience more interpersonal losses, and lose status and social roles more than any population. Within the total aging population are subgroups at particular high risk: ethnic and racial minorities, widows, the poor, the mentally and physically impaired, the extremely old, the elderly poor in inner-city areas, the institutionalized, and the emotionally fragile.<sup>1</sup>

ONE major reason for the vulnerability of the elderly is the lack of a service continuum designed to meet the needs of individuals with varying levels of functional strengths and limitations. A well-designed service continuum provides multiple service combinations with accessible points of entry. It also allows for movement between services. Such a service continuum is not, however, created overnight. It requires planning, commitment of resources, and a philosophy about human services.

Historically, Levindale Hebrew Geriatric Center and Hospital has attempted to use a core of institutional services as the base for constructing such a service continuum. Within the institution there are multiple care levels differentiated by various patterns of medical and nursing care, complemented by a wide range of social, psychiatric and therapeutic services. In

<sup>1</sup>Elaine M. Brody and Stanley J. Brody, "Decade of Decision for the Elderly", *Social Work*, Volume 19, Number 5 (1974), p. 545.

addition, in 1970, Levindale pioneered in establishing a geriatric day-care center which is now recognized as a national model for day treatment. Three years later, a community-based group home was begun as another alternative to institutionalization.

The Hurwitz House Group Home was established as a demonstration project to test the feasibility of modifying nursing home service patterns by using supervised group living facilities in the community. It was anticipated that the target population for the demonstration did not require an institutional setting to receive the necessary supervision and care but could be maintained in the community with minimal staff support. This paper presents the results of a study that assesses the effectiveness of the community care approach by comparing the group home with a similar level of inpatient care.

### Two Models of Intermediate Care

Levindale's inpatient sections provide four levels of care that correspond to the levels of certified and reimbursable care (through Medicare and Medicaid) in the State of Maryland. These are:

- 1—Chronic Hospital: for those individuals suffering from long-term medical conditions who require medical and nursing services beyond the level of nursing home care.