

education programs—must receive maximum support to strengthen the quality of Jewish life by increasing the number of Jewish-educated youth and adults.

We urge that on matters pertaining to Jewish education and culture the knowledge of professional Jewish educators and the expertise of local bureaus of Jewish education be utilized to the fullest extent.

To ensure the future of quality Jewish education, we urge that the community immediately provide incentives for pre-service and in-service teacher training programs, and develop equitable salary scales, pension plans, health insurance and professional advancement for all Jewish educators.

Women in Jewish Communal Service

Progress for the advance of women's rights has been substantial and significant in the past decade. But despite this general progress, a recent study by NCJCS Committee on Opportunities for Women in Jewish communal service discloses that in this field the readiness to use the skills of women remains grudging, reluctant and unwilling. As a result, resources that could be put to use for the good of the Jewish and general communities are wasted.

Proof of the cultural lag and the continued discrimination is offered by the analysis of data in five fields of service: Federations, Jewish community centers, family agencies, hospitals, and homes for the aged; reported by 319 agencies covering 2,200 professional personnel of whom 54% are women and 46% are men. Although the report does not cover the complete gamut of Jewish communal service, the coverage is sufficiently comprehensive and the findings so dramatically obvious as to merit serious concern and concerted efforts to remedy the situation.

Of almost 1,200 women, 10 (0.8%) are executives, 45 (3.8%) are in the assistant director category and 95% are in the two lower levels, with 24% as supervisors or department heads and 71.5% as line workers. In sharp

contrast there is a fairly even distribution of men of the four professional levels; specifically, 29% as executives, 23% assistant directors, 25% supervisors and 22.6% line workers.

Obviously, there is a high correlation between job category and salary level. 95% of the women earn under \$20,000 a year, whereas less than half of the men (43%) are in this salary category. One of every four men earns over \$30,000 a year as compared with two women per thousand.

We suggest that the appointment of agency executives is the culmination of a long process which has discriminated against women at every step from the earliest training stages to the final assignment to top positions.

The first prerequisite to ending discrimination is to recognize that it exists. We therefore call on the executive staffs of each agency to make a survey of the number of women professionally employed by them by job category and salary relative to the men employed in the same capacity regardless of job title. We further recommend that agencies examine their hiring patterns, both explicit and implicit, to see if there are discriminatory patterns both in hiring and in salaries paid to women as compared to those paid to men in the same job categories.

We further call on our agencies to make a conscious effort to enlarge the possibilities of employment of women in responsible decision making positions. To this end we propose that a program be inaugurated to seek out and identify women of promise and potential and provide them with appropriate opportunities to qualify them for appointment to middle and top management positions.

We are aware that these programs cannot be successfully instituted without the understanding and support of lay leadership. We therefore propose that information be provided to make them aware of the patterns of discrimination that must be overcome and corrected.

“Quality of Life”—A Program for the Chronically Ill Homebound*†

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An Overview of the Program

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The chronically ill homebound adult must deal with many losses. Their social isolation is often profound. Severely incapacitating illness has deprived them of most, if not all, of their ability to be productive. Beyond that, it threatens as well the very core of their humanity.

The “Quality of Life” program of the Jewish Community Services of Long Island is geared to serve the chronically ill homebound and is a challenge to the responsibility of the Jewish community towards a neglected minority. Jewish history is replete with evidence of concern for our less fortunate brethren. The chronically ill homebound among us are doubly unfortunate in that, aside from coping with major disabilities, their opportunities for compensating are severely limited by confinement to the home. They are the most helpless and weakest among us and would find it difficult to fend for themselves even with the removal of architectural barriers and the supply of the most supportive services currently available. They are ignored both consciously and unconsciously because their situation appears so painful and hopeless on the surface and at the same time reminds us of our own vulnerability.

We begin first with an overview of this program, relating the process of its development, detailing its organization and highlighting some of its effects.

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† This program is a pilot project supported by a grant from the Bruner Foundation. At the time of writing it was serving one hundred and twenty persons.

Program Development

At the program's inception we had no way of knowing with any certainty whether there would be sufficient demand for such a service. We suspected there would be many potential clients very much in need.

We anticipated the “Quality of Life” program would be a changing entity, shaped in part by the personalities of its staff and responsive to its participants. We were very conscious of the importance of listening carefully to what the clients viewed as their needs. From the beginning, we were getting a very clear message that few people or organizations appeared interested in hearing, much less responding to, the clients' own perceptions of their needs.

The questions immediately faced were what criteria to use in defining a “homebound” client and how and where to find appropriate cases.

We determined that homebound for our purpose would be defined as those individuals so classified because of a chronic *physical* illness. Secondly, our focus would be clients (male or female) between the ages of 21 and 64, Jewish and resident within a manageable geographic area.

Case-finding and Service Program

Definitive statistics regarding the special

kind of homebound handicapped we are concerned with appear unavailable. Such clients are usually included in the estimated figures that represent all manner and degree of disabilities, both physical and emotional, ambulatory and homebound. This makes it difficult at times to know where to look for and how to reach the homebound. Their very isolation and negative anticipation require determined and sensitive outreach efforts.

To find suitable candidates for the program we culled the agency's current and closed caseloads and enlisted the aid of our staff in recalling situations involving homebound persons. The response by staff was most gratifying. Of the first dozen individuals submitted as possibilities, six people agreed to meet with us for further discussion. Others had either moved with no forwarding address, were no longer alive, were not interested, or did not meet the criteria set for our definition of a homebound, chronically ill individual.

Additional referrals came from inquiries to our agency through regular channels, from word of mouth, from hospitals, agencies and organizations dealing with the chronically ill and from publicity directed toward temples, Jewish communal agencies and newspaper articles, as well as radio and television spots.

Initial Contact

Initial client contact is made by a trained social worker who visits the home and evaluates all aspects of the client's situation—physical, social, economic and emotional. The overriding message from clients whom we contacted is their plea for help in combatting the loneliness and isolation imposed on them by their illness. They feel cut off from the world and in many instances estranged from immediate family.

Telephone Groups

To deal with clients' feelings of exclusion from the mainstream, a series of telephone-socialization groups was created to enable clients to form relationships that could carry over for the remainder of the week. Such conference calls take place on a weekly basis,

at a designated time, and usually number five to seven people, plus the group leader. This number allows for a sufficient variety of participants and permits discussion without confusion. Out of this successful experiment grew special-interest telephone-groups such as, a game-group, where chess and other games are played and taught by a professional games teacher; a current events group led by a history professor; a creative arts group and special telephone-groups pertaining to the celebration of major Jewish holidays.

Newsletter

A newsletter was established and is published monthly based on the contributions of the clients and a volunteer editor. It reflects the clients' interests and serves as a socialization tool. In the newsletter, as in the old *Bintel Brif*, one may find reflected clients' hopes, interests, concerns, as well as suggestions, advice, personal thoughts, jokes, recipes and comments. Often, very powerful feelings are evoked in the poetry published.

Art Therapy

Despite the establishment of telephone groups and a newsletter, we were conscious of the many empty hours remaining in the week. We, therefore, explored ways in which clients might learn a creative skill which they could enjoy at any hour of day or night. As a result, our art therapy program evolved. A professional art therapist was hired who visits the home of interested clients, evaluates their interests and physical abilities, then develops a program specifically for each client. Materials are provided and the client is seen on a weekly basis for approximately 1½ hour sessions in which instruction, encouragement, help in setting up and clearing away may be extended in any number of arts and crafts. Our clients are currently working on such projects as painting in different media, drawing, sculpting, crocheting, rug hooking, needlepoint, sewing, mosaic tiles, photography, jewelry, weaving and leather work among other activities. Their work has been exhibited on two occasions since the program's inception.

Music Therapy

A music therapy program has been instituted that operates in a similar manner.

Additional programs can and will be added on the basis of client interest.

Casework Services

A keystone of the program is the trained caseworker who finds opportunity to utilize all the skills required in the field of social work. The caseworker functions as a referral and information source, enabler, advocate, teacher, co-ordinator, administrator, family and individual therapist. Skilled counselling is offered in appropriate situations and on a planned short term basis.

Special Projects

Special attention is paid to the physical environment. Clients have been helped to obtain items such as grab bars, specially constructed sewing machines and telephone amplifiers, or have been aided in the removal of physical barriers for greater accessibility indoors and outdoors. Aquariums have been purchased and serve as ongoing hobbies.

Volunteers and Specialists

A network of volunteers and paid specialists ranging from friendly visitors and shoppers to a visiting barber, beautician and our art and music therapists is available. They are supervised by the caseworker. Rehabilitation nurses and occupational therapists have been introduced to evaluate homebound clients.

Program Uniqueness

The uniqueness of this program lies in its special category of clients, in the program's efforts to bring into the home services which have traditionally been offered in a host

setting and in the efforts to build a self-perpetuating element in the program that would provide benefit to the client, based on strengthening the clients' own resources and on ego-enhancing activities. The highly individualized approach is an important factor in the program's success, allowing the clients the freedom to choose when and in what manner to participate, according to their capacity and inclination.

Our efforts with both clients and family have been directed towards creating as real an environment as is possible under the circumstances. Clients in the program can only benefit to a limited extent from rehabilitation as we know it today. They can expect to remain dependent and homebound and many, if ignored, will suffer grievously from the pain of isolation and loneliness. For them, a program like the one described can mean the difference between despair leading to the breakdown of personality and maintenance of personal and family homeostasis. In the one-and-a-half years of the program's existence we feel we have just begun to tap the population that may be eligible for such services.

Since the implementation of our program we have received inquiries, from many senior citizen groups, individuals and professionals within and outside New York State representing a wide variety of interests, regarding specific aspects of our program. The response is indicative of the interest the program aroused. We are quite convinced that a very valuable service can be rendered to a very needy appreciative segment of our community, at a reasonable cost and in a setting most conducive to their emotional and physical health. It is a service which in enhancing the quality of life for the homebound among us, enriches us all.