

Federal unemployment account, investments are made by the Secretary of the Treasury for the fund as a unit. Interest earned on investments is distributed quarterly among all accounts on the basis of the average daily balance of each account. Permissible types of investments are the same as for the other two social security trust funds.

During 1958 the fund's invested assets declined by \$1,983 million, although cash balances were relatively the same at the end of the year as at the beginning—about \$8.5 million. This decrease is far more than double the declines in previous recession years: in 1949 the portfolio ended the year \$800 million smaller than it started, and in 1954 it became \$805 million smaller. Practically the entire decrease occurred in the special obligations held by the fund; total holdings of public issues remained almost exactly the same during the year although, as in the other two trust funds, there was some shifting from short-term to longer-term issues.

Among them, the three social security trust funds had a net decrease in their invested assets of \$1,886 million during the year. Their total investments on December 31 stood at \$29,390 million (table 3). This sum represented 10.5 percent of the total interest-bearing public debt, compared with 11.5 percent on December 31, 1957.

Special obligations accounted for \$25,065 million or 85.3 percent of the total investments of \$29,390 million in the portfolios of the three funds at the end of the year. Of this amount, \$16,043 million was in special certificates of indebtedness maturing on June 30, 1959—\$5,793 million at 2½-percent interest and \$10,249 million at 2⅝-percent—and the remainder was in 2½-percent Treasury special bonds and notes totaling \$9,022 million.

Interest rate.—The 1956 amendments to the Social Security Act did not affect the interest formula or the maturities of special obligations issued to the unemployment trust fund—a fund essentially different in character and purpose from the old-age and survivors insurance and disability insurance trust funds. The formula remained the same as the

“old” formula for the other two funds. As a result of the continuing drain on the trust fund, there were no investments in special obligations during the first half of 1958 except one of \$209.5 million in May, with interest at 2⅝ percent. The “roll-over” of the 1-year special certificates of indebtedness was also at 2⅝-percent interest. Had special certificates been purchased in January they would have carried 2⅞-percent interest; in February and March, 2¾ percent; and in April, 2⅝ percent. Special certificates were acquired for the trust fund in each month of the second half of the year except October. The interest rate was 2⅝ in each month but September, when \$6.6 million was invested at 2½ percent and redeemed before the end of the month. (October's acquisitions, had there been any, would also have been at 2½ percent.)

Related Trust Funds

In 1958, total receipts of the railroad retirement account amounted to \$652 million—\$535 million in contributions and \$117 million in interest. Railroad retirement benefits of \$621 million were paid in 1958 (net of \$124 million received from the old-age and survivors insurance trust fund under the financial interchange provisions mentioned earlier). Administrative expenses for the year were \$9 million. Total assets of the account on December 31, 1958, were \$3,624 million, of which \$3,621 million was invested and \$3 million was in undisbursed cash balances. The interest rate for special obligations issued to the railroad retirement account is set by law at 3 percent.

Contributions to the civil-service retirement fund totaled \$1,462 million in 1958, and interest earned \$199 million. Benefits of \$735 million were paid during the year. The administrative expenses of the civil-service retirement program are chargeable not to the fund but to the General Treasury. At the end of 1958 the invested assets of the fund amounted to \$8,571 million.

All types of special Government obligations totaled \$44,840 million at the end of 1958, 16.0 percent of the outstanding interest-bearing Federal debt. Together, the three social security funds held 55.9 percent of all

special obligations, compared with 59 percent in 1957 and the 2 previous years. Most of the remainder was held by related trust funds, including the civil-service retirement fund (18 percent), the several veterans' insurance funds (15 percent), and the railroad retirement account (8 percent).

National Conference on Homemaker Services

To encourage the development of programs to help families maintain themselves at home when illness or some other major crisis occurs, a National Conference on Homemaker Services was held in Chicago on February 10 and 11, 1959. About 285 persons attended. The conference was sponsored by 26 national agencies and by the following units of the Department of Health, Education, and Welfare—the Social Security Administration (Office of the Commissioner, the Children's Bureau, the Bureau of Public Assistance, and the Bureau of Old-Age and Survivors Insurance); the Public Health Service; the Office of Education; and the Special Staff on Aging.

The conference advanced a basic new concept in community social planning—that homemaker services¹ should be available to any family or individual needing them, regardless of income—and the members agreed that, if the services are to be extended throughout the Nation, a vigorous partnership must be established at Federal, State, and local levels. Recommendations to achieve this purpose took various forms.

1. That the Executive Committee of the National Conference on Homemaker Services take steps “without delay to sponsor and plan a multi-discipline study and evaluation of the existent variations in homemaker services programs.”

2. That a continuing mechanism be established at the national level to study programs and guide and help

¹ The question of the appropriate name for the services was discussed during the conference but was left unresolved. One group suggested that the service should be renamed “family-aid” service; another, “home-aid” service.

communities interested in developing or expanding programs involving care of families and/or patients in the home. "This must involve cooperation of both voluntary and official agencies in health, welfare, education at all levels—local, State, and national."

3. That conference findings be made available to all State departments of public welfare, national voluntary agencies, and local affiliates, and that the 1960 White House Conference on Children and Youth and the Conference on the Aging scheduled for 1961 include in their agenda material on homemaker services.

4. "That the National Committee on Homemaker Services, because of its experience and wide geographical representation, should be encouraged to accept national leadership for coordination, stimulation and research in homemaker services. If necessary, the committee should broaden its membership to include other disciplines representing interested agencies and professions."

5. "That the Department of Health, Education, and Welfare encourage and assist States in developing homemaker service by continuing and expanding the consultative service it is presently providing the States."

Mrs. Katherine B. Oettinger, Chief of the Children's Bureau, called attention in the conference's opening address to some of the "roadblocks" in the path of developing homemaker services. One, she said, grows out of the fact that some "professions have felt a sense of ownership, that homemaker service was the prerogative of one profession as against another." Mrs. Oettinger declared that the professions involved in homemaker services must be willing to give up some of their "preconceived notions and look at goals" and to acknowledge that the professional structure in homemaker services at times may have interfered with the "view of the needs of families and individuals."

The working groups that reported at the final session responded with varying recommendations:

1. "The auspices of a homemaker services program . . . need not be a social agency. However, because the professional training of the social worker gives him the broadest

base for understanding family life, he is better able to administer a homemaker services program than any other professional group . . . Casework service is especially important at the point of intake. The supervisor of homemakers should be a social worker."

2. "Regardless of whether a homemaker service is based in a social or in a health agency, appropriate health services and social services should be available when needed."

3. An increasing variety of agencies, both public and voluntary, should provide homemaker service, "if necessary on an experimental basis," and research should be undertaken "to determine under what circumstances it is preferable to have a specialized agency providing . . . service to a total community and when it is better to have the individual agency within the community assume responsibility for its own recruitment, training and service."

4. The national voluntary agencies should "clarify their interest and policies in respect to homemaker service and the role that their local affiliates can play in participating in the organization of this service in local communities."

Role of the Homemaker

One working group, charged with setting forth the needs that can be met by homemaker services, defined them in terms of specific groups:

The aged.—The homemaker should help with proper nutrition, provide companionship, stimulate appropriate activities, help with housekeeping because of the aged person's diminishing ability, teach and demonstrate work simplification, and provide protective and supportive care of persons unable to function independently.

Families and children.—The homemaker should take over the role and some of the functions of the parent (usually the mother) but preserve them at the same time for the mother's resumption of her usual role, provide physical care and supervision of children, meet the needs of parents and children under special stress, teach better care of children and home, work with multiple relationships in family situations,

and assist and teach parents to function more nearly adequately and to improve care when protective service is needed. (Another group, considering services to families with children, thought that further study should be given to the use of homemakers when the mother is regularly employed and to the effect of homemaker services on family solidarity and relationships.)

Sick and disabled persons.—The homemaker should help make more effective use of medical care and help follow the physician's recommendations; help the family and patient to adjust physically, emotionally, and psychologically to the impact of the illness; and work with those providing medical and related services.

Staffing

To recruit homemakers, one group urged that schools of social work include information about homemaker services—as one of the needed social services—in their curriculum. Various sources of recruitment were suggested—among them educators, doctors, ministers, church, social, and business organizations, parent-teacher associations, newspapers, radio, and television. There was general agreement that all homemakers will need in-service training, and one group suggested that those serving older persons should have additional training. They stressed the importance of understanding "certain elements in the psychology of the aged persons," and they recommended that "actual service proceed during the training period and that questions arising from this experience be used as a part of the training process."

In general, the members seemed to think that homemakers should be entitled to the same job protections as others who serve people, with established qualifications, sound methods of selection, and attention to the basic skills that are needed for the job.

Financing

The question of financing and of public support of homemaker services received particular attention.

The recommendations made by the working groups included (1) comparison of the costs to the community

of providing homemaker services with the costs of alternative plans of care; (2) availability of services to all persons, regardless of income, with any charges to individuals based on ability to pay; (3) deferred and installment payments to increase fee payments from families; (4) liberalization of public welfare policy to permit agencies to provide homemaker services to persons with marginal income who need the services but do not qualify for public assistance, and, further, consideration of costs of homemaker services as a standard of assistance in old-age assistance; (5) consideration of the services in relation to the adequacy of other community health and welfare services; (6) recognition of homemaker services in the budgets of health organizations and hospitals; (7) charges to other agencies based on total cost per hour, including the homemaker's salary and transportation costs; (8) unification of the source of Federal funds for homemaker services—now coming from both the Children's Bureau and the Bureau of Public Assistance—to facilitate flexibility in administering the program at the local level; (9) exploration of various additional sources of funds; and (10) provision of homemaker services by government agencies at all levels, either directly or by payment to other agencies for all groups unable to purchase services for themselves. In addition, it was recommended that "public agencies should be able to serve all income groups where such service does not duplicate an existing service; where the public agency is the only agency capable of carrying such a service, it should be community-wide and serve all income groups."

Universality of Service

The need to establish homemaker services on a universal basis was stressed throughout the conference proceedings. One speaker pointed out that "even the well-to-do may not know where to go . . . to find the kind of help needed in a family emergency . . . Homemaker service therefore should not be restricted to any economic group." Neither, he said, should it be restricted to particular types of situations but should

be made available when persons need long-term care, "with no restrictive time limit placed on length of continuing service."

One group, concerning itself particularly with homemakers in rural areas or small communities, pointed out that "public welfare must take real initiative . . . if anything like universality of services is to be achieved" and recommended that "the definition of a homemaker and the services expected of a homemaker in a rural area be kept flexible" and that decisions on the use of homemaker services in a rural area be "made on a case-by-case basis."

Health Insurance

The group exploring health insurance and homemaker services also had specific recommendations: (1) There is need for identification of insurable services provided through homemaker services; (2) cost of services should be based on modern cost-accounting methods; and (3) health insurers should consider developments surrounding homemaker services, including recognition of public demand, and be prepared to offer protection against the cost of such services when the appropriate arrangements and actuarial data become available.

As a prerequisite to health insurance coverage, the homemaker service should be necessary as a result of illness or accident to the insured person and be performed on the recommendation of a physician. The person performing the covered service should not be related to or have resided with the insured person.

Industry and Labor

A group considering the role of industry and labor recommended that (1) the need for homemaker services for industrial personnel be assessed so that management and labor may recognize the desirability of extensions of such services, (2) these services be considered an integral part of medical care in view of the substantial savings that they can effect in health and welfare programs and the gap they can fill in the rendition of necessary social services, and (3) industry, labor, voluntary agencies, and other community organizations should be bet-

ter informed about homemaker service through education and improved communications.

Recent Publications*

Social Security Administration

CHILDREN'S BUREAU. *Cost Analysis in Child Welfare Services: Adoption and Foster Home Costs*, by Edward E. Schwartz; *Cost of Care in a Children's Institution*, by Martin Wolins. (Children's Bureau Publication No. 366-1958.) Washington: U.S. Govt. Print. Off., 1958. 380 pp. \$1.

BUREAU OF PUBLIC ASSISTANCE. *Characteristics of Staff Development Provisions in State Public Assistance Plans*. (Public Assistance Report No. 36.) Washington: U.S. Govt. Print. Off., 1959. 125 pp.

State data presented under the headings of (1) Position to Which General Responsibility for Staff Development Is Assigned, and (2) Type of Education Opportunity Provided for Public Assistance Staff. Limited free distribution; apply to the Bureau of Public Assistance, Social Security Administration, Washington 25, D. C.

DITTMAN, LAURA L. *The Mentally Retarded Child at Home: A Manual for Parents*. (Children's Bureau Publication No. 374-1959.) Washington: U. S. Govt. Print. Off., 1959. 99 pp. 35 cents.

DIVISION OF PROGRAM RESEARCH. *Social Security Programs Throughout the World, 1958, Including Five Charts Summarizing the Principal Legislative Provisions*. Washington: U. S. Govt. Print. Off., 1958. 93 pp. \$1.

Summarizes provisions relating to old-age, invalidity, and survivors insurance and pension (or assistance) programs; health and maternity, work-injuries, and unemployment insurance; and family allowance programs.

TEBOW, HILDA P. *Staff Development as an Integral Part of Administration*. (Public Assistance Report No. 35.) Washington: U. S. Govt. (Continued on page 26)

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