

more than \$1.00 per recipient occurred in 18 States. These increases were concentrated largely in the 33 States that receive additional Federal funds under the new matching provisions on the basis of their per capita incomes.

On the other hand, among the States that did not gain additional Federal funds under the variable matching provisions (the 16 highest-income States, Alaska, and Hawaii), there were increases of more than \$3 in the average payment per recipient in only two States for old-age assistance, in two States for aid to the blind, and in five States for aid to the permanently and totally disabled. Five States in this group reported an increase of more than \$1 per recipient in aid to dependent children.

For each program, increases or decreases of less than \$1 occurred in an appreciable number of States. To a considerable degree, changes of this magnitude were attributable to normal fluctuations rather than to changes in policies or procedures. All the declines of more than \$1 in the average payment per recipient were confined to the three adult categories and in most instances resulted from sizable decreases in vendor payments for medical care. The vendor-payment component of total assistance payments is subject to considerable variation because of uneven and fluctuating time lags between the month the service is provided and the month the payment is made.

For the four federally aided programs combined, the monthly rate of total assistance payments, including vendor payments for medical care, increased from \$255 million in September to \$266 million in December. Most of this increase represented the effect of the additional Federal funds made available by the 1958 amendments.

State Income-Tax Laws on OASDI Benefits and Contributions*

Almost all States with income-tax laws follow the Federal tax rule of

* Prepared by Warren J. Baker, Division of Program Analysis, Bureau of Old-Age and Survivors Insurance.

exempting old-age, survivors, and disability insurance benefits from income tax, and a majority of these States also follow the Federal rule of not permitting the amount of the employee's social security contributions to be deducted from income subject to tax.

Among the 34¹ States with personal income-tax laws, only Massachusetts, Mississippi, and Indiana do not exclude from the State income tax all benefits received under the old-age, survivors, and disability insurance program. Massachusetts exempts the lump-sum payment and the monthly benefits payable to dependents and survivors but does not exempt old-age (primary) benefits payable to retired workers. Mississippi exempts the lump-sum payment and the monthly benefits payable to survivors but not the monthly benefits payable to retired workers and their dependents. Indiana exempts the first \$3,000 received in a year from public and private pensions.

The social security contributions of workers are subject to somewhat greater variation in tax treatment by the States. Twenty-four States require the social security contributions to be included in the amount of income subject to tax. Eight States permit these contributions to be deducted from the amount of income that is subject to tax. Two States distinguish between the contributions of the self-employed and those made by employed persons: In Iowa the contributions of employees, but not those of the self-employed, are deductible; in Oregon the reverse is true. Of the 10 States in which some or all social security contributions are deductible from income for tax purposes, all but one (Massachusetts) also exempt all old-age, survivors, and disability insurance benefits from income tax.

The 34 States with personal income-tax laws are grouped below in four categories, according to their treatment of old-age, survivors, and disability insurance benefits and employee contributions.

¹ New Hampshire and Tennessee, which levy a personal income tax only on interest and dividend income, are excluded from this analysis. Sixteen States have no personal income-tax laws.

Benefits not taxable—

Contributions not deductible:

Alaska	Montana
Arizona	New Mexico
Arkansas	New York
California	North Carolina
Colorado	North Dakota
District of Columbia	Oklahoma
Georgia	Oregon ²
Idaho	Puerto Rico
Indiana ¹	South Carolina
Kentucky	Utah
Maryland	Vermont
Minnesota	Virginia

Contributions deductible:

Alabama	Kansas
Delaware	Louisiana
Hawaii	Missouri
Iowa ³	Wisconsin

Benefits taxable—

Contributions not deductible:

Mississippi ⁴

Contributions deductible:

Massachusetts ⁵

¹ The first \$3,000 received each year from all private and public pensions, including old-age, survivors, and disability insurance, is exempt from gross income tax. Railroad retirement benefits are wholly nontaxable.

² Employee contributions are not deductible; those made by the self-employed are deductible.

³ Employee contributions are deductible; those made by the self-employed are not deductible.

⁴ Benefits to retired workers and their dependents are taxable; lump-sum payments and survivor benefits are not taxable.

⁵ Benefits to retired workers are taxable; neither benefits to dependents and survivors nor lump-sum payments are taxable.

International Conference on Homemaker Services*

The first International Conference on Homemaker Services was held in Zeist, Holland, in May 1959. The representatives from 13 countries who took part in the conference included one from Canada; two from Norway; four each from Austria, Finland, and the United States; five from Italy; six each from Sweden and Switzerland; 17 from Germany; 18 from France; 23 from Great Britain; 25 from Belgium; and 36 from the Netherlands. Among those attending were two directors general of health, welfare, and education ministries who participated actively throughout the conference, as well as other officials from such agencies; members of voluntary and public organizations providing homemaker service or having a broader function; workers in health and welfare associations; representatives from schools of social work; directors of schools for the training

* Prepared by Maude Morlock, formerly of the Children's Bureau, who was a United States delegate to the conference.

of homemakers; public health nurses in top positions; and members of other professions. Their close connection with homemaker service and their keen interest in it were evident throughout the sessions.

The Minister of Social Work of the Netherlands gave the opening address, and papers on the family today and various aspects of homemaker service were presented by representatives from the Netherlands, France, Germany, Great Britain, and the United States. These papers were then discussed in relation to four or five suggested questions by nine work groups—each with a leader and recorder. A reporter gave daily summaries and a final report on the conference as a whole.

As usual at an international conference, there were barriers of language and difficulties stemming from the variety of backgrounds of knowledge, experience, and cultural patterns. Often the words used did not carry the same meaning for all countries, and the concepts embodied in the words also differed.

Despite these handicaps the whole conference seemed united in its belief in the family as an institution and—particularly because of the problems facing families today—in homemaker service as an essential part of welfare and health services. For the most part there was agreement on the conditions that have made home help to families necessary—the great sociological and economic changes growing out of urbanization, industrialization, mobility of population, employment of mothers, lengthening of the lifespan, and, particularly for European countries, the effects of two world wars.

The conferees also agreed on the fundamental purpose of homemaker service—that is, "to safeguard, protect, stabilize and strengthen family life"—and on its usefulness both for families with children and for the elderly. They saw it as a rehabilitation measure—a way to self-help—and a means of preventing further difficulty.

In addition to the familiar ways in which homemaker service is generally used, other possibilities—some of them already being developed in some countries — were suggested. Great

Britain uses the term "tuckers in" to describe a home helper who lives near an elderly person and drops in long enough to make the individual comfortable for the night. "Sitters up" relieve a tired family member of occasional night care of an ill person when a nurse is not required. "Male home helps" assist on an hourly basis in giving personal care to elderly men. Other countries reported that, to enable the mother to stay with a sick child in the hospital or to make possible a child's early return from the hospital, a home helper cares for the other children in a family. The home helper may care for a sick child so that the mother can continue her employment.

In two countries where the death rate has been high for wives of farmers, home helpers are used in rural areas and villages to improve standards of living and reduce death rates. They assist mothers after confinement and help them to improve conditions. Several countries have a place of "recuperation" for mothers who are worn out and need a vacation—possible only if a home helper cares for the home and children. In Western Europe, it was reported, mothers are more ready to accept necessary medical care when a home helper looks after the children. A few countries are using homemakers in so-called "problem" families to assist parents in learning better ways to take care of their homes and children.

Perhaps the greatest point of difference among the conferees, and that on which the greatest feeling was expressed, was on the basic concepts of public welfare—the type of responsibility resting on government for homemaker service and the proper use of public funds in financing and administering such programs. All believed that public funds were necessary, but one group held to the concept that the actual service should be provided only by the voluntary agencies, frequently under religious auspices.

Others stated their belief that, as in the countries of Northern Europe, the ministries of health and welfare or social affairs have more than a financial responsibility — that they also have a responsibility to assist

and participate with local governments in developing the service and in setting suitable standards for its operation. Furthermore, they could not accept the premise that "any social action demanding initiative, flexibility, and adaptation to changing social needs should be left mainly to private social agencies and started by these." They also expressed their belief that there are many protections and advantages in active participation by government agencies.

Likenesses and differences stood out vividly in the discussions of such matters as the supporting services necessary to make home-help programs effective and, equally important, the types of service a home helper can safely undertake. The discussion was particularly pertinent in relation to care of a sick patient and to work with persons with social, emotional, and economic problems who—in the United States, for example — would be thought to need casework help. The point was made that, where such services are not available, the home helper may undertake duties that are not her function and that are beyond her knowledge and skill. A wide divergence of opinion also existed on the proper age of the person to be employed as a home helper, the length and content of her training, and whether training should be given in residential schools.

The following paragraphs on homemaker services in the Scandinavian countries will illustrate some of the previous points and show the marked development in the programs.

Sweden. — Home-help service in Sweden has had a remarkable development, particularly since 1943, when Parliament decided that local authorities providing home-help services should receive a Government grant. In 1944 such grants were made for 913 home helpers, in 1945 for 1,314, and in 1959 for 3,379 working full time and 282 working part time. Today all but eight municipalities, with a combined population of only 14,000 inhabitants, are receiving the Government grant for home-help services.

A fairly recent development involves home-help service for elderly persons. Home helpers assisted 21,400

(Continued on page 27)

Table 7.—*Old-age, survivors, and disability insurance: Number of monthly benefits awarded, by type of benefit, 1955–59*

Year and quarter ¹	Total			Old-age	Disability ³	Wife's or husband's			Child's ⁴			Widow's or widower's	Mother's	Parent's
	Total	OASI ²	DI ²			Total	OASI ²	DI ²	Total	OASI ²	DI ²			
1955	1,657,773	1,657,773		909,883		288,915	288,915		238,795	238,795		140,624	76,018	3,538
1956	1,855,296	1,855,296		934,033		384,562	384,562		211,783	211,783		253,524	67,475	3,919
1957	2,832,344	2,653,542	178,802	1,424,975	178,802	578,012	578,012		313,163	313,163		244,633	88,174	4,585
1958 (Jan.–Nov.) ⁵	2,123,465	1,960,899	162,566	1,041,668	131,382	379,473	366,553	12,920	286,782	268,518	18,264	199,320	81,467	3,373
1955														
January–March	396,719	396,719		219,209		75,936	75,936		50,547	50,547		34,389	15,917	721
April–June	504,709	504,709		291,587		86,914	86,914		67,375	67,375		36,063	21,263	907
July–September	402,163	402,163		217,849		67,324	67,324		61,535	61,535		34,855	19,631	969
October–December	354,182	354,182		181,238		58,741	58,741		59,338	59,338		34,717	19,207	941
1956														
January–March	346,713	346,713		185,202		59,905	59,905		52,382	52,382		31,845	16,587	792
April–June	413,242	413,242		223,469		73,641	73,641		60,706	60,706		35,271	19,244	911
July–September	438,803	438,803		244,225		87,051	87,051		55,098	55,098		33,842	17,748	839
October–December	656,538	656,538		281,137		163,965	163,965		43,597	43,597		152,566	13,896	1,377
1957														
January–March	659,108	659,108		348,707		151,509	151,509		65,681	65,681		72,076	19,890	1,245
April–June	950,330	950,330		538,103		226,371	226,371		94,029	94,029		65,857	24,645	1,325
July–September	641,756	506,490	135,266	264,506	135,266	100,944	100,944		72,626	72,626		48,603	18,849	962
October–December	581,150	537,614	43,536	273,659	43,536	99,188	99,188		80,827	80,827		58,097	24,790	1,058
1958														
January–March	546,939	502,668	44,271	263,420	44,271	95,847	95,847		67,599	67,599		54,374	20,611	817
April–June	711,565	672,548	39,017	371,765	39,017	128,665	128,665		85,599	85,599		59,996	25,553	970
July–September	547,059	516,815	30,244	271,872	30,244	92,757	92,757		74,213	74,213		54,668	22,423	882
October–November ⁵	317,902	268,868	49,034	134,611	17,850	62,204	49,284	12,920	59,371	41,107	18,264	30,282	12,880	704
1959														
January–March ⁵	764,832	674,932	89,900	338,484	45,642	140,618	122,570	18,048	128,520	102,310	26,210	78,953	30,123	2,492
April–June	651,282	587,481	63,801	302,138	35,182	118,859	107,230	11,629	105,961	88,971	16,990	61,316	25,829	1,997

¹ Annual data for 1940–54 appear in the 1967 *Annual Statistical Supplement*, p. 30, table 34.

² See footnote 2, table 6, page 26.

³ Monthly benefits to disabled workers aged 50–64.

⁴ Includes benefits payable to disabled persons aged 18 or over—dependent children of disabled, deceased, or retired workers—whose disability began before

age 18.

⁵ To effect the benefit increases provided by the 1958 amendments, certain operations affecting statistical data on benefits awarded and monthly benefits in current-payment status were suspended for December 1958; figures on benefits awarded in December 1958 are therefore not available separately but are included in the figures for benefits awarded in January 1959.

HOMEMAKER SERVICE

(Continued from page 21)

aged persons in 1958, in addition to 86,400 families with children.

Two hundred home helpers are graduated each year from residential schools whose curriculum lasts 15 months. Their training includes practice in a hospital, in a home for the aged, and in a children's home. For the most part training is not required for those who work with the aged. They are often selected because of their maturity and competency as housewives. Sweden also offers a 3-month course for women who already have some experience.

Finland.—The Finnish Act of 1950 does not compel local authorities to employ home helpers. If the local authorities do provide such services and certain regulations are fulfilled, they are entitled to a National Government subsidy of 75 percent of the salaries paid to the home helpers.

Administration rests with social welfare boards, but the Ministry of Social Affairs has certain overall responsibility.

The Government also subsidizes approximately 50 percent of the expenses of the 10 training schools for home helpers. These are residential schools, requiring approximately 2 years for completion of the course. The subject matter includes civics, social policy, pedagogy, domestic science, nutrition, child care, hygiene, and cattle tending, with practice of several months in homes for the children and for the aged. Each year about 300 home helpers complete their training in these schools. Other home helpers have less extensive training.

Norway.—In Norway, home-help service is an integral part of the child welfare and public health services, but it is not compulsory by law. Local councils obtain financial assistance

for home-help services from the Government, under certain regulations laid down by the Ministry of Family and Consumers Affairs (formerly the Ministry of Social Affairs). Administration of the service may rest with a local home-help board of 3–5 members appointed by the municipality, but the daily administration is often the function of the local labor office or the local welfare office.

Home helpers who are aged at least 21 and who meet certain requirements of education and experience are given 5-month courses of training in both theory and practice. These courses are operated by the counties, the municipalities, or private organizations. They are subsidized by the National Government when consistent with a syllabus approved by the Ministry of Church and Education. The content of the training courses is similar to that in Finland and

(Continued on page 31)

Table 14.—*Public assistance in the United States, by month, June 1958-June 1959*¹
 [Except for general assistance, includes vendor payments for medical care and cases receiving only such payments]

Year and month	Total ²	Old-age assistance	Aid to dependent children		Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases) ⁴	Total	Old-age assistance	Aid to dependent children (recipients)	Aid to the blind	Aid to the permanently and totally disabled	General assistance (cases) ⁴
			Families	Recipients									
				Total ³									
Number of recipients													
1958													
June	2,460,299	728,255	2,733,146	2,092,216	108,336	312,585	418,000	-----	-0.2	+0.4	+0.2	+1.0	-3.0
July	2,458,761	729,338	2,737,438	2,094,972	108,886	315,968	405,000	-----	-1	+2	+5	+1.1	-3.1
August	2,456,043	732,050	2,750,536	2,105,682	109,114	318,151	384,000	-----	-1	+5	+2	+7	-5.3
September	2,454,281	736,478	2,770,505	2,121,913	109,342	320,516	380,000	-----	-1	+7	+2	+7	-8
October	2,457,568	741,501	2,792,425	2,139,688	109,594	322,974	386,000	-----	+1	+8	+2	+8	+1.5
November	2,454,340	746,271	2,811,134	2,154,928	109,796	325,294	393,000	-----	-1	+7	+2	+7	+1.8
December	2,454,593	756,388	2,850,377	2,185,181	109,837	327,781	434,000	(*)	+1.4	(*)	+8	+8	+10.5
1959													
January	2,448,033	763,380	2,878,505	2,206,932	109,707	329,479	471,000	-----	-3	+1.0	-1	+5	+8.4
February	2,438,436	769,185	2,901,369	2,224,849	109,468	330,345	480,000	-----	-4	+8	-2	+3	+2.0
March ⁷	2,433,348	775,557	2,916,631	2,235,296	109,259	331,294	480,000	-----	-1	+8	+1	+7	(*)
April ⁷	2,431,092	781,132	2,940,172	2,253,313	109,542	335,134	450,000	-----	-2	+5	(*)	+8	-6.3
May ⁷	2,427,898	781,114	2,942,684	2,255,628	109,538	337,495	413,000	-----	-1	(*)	(*)	+8	-8.2
June ⁸	2,419,959	777,680	2,928,957	2,247,002	109,446	339,233	388,000	-----	-3	-5	-1	+5	-6.1
Amount of assistance													
1958													
June	\$284,969,000	\$151,014,619	\$74,564,363	\$7,228,164	\$18,969,310	\$25,713,000	-----	-0.2	-0.2	+0.4	+0.4	+1.5	-2.6
July	283,185,000	150,875,984	74,316,563	7,258,399	18,998,787	24,648,000	-----	-6	-1	-3	+4	+2	-4.1
August	283,108,000	151,598,122	74,624,065	7,254,331	19,199,930	23,184,000	(*)	+5	+4	-1	+1.1	+5.9	
September	285,296,000	151,647,823	76,051,105	7,324,068	19,503,462	23,404,000	+8	(*)	+1.9	+1.0	+1.6	+9	
October	292,746,000	155,652,052	77,775,804	7,406,754	19,960,435	24,778,000	+2.6	+2.6	+2.3	+1.1	+2.3	+5.9	
November	293,582,000	155,069,318	78,749,954	7,446,554	20,057,141	25,099,000	+3	-4	+1.3	+5	+5	+1.3	
December	303,277,000	157,340,068	80,630,305	7,500,736	20,513,094	29,893,000	+3.3	+1.5	+2.4	+7	+2.3	+19.1	
1959													
January	306,705,000	157,827,831	81,475,458	7,481,605	20,741,887	31,912,000	+1.1	+3	+1.0	-3	+1.1	+6.8	
February	308,057,000	156,529,222	82,692,290	7,467,038	20,902,565	32,557,000	+4	-8	+1.5	-2	+8	+2.0	
March ⁷	310,668,000	156,566,456	83,648,244	7,523,686	21,091,117	33,203,000	+8	+1	+1.7	+1.1	+1.6	+2.0	
April ⁷	309,448,000	156,834,503	84,509,504	7,512,199	21,240,340	30,772,000	-4	(*)	+2	-4	+2	-7.3	
May ⁷	307,286,000	157,332,423	84,732,412	7,578,135	21,632,321	27,752,000	-7	+4	+5	+7	+2.0	-9.8	
June ⁸	303,079,000	156,713,649	83,157,339	7,556,299	21,497,170	25,497,000	-1.4	-4	-1.7	-1	+2	-8.1	

¹ For definition of terms see the *Bulletin*, October 1957, p. 18. All data subject to revision.

² Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States.

³ Includes all recipients—the children and 1 parent or other adult relative in families in which the requirements of at least 1 such adult were considered in determining the amount of assistance.

⁴ Excludes Idaho; data not available. Percentage change based on data for

52 States.

⁵ Increase of less than 0.05 percent.

⁶ Decrease of less than 0.05 percent.

⁷ Except for general assistance, data included for Illinois understated for March, overstated for April, and partly estimated for May because of administrative changes in the processing of payments. Percentage changes for the special types of public assistance based on data excluding Illinois.

⁸ Percentage changes for the special types of public assistance based on data excluding Illinois (data not comparable, see footnote 7).

HOMEMAKER SERVICE

(Continued from page 27)

Sweden but with particular emphasis on psychology and mental hygiene.

The Ministry is at present engaged in effecting a coordination of the home-help service and home-nursing services. The purpose of this coordination is to establish a sounder financial basis for home-nursing services, which it is hoped will result in a better use of existing hospital facilities. Parliament has already voted the funds necessary for a joint housewife relief and home-nursing service; the program was scheduled to become effective July 1, 1959.

Denmark.—In Denmark about half the rural districts and approximately

99 percent of the urban districts have home-help service. All communities may provide this service if they wish; the National Government pays 50 percent of the cost, the local government 30 percent, and the recipients pay whatever they can.

Training courses, which are not obligatory, are under the supervision of the Ministry of Social Affairs. Only 38 percent of the home helpers have had short training courses and are working on a full-time basis. The majority work only part time, but the extent to which part-time home helpers are used varies with the type of community—urban or rural.

Summary.—From these brief descriptions of home-help service in some Northern European countries

and from conversations with some of their representatives at the conference, the conviction in these countries of the importance of home-help service is evident. The governments are actively behind its development.

In all these countries, those employed as home helpers are, for the most part, young women. Preliminary training in a group is of longer duration than in the United States. Emphasis is placed on this employment as a career or occupation; conferees from several countries termed it a "profession." It is also considered excellent preparation for marriage.

Families and aged individuals receiving home-help service are generally those whose need is greatest—families with small children and

Table 15.—Amount of vendor payments for medical care for recipients of public assistance, by program and State, June 1959¹

State	Old-age assistance	Aid to dependent children	Aid to the blind	Aid to the permanently and totally disabled	General assistance
Total.....	\$21,637,057	\$4,867,198	\$584,292	\$3,367,323	\$8,658,000
Alabama.....	824	292		119	3
Alaska.....				(3)	44,518
Arkansas.....	317,940	26,264	9,929	44,267	
California.....	1,569,642	959,694	84,522		77,028
Colorado.....	768,048	43,216	2,920	13,926	80,288
Connecticut.....	311,997	160,314	7,878	94,072	(3)
Delaware.....			1,617		
District of Columbia.....	25,060	960	8	13,075	1,016
Florida.....	254,647		5,330	36,124	
Hawaii.....	8,250	33,093	623	6,126	
Idaho.....	10,289		100	664	
Illinois.....	2,043,512	312,838	61,066	218,004	461,175
Indiana.....	528,924	142,125	30,936	(3)	292,413
Iowa.....	203,088	62,844	7,432	(3)	234,883
Kansas.....	331,123	74,990	7,871	57,500	46,341
Louisiana.....	224,794	11,126	3,256	49,954	5,565
Maine.....	130,702	16,968	4,630	22,056	63,915
Maryland.....	50,510	77,933	1,434	22,099	
Massachusetts.....	3,357,436	200,906	14,819	562,488	176,787
Michigan.....	462,204	83,130	8,307	28,220	346,555
Minnesota.....	1,611,383	202,601	35,193	9,615	310,816
Montana.....	4,224	553	1,601	301	217,287
Nebraska.....	317,115	6,652	25,589	29,601	422,610
Nevada.....	15,588		1,080	(3)	30,176
New Hampshire.....	79,679	16,584	2,806	12,084	(3)
New Jersey.....	622,776	50,868	216	135,785	172,699
New Mexico.....	112,740	57,176	2,670	27,016	12,710
New York.....	2,862,065	1,248,307	123,039	1,227,250	269,767
North Carolina.....	94,508	48,318	4,657	51,864	233,677
North Dakota.....	212,626	26,922	1,083	36,015	26,093
Ohio.....	1,108,346	134,070	24,236	83,527	1,665,001
Oklahoma.....	960,057		19,930	93,996	(3)
Oregon.....	273,187	19,845	2,246	61,019	24,192
Pennsylvania.....	155,385	200,759	21,760	70,404	2,750
Rhode Island.....	83,556	72,167	762	38,164	438,601
South Carolina.....					48,974
South Dakota.....					4104,306
Tennessee.....	147,535	41,752	4,908	36,937	
Utah.....	41,015	30,764	812	10,870	1,622
Virgin Islands.....	294	131	5	50	142
Virginia.....	48,838		2,580	14,209	22,176
Washington.....	742,863	220,409	13,144	122,567	223,362
West Virginia.....	78,024	80,523	5,221	15,656	14,293
Wisconsin.....	1,429,915	195,880	37,733	114,621	279,635
Wyoming.....	36,348	6,224	343	6,178	23,672

¹ For the special types of public assistance figures in italics represent payments made without Federal participation. For State programs not shown, no vendor payments were made during the month or such payments were not reported.

² Includes an estimated amount for States making vendor payments for medical care from general assistance funds and from special medical funds and re-

porting these data semiannually but not on a monthly basis.

³ No program for aid to the permanently and totally disabled.

⁴ Includes payments made in behalf of recipients of the special types of public assistance.

⁵ Data not available.

those in the low-income group. Sweden emphasizes, however, that its service is not just for the poor: "Even a well-off family or person in our country, with its lack of servants, can meet with difficulties so great that it is necessary to give them home help which they pay for."

In all European countries the service, except for the aged, is given as a temporary measure—of a few weeks' duration. For the aged the need for hourly service for a much longer time is recognized and in many instances

provided. All countries voiced the need for more home helpers.

One speaker at the conference, in summing up her thinking on the entire subject of homemaker service, said:

A small fraction of countries provide sufficient home-help services in relation to population. Yet this is an occupation where enough personnel should be available. Home help can counteract extended hospitalization, institutional care for the sick and aged persons, foster-home placements

of children, disruption of families due to poor housekeeping. It may thus become an important means in maintaining family life. Home-help and homemaker services have become a part of modern social work. Great public expense could be saved with the aid of an extended and well organized home-help service. To reach this goal social responsibility has to be awakened on the part of those who can do the work and those personalities on the official level who have the duty to legally, financially and professionally organize home-help service.