

DOCUMENT RESUME

ED 031 552

VT 006 399

Proceedings of the International Congress on Home Help Services (Paris, France, September 1962). WA
Publication No. 10.

National Council for Homemaker Services, New York, N.Y.; Welfare Administration, Washington, D.C. (DHEW).

Pub Date 65

Note-79p.

Available from-Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
(FS14.2:H75/2 \$.30)

EDRS Price MF-\$0.50 HC Not Available from EDRS.

Descriptors-Companions (Occupation), *Conference Reports, Foreign Countries, Health Occupations, Health
Occupations Education, *Home Management, International Organizations, Maids, *Occupational Home
Economics, *Service Workers, Speeches, *Visiting Homemakers

Identifiers-*International Congress On Home Help Services

This report in English translation is intended to acquaint agencies and individuals in this country with the homemaker services of other nations. The home helper is an international phenomenon and her role is developing, and the free exchange of workers signals a growing harmony in the concepts of training, and mutual recognition of qualifications in the various countries. For these reasons the United States through the National Council for Homemaker Services participates in the International Council on Home Health Services. Approximately 350 delegates of 16 countries attended the International Congress. Papers included in the document are: (1) "The Home Helper and the Changes in the Family and Household Work" by M. Pierre Laroque, (2) "The Medical Importance of the Home Helper" by J.A. Gillet, (3) "The Multiple Aspects and Specialized Training of the Home Helper" by Carmen Jonas, (4) "The Importance of Training for Home Helpers" by Margareta Nordstrom, and (5) "The Place of the Home Helper in Social Services" by Dr. Pense. The document also includes a general report of work group discussions and brief summaries of reports presented by home help organizations in 13 countries. (JK)

ED031552

NATIONAL COUNCIL
FOR
HOMEMAKER SERVICES, INC.
1740 BROADWAY
NEW YORK, N. Y. 10019

PROCEEDINGS
of the
International Congress
of Paris on  Services

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PROCEEDINGS
of the
International Congress
on **HOME HELP Services**

Held in Paris, France, September 1962.

English Translation

National Council for Homemaker Services,
1790 Broadway - New York 19, New York

WA Publication No. 10

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C., 20402 - Price 30 cents

FOREWORD

The Welfare Administration is pleased to make available, in an English translation, this report of the 1962 International Congress of Home Help Services in Paris, which will acquaint agencies and individuals in this country with the homemaker services of other nations.

The International Council of Home Help Services was initiated at the 1959 International Congress in Holland, and was formally organized at a meeting of delegates immediately preceding the 1962 Congress in France. Efforts to develop such an international organization had been in progress for some years.

The United States is represented in the International Council through the National Council for Homemaker Services, which is made up of agencies and individual members representing public and voluntary organizations in both the health and welfare fields.

It is evident from this report that many of the European countries have much larger programs of home help services than we have in the United States. Homemaker services in this country are increasing rapidly, however. In one year's time—since the release of the latest Directory on Homemaker Services—the number of homemaker services programs has increased nearly one third, and the numbers of homemakers employed and families served have increased at least 20 percent.

I commend this report both for the papers presented at the Congress and for the brief reports relating to the individual nations.

Ellen Winston
U.S. Commissioner of Welfare.

International Council of Home Help Services I.C.H.S.

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List of Organizations Represented on the French Committee

**Fédération Nationale des Associations pour l'Aide aux Mères de Famille,
12, rue Chomel—Paris (7°).**

**Union Nationale des Associations d'Aides Familiales Rurales
22, boulevard Latour-Maubourg—Paris (7°).**

**Fédération Nationale des Associations Populaires de l'Aide Familiale
1, rue de Maubeuge—Paris (9°).**

**Union Nationale des Congrégations d'Action Hospitalière et Sociale
175, boulevard Saint-Germain—Paris (6°).
regroupant les divers Services dépendant de Congrégations Religieuses :**

**Petites Sœurs de l'Assomption, Petites Sœurs Dominicaines, Auxiliatrices du
Purgatoire, Sœurs Servantes des Pauvres.**

**Fédération Nationale des Associations d'Aide Familiale Populaire
54, boulevard Garibaldi—Paris (15°).**

**Union Nationale des Caisses d'Allocations Familiales
47, rue de la Chaussée-d'Antin—Paris (9°).**

**Caisse Centrale d'Allocations Familiales de la Région Parisienne
14, rue Viala—Paris (15°).**

**Service Familial des Jeunes Filles
28, place Saint-Georges—Paris (9°).**

**Association Interprofessionnelle des Services Sociaux de Valenciennes
37, rue Edmond-Guillaume—Valenciennes (Nord).**

**Union Inter-Régionale des Travailleuses Familiales de la Région Parisienne
28, place Saint-Georges—Paris (9°).**

**Association Inter-Départementale des Travailleuses Familiales Rurales
8, rue Saint-Etienne—Nevers (Nièvre).**

**Ligue d'Hygiène Sociale
18, rue du Devau—Cholet (Maine-et-Loire).**

**Aides Familiales de Banlieue
21, avenue d'Argenteuil—Asnières (Seine).**

**Bon Secours de Troyes.—Filles de la Sagesse (Cholet).— Sœurs de la Pommeraye
(Angers).—Sœurs de Saint-François-d'Assise (Angers).**

Introduction*

The following pages set forth the principles developed at the first congress of the International Council of Home Help Services following its official organization.

Without a doubt the reading of this brochure will recall, for those who participated in the congress, the particularly friendly and constructive atmosphere of the discussions.

The preparations for this work began long ago.

It was in 1952 that our British friends undertook to invite representatives of the European countries having home help services to attend their national congress in London. There the first discussions and meetings, which were in the future to lead to an international organization, were held.

In 1953, the Paris "discussions" followed those in London. Then again in 1956 the United Kingdom welcomed us at Oxford. At the same time, relations were being established among the directors of the European services. The common experiences and the peculiarities of each of these were discussed, and the conviction grew that an international organization was needed.

A provisional committee was appointed to prepare for an international conference to be held in May of 1959 at Woudschoten (Zeist), in the Netherlands, at which delegates from the various countries would be brought together. It was at the conclusion of that international conference that the International Council of Home Help Services (ICHS), to which the services in some 20 countries now belong, was established.

* * *

**Collette TAISNE, Presidente du Comite Francais des O.T.F. (France), Member of the Central Committee of the ICHS.*

The Paris Congress was the first general meeting of the directors of such services, be they from Sweden, Japan, the United States, or

This was a constructive meeting characterized by an atmosphere of inquiry and understanding. It explored the current phenomena Belgium.

which have developed with the appearance of the home helper, quite natural developments resulting from the changes in conditions of family life in our modern society.

The social services of the "home helper" are, according to the evidence, developing. It is necessary to insure that this development should proceed under the best possible conditions for those who benefit from it and those who practice this profession.

In this connection, the experiences of the various countries make their contributions in terms of positive discoveries and the inadequacies which have been identified. The home helper is an international phenomenon. Given the complexity of family situations, her role increasingly appears to be necessarily a multiple one, as she must function in a variety of cases in which she may be needed and must be prepared for different circumstances.

The world is shrinking, and Europe is changing. The free exchange of workers signals a growing harmony in the concepts and training in the various countries, and mutual recognition of qualifications. We all have much to gain from this common labor with other countries, and it is in the conviction of this that we pursue our work within the ICHS.

In a certain sense, the Paris Congress is continuing, because the principles set forth for our common reflection are serving as the working basis for study projects in various countries.

* * *

At the conclusion of the congress, the ICHS selected the members of its central committee and its executive bureau. It commissioned them to study whatever home help services may exist on the various continents of the world, to publicize the accomplishments achieved, and to prepare for a second international congress to be held in September of 1965, near Frankfurt in Germany.

And thus the report of one congress held ends with the announcement of one to follow. But before proceeding, we would like to make mention again of our gratitude to all those who made the first congress of the ICHS in Paris a truly international, studious, and friendly gathering.

We would also express the hope that all those in our country who hold responsible posts do everything in their power so that the French delegation will be able to say that in France families have been granted the right of aid by home helpers.

The Home Helper and the Changes in the Family and Household Work*

I feel some embarrassment in speaking on household work and family tasks, because this is a realm which still remains specifically feminine, and one in which men play but a very modest part. Thus I risk a show of vanity in undertaking to evaluate the scope and value of these tasks when I am merely a beneficiary, a user, of such services, without participating in them effectively.

However, yielding to the insistence of your leaders, I will try at the outset of this congress to explain to you my view of the place of the home helper in the modern world, in view of the changes in the family and in household tasks. As a point of departure I shall take the definition of the work of the home helper set forth in the statutes of the International Council of Home Help Services, which is as follows: "Home help is the aid rendered to the family under competent direction by persons qualified to undertake household and family tasks in instances of illness, childbirth, overly large families, chronic illness, old age, or other social problems."

In this definition there are two basic elements: First and primarily the family, and secondly, family and household tasks. The needs for home help, and thus the work of the home helper whose task it is to meet these needs, are governed directly by these two elements, first by the nature of the family, and secondly by the nature of the family and household tasks. It is the changes in the family in the modern

**Presented by M. Pierre Laroque, Conseiller d'Etat, Président de la Caisse Nationale de Sécurité Sociale (France).*

world which have created these needs. It is the transformations in family and household tasks—those which have occurred, those which are in progress, and those which will come in the future—which determine, and will in the future increasingly determine, the nature of the profession of home help. It is in terms of these two aspects that I should like to examine the problem I have been asked to discuss with you.

Family changes—in the past, family and household tasks were accomplished within the framework of the family by members of the family, without help from outside. When such assistance appeared necessary, neighbors were called upon. In comfortably situated families, domestics were employed, and those domestics became, in effect, parts of the family group with which they were associated. This situation, which appears to have been mainly outgrown in the modern countries today, nonetheless still exists in a number of nations. The changes in the family life which have been felt so deeply in the modern countries have not developed to the same extent everywhere and in all cases.

The first of these changes is seen in the reduction of the size of the household. The family of the past was a large one, in which several generations lived under the same roof. This family was an economic unit engaged in agricultural, craft, or commercial work. It was, in fact, more perhaps an economic unit than a social one, because the size of the group was closely linked with the potentialities of the economic unit—that is, it depended on how many persons the product of the group labor could sustain.

Within this group there was a division of labor, depending on the economic occupation involved, according to age. Each had his responsibilities, and as the group changed, the internal transformation was reflected in a change in the tasks, in that each person moved progressively from one type of work to another. But all this developed within the family group itself. One could even say that in such a family, there was not any real distinction between household tasks and work for economic gain. All these tasks were intermingled, which is still true, even in modern countries, in family agricultural enterprises. In such a situation, the farmer, his wife, and the children perform household and productive tasks without distinction, so that there is no way to mark a clear line between the two categories. This type of family, with which we are all familiar today, is an example of what all families were like in the past. These were families, therefore, in which the need for outside household help was not felt, and indeed there was vastly less need for such aid than could be the case today. The modern family, such as we see among the working population in great urban concentrations, is very different. It is, firstly, of limited size. This family in fact involves only the parents and the

children who have not as yet reached working age. Furthermore, this is a family in which there is a complete separation of household tasks and work for economic gain. This dissociation between family life and labor is one of the basic characteristics of the economy which resulted from the industrial revolution.

First of all, labor is done outside the family circle, in a completely different environment. Family tasks, household work, become distinct and take on characteristics peculiar to these types of work. Moreover, the family in a large city is an isolated family, and it is one of the paradoxes of modern life that the more families and individuals there are in a local concentration, the more they are psychologically and socially isolated. In a large city, each individual and each family is anonymous, lost in the indifferent crowd, without the support provided by the social group in a rural environment or in a small town where each individual is known to the others and mutual control is exerted. The indifference of one's neighbors and the absence of real solidarity creates a psychological climate which is entirely new, and which is furthermore largely responsible for the psychological and social imbalances so often found in great urban concentrations.

Because of this reduction in the size of the family, there is an increasing number of public homes, in particular—and this is one of the basic problems in our modern world—homes for old people. While in the traditional family of the past, aged persons remained in the family circle and thus benefited from the group contribution both materially and morally, increasingly now the aged person is on his own. Finally, while domestic help becomes ever scarcer, the responsibility for household work tends to evolve exclusively on the mother in each family. The result is that when the mother of a family is circumstantially incapacitated, the family experiences a crisis which may be very serious indeed. Thus, the changes in the family have profoundly altered the nature and the scope of household work. We can regret these changes, but we cannot escape them. They are the inevitable consequence of economic and social transformations, and it serves no purpose to yearn for the past. We can only derive from these changes the necessary social and family policies to be pursued. And if the family has undergone a change, we must remember that to these transformations due to economic factors, to the industrial revolution and all its consequences, the influence of ideological changes in the attitude toward and the concept of the family must be added.

In the 19th century and at the beginning of the 20th century basically individualist trends dominated. The rights of man which were asserted in France by the revolution of 1789 and which spread so broadly throughout the modern world were viewed as the rights of the individual against all groups, against any collective which appeared to impose restrictions on individual liberties. The family

suffered from this ideological change in that it was viewed as a source of restraint upon the individual, as a factor enslaving the individual to collective interests. Thus the rights of man were often enough cited against family control itself. The rights of women and children developed as a trend toward freeing the woman, the child, the individual, from the family group. What was wanted was to free the individual from family ties. We should add that this trend was strengthened because of the identification throughout this period between the concept of the family and political and social conservatism.

Defenders of family unity were made to seem to be persons who yearned for the good old days, such that all the forces of progress were turned against the family. This is a factor which has been extremely important in the general social development of the last century and a half, although for some decades now, and especially in the last 30 years, we have witnessed a return to family values, a resurgence of the concept of the family, which is a basic factor in the problem which concerns us here today. In fact, with a more accurate evaluation of the social factors in the modern world, it became clear that the family served a need. This is true because, first, any psychological study of the individual shows that man is not meant to live alone, but within a family group. The family is necessary also, and possibly most important, for the training of children. Here again the various works of pediatricians and educators have shown that the child does not develop normally—psychologically, physically, or morally—outside the family group, and that even collective education, by itself, can hardly supplant the family environment, however imperfect it may be.

Man, beginning with childhood, needs a certain framework, a certain affection, a psychological and moral complex which is found only in the family group. On the other hand, perhaps more than anything in recent years, it has been the development of social policy which has repeatedly stressed the great importance of the family factor. In fact, it became clear that trying to improve the standard of living for the individual has no meaning in isolation from the family. There is no individual standard of living, but only a family one. The income derived from a man's work is not intended to serve only his personal needs, but to maintain the family group whose support he is. Even an attempt to insure individual security—which is the aim of all recent social security legislation—is meaningless if the individual is isolated from his family. This is because he is at least as concerned, and perhaps more so, about the threats to his wife and children as to those which affect him personally. Thus there is no individual security without family security.

In the end, if one wants to give each individual opportunity—and this is the purpose of all social policies—if one wants to insure his

chances of advancement, the possibility of rising in the social and economic hierarchies, one is again obliged to regard the individual as a part of his family. Social advance cannot be merely individual advance. If we do not take the family factor into account (aware that it is the family status on which such advance is based) and if the individual advance is not accompanied by group advance, the result is dissociation from the family, with consequent psychological and social problems.

A more scientific understanding of family sociology, and the pursuit of a social policy which has steadily been improved, have both contributed to the revaluation of the family. It should be added that this was facilitated, and perhaps even made possible, by the increasing attention given to the worker's family. The ideological concepts of the last century were in fact wholly based on the bourgeois family, the only one, indeed, with which the authors of these ideas were familiar. A closer and more accurate observation of workers' families resulted in a new view of the family problem. This new appraisal of the family does not mean a return to the past, as there is no question of going back to the family concepts of olden times. Nor is there any question of reestablishing a limiting family, one which enslaves its members. On the contrary, it is necessary progressively to develop a new family structure adapted to the needs of the modern world, and it is this development which is in progress now, although we are not yet fully aware of it.

Renewed emphasis on the family necessarily exerts a profound influence on all problems in the internal life of the family group, and thus upon home help and the role of the home helper. This is because new recognition for household and family tasks derives from new recognition for the family, and this consequently brings new importance to the profession of those who devote themselves to these tasks.

The second factor which influences the development of the role of the family helper today is, as I have said, the change in household work itself. The crisis in the family structure which characterized the 19th century and the beginning of the 20th century brought with it contempt for household tasks. Such work was presented as being riveted to purely physical duties—cooking, cleaning, sewing—and requiring no other training than the passing on of the methods from generation to generation. Thus it is ironical that just when the rights of woman were being asserted and her freedom from servitude and from a position of inferiority was being sought, the household tasks which represented the basic activity of a very large number of women came to be regarded with contempt. Here again the explanation of the situation involves the fact that the atmosphere and the ideological attitude promoted developed mainly among the comfortable bourgeoisie, in which household tasks were not done by the mother

of the family but by domestic personnel who were regarded as being at the bottom of the economic and social scale. But as renewed respect for the family developed, a profound transformation also came about in household labor. First, there was the change on the technical level. Housekeeping today is no longer a matter of almost exclusively empirical manual tasks, or a constant repetition of mechanically learned series of motions. Increasingly, household duties are developing as a profession of growing complexity and difficulty involving a variety of techniques. Firstly, family life now involves the use of increasingly complex equipment requiring skilled handling. We are all aware of the growing importance of the whole range of household appliances in modern life. Secondly, the performance of household tasks requires scientific knowledge of increasing scope even in realms in connection with which science was never formerly thought of. I am thinking, for example, of dietetics, which is, or at least should be, the basis of all meal planning, and consequently of the entire realm of culinary activities within the family circle. Also medical and psychological knowledge are necessary, not only because illness develops in the home, but also because the training of children, and thus child care and education, today depend and should basically depend even more on precise scientific factors which must be learned and understood.

Economic knowledge is necessary, because a family budget today can no longer be handled by simple empiricism. It is necessary to purchase, to plan income and expenditures, to allow for savings. All this presupposes a complex and difficult education in matters which have been studied in increasing detail and which are acquiring an ever more scientific nature.

Household tasks, moreover, require ever less purely manual labor, both because some are done by machines and because outside services are used (laundries, etc.). In urban areas, in the modern cities, less and less sewing is done at home, and, in fact, even less cooking. Thus the manual aspect of household tasks is losing importance. On the other hand, other aspects of household work, such as a knowledge of the advantages and disadvantages of various products and types of equipment, an ability to secure and use proper equipment, or budgeting—specifically intellectual tasks—are of increasing importance.

The basic fact which emerges from the technical transformation is that the family is sociologically and psychologically isolated in the midst of great population concentrations, while on the other hand it is economically and technically ever more dependent on mechanisms and collective services for its very existence, and for the implementation of domestic tasks. Because of this, housekeeping takes on a new economic importance. The family group today has developed into a veritable small enterprise, with its technical services, the meals to be served, the

equipment, tools, and commercial services used. There is the purchasing problem, involving financial services, budget, and savings. Thus, household activities are in fact the final end of the entire economic process. This entire economic organization which we have seen develop unceasingly, these vast factories and stores, all exist, in the end, for the family; for all these products and all these services are intended for whom? For families. Thus the family is the final recipient of all the changes which have come about in our factories and our shops.

More and more the family, by its purchases and by its choices, influences production precisely because it is for the family that production exists. Although we are not consciously aware of it, the entire organization of economic life in our country, and even the orientation of international economic life, is directly guided by individual housewives' decisions. It is a fact, as we are all well aware, that the same resources can be used to provide a family with a variety of types of life, depending on how those resources are used. Thus from the point of view of the family itself, and from the point of view of the economy in general, the mission of the family, and more particularly of the mother who runs the household, takes on new importance. The person responsible for household management in fact serves as a true enterprise director, with all this involves in terms of duties and responsibilities. Household management, therefore, is of great importance.

In connection with the economic importance of this work, I will point out the results of an investigation undertaken in France in 1951 which showed that the number of working hours invested in household activities was three times greater than the total number of salaried working hours in trade and industry. Nothing could better demonstrate the importance of household management in the overall economic and social picture. This certainly does not mean that household work represents three times the economic value of the whole of industrial and commercial activities. In fact, household work is unproductive as compared to other activities. This is true because of inadequate mechanization, poor division of labor, and the poor training of those who do the work. As a result, household tasks are in fact inefficiently accomplished and in this connection a special effort is necessary to improve their productivity.

What is true on the technical and economic level is equally true psychologically and socially. In this connection, the changes in household work have produced increasingly contradictory consequences. In some ways, the changes have resulted in greater respectability for household work. This is a consequence of the relative decrease in purely physical tasks, which I mentioned before, and the development of intellectual aspects: the establishment of a domestic economy, the education of the children, etc. Household management now involves

more initiative and increasing economic, psychological, and social responsibilities. All of this, without a doubt, has increased its status.

But, on the other hand, it must be recognized that too often the mothers of families even today are improperly suited to their work. The first reason for this, and unfortunately an inevitable one, is that housework is not usually a chosen profession. While ordinarily an individual chooses his work on the basis of his tastes and his aptitudes, and an increasing effort is being made to select and guide individuals so as to insure the best possible adaptation of the man to the work and the job to the man, household tasks are, so to speak, imposed. One does not choose among them, and in most families all the household work must be accomplished, and is accomplished, by the housewife.

The second reason is that housework is usually solitary work, as a consequence of the conditions of modern life in which work for economic gain is done outside the home, the children spend the greater part of their time in school and thus away from home, while the woman who devotes her time to the maintenance of the household remains alone. She is exclusively responsible for these tasks. Many psychological difficulties and family conflicts arise from the fact that certain women do not have the physical, mental, and moral aptitudes necessary to the completion of family tasks, and thus their psychological balance is in constant peril. Even the factors which give new human value to housework can work against the housewife, for many women are not capable of playing the role of an enterprise head, and in particular are not suited to the isolation which is too often a characteristic of the homemaker's life. Furthermore, household work tends too often to be overwork for those responsible. These are continuing tasks from which there is generally no respite. The problem is often aggravated by a lack of equipment, unsuitable housing, and those various factors of existence in a city setting which make the fulfillment of the mission by the mother of the family increasingly difficult. Often training too is inadequate. All these factors may result in a physical and moral burden which is aggravated by the sense of the inevitable, the feeling that the housewife has that she can never escape from her situation, that she is condemned for life to the fulfillment of these duties. Thus the collapse of the mother of the family, a risk which is increasingly likely with the changes in family life, can be a real catastrophe precisely because everything depends on her; and her collapse may bring about the dissolution of the home and the household, leaving the children and the husband without care. Such incapacity is vastly more serious in the modern family than in the family of the past, because the larger families in the old days had spontaneous mechanisms which more or less automatically moved in to compensate for the indisposition of the housewife.

It is in this context that the home helper has appeared. This is a new profession born of new needs which are the inevitable consequence of these two types of change. The home helper assumes, entirely or in part, family responsibilities when the individual or individuals on whom these normally devolve are incapacitated. Mainly, the home helper replaces the mother during illness, childbirth, or absence from the home. On the other hand, the home helper may undertake some tasks which the individual or individuals responsible for the home cannot themselves perform.

We have here another problem which is to a considerable extent new, but of increasing importance. It is the problem of elderly persons, of isolated homes in which they are incapable of performing some of the tasks involved in their own maintenance, tasks in which the aid of persons from outside is becoming increasingly indispensable. It must also be stressed that there is one aspect of the work of the home helper which is becoming ever more significant. This is the educational side of her work. The home helper, by her example, in fact teaches how the tasks she is doing can best be accomplished. Thus her task is not solely to do the work, but also to teach the family, or the housewife, or, as the case requires, the aged person, the best way of utilizing the resources available. Thus, as you will readily see, a profound and extensive influence on the standard of living, on the conditions of life for the family or the aged person, is exerted.

These tasks are without a doubt difficult. First they are technically difficult, because the increasingly scientific nature of the knowledge involved in the proper performance of household tasks presupposes that the home helper herself has an understanding of all aspects of the work, which she must accomplish under the best possible conditions. Her mistakes or ignorance can never be excused. While the housewife may constantly commit errors, because it is increasingly possible for her to be unaware of the factors on which the execution of her tasks should be based, the home helper will never be forgiven if she makes a mistake, because she is a professional and, because of that fact, should have a command of all the basic elements of her profession. But this knowledge is not only complex; it is constantly changing, because these new realms to which science has turned recently are developing from day to day. Thus it is not only necessary that the home helper be well trained to begin with, but it is equally essential that she keep up to date, that she keep abreast of the new knowledge available.

To these technical difficulties we must add the psychological aspects which derive specifically from the fact that the home helper plays not only a material or economic role, but is an important psychological and social factor, first in terms of the family group from which the mother is temporarily absent. It is at least a part of her duty to

maintain home solidarity and to do all she can to avoid the risk of a family breakup. And while the home helper must not interfere with the responsibilities of other members of the family, she must accomplish her work without trying to replace those upon whom the responsibility of home management falls. Perhaps this is the most difficult aspect—the balance which must be maintained between the implementation of material tasks and the submission, at least in appearance, to the decisions which should be made by those responsible—the father and the mother of the family. Here we have an aspect of social activity which all social workers are familiar with: the social worker should never take the place of the family or a member of it, but should rather help the family or the individual to meet his own responsibilities.

The role of the family helper is perhaps even more important with regard to aged persons—that is, to guard against the common tendency of such individuals to withdraw within themselves, eventually to extreme isolation which may lead to physical and mental deterioration. The function of the home helper should be to establish contacts between aged persons and the social environment, to act against this isolation, keeping the aged persons members of society for their own benefit, thus combating the distress which results in withdrawal into one's self, and that sense of abandonment from which our old people suffer deeply.

All of these circumstances contribute, I repeat, to making the tasks of the home helper increasingly exacting, increasingly technical, and increasingly difficult. This is hard work because of the knowledge it requires, and because of the psychological and moral qualities needed for it. Thus the basis of this profession, as of all others, must be selectivity. Not everyone is suited to this work, and furthermore, training and suitable placement are necessary. Selection, training, and the right placement are prerequisites if this work is to be executed properly. These aspects pose the problems which are the subject matter of this congress. I would only like to mention a few, which I know are included on the agenda for your discussion. I do not pretend to provide solutions to them. It is for you to seek the solutions during your future work.

One of the leading problems involves the relative merits of generalization and specialization in this type of work. There is a wide variety among the homes in which home helpers may be needed. There is not much similarity between a young family in which the duties of a mother to young children must be performed and a home of aged persons in which a precise and extensive knowledge of the psychology of the aged is necessary, and in which the task is to establish contact between an elderly person and the community.

Even within household work itself, there is a wide variety of

techniques to be employed, and it is well known that under the conditions of a modern economy, one of the factors in the profitability of work which has taken on increasing importance is the division of labor and specialization. This may lead to a specialization in household work, either in a certain type of task or in a certain type of home.

There is another argument which suggests the same possibility. If one wants to make a careful selection of home helpers with the necessary qualifications, it is sometimes difficult to find persons who can satisfactorily fulfill their duties in all the various types of homes they may need to serve in terms of the varied tasks required. In the crisis in recruiting home helpers which we are experiencing, it is easier to find workers qualified for certain specific tasks. On the other hand, it could be claimed that there are disadvantages to the constant repetition of the single task, and that the very variety of the work to be done is one factor which might create interest in the profession, and an element of satisfaction to the home helper herself. As I have said, I am not attempting to provide solutions. This is one of the problems which you will be taking up. There is another which derives from these difficulties in recruiting to which I referred a moment ago. The need in this realm is unlimited. What is certain is that we will not be able to meet it completely, whatever we do, for a very long time. We might ask ourselves, therefore, if at least for a certain part of household work we should not call upon aides who do not have all the qualifications of the home helper, who have not had full training, but are capable of doing some of the work of the home helper, so long as there are not enough persons fully qualified in this profession.

We have a difficult problem here, because it is risky to depend on untrained persons for the completion of tasks which require very special knowledge in order to be performed properly. However, we must in this connection take into account a factor of some importance: More and more in the modern day we find, particularly in the urban environment, women who have some time available, women whose children have reached an age at which they no longer depend upon their mother, women who are therefore not fully employed and would like some employment at around 45 or 50 years of age, women whose experience would permit them to contribute usefully to other families in terms of household work. It would seem foolish to overlook the contribution these women could make, although it is sometimes difficult to persuade them to take complete training in household management, and although the help they could render would often not be full-time help.

Here, again, I do not pretend to have the answer to the problem. It is one more which you will study. You must devote concern to it,

because it is a very current one and is closely linked with the problem of the general organization of household help.

Finally, and this will be the last point to which I will draw your attention, the necessary development of home help services, which will certainly continue to grow, is but one element in a family program which has many other aspects. This program, and the development of home help services, should be combined with a housing program which will make it possible to guarantee each family lodging suited, to the greatest extent possible, to its needs. Further, there should be a program to furnish each family with material means of satisfying its needs under the best possible conditions. Even more important, there should be a household management teaching program, the need for which is constantly growing, with training going beyond the old-style lessons in sewing and cooking, and covering domestic economy, child care, the psychological problems of harmony between the spouses and between parents and children—the prerequisites of a happy and healthy family life.

Such training should not only be provided to young girls in the period prior to marriage, but should continue throughout family life, as an element of continuing education. It should be one of the key aspects of our social organization in the years to come. Home help services should be combined, finally, with social welfare and medical-social services, the development of which is one of the characteristics of our modern society. All these efforts must be coordinated in order to reestablish the proper framework for family and social life. This integration of home help in an overall effort is a prerequisite to full effectiveness in the work of home helpers.

In examining the present situation on the basis of these ideas, I find that still today the household helper is too often regarded as a cleaning woman who comes to do some of the heavy work while the housewife is incapacitated. Yet I think that the conclusion from all I have said—and I am deeply persuaded of this—is that the responsibilities of the home helper today are quite different. Because of the example she sets, because of her educational role, and because of the psychological aspects of her task, the home helper is—and is daily becoming more so—an essential cog in the implementation of a family program worthy of the name, a family program which will adapt the family structure to the modern world, and will coordinate the family with all its specific responsibilities in the economic and social life of our times while also giving household tasks their full human value.

It is this which makes the mission of home helpers so important and of such great value. Through the complex of their daily tasks, home helpers can daily contribute more, I hope and I believe, to the building, through the family, of a better, richer, and more human social order.

The Medical Importance of the Home Helper*

HISTORY

To understand our present system of social and medical organization, we must look at the past, which has influenced the way in which services have developed and is responsible for the fact that in Great Britain home help is a "medical" service.

The history of the various measures undertaken by state and local authorities to render aid to citizens in a personal fashion goes back to the ordinance issued by Elizabeth I in 1601, when the first official efforts were made to differentiate between those who were ill and in want and those suffering from want but in good health.

The result was a system of outside aid which made each little parish responsible for its own unemployed. The provisions of the Poor Law of 1832, amended in 1834, established Boards of Guardians. These were elected, and were in charge of the administration of a sector larger than the parish council, within which it was their duty to implement the provisions of the Poor Law.

Workhouses (which were also shelters) were built, and an effort was made to do away with the payment of sums for outside aid, but this failed. In approximately the next 50 years, sanitary reforms brought about a change of attitude. In 1909, the principle of outside aid allocations was accepted. Also during this period, the shelters provided some medical treatment for inmates who fell ill, but ordinarily they did not accept persons who were ill.

**Presented by Dr. J. A. Gillet—MB, CHB, DPH, FRSH—Medical Officer of Health for Dagenham; Area Medical Officer; and Divisional School Medical Officer for ESSEX County Council (Great Britain).*

During the year after the report of the Royal Commission in 1909, the principle of state interest in personal health problems was accepted. The Midwifery Act of 1918 established childbirth services supervised by higher local authorities. It was to advance this service that home helpers were called upon to take charge of domestic management during the period of childbirth. They were mainly provided by voluntary societies, although some local authorities made an effort to organize services of this sort.

As a result of the Local Government Act of 1929, hospitals were placed under the jurisdiction of local authorities and the medical health officer, who was responsible for hospital administration and for some solution to the limited number of maternity beds, by means of home helpers and midwives furnished for home deliveries. Thus home helpers, coming under the jurisdiction of the Ministry of Health, became "medical." During the Second World War, the defense provisions authorized home helpers to serve in cases other than maternity and infant care. At the end of the war, in 1946, when these provisions ceased to be effective, the National Health Service Law established a similar system. Act 29 authorized home help in households having a bedridden person, a pregnant mother, mental deficient, aged persons, or children below school age.

THE CURRENT SITUATION

Information on the present picture is found in the annual reports of the Ministry of Health, as well as those of government doctors, including their special reports to the committee. This information can be supplemented by interviews with government physicians, directors and doctors in home help services, and with those who benefit from such help themselves.

In perusing the various reports on such services, one can distinguish three types:

(a) Those which developed rather late and are still in the first stage of development; (b) those which have overcome early difficulties and are in transition to the third group; and (c) those which have attained a certain stability and are even making precise plans for the future, being able with relative exactitude to estimate future service needs.

Unfortunately, cases handled are not grouped according to illnesses. The services make use of general classifications, so that the following figures can be extracted from the 1961 report of the Ministry of Health:

- (a) Aged persons and chronic invalids—76% of all cases
- (b) Maternity—11%
- (c) Tuberculosis—1%
- (d) Other cases—12%

Some local authorities have special categories for serious illnesses

and mental cases. Others have services for venereal diseases or contagious diseases.

Aged persons

In 1961, aged persons accounted for 76 percent of the total number of cases on a national scale. Physical health and morale can be improved by direct or indirect methods, which must, moreover, often be combined. Direct methods involve active medical treatment, while the indirect methods lie outside this realm, and require such services as a friendly presence to relieve solitude.

In many cases, home helpers can perform direct medical services, for example changing dressings, bandaging, etc., or serving as "family nurse."

One of the indirect methods of aid is the preparation of nourishing meals, which can both prevent and contribute to the cure of illnesses.

Aid to solitary aged persons is an indirect method which promotes the mental health of the patient. Among other things, the home helper must be ready to listen, which may do more good than everything else she does in the house.

Maternity

Such cases represented 11 percent of the total in 1961. Home helpers can make a contribution during the prenatal period, particularly when there are signs of toxemia and the mother must be confined to her bed at home or in hospital. Other complications, such as heart ailments, may make the services of a home helper necessary. If there is a syncope, rest is vital. Premature return from the hospital may necessitate aid in home maintenance in the postnatal period.

Tuberculosis

There has been a substantial decline in the number of tuberculosis cases in recent years, and although home help continues to make a valuable contribution in this connection, there is less and less need for it.

Other cases

As regards mental illness, the determining factors often have more to do with environment than heredity. In environmental causes, mental and physical factors both come into play. Outside pressures exerted upon the patient and the exaggerated ideas he may have about the antagonism of the outer world are two aspects of mental illness which may be modified by the attitude of the home helper toward the patient. The pressure on the children, in a family in which one of the parents is suffering from mental illness, can be alleviated by the home helper. Where there is mental deficiency, the home helper can do a great deal, particularly if the patient is a child, in relieving the tension among the parents and friends resulting from the presence of an abnormal child in the home.

Special services

In connection with family problems, the opportunities to instruct the mother are many. Among many other things, she can learn to manage a budget, to foresee the needs of her family, to provide a healthy diet, etc.

Where serious illness is involved, the problem varies with the nature and the gravity of the case, although in general mothers try to manage by themselves even if they are not capable of doing so, which is bad. The presence of the home helper enables the mother to receive effective treatment in time, either at a hospital or at home, and this well may affect the speed of her recovery.

A LOOK TOWARD THE FUTURE

Home help in the future will no longer involve makeshift solutions, but will be a service with its own discipline, a part of the health services under the leadership of trained and competent organizers with experience and technical ability whose role will be something like that of inspectors general of public health.

Future training will involve the expansion of current methods and will pertain to family budgeting, organization of home management, food costs, invalid care, the prevention of contagion and infection, mental health, home accident prevention, first aid in the home, household tasks, child care, and care of the aged.

Current trends indicate that in the future there will be increasing need for the care of aged persons at home. In the years to come we will also have to meet extensive needs for service to the mentally ill.

The Ten-Year Plan drafted by the Ministry of Health will make even greater demands on home help services, for increasing stress is being put on home care and the home helper will have to measure up to these needs, learn new techniques, and maintain rigid discipline.

It is to be hoped that more research will be done on home help activities, particularly within the service itself, with special emphasis on medical activities, which are much more important than may be seen at first glance.

The Multiple Aspects and Specialized Training of the Home Helper*

The maintenance of family equilibrium or the restoration of its well-being is the goal of all the services offered by home help. It matters little whether one aspect or the other predominates.

The family helper and her capacity to maintain or restore mental and physical health in the family group are, in social work, the basis of the multiple aspects of aid to families.

In the introductory speeches by Mr. Laroque and Dr. Gillet, the goal and the potential of family aid were set forth in detail. The various possibilities in providing family aid as social assistance depend mainly on the human quality and the qualified knowledge of the home helper.

If we examine her tasks from her point of view, we must ask what it is that would lead a future home helper to choose this profession, and what knowledge and qualities are expected of her, in view of the complexity of her tasks.

We all agree that the profession of the home helper is a difficult one, such that excellent physical and emotional health are a prerequisite, apart from the desire to render social assistance. Furthermore, the home helper must have a variety of knowledge if she is to give aid under all the possible circumstances. In order to understand the scope of what the home helper must know, we have but to examine the

*Presented by Dr. Carmen Jonas, Paritätischer Hauspflegeverband (Germany); member of the central committee of the I.C.H.S.

types of cases in which the aid of such a helper is required. Usually these cases involve substitution for the mother or homemaker.

Mr. Laroque has clearly demonstrated the importance of this task, indicating that the home helper is basically expected to know everything that a good mother and housekeeper does.

Nonetheless, we must ask ourselves if the fulfillment of a mother's duties exhausts the demands made on the home helper. First let us consider just what is expected of a good mother and housekeeper! This information is not specifically set forth anywhere, and there is no diploma which requires of the mistress of a household a minimum standard of knowledge. But we can assume that a good mother and homemaker knows how to manage the family funds, to direct home activities and the education of her children, to provide the necessary health care, and especially that required for infants, and, finally, to cook well and maintain order and cleanliness in the home.

When a home helper replaces the mother, it is not enough that she have abilities and knowledge equal to those of the mother. We also expect that her work will contribute as much as the work of any good mother and excellent housekeeper. We must find a measure for the abilities we require, if we want to insure that home helpers will meet the multiple demands of the profession. This means that we must, in home help services, establish a standard for knowledge and ability on the basis of what we expect of a good mother and housekeeper. As we have already said, the special knowledge involved covers the following fields: Money management, housekeeping and cooking, education, nutrition, and health care for children, including sick children, and so-called baby care. Generally, mothers and housewives do not learn all of this in a school. But the professional, who must take the place of a good mother, must, without a doubt, have training. If the level of accomplishment is to be high, considerable study will be required.

But if we further examine the tasks and the working conditions of the home helper, we will see that her task is still more difficult.

The mother works always in a familiar environment, with her own family, within a known framework, with full knowledge of her household, its requirements, and its financial restrictions, and equally aware of the nature of the members of her family, their faults and their virtues, etc.

The situation is different for the home helper who enters the household to substitute for the mother. She does not know the family. She must find her way in a strange environment, which will be different with each family to whom she is sent. She must get to know the family, and win the confidence and the affection of the children. She must be more careful with the family funds and property than with her own. She must care for the infant, but she must also be able to

prepare meals that suit everyone's taste. She must have a firm hand with difficult children, but she must also be competent to handle the aged, able to persuade them to go out for a walk, to have their baths, or to follow their diets.

It is the totality of these abilities and this knowledge, which is required of the home helper, which makes family assistance a profession of many aspects within the framework of social work.

The number and the age of the children must be immaterial to the home helper, who may have to care for infants as well as older children, and spoiled children as well as properly brought up ones, in all kinds of situations. She takes over when the mother is ill at home, in the hospital, or elsewhere for reasons of health.

Furthermore, the domestic situations in which home helpers find themselves differ greatly. Not all families require home help because of poverty. Any family may one day have to ask for personal assistance because of illness, a shortage of hospital beds, or, in the case of the aged, refusal to go to the hospital or old people's home.

Since family aid may be required at any level of living, the future home helper should be trained with this in mind. She must know how to use modern household equipment, but she must also be able, under extremely modest conditions, to work with very little. She will find herself in immaculately kept homes where her task will be to make the fussy housewife understand that invalid care takes priority over irreproachable housekeeping. But the home helper must also be able to cope with chaos and dirt.

Each time she undertakes a new case, she must plan how to make her aid effective. In general, whenever a home helper is sent to a family, it is because that family is in a period of crisis.

If there is an aged person in the family, the home helper undertakes his care. She cares for the patient until he regains his health and can manage by himself, until he is placed in a home, or, very often, until he dies.

If the fulfillment of daily practical tasks requires professional training, this is much more necessary and urgent with a view to dealing with the variety of psychological situations which the home helper may encounter.

One of the characteristics of the work of the home helper is the frequent change of environment. The home helper remains with the family only for a limited time, which she does not control. This fact makes it necessary that the home helper be extremely adaptable. This is true not only because of the variety of families she will encounter, but also because of the difference in the persons she must care for: babies, children, invalids, or aged persons.

Most of the cases to which we have referred involve no abnormality.

They call for a substitute for the mother of a family when she is ill. But many aspects of home help go beyond such cases.

The home helper teaches the young and inexperienced mother baby care. She works hard to teach the inept housewife how to budget her money and nourish her family properly. Knowing of the great importance attributed by modern medicine to a regime of nourishment which will maintain health, the home helper should have a working knowledge of dietetics. Families expect her not only to be able to prepare proper meals, but also to give advice, and to suggest principles for the preparation of menus after she has left the family. Very often, it depends entirely on the home helper whether medical prescriptions will be followed, and thus whether treatment will effect a cure. This is one important reason for the high regard which doctors have for home helpers.

But the tasks of the home helper and the opportunities for giving aid, through household help, in the many aspects of social work are still broader. We have already mentioned care of the aged. But we would like to say more about the task of the home helper in this very important modern sphere.

Not always, but very often, the aged requiring care are bedridden. On leaving the hospital, they receive instructions concerning self-care. But the majority of aged persons are incapable of caring for themselves, particularly if they are bedridden. Thus it is essential that a home helper have training if she is to be able to render aid. She should not have need for constant recourse to the assistance of a home nurse. Naturally, on the other hand, the home helper is not a nurse, and she cannot give injections. Therefore, she is dependent, where these as well as many other medical treatments are involved, upon the help of a nurse. But it is self-evident that organizations dealing in the care of aged persons should realize that their home helpers must have thorough knowledge of the care of aged invalids at home. There are a growing number of such persons.

The situation of the home helper who works for such invalids is very different from the situation of the nurse in a hospital or old people's home. The only advantage she enjoys is that she has but one invalid to care for. Even so, she must be prepared for the unexpected. Even if the home helper had the assistance of a private nurse in caring for the patient's room and in consultation about his needs, she would be alone with the patient most of the time. Thus the knowledge of invalid care is an indispensable part of her professional training. Even if there are members of the family to help, she must be able to teach them the techniques required: Keeping the bed fresh, the placing of sickroom equipment, the application of compresses, etc.

All this knowledge, which contributes basically to the comfort of

the patient and to his progress toward health, makes the home helper an assistant highly valued by doctors.

It is not only in the care of aged persons that physicians require such help. Often, aid is needed by families in which the mother is ill at home, suffering from a serious illness such as cancer or multiple sclerosis, and requiring such care as we have described.

Here, however, I would reiterate that the home helper is not a nurse. Yet, we must recognize that the ability to make an invalid bed properly and to keep the sick person clean and as comfortable as possible are a part of the many aspects of her tasks. It would be unpardonable to expect a home helper to perform such tasks without the proper training; on the other hand, she should know her limitations and limit her services to what the doctor has ordered.

Thus training for the profession of home helper is necessary. It cannot be short-term training, because it must include the requirements set forth above.

As to the varying developments seen in home help in various countries, it is hardly surprising that the preparation of such workers should be so different. But we should try, now that a certain international contact has been established, to establish a common basis for the training of home helpers. This will be a step forward which will facilitate the future development of this important profession.

The Importance of Training for Home Helpers*

To all those who have attended international conferences on family aid, or who have studied family aid services in other countries, it is obvious that viewpoints vary greatly on the problem of training in this field. (Editor's note: Since this report pertains to the experience in Sweden, the term "family aid" will be used, since it corresponds to our term "home help.")

Some countries provide no special training, or only courses providing basic information for family aid, which is all that is required. Other countries regard training as essential. In still others, training is regarded as desirable although for various reasons it has not been possible to provide it.

Whether one regards it as essential or not, training, like other aspects of family aid, is linked with its history and depends upon economic resources, the extent of the expansion of family aid, the age of the women employed in the service, whether the work is full or part time, and whether or not the service renders aid to aged persons, as well as other families. Of course, family aid is just one piece of a puzzle, which must fit properly in its place in the general social framework of the country in question.

In 1950, when our family aid services had already existed for 30 years, I had an opportunity to travel as a United Nations student to England, the Netherlands, and Switzerland. At that time, like everyone else in Sweden, I took it for granted that local authorities or private organizations would provide family aid, with someone to replace

**Presented by Margareta Nordstrom, Royal Social Welfare Board of Sweden; member of the Central Committee of the ICHS.*

the mistress of the house, only when a family was in difficulties, or to help a sick person living alone. Such a person would have extensive professional experience, I thought, and I was surprised to learn that in England no training was required for family aides, or at least no more than 2 weeks' instruction.

We in Sweden have had to revise our views.

Our family aid program developed rather slowly, and on the whole it grew parallel to the training of family aides for full-time employment in helping families. However, despite intensified construction of old people's homes, the number of the aged requiring public aid and maintenance has increased steadily, so that their needs have shot ahead of our capacity.

With the small apartments of the modern day, the geographic mobility of the large part of our population, and the trend toward urbanization and industrialization, as well as the increasing entry of married women into the labor market, we cannot always expect families to take care of their own aged. On the other hand, elderly persons do not want official assistance unless they are absolutely destitute, but they do not want to be dependent on their families either. Now all the elderly persons in Sweden receive their national pensions, which make it possible for them to manage their own affairs; we are constantly building new, economical, and modern apartments suitable for old people, and nowadays no one receives legal assistance except for social reasons. But many old persons who want to remain in their own homes are entirely or partially incapable of household tasks, and thus, at the beginning of 1950, we had to meet the needs for aides trained and capable of housekeeping for old persons living alone.

I would like to describe, without any claim to these methods as the only workable ones, how training is organized in our country, which has 7½ million people, and in which family aid services are almost entirely in the hands of local authorities.

The basis of our service is 3,250 full-time family aides, who completed their training in boarding schools or courses lasting from 3 to 15 months, depending on the prior experience of the candidate. They receive thorough training in household work, such as to make them capable of fulfilling all the necessary functions: Caring for children, maintenance of the home, care of aged persons, cooking, household management, etc., as they may exist in any family unit and under all predictable circumstances. The family aides are mainly employed in families for short periods while the mistress of the house is ill, or under other critical circumstances.

We prefer to train family aides in boarding schools where we can come to know them, and learn, and this is very important, whether or not they have a talent for adapting themselves to others. Because of the great distances in our country, constant supervision of the family

aides, who as a rule remain only a few weeks with one family, is impossible. Therefore, they must be capable of doing their work entirely independently, and we must be able to place confidence in them.

The training is free, but the students pay two-thirds of the cost of their board and room. Single women with dependents and certain other categories may pay for their training while supporting their families.

For the aid service to the elderly, which as a general rule is provided by the municipalities, or sometimes by the Red Cross with municipal financing, we have adopted the English method. We employ married women who can give us several hours a day. As a rule, elderly persons receive 2 or 3 hours of help daily, although in some cases only a few hours a week are needed. However, when necessary, 24-hour service is provided.

During the last week of January this year, this work was done by 14,858 married women working half-time. During that week, they provided service to 32,200 elderly persons and 1,911 handicapped persons. Some of these aides, called "family Samaritans," have had no special preparation. In some cases they have taken weekend courses or attended discussion groups. However, there is also a 132-hour course financed and organized by the state for these family Samaritans, when local authorities require such training. It is these local authorities who decide if the workers available to them are well enough qualified to need no more than brief lectures, if they require more training, or if for some reason the aged persons they will care for require more experience than can be expected of an ordinary housewife.

In Goteborg, our second largest city, with 408,000 people, 1,600 family Samaritans provided help to 3,689 aged and handicapped persons in the last week of January. This city has served as a model for a number of other localities. The service there has a directress and 24 social assistants (3½ years of study) with extensive practical experience in the care of the aged and in the infirmities of the aged (the responsibility of the district nurses), but they work solely as organizers, recruiting aides, visiting the elderly patients at home, and maintaining contact between work with aged persons and other sectors of social work. Furthermore, and this is important in regard to the subject of training, they give each family Samaritan the pertinent information about her aged patients as to practical care, and decide how much time the aide will give each patient, daily or weekly. The average assistant is in charge of 150 aged persons and 65 family Samaritans, which is a very heavy burden. In Goteborg, the training of family Samaritans is not done on a group basis. The trained assistants themselves give personal instruction to each family aide in terms of her specific work. I might add that recruiting is no problem in Goteborg except in summer.

Although service is not as well organized in other cities and communities as in Goteborg, the local authorities throughout the country, wherever family aides have not had training or have had too little, have begun to realize the importance of employing specialized organizers to obtain the best possible economic results, and above all to create an atmosphere of security for the elderly persons, who are more or less "on their own" with the help of the family Samaritans.

Family aid service to long-term invalids is provided by the general councils, which are responsible for medical care in our country. This service has existed for 10 years, and it operates on the same principle as our aid to the aged. Some years ago, about 3,000 women were employed, and their training was more or less the same as that of the family Samaritans. In this service, the district nurses play the role of supervisors.

We have one kind of family aid service in which we use half-time employees who have received another type of training. These are our "babysitters," who care for the children of working mothers. Ordinarily these children are in nurseries or schools, but, because of their work, the mothers are unable to remain at home even if a child is ill.

This service is well developed in Stockholm, where 208 babysitters cared for 3,566 children last year. Some babysitters are professional children's nurses or former family aides, and others have had 72-hour courses, or 3 full days of training. All babysitters attend meetings sponsored by the family aid service every 3 weeks for instruction and discussions on their work, as well as demonstrations of methods used in caring for sick children. Two very well-trained family aides serve as instructors, and their help is warmly welcomed by the babysitters.

We do not delude ourselves that it is possible to train perfect family aides. If a number of problems in family aid are constant, there are others which are extremely variable. We must realize that we live in a world of changing problems. The needs of mankind vary from day to day, and we must try to provide complex training and improvement courses for family aides.

Improvement courses last a week, and are provided every year in four of the larger schools in our country, for some 300 family aides. They cover such subjects as social service, psychology, human relations, and other matters of common interest. They are of considerable importance. Family aides who always work alone meet their colleagues in these courses, and can exchange experience on social problems.

In addition to these courses, given only for family aides all over the country, the local authorities often sponsor discussions or other similar activities organized by the family aides themselves. In Stockholm, for example, six psychology courses were organized last year, with 15 to 18 participants each. In Stockholm, the courses given include instructions on clothing and wardrobe maintenance. Three circles with 30

to 35 participants studied this subject. Eighty family aides attended 3-day supplementary courses on social service, child care, temperance, and also posture during household tasks. Family aides in small groups visited communal institutions and administrative bureaus as well as schools. They learned about the work of the rehabilitation bureau, and they visited apartments equipped with special facilities for handicapped persons. Family aides also have an athletic association which meets once a week. The city of Stockholm is now organizing and directing a large number of improvement courses for family aides who already have basic training.

The family aid service in the city of Stockholm has also organized advanced training for 15 especially apt and experienced family aides. They will care for—

1. Families in which the mothers are undergoing treatment (electroshock) for mental illness, remaining at home most of the day. These mothers often create great strain in the family, especially for the children, and the family aides must devote special attention to other members of the family, in order to maintain their emotional balance despite the illness of the mother.

2. Families in which the mothers, out of work after long periods in the hospital, must readapt to family life and household work. Here the family aide must work on two levels: giving advice and doing the practical work.

3. Families in which the mother, because of incompetence or lack of experience, is unable to manage her home efficiently and needs competent guidance.

4. Families with handicapped children.

5. Cases being observed by the ministries of child and social welfare, in which a competent family aide with sound judgment can provide an evaluation of daily family life better than other welfare workers, in order that the authorities can take the proper steps.

6. Cases of serious epidemic illness in a home in which family aid may prevent more extensive contagion.

7. Detailed instruction of new employees.

Family aid is expected to cover a wide variety of tasks, but in a large city there is indeed an accumulation of difficult cases requiring broad adaptability, judgment, patience, and physical endurance, and, equally important, extensive knowledge.

It is quite true that family aid services have not yet reached a permanent definition in our world. I fervently hope that they never will. I am aware that my report is not entirely consistent with the assigned subject, but I did not choose that subject myself, and I do not believe that generalized training is possible within the framework of a family aid service which is broadly extended and greatly differentiated.

However, what matters is to find persons qualified for this difficult

and independent work of family aid. If I were to describe the ideal family aide, I would say that she must be loyal, mature, balanced, and cautious, with a positive view of the outside world, the rights of man, and the problems of life. We must think of these things when we select students for our courses and when we judge their competence for particular jobs; and we must give our family aides training, which they will not receive elsewhere, to make them confident in their work and aware of membership in a professional group. In establishing their wages and social privileges, we must take into account the competition on the labor market, so that we will not have to content ourselves with "those who cannot do anything else."

It is not this congress, or the politicians, or the officials and representatives of charitable bodies, or the organizers of family aid, or other social welfare workers who are the heart of the social family aid services of which we are all proud. This honor falls to those persons who, not only for their physical work, but with the contribution of their minds and hearts, are daily helping our needy children, our adults, our aged persons, and our invalids.

General Report of the Work Groups*

During the recent days of this congress, you have heard two major reports by President Pierre Laroque and Dr. Gillet, dealing with the socio-economic role of the home helper and her contribution to the safeguarding of health in our modern society.

Eight work groups have added the fruits of their reflections, their experience, and their debates to the already important work which has been set forth for you by these two speakers.

My task is to present to you now a brief summary of the conclusions derived from this work.

The time allocated to me is so brief that I must apologize to you for the brevity of this summary. However, I count on the perspicacity and efficiency of your secretariat to complete the final report of your work, including that which may have escaped my hasty evaluation.

Essentially, the following conclusions were reached on the basis of discussion and study of Dr. Gillet's report on the medical importance of home help.

The groups agreed unanimously that the role of the home helper is a "favorable element" as regards the physical and mental health of families and single individuals to whom such help is rendered.

This positive contribution contributes as well to the prevention of the deterioration of health in families receiving aid, because of the improvement of the psychological atmosphere, caused by the reassuring presence of the home helper.

*Presented by Mr. Robert Prigent, ancien Ministre, Directeur Général de l'U.N.I.O.P.S.S.

There are certain conclusions to be derived from this: There must be definite requirements in the training of home help, and there must be definite standards of behavior during their social welfare work.

As regards basic training in the majority of the countries represented here in which an examination, a certificate, or a diploma represents qualification, it would appear that the subjects covered as regards hygiene, dietetics, and basic care are satisfactory and sufficient for the needs of the profession.

However, some discussions indicate that in order for home helpers to fulfill their responsibilities fully in regard to "problem families," they need some supplementary knowledge in the field of mental hygiene.

Such knowledge could be acquired in internships or supplementary training sessions, which several groups suggested could be provided for home helpers after they had undertaken practical work.

Examining the function of the home helper in the mental health campaign from this point of view, all study groups unanimously agreed that it is necessary for the home helper to be sure that she does not exceed her jurisdiction in this delicate and mainly preventive field.

The home helper should be at least as competent as a good housewife.

She should exercise attentive vigilance, suggesting that a medical technician, a doctor, a nurse, or a dentist be called when the case requires.

She should be competent to undertake the delicate handling of a helpless invalid.

She should be capable of giving good advice as regards hygiene and dietetics.

In all cases, home helpers must refrain scrupulously from undertaking the dangerous domain of diagnoses, or even the most elementary prescriptions.

This danger cannot be overstressed, deriving as it does from the confidence which the family home helper must have in herself after some years of experience. In particular, it derives from the confidence placed in her by the family themselves.

Thus the home helper herself must know her proper limitations. In this connection, she must take three factors into account: Her basic training, the framework of the organization which provides her services to families, and the part she may play in medical-social teams.

It should be noted that only some groups favored the inclusion of home helpers in medical-social teams. Others, however, had reservations about the psychological willingness of families to accept home helpers as members of larger teams.

These reservations reflect the fear of absolute control of the family,

which may result either in psychological resentment and resistance, or, on the other hand, the total submission of the family group.

This general danger in all social activities connected with family service, which may result in the permanent tutelage of a family instead of promoting the blossoming of each of its members and his development in the sense of internal and external responsibility, is, in fact, a risk for the home helper as it is in all types of aid rendered to families.

There is without a doubt a need for studies of the nature of our services, in order to avoid an impersonal administrative control and to promote the real participation of families in their own management, to insure that a climate of instruction in mutual help will prevail instead of a sterile atmosphere of tutelage.

Finally, in reaching general conclusions on the points in Dr. Gillet's report, those attending the congress stressed the indispensable and irreplaceable role of home helpers in the modern struggle to insure healthy conditions in modern nations, on the basis of the extensive development of conditions of family life, also described in the report by President Laroque.

The delegates noted on the one hand the preventive role of home help services, and on the other, the part they can play in facilitating family and social recovery. They agreed that the investment made in home help services tends to minimize other much larger expenditures in the realm of health costs.

Finally, the hope was generally expressed that in all existing welfare and insurance systems for illness, maternity, accidents, and old age, payment for the service of home helpers will become legal allocations of a regular nature, rather than occasional and discretionary ones.

* * *

Following the report by Mr. Pierre Laroque, and on his suggestion, two questions were posed for consideration by the study groups.

The first: in view of the various areas in which home helpers are used, should training be oriented on a specialized basis or, on the contrary, should professional training remain generalized, and thus multiple in aspect?

Second: in view of the constant and growing increase in the need for home help, what is needed for the present and the future?

From the studies of and exchanges of views on the first question, it developed that there is unanimous feeling in favor of broad general training for home helpers, and against any attempt to use home helpers in too narrowly specialized areas during their professional life.

In connection with the question of the importance of periods of specialization, the following areas were established in an evaluation of the various types of cases encountered:

Aid to a family in heavy household duties beyond the capacity of the mother;

Aid to a family in which the father, mother, or another member is acutely ill;

Aid to a family when a child is born;

Aid to backward families or those poorly adapted to their environment (for example, Moslem families which have recently immigrated to France);

Aid within the framework of a hospital team for cases of illness treated at home;

Participation in a team of home economics advisers, in connection with adaptation to a new way of life;

Aid to aged couples or older persons living alone;

Aid to families requiring counseling and guidance; and

Aid to families in which the mother is suffering from mental depression.

It should be remembered that this list is not intended to be exhaustive.

In view of this variety of cases to be encountered, the study groups in general expressed themselves opposed to specialization in training or work.

This seemed to be in part because the delegates were generally opposed to the more or less artificial categories which might develop a hierarchy in a profession which they would like to see retain its individual, equalitarian, and dignified nature in all regards.

A number of delegates stressed the extensive effort which will still be necessary to effect a reevaluation of household tasks, even with the increasing current recognition of their complexity, and expressed the fear that with the opposition to specialized training for some home helpers, the function and tasks of general home helpers might cease to command the proper respect and be regarded as menial.

In conclusion, the general desire was expressed to continue standard general training for a variety of tasks as a basis for becoming a home helper.

However, attention should be directed here to the importance of good psychological rapport between the home helper and the family she aids, requiring her to adapt to the home environment.

For this reason it appears justified that groups of home helpers who will work in a rural environment should receive, from the beginning, training adapted to the needs and nature of their future field of action.

Psychologically oriented training—preparation for work with often very inadequate equipment and materials, and in isolated locations—involves the development of the ability to improvise and initiate under often difficult circumstances.

For many reasons, training oriented for rural work is recommended,

not as a specialty, since the basic training remains the same and the goal is still preparation for a variety of activities, but with the special guidance necessary for an environment with its own special characteristics.

In the group discussions, there was also stress on the desirability of using home helpers in a variety of successive tasks, since this appears to be beneficial to the psychological balance of such workers.

In fact, several delegates insisted on the danger of assigning a home helper, even a very gifted and well-trained one, to deal with a series of problem families, for example, or repeatedly to care for those acutely ill, or to spend month after month working with mentally deficient persons.

Thus we can say that the first part of these discussions concluded with the decision that a single type of training, and a variety of tasks in the professional life, are wise.

The assignment of tasks and their distribution among the workers on the basis of the type of case to be dealt with thus makes demands on the wisdom of the managers and administrators of home help agencies.

It may develop, in fact, and this is an illustration of the responsibility of the tasks of the administrative personnel, that a given home helper should not be assigned to one or two types of cases if, for example, she dislikes contact with seriously ill persons, if she is not psychologically balanced enough to sustain continued contact with persons suffering mental difficulties, or if she is temperamentally unsuited for constant contact with aged persons.

In such cases, the variety of other services to be rendered remains sufficient to permit assignments in other situations, excluding those for which she is not suited.

On the other hand, especially in the most difficult cases—mental illness and family training were mentioned in this connection—administrators must select, on the basis of the specific environment involved, the home helpers who would be best adapted to these situations, either in terms of demonstrated ability or personal tastes.

In this connection, internship sessions or brief advanced training or supplementary courses might be in order.

According to the majority of delegates to the congress, there should not, however, be notable differences of titles, certificates, or diplomas as a result.

Also, it seemed desirable to the majority of delegates that even home helpers who performed a specialized task in a particularly satisfactory way should not be assigned to that type of family or home continually.

Interest in variety in the work, personal responsibility for advancement, interest in the profession, and psychological balance on the part of the home helper appeared as major concerns of the majority of delegates who expressed themselves in the work groups.

The second question set for discussion by President Laroque gave rise to substantially greater disagreement.

In fact, as was unanimously recognized, while demand continues to increase and the needs are ever rising, the increase in the number of home helpers trained to a satisfactory level does not match the increase in demand.

What to do?

Must we leave a certain number of families without the required aid?

Should we lower the requirements in order to produce a larger number of home helpers, at least numerically?

Should we establish two levels of professional helpers for families, homes, or individuals living alone, some with the qualifications required for home helpers as established on an international level and others with qualifications which would suffice for some more limited needs?

Should we perhaps add to teams of home helpers volunteers or salaried persons with only empirical experience and goodwill as qualifications?

Abandoning the seriousness of these considerations for a moment, I would like to mention to you how amusing it is for the observer who has the privilege of examining all the reactions of the work groups, of which the delegates are members, to see in these various reactions to theoretical or practical problems the general characteristics of the nations, the mosaic of temperament which gives its character to old Europe. André Siegfried, whose passion for this kind of study we remember, would have found a rich harvest here.

There is a love of order and firm categories, among our German neighbors. The Latins have a passion for inserting in legal texts and theoretical explanations of human cases empirical daily solutions to problems. Among our Anglo-Saxon friends there is caution about solutions which are too pat, and confidence in man's abilities. These characteristics justify the different positions taken in our European Congress by these delegates, and they make it necessary for me to exercise the utmost caution in my concluding analysis on this point.

Two considerations lead to the conviction of some delegates that it is not desirable to utilize home helpers with less than standard qualifications.

The first consideration is the interest of the family or persons to be aided. These, claim such delegates, could only suffer from services rendered by persons with insufficient qualifications.

The second consideration is the need in a profession which is not yet highly enough regarded in modern society to take great care to safeguard its reputation, avoiding anything which might devalue it, diminish the social standing of those who engage in it, or decrease interest in it and the prestige in which it is held by young people who might enter it.

It seems that this view prevailed in France, Belgium, and Finland, where social agencies in general receive allocations or subsidies to cover only the services rendered by trained helpers.

On the other hand, in such countries as Germany and Holland, it is quite common to use, in addition to properly certified home helpers, a number, sometimes large, of persons with briefer training. In some cases older persons recruited on the basis of an evaluation of their experience are used.

Furthermore, it appears that in the most demanding countries, in regions with a low population density, such as rural areas, as well as for certain types of aid to older persons, private agencies employ persons without any special qualifications, for whom various terms are used.

Also it appears that until a very short time ago, in such countries as Great Britain, training was not systematic in nature, and a certificate was not always issued to those trained.

However, there was substantial agreement on the need for a proper appreciation of the functions of the home helper.

In a time and in a world in which, as Mr. Laroque quite rightly stressed, the task of the housewife is becoming increasingly complex, both on the social level, in which the mother is the teacher, and on the economic level, where she is a purchasing agent, and also on the technical level, specific and thorough household training is needed. Thus, it seems obvious that those called upon to help mothers in their homes in the most difficult periods, which is when they are needed, must have thorough training if they are to perform this delicate work.

Ideally, then, only home helpers with excellent technical training and proper psychological backgrounds would be used.

But facts are facts, and because a variety of auxiliaries work alongside the home helpers, it seems highly desirable for them to be helped to acquire, in a form and manner which would have to be determined, training which will give them a normal level of understanding, rendering them capable of the exercise of this profession, and of useful service to families.

Thus it would be desirable for agencies which finance such services to take the need into account, and to provide the necessary funds to cover such training.

It should also be noted in passing that several speeches have stressed the need in general social terms, and to promote the full flowering of families, to maintain and develop the spirit of helpfulness and the benevolent and altruistic service. It is important, they say, that families should not become accustomed to expect general services for their every need, which would soon take on an administrative nature, coming to feel no responsibility in connection with such services.

"Do what you can for yourself, and help others as you would like to be helped" should remain the basis of character training, human

development, and inspiration. If these are not developed, families will be unable fully to serve their basic educational function.

But to return to our main theme, it should be noted that the employment of helpers without diplomas, working in this profession with only very brief training, remains a worry to a number of delegates participating in discussion groups.

In particular, several groups insisted that service to aged persons should not be regarded as the least important type, or as that to which aides with mediocre qualifications are assigned.

A number of speakers, moreover, noted the psychological difficulties in handling older persons, who are often defensive against any interference in their lives. The importance of dietetics in the proper nourishment of old people was also stressed.

In two groups, it was suggested that auxiliary personnel be grouped in centers for mending, laundry, ironing, etc. This would lighten the physical burdens of the home helpers, enable them to devote more time to real service to the members of the family, and avoid the confusion which develops in some families about the exact role and qualifications of home helpers.

This idea is doubtless worth consideration, but it does not seem likely that it will provide a total solution to the problem.

That solution will only be found as we develop plans for the future. Suggestions as to what it should be are certainly to be found in an examination of the desires expressed in several groups:

For better payment for home helpers, who are still not highly enough regarded in the various countries, in terms of the important social role they are called upon to play;

A reevaluation of the home helpers' services in terms of financial gain and social standing, such as to permit the enlistment of an increasing number of young recruits, thus raising the general level.

Such progressive improvements should make it possible eventually to employ as home helpers only truly qualified professionals, of which there should eventually be enough for all needs.

However, whatever the technical qualifications of home helpers, a willingness of heart and mind will in the end determine the effectiveness of their services.

They must always maintain humility, objectivity, and concern for those they serve if they are to help a normal family, momentarily handicapped by the incapacity of the mother, in such a way as to leave behind an unlimited sense of gratitude, created by means of tact and discretion.

Home helpers must prepare the families to which they are sent for their departure. They must do a great deal, indeed, especially at the beginning, but then they should help others to do for them-

selves as soon as possible. This would be the ideal, but it is naturally not always easily or quickly achieved.

Thus in all cases it would seem desirable for home helpers always to judge their actions on the basis of free exchanges with normal families. For this reason, it seems advisable to maintain close and realistic contacts with families in groups and associations with a view to promoting the establishment, maintenance, and development of home help service.

Home helpers will then without a doubt be able to fulfill the noble mission defined by Mr. Laroque:

“By their exemplary action, through their educational role, in the psychological aspects of their mission, they will increasingly become an essential cog in the implementation of a family policy worthy of the name, a family policy which will make the family a structure suitably adapted to the modern world, and will integrate the family with all its own responsibilities in the economic and social life of our times, while giving to home tasks their full human value.”

The Place of the Home Helper in Social Services*

Since the constituent assembly which created the International Council of Home Help Services in Woudschoten (Zeist), home help has been called "the most human, the most welcome, and the most economical human response to temporary and unexpected family difficulties." This definition seems particularly felicitous to me on taking into account the multiple aspects of the work of family aides within the framework of their help to families. At the beginning of this conference, Mr. Laroque gave an impressive picture of the role of the housewife and the mother of a family today, and of the importance of this role, set forth most persuasively, in the life of the people. No one among us is unaware that the housewife and mother performs essential tasks day after day, sometimes without thanks. Social medicine tells us that the daily labors of a mother with two children are equal to that of a heavy laborer, although she may not be aware of it. Furthermore, her work is as natural as that of other members of the country, as long as there are no special difficulties and the work can be done normally. But when signs of fatigue or illness appear, we then realize the functional importance of the member or the body which is incapacitated. This is the case with the role of the housewife and mother. As long as her strength and health permit her to carry on providently, everything seems to be as it should be. However, when fatigue or illness upset the mother, the family gives a cry of alarm, for all members are affected when she is. Mr. Laroque has spoken of the concern which the nation and the society must devote

**Presented by Dr. Pense, Geschäftsführer des deutschen Vereins für öffentliche und private Fürsorge.*

to dealing with such family situations as quickly as possible, in terms of rendering the necessary aid. The type of social assistance rendered in such cases must, naturally, meet certain basic requirements if it is to be effective. The measures required depend on the special needs of each family. The form used, and the expenditures incurred, should correspond as nearly as possible to the financial means of those aided and of society. Finally, such help must be acceptable and even welcome to the family to which it is offered. Home help fulfills these three basic conditions, although the implementation of such aid is not, in practice, as simple as it might seem at first glance.

What are, in fact, the conditions under which home help is generally rendered and what are, from the social point of view, the possibilities of its development? No family is exactly like another. Personal character, the social environment, housing conditions, habits, and ways of life differ. Participation in the daily life of a normal family inherently requires much tact and adaptability on the part of any outsider. Moreover, a home helper is called upon when a family is embroiled in difficulties, when it has lost its normal rhythm of life and needs someone who will inspire confidence, reestablish calm, and deal both with children and adults with authority. Furthermore, a home helper is supposed to be able to take matters in hand immediately in a home totally unfamiliar to her, and she must be equally at home with tiny infants and invalids. She must handle family finances, purchase what is required, and in addition to all her other work have meals on the table at the proper time.

A home helper is a human being like others, with her own personal life and problems. However, when she is working, she must forget everything else to devote herself to the family entrusted to her. We expect her to meet many requirements: She must adapt to a constant change of families, because in principle home helpers are never permanent, which means for her both a change of environment and changes in the material resources available to her in providing for the needs of the family. Still further, and more difficult, she must constantly be adapting within the family unit. This problem is made difficult by circumstances, because illness and worries exert a negative influence on the family situation, as does old age which often has, as a corollary, the loss of mental and physical faculties.

These human, material, and psychological problems confront the home helper in each new case. To them is added the demands of the profession itself, which are extensive and complex, if we are to judge by the goals established by the International Council of Home Help Services in its statutes. They state that the home helper has the duties of caring for the family or an isolated individual in case of illness, overly large families, the absence of the mother or her inability to fulfill her functions, maternity, old age, and many other types of cases.

To define the real place the home helper occupies in the complex of social aid systems, we should stress that she does not serve exclusively in cases of great distress, but on a preventive basis as well, to prevent a family disaster from occurring. I would like in this connection to mention a social institution in the German Federal Republic which developed after World War II under the sponsorship of the wife of our first republican president, Mrs. Huess-Knapp. Women's social action associations collaborated in this work, which is now known as the "Muttergenesungsquerk," or aid to large families.

Those who benefit from this help are not necessarily invalids in a serious sense of the word, because prevention is a large part of the home help work. For example, it is made possible for mothers of large families to take needed vacations. After her return, a home helper may continue to come to insure that the effects of the rest cure are not wasted, which might be the case if the mother had to plunge immediately into heavy duties on her return. Thus the aid rendered is not only preventive and curative, but postcurative as well. The principle of social aid of this type is known to everyone here, but it merits explicit mention since it is one of the characteristic aspects of family help.

Postcurative care, for example, is offered to cancer patients who are assisted after X-ray treatments, when their state of health requires that they be spared household duties if the treatment is to be successful. In such cases, the home helper often has to teach the husband and children to take the condition of the invalid duly seriously, even though the patient may not necessarily have to remain in bed and may even be allowed to go out.

Another task is added to the many others of the helper: she must teach families to help themselves and contribute to a sense of family responsibility, as well as family unity. There is no question, in fact, of assumption, even indirectly, of the obligations which should fall exclusively to the family itself. We are aware that this is an aspect of this kind of social aid which sometimes gives rise to criticism. The home helper herself must see to it that there is no violation of family responsibility, and she also has the delicate task of advising and training the family in connection with their responsibility.

In all cases, the home helper substitutes for the housewife when the latter is unable to fulfill her functions. This fact in itself means that she must have excellent training in home economics, and must be able to organize family life as regards both finances and schedules. Finally, she must be adaptable and tactful enough to conform to the peculiarities of the various homes in which she works.

In studying the other circumstances in which, according to the International Council of Home Help Services, home helpers may contribute, we see that medical assistance play a large role. Even

if an invalid lives alone, his household tasks, with all the incumbent duties, the purchase of provisions, preparation of meals, and home maintenance fall to the home helper. But in general, there are other members of the family too who require her help. These may be children or older persons. If we take into account the importance which modern medicine now ascribes to proper diet in general and specialized ones in particular, we will see that the tasks and the responsibilities of the home helper are great in this field as well.

Taking care of a family when the mother is ill is not merely a matter of doing for her her material and educational tasks, particularly if aid is required over a long period. In fact, there is also the duty of keeping the children in good health. It often happens that it is not until a home helper enters the family that a number of errors or wrongful practices are discovered, both in child training and in diet. Rather often, improper body hygiene is found, or the children are not receiving hot meals. She may find children not toilet trained or that the children are regularly playing truant. Sometimes children are ill-fed due to the ignorance or the poverty of the mother. In all cases, the home helper must be familiar with the nature of these problems. It is certainly not her duty to solve all the problems she may encounter, as this would be far beyond her abilities, and her duties. However, she should inform the director of the service which employs her. That official can look into the state of affairs and insure that proper action is taken by the suitable services, and that help is provided.

The task of the home helper takes on a special nature when she has newborn children to deal with. Naturally, she will relieve the mother of the daily care and maintenance of the other children, so that the mother can devote herself to the baby and, in view of her physical condition, regain her strength. However, with a first child, it is important to direct and advise the new mother in her new tasks. The care of the newborn infant is not, strictly speaking, the work of the home helper. She should instead teach the young mother the proper methods of caring for the young child. At first glance, this seems entirely natural, but in fact, this role, which reduces her to an adviser and laundress, requires of the home helper great self-control. But she is not supposed to let personal feelings govern her behavior. The educational role of the home helper is particularly important in such cases, and it is the more important because usually such help in maternity cases is limited to 2 weeks, which is a relatively short time in which to train a young mother for her tasks.

Home help to aged persons is a particularly broad and heavy field of responsibility. Most such cases involve old people confined to their beds, and their care requires an experienced aide, both in the maintenance of the sick room and in the administration of medical prescriptions, such as bandages, compresses, hot water bottles, etc. In

such cases, the aide must also have an excellent knowledge of dietetics, an absolutely indispensable corollary to the care of aged persons. The help of the aide is always temporary, ending when the invalid is recovered, or at least can care for himself, or when he is placed in a home.

In some countries, special home help service has been established for old persons who are not confined to their beds, but simply are not well enough to manage without help. If this is not needed on a daily basis, it is provided at regular intervals. This special service developed in some cases within the home help service framework, and in others in close collaboration with it, as its nature requires.

The different fields of activity briefly listed here, as set forth in the statutes of the International Council of Home Help Services, clearly illustrate what home help is: a social service which is expressed, as is no other, within the family, and requires the collaboration of all those whose activities touch the family. Home help, as a service, takes its place in the context of social aid. It is related to almost all the other types of social work and operates in close contact with them. Social assistance in communal public services and private aid organizations makes equal use of it, whether in regard to extra large families or aged persons, and it is just in these realms that this institution takes on special importance. The helper who spends her days with the family can obviously analyze the prevailing conditions there better than a social worker, even one who pays frequent and lengthy visits to the home. The contribution the aide can make to welfare work through the social worker in this way is invaluable.

The hospital social workers, the doctor, and the nurse, also work in close collaboration with family aid services, and invalids are not sent home until it is certain that there will be help for them there.

The collaboration between the home helper and the visiting nurse in the area or community is also very close. In fact, home helpers are not usually registered nurses, and thus they need the help of such qualified personnel when the condition of their patients requires injections, for example, or also for such simple matters as changing the bed linen of a very heavy patient. For their part, the visiting nurses often need home helpers when the care of invalids requires more time than they can spare. Family aid services collaborate similarly with a number of other social institutions and organizations, such as schools for mothers, associations for multiple sclerosis victims, and even prison welfare services, for example, in connection with the care of a family when the mother is serving a sentence.

From the financial point of view, without going into the matter of social welfare bureaus, collaboration with various welfare programs plays an important role, because they can take over wholly or in part the cost of family help in case of serious illness, preventive medical care, or follow-up care.

At this point in my talk, I would like to mention that in many countries there is a question as to whether home help activities should be part of public health services or should be regarded as general social welfare. The answer determines which services will take charge of this aid. Taking into account the complex nature of home help activities, however, it would be wrong to give too much importance to the administrative aspects of the problem, particularly since the solution provided to administrative problems will vary from country to country, and in the end it often depends on unexpected factors. It is nonetheless true that home help, as an institution, covers various elements, some pertaining more nearly to public health and others more closely allied with social welfare. These elements are practically inseparable, even when the original need for aid was based on illness. If we study the chart of home help services in the various countries represented at Woudschoten, we will see that for the most part the Ministry of Social Welfare and the Ministry of Public Health are equally responsible.

The distinction between this work and other types appears to us more important than that just discussed. We can rightly say that the home helper is not a nurse. But neither is she a welfare worker in the usual sense of that term. She is only supposed to be an assistant, as she does not replace, in the true sense of the word, the absent mother. She only supplements the mother in her absence or temporary incapacity. This shows us that home help is a feminine social activity of a special kind, since it partakes of the work of the nurse, the teacher, the welfare worker, and the homemaker. It is this complexity which makes it necessary to train home helpers so that they will in the future be able to measure up to the demands of a profession which involves the care of invalids and old people, children and newborn babies. The home helper is not a nurse, we repeat, but when an invalid returns from the hospital, it is expected that the home helper will be able to give all the (nonmedical) care that the condition requires. Thus it is essential that she be provided at the outset with the necessary knowledge. But this last aspect of her activity has its limits in another direction too, involving a problem which should be studied with special attention. Very often, at least in Federal Germany, old persons insist on leaving the hospital, and although they are bedridden, refuse to enter a home for special care. However, their physical condition may make necessary 24-hour-a-day help. If there is no family to render this service, it has been assumed that a home helper should live with the aged person. However, in practice, this means that she works 24 hours out of 24, with but brief respite. This is an inexcusable abuse of home help service. Such cases should not be accepted by home help services, as they clearly lie outside their scope. Persons whose physical condition is such that they need care day and night, but who lack relatives who

can render this service, should be placed in hospitals or appropriate institutions.

If she is not a nurse, the home helper is not a welfare worker either, although her activities include elements she shares with such workers, and these must be taken into account in the training given her. But when, on the other hand, a home helper is assimilated into the family, this is an error reflecting a complete misunderstanding of the role of the wife (housekeeper) in the family to which the helper renders aid. If the home helper entered the family circle as a domestic, she would bear no responsibility, personally, and would take orders, whereas in fact as a home helper she is expected to teach as well. When she leaves the family after the invalid is fully recovered, however, a maid or a houseworker may then suffice. We should devote special attention to this problem because of the fact that in various European countries household help is becoming increasingly rare. We should avoid abuses or the wrongly oriented development of home help service as an institution.

There can be no doubt that the profession of home helper has its place in the larger field of social work, and is one of the social service professions, the characteristics of which it reflects in many ways.

Another aspect of the limitations on the activities of home helpers has been mentioned briefly in connection with the problem of home care for the aged. Can one properly speak of home helpers here, or should we make a distinction? Finally, the question also arises in connection with the activities of home helpers in rural areas, as opposed to cities. It is not possible to give an absolutely categorical answer to these questions. Moreover, the development of home help service has pursued different paths in different countries. Furthermore, we find in most countries a sociological revolution which is increasingly doing away with the major differences which previously existed between the countryside and the city. Probably it would be wise to refrain from artificially stressing the existing differences. What is basic, in our view, is that the activity be designed to help the family, whether that family lives in the city or in the country, and whether it is young people or aged persons who will benefit from it. The only problem is to decide if this is truly social welfare work. On the basis of the statutes of the International Council of Home Help Services, home helpers work, whatever their personal qualifications and whatever training they have received, under competent direction, and this is a very important characteristic. In fact, home helpers do not work "on their own," but as members of an organization of which they are the tool, and which supervises their work. And it is precisely here that home help takes on true significance within the framework of social work as a whole, for the observations and experience of the home helper can readily be utilized by other services. As we mentioned before, the training given each helper should enable her to dis-

tinguish between social problems and medical need. The extent to which she provides satisfaction for the needs, within the framework of her proper activities, must be decided upon in cooperation with the service to which she belongs.

If we summarize the various tasks which fall to the home helper within the family, we can better understand the need for thorough training to prepare her for the many delicate problems she will encounter, particularly because she bears such a heavy responsibility. She must care for invalids as well as newborn infants, she must have a knowledge of dietetics, child training, the administration of funds which do not belong to her, etc., etc., to mention only a few of her major tasks. We can only hope that once again this international conference will contribute to awakening in the public a greater understanding of this work and the attendant requirements.

Women and girls desiring to become home helpers receive suitable training in specialized schools. The length of that training varies from one country to another, as do the number and types of subjects taken up in the course. Often such courses lay special stress on the particular problems of the country involved, such as for example the care of large families or aged persons, or the shortage of hospital beds.

We indeed hope that the collaboration which has been so excellent and fruitful on the international level to date will permit us eventually to regularize the training of home helpers generally. Apart from this hope, we must try to speed up such training for other reasons. We are thinking now of the Europe of the future within the Common Market. How desirable it would be if, beginning now, the training of specialized workers were standardized in all countries, particularly in view of the exchange of workers now taking place everywhere. We should establish within the shortest possible time a basic program of a compulsory nature for the training of home helpers.

In many cases, including my own, this activity was originally regarded mainly in terms of evils which required remedies, home help being the means. Our sole concern, too often, was to find the women who would make it possible to meet these needs. But this was not enough, in the long run, to establish a profession. We also want to enlist representatives of the younger generation in this work, but we will not succeed unless this profession enjoys due respect, which in turn depends on extensive and well-defined training.

Expectations for the future must be linked with proper training: salaries, clearly defined work conditions, paid holidays, and free time. Not only does the home helper need the supervision of her organization for her work within the family, an activity to which she gives herself entirely, but she requires its protection as well. She should also know where she can obtain such advice as she needs, as well as encouragement. She must know that she will be supported, and she must have

the feeling of belonging to a group. Also, she has need of association with her colleagues. This is why the organization of evening meetings was not only of interest as a training measure, but provides aides with an opportunity to get to know each other, as well as with a sense of community membership.

I would now like to say a few words about the value and the extent of the knowledge and experience of home helpers, in the light of studies on the modern family.

The necessity of proper training, both basic and supplementary, and of discussions within home help services, derives from the broad scope of the tasks performed by home helpers and the desirability of increasing the prestige of the profession. But to this we must add another factor of a more general nature. This is the importance of this work to research in social and political science and sociology, for which home help is a rich source of information. One of the traditional empirical methods in social research, "active observation," is a basic part of the work of the home helper. Her experience is further enriched by the constant change of families, and thus of family situations, which permits her to make useful comparisons.

Society itself has need of the conclusions to be drawn from direct and extensive knowledge of the family, in the sociopsychological sense of the word. In this connection, home helpers bear a responsibility which they should not treat lightly.

However, we do not mean that a new burden should be added to those already borne by the home helper. On the contrary, if she is trained for her role as observer, receiving supplementary theoretical training in this connection, she will be better able in real situations to handle unusual conditions, properly assessing their true nature and meeting them squarely. Also, this service places the home helper above the level of a simple dispenser of aid, giving a predetermined goal to the meetings arranged within the framework of her organization. The organization should be a meeting place for those with practical experience, and a center for research in the social sciences. Such activity will enrich all concerned.

Mr. Laroque has spoken to us of the invaluable role of the housewife and mother. The constitution of the German Federal Republic, in Article 6, paragraph 4, speaks of the right of each mother "to social protection and assistance." The federal aid law which became effective in West Germany last June 1st calls for every effort to make possible a dignified human existence, which requires the granting of aid of an individual nature, more frequent provision of personal help, consistent sociological assimilation, and the establishment of aid councils. The statutes of the International Council of Home Help Services refer to a supplementary category of social evils which require and justify home help service.

These principles, requirements, and intentions reflect known and suspected modern dangers, although we really cannot speak specifically of modern dangers. The German sociologist Hans Frayer, in a report delivered in 1959 in connection with the Annual Congress of Public and Private Assistance Organizations in the German Federal Republic in Berlin, stated that "the modern developments of the social structure give rise to extreme situations of internal and external distress . . ." But what are the characteristics of these evils in their new aspects, which pertain to the affluent society? In what way can research equip the home helper so as to enable her better to perceive and understand the family problem she encounters? What can she be taught in regard to the social evils referred to in the statute of the International Council? Her special knowledge should be such as to enable the home helper to teach mothers and families to help themselves, and her perceptions should be so sharpened that she can detect problems within the circle of friends and family in which she works.

I can only mention here a few special factors. For one thing, we must recognize and act upon the knowledge that problems of morale in our modern world have more serious consequences than physical overwork. The experience of marriage counsellors and educational advisers in Germany shows that mothers feel the lack of harmony within the family much more sharply than the need for gainful activity outside the home, for example. This "moral distress" may derive from social tensions of a family or external factors, and it can even become the cause of organic difficulties. On the basis of observations of a biological, medical, and philosophical nature, Dr. A. Jores of Hamburg made the following statement in 1956: Every observant doctor is struck, on studying biographical information, by the close links which exist between illness, the psycho-mental condition, and the social condition, these three factors being intimately interwoven. "Illness," Jores tells us, "develops when the individual suffers a decisive block in his development." This applies firstly to the psycho-mental reaction to a situation, to the meaning which a mother derives from the facts and the requirements of life. This statement by Jores is borne out by many socio-anthropological studies.

The fact remains, however, that the classic case of overwork remains a very real one, even when psychological conditions are good. However, cases in which home help is needed and in which one does not find, apart from material needs, erroneous concepts with the subsequent reactions about people and things contributing to the development of physical troubles are rare. It is recognized that the number of cases of circulatory ailments of a psychic origin, even in young people, has increased particularly in the postwar years, even after the miseries and privations of the war were ended and prosperity came to the western countries.

Research sponsored by the government with a view to clarifying the "position of the mother in West Germany" is currently being conducted in the German Federal Republic. This research is based, firstly, on the belief that the continuing failure to reach the goal she has set herself, which she wants, should, or believes she should, attain, gives rise first to psychic and then to serious physical disturbances in the mother. The dangerous nature of such conflicts and of the gap which exists between effort and success is apparent in the gradual development of the reactions which follow, and the difficulties of halting them in time.

When we have been able to define family situations giving rise to dissociations of this nature, with certain typical negative effects, it may be possible for home helpers to take the necessary preventative measures promptly and properly. The study of these problems will contribute to an understanding of some of the facts reflected in American statistics, which point out that circulatory difficulties are often among the causes of untimely incapacity, and these are directly followed by maladies of a nervous or psychic nature.

If it is not possible to increase the abilities of the mother by means of better economic organization, for example, conflicts can only be avoided by a change in her viewpoint or in the goals she pursues. This field offers home helpers an important opportunity, a new realm of activity. Experience acquired in rest homes for overworked mothers in the German Federal Republic stresses the importance of guidance and consultation. The need to share troubles surpasses all expectations. The ideas and principles set forth in these interviews are vague, but comparisons with other cases of a similar nature can provide great help in dealing with uncertainties, and the home helper must make wise use of such comparisons.

The lack of confidence and decision was particularly noted among German mothers working outside the home, according to the evidence obtained in a sociological investigation undertaken last year. A sort of bilateral new ideal was found—an ideal of the "whole life" both in the work area and in the family sphere. Interviews with marriage and educational counsellors showed, as a counsellor from Cologne put it, "How difficult the modern situation of husbands and wives is. The grandest hopes are pinned on marriage, and there is a search for 'happiness' at all costs." But a home helper is neither a guide for the conscience nor a matrimonial counsellor. However, an understanding of these problems and her own comparative observations can help her to guide the family toward a better understanding of its own situation. It may also be that she can develop and encourage relations within the family based on mutual respect. What, for example, does the average family know about anatomical, physiological, and psychological peculiarities of women, the ways in which she is at a disad-

vantage, and the others in which she is at an advantage? What do housewives and mothers, husbands and children, know about physical fatigue in a woman, and the various energy requirements of the household tasks performed? I should like permission in this connection to refer to the research done at the Max-Planck Institute in Dortmund on the labor of women. The results of these studies showed in surprising fashion that it is not the tasks which are thought of as masculine because of the strength required which are the most fatiguing, but rather the tasks of cleaning, maintenance, and garden work. On close examination, it proves to be the maintenance of home interiors and kitchen work which take the most time and require the largest energy expenditure.

An agreeable atmosphere in which to work, enjoyment of the tasks, and human contacts are factors of greater importance to women than to men. The home helper may aid the housewife to overcome difficulties which at first glance may seem entirely or practically insurmountable, by guiding and encouraging mothers to make social contacts. We know how the establishment of women's clubs is encouraged in England, in order to give women an opportunity for social contacts, orientation, training, assistance, and consultation.

The need for "smooth functioning" and the spirit of efficiency currently found in industry today have become one of the facets of our modern world, and have affected our thinking and conduct in the private sphere as well. Here we must mention the wrongful view of household tasks as demeaning. All these factors favor a dangerous effort on the part of the woman to be as efficient as possible, and the striking perfectionist mentality found among women in Germany. Americans, in general, take household work less seriously.

Home helpers in discreet fashion teach a sort of "art of living." Last June, a conference of marriage and youth counselling study groups and German family study groups suggested that this subject be put on the teaching program in professional schools.

A productive change in the mode of thinking, such as to avoid any danger of psychic disturbances, can only be achieved by the addition of a new and inevitable external fact, such as the birth of a child. In Germany, the idea of a certain basic standard of living is so fixed that when family income per person decreases, which is the natural corollary of family growth, the question is not even asked as to whether it is possible to eat for less, by serving other foods, for example. By carefully formulated questions and suggestions, and by explaining how other families manage, home helpers have another opportunity to provide methodical aid of great importance to the families they serve. This should further strengthen the home helpers' professional confidence in themselves.

In the medical profession, which today enjoys high status, certain

old traditions, such as that of the barber-surgeon, which tended to lower the social rank of that profession, have been eliminated. In a similar manner the home helper can help to develop her profession, which is as essential as it is honorable.

We are very happy that in so many countries professional organizations of home helpers have already been established, because they too can contribute to the maintenance and development of this profession. It was for this reason that we welcomed the invitation sent by the English association of home helpers to their foreign colleagues, asking them to take part in their meeting last September. International exchange, despite the linguistic difficulties of which we are well aware, can offer a supplementary opportunity to promote the prestige of this profession and to encourage its development.

In concluding, I would say one more word about the organization itself, which has responsibilities to the helpers and those who benefit from their services, as has been repeatedly mentioned.

The duties of the organization, which correspond to the duties of the workers, are numerous and various. The close links which home help organizations maintain with all branches of welfare work, with social security systems and hospitals, with those who benefit from their services, and with the home helpers themselves are most clearly realized when visiting the agencies' offices, with their many aspects: the constant telephone conversations, the tide of visitors and home helpers coming to make clear their needs, to make reports or to receive new assignments. The management of such a service involves great responsibility, and requires a thorough understanding of the problems to be resolved. As a general rule, welfare workers are assigned to such tasks, but they must first be conscientiously initiated into the particulars and complexities of home help services. Special seminars have been established in some countries to train directors of home help services, and this is an innovation which without a doubt helps them greatly.

The work of a director of such services is complex, both from the technical and the purely human viewpoint. Not only does the director need to have authority in dealing with larger or smaller teams of helpers and assistants, but she must also be able to evaluate the requests received, to decide upon the help required, and to select the helper best able to deal with the particular problems posed by each case.

Also there is the problem of recruiting helpers, seeing to their supplementary training and supervising their activities, and this supervision is not limited to visits paid to the family served. A director must always bear in mind the difficult nature of the home helper's work, and the need for certain compensations for the difficulties encountered by the helper, balancing the sequence of families entrusted to each. Despite all this, few positions in the field of social welfare are as interesting as that of the directors of home help services.

In conclusion, then, on the basis of the broad range of activities for home help, we can only hope that enough women will want to embark upon the path which will lead them to this satisfying social service, particularly since this profession is just at its beginning, although its importance is such that it will occupy an ever larger place in the framework of social work. It is also necessary to insure that the public better understands the growing number of cases of family distress requiring home help services. Each member of our industrialized society should be aware that even in his own home unexpected difficulties may develop suddenly, such that he is unable to cope with matters by himself. Each of us must be always ready to aid his neighbor in time of need.

Home help service as an institution is, along with the many other forms of social assistance, a means of meeting needs in cases of social distress, as well as preventing them. We hope that this conference will contribute particularly to the development we would all like to see in home help services, on the national level as well as on a higher level made possible by international exchange.

ADDRESSES

Mr. GRIMAUD,
representing the Minister of
Labor and Social Security

The Minister of Labor, because of prior commitments, is unable to attend the closing session of the International Congress of Home Help Services personally, as he would have liked.

He is especially sorry to be absent, because he would have liked to greet the organizers and members of this congress, as well as the foreign delegates who graciously agreed to participate in these meetings, and whose collaboration has been particularly fruitful.

It is gratifying to hear the role of the mother and educator which you fulfill described and discussed on an international level.

In France, the Ministry of Labor is responsible for social security. In this connection, I would like to describe the joint work of home helpers and the French social security system.

As Mr. Laroque has noted, social security is primarily family security. The French social security system has always, in its various activities, been concerned with insuring the normal and harmonious development of families. Thus it cannot but concern itself with disturbances caused by anything which might prevent the mother of the family temporarily from fulfilling her role within the family unit.

For this reason, social security organizations came early to understand and appreciate the importance and the efficiency of the service rendered by helpers in the home.

The programs for health and social assistance established by the technical committee attached to the Ministry of Labor allowed for what was first called household help, but which has now become much more.

The local social security offices, in some cases, as well as regional old age pension offices, have, on the basis of agreements, taken over the costs of work done by home helpers in the homes of their charges. These offices also help with the costs of equipping and managing home help services, and have even directly established such services. They further contribute to the costs of training home helpers, especially through the granting of scholarships, and to the maintenance of training centers for them.

This assistance from social security and family allotment offices, naturally, must be limited by the extent of their financial resources, but it is a most fortuitous contribution that they make, and the Ministry of Labor is fully cognizant of this fact.

I am certain that following this congress and the exchange of national experiences, you will be able still further to improve the ways in which home helpers render effective aid to families in need, helping them materially, of course, but morally as well, and improving their social lot.

The social security organizations will thus be enabled to further extend their interests in home help services.

Therefore I am happy, on behalf of the Minister of Labor, to congratulate the promoters, speakers, and delegates at this international congress, and I hope that this fruitful collaboration will continue in the years to come.

Mr. LORY,
representing the Minister of
Public Health and Welfare

[Mr. Lory, representing the Minister of Public Health and Welfare, stressed the importance of the prospects pointed out in the report by Mr. Laroque, and set forth several basic aspects of this potential. The implementation of a social and family policy adapted to the modern changes affecting individuals and families requires the aid of home helpers.]

Such a contribution to the implementation of a social plan is essential, given the modern development of our contemporary world and the necessary effort to free the individual and his family (for the two are intimately linked) from insecurity.

The purpose of this contribution could be summarized thus: the home helper is called upon to replace or supplement the housewife, or the mother of the family, temporarily. However, she should not take the place of the mother. Thus, the difficulties of a technical and psychological nature which her tasks involve are numerous, for which reason her training must be extensive.

Having simply noted this general goal, I would like to stress three corollary aspects. In our country, home helpers must possess training enabling them to contribute to the implementation of the child wel-

fare program. In a home in which the safety of children is threatened from the physical or moral point of view, the contribution of the home helper may be the deciding factor in the safety of the child. This is a realm in which the home helper's role can be especially important, clear, and useful.

The home helper's contribution seems equally important and necessary in the large new city developments, in new residential areas where the isolation of the housewife, the mother in the family, is particularly great, and her balance therefore in greater danger. To the confused family, rendered uncertain by its new surroundings and new conditions of life, the home helper can, by her advice and by help in terms of modern techniques and adapted to the surroundings, provide psychological stability.

Finally, the role of the home helper in connection with aged persons is becoming increasingly important. Because the traditional family bonds have been broken, these persons find themselves particularly isolated, and even if it were possible to provide them with sufficient income to live decently, the problem of their isolation within the community would remain to be dealt with.

The basic contribution to be made by home helpers is only possible if certain individual and collective conditions are fulfilled. First, the individual requirement. There are many fields of knowledge with which the home helper must be familiar. There are special physical qualifications, and still more particularly, psychological qualities, which are demanded by this very difficult profession. Thorough training is equally necessary, although the extent of such training and of the programs vary considerably from one country to another. The exchange of these varied experiences should be extremely fruitful.

The collective conditions which must be met in connection with the work of home helpers can be divided into two groups: Those inherent to the profession itself, and those which must be provided by the public authority.

The work of the home helper, like that of any other social assistant, cannot be really effective and profitable unless there is teamwork. Home helpers and welfare workers cannot maintain complete separation in their work, and they must certainly not work against each other. Both have their places in a team with heavy responsibilities. Individual activity by certain members will be ineffective without the assistance of the others.

Home helpers themselves need to be organized in local, regional, administrative, and other groups, in order to achieve group spirit.

To these collective conditions, and especially the need for teamwork, we must add another factor essential to success in social work—aid from government and public authorities. In this realm, too, the exchange of diverse experience would certainly be very useful. We seem

to discern a common trend: all governments and public authorities help with the cost, although the financing of home help services still needs supplementation. In France, this is one of the problems we must settle with the family allotment and social security offices. Their contribution to welfare work is substantial, but to date their activities have not been generalized nor compulsory. The contribution made by the public authorities to the training and advancement of home helpers is not as yet as extensive as it should be. Development along this line would permit an extension of home help services in the modern day, when their role is regarded as essential.

[After referring to the regret of the Minister of Public Health and Welfare in connection with his personal absence from the congress sessions, Mr. Lory expressed the hope that the delegates would continue their good work, enabling them to study more profoundly and to resolve the basic problems involved in the future prospects for this profession.]

Home Help Organizations Throughout the World

The reports presented by the various home help organizations at the International Congress in Paris are summarized here. Detailed and comparative reports will be published at a later date by the International Council of Home Help Services.

DENMARK

There are two categories of home helpers in Denmark. In cases of childbirth, illness of the mother, or her absence from home for convalescence or medical care, and of invalids living alone, a replacement aide (mother substitute) can be requested by the midwife or doctor. For aged or incapacitated persons, home help service may be requested. A mother substitute qualifies by taking a course comprising 125 lessons, and is accredited by the Ministry of Social Affairs. It would seem desirable for home helpers to have the same training as these mother substitutes.

FINLAND

It is the local authorities which decide on the need for home help services. A decree dated 2 June 1950, which became effective on 1 January 1951, authorizes them to establish such services on the basis of the regulations set forth, obtaining government subsidies of 75 percent of costs to cover salaries. The social welfare committee assigns home helpers to the families which appear to be in the greatest need. That committee also employs the home helpers. They are currently being trained in ten schools. The course runs for 2 years. The state pays approximately 50 percent of the cost of training.

NORWAY

Home help services in Norway include aid to housewives, family nurses, and aid to the aged. The aid to housewives service is rendered on a priority basis to homes where there are young children or persons incapable of caring for themselves. Among such cases, priority is given to families in economic difficulties. Family nursing is a service mainly provided to sick persons at home who otherwise would have to be hospitalized. These two services are designed to provide temporary help to homes in need which would not otherwise be able to obtain the essential help. The state has subsidized home help to housewives since 1948 and the family nursing service since 1959. Discussions are now in progress with a view to providing home help to the aged. Training for home helpers is provided in five schools and seven supplementary courses. Home nurses are generally registered nurses. Helpers for aged persons are mature women with extensive household experience. Usually they are trained in 2-week courses.

SWEDEN

The development of home help service in Sweden began in 1920, when the first school for the training of home helpers was established in Upsala. From 1920 to 1940, home helpers were employed by private organizations, the Red Cross and others. In 1943, the Swedish parliament made provisions for home help services maintained by the local authorities, and provided funds for expanding training. At that time, Sweden had 200 home helpers and 160 other women who, although they had no special qualifications, were employed in similar work. Since 1944, state help has made it possible to broaden this service. As of that time, there were 913 home helpers working full time. By 1960 there were 3,393 full-time workers, as well as 270 part-time home helpers. Today Sweden has 17 schools accepting young women between 19 and 30 for training.

GREAT BRITAIN

Readers will already have seen the report delivered by Dr. Gillet. We will add some statistics: In 1948, there were 11,000 home helpers, and the number of homes served was 58,000. In 1960, 49,314 home helpers provided service to 312,013 homes. Home helpers can qualify by taking practical training or a correspondence course. Following the first training program, in April 1960, three examinations were given, and 132 students were accorded the Institute Certificate. The examining board includes 12 organizers and 4 medical officers appointed by the medical officers society.

BELGIUM

Home help activities have become effective and popular since 1954, the year when the committee for coordinating home help services was established. However, for long years before, a number of organ-

izations, especially certain religious orders, had untiringly promoted efforts to provide "family aid." Since 1947, various decrees have organized and established conditions for the recognition of private and public services. As legislation stands now, accreditation can be obtained by services designed to provide temporary aid to families without regard to political, philosophical, or religious convictions, making available to them persons qualified to help or replace a mother in her work in the home, particularly in household tasks, in case of illness, childbirth, or the death or prolonged absence of a mother responsible for at least three children under 14, as well as services which will undertake, apart from the activity just described, to provide temporary help to aged persons when illness strikes the husband or wife of an aged couple, or an old person living alone. About 3,000 home helpers are now working for private home help services, out of a total of 5,586 who have been accredited. The others work for public services, accredited or otherwise, or have left the profession. Training is provided in 26 accredited home help training centers, including 21 private and 5 public centers. Both types are subsidized by the government.

ITALY

The Milan Family Aid Service, a private nonprofit association, has been recognized by the prefecture of Milan since 1951. Also, the city of Trente has experimented with the sending of nurses from an aid center to provide help at home for sick persons who do not require hospitalization. The Milan Family Aid Service regards help for homes unable to employ domestics or, particularly in urban settlements, to obtain help from relatives or neighbors, as an urgent need. The Milan Family Aid Service can be regarded as an experimental center to which other aid centers, for the most part established by private organizations, are turning for information. This family aid service has now begun to receive official aid from the Ministry of the Interior (public welfare section).

AUSTRIA

The Caritas Family Aid Service inaugurated training for full-time home helpers in 1946. Currently it employs 256 home helpers. Some work on a contract basis, and only serve within a given locality. Others travel about the country according to the need and the assignments issued by the organizers. Such helpers are between 20 and 40 years of age. Although their services are still inadequate to fill the need, they are increasingly popular with the people. The study program is more or less the same in the five training schools. The period of instruction varies, with practical training stages forming a part thereof.

HOLLAND

Home help in the Netherlands is organized as follows: There are more than 1,000 local home help establishments, established on the initiative of religious and private groups belonging to one of the six national home help organizations. Assistance is provided by helpers who have had special training. There are home helpers for cases in which replacement of the housewife is necessary, or when other family conditions require it, and in some cases help is provided through non-trained assistants. There are also household helpers, who simply aid the housewife prior to or following medical care. Home helpers take a training course lasting a year and a half. Shorter courses, which are not compulsory, are provided for household helpers. The government has shown much interest in home help, and subsidizes these services and training establishments.

SWITZERLAND

The Swiss Association of Home Help Organizations now includes 320 home help services which serve the German and French speaking populations, both lay and religious groups. They employ some 1,500 home helpers, including qualified personnel and assistants. Any family, whatever its social status, can request home help when the mother is prevented from fulfilling her normal functions. Home help services also aid the aged or infirm. There are nine schools for the training of family aides—seven in German Switzerland, and two in French Switzerland, accredited by the association. Training varies with the age of the candidate: A year and a half of boarding school training for students between 19 and 23 years of age, and 1 year of training for women between 25 and 40.

FRANCE

It was to remedy the tragic situation of certain families that Madame Viollet created Mothers Aid in May of 1920. After an era of primarily voluntary activities, home help as a profession was organized in France. Today it is regulated by the Ministry of Public Health and Welfare (age qualifications for home helpers, health conditions, studies, training level, etc.), on the one hand, and by a collective agreement (regulating work conditions and salaries for professional workers), on the other. However, the various associations have not lost their special characteristics as a result of this regulation. There are mothers aid societies, people's associations, rural organizations, etc. Families are often called upon to organize services themselves, finding home helpers to meet the needs. A number of religious congregations have concentrated a large part of their social activities on home help to aged persons and invalids. Family allotment bureaus directly manage their own services, or contribute substantially to the functioning of other such services. Family associations of a general nature are also

maintaining and expanding such services. In all, 5,000 home helpers aid some 80,000 families annually. This figure is three times that of 1945, but even so, it is not sufficient. The current need could only be served by some 25 to 35,000 home helpers. The problems of financing and training are analyzed in detail in the special December 1960 issue of *Pour la Vie* (For Life), No. 83.

CANADA

The Canadian Red Cross has two family services: One in the Halifax Region (population 110,000) and the other in Amherst (population 11,000).* This latter service is mainly intended to serve the needs of aged persons. Requests for home helpers come mainly from doctors, visiting nurses, welfare workers, and families themselves. In 1961, 9 to 12 home helpers provided service in the Halifax region, and between 5 and 7 worked in the Amherst region. These services recruit helpers among mature women with high qualifications, capable of managing a home during a crisis, that is to say, except under special circumstances, for a period of 3 weeks at the most. Salaries are established by the Red Cross committee. They vary with family conditions. It is the committee which pays the home helpers.

JAPAN

A new plan for home help services has been developed since 1961 in coordination with the policy of aid to the aged. Independently, since 1960, a home help service in industry has been implemented. More than 70 industrial enterprises furnish home help service to their personnel. Home helpers are employees of the enterprise, and they are protected by the law, which established schedules and other working conditions. Their functions are limited to the tasks necessary if family life is to continue on a normal basis. They are required to be proficient in housekeeping tasks. Half of the helpers are married, and a third are widows. Helpers receive a diploma after completing a "learning and training" course.

**Additional homemaker services are sponsored by Family Service Bureaus or other agencies. As of January 1965, organized homemaker services were active in 50 communities throughout Canada.*

DELEGATES

ORGANIZATIONS REPRESENTED

GERMANY

Mme ARBOGAST Anne
Mlle BARWINKEL Ursula

Mme BOHNER Louise
Mlle BRACKE Christa

Mlle ECKERT Elisabeth
Mlle GOEKEN Anna
Mme GROLL Gerda

Mme GRONAU Ilse

Mme HILLEBRAND
Margarete
Mlle JAHN Lotte
Dr JONAS Carmen

Mme KONIG Mechthild
Mme KRAHN Hertha
Mme LEWICKI Elfried

Mme LUDWIG Grete
Mlle LUTTIG Gerlinde

Dr MARTINI Hans
Mlle NOLDEKE Jutta

Mlle PRESS Irmgard
Mme RAU Trude
Mlle REICHMANN Maria

Mme RENTSCH Ilse
Mme SAUTER Magda

Mlle SCHONFELD
Hildegard

Mlle SCHWENTZ
Charlotte

INNERE MISSION-EVANG.
DEUTSCH.PARITAT.WOHLFAHRTS-
VERBAND

LAND.FAMILIENPFLEGENHILFE
DEUTSCH.PARITAT.WOHLFAHRTS-
VERBAND

DEUTSCHES ROTES KREUZ
DEUTSCHES CARITASVERBAND
DEUTSCHES EV.FRANENBUND HAUS-
PFLEGE

EVANG.FRAUENHILFE ABT.HAUS-
PFLEGE

DEUTSCHER CARITASVERBAND FREI-
BURG

INNERE MISSION STADTMISSION
PARITATISCHER HAUSPFLEGEVER-
BAND

INNERE MISSION-EVANG. STUTTGART

SAARVERBAND DER EVANG.FRAUEN-
HILFE

HAUSPFLEGEVEREIN FLEUSBURG
ARBEITERWOHLFAHRT HAUPTAUS-
SCHUB e.V.

STADT MANNHEIM
DEUTSCH.PARITAT.WOHLFAHRTS-
FRANKFURT

CARITASVERBAND FREIBURG
DGB-BUNDESVORSTAND-DUSSELDORF
DEUTSCHER CARITASVERBAND FREI-
BURG

LANDESVERBAND INNEREN MISSION
KATH.HAUSPFLEGEWERK ELISABETH-
KONFERENZ-FRIEDRICHSHAFEN

SCHWESTERSCHAFT.EV.FRAUEN-
HILFE

ARBEITERWOHLFAHRT.BEZ.OSTL.-
WESTFALEN

DELEGATES**GERMANY—Continued**

Mme SEEZ Ursule
 Mme SPEETZEN Magda
 Mme STAHL Margareta

Mme TUCHEL Liselotte
 Mme TUCHOLSKI
 Elisabeth

Mlle WESTERMANN
 Anneliese

Mme WIEDENHOFER
 Hildegard

Mme WITTMANN Emma

AUSTRIA

Mme KRISTEN Anna
 M. STEINKELDERER
 Josef

Mme WAGNER Anna
 Mlle WOLF Cécile

BELGIUM

Mme ADRIAENSSEN
 Madeleine

Mme ALLMEERSCH
 Raymonde

Mme ARTUS Odette

Mlle BLANPAIN
 Mme BRENEZ Georgette

Mlle COLINET Christiane
 Mme COPPEE-GERBINET
 Germaine

Mme CORHAY Lucienne
 Mme CORNEZ Denise

Mlle COUPE Ghislaine
 Mme CUYPERS Louisa
 Mme DAOUST-TAVIET
 Denise

Mme DARDENNE-EEMAN
 Hélène

Mlle DE BRUYN Mariette
 Mlle DECKMYN Lena
 Mlle DE CROY Hélène
 M. DE CUNSEL Maurice

Mlle DEFORCHE Jeanne
 Mlle DE KINDER Marcelle
 Mlle DE KNOP Maria
 Mme DELRUE Cécile
 Mme DELTENRE Armande
 Mlle DE NAVE Simone

ORGANIZATIONS REPRESENTED

HAUSPFLEGEVEREIN STUTTGART
 WESTFALISCHE FRAUENHILFE SOEST
 SCHWESTERSCHAFT.EV.FRAUEN-
 HILFE

HAUSPFLEGEVEREIN FRANKFURT
 FAMILIENPFLEGESCHULE IN AACHEN

DEUTSCH.PARITAT.WOHLFARHTS

HAUSPFLEGE.FAMILIENHILFE IN
 WURTT.
 EV.ABT.HAUSPFLEGE.FAMILIENHILFE

HEIMHILFEDIENST-WIEN
 OSTERREICH CARITAS - INNSBRUCK

AMT.LANDESREGIERUNG - LINZ

SOCIALE FAMILIEZORG

AIDE FAMILIALE

FEDERATION MUTUALISTE DES
 OUVRIERS DE LA PIERRE-POULSEUR

LES FEMMES PREVOYANTES SOCIA-
 LISTES
 AIDE FAMILIALE

LES FEMMES PREVOYANTES SOCIA-
 LISTES
 SERVICE AIDE FAMILIALE DE LIEGE
 LES FEMMES PREVOYANTES SOCIA-
 LISTES

CENTRES FAMILIAUX
 SOC. VOOMITAIENDE VROMVEN
 SERVICE D'AIDE AUX FAMILLES

SOLIDARITE FAMILIALE

FAMILIEZORG WEST-VLAANDEREN
 FAMILIEZORG WEST-VLAANDEREN
 CENTRES FAMILIAUX

FAMILIALE HALF
 SOCIALE FAMILIZORG ANVERS
 FAMILIEHULP KAU
 FEMMES PREVOYANTES
 LA FEMME PREVOYANTE
 CARITAS CATHOLOCA

DELEGATES**ORGANIZATIONS REPRESENTED****BELGIUM—Continued**

Mme DE PREYTERE Han	FAMILIEHULP KAU
Mlle DETROUX Jeanne	AIDE FAMILIALE
Mme DE DOBBELEER	LA FEMME PREVOYANTE
Mme DOUCHY-CHRIS- TIAENS Luc.	FEMMES PREVOYANTES
Mme DUPONT Emilie	LES FEMMES PREVOYANTES SOCIA- LISTES
Mme DURBUY Yvonne	SERVICE AIDE FAMILIALE
Mme DYKSHOORN- KRAMER Tryntje	SCHOOL FOR HOME HELPS
Mme FRANTZEN-DE LEYE Gilberte	LES FEMMES PREVOYANTES SOCIA- LISTES
Mme GELDERS Thérèse	LA FEMME PREVOYANTE SOCIALISTE
Mlle GELEYNS Anne-Marie	FAMILIEHULP KAU
Mme GEYSEN Denise	FAMILIEHULP KAU
Mme GOFFINET-WIAME Thérèse	I.P.S.
Mme GUILMAIN Alice	SERVICE D'AIDE FAMILIALE
Mme GUILMOT Rosa	FEMMES PREVOYANTES SOCIALISTES
Mlle HERRIER Flore	SERVICES D'AIDES FAMILIALES RURALES
Mme HUYBRECHTS Joanna	FAMILIALE ONDERLINGE HUP MECHELEN
Mme KEVERS Julienne	COMITE DE COORDINATION DES SERV- ICES D'AIDE FAMILIALE DE BEL- GIQUE
Mlle KLEYSMAN Monique	FAMILIEZORG WEST-VLAANDEREN
Mlle KUYL	
Mme LAMBERT Yvonne	SERVICE AIDES FAMILIALES
Mlle LEBOUTTE Victoire	SERVICE AIDES FAMILIALES RURALES
Mlle LEBRUN Fernande	SERVICE AIDES FAMILIALES
Mlle LEFEVRE Françoise	AIDE FAMILIALE
Mme LELATTEUR Lucienne	LA FEMME PREVOYANTE SOCIALISTE
Mme LEMAITRE Elisabeth	FEMMES PREVOYANTES SOCIALISTES
Mlle LERNO Maria	FAMILIEZORG O V-LOKEREN
Mme LIMET Alberte	SERVICE AIDES FAMILIALES
Mme LONEUX Marie- Thérèse	FEMMES PREVOYANTES SOCIALISTES
Mlle MARECHAL Simone	AIDE FAMILIALE
Mme MASY Augusta	FEMMES PREVOYANTES SOCIALISTES
Mme MOENS Lucienne	SERVICE D'AIDE AUX FAMILLES
Mlle MOLLE	
Mme MOREAU-PEETERS Geneviève	SOLIDARITE FAMILIALE
Mme NAUWELAERTS Jet	F.P.S.
Mlle NEIRYNCK Georgette	FAMILIEZORG WEST-VLAANDEREN
Mme NERVO Hortense	LA FEMME PREVOYANTE
Mme ONGENA-LE- CHAPELIER Marc.	F.P.S.
Mlle PELGRIMS Suzanne	AIDE FAMILIALE
M. PELGRIN	MINISTERE DE LA SANTE PUBLIQUE ET DE LA FAMILLE

DELEGATES

ORGANIZATIONS REPRESENTED

BELGIUM—Continued

Mlle PINET Maria	SERVICE D'AIDES FAMILIALES
Mme PISCART-PIRARD Georgette	F.P.S.
Mlle PONCIN Bernadette	AIDE FAMILIALE
Mlle PROOST Mia	SOCIALE FAMILIEZORG
Mlle QUINTYN Cora	FAMILIEHULP KAU
Mlle ROTH Madeleine	AIDE FAMILIALE
Mlle SALLETS Marie-Jeanne	CENTRES FAMILIAUX
Mme SIMON Gilberte	SERVICE D'AIDES FAMILIALES
Mme SIMONIS Rita	AIDE FAMILIALE RURALE
M. SPEECKAERT Georges	ASS. CATH. AIDE FAM. EN MILIEU IND.
Mme SPEECKAERT Odette	CENTRES FAMILIAUX
Mlle STAES Isabelle	CENTRES FAMILIAUX
Mlle STREEL Anne-Marie	AIDE FAMILIALE RURALE
Mlle SWYSEN Feliciane	CENTRE FAMILIAL
Mlle TAX Wilfrieda	FAMILIEHULP KAU
Mme THOMAS	
Mlle TOUSSAINT Françoise	AIDE FAMILIALE
Mme VAN BOSSTRAETEN- VERSCHUEREN	FAMILIALE ONDERLINGE HULP MECHELEN EN TURNHOUT
Mlle VAN CAUWENBERGE M.-Th.	FAMILIEZORG O. L. GAND
Mlle VAN-DEN-BROEKE Andrée	AIDE FAMILIALE
Mlle VAN DEN STEENE M.- José	FAMILIEZORG WEST-VLAANDEREN
Mlle VAN DER SIJPT Thérèse	VERENIGING GEZINSHULP-BOEREN- BOND
Mme VANDERVEKEN-VAN DE PLAS	LA FEMME PREVOYANTE SOCIALISTE
Mme VANDEVELDEN- MERCKX Irène	LA FEMME PREVOYANTE SOCIALISTE
Mlle VAN HAELST Marie- José	FAMILIEZORG O.V.
Mme VANTRIMPONT Su- zanne	FEMMES PREVOYANTES SOCIALISTES
Mlle VENDREDI Jacqueline	CENTRES FAMILIAUX
Mlle VERBEECK Jeanne	SERVICE D'AIDE FAMILIALE ANVERS
Mlle VERHEYEN Maria	FAMILIEHULP KAU
Mlle VERVAEKE Marie- Rose	FAMILIEZORG WEST-VLAANDEREN
Mlle WAGEMANS Josée	FAMILIEHULP KAU
M. ZWICK Jacques	ASSOCIATION DU SERVICE FAMILIAL
Mlle GODEAU	SERVICE AIDE FAMILIALE

DENMARK

M. LARSEN Else

MINISTRY OF SOCIAL AFFAIRS

SPAIN

Mère TERESA ISABEL

CONGREGATIONS RELIGIEUSES ESPA-
GNOLES

DELEGATES**ORGANIZATIONS REPRESENTED****THE UNITED STATES**

Mme BELL Grace W.
M. BLACKBURN Clark
Mlle GOLDFARB Dora
Mme JOHNSON Nora

NATIONAL COMMITTEE HOMEMAKER
SERVICE
FAMILY SERVICE ASSOCIATION
AMERICA
JEWISH FAMILY SERVICE-NEW YORK
CITY
THE CHILDREN'S AID SOCIETY

FINLAND

Mme KUUSI Anneli
Mme PIKKANEN Eeva-
Maija
Mme SAHLAN Inkeri

Mme SEPPALA Hilja
Mlle TULISALO Kaisu

FINNISH POPULATION ET FAMILY
WELFARE LEAGUE
MANNERHEIM LEAGUE OF CHILD
WELFARE
FINNISH COMMITTEE FOR COLLABO-
RATION WITH THE INTERNATIONAL
COUNCIL
MINISTRY OF SOCIAL AFFAIRS
HOMEHELP SCHOOLS

FRANCE

Mlle AUCLAIR Henriette
Mlle BAGOT Renée
M. BARATTE René
Mlle BARJOLE
Mlle BIZOUARD Colette
M. BONNAMOUR Jacques

Mlle BOQUIEN Madeleine
Mlle BOUCHE-LECLERCQ
Meryem
Mlle BOUNY Simone
Mlle BOURBON Marthe

Mme BRAUN Marguerite
M. BRIOUZE Jean
Mlle MURTY Simone
Mlle CAGNE Colette
Mme CARTAYRADE Ray-
monde
Mlle CESTIER Honorine
Mlle CHANTREAU Pierrette
M. CUSIN Antoine
Mme DE CAYEUX Anne
Mme DE CORTA Anne-Marie
Mlle DEGASQUET Anne
Mme DELACOTE Jeanine
Mlle DELATTRE Françoise
M. DENIS Maurice

Mlle De PLACE Anne-Marie

Mlle DERNY Madeleine

AIDE AUX MERES DE FAMILLE
CONGREGATION DU SACRE-COEUR
F.D.A.P.A.F. NORD
AIDE AUX MERES DE NANTES
AIDE AUX MERES DE FAMILLE
AIDE AUX MERES DE FAMILLE DE
LYON
U.N.C.A.F.
AIDE AUX MERES DE FAMILLE

AIDE AUX MERES DE FAMILLE
SERVICE FAMILIAL DES JEUNES
FILLES
F.D.A.P.A.F. MEURTHE-ET-MOSELLE
C.A.F. SEINE-ET-MARNE
C.C.A.F.R.P.
AIDE AUX MERES DE FAMILLE
F.N.A.P.A.F.

SYNDICAT DES A.F.R.
CAISSE ALLOCATIONS FAMILIALES
FEDERATION AIDE AUX MERES
AIDE AUX MERES — VINCENNES
NORD-EST PARISIEN

AIDE AUX MERES DE MULHOUSE
F.N.A.P.A.F.
FED. ASS. POUR AIDE AUX MERES
FAMILLE
FED. ASS. POUR AIDE AUX MERES
FAMILLE
CONGREGATION DU SACRE-COEUR

DELEGATES**ORGANIZATIONS REPRESENTED****FRANCE—Continued**

Mlle DESMARCHIX
 Mme DUCASSE Marcelle
 Mme DUFOUR-DELVOYE
 Julia
 Mlle FERRANDO Marie-Clé-
 mence
 M. FERRE René
 Mme FRANTZ
 Mlle FRETTEL Marcelle
 Mlle FRIDERITZI Geneviève
 Mlle GAILLARD Alice
 M. GALLIX Louis
 Mlle GICQUEL
 Mlle GODINOT Marie
 Mme GOLDSCHIEDER-
 WALF Anne
 Mme GORSSE Madeleine
 Mlle GUILGAUT Béatrice

 Mme GUITET Madeleine
 M. HOCHARD Jacques
 Mlle HOLGUIN Conchita
 Mlle DE LAMAZE

 Mlle LAMOTHE Hélène
 Mme LAPORTE Suzanne
 Mlle LAVIER Isabelle
 Mlle LE CONNIAT Maria
 Mlle LUCKE Suzon
 Mme MAIER Madeleine
 Mme MEUNIER Antoinette
 Mlle MIAGLIA

 Mme MONTCEL M.-Jeanne
 Mlle MOREAU Madeleine
 Mlle MOREE Annick
 200 Mme MORILLON Huguette
 Mme MORIN

 Mme OLRÉY-COLLET
 Mlle OURSELIN
 Mlle PELLISSIER Made-
 leine
 Mlle PHILIBERT Jeannine
 Mlle RANC Viviane
 Mlle RIPOCHE
 Mlle ROGET Simone
 Mme ROLLIN Simone
 M. ROMATIF François
 Mme RUPERT Georgette
 Mlle SATRE Raymonde

AIDE AUX MERES DE NANTES
 C.C.A.F.R.P.
 RESPONSABLE DES SERVICES SOCIAUX

 AIDE AUX MERES DE FAMILLE

 UN. NAT. ASS. AIDES FAMILIALES
 ASS. MOSELLANE POUR L'A.M.F.
 A.P.A.F.
 F.N.A.P.A.F.
 See SI DE LA C.C.A.F.R.P.
 SERVICE FAMILIAL DE JEUNES FILLES
 AIDE AUX MERES DE NANTES
 U.N.A.A.F.R.

 C.C.A.F.R.P.
 CENTRE DE FORMATION AIDES
 FAMILIALES
 F.N.A.P.A.F.
 CAISSE D'ALL. FAM. DE SAVOIE
 F.N.A.P.A.F.
 Membre du Conseil d' Administration du
 C.I.O.T.F. Présidente de l'U.P.M.E.M.F.
 CENTRE D'AIDE FAMILIALE
 AIDES FAMILIALES DE BANLIEUE
 F.N.A.P.A.F.
 AIDE AUX MERES DE FAMILLE
 A.P.A.F. DE STRASBOURG
 F.N.A.P.A.F.
 C.A.F. DE LA SOMME
 ASSOCIATION INTERPROFES. DES
 SERVICES SOCIAUX DE VALEN-
 CIENNES
 FED. DEP. DES A.P.A.F. — LOIRE
 AIDE AUX MERES DE FAMILLE

 CAISSE ALLOCATIONS FAMILIALES
 Membre du Conseil d'Administration du
 C.I.O.T.F.
 SERVICE FAMILIAL DE JEUNES FILLES
 CONGREGATION DU SACRE-COEUR
 CAISSE ALLOCATIONS FAMILIALES

 SYNDICAT DES A.F.R.
 AIDE AUX MERES — MARSEILLE
 AIDE AUX MERES — NANTES

 AIDES FAMILIALES DE BANLIEUE
 U.N.A.A.F.R.
 F.N.A.P.A.F.
 AIDE AUX MERES DE FAMILLE

DELEGATES

ORGANIZATIONS REPRESENTED

FRANCE—Continued

Mlle SCIEUX Suzanne
Mlle SERMAGE Antoinette
Mlle THOURET Cécile
Mlle VILLOUTEIX Marie
M. VINSON Pierre
Mme ZIMMER Fanny
Mère ALEXIS

Mère JEANNE DE
L'EUCHACHARISTIE
Mère SAINT-PHILIPPE

Sœur ANNE-MARCELLE
Sœur FRANÇOISE

Sœur GEORGES-AGNES

Sœur JEAN-NOEL
Sœur MARIE-D'ASSISE

Sœur MARIE-EDOUARD
Sœur MARIE-MARTHE
Sœur SAINT-GEORGES

Sœur SAINT-JEROME
Mme CORNUET Maggy
Mme DECONIHOUT
Mlle DIENIS Denise
Mlle QUEVAT Raymonde
Mlle SAINT-OYANT
Suzanne

Mme SERIEYS
Mlle TAISNE Colette

Mlle THIVOLLET Marie
Mlle VIGNE Jeannette

GREAT BRITAIN

Mme BARBER Winifred

Mlle BENTLEY Diana

Mlle BRINDLE Olive

Mlle BURR Nora

Mme CAMPBELL Loila
Mlle CARNEGUY-ARBUTH-
NOTT El.

Mlle CLAXTON Doreen
Mme CLEMENTS Jean

F.N.A.P.A.F.
ASSOCIATION POPULAIRE—AIDE FAM.
A.P.A.F.
F.N.A.P.A.F.
FAMILLE DU CHEMINOT
A.M.F. MARSEILLE
ORG. TRAV. FAM. PETITES SCEURS
ASSOMP.

ASS. ENTR'AIDE FAM. ET SOCIALE-
ANGERS

ORG. TRAV. FAM. P.S. DE
L'ASSOMPTION

LIGUE D'HYGIENE SOCIALE

ORG. TRAV. FAM. P.S. DE
L'ASSOMPTION

ORG. TRAV. FAM. P.S. DE
L'ASSOMPTION

ASS. AIDE FAMILIALE ANGEVINE

SERV. TRAV. FAM. DES AUX. DU
PURGATOIRE

CENTRE DE T.F. DE LA SAGESSE

ASS. T.F. DES PLAINES — ANGERS

SERV. TRAV. FAM. DES AUX. DU
PURGATOIRE

CENTRE DE FORMATION DE T.F.

F.N.A.A.F.P.

F.N.A.A.F.P.

F.N.A.A.F.P.

F.N.A.A.F.P.

F.N.A.A.F.P.

F.N.A.A.F.P.

PRESIDENTE DU COMITE FRANÇAIS
DES O.T.F.

F.N.A.A.F.P.

F.N.A.A.F.P.

INSTITUTE OF HOME HELP
ORGANISERS

LONDON COUNTY COUNCIL
INSTITUTE OF HOME HELP
ORGANISERS

LONDON COUNTY COUNCIL
INSTITUTE OF HOME HELP
ORGANISERS

INSTITUTE OF HOME HELP
ORGANISERS

DELEGATES**ORGANIZATIONS REPRESENTED****GREAT BRITAIN—Continued**

Mlle COORE Anne	HOME HELP ORGANISER
Mlle EPPLESTONE Millicent	INSTITUTE OF HOME HELP ORGANISERS
M. EVANS Thomas	GLAMORGAN COUNTY COUNCIL
Mme FINCH Helen	INSTITUTE OF HOME HELP ORGANISERS
Mlle GAMBLE Beatrice	INSTITUTE OF HOME HELP ORGANISERS
Mme HAKIM Nancy	INST. OF HOME HELP ORGANIS. FROM YORK
Mme HAMER Amy	INSTITUTE OF HOME HELP ORGANISERS
Mme HARRISSON Edna	DERBYSHIRE COUNTY COUNCIL
Mrs. HENSHAW Lily	DERBYSHIRE COUNTY COUNCIL
Mlle HUGGINS Hilda	INSTITUTE OF HOME HELP ORGANISERS
Mme HUGHES Miriam	INSTITUTE OF HOME HELP ORGANISERS
Mme KNIGHT Louie	INSTITUTE OF HOME HELP ORGANISERS
Mlle LEECH Margaret	INSTITUTE OF HOME HELP ORGANISERS
Mme LINDSAY Ivy	INSTITUTE OF HOME HELP ORGANISERS
M. LOGSLEY Robert	PUBLIC HEALTH COMMITTEE COVENTRY CITY COUNCIL
M. MAC GREGOR Murdoch	
Mlle MAC LAINE Maureen	BELFAST COUNTY BOROUGH-I.H.H.O.
Mme MAC TAGGART Florence	INSTITUTE OF HOME HELP ORGANISERS
Mme MARSHALL Ellen	COVENTRY COUNTY BOROUGH
Mme MEEHAN Muriel	HAMPSHIRE COUNTY COUNCIL H.H. SERVICE
Mme NEPEAN-GUBBINS Laura	INSTITUTE OF HOME HELP ORGANISERS
Mlle OWEN Winifred	INSTITUTE OF HOME HELP ORGANISERS
Mme PAINE Hilda	INSTITUTE OF HOME HELP ORGANISERS
Mme PARRY Nancy	GLAMORGAN COUNTY COUNCIL
Mme PARSLEY A.-Elizabeth	STAFFS COUNTY COUNCIL
Mlle PEVERETT Winifred	
Mme RAMSAY Margaret W.	INSTITUTE OF HOME HELP ORGANISERS
Mme REAY Irene	KENT BRANCH I.H.H.O.
Mme SALMON Colin	CENTRAL BRANCH I.H.H.O.
Mme TAYLOR Pearl	I.H.H.O.
Mme WARD	LONDON
Mlle WHITE Doris	LONDON COUNTY COUNCIL
Mlle WHITFORD Beatrice	I.H.H.O.

DELEGATES

ORGANIZATIONS REPRESENTED

HOLLAND

Mme ANNERELDT Gerda
 Mlle BERGSMA Antje
 Mlle BOS A.-M.
 Mlle BOSMA J.-C.
 Mlle BULTE Frédérique
 Mlle BUTTER C.A.
 Mr. CROMMELIN Onno
 DE JONG
 Mlle DE LANGE Hondrika
 Mlle DE RONDEN Octie
 Mlle DYK Hendrika
 Dr ELZINGA
 Mlle ENTHOVEN Sophia
 Mr GOEZINNE Jan
 Mlle HOENSELAARS
 Johanna
 Mlle HOVING Niesjen
 Mgr JANSEN A.-M.
 Mr KARSTEN Johannes
 Mlle KATER Potronella

 Mlle KOPPENOL C.J.M.
 3 Mlle MIDDELBEEK Louise
 Mlle MOULIJN Henriette
 Mlle PENNING'S Louise
 Mlle PRUMMEL Roelfje
 Dr SARK Henry
 Mr. SASSEN VAN VLIER-
 DEN Napoleon

 Mlle SCHELLEKENS Alice
 Mlle SCHMIT Johanna
 Mr SCHOLTEN Johannes
 Mlle SCHUURMANS
 STEHHOVEN Cath.
 Mlle SCHMYT Trini
 Mlle STADIG Agaath
 Mr TERLOUW Joh's
 Mlle TIMMERMAN Elisa-
 beth
 Mlle VAN ACKER Julienne
 Mlle VAN DEN HORBST
 A.J.M.
 Mlle VAN DELLEN A.A.
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Published by

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration
Washington, D.C. 20201

WA Publication No. 10