

COST-SAVINGS BENEFITS OF HOMEMAKER SERVICE,
OTTAWA COUNTY, KANSAS, 1969

by 1264

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INTRODUCTION

Review of Homemaker Service -

Homemaker service in America began in 1930 with four "visiting cleaning" women in New York who supplemented nursing service (Morlock, 1964). During the economic depression of the 1930's the Public Works Administration hired housekeeping aids to provide services to families in need. The resulting expansion of housekeeping aids brought about the organization of the National Committee on Homemaker Service in 1937 to provide direction and guidance to both public and private agencies wanting homemaker service as part of their agency structure.

Growth of homemaker service is continuing as new programs are implemented and old programs updated and expanded. The number of homemakers and home-health aides increased from 500 in 1950 to 2,300 in 1960, and to over 12,000 in 1968. Over 800 homemaker and home-health aides programs are operating in all 50 states, the District of Columbia and Puerto Rico (Doscher, 1964). The 1962 Service Amendments to the Social Security Act gave additional financial support to stimulate the development of "in home" service for public welfare clientele (Public Welfare Amendments, 1962).

Homemaker service was defined by the National Conference on Homemaker Service in 1959 as a:

. . . community service sponsored by a public or voluntary health agency that employs personnel to furnish home help service to families with children; to convalescent, aged, acutely or chronically ill, the disabled persons; or to all of these (U.S. Department of Health, Education, and Welfare, 1960).

Home-health aide service may be used to provide supportive services which are required to maintain and provide the normal bodily and emotional comfort and to assist the patient toward independent living in a safe environment. The services are given under the supervision of a nurse, or, when appropriate, of a physical, speech, or occupational therapist (U. S. Department of Health, Education and Welfare, 1969).

The distinction between homemaker and home-health aide was that the home-health aide placed emphasis on health services under supervision of a nurse or physician as part of an active medical treatment plan. However, as the National Council for Homemaker Service, Inc. came to recognize that the future of homemaker service depended on many disciplines as well as supervision by public and voluntary health and welfare agencies, the features of both homemaker and home-health aide programs were combined to enable community organizations to provide a broader range of services to families.

In 1965 the following standard was published:

. . . homemaker-home-health aide service is an organized community program provided through a public or voluntary non-profit agency. Qualified persons are employed, trained, and assigned by this agency to help maintain, strengthen and safeguard the care of children and adults in their own homes where no responsible person is available for this purpose. The appropriate professional staff of the agency establishes with the applicant their needs for the service, develops a suitable plan to meet it, assigns and supervises the homemaker-home-health aide and continually evaluates whether the help given meets the diagnosed need of its recipients. (National Council for Homemaker Service, Inc., 1965).

Developments in Kansas

There has been interest in the development of a homemaker service in Kansas over the past ten years. The Kansas Citizen's Council on Aging, Inc., the Advisory Committee to The Division of Services for the Aging, and the Kansas Home Economics Association adopted resolutions supporting homemaker service. Church groups, Junior Chambers of Commerce, the Council of Social Agencies and other voluntary organizations also supported homemaker service in one form or another.

In 1963, a representative from the State Division of Social Welfare reported to the Riley County Division of Social Agencies that funds were available for homemaker service if there was a proven need. This stimulated a study at Kansas State University to estimate the demand for homemaker service (Moore, 1965). The initial phase was a survey of community leaders. This was followed by a mail survey of all who had been hospitalized during the year of 1965 in Riley County. On the basis of their replies this

suggested a ratio of one full-time worker for 1,000 population or a projected total demand of 2,000 for the entire state. These estimates were presented to the State Board of Social Welfare, which voted to recognize homemaker service as one of the supportive services to be provided by county welfare agencies. A civil service classification of homemakers was established in April of 1966.

The next logical concern was adequate training for homemakers. The Department of Family Economics at Kansas State University developed a proposal for the training of homemakers which was submitted to the Administration on Aging as early as October 1966. By January 15, 1968, the Administration on Aging expressed inability to support the project and referred it to the National Committee on Household Employment. The National Council for Homemaker Service chose to include the KSU proposal among a group of ten projects for consideration as an experimental and demonstration project under the Manpower Development and Training Act. The project was approved March 15, 1968, by the U.S. Department of Labor and the U.S. Department of Health, Education, and Welfare (Zimmerman, 1969). Homemaker service training began May 20, 1968, with two trainees in the first session. By May 31, 1969, a total of 59 women had been trained. It is anticipated that by June 1970, the termination date of the training program, approximately 120 women will have been trained to provide homemaker service in the state.

Ottawa County homemaker service

Early in 1961, G.N. Bacon, a member of the Ottawa County Board of Social Welfare urged the Director of the County Welfare Department, Mrs. Josephine Moen, to attend the Southwest Regional Conference in Wichita sponsored by the Child Welfare League of America. He was anxious that she learn about homemaker service and how to begin homemaker service in Ottawa County.

Mrs. Moen enthusiastically recommended that the Ottawa County Board include homemaker service in the budget. Soon after the civil service classification of homemaker service was established in April of 1966, the State Board of Social Welfare voted to allow Ottawa County to include homemaker service in the July 1967-68 budget. However, no homemaker was hired as the Board wanted to be sure that the community was prepared to support a homemaker. An ad hoc committee was selected in 1967 from the community to

study the attitudes of the county population. Among the members were a doctor, a churchman, an old-age welfare client and a mother receiving aid for dependent children from the county welfare department. The committee held several discussion group meetings with community citizens and among themselves. After full consideration of the feasibility of homemaker service the committee recommended in 1968 that a homemaker be hired for the 1968-69 fiscal year.

The next concern was how to train the homemaker. With the assistance of the State Department of Social Welfare Consultant on Homemaker Service, Mrs. Mariella Smith, both Cloud and Ottawa County Departments of Social Welfare jointly held a 2-week training session. The training session was held during May 1968 in Cloud and Ottawa Counties for prospective homemaker trainees. Four women from Ottawa County were enrolled in the training session. Only one was employed as a homemaker in Ottawa County to begin work June 1, 1968. Another homemaker was already employed full-time as a substitute mother for a family receiving aid for dependent children. She was able to attend only one week of the training session.

Need of cost-savings studies recognized

Seven counties other than Ottawa had homemaker service programs operating within their county welfare agencies by July 1969. The reluctance of many county welfare boards to incorporate homemaker service was the result of several factors, one of which was the absence of data to indicate the financial savings to be realized by use of homemaker service.

Concern for the slow development of homemaker service was expressed at the January 1968 meeting of the Advisory Committee to the Division of Services for the Aging (Kansas State Department of Social Welfare, 1968). The discussion focused on the need for a study to confirm or refute the proposition that homemaker service could save county welfare boards considerable money and also enable the individual to continue to live at home. The question was raised whether data needed could be obtained from a social welfare department for a study of this type. Miss Marcial Burrough, Acting Director of the State Department of Social Welfare, said there should be no legal problem in obtaining release of information for a study to be conducted in a selected county to determine the potential cost-savings which could result from homemaker service.

Cost-Savings Studies

A limited number of studies of cost-savings benefits of homemaker service programs have been made. The Denver Department of Welfare concluded a year-and-a-half study in 1962 showing a net savings of \$32,301.83 in hospital and nursing home care by using homemaker service provided to 165 persons from two to twelve hours per week with the majority of the patients receiving four hours per week (Denver Department of Welfare, 1962). The Children's Aid Society in New York reported the employment of 9 to 24 hour homemaker service for children to be one-third the cost of providing shelter or foster care (Children's Aid Society, 1959). There were no studies in the literature reviewed of the cost of homemaker service and how best to use the services of homemakers by small county welfare departments.

OBJECTIVES

The general objective of this study was to assess the economic feasibility of homemaker service in a small county department of social welfare.

The specific objectives were:

1. To ascertain the cost of homemaker service functioning in a rural county welfare department.
2. To compare the estimated cost of using homemaker service in lieu of services currently provided.
3. To estimate the additional cost of extending homemaker service to all remaining clients in need of homemaker service.
4. To estimate the number of homemakers needed.

PROCEDURE

Selection of Population

All public assistance clients who received public assistance in Ottawa County and who were eligible for services during the year June 1, 1968 through May 31, 1969 were included in the population studied. The case record for each client was reviewed by the caseworker to determine those clients who received homemaker service and those in need of homemaker service but not recipients of the service. Cases for which there was no need for homemaker service were eliminated from further consideration.

Forms for Recording Data

A total of four forms were developed for collecting material from those cases for which homemaker service was needed. Form A, Survey of Homemaker Service Need, was used for tabulating each clients need for homemaker service, regardless of whether homemaker service was currently being offered. The client's case number was used to identify the record in the event additional material was needed. "Category of assistance" identified the classification by which the family received financial assistance. "Living arrangements" indicated where the client lived and whether any type of alternate care, such as foster care was used. Under "Length of time with alternate service" was recorded the weeks, months, and years such service was needed. The time "Homemaker service could have been used" was recorded in item 5 in weeks, months, and years. Total "Homemaker hours per day needed" was recorded in item 6. In item 7 the number of "Days per week" was indicated. Item 8 provided for listing the "Specific job required of homemaker" in the opinion of the caseworker.

Form B, Summary of Homemaker Service Need, was used to tabulate and summarize information from Form A for each client in need of homemaker service. The case number (column 1 on Form B) identified the client. In column 2 the category of assistance was listed. Homemaker service needed by the client, according to the caseworker's estimates, was recorded in column 3. Time requirements in hours, days, weeks and total was posted in

Form A. Survey of Homemaker Service Need

1. Case Number	2. Category of Assistance	3. Living Arrangements
	AABD (Aid to Aged, Blind, Disabled) ADC (Aid to Dependent Children) MAO (Medical Assistance Only) AFDCFC (Aid to Families with Dependent Children in Foster Care) Services Only	Sleeping room or room and board Renting apartment Renting house Owner or purchasing house With relatives Ottawa Co. Hospital (long term care @ \$12/day) Rock City Manor @ \$255/month Delphos Rest Home @ \$245/month Crestview Nursing Home @ \$245/month Clark Rest Home @ \$200/month Foster care @ \$110-165/month
4. Length of time with alternate service Weeks Months Year		
5. Homemaker could have been used Weeks Months Year		
6. Homemaker hours/day needed		
7. Days/week one time only once a week twice a week three times a week daily every other week other (specify)		
8. Specific job required of homemaker		

Form B. Summary of Homemaker Service Need

Client		Service Needed	Time Requirements				Cost of Homemaker Service		Alternate Service Used	Savings
Case Number	Cate-gory		Hrs per day	Days per wk	Wks per yr	Total hours per yr	Rate per hr	Total cost per yr		
1	2	3	4	5	6	7	8	9	10	+ - 11

columns 4, 5, 6, and 7, respectively. Hourly wages are tabulated in column 8. Total cost of homemaker service, tabulated in column 9, was the product of data in column 7 and 8. Total savings in column 11 was determined by subtracting corresponding figures in column 9 from those in column 10 and shown as a positive or negative figure.

Form C, Jobs the Homemaker Performed During the Year, was compiled by listing all the possible jobs a homemaker might perform in the home. The homemaker was given the list on which she indicated the jobs she performed for each family served during the year.

Form D, Use of Trained Homemaker Time for Year, was used to summarize data collected from agency records. The number of hours the homemaker was available for work was listed by months. A full month including holidays and vacation averaged 173 hours. Homes visited were classified by the client's category of assistance: "AABD" for assistance to the aged, blind, and disabled; "MAO" for medical assistance only; and "ADC" for families with dependent children. The total hours spent in each service category was tabulated in columns 4, 7, and 11 and the total number of people visited was tabulated in columns 5, 8, 9, and 12. The total persons the homemaker transported during the month was tabulated in column 13, and in column 14 the total hours required for transporting the clients to and from appointments. Column 15 included the use of the homemaker's time in meetings, office hours, vacation and other miscellaneous activities.

Form C. Jobs Homemaker Performed During the Year

(Check all applicable items)

case number

I. Household Skills

A. Care of Clothing and Household Linens

1. Washing
 - a. Gathering laundry
 - b. Sorting laundry
 - c. Washing clothes and household linens
 - d. Hanging out wet clothes or putting in dryer
 - e. Cleaning up after washing
 - f. Taking down dried clothes, folding and putting away
2. Ironing and other care of clothes
 - a. Airing clothing outdoors
 - b. Putting clothes away after ironing
3. Shining shoes
4. Mending
 - a. Sewing on buttons, repairing clothing in other ways
5. Sewing
 - a. Making clothing or other household garmets

B. Care of House

1. Making beds, changing bed linens
2. Dusting
3. Emptying garbage, burning papers
4. Wet cleaning
5. Electrical cleaning of floor surface
6. Sweeping floor surfaces
7. Care of furnace, range
8. Straightening up house--keeping in order
9. Picking up children's clothes
10. Caring for house plants
11. Changing light bulbs

C. Special Care of House

1. Airing rugs, mattresses, blankets, etc.
2. Cleaning cupboards, closets, basement
3. Polishing furniture
4. Polishing silver
5. Cleaning venetian blinds
6. Washing and ironing curtains
7. Washing windows, woodwork
8. Waxing floors
9. Spring cleaning
10. Shampooing rugs--upholstering furniture
11. Take down storm windows; put up storm windows

Form C (cont'd.). Page 2

D. Minor Household Repairs

1. Changing fuses
2. Use of plyers, hammer and screw driver in household repairs
3. Repairing broken circuit

II. Food for Families

A. Planning Menus

1. Use of commodities in menu planning

B. Marketing--Comparative Shopping

1. Putting away groceries

C. Food Preservation

D. Food Preparation

1. Preparing breakfast
2. Preparing lunch
3. Preparing dinner
4. Preparing special meals or extra snacks or meals
 - a. Food for aged
 - b. Food for young children
5. Packing school lunches or dinner pails
6. Baking bread, cakes, cookies, etc.

E. Setting and Clearing Table

F. Clean up in Kitchen

1. Stacking dishes
2. Washing dishes, drying
3. Straightening kitchen
4. Cleaning range
5. Defrosting refrigerator
6. Care of freezer

III. Personal Care

A. Care of Children

1. Bathing
2. Getting ready for school or church
3. Supervising dressing for school or outdoor activity
4. Dressing or undressing
5. Combing hair
6. Looking for children
7. Washing hair
8. Cutting hair
9. Feeding
10. Helping with lessons
11. Putting down for naps or to bed
12. Taking outdoors
13. Reading to children
14. Playing with children
15. Giving first aid
16. New infant care (formula, bathing, etc.)

Form C (cont'd.). Page 3

B. Care of Adults

1. Feeding patient
2. Hand washing
3. Bed bath
4. Bed pan care
5. Disposal of waste
6. Oral hygiene
7. Positioning of patient
8. Shave
9. Shampoo, trim nails
10. Pressure sores
11. Helping patient to walk
12. Helping out of bed
13. Building morale
14. Reading to patient
15. Retraining of body muscles
16. Patient daily record
17. Taking to clinic for appointments
18. Giving shots*
19. Medication*

IV. Other Homemaking Activities

A. Care of Adults and Children

1. Answering phone
2. Caring for pets
3. Contributing time and energy in community activities
4. Gardening and yard care
5. Going after mail
6. Keeping household accounts
7. Paying bills
8. Reading letters
9. Riding or driving self or others in the family
10. Telephoning
11. Other activities

*Under supervision of doctor or nurse

RESULTS

Caseload of Ottawa County

In 1960 Ottawa County had a population of 6,779 residents and 1,941 families (U.S. Department of Commerce, 1960). During the period June 1, 1968, through May 31, 1969, 190 families were recipients of public assistance.

Public assistance for Ottawa County is directed from Minneapolis, the county seat of Ottawa County, by the Ottawa County Board of Social Welfare. It functions under direct supervision of the State Department of Social Welfare in administering such county welfare programs as aid to dependent children, general assistance, aid to the aged, blind, and disabled. These programs must be in compliance with both state and federal regulations to receive financial support.

Ottawa County Department of Social Welfare is administered by the director who supervises three caseworkers, one homemaker, one clerk-typist, and a clerk-accountant.

For purposes of this study, public assistance clients classified by category on Form A were placed in two main groups: The first group was composed of the 150 clients who were elderly, old-aged, blind, disabled, and families who received medical assistance only. These will be referred to as the AABD group. The second group was composed of the 40 families all with dependent children who will be referred to as the ADC group.

All of the cases in Ottawa County were reviewed with the client's caseworker to determine their needs for or experience with homemaker service. If all of the families needing homemaker service during the year had been served, a total of 68 (36%) of the 190 families would have had a homemaker. This consists of 47 AABD and 21 ADC clients who comprise 31 percent and 52 percent, respectively, of their groups (Table 1).

Forty-three of the 68 families in need of homemaker service according to their caseworkers were being served, 11 had refused the assistance of homemaker service, and 14 needed a homemaker but none was supplied because of no homemakers being available. A larger proportion of the AABD than ADC families in need refused service. Approximately one-fourth of both AABD and ADC families in need were not served.

Table 1. Estimated need of homemaker service for welfare families

	<u>AABD families</u>		<u>ADC families</u>		<u>All families</u>	
	Number	%	Number	%	Number	%
All welfare families	<u>150</u>	<u>100</u>	<u>40</u>	<u>100</u>	<u>190</u>	<u>100</u>
In need of hmkr. ser.	<u>47</u>	<u>31</u>	<u>21</u>	<u>52</u>	<u>68</u>	<u>36</u>
Served	29	19	14	35	43	23
Refused	9	6	2	5	11	6
Not served	9	6	5	12	14	7
Not in need of hmkr. service	<u>103</u>	<u>69</u>	<u>19</u>	<u>48</u>	<u>122</u>	<u>64</u>

Families Served by Homemaker Service

The 43 families receiving homemaker service in Ottawa County were served by three homemakers. Two of the homemakers were untrained and served two cases. The other 41 families were served by the one trained homemaker. Because of the great difference in services rendered by these two classes of homemakers, they will be treated separately.

Trained homemaker

The homemaker in Ottawa County had been employed since June 1, 1968, following training (see p. 5). During her first year of employment she provided 2,080 hours of homemaker service to 41 families.

Most of the families required her services for a short period of time. The duration of service to clients during the year is presented by months in Table 2. Three-fourths of the families required service for less than four months, and almost half, 19 families, required only one month of homemaker service. Many families needed only transportation or short-term housework assistance. The remaining 11 families needed six months or more homemaker service, with five families receiving 10 months or more homemaker assistance. The number of families in need of longer-term service may be expected to be larger than is reflected by this first year of experience with homemaker service.

Table 2. Duration of homemaker service used by families^a

Months served	Number of families	
	AABD	ADC
All	28	13
1	13	6
2	4	3
3	1	2
4	1	-
5	-	-
6	3	1
7	1	-
8	1	-
9	-	-
10	2	1
11	1	-
12	1	-

^aDoes not include AABD and ADC families served by untrained homemakers for the year.

The hourly distribution of the homemakers's service was taken from her records kept of time spent visiting clients in their homes and in transporting clients (Table 3). The unaccounted time was classified as office and vacation and miscellaneous activities.

Table 3. Distribution of time of trained homemaker

	Hours	
	Number	%
All	2080	100
AABD ^a	846	40
ADC	243	12
Transportation of clients	73	4
Office, misc.	918	44

^aIncludes 2 MAO cases

The homemaker spent 56 percent of her time working with clients either in their own homes or in transporting them to and from clinic appointments (Table 3). She spent 40 percent of her time with the 28 AABD families and 12 percent of her time with the 13 ADC families.

Jobs the homemaker performed for the families she served during the year are summarized in Table 4. These data were compiled by having the homemaker check and assign a time factor on Form C for the skills which she provided for each family during the year. To the original listing of 118 jobs (Form C), the homemaker added a few jobs that had not been included. Most of the jobs performed were household skills and those related to food preparation. Transportation and personal care were also important.

The major difference in the types of jobs performed for the AABD and ADC families was the greater frequency of care of children among the ADC families and care of adults for the AABD families. Transportation was provided only for the AABD families who also required more care of house, food preparation, and such services as paying bills, grocery shopping and buying medicine.

A total of 73 hours of the homemaker's time was spent transporting AABD clients (Table 3). Much of this time was spent waiting at the clinic with the patient. No public transportation was available.

Approximately two-fifths of the homemaker's time (44%) was spent in meetings, office hours, and consulting with caseworkers four hours per week. This also included vacation time and two weeks spent attending the "Seminar on Aging" offered by the Department of Family Economics at Kansas State University.

Table 4. Jobs performed by trained homemaker^a

Job category	AABD Number	ADC Number	Total Number
I. Household Skills	<u>88</u>	<u>55</u>	<u>143</u>
A. Care of clothing, household linen	29	23	52
B. Care of house	29	27	56
C. Special care of house	20	1	21
D. Minor household repairs	10	4	14
II. Food For Families	<u>48</u>	<u>32</u>	<u>80</u>
A. Planning menus	5	3	8
B. Marketing, comparative shopping	4	2	6
C. Food preservation	-	-	-
D. Food preparation	9	-	9
E. Setting and clearing table	2	3	5
F. Cleaning in kitchen	28	24	52
III. Personal Care	<u>10</u>	<u>33</u>	<u>43</u>
A. Care of children	-	33	33
B. Care of adults	10	-	10
IV. Other Homemaking Activities	-	<u>6</u>	<u>6</u>
V. Transportation of Clients	<u>54</u>	-	<u>54</u>
All Jobs	200	126	326

^aSummarized from data obtained from homemaker for each client on Form C.

Untrained homemakers

Two families were supplied homemaker service by the untrained homemakers. One family was provided homemaker service to care for five children in the absence of the mother while the father was at work during the day. The other homemaker provided part-time service for an AABD family to enable the couple to remain in their own home.

The contribution of the homemaker in the ADC home in providing needed care and stability was reported upon favorably by the caseworker and school officials. They observed improved mental attitudes and increased responsiveness of the children. The client's caseworker reported that the other homemaker provided necessary care for the AABD couple which enabled them to remain in their own home.

The homemaker's job in the ADC family included housekeeping, personal care of the children, meal preparation, paying of family bills, and taking children for medical appointments. Household routines were established by the homemaker in cooperation with the children. She also needed to teach them personal hygiene and encourage them with their school work. Homemaker assistance for the AABD couple included preparing meals, cleaning house, transportation, shopping and other activities that the couple was unable to perform.

Alternative care for the ADC family would have been foster care for each of the five children. Nursing care would have been the alternative if homemaker service had not been provided the AABD family.

Families Not Served by a Homemaker

A review of the case file was made by the three caseworkers to estimate need for homemaker service by those families not receiving homemaker service. A total of 25 families had a potential need. These included 11 families who refused the offer of homemaker service by the caseworker, and 14 families who were not offered homemaker service because there were no homemaker hours available.

Homemaker service offered but refused

Eleven families refused to let the caseworker arrange for homemaker service (Table 5). Most of these families could not recognize or accept their need for homemaker service, even with the assistance of the caseworker. The client's right to self-determination was not violated, and the homemaker services were not impressed on the families. It is estimated that a total of 1,847 hours would have been used to serve these eight AABD, two ADC, and the one MAO client, otherwise included with the AABD families.

Most of these families needed assistance in the areas of housekeeping and transportation. Three needed teaching assistance in house care, one needed assistance with laundry and one needed help with meal preparation (Table 6).

Table 5. Hours of homemaker service needed by families not served

Not served by homemaker	Case	Hours for cases								Total hours
Refused	<u>11</u>									<u>1874</u>
AABD	8	208	728	208	52	26	104	104	104	<u>1534</u>
MAO	1	28								28
ADC	2	104	208							312
Not offered	<u>14</u>									<u>8164</u>
AABD	7	3696 ^a	728 ^b	12	3	156	104	6		<u>4705</u>
MAO	2	208	208							416
ADC	5	9	208	26	2080 ^c	720 ^d				3043

^aNursing care: 24 hours/day 7 days/week for 8 weeks = 1344 hours
8 hours/day 7 days/week for 42 weeks = 2352 "
Total = 3696 "

^bNursing care: 2 hours/day 7 days/week for 52 weeks = 728 "

^cFoster care: 8 hours/day 5 days/week for 52 weeks = 2080 "

^dFoster care: 9 hours/day 5 days/week for 12 weeks = 540 "
4 hours/day 5 days/week for 9 weeks = 180 "
Total = 720 "

Table 6. Homemaker jobs needed by families not served by reason of non-service

Jobs needed by families	Families in need of homemaker service	
	Service refused (11 families)	Service not offered (14 families)
All jobs	<u>17</u>	<u>13</u>
Clinic appointments	-	6
Grocery shopping	2	1
House cleaning	10	4
Washing, ironing	1	-
Meal preparation	1	-
Teach house care	1	1
Teaching meal preparation	2	-
Relieve full-time homemaker	-	1

Homemaker service not offered

The caseworkers listed 14 families in need of homemaker service to whom they would have offered service if homemaker time had been available, or, if nursing or foster care were not considered more economical.

The four families whose needs were met by nursing and foster care would have required 7224 hours (Table 5). The remaining of the 14 families not offered homemaker service would have required 940 hours of homemaker service. The jobs considered needed by these 10 families were primarily for transportation to clinic appointments and for house cleaning (Table 6).

Two of the four remaining families had children placed in foster care. The children could have remained in their own homes if two full-time homemakers had been available. Each home would have then been served by a homemaker. One family would have required eight hours per working day (2,080 hrs) and the other only during hours of the day when family or friends were not available. Homemaker responsibility would have required providing all of the tasks involved in operating a household with children. Personal care of children, disciplining, meal preparation, and household skills are a few of the job tasks that would have been performed had homemakers been in the homes.

The remaining two families which could have used homemaker service were in nursing homes. If a homemaker had been provided, each family would have required full-time homemaker service. One family would have required 9-hour a day service for 12 weeks and 4-hour a day service for 9 weeks. The other family needed 24-hour service for 8 weeks and 8-hour service for 42 weeks (Table 5). The homemakers would have provided personal care for the clients to enable them to remain in their own homes, with concentration in the area of household skills to keep the homes in order and maintain cleanliness.

Cost of Homemaker Service

Ottawa County Department of Social Welfare spent \$7,389 to provide homemaker service for the year 1968-69 (Table 7). Forty-three families were provided 4,880 hours of homemaker service by three homemakers. Salary and social security payments for two untrained homemakers who worked 2,800 hours

with two families was \$3,485. The full-time trained homemaker who worked with 41 families cost \$3,770 for salary and social security plus \$134 for transporting clients. The trained homemaker was employed under civil service classification and received a higher salary than the untrained homemakers. The average cost for the year of the trained homemaker was \$1.81 per hour, and of the untrained homemakers \$1.24 per hour. The average hourly cost of homemaker service rendered in Ottawa County was \$1.51 per hour. This does not include the cost of supervision and overhead costs to the agency.

Table 7. Homemaker cost analysis

	Families served	Hours	Cost	Cost per hour
Total	<u>43</u>	<u>4880</u>	<u>\$7389</u>	<u>\$1.51</u>
Personnel				
Trained homemaker salary	41	2080	3770 ^a	1.81
Untrained homemaker's salary	2	2800	3485 ^b	1.24
Mileage				
at 9¢ mile (1500 mi.)			134	

^aIncludes \$330 Social Security

^bIncludes \$140 Social Security

Cost Comparison of Homemaker Service and Nursing and Foster Care

Four families were provided nursing or foster care. Two had children in foster homes and two had an individual in a nursing home. The cost of these services were paid by the welfare department. If homemaker service had been available during the year, it might have been used had the service been considered beneficial for the families and economical for the agency. To determine whether homemaker service would have been economical, a cost comparison was made (Table 8).

Table 8. Homemaker service and agency placement compared

Family	Homemaker Service		Agency Placement		Savings
	hours	cost	months	cost	+ -
Not served by homemaker service					
ADC	2080 ^c	\$3120 ^f	11 ⁺	\$1840 ^g	\$-1280
ADC	720 ^d	1080 ^f	12	1980 ^g	+ 900
AABD	3696 ^a	5544 ^f	12	3060 ^h	-2484
AABD	728 ^b	1092 ^f	3	765 ^h	- 327
Served by homemaker service					
ADC	2000 ^e	2480 ^e	12	8640 ⁱ	+6160
AABD	800 ^e	1005 ^e	12	6120 ^j	+5115

^aSee footnote to Table 5^bSee footnote to Table 5^cSee footnote to Table 5^dSee footnote to Table 5^eSee Table 7^fEstimated at \$1.50 per hour to approximate the actual cost of \$1.51 per hour^gActual cost of foster care at \$165 per month^hActual cost of nursing care at \$255 per monthⁱEstimated cost of foster care at \$165 per mo. per child for 2 children and estimated cost of foster care at \$130 per mo. per child for 3 children^jEstimated cost of nursing home care at \$255 per month per person for 2 persons

Homemaker service as an alternate to nursing and foster care

The caseworker estimated that homemaker service could have been used 12 months by one of the ADC families. These hours are detailed in footnote (c) to Table 5. Foster placement paid by the agency for approximately 11 months cost \$1,840 or \$1,280 less than had homemaker service been provided.

The second family receiving foster care could have used homemaker service during the summer and winter months while the mother was absent from the home. The hours are detailed in footnote (d) to Table 5. Homemaker service was not available and the teenager was placed in foster care the entire year as the mother was unable to handle her son. The expenditure for foster placement for 12 months was \$1,980, while estimated homemaker expenses would have been \$1,080 for the needed 21 weeks. This would have been \$900 less, but the services rendered are not comparable and it remains a moot question whether the homemaker would have obviated the need for foster placement.

Homemaker service would have been more expensive for both families placed in nursing homes. The first family consisted of one individual needing 3,696 hours of homemaker service. The hours provided are recorded in footnote (a) of Table 5. Homemaker service would have cost \$5,655, or approximately twice the current cost of nursing care of \$3,060 at \$255 per month for the 12 month period. Had this been a two-member family, with the same amount of care needed, homemaker service would have been competitive. The second family consisted of a blind woman who could have used homemaker service daily for the 12 months. The hours are detailed in footnote (b) to Table 5. Nursing care was provided for 3 months when the client became unable to care for herself due to illness. Had homemaker service been provided the entire year it is presumed the client-homemaker relationship would have been such as to enable the client to have remained at home during her spell of illness and possibly to have prevented the cause of the illness. Homemaker cost for the 12 months was estimated at \$1,092 while nursing care for the 3 months was \$765.

Foster or nursing care as an alternate to homemaker service

Two families receiving homemaker service would have required alternate agency placement had the two untrained homemakers not been available. The ADC family would have required foster placement for the five children, two

at \$165 per month, and three at \$130 per month for a total cost of \$8,640. The current cost of homemaker service was \$2,480, or a savings of \$6,160.

Both individuals in the AABD family would have required nursing care had homemaker service been unavailable. The cost for nursing care for the two individuals in this family at \$255 per month each would have amounted to \$6,120. Use of homemaker service realized a savings of \$5,115.

HOMEMAKER SERVICE NEED FOR OTTAWA COUNTY

The estimated need of homemaker service for Ottawa County was obtained by adding to the present homemaker staff the number of homemakers required if those public welfare clients in need of homemaker service were to be supplied. The hours of employment were not equal to the hours of service rendered, but depended on the nature of activity assigned. For example, if only one family was served by the homemaker on a regular on-call basis, no time was allowed for office routines, between-client visits, and other indirect expenditures of time. On the other hand, an agency-employed homemaker, working under supervision with many clients, must have time between client visits to relate to the agency, time to participate in training and also time for vacation and sick leave. Based on the experience of the trained homemaker's use of time (Table 3), wherein 44% of the employed time of the trained homemaker was spent in indirect service to clients, the following rule of thumb was developed: For every hour spent with the client providing homemaker service one additional hour was allowed for what is called indirect services. Hence, the number of hours of employment is estimated to be approximately double. The number of full-time homemaker equivalents needed was approximated by dividing the estimated number of hours of employment by 2,000.

Although three homemakers were employed in Ottawa County, the number of full-time equivalent was 2.4 (Table 9). This included the full-time trained homemaker and 1.4 time for the two untrained homemakers. Time for indirect services was allowed the trained homemaker but never was allowed the untrained homemakers who each worked entirely with one family. It was assumed that the 11 families who had been offered but refused service would require the same time distribution as utilized by the trained homemaker. Thus, to the estimated 1,874 hours for direct service was added a like number

of hours, making a total estimated need 3,748 hours of employment or 1.9 homemakers. This assumption was also made in regard to the 10 families in need but who could not be served for lack of available homemakers. Thus to the 940 hours of direct services needed was added another 940 hours, making the total estimated need 1,880 hours or 0.9 homemakers. The four families in foster or nursing care were considered comparable to the two families being served by the untrained homemakers, so no indirect time was added to the estimated need of 7,224 hours or 3.6 homemakers.

Table 9. Estimates of homemaker service hours needed in Ottawa County

Family	Cases	Hours		Total employ- ment	Homemaker service equivalents
	Number	Direct service	Indirect service		
All	<u>68</u>	<u>14000</u>	<u>3732</u>	<u>17732</u>	<u>8.8</u>
Served by trained hmkr.	41	1162	918 ^a	2080 ^a	1.0
Served by untrained hmkr.	2	2800 ^b	--	2800	1.4
Not served because hmkr. service was:					
Refused	11	1874 ^c	1874	3748	1.9
Not available	10	940 ^c	940	1880	0.9
Not feasible	4	7224	--	7224	3.6

^aSee Table 3

^bSee Table 7

^cSee Table 5

The estimated need of 8.8 full-time homemakers can be adjusted upward or revised downward depending on how each group of cases is treated. Since it would not be economical to employ the estimated 3.6 homemakers to care for the four families currently being provided nursing or foster care, these can be disregarded, making the estimated need 5.2 full-time homemakers.

The estimated 1.9 homemakers needed to service these families who had refused service may be either too high or low. Either they actually do not need the service, in which case, the only additional need of the county is the 0.9 homemakers for the 10 families whose needs could not be met for lack of homemaker service. This would bring the county estimated need to 3.3 homemakers. Or, what is even more likely, they do need the service. In which case, time and talent would be needed to educate these families to the merits of homemaker service. This may take as much as another 0.5 homemaker, thus requiring 2.4 homemakers for this group and 5.7 for the county.

Thus, the estimated needs of the county for homemaker service could be between 3.3 and 5.7, or of hours of employment, between 6,760 and 11,508. If the present hourly rates paid the untrained homemakers who worked exclusively with one family are figured at \$1.24 per hour, and all others are figured at \$1.81 per hour, the estimated cost to the county would be between \$10,640 and \$19,233. This does not include additional cost of transportation and other overhead. By contrast was the cost-savings of \$11,275 as a result of homemaker service being supplied just two families (Table 8).

DISCUSSION AND RECOMMENDATIONS

Discussion

These cost figures do not recognize the possible intangible benefits made possible through personal care provided by a homemaker. Homemaker service may help save the continuity of the family, maintain stability, or help parents learn how to be parents, particularly in the case of broken homes where the male survivor has not been accustomed to assuming the role of both mother and father. The homemaker may help to preserve as much normality of family life as possible for members surviving a crisis without subjecting them to an entirely new environment as would be the case if institutional or foster care was supplied. Such crises may be death, desertion, commitment to a mental institution, hospitalization of one parent, or juvenile court action.

These cost figures also do not reflect the benefits to the homemaker herself who may find homemaking a form of gainful employment which enables her to obtain satisfaction through working with and helping families. Also,

the introduction of homemaker services in a county creates an additional employment opportunity for women, particularly, for a class of women who often do not have marketable skills for other forms of employment but who have a backlog of homemaking skills which homemaker service can utilize.

Finally, these costs do not measure the costs and rewards to the community. A more stable home situation may result in children becoming better citizens in school or in reduced delinquency. The aged, able to continue in their own homes rather than being institutionalized for a short period of time, can continue in independent living whereas institutional care may have so disrupted their home situation that they have no home to which to return. Although the total cost of a fully developed homemaker service is estimated to be between \$10,640 to \$19,233 this must be viewed in terms of alternate care which the county welfare board could supply the clients. Indicative of the alternative is the data from Table 8 in which is shown that the cost of foster and nursing care for those provided homemaker service would have been \$14,760 if instead nursing or foster care had been provided.

Finally, these data merely reflect the potential for a county which has been disposed to look favorably upon homemaker service and which took leadership in the state for providing this service. It should be noted that the board seems to have exercised proper judgment in assigning homemakers to cases which would have cost more if foster or nursing care had been supplied and for using foster or nursing care in those cases where homemaker services would have been more costly. As homemaker service develops in stature and as more trained homemakers become available, county boards may be expected to include homemaker services in their consideration of alternative services for clients. The utilization of homemakers can not be justified, but on the basis of this study, it would seem that the provision of homemaker services as an additional alternative for boards of social welfare to consider in giving the proper and most economical service to their clients is appropriate.

Finally with respect to comparative cost analysis it may be noted that institutional care provided twenty-four hour care. Twenty-four hour care by a homemaker is relatively more expensive except in the case of large family units. Another factor is that institutional care provides services such as food, laundry, housing, and heating without additional cost whereas these expenses would need to be provided for a family that remained at home. On

the other hand, some welfare recipients, particularly unless institutional care is to become the final or permanent home, must maintain their own homes while institutionalized pending their return. This may create anxieties as well as additional dollar costs which should be considered in the weighing of alternatives. These data do not make a conclusive case for the economy of homemaker services. They do offer sufficient evidence of the potential for homemaker service as economically feasible and socially desirable. Efforts to experiment with and develop homemaker service is not only defensible but should be encouraged.

Recommendations

It is recommended that Ottawa County provide another full-time trained homemaker to provide services to those families in need who were not served. Employment of another homemaker would allow for expanded services to the benefit of those clients most in need. The other .1 time above the estimated 0.9 needed could be used in providing emergency care to those cases where immediate assistance of a homemaker is required to keep stability in the family. The total load for Ottawa County would then be 3.4 homemakers.

It is also recommended that the possibility of employing part-time homemakers for emergency cases to prevent making foster care placement for children and nursing care placement for the aged be considered. If the homemaker resource were available when needed, the more costly agency placement would not be necessary. Employment of a homemaker-home health aide would enable a wider range of specialized services to families and/or household aids could be employed at less expense to assist the homemaker-home health aide.

Finally, it is recommended that Ottawa County continue to explore alternate methods of meeting the needs of clients both economically and in ways which minimize the inconvenience to the client and maximize the chances of relieving them from the need for further services.

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COST-SAVINGS BENEFITS OF HOMEMAKER SERVICE,
OTTAWA COUNTY, KANSAS, 1969

by

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This study was concerned with the cost savings benefits of homemaker service in a rural Kansas county.

The objectives were (1) to ascertain the cost of homemaker service in a rural county welfare department; (2) to compare the estimated cost of using homemaker service in lieu of services currently provided; (3) to estimate the additional cost of extending homemaker service to all remaining clients in need of homemaker service; (4) to estimate the number of homemakers needed.

Data for this study were obtained from Ottawa County Department of Public Assistance for the year ending May 31, 1969. Analysis was limited to clients with a need for homemaker service or clients who received homemaker service during the year.

The 190 families receiving public assistance in Ottawa County were divided into two groups: the 150 old-age, blind and disabled and medical assistance clients, referred to as the AABD group; and the 40 families receiving aid for dependent children, referred to as the ADC group.

The caseworkers considered homemaker service to be needed by 68 (36%) of families receiving public assistance; 31% of the AABD and 52% of the ADC families.

Forty-three families were served by homemaker service, 11 had refused, and 14 needed a homemaker but were not served because no homemakers were available. Two families were served by two untrained homemakers. The trained homemaker worked with the other 41 families.

The cost of homemaker service was \$7,389 for 4,880 hours or an average cost of \$1.51 per hour for salaries and transportation of clients. The trained homemaker averaged \$1.81 per hour, and the two untrained homemakers averaged \$1.24 per hour. All of the untrained homemakers' time and only 44% of the trained homemaker's time was spent with clients.

Using nursing or foster care in lieu of homemaker service was more costly for three of the four families which could have used homemaker service. A major factor is the number of individuals served in a family. Homemaker service saved more than \$11,000 over agency placement in foster or nursing care by using 2 untrained homemakers to care for a 5-child family and an aged couple.

It was estimated that this county could use as many as 8.8 fulltime homemakers. It is recommended that the current supply of 2.4 homemakers be increased by 0.9 to a minimum 3.3 homemakers. It is also recognized that the county would need as many as 5.7 homemakers if in addition clients who refused service were provided homemaker service.

In its first year of operation of a homemaker service the Ottawa County Board of Social Welfare appears to have proven that neither foster or nursing care nor homemaker service provides a complete solution to client care and has used both types of services to maximum advantage. The experience in this county has given economic justification for the inclusion of homemaker service as one of the county services.