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STATE OF NEW JERSEY  
DEPARTMENT OF INSTITUTIONS AND AGENCIES  
TRENTON

The Effect of the War  
as measured by the comparative  
C E N S U S  
1940 - 1943  
of the volume of social services  
rendered by  
Public and Private  
institutions and agencies  
in New Jersey

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DIVISION OF MEDICINE AND INSPECTION  
PRIVATE INSTITUTIONS  
1944



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NEW JERSEY  
DEPARTMENT OF INSTITUTIONS AND AGENCIES  
TRENTON

111


FOREWORD

\* A census of philanthropic and proprietary institutions serving children, the aged, the physically and mentally ill and otherwise afflicted persons, has been taken periodically by the Department of Institutions and Agencies in order to throw light on existing social conditions. The census of 1940 coincided with the decennial census of the United States. War was declared in December 1941. The subsequent enormous expansion of industrial production and the mobilization for war with the inevitable effect upon the economic and social life of New Jersey tended to invalidate any conclusions reached on the basis of 1940 figures and it was determined to repeat the census after three years of war.

The results of this census of 1943 are to be found in this report, together with some conclusions which may be drawn on the basis of facts.

We have attempted in this report to correlate the effect of the war upon related public and private services in the field of social welfare, for we believe these services are interdependent and that future planning depends upon understanding and cooperation if the welfare of the people of this State is to be conserved.

We regret the delay in publication due to the pressures and priorities of the war effort.



Sanford Bates, Commissioner  
Department of Institutions and Agencies

November 1, 1945.

The 1943 Census of Private Institutions was undertaken in the hope of throwing light upon the effect of the War on the services rendered by these institutions and to reveal the trends which may serve to direct policy in these fields of social welfare and health service.

The cooperation of the 307 institutions which cooperated to make the census complete has been deeply appreciated.

The timing of the census taken in 1940, coincident with the Federal census, and the 1943 census taken as the impact of War was felt, was a fortuitous circumstance.

The Federal Children's Bureau has been in search of such information throughout the United States. Those in the public welfare field, who are concerned with the care of the aged and chronically-ill have also been in search of data on which to base future plans.

The Department of Institutions and Agencies, vested with authority to inspect, to approve or to criticize certain private philanthropic institutions; and to inspect and license, if approved, proprietary institutions which serve the sick, the mentally-ill or mentally-defective, presents the results of the census of 1943 in the hope that it may be of use to those who plan such services now and for the future.

SUMMARY TABLE 1

## Comparative Census Summary for 1940-1943

Type of Institution	Number of Institutions			Persons Under Care December 31st			Total Under Care During		
	1940 - 1943			1940	1943		1940	1943	
Total	273	3+	276*	10,497	+353	10,850	35,162	+ 917	36,079
Philanthropic institutions-agencies	147	7-	140	8,166	- 99	8,067	21,727	- 98	21,629
Children's institutions-agencies	77	5-	72	4,896	- 31	4,865	11,942	- 301	11,641
Homes for the Aged	58	1-	57	2,693	- 36	2,657	3,151	+ 82	3,233
Institutions for the blind	1	0	1	156	- 20	136	162	- 9	153
Homes for convalescents	8	1-	7	313	- 27	286	6,280	+ 135	6,415
Homes for incurables	3	0	3	108	+ 15	123	192	- 5	187
Proprietary institutions licensed	126	10+	136	2,331	+452	2,783	13,435	+1015	14,450
Nursing Homes	73	12+	85	909	+476	1,385	3,025	+ 903	3,928
Private hospitals	26	2-	24	181	- 57	124	8,119	+ 377	8,496
Private tuberculosis	7	4-	3	189	- 78	111	415	- 191	224
Private for the mentally-ill	9	1+	10	333	- 1	332	1,067	- 184	873
Private for the mentally-deficient	11	3+	14	719	+112	831	809	+ 120	929

\* Exclusive of 31 day nurseries with a daily average of 1,060 children under care in 1943.

Exclusive of 32 day nurseries with a daily average of 1,317 children under care in 1940.

For comparative purposes the following tables are presented:

Table II

Number of Institutions and Volume of Service

	<u>1943</u>	<u>1940</u>
Philanthropic institutions and agencies.....	140	147
Licensed hospitals and homes . . . . .	<u>136</u>	<u>126</u>
Total. . . . .	276	273
Day Nurseries. . . . .	31	32
Lanham War Nurseries. . . . .	38	--

Volume of Service

	<u>Day of Census</u>		<u>Total for Year</u>	
	<u>1943</u>	<u>1940</u>	<u>1943</u>	<u>1940</u>
Philanthropic. . . . .	8,067	8,166	21,629	21,727
Licensed . . . . .	<u>2,783</u>	<u>2,331</u>	<u>14,450</u>	<u>13,435</u>
Total . . . . .	10,850	10,497	36,079	35,162

\* \* \* \* \*

Day Nursery daily average. . . . .	1,060	1,317
Lanham War Nurseries daily average . . . . .	855	--

An effort has been made to relate public and private functions with especial reference to children, the aged and the chronically-sick, because of our conviction that there is an inter-relationship which, if correlated, will contribute to the common welfare and promote more intelligent future planning.

**Private Philanthropic Institutions and Agencies**

These institutions, it is stated under New Jersey's basic law - R.S. 30: 1-15, 16, 17 - shall be inspected (with certain exceptions); if necessary modification of administration and program shall be recommended to the boards of trustees or managers; and in case of gross danger to the inmates, if corrections are not made, the facts shall be presented to the court for action. Failure to correct conditions places the offending board in contempt of court.

The Department has throughout its history interpreted its function as educational rather than as a police power; therefore, the legal procedure has rarely been involved.

**Institutions and Agencies Serving Dependent Children**

The total bed capacity of institutions for children (and unmarried mothers) is 4,855. There were on the day of census 1,455 vacant beds. (These included 57

bassinets for infants.) One thousand, one hundred and ninety-eight of these vacant beds were in the strictly residential institutions; and in those for delinquents and miscellaneous, convalescent and other child-caring institutions. The eight institutions with a home-placement program (capacity 380 beds) demonstrate proportionately a more active service than did the residential institutions; that is, a more rapid turnover.

Of the 11,641 dependent, delinquent and other types of children served during the year in the 72 institutions and agencies, 72.8% were in residential institutions of all types and approximately 28% in charge of agencies committed to home-placement service.

As contrasted with 1940, there were three fewer institutions for children and a reduction of 426 beds, while 336 more children were in care. Child-placing agencies had increased in number by one but 585 fewer children were served than during 1940. Institutions for delinquents were reduced by two in number with a loss of 80 bed capacity. There was a 50% reduction of "delinquent" children in care for the year to 565, as contrasted with 1,134 in 1940.

The significance of these varied changes is difficult to determine. That profound social and economic forces are at work is evidenced by the decrease in the volume of service rendered by the Board of Children's Guardians. The peak of their service was reached in 1940 with 36,147 children in care; 25,546 under the Home Life Assistance and 10,601 under the Department Children's Department. Their census on December 31, 1943, had fallen to 21,183; a drop of 41%. The intake during 1943 dropped 30.3%. This reduction was almost entirely within the Home Life group.

Obviously the improved economic situation has decreased the demand upon public assistance in the field of child care. Measured in terms of admissions to private institutions and agencies for dependent children (exclusive of delinquents and miscellaneous institutions) the same phenomenon appears, a drop in admissions of 47% as of 1943 from 7,722 to 4,082.

Services to dependent children under the Board of Guardians, in cooperation with the Federal Children's Bureau, available in seven rural counties reported as of December 31, 1943, 1,097 children receiving service. This service was not included in the 1940 census.

Juvenile delinquents in private institutions showed a decrease of 39% and admissions for the year decreased 66%. The public institutions showed a decrease of 9% in residence; and increase of 11% on parole and an increase of admissions of 39% over that of 1940. The total in care numbered 2,248, a net increase in the total in care of only 3% as of December 31, 1943.

The conclusion appears evident from this review of facts relating to dependent and delinquent children that "full employment", which war production generated, minimized very considerably the economic problems and coincidentally certain social problems as presented to public and private agencies. The many vacant beds in institutions suggests the need for reconsideration of policy and program if specialized needs of children are to be met, and cooperative planning as between public and private agencies would be of advantage.

Statistics do not reveal the fantastic social problems which have presented themselves to all agencies during this period nor the grave stress under which services have been rendered due to the shortage of qualified personnel.

The institutions for unmarried mothers, with slight increase in bed capacity, have shown no increase in volume of service, although that might be expected in wartime; there being only one more mother admitted and twenty fewer babies born in 1943 than in 1940.

Philanthropic day nurseries, numbering 31, served an average of 1060 children daily; 250 less than in 1940 but the Lanham nurseries, financed largely by Federal funds, served a daily average of 855 during 1943, considerably increased in 1944-1945. The philanthropic day nurseries were seriously handicapped by restricted budgets, and inability to secure qualified personnel.

#### Philanthropic Homes for the Aged

These institutions were serving 2,657 persons on December 31, 1943, an occupancy rate of 85.8%, as contrasted with 87% in 1940. There has been no expansion in this field and the Federal and State gift, inheritance and income taxes do not encourage the building up of endowments. Old Age and Survivor's Insurance may result in change in intake policy of these institutions. The aging of the population and the increase in chronic disease may ultimately result in liberalizing intake policy which now requires good health on admission. There is a trend developing in certain cities toward cooperative relationships with the aged in the community, with the philanthropic institution serving as a social center.

The Association of Homes for the Aged of New Jersey has stimulated its member agencies to recognize developing social trends and to make adjustments of program accordingly to governmental services for the aged and chronically-ill.

Old Age Assistance on December 31, 1943, was serving 25,275, a decrease of 19% since 1940 due to the employment of the "elders" in war production and civilian replacement. Citizenship is no longer an eligibility requirement; the ceiling on grants has been removed by the state and residence reduced from five to one year.

The increased incidence of chronic disease among the assistance recipients is steadily increasing and need for nursing home and hospital care is pressing.

Public institutional care is not sufficient to meet the needs in New Jersey and the shortage is nation-wide. There are 23 county and municipal institutions, with 4,026 bed capacity, with 3,470 in care on the day of census; an occupancy rate of 86.1 as contrasted with 85.8 in philanthropic homes for the aged. There is great need for expansion of governmental institutions for chronic service and especially for cancer. These public services should be available to the non-indigent.

Service for the Blind in New Jersey is largely non-institutional with 3,800 blind persons registered; 750 receiving financial assistance and many more receiving home service through the State Commission for the Blind, financed by state, county and Federal funds. Selected clients needing an educational institutional experience are sent for training to institutions in other states.

Services for the Convalescent and Incurable were provided for 6,602 persons in 1943 by private philanthropic institutions; a very slight increase over 1940. There has been no expansion of facility in this field.

#### Proprietary Institutions

Licensed nursing homes have met in part the pressing need for the care of the chronically-ill. They have increased their capacity by 391 beds in 3 years and cared for 3,928 patients, an increase of nearly 1,000 during the year.

The Proprietary Hospitals licensed by the Department decreased in number by 2 and in bed capacity decreased by 78. They served 8,349. There were 1,766 babies born in these hospitals. As between 1935 and 1940 there were 19 private hospitals which either closed or were incorporated under the non-profit act.

Tuberculosis proprietary sanatoria: There were three licensed in 1943 as contrasted with 7 in 1940. The total patients cared for were 46% less than in 1940 due to the fact that one county sanatorium had been established and withdrew their patients, and that many patients, against the advice of the physician, had left to enter war industry.

Public sanatoria cared for 2,434 patients in 1943; a reduction of 17.6% over 1940. Here also patients left against the advice of the physician. This does not look encouraging for the control of tuberculosis during the next ten years.

Mental sanatoria: There were 10 licensed in 1943, one less than in 1940. The total cared for during the year was 873 as contrasted with 1,067 in 1940. Shortage of personnel has resulted in closing a wing of one of the larger institutions. In common with the state mental hospitals, the licensed institutions are accumulating an increasing proportion of incurable cases and there is a tendency to overcrowding.

The 3 State and 6 County mental hospitals showed a 4% increase in population in 1943 to 17,012 and overcrowding is menacing.

Private Schools for the Mentally-Deficient fall into three classes: educational, custodial and incorporated non-profit training schools. They have a total capacity of 886 beds, an increase of 100 in three years. They are filled to capacity almost continuously. Vacancies remain only while the waiting lists are reviewed for the most urgent cases.

The state-owned institutions report 3,420 patients in residence and a waiting list exceeding 1,000. In addition, approximately 1,100 are at home or at work under social supervision.

There is immediate need for institutional expansion for both sexes but this is only a partial answer to the problem. More responsibility must be assumed by the public schools for children in the community and more social supervision must be extended into the community by our institutions.

Adoption: New Jersey, for the first time, is able to report on the number of children adopted in this State.

During 1943 there were 920 adoptions consummated. The largest number in Essex, 213; the smallest, 4 each in Sussex and Cape May. There were 1,649 illegitimate births during the year.

## DEPENDENT CHILDREN IN NEW JERSEY

### Private charitable child-caring organizations

In order that children in private charitable child-caring institutions may be assured of adequate care, the law (R.S. 30:1-15, 16, 17) has provided that the Department of Institutions and Agencies shall inspect these institutions to determine the "methods of management and operation, the physical condition of the inmates, the care, treatment, and discipline".

The study of the institution includes: intake policy, personnel and the personnel practice program as it affects the development of the individual child and is revealed through observation of the activities and attitudes of the children, and a review of the record material. By discussion with staff and board members the spirit of the institution is disclosed. Where necessary, suggestions are made as to the physical care of the children, the personnel and program, the general plant, sanitary conditions, fire precautions, and community relationships.

Frequent conferences with board members and with other community agencies lead to an evaluation of the work of the institution in terms of a community-wide program of child welfare or a wider, more useful children's agency.

During the period 1940-1943 the shortage of professional personnel has seriously handicapped the services to children's institutions.

New charitable charters, including those for children's agencies\*, may not become effective and operated in New Jersey unless approved by the Commissioner of Institutions and Agencies. This provides a means of checking on the type of work proposed by a group and is a protection for the public against fraudulent and irresponsible organizations soliciting funds from the public. Discussions concerning the proposed new incorporation often reveal to the applicants that such an agency is not needed or is not practical from a social or financial viewpoint. On the other hand, the Department is frequently able to show the unmet need for a special type of social welfare to which the applicants might divert their interests, activities and funds.

### Summary of private charitable organizations for child care

On December 31, 1943, 72 private institutions and agencies for children had a total of 4,865 children under care. Of this total, 3,357 or 69% were in institutions for children; 494 or 10% in their own or relatives' homes; 976 or 20% in other foster homes; 34 in educational, hospital, or correctional institutions; and 4 in the United States forces or working. Vacant beds in institutions for children are in excess of 1,000.

Of the 72 organizations, 56 cared for dependent children, 3 for delinquent or pre-delinquent children, 6 for unmarried mothers and their babies, and 7 for either convalescent, crippled or blind children. The following table

\*The law (R.S.15:1-15) applies to all incorporations for "charitable and eleemosynary" purposes organized not for profit, except those proposed by religious, denominational, and fraternal groups proposing to assist their members.

attempts to clarify the situation in institutions and agencies serving children as of the day of census and the year of operation.

### STATISTICAL ANALYSIS OF CHILDREN IN CARE

Table III

	Total* children*	Insts. & Agencies for dep. children*	Insts. with- out home placing program	Agencies with insts. & home placing program	Agencies for dependent children	Insts. for delin- quent chil- dren	Other insts. for child- ren**	Home for unmarried mothers Girls & spec. cases	Babies
Number of institutions or agencies	72	56	38	8	10	3	7	6	
Capacity of own in- stitutions	4855	3354	2974	380		515	729	152	105
Number under care, Jan. 1, 1943	5173*	4285*	2255	572	1584	343	422	85	48
Admitted during year	6468	4082	1456	912	1714	222	1749	240	175
Number under care during year	11641	8493	3711	1484	3298	565	2171	325	223
Discharged	7097	4662	1437	937	1988	243	1794	237	161
Died	16	11	8		3		4	1	
Total under care Dec. 31, 1943	4865*	4021*	2266	547	1307	322	373	87	62
In own institutions	3357	2513	2266	247		322	373	87	62
In other inst. for dependent children				4	95				
In educational institutions	17	17		3	14				
In hospital institutions	12	12		4	8				
In correctional institutions	5	5		2	3				
In U.S. forces or working	4	4		2	2				
In own home or home of relatives	494	494		58	436				
In other foster homes	976	976		227	749				

\*Not duplicating children known to be under direct and indirect supervision of two reporting agencies.

\*\*Crippled, convalescent, blind, etc.

#### Agencies with institutional facilities for dependent children

The 46 organizations with institutions for dependent children vary materially in their size and program.

Eight have both institutional and child-placing services. Of the 547 children under their care on December 31, 1943, 285 (52%) were in their own homes or in other foster homes; 247 (45%) were in institutions operated by the agencies; 4 in other child-caring institutions; 9 in other types of institutions and 2 elsewhere. The eight organizations again vary in the size and concept of their child-placing programs. The largest agency had only 8% of its children in its institution awaiting study and placement; 14% in their own homes; 76% in other foster homes;

and the remaining 2% in temporary placement elsewhere. The next four agencies in size had respectively 38%, 48%, 38% and 56% living in foster homes. (Three years ago - 1940 - one of these agencies had no children in foster homes, and the other three had considerably smaller proportions living outside the institutions.) The remaining three agencies had comparatively few children not living in the institution, but are endeavoring to give non-institutional care to selected children and to develop their child-placing services in the community.

The 38 organizations providing institutional care only had a capacity of 2,974 beds with 2,266 children in residence on December 31, 1943. A total of 3,711 different children was under care during 1943. Admissions numbered 1,456, discharges 1,437 and deaths 8. The capacities varied from a high of 300 beds to a low of 8 beds; the populations from a high of 204 to a low of 3.

A summary of the rated capacities, together with the corresponding populations, is given in the following table.

Capacity	Number of institutions in group	Total capacity of group	Total population in group	Percentage occupancy
Total	38	2974	2266	76
150 - 300	6	1100	802	73
100 - 149	3	380	361	95
75 - 99	6	509	436	86
50 - 74	9	555	366	66
25 - 50	12	412	295	72
Less than 10	2	18	6	33

The rated capacities in many cases indicate the maximum number of children that can be cared for in the existing living quarters. In other cases, however, the reported capacity is the number the present staff can handle. The larger institutions especially have closed wings or buildings in these last few years and are not including them in their rated capacities since they do not expect to use them in the near future.

More significant perhaps is a grouping by the actual number of children under care at the end of the year. A large number of institutions had between 25 and 42 children under care. These are small enough to have a friendly homelike atmosphere more difficult to obtain in a very large institution, and yet large enough to be operated on an economical basis.

Children in residence	Number of homes with populations in this group	Total children in homes of this size
Total	38	2266
150 and over	3	516
100 to 134	4	485
80 to 94	4	342
70 to 74	2	148
50 to 59	5	270
35 to 42	5	194
25 to 34	6	174
15 to 24	7	131
Less than 5	2	6

#### Agencies for dependent children with foster home service only

There is perhaps the greatest development over a period of years in the group of child-caring agencies which maintain no institutions of their own and which may place a child temporarily in a (1) temporary foster home while studying his social, family, and medical history before a more permanent placement in a foster home, or (2) in an institution of another agency. (Several of these agencies a comparatively few years ago maintained their own institutions and did no child placing whatever.) Ten such agencies had 1,307 children under care at the end of 1943. Of these, 436 were in their own homes, 749 in foster homes, 95 temporarily in child-caring institutions, 25 in other types of institutions (hospital, educational, etc.) and 2 in the armed forces.

There were 1,714 admissions during 1943, 1,988 discharges, and three deaths. The excess of discharges over admissions is due primarily to two of the largest agencies which have discharged to their parents' custody 350 children living in their own homes because of better economic and social conditions in the homes. The largest agency had 271 children under care at the end of the year; the next largest had 245; five agencies supervised between 100 and 175 children; and the smallest had only 46 under care.

#### INSTITUTIONS FOR DELINQUENT CHILDREN

Three private institutions with a total capacity of 515 had 343 delinquent children under care on December 31, 1943. The two institutions for girls with capacities of 225 and 140, had 52% and 79% occupancy respectively, and the one of 150 beds for boys was 62% filled. Most of the 222 children admitted during 1943 were committed by the Juvenile Courts although some few are admitted without Court sentence. There were 243 discharged during the year.

The care of the juvenile delinquent is usually through the county probation departments and parental schools, and the two state homes for juvenile delinquents;

one for boys and one for girls. There were 455 boys and 271 girls in the institutions on December 31, 1943 and 1,146 boys and 376 girls on parole. Admissions during the year included 371 boys and 156 girls.

#### Homes for unmarried mothers

In the six homes for unmarried mothers there were 149 babies and young women on December 31, 1943. Of these, 73 were unmarried mothers, 62 were babies and 14 were special cases. There has been little change in these institutions in the last few years as evidenced by the census, of 87 girls and 63 babies, a total of 150, on the corresponding day in 1940. The total bed capacity of 257 included 105 bassinets for newly-born babies and a small number of cribs. The largest home has 78 beds and bassinets, and the smallest 18.

The 548 persons cared for during the year included 175 babies born during the year; 211 unmarried mothers and 29 other cases admitted during the year. Discharges totalled 398 and one death occurred.

Four of the homes are Florence Crittenton Missions and one is under the auspices of the Salvation Army. At the present time, several of them are caring for as boarders, a limited number of babies and very young children not born in the homes. They also retain some of the babies born in the homes who are special feeding problems or who are boarded for a considerable period after the mothers leave to return to their own homes or to get jobs elsewhere. One of the larger homes gives temporary shelter to girls referred by the courts for various reasons.

Certain of these homes, very wisely, are sending their clients for delivery to neighboring general hospitals from which they return after a suitable interval to complete their recovery and to plan for their futures and those of their children.

#### OTHER INSTITUTIONS FOR CHILDREN

Seven other institutions for children with capacity of 729 beds cared for 2,171 different children during the year 1943, and had 373 in residence the last day of the year. The seven include: four for crippled children; one for convalescent children; one for children who need special care to prevent the development of tuberculosis; and one is the children's section of a home for the blind.

#### SPECIAL PROBLEMS

New Jersey lacks facilities for the study of problem children under private auspices while at the same time there are many vacant beds in the philanthropic institutions. There is evident need for reconsideration of program and the availability of funds to serve this purpose. The combined efforts of governmental and philanthropic agencies and institutions is essential to the solution of this problem.

There are a limited number of beds in the Classification Building at the State Home for Girls, Trenton, available to the courts for referral and study of children before a final disposition of the case is made. This process of court referral limits the use of this facility.

At the Marlboro State Hospital there is a unit for the reception and treatment of children who are committed under the usual procedure for the insane. This commitment procedure definitely limits its use, and if it is to provide useful service on a broad scale the law must be modified.

#### PUBLIC CARE OF DEPENDENT CHILDREN

The State Board of Children's Guardians, created in 1899, was originally established to serve as the legal guardian of dependent and neglected children committed to them by the courts. The costs of this program were shared by state and county.

This limited function was expanded in 1913 under legislation popularly called the Home Life Act, providing financial support of a child or children through grants to the mother, subject to specific requirements as to residence, limitation of grant per child and death or desertion of the father. This grant-in-aid of the children was accomplished through court action. New Jersey was among the first states to establish this type of care on a state wide basis, and it was financed by state and county appropriations.

In 1935, when the Federal Government, under the Social Security program offered to share with the states the cost of "Aid to Dependent Children" (which was called "Home Life Aid" in New Jersey) it was required that the administration must be under one state agency. The New Jersey law was amended to eliminate the court in approving the grant and transferred the function to the County Welfare Boards operating in conjunction with the State Department of Institutions and Agencies. The Board of Guardians had become a part of the Department in 1918.

The administrative limitations have been liberalized to provide for acceptance of families while the father is chronically-ill or imprisoned, etc.; the period of residence in New Jersey has been shortened from five years to one year to acquire eligibility, and the amount of grant has been increased to include the mother in the budget estimates.

The program of care for the children under the guardianship of the Board, (known as the Dependent Children's Department) provides for all needs of the child, his supervision in a foster home, clothing, medical and dental care, for which the entire cost is carried by the state and county and payments are made direct to the foster home, physicians and dentist for service.

Local facilities in terms of education, recreation and social activities are utilized for all children in both Home Life and the Dependent Children's departments.

The Home Life family shares in the preparation of its own budgetary statement and the payment to meet the budget deficit represents the merging of federal, state

and county funds. The mother makes her own plans in managing her finances and pays her own bills. When unexpected medical and dental expenses must be incurred an adjustment of the "Home Life" grant has been possible and the mother pays the bills.

At the end of December 1943, the State Board of Children's Guardians had under its care 21,183 children, 10,578 of whom were living in their own homes under the laws applicable to the Home Life Department; 2,391 children under legal guardianship of the Dependent Children's Department living in their own homes or homes of relatives, and 5,216 children living in foster homes. This total of 18,185 children in their own homes or in foster homes represents 85.8% of the total of 21,183 children under care.

Only 3.7% of the 10,605 children committed under the Dependent Children's Department act are in child-caring institutions. These are receiving temporary care and study awaiting placement in a foster home, or require a period of group living before foster home placement. Less than 3.8% were in hospital institutions for the correction and care of physical or mental conditions. Another 4.6% were in educational institutions, institutions for pre-delinquents or delinquents, or in other types of institutions.

The data for December 31, 1943 and 1940 are as follows for the entire case load.

**Table IV**  
**Whereabouts of Children under care of State Board of**  
**Children's Guardians**

	<u>1943</u>		<u>1940</u>	
	Number	Per Cent.	Number	Per Cent.
Total	21,183	100.0	36,147	100.0
In own homes (H.L.D.)	10,578	49.9	25,546	70.7
In own homes or relatives homes (D.C.D.)	2,391	11.3	2,275	6.3
In foster homes (D.C.D.)	5,216	24.6	6,237	17.3
In institutions for dependent Children	288	1.4	416	1.1
In hospital institutions	405	1.9	378	1.0
In institutions for delinquents or pre-delinquents	399	1.9	382	1.1
In educational institutions	51	0.2	29	0.1
In other institutions	42	0.2	13	0.0
Self-supporting (federal service or elsewhere)	1,432	6.8	486	1.3
Pending first placement or missing	381	1.8	385	1.1

In 1943, 43% and in 1940, 31% of the Board's Dependent Children were maintained without cost to the state. These children were old enough to support themselves or living as a member of a family group which no longer considered the child's maintenance an obligation of the state.

The number of children under the care of the State Board of Children's Guardians varies with the changes in the laws and with the economic condition of the general population. The peak of children in the Home Life Department, nearly 26,000, occurred during the year 1940, but by December 1943, the number was reduced to 10,578, due to improved economic conditions among the families in which children had previously received aid. In these same years (1940 and 1943) the number of children without families (Dependent Children's Department cases) has remained fairly static - 10,601 in 1940 and 10,605 in 1943.

Year	Total	Children under care December 31	
		Home Life Department	Dependent Children's Department
1943	21,183	10,578	10,605
1940	36,147	25,546	10,601
1938	34,134	25,169	8,965
1937	31,843	22,412	9,431

The admissions in the last five years have been reduced considerably, likewise due to increased earnings in families.

Year	Total	Children admitted during fiscal year	
		Home Life Department	Dependent Children's Department
1943	3,227	2,287	940
1940	4,631	3,651	980
1938	9,011	7,439	1,572

Other functions of the State Board of Children's Guardians include investigation of adoption petitions referred by the courts; other investigations to determine whether consent should be given for placement of out-of-state dependent children with relatives living in New Jersey; and the rendering of special child welfare services. This last function, provided in 7 counties in predominantly rural areas or in regions of special need, permits case work treatment (without financial aid) to children who require such help but are not otherwise eligible for care through the Board. These services are financed by the United States Children's Bureau with very limited state and county support. They are available as a supplement to existing social services in various communities. Plans are under consideration for expansion of these services with increase of state and county participation.

At the close of the year 1943 there were 1097 children comprising 458 family groups, receiving services in the seven counties. Referrals were most frequent from school officials, with parents and relatives next in rank. Ultimately every county should have these services.

### PHILANTHROPIC DAY NURSERIES

Philanthropic day nurseries have operated for many years. With some rare exceptions, they have not modified their programs in line with increased knowledge of the principles which underlie child development. In many instances the staff employed was not well-trained and was unable to provide leadership. In other instances boards of directors had failed to inform themselves as to modern trends, and the staff was not encouraged to experiment with new ideas. One developed a complete modern program of foster day care; another developed an excellent program providing both programs; others closed their doors.

Budgets were inadequate and too often community chest allocations were based on the number of children served and not on the quality of the program. The help offered by the Federal government for day care for children was not available to philanthropic nurseries but to those day care facilities sponsored by the public schools, or to a few public welfare agencies, or to newly-incorporated child care agencies created for the purpose of caring for children of war workers according to standards set for Lanham fund programs.

Under the limitations of budgets and lack of personnel the philanthropic day nurseries attempted to meet increased demands for service resulting from the demand for women in war industry.

Thirty-one\* such day nurseries operating in New Jersey in 1943 reported a capacity of 1,457 children with an average daily attendance of 1,060 or 72.8% for the year. The disparity between the two figures is artificial rather than real. Many of the day nurseries had 100% enrollment and waiting lists and because of the general irregular attendance could not enroll additional children. Others were full on certain days or at certain times of the year, and at other times had vacancies due to shifting community populations and changes in working conditions.

The average daily attendance gives some indication of the general problems of program and personnel. In the 31 day nurseries, the daily average attendance ranged from 9 in the smallest nursery to 83 in the largest, with 16 having averages of between 20 and 34 children. For 1943, they were divided as follows:

Daily average attendance	Number of day nurseries
Total	31
Less than 20	4
20 - 24	5
25 - 29	6
30 - 34	5
35 - 39	4
40 - 44	2
50 - 54	1
60 - 84	4

\*Several of the day nurseries that had been in existence for many years closed during the last two or three years, due to lack of patronage, lack of personnel and increased costs of operation and rationing problems.

Fourteen of the 31 day nurseries had some children who came only part-time, after school or at the lunch hour in areas in which school lunches were not served. The after-school service was rendered to insure to the children a place of safety pending the mother's return from work.

Although there is some variation in attendance from day to day and season to season, depending upon local employment conditions, there is comparatively little difference in the total number of children in New Jersey in day nurseries on a given day, with the exception of July and August when a few of the nurseries close for a period of several weeks. In pre-war days this did not create any serious difficulties since mothers took vacations themselves and many playgrounds were in operation.

A census was taken of 29 day nurseries as of 4 different dates during 1943, showing four seasons and four days of the week. Five of the 29 day nurseries were closed on the August date.

Specific census dates 1943	Children attending on specified day		
	Total in 29 nurseries	Total in 24 nurseries open on each date	Total in 5 nurseries closed in August
January 15 - Friday	1035	911	124
April 15 - Thursday	1061	939	122
August 16 - Monday	865	865	0
November 16 - Tuesday	1072	952	120

In the 24 nurseries open on ALL the census dates some increase in the number under care during the year is indicated. Much of the August decrease is due to the fact that many part-time children who came after school found activities in public playgrounds and others went to summer camps.

Specific census dates in 1943	Children attending 24 day nurseries on specified day		
	All children	Full-time care	Part-time care
January 15 - Friday	911	800	111
April 15 - Thursday	939	824	115
August 16 - Monday	865	799	66
November 16 - Tuesday	952	840	112

A large proportion of the nurseries (19) were open between 250 and 274 days in 1943. This group includes those closed on Saturdays and Sundays and holidays and a few closed for vacation periods. Six were open between 200 and 249 days. All of these six, in addition to closing on Sundays and possible Saturdays and holidays, had vacation periods of two weeks or more for staff members. Two opened late in the year. An increasing number of nurseries have remained open on Saturday to take care of children of war

workers and to provide for the babies and very young children they have admitted, even though group care for infants is recognized as inadvisable.

Number of days Open during 1943	Number of nurseries open specified number of days
Total	31
More than 300 days	2
275 to 299 days	2
250 to 274 days	19
200 to 249 days	6
Less than 200 days*	2

\*Opened late in the year.

It must be apparent that if nurseries are to really serve working women whose children would otherwise be without adequate care and supervision, there must be service available on all working days and that the hours at which the centers are open must begin early (6:30 a.m.) and end late (6:30 p.m.) or even later to enable the women to do their "industrial day's work".

Moreover, the budgets of day nurseries need to be more adequate in order that salary scales may be sufficient to attract good professional staff in sufficient number, and well-equipped custodial and maintenance staff. Numerically, the staff should be sufficiently large to insure continuity of program while at the same time providing for rest and vacation periods for the staff. The time will come when an eight-hour day may be necessary if personnel is to be secured for this important field of social work.

#### Changes resulting from war conditions

The policies and programs of the majority of the day nurseries have altered little as a result of war conditions. Applications for child care have increased from women defense workers and from wives of service men who have obtained jobs to supplement the government's allotments. The better economic status of the mothers in turn has caused a general increase in the fees and receipts of the day nurseries. Whereas formerly only children of low-income families were cared for, many of whom could pay little or nothing, now war workers' children are admitted regardless of the size of income, and fees are adjusted on a sliding scale in consultation with the mother or parents. More parents are paying the full cost of care.

The difficulty of obtaining and keeping staff and domestic workers, both paid and volunteer, in the face of high wages in industry has created innumerable problems in the day nurseries pressed by more applications and requests for special types of service. Some have had to cut their enrollments. Others have had to discontinue their infant care, limiting their programs to older children who can assist themselves.

On the other hand, many of the nurseries are caring for much younger children in response to many requests and now take children as young as three months. In one city the private day nursery now takes all children under two years of age because the Lanham Child Center admits only children two and over. Newark has a total community program, asking private agencies to take children under 5 and to transfer all older children to local (Lanham) school child care centers.

The admission of children under two years of age for group care is contrary to all sound practice in child care and is strongly advised against by the Department of Institutions and Agencies, the Child Care Committee O.C.D. and the Federal Children's Bureau.

As a result of these war pressures and other factors the nurseries have opened for longer hours (from 7 a.m. to 6 p.m.) and six days a week instead of five.

Other specific changes due to local conditions include: increase in short period enrollment because many are children of service men who are transferred to other cities or camps; discharge of older children to make space for soldiers' children; very irregular attendance due to work shifts. One nursery instituted a program of all day summer care for children up to 8 years of age, each child recommended by a school teacher because of obvious needs. One nursery, the only one in its community, reports the smallest enrollment in fifteen years because (1) mothers are on night shifts and need night care for their children, which the nursery cannot provide, (2) fathers are making sufficient money to support their families, and (3) some women think their husbands will be drafted if they work.

The day nurseries which began foster home day care rather than group nursery care during the last year or two have been on the alert to adapt their services to the current war-created scarcity of adequate foster homes. They have cooperated with the work of child care centers, in some instances providing counselling service for the working parents of young children. In addition, war industries have added to their staff women counsellors to whom women may go for advice as to child care. Their availability is publicized in the plants and full information as to facilities for child care are available.

#### WAR-TIME NURSERY SCHOOLS

The organization of this program was first made possible by financial grants through the Federal Children's Bureau and the U.S. Office of Education through the channels of the State Department of Public Instruction and of Institutions and Agencies in December, 1942. Later the funds were allocated by the Office of the Civilian Defense Director and the Child Care Unit of the Office of Civilian Defense, under the general direction of the State Child Care Committee, O.C.D. The program has been carried on and supervised in 15 municipalities in which 38 child care units were in operation in December, 1943

with a total estimated capacity of 1,140. Because they were new to their public their average daily use was less than 75%. Fifty percent of the cost of operation is provided by the Federal Works Agency from Lanham funds; the balance of the budget is derived from fees for service.

These new centers operated on approximately a 12-hour schedule and combined work with the pre-school child between 2 and 5 years of age; also, some of them provided an extended school program for older children at the school building.

For children under 2 years of age the approved state policy provides that they are best cared for in the home of relatives or foster homes. NO Federal funds were available for that purpose nor for consultation service with mothers.

Lanham nurseries have for the most part been very well equipped but have had difficulty in securing well trained personnel even though able to offer good salaries. Their presence chiefly in school buildings or under the supervision of the superintendent of schools has afforded an opportunity for experimentation with the "pre-school child" within the educational setting which may have future value. (1)

#### INCORPORATED PHILANTHROPIC HOMES FOR THE AGED

Homes for the aged continue to fill an important place in the social services of a community. However, a number of factors have operated to prevent any significant change in either the number of homes, in their capacity or in their use, even in the face of the great increase in the number of aged and chronically-ill persons in the community. Grants to the aged under the Federal Social Security programs of Old Age Assistance or Old Age and Survivor's Insurance permit the aged to live in their own homes or in some instances in boarding houses of their own choice. With the increased span of life, and the accompanying chronic illnesses and degenerative diseases, there is increased need for the type of care afforded in private licensed nursing homes or in the better county and municipal welfare houses which are improving their medical programs. Homes for the aged, almost without exception, require normal health at the time of admission. All these factors tend to minimize any sharp fluctuation in the census of the incorporated homes for the aged. In addition, many of them are filled to capacity which makes an increase in census impossible.

The homes for the aged are for the most part incorporated under state law and function under responsible citizen boards or are an integral part of religious or fraternal organizations.

(1) The gradual withdrawal of Federal funds, 1944 - '45, has resulted in closing of several Lanham nurseries and the development of waiting lists in the philanthropic nurseries.

Limitations in admission policy cover age, sex, health, race, nationality, occupation, religious and fraternal connections and these are at the discretion of the administrative authority as are the financial requirements. Certain homes require on admission substantial lump sum payments for life care; others accept monthly boarding payments; others, by virtue of membership dues paid over a series of years, entitle the member to care; while still others receive their guests without requiring financial payments. In some instances the applicant for admission is required to sign over to the home any property, insurance or other assets which in turn build up the endowment of the institution.

Although "good health" is required as a rule on admission, infirm care for minor illness is usually provided and is becoming increasingly necessary.

#### Little change in number of aged in homes

The 57 homes for the aged in New Jersey were caring for 2,657 aged persons on December 31, 1943. There were 3,098 beds available in these homes. The average occupancy rate of 85.8, with variations as shown in the following table in the homes of different sizes, indicates that most of the homes are filled to capacity and that a bed that is vacant is only waiting the arrival of someone on the waiting list who fulfills all the requirements at the time the vacancy occurs:

Table V  
Movement of Population - Homes for the Aged

Bed capacity of homes for aged	Number of homes for ages	Capacity	Number under care Jan. 1, 1943	Admitted	Total under care during year	Discharged	Died	Number under care Dec. 31, 1943	Percent Occupancy
Total	57	3098	2736	497	3233	146	430	2657	85.8
Capacity groups									
100 beds and over	10	1493	1320	276	1596	103	251	1242	83.2
50 to 99 beds	13	879	801	114	915	10	107	798	90.8
30 to 49 beds	6	231	194	27	221	11	24	186	80.5
20 to 29 beds	10	235	205	40	245	6	24	215	91.5
15 to 19 beds	11	186	152	25	177	8	19	150	80.6
Less than 15 beds	7	74	64	15	79	8	5	66	89.2

Since the end of 1940 when the last complete census was taken, one home with a capacity of 10 beds has closed. The other 57 homes have continued to operate as they have for a number of years. At the end of 1940 there were 58 homes with a capacity of 3,096, a population of 2,693, and an occupancy rate of 87%.

With the capacities and populations relatively the same in 1940 and 1943, the latter year had a larger number of admissions, twice as many discharges, and 11% more deaths than had 1940. In earlier years, discharges from a home for the aged were a rarity. In 1940, 40 of the 58 homes had no discharges; in 1943, only 28 of the 57 homes had no discharges. All this has a significance in view of the increasing age of the population of the United States and the fact that government aid and insurance provides an outlet for some who choose to go out on their own responsibility.

For seven years, population data are available for 51 of the 57 homes for the aged now in existence. These show that there has been no significant change in the number receiving care.

Number in 51 Homes for the Aged

Year	Dec. 31 each year
1943	2330
1942	2413
1940	2361
1939	2348
1938	2361
1937	2286
1936	2291

#### The future outlook

With the private incorporated homes for the aged limited by their capacity, with decreased income from endowments, and with lessened financial support by interested individuals by gift or by will, there is no indication at present that more homes for the aged will be established, and that more aged people will be cared for in this way. Indications are that with the increasing length of life and the minor and chronic illnesses that accompany old age, the development will be rather along the lines of greater use of the nursing homes and more and better hospital facilities for the chronically-ill provided by governmental units; or as adjuncts of general hospitals where treatment and custodial facilities are available, and training of physicians and nurses in the care of chronic illness will be possible.

#### Old age and governmental responsibility in the community

The State Old Age Assistance Division of the Department must care for as many people as meet the legal requirements for aid. The number under its care reflects changes in the laws as well as industrial and economic conditions affecting the aged and those responsible for them. The administration of this assistance is the responsibility of county welfare boards under the supervision of the state and the amount of the cash grant is based upon the budgetary needs of the client; the funds being derived from Federal, State and county sources.

Table VI

Year	Old Age Assistance Clients	
	<u>Under care December 31</u>	<u>Admitted to care during year</u>
1943	25,275	2,981
1940	31,410	6,287
1938	27,332	7,350
1937	25,372	8,671

The great drop of 19.6% in Old Age Assistance clients within three years (from 31,410 in 1940 to 25,275 in 1943) is accounted for by the fact that more than 1,500 during this period become self-supporting, many of them in war work or as replacements in civil employment. In addition, the income of responsible relatives had been greatly increased by the war economy and more than 3,000 clients no longer needed assistance.

Persons who are 65 years of age and who meet other specified requirements are eligible. Certain legislative changes in the last two or three years have had an effect on the number of O.A.A. clients. State residence requirements for eligibility have been decreased from five years out of the last nine years, to one year immediately preceding application; citizenship is no longer a prerequisite; the monthly ceiling of \$40.00 Old Age grants has been removed and the State may give more adequate assistance.

Under pre-war conditions, these changes would have resulted in a sharp increase in the total register. This has been counteracted by the boom in employment and family prosperity.

The county welfare administrators have noted a sharp increase in need for facilities for the care of the chronically-ill aged. The licensed nursing home has proved to be a partial answer; 391 additional beds having been made available since 1940. However, the magnitude of the need is such that government must assume the burden.

Is there any common ground on which the homes for the aged and old age clients can meet?

In Cleveland, Philadelphia, and some other cities, experiments have been undertaken to extend the social activities of the homes for the aged to reach the aged in the community. These activities, taking the form of afternoon or evening clubs or tea parties, are beneficial to both groups, providing some measure of community contact for the institutional aged and a social center for the scattered aged in the community.

Too often the restricted philanthropic home for the aged becomes completely detached from the community because of lack of vital social contacts. The

old age assistance client is frequently an isolated, lonely, unhappy human being, seeing no one with the same long experience of living. There are many who receive Old Age and Survivor's Insurance who need a social outlet which their limited income cannot alone provide. Joint community planning is necessary if these social needs are to be met.

#### THE BLIND

There is one private charitable home and school for the blind in New Jersey, which, on December 31, 1943, cared for 110 adults and 26 children. The total capacity of 166 beds includes 127 beds for adults and 39 for children.

The New Jersey Commission for the Blind is the state agency responsible for the care and training of blind and visually-handicapped persons. Its program offers opportunity for education and trade training, provides assistance to those in financial need and encourages preventive work, looking toward reduction in the incidence of blindness. Approximately 3,800 blind persons are registered with the State Commission, of whom 750 are receiving financial grants on the basis of need as determined through investigations of the county welfare boards.

New Jersey does not have a public educational institution within its own borders but avails itself of such facilities in other states on behalf of its wards who can profit by such education and training.

#### Old Age and Governmental Responsibility for Care in Institutions

Private philanthropy and governmental responsibility for meeting social needs should supplement each other in the varied fields of child care, the aged and the sick. New Jersey counties and cities have accepted the responsibility for institutional care for the indigent and chronic sick in almshouses and welfare houses. To a very limited extent county and municipal general hospitals have been established. However, liberal county appropriations to general hospitals and payment by the overseer of the poor for service rendered indigent individuals provides for medical care for these clients in philanthropic general hospitals.

There are 14 county almshouses of which 5 qualify as "welfare houses"; that is, they are prepared to give intensive nursing care under medical direction. In two instances they provide complete medical, surgical care and diagnostic service. In addition, there are two county general hospitals.

There are seven municipal almshouses, two of which provide 356 well-equipped infirmary beds.

Table VII

†Census of County and Municipal Institutions						
	No.	Capacity	Census	Over 65	%	Adm. for year
County welfare & almshouses	14	2628	2365	1298	54.8	1713
County general hospitals	2	390#	345	216	62.6	?
Municipal almshouses	7	1008	760	313	41.1	371
Total	23	4026	3470	1827	xx	2084†

These county and municipal institutions receive no financial assistance from the state as do county mental and tuberculosis institutions.

The total normal bed capacity of these 23 public institutions is 4,026 with 3,470 in care or an occupancy rate of 86.1 as contrasted with the 57 philanthropic homes with a bed capacity of 3,098, a census of 2,736 and an occupancy rate of 85.8. The private institutions have made a large contribution to the public welfare; they provide for the classification of a more homogeneous grouping of clients and in smaller units than is usually possible in public institutions.

On the day of census they were providing for more than 44 percent of the institutional resident load but the public institutions were caring for a major proportion of chronic ill in institutions, although for the most part not well equipped to serve the sick.

The conclusion is justified that public authorities must plan more broadly and generously for the institutional and community care of the aged and chronically-ill; and that private philanthropy needs to reconsider its intake policy relating to age, health, sickness, social program and financial policy if the very valuable service which they can render is to be fully utilized.

#### HOMES FOR INCURABLES AND CONVALESCENTS

The protection of patients in homes for convalescents and incurables is provided for in the law\* vesting in the Department of Institutions and Agencies the "power of visitation and inspection of institutions and non-institutional agencies conducted for the benefit of the physically- and mentally-defective or the care of dependent or convalescent children or both".

The homes are considered on an individual basis depending upon the type of patient admitted. There is wide variation in their type of service. In general, the nursinghome standards of the Department are used as a yardstick with added specifications for cardiacs, cripples, incurables, and several types of convalescents.

†Census on diverse dates 1942 and 1943.

#Estimated

\*R.S. 30: 1-15, 16.

### Homes for incurables

The three homes for incurables with a total capacity of 129 had 123 patients in residence on December 31, 1943, an occupancy rate of 95.3%. During 1943 there were 70 admissions, 29 discharges and 35 deaths. These same three homes in 1940 had a capacity of only 108 beds. There was a larger turnover, however, due to 94 admissions, 57 discharges, and 27 deaths. These data seem to show that in homes for incurables, as well as in nursing homes, there is an increasing tendency for patients to remain for longer periods, frequently until death.

### Convalescent homes

The "convalescent" home is more difficult to define than is the home for incurables. There is a cleavage in opinion as between hospital executives, physicians and social workers as to whether convalescent care is best given in groups in institutions as contrasted with boarding homes with one or two in residence. Studies made in certain cities seem to indicate that although physicians and hospital social workers insist that there is great need for "convalescent homes", that when, by special appeal, the facilities are provided, the use made of them is disappointing; whether they be boarding homes or institutions.

The six institutions classed as convalescent homes had 286 persons under care December 31, 1943. The total winter capacity is 435; the largest has 225 beds and the smallest fifteen. The number of available beds is somewhat larger during the summer vacation months. The population of the winter holiday time, when the census was taken, gives little indication of their programs and volume of service rendered. Considering all these homes on the basis of the year's work, there were 6,123 admissions, 6,124 discharges and five deaths.

Several of the homes serve persons needing only rest, good food and a period of freedom from responsibility to restore them to full vigor. The program of a limited number of these homes is planned for persons recovering from illness requiring long periods of supervised convalescence. Most of these homes are for women and young girls. (See page 5 for convalescent homes for children.)

That these convalescent homes differ greatly in their type of service rendered is evidenced by the yearly admissions. In one institution the admissions for the year were only three times the number in care on the day of census, while another reported admissions which were 145 times the number in residence at census time; with ratios shown in the remaining four homes of 12, 15, 18 and 83 times that of the census population.

New Jersey, with its extended shore line and location between the great metropolitan areas of New York and Philadelphia, provides through these institutions (some of which are incorporated in the neighboring states) much needed service.

## LICENSED NURSING HOMES

A nursing home is defined by law as a "home for care, treatment, and nursing of persons who are ill with disease or who are crippled, infirm, or in any way afflicted". Such a home becomes subject to license if two or more persons are cared for at one time. The home is licensed to receive any one of the following types of patients: the aged; the chronically-ill; the convalescent; senile persons; tuberculous patients; and children in need of special care. State policy forbids mixing these various types under one license.

The licensed nursing home provides the opportunity for service to many types of patients from varied social and economic settings. Most homes are small enough to permit a certain amount of congeniality among the patients and to make possible individualized care.

The State Department of Institutions and Agencies is empowered to set up minimum standards of personnel, equipment and service. These have been revised upward from time to time and now require that the nursing service be under the direction of a graduate registered nurse. Each patient must have a physician's clinical diagnosis before admission or within 24 hours thereafter and must be seen periodically by a regularly licensed physician. Regulations include definite standards for the accommodations for patients, nursing personnel, medical procedures, nursing equipment, bathing facilities, food service, laundry, and heating.

An important requirement of the State Department is that the applicant for a license secure in writing a statement from the municipal departments of zoning, building, fire, and health, that the house is suitable for the purpose for which it is to be used.

The past three years have been very difficult for the nursing homes because of the shortage of qualified personnel, the difficulty of obtaining medical equipment, and the increased cost of living. They have of necessity increased their boarding rates for private patients and are receiving higher monthly amounts from the County Welfare Boards for the care of their patients.

### **Amount of service increased**

The licensed nursing homes in New Jersey have increased during the last three years both in number and in bed capacity, despite increased difficulties of operation and of securing adequate nursing, attendant, and general utility personnel in war times; and despite the insistence of state and local authorities on the maintenance of the minimum standards for the nursing care and housing of the patients.

At the end of 1943 there were 84 licensed nursing homes compared to 73 at the end of 1940. The bed capacity in these homes had grown from 1230 to 1621, an increase of 32%. Moreover, the occupancy rate had increased to 85.4% in 1943 in contrast to 73.9% in 1940. This increase of occupancy was higher even with the larger number of beds available.

Under care on December 31, 1943 were 52.4% more patients than on the corresponding day three years previously when the census was only 909 in contrast to 1385 in 1943.

	1943	1940	Percent increase
Number of licensed nursing homes	85	73	16.4
Capacity of licensed nursing homes	1621	1230	31.8
Patients under care at end of year	1385	909	52.4
Percentage occupancy at end of year	85.4	73.9	

With the closing of some nursing homes and the licensing of new ones there has been a significant change in the size of the individual homes. In 1943 only 25.9% were operating for less than 10 patients in contrast to 38.4% in 1940. The number with capacities ranging from 20 to 29 beds doubled in the three years and those with capacities from 10 to 19 were also more numerous. Two of the large homes added sufficient beds to bring them into the group with capacities of 45 and over.

The nursing homes with capacities between 30 and 44 beds continue to have an extremely high occupancy rate, 97.9% in 1943, followed by an occupancy rate of 87.6% for those with a capacity of 20 to 29 beds. All factors indicate that it is a rare nursing home that has a bed vacant more than a few days - the time necessary for the vacancy to become known and the proper type of patient to be found.

Table VIII

Nursing Homes - Comparative Analysis

Capacity groups	Number licensed		Total capacity		Percentage occupancy	
	1943	1940	1943	1940	1943	1940
Total	85	73	1621	1230	85.4	73.9
45 beds and over	6	4	411	309	80.0	73.5
30 to 44 beds	7	6	237	203	97.9	79.8
20 to 29 beds	18	9	412	203	87.6	72.4
10 to 19 beds	32	26	415	325	85.8	76.3
Less than 10 beds	22	28	146	190	73.3	65.8

Change in type of patient

With greater frequency the nursing home is being called upon to care for the chronic patient, the patient who needs long-time care for an illness from which there is little hope of recovery but which does not require the type of service afforded in general hospitals to patients with acute illnesses. More aged persons

are coming to the nursing homes, persons with minor illnesses brought on by old age, ambulant elderly persons who need attendant care (and at intervals nursing care) which for varying reasons they are unable to get in their own homes or homes of relatives. These patients, incapacitated more or less permanently by old age or chronic diseases, are changing the character of the nursing home population and consequently of their programs of care. There are fewer temporary ambulant patients and more bedfast patients.

That much of this change has taken place during the last three years is revealed by the admission, discharge, and death figures as given below. Although there were 30% more patients cared for in the nursing homes in 1943 than in 1940, the discharges in 1943 were only 10% greater than 1940 and the deaths were 52% greater. The discharges per 100 patients under care were 45 in 1943 and 53 in 1940. Deaths were 20 per hundred under care in 1943 and only 17 in 1940. These data indicate clearly that many patients are not entering for short periods of care but are remaining in many instances for long periods until death. This is further borne out by the fact that with only 19% more admissions in 1943, the population at the end of the year was 52% greater.

	1943	1940	Percent increase
Total patients under care during year	3928	3025	29.9
Patients under care end of year	1385	909	52.4
Patients admitted during year	2659	2230	19.2
Patients discharged during year	1768	1605	10.2
Patients died during year	775	511	51.7
Patients discharged per 100 under care	45.0	53.1	
Patients died per 100 under care	19.7	16.9	

#### Movement of Population, 1943

The following table shows the movement of population of the 85 licensed nursing homes divided into capacity groups.

Table IX

#### Movement of Population in Nursing Homes

Capacity of nursing homes	Number of nursing homes	Capacity	Number under care Jan. 1, 1943	Admitted	Total under care during year	Discharged	Died	Number under care Dec. 31, 1943	Percentage occupancy Dec. 31, 1943
Total	85	1621	1269	2659	3928	1768	775	1385	85.4
Capacity groups									
45 beds and over	6	411	333	841	1174	672	173	329	80.0
20 to 44 beds	25	649	497	1015	1512	569	350	593	91.4
10 to 19 beds	32	415	340	614	954	406	192	356	85.8
Less than 10 beds	22	146	99	189	288	121	60	107	73.3

### PRIVATE PROPRIETARY HOSPITALS

The vast majority of hospital beds in the United States are under incorporations organized for philanthropic purposes or under denominational or fraternal auspices or under governmental control.

In most voluntary or community hospitals, the medical staff is "closed", that is, restricted to selected specified physicians. Certain practitioners, feeling the hospital facilities of either a special or general nature, establish small hospital units, controlled by one practitioner or a group of practitioners. Service in these hospitals may be limited to one special field or to a combination of fields. These privately-owned hospitals are operated for profit.

These institutions serve a useful purpose especially when located at a distance from metropolitan areas, or when no community hospital facilities are available. They also provide an opportunity for practitioners who have not been included on the "closed staff" of incorporated hospitals.

License is required for these privately-owned and operated institutions (R.S. 30:11) and "shall not be granted until the Commissioner of Institutions and Agencies is satisfied that the institution is adequately prepared to furnish adequate care and service to the type of patient for whom it is licensed".

Because of the great variety in size and type of service to be rendered, each hospital is evaluated on its own merits and is licensed for the specific type of work to be done. The minimum standards for nursing homes must be met in addition to special requirements which apply to a hospital giving acute medical, surgical, or maternity care.

So different are these proprietary hospitals that generalizations about them are difficult to make and even the total figures of their population and admissions fail to reflect their services.

On December 31, 1943, there were 24 proprietary hospitals licensed, 19 of which had maternity services. They had a capacity of 422 beds and an occupancy rate of 29.4, with 124 patients on the census day. This is a definite decrease in beds and occupancy since 1940, although the admissions were greater in 1943. The rate of occupancy is far below the 74 percent in the voluntary or community hospitals in New Jersey in 1943.

	1943	1940
Number of proprietary hospitals	24	26
Bed capacity	422	500
Admissions including births	8,349	8,015
Population at end of year	124	181
Percentage of occupancy	29.4	36.2

Maternity service is maintained by 19 of the hospitals. Some accept maternity and minor surgical patients; and some have three to eight times as many other patients as new-born babies. In 1943, 1766 babies were born in these 19 hospitals and 5747 other patients were admitted. At the end of the year 27 new-born babies in these hospitals and 88 other patients. The occupancy rate is very low: for these hospitals taken as a whole, 29.3%; for the bassinets for new-born babies, 22.1%; and for beds for other patients, 32.6%.

The five hospitals with no maternity service specialize to a great extent in surgery, especially of the nose and throat. This results in rapid population turnover in a small number of beds and a very small daily population in relation to the total admissions and discharges. On December 31, 1943, the total bed capacity of these 5 hospitals was 30 and there were 9 patients in one hospital and none in the other four. For the year, the admissions totaled 836, the discharges 830 and the deaths, 4.

The group of proprietary hospitals is not a static one. In 1940 there were 23 hospitals with maternity service and three without. Seven of those with maternity service had gone out of existence by 1943 and three new ones had been licensed. Two hospitals without maternity service, not operating in 1943, are now licensed. From 1935 to 1940, 19 private hospitals either closed entirely or incorporated under the non-profit act. It is probable that in part this turnover is due to the excessive drain upon the medical profession in this state as a result of the war.

**Table X**  
**Movement of Population in Proprietary Hospitals**

Capacity and use of proprietary hospitals	Number of private hospitals	Capacity	Number under care Jan. 1, 1943	Admitted	Total under care during year	Discharged	Died	Number under care Dec. 31, 1943	Percentage of occupancy
Private hospitals-total	24	422	147	8349	8496	8246	126	124	29.4
New-born babies		122	35	1766	1801	1745	29	27	22.1
Other patients		300	112	6583	6695	6501	97	97	32.3
Private hospitals with maternity service	19	392	140	7513	7653	7416	122	115	29.3
New-born babies		122	35	1766	1801	1745	29	27	22.1
Other patients		270	105	5747	5852	5671	93	88	32.6
Private hospitals without maternity service	5	30	7	836	843	830	4	9	
Total capacity groups--*									
All private hospitals	24	422	147	8349	8496	8246	126	124	29.4
20 to 50 beds	7	232	96	5041	5137	4997	64	76	
10 to 19 beds	10	148	49	2296	2345	2246	55	44	
Less than 10 beds	7	42	2	1012	1014	1003	7	4	

\*Including bassinets.

During the year 1943 and continuing into 1944 the applications for approval for hospital license have come from individuals with a degree and license in Osteopathy, who also hold a medical license to practice in New Jersey. This appears to be a war-created development. The undertakings represent chiefly group undertakings and are subject to careful supervision.

#### PRIVATE TUBERCULOSIS SANATORIA

Any private home or institution in New Jersey which cares for two or more patients with tuberculosis is termed a private tuberculosis sanatorium and must be licensed by the Department of Institutions and Agencies, according to R.S. 30:11.

A sanatorium for tuberculosis patients may admit only patients who are definitely tuberculous. In all other respects it must meet the requirements of the licensed nursing home.

The development of the private and public tuberculosis sanatoria is historically closely related. At the time when the county sanatoria and the state sanatorium were crowded and had waiting lists, when a number of the counties had no sanatoria and had to depend upon other facilities for the hospital care of their patients, there sprang up a number of small proprietary nursing homes or hospitals which were especially licensed for the care of the tuberculous. A majority of their patients were public charges. These institutions gradually increased their capacities as more and more patients were diagnosed in the early stages and as the people recognized the importance of hospitalization as an aid to the patient and as a public health measure.

Public funds finally became available for the building of new hospitals by counties which had previously used the private institutions, and for increasing the capacity of the older sanatoria. These new facilities made it possible to remove the public patients from the private sanatoria. Some of the latter have gone out of business, some have closed certain buildings, and other have converted their beds to different purposes. The shortage of nurses, attendants, and maintenance workers in the present emergency has also contributed to the closing of these sanatoria.

Another unfortunate factor, reflected in the population of both private and public sanatoria, is that patients who need hospitalization have frequently secured war jobs at high pay. In 1943, 42% of the total patients leaving the New Jersey sanatoria did so against medical advice. They are thus undermining their own health, and menacing others with whom they come into contact at work or at home.

This points to the need of more stringent control by law of the active case of tuberculosis, which is a public health menace but which is still free to leave the institution, spreading infection.

On December 31, 1943, three private tuberculosis sanatoria with a bed capacity of 148 had a resident population of 111 patients. This is in contrast to 7 sanatoria with a capacity of 325 and a population of 189 in 1940. The largest of

the three, with a capacity of 78 beds, is under the auspices of an organization serving chiefly its own members, most of them from outside New Jersey. The other two had only 38 patients at the end of 1943, as against 128 patients in the same type of institution at the end of 1940. During 1943, 147 patients were admitted to these three sanatoria; 86 were discharged, and 27 died.

The state and county sanatoria have likewise shown a decline in the number of patients. From 1940 to 1943, their populations decreased 17% and that of licensed private institutions, 41%.

Year	Population end of year	
	State and county sanatoria	Private sanatoria
1939	2905	179
1940	2920	189
1942	2744	147
1943	2434	111

That the demand for the institutional care of the tuberculous is diminishing is a serious public health problem, in view of the fact that the number of deaths from tuberculosis and the tuberculosis death rate have been increasing since 1939 after a decided and steady decrease for many preceding years. In 1943, the death rate was 46.6 in contrast to 43.8 in 1942. The number of new cases reported in 1943 was considerably larger than in 1939, 1940 and 1941.

On the other hand, increasing demands for service for other forms of long-time illnesses, especially among the aged, are being made on both public and private institutions, demands which have not yet been met.

#### PRIVATE INSTITUTIONS FOR THE MENTALLY-ILL

Private mental hospitals in New Jersey have been licensed annually since 1906 when the original law was passed, now incorporated in R.S. 30:10. Because of the nature of the patient's illness and the possible hazard to him and the public if he were at large, and also because of public recognition of his needs for protection, it was relatively easy to secure legislation accepting this public responsibility.

Each hospital must meet the requirements of the law as well as the regulations of the Department of Institutions and Agencies for license as to medical and nursing personnel, facilities, equipment, sanitary conditions, accommodations, and management.

A private mental hospital is defined as a home or sanitarium "operating as a private enterprise and treating for compensation persons who are insane or suffering from mental disorder". It may receive patients committed through the courts

in accordance with the rules applicable to state or county mental hospitals, as well as those who require an intermediate type of care between that of a nursing home and the public mental hospital. These small mental hospitals make it possible for financially responsible persons to secure skilled treatment in a selected environment on an individual basis.

The ten licensed private institutions for the care of the mentally-ill on December 31, 1943, had a capacity of 385 beds with 332 patients resident at that time, an occupancy rate of 86.2. The 528 admissions and 468 discharges in relation to the resident population revealed a considerable turnover of patients and reflected the mild mental type of case accepted for care and able to profit by such care in a number of the institutions. On the other hand, compared to 1940, there is an increasing number of patients who require purely custodial care for senile conditions. With the resident populations in 1940 and 1943 virtually the same, the discharges per hundred under care in 1940 were 64.7%, and in 1943 were 53.6. In actual number of patients discharged, the decrease was 32.2%.

Conversely, because more of the patients are of the senile type who are not readily discharged, the deaths per hundred under care in 1940 amounted to 4.1 and in 1943 to 8.4. There were 44 deaths in 1940 and 73 in 1943.

Because patients are not being discharged and the capacities of the institutions change little as a whole, the number of admissions has decreased from 747 in 1940 to 528 in 1943 or 29.3% and the number under care during the year from 1067 in 1940 to 873 in 1943, or 18.2%.

	1943	1940
Population beginning of year	345	320
Admissions	528	747
Total under care during year	873	1067
Discharges	468	690
Deaths	73	44
Population end of year	332	333
Discharges per 100 under care	53.6	64.7
Deaths per 100 under care	8.4	4.1

Only nine institutions were licensed in 1940. One of the nine with a capacity of 50 has closed and two new ones with capacities of 10 and 16 respectively have been opened. One hospital has closed a large wing because of the current shortage of medical and nursing personnel and of general maintenance workers.

Eight of the ten mental hospitals are private proprietary institutions with capacities varying from 6 to 65 beds (four with less than 20 beds and two with 20 to 25 beds). One is a private psychopathic section of a general hospital which is incorporated under the non-profit hospital act. The largest hospital with a

capacity of 160 beds is operated by a board of managers and is incorporated not for pecuniary profit. Its fees are somewhat lower or are adjusted to meet economic need to a greater degree than in the proprietary mental hospitals.

#### Governmental Mental Hospitals

The three state and six county mental hospitals in the fiscal years 1940 to 1943 show an increase in resident population from 16,356 to 17,012 (4%) and in admissions from 4,149 to 4,355 (5%).

The overcrowding of mental hospitals all over the United States is evident in New Jersey. The acuteness of this overcrowding is accounted for by the ever-increasing residual load of senile, arteriosclerotic aged persons for whom the therapeutic facilities of the modern mental hospital are no longer necessary.

It is accentuated also by the fact that public mental hospitals may not refuse patients committed by the courts.

The statistical and diagnostic reports rendered by the private mental hospitals in 1943 indicate that this creeping paralysis of the "residual load" is affecting them to the disadvantage of all concerned.

#### PRIVATE SCHOOLS FOR THE MENTALLY-DEFICIENT

Private schools for the mentally-deficient are of three types:

1. Educational proprietary, which have definite programs seeking to develop trainable children to reach their maximum powers. These are licensed under the private mental hospital act, with their intake limited to mentally-retarded children.
2. Custodial proprietary, giving supervision, attendant and nursing care to the mentally-deficient who can profit little by an educational program. Because of this limitation, these institutions are licensed under the nursing home act. The institutions have also provided much needed service for children under five years of age who are not eligible for admission to state institutions because of their age.
3. Incorporated, non-profit training schools. The Training School at Vineland was opened in 1888, and now receives trainable white boys and girls between the ages of 5 and 14 years. Although it is a private corporation and serves children from well-to-do families, wards of the state of higher grade mentality are admitted and profit by the exceptional educational advantages. The state pays an annual per capita tuition based upon the cost of maintenance and training program. It is not subject to license.

While all these institutions specify age limits for admission, the aging of their population, which is common to all institutions, results in an ever-increasing shrinkage of available space for young children.

Today there are 14 private institutions for the mentally-deficient in New Jersey, with a total population of 831, in contrast to 11 institutions with a population of 719 in 1940. During the interval, 1940 to 1943, six of the institutions have added a number of beds; and the three institutions of this class organized since 1940 can care for 55 children.

The largest school had 552 pupils and patients on December 31, 1943; the next, following in order of their census, 99; the next, 33; the next six, censuses ranging from 12 to 25; and each of the remaining five had seven or eight patients.

In December 1943, the occupancy rate of the 14 institutions with a capacity of 886 beds was 93.8; and in 1940, the occupancy rate of the 11 institutions with 778 bed capacity was 92.4. This indicates that the institutions are filled to capacity at all times, vacancies remaining only while the most urgent cases are taken from waiting lists in accordance with their suitability for the institution in which the vacancy occurs.

During 1943, 128 patients were admitted to these private institutions, 90 were discharged and 8 died.

Certain of these proprietary educational institutions cater to a wealthy clientele. Custodial homes, with minimum educational advantages and with moderate rates, meet the needs of families in moderate circumstances who do not elect to use the public institutional facilities.

#### **Governmental Institutions for the Mentally Deficient**

State institutions for the mentally-deficient reported a total of 3420 patients in residence and an additional 1082 on limited or extended trial visits to homes in the community while under the social supervision of the institution. These institutions are classified for the care of males or females and according to intelligence levels. Their educational, industrial and training programs are adapted to the mental and chronological age, physical condition and social adjustment of the inmates.

There is a current waiting list for admission of approximately 1100 persons to the state institutions.

It is evident that the answer to the problem of the social control of the feeble-minded is only in part met by institutions. The public schools, equipped with special classes, visiting teachers and first-quality guidance clinics both for parents and pupils, must greatly expand their programs if the needs of the young as well as the older mentally-deficient are to be met. In addition, there is need of more widely distributed diagnostic and treatment facilities for the early identification of the child and adult requiring special services.

**APPENDIX**  
**ADOPTIONS IN NEW JERSEY**

The original Adoption Act was passed in 1902 and is known as Title 9, Chapter 3, Revised Statutes. It was amended by the laws of 1938, 1939, 1940, 1944 and 1945. All these amendments have aimed to protect the child, his natural mother and the adopting parents, and to control the "black market in babies" which has become a flourishing business.

For 1943 the Bureau of Vital Statistics of the Department of Health reported 1,649 illegitimate births in New Jersey, Camden, Essex, Hudson and Mercer Counties provided half of them. In that year there were 920 adoptions consummated in New Jersey. Their distribution by counties as reported by the Surrogates was as follows:

Adoptions. by Counties			
Atlantic	18	Middlesex	39
Bergen	89	Monmouth	24
Burlington	22	Morris	43
Camden	75	Ocean	10
Cape May	4	Passaic	49
Cumberland	18	Salem	10
Essex	213	Somerset	19
Gloucester	26	Sussex	4
Hudson	102	Union	82
Hunterdon	6	Warren	8
Mercer	59	Total	920

In 1943 for the first time in New Jersey, these simple statistics were assembled by authority vested in the Department of Institutions and Agencies.

The law now provides that every adoption petition received by the courts in New Jersey must be investigated by an approved agency on order of the court. Four hundred such investigations made by one agency in 1943 revealed the following age distribution of the children adopted:

Age Distribution			
Under two	97	Ten to fifteen	58
Two to five	73	Fifteen to Twenty	65
Five to ten	90	Twenty to twenty-one	12
Age not reported			5

If a child is to be brought into the State for purpose of adoption, an application must be made by the adopting parents to the Department of Institutions and Agencies for approval, and a surety bond in the penal sum of \$1,000.00 must be filed by the adoptive parents with the Department, for the faithful performance of their

duty to the child, pending adoption. However, if the child is secured through an approved agency, the filing of the bond is not required of the parent.

It is known that many adoptions by New Jersey parents take place in states other than New Jersey, some from so far away as Canada. There are legal complications, presumably unknown to the adopting parents, in that a Canadian child adopted by American citizens does not automatically become an American citizen. To become a citizen the child must be readopted in an American court and, if the child has entered the Country legally, the parents may then apply for naturalization. Many such adoptions have taken place in New Jersey.

The law requires, among other things, that the adopting parents shall be American citizens, or have declared their intentions; that they shall be at least ten years older than the child; that the child, when possible, shall be placed in a home of the same religious faith as his parents.

Adoption placements made by other than an approved agency or received by parents who have not been approved by a qualified agency are subject to a fine of \$100.00 for the first offense and for the second offense a fine of \$1,000.00 or one year in prison, or both.

The consent of the parent who releases a child for adoption is not revocable regardless of the age of the parent giving consent.

As of 1944 the amendment of the Adoption Act provided that the Department should approve agencies qualified to place children for adoption. A group of qualified experts were invited to confer upon problems of standardization. The standards on the basis of which approval is based are: the quality of the Board of Directors or the Diocesan authority responsible for the agency; the professional education and experience of the agent administering the work; the professional education and experience of the supervisor and field staff; and the financial soundness of the organization.

There are twelve approved agencies in New Jersey and nine approved in states other than New Jersey. Lists of these agencies will be provided on request.

