



## ***Religion, Culture and Institutional Care: Caring for Older Jews in the United Kingdom***

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### **Introduction**

- Residential and nursing homes for older people in the UK face an uncertain future. They're under pressure from limitations in local authority funding, as well as the effects of successive governments' policies designed to encourage older people to remain in their own homes for as long as possible.
- Institutionalised living has also faced a long history of academic criticism, with concerns expressed about the creation of a dependency culture, a lack of user empowerment as well as arguments as to how far they have really changes since Poor Law times.
- At the same time, government is promoting the idea of care that is culturally appropriate and sensitive, while also supporting the idea of services provided in 'mainstream' settings rather than by specialist ethnic or minority providers.
- Given this context I want to talk about the provision of long-term care services for older Jewish people in the UK. I want to talk about this for two particular reasons.
- First, to give you an idea of the Jewish approach to ageing and the specialist needs of older Jewish residents in long-term care. And, second, because the Jewish community is a very much a bellwether for other minority and faith groups and indeed for society more widely.
- Nationally, the trends are for an increasing proportion of older people relative to those of younger age and for an increase in longevity. In these respects British Jews are ahead of the curve, they are "demographic pioneers".
- Some 16 per cent of the UK population is aged 65 or over, whereas one quarter of UK Jews are in this age cohort. The proportion of Jews aged 75 and over is twice that of the UK as a whole (14 per cent as compared to 7 per cent). Jewish women have a life expectancy that is two years longer than the UK average, and for men the figure is four years.
- Thus British Jews are where the rest of society will be in the next 10-20 years.

- In the first part of this talk I want to outline the Jewish approach to old age from a historical perspective and to raise a tension that has been at the heart of the care of older people since biblical times, namely the gap between the **ideals** of care and the **realities** of social, economic and familial pressures.
- In the second part I want to develop this theme to talk about the problems between the type of services older people, their relatives and staff would like to see and the realities of a modern welfare environment characterised by funding difficulties, staff recruitment and retention problems, a major cultural gap between staff and residents and an increasing frailty of residents that makes it extremely hard to actualise the religious, spiritual and cultural potential of care homes.
- This presentation is based on a two-year study of long-term-care provision in the Jewish community, which has recently published as the book, *Facing the Future*.

### **The Jewish approach to old age**

‘If there be among you a needy man, one of your brethren, within thy gate, in thy land which the Lord thy God giveth thee, thou shalt not harden thy heart nor shut thy hand from thy needy brother; but thou shalt surely open thy hand unto him and shalt surely lend him sufficient for his need in that which he wanteth.’

*(Deuteronomy 15: 7-8)*

- According to Jewish tradition and law, charity is one of the cardinal *mitzvot* (good deeds) of Judaism. Along with Torah and prayer, it is one of the pillars upon which the world rest.
- The Hebrew word most often used to describe charity is *zedakah*, although this literally means ‘righteousness’ or ‘justice’: hence, charity is not to be seen as a favour to the poor, but rather something to which they have a right and donors an obligation. In biblical times, the courts could compel people to pay their fair share of charity, with those who refused liable to flogging and to having their property appropriated.
- In talmudic sources, the primary unit of charity and social support is considered to be the family. Where family support is unavailable, the second unit of support is the community.
- With regard to older people, the Torah characterizes barbaric enemy states as those ‘who will show the old no regard’.
- In ancient Israel older people were highly respected and were accorded a central place in the family and the tribal structure. Old age in the Torah is associated with wisdom and knowledge—indeed the term ‘elders’ is used as a synonym for judges, leaders and sages—and is connected to the exhortation to fear, honour and obey one’s parents. Indeed, it is a biblical obligation for children to look after their parents—the fifth commandment is to honour them—and the courts in talmudic times could compel people to do so.

- At the same, the Talmud recognizes that with old age may come a loss of intellectual and physical capacities; the very old were forbidden to serve as members of the *Sanhedrin* (legal court of the Temple). The Talmud also identifies the difficulties older people face in continuing to earn a living.
- Moreover, despite the range of references to older people in biblical and talmudic literature, there are no specific regulations (and indeed no attempt to create designated institutions) for caring for older people:

‘If not living among the family, as was customary, destitute aged people were treated as part of the general social problem created by poverty and weakness and precepts concerning charity and alms giving (*zedakah*) applied to them. Thus, although old age was originally invested with strength and majesty, people of the lower strata who had lost the support and care provided by the family underwent much suffering, if not humiliation, in their old age.’

- From the Middle Ages until their near destruction during the Second World War, a large proportion of the world’s Jews lived in small, semi-rural towns in Eastern Europe known as *shtetls*.
- Within these communities, older people were an integral and valued part of society, with the importance of kinship—and links between children, parents and grandparents—a key legacy for contemporary Jewish life.

‘No matter how old a person is when his wife or husband dies, he is not too old to marry. It is not merely that man should not be alone. Age is not necessarily equated with decline nor is it considered in itself a reason for retirement. In all areas a person expects and strives to be an active participant as long as he lives. Life is seen as a path of expanding gratification. The older one is, the more mature he is, the more ripe, the better as a human being. Aged couples expect to enjoy as well as to help each other. Age is good. Old people are ‘beautiful’. If a man of eighty marries a woman of seventy-five, they expect it to be a good marriage in every sense of the word.’

- Despite the attributes of old age, there were major social pressures and expectations that created difficulties for children looking after parents who were no longer able to support themselves. Older men in particular considered it a wound to their self-esteem to be supported by their children: ‘better to beg one’s bread from door to door than to be dependent on one’s son’. Indeed, some men apparently preferred to move to a home for the aged, supported by impersonal funds, rather than be dependent on their own children: ‘the dignity of old age can better endure the impersonal than the personal benefaction’.

### **Jewish welfare provision in the UK**

- Following their exile by Edward I in 1290, Oliver Cromwell permitted Jews to return to England in 1656 only on condition that they would not become a burden on the state and would take responsibility for their poor. While church and state were happy to avoid a drain on their finances, it also suited Jews to maintain a separate welfare

system in keeping with their particular religious and cultural needs, most obviously the requirements of having kosher food and observing the Sabbath.

- As a network of Jewish welfare organizations developed during Victorian times, this autonomy was maintained. These organizations typically mirrored those of the wider British voluntary sector, although the Poor Law, and in particular the provisions of the workhouse, were largely side-stepped by British Jewish communities, who sought to provide for their own.
- Welfare provision was largely organized through the synagogues, but throughout the eighteenth and nineteenth centuries a range of other Jewish voluntary organizations developed. For example, in London there was the Bread and Coals Society, the Sabbath Meals Society and the Soup Kitchen for the Jewish Poor. There were also a series of bricks-and-mortar institutions, including the Jewish Home and Hospital for Incurables, the Hand-in-Hand Asylum for Aged and 'Decayed' Tradesmen, the Ashkenazi Jews' Hospital and the Home for Aged Jews (which, renamed as Nightingale House, is still thriving in its current location in Clapham, South London)
- During the first half of the twentieth century, there was a gradual change in the emphasis of Jewish voluntary organizations, with statutory services increasingly taking over the role of communal charities. This was further enhanced with the Labour government's introduction of the Welfare State in the 1940s.
- However, with the decline of the supposedly all-encompassing nature of the Welfare State from the 1970s, Jewish voluntary organizations have had to take an increasingly active role in the direct provision of, and financial support for, the welfare needs of the community.

### **Providing Care in the Twenty-First Century**

- The care provided in the twenty-first century very much reflects the historical legacy of the UK Jewish voluntary sector and its relationship with both the state and prevailing societal norms. Despite the inter-dependency, the UK Jewish voluntary sector still provides, in many ways, a 'shadow' network that runs parallel to state, private and wider voluntary sector provision.
- Altogether there are almost 2,000 financially independent organizations within the Jewish voluntary sector (which includes organizations ranging from educational charities to Zionist groups, representative bodies to sheltered housing agencies), and these have a combined annual income of £500 million.
- Included within this voluntary sector is a network of 36 care homes that cater for two and a half thousand older Jews.
- By some way these homes are the most popular choice for older Jews requiring long-term institutional care. Currently, 7 out of every 10 Jews requiring long-term-care opt for Jewish voluntary sector residential or nursing homes.
- This was confirmed in our recent survey of Greater London and the South East, where we received questionnaire responses from almost 3,000 Jewish households. When we asked those people in the sample aged 75 or over if they had to be looked after in an

institutional care home environment where would they like to go, just under 2/3 wanted to be looked after in a Jewish facility, with most others wanting an environment where there are lots of other Jews.

*Table 1: Preferences for type of care home amongst older London Jews*

<b>Type of home</b>	<b>Older London Jews (n=486) (%)</b>
Don't know	8
Care within a Jewish home	64
Care within a non-Jewish home but with a large proportion of other Jewish residents	16
Care within a non-Jewish home regardless	1
No preference	11
<b>Total</b>	<b>100</b>

- This overwhelming preference for Jewish homes—and the fact that in interviews residents invariably preferred being in a Jewish environment where they could feel safe and (to some extent at least) ‘at home’—has implications for a government that supports the idea of faith-schools but seems to want care to be provided by ‘mainstream’ organizations rather than by specialist groups.
- Nevertheless, despite this popularity care homes are facing some huge challenges, some of which are common across the whole of the care home sector, while others are more particular to the Jewish community.

### **Financing services**

- Arguably the biggest problem facing care home providers is the gap between the actual costs of care and the amounts of money available from local authorities for residents who cannot fund themselves. The weekly costs of care can be extremely high—up to £850 per week for private clients in Jewish homes in London, with the overall average for Jewish voluntary sector residential homes £445 per week and £533 for nursing homes.

*Table 2: Average weekly fees for private clients in Jewish voluntary care homes, 2000*

	<b>Residential home fees per week (£)</b>	<b>Nursing home fees per week (£)</b>
<b>London and South East (mean) average</b>	495	626
<b>Regions (mean) average</b>	351	426
<b>Range</b>	220-565	371-850
<b>Overall (mean) average</b>	<b>445</b>	<b>533</b>

- This compares with average UK prices of around £275 per week for residential care and £350 for nursing. The difference in prices reflects a number of factors including the fact that most Jewish homes are in London where costs of land and staff are particularly high, the expectations of a largely middle-class community and the high costs of providing kosher food.
- While fees for private clients are often very high, most (although not all) Jewish voluntary homes have a majority of State-funded clients. With pressures on local authorities to reduce their spending, this is creating severe financial problems for individual institutional care providers. In particular, interviewees expressed major concerns about the gap between government funding available for providing care services and actual costs.

Care home manager:

‘Relative funding from local authorities is probably going to decline, so if the community wants those add on extras, they’ll have to pay for it. Now you can argue until the cows come home that this is wrong—the community care legislation says that members of ethnic minorities are entitled to culturally sensitive provision—but the truth of the matter is that if you want quality, you’ve got to pay for it.’

- Care homes are at the mercy of the funding procedures of different local authorities, with the location of where individual older people are living determining the amount of money available for care, and even whether they are entitled to institutional provision in the first place.
- *This is precisely care by postcode.*
- For example, one care home manager spoke of how one local authority ‘was particularly bad, ten people had to die before one could be admitted’. He spoke of a ‘game of brinkmanship’ with the local authorities. As a charity, they are obliged to take in Jewish people in need, but it is ‘financial suicide’ to continually take in those who the State will not pay for; if Jewish charities do this, they are effectively subsidizing the government. As such, it is often a case of ‘who will crack first’, the local authority’s requirements to fund those needing long-term care, or the moral obligations of the Jewish organization.
- The new economic and political realities of welfare provision are clearly biting hard. One manager acknowledged that the home had made a loss of £300,000 the previous year, and that if this continued over any length of time then the charity could no longer remain solvent. Another admitted that ‘we run at a loss, we’re spending our capital reserves to offset our losses’. Heathlands—Manchester’s largest Jewish voluntary care home—reported an operational loss last year of £1.25million and has had to re-designate it’s new £1 million state of the art dementia unit to cater for more independent clients. The reason, the difficulties of obtaining local authority funding.
- Shortages in government funding necessarily put a greater burden on the Jewish community to fund services: ‘what the government doesn’t pay, the community must pay’ (care home manager).

## **Staff recruitment, retention and training**

- A second big problem for the Jewish community relates to the difficulties of recruiting and retaining high quality staff. Again, this is a nationwide problem—it's not easy to encourage people to join your workforce when they can earn twice as much stacking shelves at Tesco's, and for those that do work in care homes there is no career progression to encourage them to stay.
- For the Jewish community an additional problem is the cultural gap between staff and residents. Of the 2,600 full and part-time paid staff working in Jewish voluntary sector homes, only 100 are Jewish. As such, providing effective training schemes that educate staff not only about basic care issues, but also about cultural needs are extremely important:

Care home manager:

‘There is a big cultural divide between the carers and the cared for. We run a series of lectures, for example on the Holocaust, but many of the staff had either never heard the word ‘Holocaust’ before, or didn't know what it meant. One staff member at a recent training session thought the Holocaust was a drug for Alzheimer's disease.’

## **Actualising culture, religion and spirituality**

- A third big issue facing Jewish care home providers is actualising the religious, spiritual and cultural potential that comes from having an institution with a particular ethos.
- Elements such as traditional Friday night meals or the celebration of festivals provide a cyclical framework to break-up day-to-day and weekly routines and to encourage a sense of fun and excitement, as well as to promote religious and spiritual engagement for those that are interested in this. While these are undoubtedly valued by many residents, their potentially empowering effects are limited by factors such as the shortage of Jewish staff, but also more intrinsic problems related to changes in the profile of residents. Over the last 2 or 3 decades the average of age of residents in care homes has increased significantly. According to government research at least half of all residents are suffering from dementia and arguably the true picture is more like two-thirds to three-quarters. As such, while 20 years ago it was relatively easy to organize resident prayer services, the religious requirement to have 10 men who can take part is extremely difficult to arrange, especially in smaller homes.
- Nevertheless, while active involvement in Jewish elements is sometimes weak, of much more importance to residents are passive social and cultural attachments to traditional ways and beliefs. Beyond baseline levels of social, medical and nursing care, what matters is that care homes allow them to spend the end of their days with fellow residents who are seen to be ‘same’. These homes allow them to return to their cultural and religious roots, even though for many this contrasts with their low levels of religiosity when they were younger. They may not want to involve themselves

directly in Jewish activities, but they certainly don't want to live in a home that serves bacon for breakfast.

- Moreover, for those who directly or indirectly suffered antisemitism in their youth, the desire to feel safe and secure in their old age is extremely important. While levels of antisemitism in this country have arguably never been so low, many Jews in their 80s and 90s have direct experience of the horrors of state-sanctioned antisemitism in mainland Europe, and even in the UK for example with the rise of Sir Oswald Mosley's British Union of Fascists in the 1930s. As Julia Neuberger, chief executive of the King's Fund, put it: 'When you are looking towards the end of your life, you want to be with your own'.

## **Final Thoughts**

- Demographically, the UK Jewish community is where the rest of society is likely to be in the next 10-20 years. As a community it has a long history of providing care services for older people, with many organizations able to trace their roots back to Victorian times. There is also been a long history of financial support for Jewish residential homes (although traditionally it has been easier to raise funds for grand, capital projects rather than to pay the staff to work for them) as well as a steady supply of volunteers (although this, too, is under threat as volunteers age and changing work practices—especially amongst women—limit the available pool).
- Nevertheless, there are important lessons that can be drawn from the experiences of UK Jews.
- For government, it is clear that most Jews want to be cared for in an environment they feel is closer to who they are and that is in sympathy with their religious, spiritual and cultural values. It is ideologically inconsistent for the government to support faith-schools, but not faith homes. Moreover, the Jewish community is very much an example of where the local community provides 'added value' for the care of older people in terms of financial and volunteer support. Nevertheless, even with these advantages Jewish homes are facing major challenges and many will struggle to survive if funding patterns do not change radically. Community support is not enough by itself.
- For other ethnic and minority faith communities, the lessons are perhaps more daunting. These communities are likely to experience the same demographic effects of an aging population in the coming years and will need to provide care services that are capable of meeting the needs of their older people. To do so without the capital and experience infrastructure that the Jewish community possesses is going to be extremely difficult.