

CHANGING RELATIONSHIPS BETWEEN JEWISH FEDERATIONS AND AGENCIES AND COMMUNITY CHESTS AND COUNCILS *

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It has been said that an optimist is one who believes this is the best of all possible worlds; a pessimist one who fears he may be right. A look at current phenomena which have some relevance to the planning and financing of broadly conceived social services provides much support for both.

Social and economic trends have a direct bearing on the problems and opportunities confronting Community Welfare Councils, Community Chests, United Funds and Jewish Federations.

If present trends continue we shall have more people to be concerned about; more younger people (birth rate up 23% in the last ten years) and more persons 65 and over (death rate down 15% in the same period). Persons between 20 and 65 years of age will have to provide increased services for others and bear their cost.

All trends may change—and predictions, optimistic and pessimistic, be proved unsound—if the present recession (the deepest of the three post-war slumps) continues and intensifies, or if a major catastrophe such as war should occur.

But even now it is clear that we need more social and health insurance at a higher level and with better coverage, more medical facilities to replace inadequate buildings and to meet the needs of the increased population, more classrooms with more and better qualified teachers, more urban redevelopment and better housing, recreation space and facilities, more metropolitan area planning, better services and methods for helping people who have nervous, mental or emotional troubles (*estimated as between nine and thirteen million people*)¹—and more professionally trained persons to administer these and other programs for social welfare.

In social work alone, the present shortage is estimated at about 10,000. Considering the expected population growth and the corresponding need for new services, the estimated additional staff required in the next decade runs to about 50,000. Beyond that only about 20% of the 100,000 or more people in public and private social welfare agencies have appropriate professional training.

¹ Appel, Kenneth E. "Mental Health and Mental Illness" in *Social Work Year Book*, 1957, National Association of Social Workers, New York, p. 368.

Community Welfare Councils

Against a background of these and other factors, we can consider our programs for planning for the community's welfare. It can be taken for granted that we are concerned with the effective functioning of all the community instruments for social welfare planning. Planning, of course, occurs on all levels of community: national, state, city, neighborhood and—emerging increasingly as another area for services—the metropolitan areas. It occurs under various auspices: government, industry, professions, organized labor, religious groups, and agencies organized by these or by citizens who represent some or all of them.

But since there are some limitations to this paper, let us consider—insofar as planning is concerned—only the Community Welfare Council, sometimes known as the Council of Social Agencies, and familiar to all of you.

There are some 500 formally organized Councils in the United States and Canada, although there are 2100 federated campaigns (i.e. United Funds and Community Chests). These Councils are concerned with continuing study of community health and welfare needs, anticipation and prevention of problems, coordination of services, elimination of gaps and duplications, improvement of services.

Many Welfare Councils are giving considerable thought to examination of their purposes, functions and structure. Some, after such review, have come to believe that changes must be made to effect community betterment in a broader and more fundamental way than the modification of particular agencies' services. Thus the emphasis on "project" as well as "agency centered" planning committees, transcending or cutting across the usual divisional lines (Health Services, Services to Individuals or Family and Children's Services, Youth

or Recreation Services, etc.). Such special project committees are frequently directly responsible to the Boards of Directors and are said to be more successful in enlisting the participation of the most influential people in the community—those able to get things done as well as studied. The Schenectady Community Welfare Council reports successful introduction of Community Planning Project Committees while also retaining its three divisions. The projects, requiring special Board Committees, are defined as those involving (a) a major adjustment in community services, (b) establishment of an important community program, (c) considerable research and study, and/or (d) a concentration of staff time, volunteer time and financial expenditures. People who formerly were not interested in serving on division study committees, top lay leaders, became active members of Project Committees. The Council's Divisions retained four functions: (a) coordination within a particular field of work, (b) educational activities, (c) limited community planning: a first hand source for information regarding problems and needs, (d) consultation, mostly on a staff basis directly to agencies and organizations—sometimes on a group basis. Divisions under the new structure had fewer meetings but attendance increased 25% or more. More people became active in the Council program.²

Pittsburgh is on the way to transforming its Health and Welfare Federation into a new organization, the "Health and Welfare Association of Allegheny County," which will have (a) a Citizens' Assembly of approximately 100 persons, (b) a Board of Directors of not less than 21 nor more than 27 persons elected by the Assembly, and (c) provision for

² Lefferts, Robert, "The Struggle of Structure," in *Community*, September 1955, pp. 6-8.

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affiliation of "organizations under voluntary or governmental auspices which operate or sponsor programs of health, welfare or recreational services and otherwise meet any affiliation requirements established by the Association." The Assembly has ultimate control of the corporation but the management of the Association is the Board's responsibility. The affiliated agencies each year appoint one person to serve on an Affiliate Advisory Conference which advises and consults with the Association on matters pertaining to the interests of the Association.

The purpose of these proposed changes is to increase the possibilities for more effective community planning and to move beyond what has been described as concentration primarily on coordination of services with participation largely limited to agencies' representatives. Thus reference in the study which produced these proposals is made to the emphasis on a "community centered" rather than "agency centered" approach, with health and welfare agencies as "cooperating affiliates" rather than "controlling members." It is significant that safeguards are also built-in to provide for agencies' cooperative planning.³

Thus, as Councils reconsider their functions, efforts are being made to retain their concern with agencies' services and to provide for the continuing participation of agencies' representatives. Increasingly, however, suggestions are being made for Community Welfare Councils to become involved in matters of major civic importance. Economic planning (e.g. employment), physical planning (including housing, urban re-

development, location and extent of recreational space), public welfare programs, major health problems: these are some of the subjects suggested as appropriate for broader community planning. They require cooperation among a variety of planning associations, with the Welfare Council serving as one of them or with the Council including representatives of such other groups as are directly concerned (housing, urban redevelopment, etc.).

Some of the trends encouraging wider Councils have been described as follows: (1) new types of governmental bodies being created to deal with problems in metropolitan areas, (2) the tremendous growth in United Funds, (3) increasing emphasis on stronger and more integrated planning of welfare services as in the St. Paul family center for seriously maladjusted families.⁴

Problems in relating local community planning to the programs of the national health agencies have become a major preoccupation of Councils and United Funds—particularly the latter. The multiplicity of national health agencies is the prime example—forced to the top of the agenda because of problems in fund-raising as United Funds struggle to stay United or to become more so. Aspects of the relationship of national to local affiliates and both to the United Fund objective of reducing independent campaigns will seem quite familiar to Jewish federation leaders. One United Fund leader describes the problem as follows: "In recent years a go-it-alone, uncooperative and individualistic attitude of some national agencies has been increasingly evident. It is now at the

⁴ Williams, H. Franklin, "Megalomania or Common Sense" in *Community*, Dec. 1957, pp. 47-48. For a fuller development, see Greene, John A., "Where We Stand in Community Planning" in *United We Stand*. Report of 1958 Biennial Conference of the United Community Funds and Councils, pp. 15-19.

the most acute and emergent stage it has ever been; it is signaled by the rigid go-it-alone policies of several prominent health agencies."⁵ The resistance of the national agencies to inclusion in the communities' combined campaigns has been a factor in the increased interest in developing a national health planning program.

Leaders in Boston, troubled by the anomalous situation created by the absence from the United Fund of local chapters of the Heart Association, the Cancer Society and the Polio Foundation while other health organizations did join, have established the Medical Foundation of Metropolitan Boston. "Its purposes are to support research into the leading causes of death and disability and to carry out and support 'public educational programs to help families and individuals receive the full benefits of available medical knowledge.'"⁶ In practical terms, though there is an expressed wish "not to compete for funds with the multitudinous private health agencies which have elected to stay out of the United Fund," at least some contributors will prefer to make their contributions for medical research and education to the Foundation rather than to the individual health agencies.

United Funds and Community Chests

This leads us into community fund-raising.

The most spectacular change in recent years has been the increase in United Funds, growing out of Community Chests. United Funds are defined as those federated drives which include one or more of the "Big Six" national agencies as partners: cancer, crippled chil-

⁵ Duffy, Irving A., "Where We Stand in United Fund Raising" in *United We Stand*, p. 7.

⁶ Faulkner, Dr. James M., "Boston's New Medical Foundation" in *Community*, January 1958, p. 67.

dren, heart, polio, Red Cross, and tuberculosis.

In 1949, there were only 4 United Funds; in 1950, 106. Today there are 1,108 such campaigns among the 2,100 combined community campaigns.⁷ Red Cross was a partner in 936 of them with the rest of the Big Six associated with many less.⁸ In addition, other national agencies included in United Funds or Community Chests, in order of frequency of inclusion, were those concerned with Mental Health, Cerebral Palsy, Arthritis and Rheumatism, Retarded Children, Hearing, the Sister Kenny Foundation, Multiple Sclerosis and Muscular Dystrophy. In some cities, United Funds have included specific amounts in campaign goals for particular diseases as "causes." Most frequently included were heart, cancer, and polio. The total thus specified amounted to about \$1,100,000. These sums are offered to local units of national agencies if they agree to abandon separate campaigns.

United Funds now exist in almost 73% of the cities raising \$100,000 and over. These cities raise more than 90% of the aggregate amount raised by cities in this size group. About 55% of the cities raising less than \$100,000 also have United Funds.

The "average" United Fund raises about 19% more in its first campaign than all participating agencies raised the previous year in separate campaigns. They have continued to raise more each year though goals are not always reached.

In 1957, \$412,000,000 was raised by

⁷ These and other figures which follow, unless otherwise stated, were drawn from 1958 experience in United Funds. Bulletin No. 198, United Community Funds and Councils.

⁸ *Ibid*, the American Heart Association was included in 401, American Cancer Society in 392, the National Society for Crippled Children and Adults in 142, National Foundation for Infantile Paralysis in 60 (limited to cities raising less than \$100,000) and the National Tuberculosis Association in 32.

United Funds and Community Chests for 1958: The greatest amount raised in the history of combined campaigns. The increase over 1956 was \$34,000,000; and \$146,000,000 more than was raised five years ago. In the U.S., United Funds, other than those newly established, which included Red Cross (390 reporting) achieved 96.9% of goal and 4.5% more than the previous year. Community Chests somewhat similarly raised 96.7% of goal and 4% more than the previous year (246 cities). In Canada, 15 Community Chests raised 93.6% of goal and 6.7% more than the previous year; five United Funds raised 91.6% of goal and 5.9% more than the previous year.⁹ Considering that in October, there were already indications of recession, some satisfaction can be taken in these results.

Budgeting and Allocations Procedures

United Funds, in determining allocations, face problems similar to those with which we are concerned in Jewish federations and welfare funds. The United Fund, or the Community Chest where it retains its identity as a separate agency, *budgets* local agencies. The United Fund considers national health agencies, along with the Chest, as partners in fund-raising. The United Fund *allocates* monies to local affiliates of national agencies. Budgeting procedures call for examination of program, services actually and to be rendered, costs and, after consideration of all other sources of income, determination of program and the deficit which the federated campaign accepts as its responsibility. Allocations to national agencies are made on the basis of negotiations with each of them involving such considerations as quotas, differences in objectives and community interest.¹⁰ Compromises are made to

⁹ *Community*, February, 1958, p. 92, and *Community*, January, 1958, p. 63.

¹⁰ See a statement of suggested "Principles

retain the harmonious participation of the maximum number of partners. (The National Budget Committee provides a vehicle for impartial review of national agency budgets but presentation of an agency's financial and service needs is completely voluntary.)

What has the creation of United Funds meant in terms of support for local Community Chest agencies?

In a sample of 68 cities with United Funds, allocations increased, from 1951 to 1957, 92.4%. When the Red Cross and five major health appeals are excluded the percentage increase amounted to 54.1%. This compares with a 36.7% increase in the same period for a sample of 50 cities with only a Community Chest.¹¹ Admittedly such data are inconclusive and great variations exist in each city. Later we discuss the level of Community Chest support for Jewish agencies.

Structural Relationships Between Community Welfare Councils and United Funds

In 169 cities which have both a Community Welfare Council and a United Fund (which includes Red Cross):

- 26 have three separate organizations—United Fund, Chest, Council;
 - 87 have combined the Chest and United Fund into one organization with the Council as separate;
 - 8 have the Chest and Council as one organization and the United Fund as a separate entity; and
 - 40 have one overall organization.
- 8 additional are described as having some "other" form of organization.¹²

Whatever the structure, I am sure we will readily agree on the necessity for

in Allocating Funds to National Agencies" in *Allocations Procedures in United Funds*, Bulletin No. 194, United Community Funds and Councils, p. 7.

¹¹ *Budgeting for 1957*, Bulletin No. 196, United Community Funds and Council, p. 4.

¹² *1958 Experience in United Funds*, p. 7.

the closest possible working relationship among the fund-raising or financing and planning bodies. Similarly both require top leadership participation—lay and professional. Structures need to be examined and, where necessary, modified to provide for sound planning and financing. Los Angeles engaged in such an examination and separated its organizations so as to achieve sounder planning. Other cities are also considering structural changes.¹³

Jewish Federations and Agencies in this Picture

At this point it may seem as if I have been engaged in a running broad jump—with too much running and the jump, into our main concern with relationships of Jewish Federations to Chests, United Funds and Councils, too long postponed. But we have as much stake in, and concern with, total community planning and financing as do all groups and individuals. The problems, their challenge and the opportunities available for community betterment belong to all of us. We could profitably ask ourselves whether we are as active in strengthening Community Chests, Funds and Councils as we could be.

Simultaneously, we have our common interests as professional workers serving the Jewish community. There is no dichotomy in our concerns with the welfare of either community of interest—either the total geographical area or the ties of association we have as Jews. A good case could be made for the thesis that private philanthropy finds its expression in our society through special interest groups, that non-sectarian agencies throughout the country are largely Protestant, and that Catholic and Jewish

¹³ For a discussion of the pros and cons of separate or combined organizations, see the article by Charles F. Zukoski, "Concerning Council Structure" in the December, 1957, issue of *Community*, p. 46.

agencies each represent another "community of interests," that, in addition, there are other particular interest groups sponsoring activities for their members and that the really non-special interest sponsored activities are those that are or could be under governmental auspices.

Jews have, probably beginning with the first minyan, had a consciousness of community responsibility for the welfare of each other. As Harry L. Lurie has pointed out:

"The underlying philosophy and the objectives of Jewish social welfare in the total setting of organized voluntary services have been determined by the laws and traditions of the Jewish religion and by a number of other major factors. As in the history of all religious sects, the traditional religious concepts and the activities deriving from them have evolved and have been modified by the impact of changing internal conditions and external forces. The philosophy, objectives and programs of the Jewish agencies of today vary considerably from those of past generations and will in all probability continue to vary in the future."¹⁴

They fit naturally into the American institutional pattern for cultural, social welfare, and health programs. They make their contributions to changes in this pattern and are similarly affected by changes.

The modern Community Chest or United Fund had, as we know, its forerunner in the Jewish federations established in Boston and Cincinnati in 1895 and 1896. We do not need to go into the history of the development of Jewish agencies and their association into federations. Suffice it to say that federations are almost universally accepted as effective instruments for Jewish community planning and financing of services. They include agencies with a long history,

¹⁴ "The Approach and Philosophy of Jewish Social Welfare," paper given at the Great Lakes Institute on *Social Services Under Catholic, Jewish and Protestant Auspices in the Total Welfare System*, Community Chests and Councils, July 26-30, 1948, p. 3.

whose leaders helped create and are affiliated with Community Chests and Councils; agencies for family and children's services, health and hospitals, community centers, services for the care of the aged, and—as a later development—vocational services. More recently, central Jewish community organizations include other agencies not affiliated with Community Chests, e.g. those providing Jewish educational and community relations programs.

The Jewish agencies in the Community Welfare Council participate with others in their own field of service as well as in the total Council planning program. Usually this planning has been around such broad questions as the relationship between voluntary and public agencies, social legislation, or more specific problems such as increases in governmental grants for child care, aged and medical services, licensing standards for foster homes or institutions, community-wide attacks on social problems such as juvenile delinquency, etc. Questions like the need for Jewish agencies to expand or improve specific agency programs are more often worked out within the framework of the Jewish Federation. For one thing, the additional financial support is more likely to be sought from the Federation as well as the Chest. Also, these agencies see themselves as having a closer and more direct relationship with other Jewish agencies and therefore more intensively involved in Federation activities.

The Jewish agencies in the Chest belong to it because they meet needs for a segment of the total community, needs for which the Chest accepts fund-raising responsibility. Others are not in because they are considered more uniquely limited to the Jewish group. One must add immediately that the lines are not clear. Here and there, Jewish agencies are in or out for other reasons such as the inability of Chests to finance partic-

ular programs which by definition or precedent they could support. Nor has the situation—regarding inclusions—been static. Some communities have withdrawn agencies so as to make possible a better degree of support for those remaining. In some cities, other Jewish agencies have been added as Chest beneficiaries.

Chests have provided opportunities for the development of Jewish sponsored services but they have also imposed limitations. Jewish agencies and federations, individually and together, have sought to improve relationships.

Such efforts grow out of basic conviction regarding the desirability of Chests and the obligations of Jews—along with others—to do their part in helping them achieve greater support.

Several major patterns of relationship have developed over the years.

Baltimore is the only large city in which the Jewish agencies (as are the Catholic) are outside the Chest. Boston could be similarly regarded since it has only a bookkeeping arrangement with the Chest whereby some of the funds raised by the Jewish campaign are regarded as part of the Chest. New York and Chicago participate in community funds of limited scope, confined to certain categories of contributions while the Jewish and other federations provide the basic financing. Montreal is unique in that there are four federations: Protestant, English Catholic, French Catholic and Jewish.

In the majority of communities having 5,000 or more Jews, variations in relationships are focussed on budgeting arrangements. Philadelphia, Cleveland, Newark, San Francisco, Kansas City and other federations receive lump sum grants from community funds and have the major responsibility for budgeting and making allocations to the agencies. The Miami Federation recently concluded an agreement with the newly established United Fund whereby it will

receive a lump sum grant for the three Jewish agencies to be included in the campaign. In Detroit, where the agencies have—as in many cities—been subjected to double or split budgeting (Chest or Council and Jewish Federation), efforts are being made to conclude an arrangement whereby the Federation will budget all Jewish agencies.

In Pittsburgh, the Jewish agencies are budgeted by the Chest but it recognizes the prior budgeting and planning responsibility of the Federation and makes an allocation to the Federation for the cost of this specific phase of its program. The Federation considers the budgets of Jewish Chest-participating agencies, and makes recommendations to the Chest.

In many communities, as in Los Angeles and St. Louis, the agencies are budgeted by the Chest (with participation of the Community Welfare Council) but with Jewish Federation representatives as active participants in Chest consideration of agencies' programs and budgets.

Some communities follow the Toronto pattern. All Jewish member agencies of the United Community Fund are member agencies of the federation, i.e. the United Jewish Welfare Fund. The United Community Fund does not accept new Jewish agencies for affiliation without a prior screening and recommendation of the Jewish Federation. All agency budgets are reviewed by the Budget Committee of the U.J.W.F. and those which are financed by the U.C.F. are then forwarded to it. The U.C.F. allocations are made directly to the agencies. However, if re-negotiation is required, this is done through the U.J.W.F.

While examples have been chosen from some of the larger cities, similar patterns prevail in intermediate and smaller cities.

Federations differ in the degree of satisfaction they have with these arrangements and some are working towards

modifications. If a trend exists, it is towards the Jewish federation assuming greater responsibility as the representative of all the Jewish agencies in relations with the Chest or United Fund. One federation executive supports this view as follows:

“In our most recent discussion with the Chest and Council (a combined organization), and incidentally our most productive discussion, we decided to concentrate on two points which seem to me to be basic to the relationship: (1) The Jewish agencies must be dealt with as a unit not by different committees of the Chest which in turn deal with other casework, group work and health services, but by a single committee of the Chest which will be able to consider the Jewish services together. A part of this is that they need to be presented together and not by separate agencies. Our Chest has accepted this line of reasoning. Federation will be presenting the case for the Jewish agencies' allocations hereafter. (2) The Jewish agencies need more flexibility in dealing with their funds. This is particularly true with reference to salaries.

“The first point, I think, is most basic. It confronts us with the question: Is the Jewish Center more closely related in community planning to the YMCA and the Catholic Youth Organization than it is to the other Jewish agencies? To put it another way, does it make more sense for Jewish agencies to be dealt with in a field of service or as a field of service?”

Many of the problems in relationship occur not so much because of structure, patterns of relationship, etc., but because the total amount of funds raised, however touted in glamorous promotional terms, fall below the expectations and, if you will, the vision of the people responsible for services.

A strong case could be made, as Jewish federations do, for agencies to forego any kind of solicitation to supplement funds of the combined campaign which has, as one of its basic aims, the elimination of multiple drives. But the case for this position depends upon the satisfaction of the participating agencies with the degree of freedom or control gained by the level of support for services.

Fortunately, in many cities, sufficient flexibility has been possible so that while, predominantly, the Chest or United Fund meets the greatest share of agencies' deficits, supplementation by special interest groupings has been possible.

Supplementation of agencies' grants from Chests or United Funds has grown, sometimes in piecemeal pragmatic fashion—agency after agency—as Jewish communities have expressed their unwillingness to restrict programs, in quality or quantity of services, to Chest limitations.

In 1956, the percentage of total receipts from Jewish Federations and Community Chests for the number of agencies indicated were as follows:¹⁵

Agencies	Federation %	Combined Federation-Chest %	
		Chest %	Chest %
69 Family and Child Care	51.2	33.6	84.8
16 Child Care	36.3	9.2	45.5
51 Hospitals	6.5	1.9	8.4
56 Homes for the Aged	12.5	4.1	16.6

For Jewish Community Centers, the latest available figures, 1955, indicate that those Centers receiving support from Federations and Chests were allocated an amount in the aggregate equalling 45.8% of their total receipts. Internal income from membership and activities' fees constituted the balance of 54.2%. Of the 45.8%, Chests supplied 18.8% while Federations granted 27.0%.¹⁶

An indication of trends and the degree of supplementation of Jewish agencies' Chest income may be seen in an analysis made by S. P. Goldberg of allocations for local services in sixty communities for two year intervals over a ten year

¹⁵ *Yearbook of Jewish Social Services, 1957*, Council of Jewish Federations and Welfare Funds.

¹⁶ *Yearbook, 1955-56*, National Jewish Welfare Board, p. 20.

span: "Federation grants rose more sharply than Chest grants: a rise of 125% compared with a rise of 89%. The Federation rise of 125% was higher than the rise of 99% in grants for services not eligible for Chest support, while the Chest rise of 89% did not keep pace with the rise of 115% for services eligible for such support. The result was a federation share of 63% of local allocations in 1956, compared to 59% in 1946."¹⁷

Or—considered from another angle—a study of figures for 81 cities, all of whom have some Jewish agencies in the Chest, shows that in 1955 and 1956, considering only the types of agencies commonly supported by Chests:¹⁸

	1955	1956	% Increase
Jewish Federations contributed:	\$ 6,356,169	\$ 7,536,427	18.6%
Chests contributed:	9,753,693	10,356,006	6.2%
Combined contributions:	\$16,109,852	\$17,892,433	11.1%

Somewhat similarly for 1956 and 1957, comparing 29 cities also including only those with some Jewish agencies in the Chest and considering only those commonly eligible for Chest support, the figures show:

	1956	1957	% Increase
Jewish Federations contributed	\$ 3,859,428	\$ 4,024,350	4.3%
Chests contributed:	6,399,940	6,450,787	0.8%
Combined contributions:	\$10,259,368	\$10,475,137	2.1%

¹⁷ "Jewish Communal Services: Programs and Finances," in *American Jewish Year Book, 1958*, p. 164.

¹⁸ Health, Family and Child Service, Recreation and Culture, Aged Care and Employment Guidance.

The experience of 81 cities indicates an increase through federation contributions of 18.6% while Chest income rose only 6.2%—from 1955 to 1956. Taking the 1956-1957 figures for 29 cities, federation contributions rose 4.3% while Chest income increased only 0.8%. Furthermore for the 81 cities, federations in 1955 contributed 39.5% and chests 60.5% of the amount received by agencies from both. In 1956, these proportions had shifted, with federations giving 42.1% and the Chests 57.9%. For 1957, based on 29 cities, the indicated shift was a further rise of at least 1% for federations and a related drop for Chests.

It must be borne in mind that in neither the 81 nor the 29 cities are the Chest member agencies the same nor is the level of support received from each central fund the same. Nevertheless these trends seem indicated: Jewish federations in two years, 1956 and 1957, when emphasis was on the unusual emergency overseas needs, increased their contributions in 1956 at a rate which was three times the Chest increase and in 1957, five times as much. Also the federation proportion of agencies' contribution income from central funds is increasing.

There is every reason to believe that for 1958 and 1959 Federations will continue to be confronted with the problems inherent in the lessened share of agencies' financial support anticipated from Chests. While Chests in 1957 raised more funds for 1958, their proportionate contributions to agencies' requirements are—on the average and with the qualifications above noted—declining.

Where supplementation has been undertaken, federations, as a matter of principle, have been careful to work out agreements with the Chests so that their campaigns will not be adversely affected. Experience indicates that supplementation does not reflect diminution of interest and participation by Jewish lead-

ers in Chest efforts to raise maximum funds so as to effect a better balance between needs and resources to meet them. However, in Los Angeles, when the Chest felt that its campaign would achieve greater success if supplementation was abandoned, it agreed to provide the eleven Jewish member agencies with additional allocations to replace the support they received from the Jewish welfare fund. (Such supplementation had grown from \$69,000 in 1943 to \$414,000 in 1955.)

The Jewish community, increasingly, has grown to accept the Federation's primary role in social planning. It is the Federation's function to explore and determine the degree of acceptance of community responsibility for, and willingness to finance, Jewish health and welfare, educational, cultural and recreational needs. For its constituency, the Federation studies needs and services. It reckons with the availability of service sponsored and financed by governmental bodies, non-sectarian and Jewish agencies. It is axiomatic that such planning requires the participation of the agencies. In varying degrees, Federations assume deficit financing obligations after considering income from fees, for services rendered, from governmental and Chest sources, etc. This, by itself, would be sufficient reason for it to have the central role in Jewish community planning. From this point of view, it is desirable for the Federation to have direct—though not necessarily exclusive—relationships with the Chest and to act in behalf or with the Jewish agencies in dealing with it.

There is no single pattern that can be adopted by all communities. Local conditions and historical factors may determine the nature and extent of the involvement of the Federations and the agencies with the Chest.

The relationship, in whatever way the

federation is involved, is dependent upon harmonious association of the Jewish agencies with the Jewish federation. This naturally requires sound structures and processes for planning and budgeting. Wherever the federation finances Jewish agencies which are not members of the Chest, this planning and budgeting responsibility of the Federation is more easily accepted—perhaps in some proportion to the dependency of the particular agencies upon the federation allocation. As a corollary, experience indicates that federation planning bodies have greater difficulty in securing the cooperation of agencies which receive no federation financing—though the logic of such participation may be quite convincing, if not irrefutable.

The point, however, is that the Jewish federation insofar as it is accorded this planning responsibility views all agencies as parts of a whole program of Jewish

community services, their inter-relatedness has increasingly been stressed.

The federation's planning responsibility need not conflict with participation of the representatives of the individual agencies as well as the federation in the program of the Community Welfare Councils. Again, experience has indicated that agencies' representatives have successfully participated in both planning bodies. To be sure there are differences in emphases and procedures stemming from the scope of each. Jewish agencies' representatives as such and Jewish communal leaders as community people have an obligation to strengthen planning councils for total community betterment: for better programs in particular fields of service, for broad gauged community welfare programs as described above, for improving the standards and, where indicated the scope of governmental programs.