Last September the brochure was mailed so that one copy reached every Jewish family known to our central fund raising organization. In addition to the many comments which we received directly and indirectly from the community, there were a number of people that made use of agency services as a result of reading this brochure.

I feel that the main purpose of issuing this interpretive material was reached because . . . the community is now more aware of the existence of our services and from the long-range point of view, we feel that people will come more readily to our doors than in previous years. . . .

I feel that the social work agencies have a good service to sell but I regret that we really have never adequately interpreted our functions so that the community at large has a good understanding of what services are available and thus know where they can turn.

MERVIN SILVERMAN
Executive Director
Jewish Social Service Agency
Passaic, New Jersey

THE CONFERENCE OFFICE MOVES

ON July 30, 1957, the headquarters at the NCJCS and of the *Journal of Jewish Communal Service* were moved to the following address:

150 East 35th Street, Room 510
New York 16, N. Y.

All correspondence for the Conference or the JOURNAL should be sent to the new address.

ON THE SIDE OF HIM WHO UNDERSTANDS

MAURICE BERNSTEIN of New York sends along an excerpt from "Realities of American Foreign Policy" by George F. Kennan with the observation that it would make an excellent definition of community organization with a few modifications. Try substituting "community organization" for "foreign policy," etc.

"If there is any great lesson we Americans need to learn with regard to the methodology of foreign policy, it is that we must be gardeners and not mechanics in our approach to world affairs. We must come to think of the development of international life as an organic and not a mechanical process. We must realize that we did not create the forces by which this process operates.

"We must learn to take these forces for what they are and to induce them to work with us and for us by influencing the environmental stimuli to which they are subjected, but to do this gently and patiently, with understanding and sympathy, not trying to force growth by mechanical means, not tearing the plants up by the roots when they fail to behave as we wish them to. The forces of nature will generally be on the side of him who understands them best and respects them most scrupulously."

With appropriate changes the same paragraphs might be used to describe casework or group work as well.

EFFECT OF INCREASED PUBLIC FUNDS ON JEWISH FEDERATIONS AND AGENCIES

by MAX S. PERLMAN

Jewish Federation of Chicago, Chicago, Illinois

IN 1954 about 19 billion dollars were expended by Federal, State and local governments for social welfare programs, excluding education. During this same year it is estimated that private agencies expended 1.8 billion dollars on health and welfare services. It was not possible to get comparable figures for expenditures by Jewish agencies; however, it is of interest to note that Jewish agencies in this period raised about 107 million dollars through central Jewish community campaigns for local, national and overseas services.

The large and important public assistance programs of today had very humble beginnings. They go back to the poor laws in the early days of settlement of our country. Assistance in those days was usually meager, and its administration tended to be circumscribed by limitations which excluded many needy people. It is generally understood that very few Jews turned to these sources for help, and that the Jewish communities themselves organized social agencies to meet the needs of their co-religionists.

Public funds, as they affected Jewish social agencies, began with the Mothers Pension movement in the first decade of this century and the first Departments of Public Welfare. This was followed by the Emergency Unemployment Relief Program initiated in the early 1930s as a result of the great depression, the passage of the Federal Social Security Act in 1935 and the resultant changes pertaining to the Act during the past 20 years. During this period, from 1930 to the present, the individual states, too, have accepted assistance to the needy as a major function of government and have strengthened their welfare administration with skilled social work management, research and personnel.

During these past 20 years, we have come through a depression, war, post-war readjustment, hot war and cold war. In this period, our population has increased by over 36 million to 164,000,000 persons. The gross national product in dollars of constant purchasing power is 2½ times that in 1934. Per capita disposal personal income almost quadrupled in actual dollars and almost doubled in purchasing power these past 20 years. Mortality has declined, and we have more aged and more children—but fewer orphans, and fewer aged and children in institutions. We have more hospital beds, more voluntary health insurance and more persons covered by supplementary unemployment compensation insurance plans and private pension plans. Labor's Health and Welfare Funds are becoming increasingly important. Divorces have increased, and more widows and married women are working. In terms of money,

social turmoil, social needs, resources and standard of living, our world is radically different from that of 20 years ago.

Most local Jewish social services, especially during the past 20 years, have found themselves having to adjust programs and plans to growing state and local public welfare programs. During this same period there has been the great growth of the Community Chest movement and the consequent problem of adapting to being part of a Community Chest. Within these two decades, too, our communities have been organizing local welfare funds to meet overseas and other needs. As one looks back over this period, one cannot help but be impressed by the resiliency and vitality of Jewish communal planning and action.

The growth in public responsibility for medical and social services has benefited all private agencies, Jewish agencies included, in three major ways:

1. By relieving them of certain financial responsibility.
2. By enabling them to look about and see other problems of human need which are non-economic in nature, and
3. By making it possible for agencies to develop a new range of services to meet these emerging human needs.

The particular fields of services to the aged, to families, to children and to the sick deserve examination in relation to the above three benefits. I shall examine them largely from the point of view of Chicago, which is my own community, the one I know best, and which I believe presents a fairly average pattern of communal needs and services.

Family Service

Probably the most significant change in function in the past 25 years occurred in the Jewish family agencies, as they gradually changed from relief giving to a concentration on service problems. This change did not occur overnight with passage of the Social Security Act. State programs of public assistance, aid to the blind, aid to dependent children, Old Age Assistance and unemployment compensation had to be legislated and organized, and these took varying lengths of time.

For the Jewish agencies, this divestment from the relief function represented a radical break from tradition. The depth of the depression's economic upheaval, which precipitated the Social Security Act, made our Jewish agencies aware that they could no longer carry the total financial responsibility for income maintenance of all Jewish families in need. In addition, of course, there was the feeling that—as taxpayers—Jews were entitled to benefits which were being made available to all citizens. Of necessity, the private agencies learned how to work with the public agencies.

The transfer of the major relief function to public agencies was interrupted by the refugee movement, during the late '30s and in the years immediately following the end of World War II. The refugee immigrants were ineligible for public assistance, and had to be maintained by private agencies. A problem that developed, and which gave many of us a difficult time, was the disparity in the adequate standards of assistance given the immigrant group through the Jewish agencies in contrast with the marginal relief standards by which the public agencies were serving non-immigrant families. The refugee problem delayed somewhat the complete changeover, but with the slackening of immigration, the Jewish family agency's relief function has come to occupy a minimal place in the program. Important non-economic family needs have come to the forefront of concern. Prominent among these are problems of marital disharmony, of parent-child inter-relationships, of personal and social maladjustments of all kinds which threaten the stability and health of child and adult family members.

More and more, too, the problems of the aged are brought to family agencies. Twenty years ago, these were largely problems of food, shelter and medical care. Now, with a modicum of financial security provided by OAA or OASI, aged persons—like younger persons in our population—have become aware of other needs and problems for which they want help—their relationships with their children, their desire for relief from boredom, and so on. Work in developing ways and means of providing more satisfying lives for the aged has become a prominent service of our family agencies today.

Freedom from the heavy caseloads of economic need has given family agencies the money and time to explore new areas of service. In many communities they have taken the leadership in community planning by working for the improvement of social conditions and the establishment of adequate welfare services. Many family agencies have developed group educational activities in the interest of disseminating knowledge about human relationships and social adjustment. In Chicago, for example, our family agency has established a formal program of family life education. In recent years, too, some of our larger family agencies have undertaken major research projects. In Chicago, our family agency is involved in several studies, which may be of considerable significance to the field. One is a study of recording practices; another an experimental "Child Development Center," a preschool nursery for emotionally disturbed children living with their own families; a third, in conjunction with the University of Chicago School of Social Service, is a study of the factors associated with the clients' use of agency help. Demonstrations, experiments, analyses and the setting of standards must be one of the primary functions of the private family agency, if it is to help with necessary effectiveness in problems of family living. The great public income maintenance programs have made this possible for our family agencies.

I am told that in some communities there seems, unfortunately, to have been an increasing lack of communication and relationship between the public and private agencies. Many of us recall the early depression years when the private agencies were very much involved in helping to organize public services, in many cases even staffing them. The reasons for the current estrangement, if one may call it that, are multiple and complex and not easily dealt with. Yet we cannot overlook that if the private family agency is to make its influence felt beyond its own limited clientele, if it is in fact to provide leadership, it must work out some closer and better communication with the public agencies which carry the great mass of families in trouble.

Homes for the Aged

I was not able to secure any data of the total monies from public funds being paid to Jewish Homes for the Aged across the nation. The amounts vary from state to state. Out of 64 Jewish Homes reporting to the Council of Jewish Federations and Welfare Funds for 1955, with 9,202 residents, we know that 53 per cent of the residents were receiving public assistance in some category and that 22.3 per cent were recipients of OASI. The grants paid by OAA averaged about $54 per month with wide variations from state to state. In most communities, Homes providing care for the chronically ill person received higher payments from government sources for their care. We can anticipate that with the passage of each year, the number receiving categorical assistance will decrease and the number of OASI beneficiaries will go up. The more adequate OASI payments can be expected to be-

come an increasingly important source of income for residents of Jewish Homes for the Aged. OAA, OASI, and Disability Assistance programs have benefited the aged in a number of ways. For the largest number it has made it possible for them to maintain themselves outside of institutions.

Those who because of health or social factors require the protected environment of an institution, probably receive more adequate care because of this additional income which the institution receives. I believe that without this public support we would not as quickly have developed all of the extensive services that our Homes give today. Our institutions tend to become chronic disease hospitals, able to treat many of the medical problems which a few years ago would have meant transfer of the patient to a general hospital or to a special institution. Rehabilitative services, in many of the Jewish Homes for the Aged, have become an essential part of the program with extensive physical therapy staff and equipment, occupational therapy departments, psychiatric services, recreational programs, sheltered workshops, all geared to bringing the aged person to his highest potential of physical and mental health.

The institutions themselves, aside from the income they receive through their residents, have benefited by the Social Security program. With the increased number of aged and without OAA and OASI, the pressure for additional beds would today have been overwhelming. Even as is, there are still areas in this country in which individuals apply for admission to institutions because of the inadequacy of public grants, and because of the refusal of public agencies to permit supplementation of their grants by private agencies.

Though there exists some pressure for additional beds, the Jewish communities have benefited by the fact that they do not have to carry the major burden of financial support for all of the needy Jewish aged. As a result they have been able to concentrate some of their energies on the development of new and different services for this group. These include apartment projects, foster homes, golden age clubs and recreational services, all geared to keeping the aged person independent and self sufficient as long as possible.

Knowing that the public agencies had assumed increased responsibility for the aged during the last decade in my own community, I looked to see the effect of this increase on the budgets of two of our Homes. I found that in 1946 public funds were meeting 33 per cent of the budget of these institutions. In 1956, despite the increase, they were still meeting only 33 per cent. The explanation was simply that during this decade, our institutions changed from care of the ambulatory, relatively healthy aged to institutions for the chronically ill. Costs rose sharply as nursing staffs were tremendously enlarged, physical therapy and occupational therapy programs added, group work programs instituted, casework staff added and so on. These are different institutions today from what were ten years ago, and they are dealing more adequately with new and more complex problems.

Public support on a basis close to cost is given for public agency clients in most general hospitals. Since the Jewish Homes for the Aged today are largely serving a sick aged group, it seems reasonable to expect that support to a similar extent is warranted. We hope eventually to persuade public authorities of the logic of their more adequate reimbursement of the cost of care in our institutions for the aged.

If this were done, it would conceivably be possible that institutions of this type might receive enough from public sources to make them independent of financing

by local Federations. I understand that this is already true in Detroit. There then arises a question as to how this will affect relations between the Federation as a planning and coordinating body, and the institution. Furthermore, if the public agency contributes the major part of the operating budget of the institution, is there not a danger that it may wish to have more to say on policy?

Child Care

The care of dependent and neglected children outside of their own homes has historically been a sectarian service, and Jewish children requiring placement are served by Jewish agencies. Yet public funds for the care of children are becoming an increasingly important source of income to most child care agencies. There are wide variations in the provision of public funds as between the states, ranging from some Jewish agencies which receive no such income to one agency which reported 50 per cent of its budget met from this source. The group of 16 agencies reporting to the Council of Jewish Federations and Welfare Funds, including 5 which received no public funds, received an average of 28½ per cent of their income from tax sources. The basis of public support has varied from payment on a lump sum basis to payment on a per capita basis, and differentiated payments on the basis of the type of facility and the quality of service offered.

While the extent and amount of public support of Jewish child care programs has increased, the actual percentage of such assistance has shrunk. For example —Chicago's Jewish Children's Bureau in 1946 received approximately 20 per cent of its budget need from public funds; in 1956 it had only 9 per cent of its budget so met. One reason for this lies in the tremendous increase of agency expenditures, over 50 per cent in 10 years, in order to increase the quality of service to the children of the Jewish community—this despite a substantial decrease in the number of children under care. A second explanation lies in the fact that public funds go only to those children who are wards of the Family Court or whose families are receiving public assistance. A large group of the children under care of our child care agency come from families whose income is above the public assistance budget, but who are able to pay little or nothing toward the cost of care of their children.

Increasingly over the past 20 years, the work of the Jewish child care agency has become less that of child care in its food, shelter, affection connotation, and more that of .child treatment. The orphan or half-orphaned child is all but unknown to the present child care agency, both because death of young parents is far more rare than it once was—due to advance of medicine and spread of medical care, and also because public assistance, specifically ADC, makes possible the home care by a surviving parent or relatives of the dependent children. Thus, the use of the foster home and of foster parents is far less common than it used to be. Most children who come to the Jewish child care agency today have living parents, sometimes even too active in the child's life. The need now is for treatment of emotional and character disturbances in these children—not simply for placement away from parents who are harmful or helpless, but placement in situations with resources for highly differentiated treatment of psychic difficulties. It involves highly skilled caseworkers, psychiatric consultants, and sometimes therapists, tutors, recreation workers, house parents, etc. It often involves building of group living facilities, always more costly than individual family care. Whether the Jewish child population holds more disturbed children than used to be seen, or whether the diagnostic understanding of

social workers, teachers and even parents today makes it possible to spot emotionally disturbed children earlier is a moot question. The fact is, however, that the trend in the child placement agency is toward the development of many special services to meet the clearly present needs of seriously disturbed children and to prevent the development of mental and emotional illness. All this is a costly program . . . costly in terms of the service to be bought and the services to be provided. There are in the country a few specialized governmental institutions in which treatment of these children is being attempted. It will probably be many years, however, before public funds will adequately support experimental, highly individualized attempts to treat each child in accordance with his particular emotional as well as physical needs, and therefore, we can anticipate that percentage-wise, public monies will provide only a narrow margin of the child care agency's needs. Yet, by their increasing coverage of the many children who would otherwise need shelter and parental care, they release the child care agency to concentrate on the most challenging and difficult jobs with children.

As in many other cities, we in Chicago have many unresolved problems in our child care services. With the inadequacy of public payments for service, would we be justified in saying that we will limit intake and expect the public agency to place and supervise Jewish children in foster homes? This would be a departure from our present philosophy of serving every Jewish child requiring care away from his home.

With the high cost of care in specialized institutions, should we place children outside of Chicago in institutions from which we are purchasing service and where we do not control the treatment?

Because we have developed high standard treatment units for certain types of children's problems, we are periodically pressed by the Community Fund and public agencies to accept non-Jewish children for care. It seems to me that we should adhere to our sectarian policy in this field. The facilities available are limited and very costly. Since the Jewish community provides the major part of the funds needed for this program, I believe we have a primary responsibility to serve the Jewish children who require service. We should, of course, be willing to share our experience and to help train staff of non-Jewish agencies which are interested in giving a similar service.

In those states in which the public agencies do not pay full cost for the services they purchase, there must be a continuous campaign waged to improve the standards of reimbursement to private agencies. The public and legislatures must be made aware of the fact that the potential cost of caring for a sick individual for life in a state hospital, or for a delinquent in a penal institution, is often far greater than the expenditure of funds on a preventive program and in treatment of disturbed children.

Medical Service

Public funds have been of special importance in providing operating income to our hospitals and clinics.

The 1956 yearbook of the Council lists an average of 7.3 per cent of the income of 51 Jewish hospitals as coming from tax sources. But there is variation in support—in the city of New York, for example, one hospital reports receiving 24.3 per cent of its income from governmental sources while another receives only 2 per cent. In general, free days' care in the Jewish general hospitals averages about 13 per cent of the total days' care, and public funds meet an average 74 per cent of the cost of this service. Every New York hospital was reimbursed for 84 per cent or more of all days' care granted free to patients, but in cities like Denver, Kansas City,

Milwaukee and Minneapolis, the Jewish general hospitals received no reimbursement from tax funds.

When we speak of 7.3 per cent average income as coming from tax sources, this seems like a relatively small proportion, but translated into dollars, it totaled $8,735,000 in 1955 as against total income of $119,717,000 received by those hospitals. 74.7 per cent of the income came as payments for service, and the balance from Federations, Community Funds and contributions.

In the case of clinic income, I am sure that there are similar variations. I had no national figures available, but in Mandel clinic, affiliated with the Jewish Federation of Chicago, public funds received in 1956 totaled $68,000 which amounted to 10½ per cent of its total expenditure budget. Since each clinic visit cost approximately $6.51, and the public agencies reimbursed at the rate of $1.50 per visit for their clients, it is apparent that the Jewish community was heavily subsidizing a service to the medically indigent.

The two Jewish general hospitals in Chicago have shown the greatest increase of any of our agencies in terms of the proportion of their budgets met by public funds. These institutions which in 1946 received about 1.1 per cent of their budget need from this source were receiving 6.9 per cent in 1956. Dollar-wise, this represented an increase from $40,507 to $814,700, but here again the total operating budget had increased so markedly as to minimize the benefits. Actually the public agencies are now paying the general hospitals in Chicago almost cost of the service. The group that represents a drain on the hospitals, however, are the marginal income group including OASI recipients who are able to manage on the outside, but who are medically indigent when they become ill. The public agency in Chicago has only recently agreed to accept some of these cases for reimbursement of medical costs. A broader definition of indigency is needed here as in other fields.

Public funds and changes in the tax regulations have both affected care of the sick in our Jewish hospitals. The action of Congress in amending the revenue act to authorize an extra 10 per cent deduction from income taxes, in addition to the 20 per cent earlier available, for contributions to hospitals, educational organizations and churches has been of some help to hospitals in their financing.

There has been a great deal of expansion of Jewish hospital facilities in recent years involving many millions of dollars of capital expenditures. Several of the communities have received help in these programs from funds made available under the Hill-Burton Act.

The additional income received by hospitals for service to public agency cases has become an important factor in the financing of the hospital budgets. At the same time there is the need in most communities to press the public authorities for payments to hospitals and clinics more closely approximating the cost of the service.

Because of their large budgets and deficits, the Jewish hospitals present a particularly difficult problem to most Federations. This is complicated by the fact that service patients in both hospitals and clinics are largely non-Jewish, while the Jewish community is called upon to meet the deficits. This non-sectarian service to some extent becomes a public relations problem. It may well be that non-sectarian medical care should be regarded by us as a contribution of our sectarian Federations to the larger community.

From this brief examination of four major areas of Federation endeavors, these problems and trends emerge:

Increasing governmental support of many Jewish social services make clear that the idea that Jews "take care of

their own" is a fallacious one. Jewish medical and social services are increasingly contributing to public service, and therefore, increasingly they look to public sources for support. As government has taken some responsibility for certain of the social services, we see hospitals, homes for the aged and child care agencies pressing to increase the rates of reimbursement to the amount that may equal the cost of care for the indigent client. At the same time, there is also pressure to broaden the definition of indigency. Governmental support has certainly lightened the financial burden for some agencies. For others it has made possible the use of their own funds for development of new and qualitatively better programs.

With government assuming some of the financial responsibility, it has become possible for agencies to engage in experimentation with services and skills, since they have freedom to select their forms of service and to limit their scope. To be effective, however, experimentation needs to be accompanied by careful research which establishes the base lines from which the experiments started, carefully reports the different approaches made to the solutions of the problem in hand, analyzes which solutions worked (and how and under what circumstances) and evaluates the end results. Unless experimentation is accompanied by research, its value to others is obviously limited.

Should government support increase, there arises the possibility that some of these agencies, homes for the aged and hospitals primarily, might conceivably become independent of Federation or broad community support, except for their capital funds needs. But with government providing the bulk of the funds, is it not likely to want something more to say about the policies of the agencies from which it is purchasing services? Government already has some control of policy through its licensing and inspection roles, its setting of personnel standards. If there is extensive need for service to a non-Jewish group, is there not a possibility that government might press our agencies for such services? In our hospitals and clinics we are already providing a non-sectarian service, but what about our homes for the aged, child care agency and family agency?

We are in no small measure dependent upon the payments made from public monies to our hospitals, clinics and institutions for services to the Jewish and also non-Jewish indigent. One can imagine what might occur, if as is extremely unlikely, a public welfare department, for example, would one day announce that there are plenty of beds available in the city or county hospitals, and that they will no longer reimburse private hospitals for services to the medically indigent —or that the public child care agency is now equipped to care for all dependent children needing foster home care or care in specialized treatment institutions. The effect of a decision of that sort on our agencies and our Federations could be almost catastrophic. Since our agencies are not static and are always looking for new and better ways to give service, this is very unlikely to happen.

With the increase in various relief, health, social and recreational services by public agencies, the validity of certain social services of a distinctively Jewish character are under frequent question. The Jewish communal budget and purposes must constantly be re-evaluated. It must become constructively concerned with the cultural and educational well-being of the normal Jewish population. In the tradition of Jewish Federation agencies, we must continue to utilize the margin of economic and energy freedom we are given by public funds to develop new ways and means to restore and retain the physical, psychological and social welfare of human beings.

COMMENT

by A. L. SUDRAN

Jewish Federation and Council of Greater Kansas City, Kansas City, Mo.

DISCUSSING Mr. Perlman's paper is a bit like trying to write a review of the dictionary. He has covered the ground so thoroughly that a discussant would need a geiger counter to turn up something more—if I may be excused some mixing of metaphors.

I am sure that one of the things that impressed us most about this paper was its very positive and constructive tone. Aside from one or two minor reservations, it forthrightly presents to us a picture of real and almost unmixed benefits to our Jewish agencies from the growth of public welfare funds in the last generation. This is a matter not to be taken lightly or for granted. Those of us who remember back to the early thirties must recall all to keenly the many frustrations that beset our Jewish agencies. With a minimum in the way of public welfare funds available, our clients were all too frequently so overwhelmed with problems of simple physical survival that we often found ourselves wondering how much good we were actually doing in our private agency cases. Today, the difference is tremendous, but certainly not to be viewed with complacency. We all know that the gains must be defended and further advances must be made.

Max Perlman comes, however, from a part of the country where the standards in use of public funds are relatively high compared to many others, including my own community. As much room for improvement as he sees in his community, there are parts of the country where our Jewish agencies would consider themselves fortunate indeed to have the benefit of similar standards of public aid. In my community, for example, there are no public funds available for care either in the Jewish hospital or any other private hospital. As a result, we find we have to lay out large sums of money, for a Jewish community our size, to finance hospital care for the indigent, and we are correspondingly less able to finance movement forward in such medical areas as research, teaching, and extramural service. In our state old age pension system, there is no provision for increased allowances to aged persons in need of special nursing or medical care. As a result, we have to lay out more in the way of privately contributed funds to keep our Home for Jewish Aged going, and we have correspondingly less available to develop new forms of community care for the aged. Our public non-categorical relief program receives allocations which do not ever pretend to meet the minimum budget standards for relief families, and eligibility requirements are so narrowly defined that many families really in need can get no public aid