UNITED COMMUNITY FUNDS AND COUNCILS OF AMERICA.

New York, N.Y., September 27, 1966.

GOVERNMENT AND THE VOLUNTARY SECTOR IN HEALTH AND WELFARE

A STATEMENT OF CONSENSUS

Public interest in the solution of basic social welfare problems is at an all-time high. These problems are the age-old enemies of mankind: poverty, ignorance and disease. If they are to be overcome, there must be a total mobilization of our society. In recognition of this requirement, there has been a rapid expansion of Federal activity and expenditures in the social welfare field. However, there is full agreement that both governmental and voluntary activity is needed. These two forces must work hand in hand—strengthening and supporting each other. In planning the total program, each must take into account the strength and weaknesses of the other and the needs and peculiarities of the individual community.

It is also agreed that success of both governmental and voluntary efforts depends heavily upon the extent of personal interest, understanding and participation on the part of individual Americans. Because of the nature of these problems, personal decisions and attitudes may be as important in coping with many of them as organized services. And in the organized programs—as full-time workers, as volunteers, or as informed contributors and taxpayers—there is a place for everyone.

ADDITIONAL POINTS OF AGREEMENT

1. Services in the areas of community health, family and child welfare, youth guidance and recreation are an important part of the total effort to eliminate social ills and promote human well-being.
2. Increased governmental activity in these areas makes it essential that there also be well-organized and effective voluntary programs.
3. Voluntarism in health and welfare has a three-way role:
   a. The financing and operation of needed services.
   b. The encouragement of active citizen interest and participation in the development and operation of governmental services.
   c. The mobilization of citizen opinion and influence in support of the best possible total program of governmental and voluntary services.
4. The voluntary sector should not limit its interest and activity to providing services. It should be a prime channel of information to the public and should take the lead in mounting a joint attack by governmental and voluntary agencies on the basic social disorders which result in need for health and welfare services.
5. In addition to supporting regular agency services, the voluntary sector should see that sufficient funds are available to stimulate and support innovative programs, to match governmental grants, and to finance new services which have proven effective. Voluntary agencies must emphasize their traditional responsibilities for research, experimentation and demonstration of new approaches. They should see that new services and program innovations which have proven effective are incorporated in public programs. They should enthusiastically support new programs, both public and private, so that voluntary agencies will maintain their historic role of leadership in health and welfare and the power to participate in adapting generalized programs to the needs of the particular community.
6. Voluntary and governmental services should complement and supplement each other. The result should be an orderly and rational total program of services. This calls for a high degree of flexibility on the part of voluntary agencies as governmental programs multiply and grow. Voluntary agencies should continu-