

of awareness of available services and services that are too distant involving difficulties of transportation. Programs and services are all too frequently fragmented and dispersed. Programs are inadequate or of low quality in the particular area of greatest need. And in many instances the poor receive a second-class treatment.

The answer we have developed in cooperation with local communities in response to these problems has been the neighborhood center. It is, in a very real sense, a development of an intricate system which both serves as well as stimulates the poor.

There are some common characteristics of this new approach. It is not entirely new because it is an extension and an enlargement and an improvement of what generally may be known as the settlement house concept.

First there is the simple fact of their existence as a local neighborhood enterprise in which the residents of the areas have a very close involvement. The Neighborhood Center serves a definite geographic target in which there is a relatively high degree of poverty.

The center is generally, if not always, located where the poor can have convenient access to it and its operating hours are tailored to meet the needs of people it serves rather than the people who provide the service.

Third, the center takes on a variety of forms, sizes, programs and so forth. Some centers are comprehensive, one-stop type service points. Some centers merely provide intake and referral to locations of services which may be available. Some centers are store fronts while others may be on wheels, particularly in rural areas. Some centers' operations have a central facility and numerous satellite outstations in order to bring the intake or contact point closest to the poverty community if this community is widely distributed or dispersed. In all, however, there are currently some 700 centers today existent in some 300 communities, urban and rural. Each of them is tailored to the peculiar environmental situation and needs of that neighborhood or that community.

Fourth, the center has regular rather than incidental functions, including the basic elements of an outreach service. This involves the employment of residents of the area who, after training, reach the people who have been aware of the existence of these services. Who also, by constant contact, generate a climate of interest and lay the groundwork for involvement of the people in a more meaningful way. This is a basic part of the concept of self help.

The intake function for the processing of people who are brought to the center, performs a diagnostic service in terms of the needs of the particular individual or family in need of services.

A function of referral because it is impossible to bring into a particular center all of the services that may be needed. The establishment of the inventory of available resources of a social, economic, and welfare nature which are existent in the community is required for referral of the persons according to their need.

Then consider the function of followup where outreach workers as well as the institutions and organizations are involved with a family or individual. A system of followup is required to at least establish the basis for recording the results or the end product of this process