the range of such service type help is extremely broad. Some centers offer a very limited complement of services, specializing, for example, in employment counseling or homemaker programs or headstart efforts for preschool children. Other centers offer a much "richer service fare" with perhaps a dozen or more specific, distinctive services available to their clientele—truly multipurpose centers. In this regard, there seems to be a slight tendency for centers in the smaller communities and rural areas to offer the more diversified programs. One might expect this to be the case in view of the fact that such locales do not normally have the number and variety of special service agencies, both public and private, usually found in the larger community. It should be noted, however, that the great majority of centers offer several services to their clientele. The highly specialized center is unusual.[1]

A second general observation about the twenty centers studied is that there are wide differences in the ways the services are provided. That is to say, in some locales the effort is almost exclusively a referral type of service. In such situations center personnel function as information agents, advising their poverty clients as to the services they are eligible for and the best way to secure such help. This may also involve the counselors accompanying the clients to the service agency offices or in other ways following up the referrals. In other situations the centers operate as outpost sites for the actual dispensing of services. In other words, clients go to the center where they receive right on the premises the services they require. In point of fact, most of the centers engage in both types of activity. Only one center was reported as exclusively referral in function, and only one center was reported as having no referral follow-up. Where the center is functioning as an outpost site it is common for outside agency personnel like employment counselors or public health nurses to dispense their services at the center. This, of course, points up the need for the center personnel to be on working terms with the various service agencies in the community. It should also be noted here that where the center has professional members on its staff, services are provided by them at the center. All but five of the centers in this study have recognized professionals as members of their employed staff.

A third general observation about the twenty centers studied here is that the overwhelming bulk of their service functions involve what might be called traditional services. That is to say, very few of the services being provided by the centers are "new inventions." Rather, they have been around for quite a long time as a sort of pharmacopoeia of public and private responses to various problems and ills of the society. What *is* innovative here is the "packaging" of these nostrums in neighborhood center programs. This may, of course, involve introducing to poverty areas for the first time particular kinds of service which were in effect previously unavailable to some population groups needing them. In such cases the proffered services are "new" to the client and possibly the area. Perhaps we can summarize this point by saying that with respect to services for the poor, the neighborhood service center effort represents an organizational innovation rather than a substantive one.

A fourth general observation about these twenty centers is that most of the employed personnel in most of the centers have picked up the rhetoric about "coordinating" services for the poor and helping to "organize the poor to help themselves." However, evidence of success in these two major endeavors is very skimpy. To do the first job requires considerable sophistication in organizational matters as well as highly trained counselors. Both of these requisites are in short supply everywhere. Furthermore, because of the deliberate effort in the poverty programs to use untrained neighborhood people wherever possible, the shortage of highly trained counselors here is particularly acute. The second job, of course, is a community action type of function which requires more extensive discussion.

THE COMMUNITY ACTION ROLE

Perhaps the most general statement to be made about community action, which represents a fifth observation about the twenty centers viewed as a whole, is that clear evidence of effective work in this phase of center programming is simply not to be found. What does appear to the field investigator is a potpourri of rather fitful actions which are often ill-timed and unplanned. In an effort to provide some semblance of order to a discussion of the community action phase of the neighborhood center role the following categories of community action are examined separately: action to modify existing services, action to create new

[1] See Appendix II.