NEIGHBORHOOD SERVICE FACILITIES

The concept of decentralized neighborhood facilities is the product of three strands of experience: (1) the settlement house tradition of social service; (2) the traditional functional decentralization of such facilities as fire stations and police precinct stations; and (3) early administrative decentralization efforts, aimed at the promotion of greater municipal efficiency.

The purpose of this report is to state the problems posed by decentralized social and administrative centers in the context of what has been done and proposed in the area of neighborhood facilities planning.

One highly significant factor in the way that municipal services are provided is the geographic distribution of the community's facilities, since this distribution affects the mutual ease with which the city can render services and the citizen can utilize them. Four reasons for decentralizing municipal facilities may be cited as most significant:

Administrative Efficiency.--Early efforts at municipal decentralization attempted to eliminate congestion at downtown city office locations and the overtaxing of central facilities. It also was aimed at reducing the amount of staff time spent in frequent travel to outlying locations. For example, an inspector might spend an hour every day merely getting to the section of the city in which he was working.

Accessibility.--Current decentralization efforts are aimed at increasing convenience for the citizen and encouraging his use of facilities by making services more physically accessible. Decentralizing services into neighborhood centers is likely to increase the chance that the citizen will familiarize himself with the center by passing it in his daily job or shopping routine. The small center is thus likely to appear more approachable than an imposing downtown office building.
Responsiveness.--The channels of communication between city government and city residents are often unnecessarily hampered by time and physical distance. The decentralization of municipal services is in part an attempt to increase the interplay between the city and the citizen by making the citizen more informed and the city more responsive to the needs of its residents.

Innovation.--At a time when traditional methods seem to lack effectiveness, innovation in the type and delivery of services is necessary. In part the decentralization process is itself innovative and encourages further attempts by both the city and private social agencies to experiment with new methods more suitable to current urban needs.

DEVELOPMENT OF THE NEIGHBORHOOD FACILITY CONCEPT

The neighborhood center concept has evolved from the "settlements" of late nineteenth century London. In the United States, this idea was embodied in the settlement house movement through which the immigrant family became Americanized and a part of the community. This movement gave to the city slum something that even its best areas lacked: an organizing social nucleus that provided the necessary facilities for working and cooperating in various activities.

The modern neighborhood center has also been shaped by other private influences. Out of such movements as the Charity Organization Society of the last century and the Community Chest and Council movement of this century have evolved neighborhood councils and related organizations. More recent contributions to the neighborhood target area approach to urban problems have been made by the Mobilization for Youth Program (MFY) in New York City and the Ford Foundation Grey Areas project. These private efforts have, in turn, inspired parallel and complementary public efforts. For example, the MFY program, which grew out of the Henry Street Settlement on the Lower East Side, was supported initially by the National Institute of Mental Health and later by the U.S. Office of Juvenile Delinquency and Youth Development. The establishment of the President's Committee on Juvenile Delinquency and Youth Crime in 1961 and the subsequent launching of the War on Poverty are still other recent developments that have contributed significantly to the growth of neighborhood service centers.  

The neighborhood facility concept also has roots in early efforts to decentralize municipal administrative services.  

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intimate contact with city government were considered important factors in early decisions to establish service centers, but of prime importance were the anticipated savings to city government. In addition, traditional decentralization of such facilities as fire stations and police precinct stations has been primarily concerned with the best functional placement of scarce resources rather than the special needs of urban residents.

Many facilities, including civic centers, hospitals, and municipal business offices, have, with few exceptions, traditionally been centralized because a single, central location was thought to provide a more equitable use of scarce resources and personnel as well as a focal point to which citizens could look for services. Increase in city scale has, however, rendered many of these centralized facilities both physically and psychologically inaccessible to much of the city's population, especially the disadvantaged. A recent survey of social services in Detroit, for example, notes that only 10.1 per cent of all low-income households have contact with a service agency. Service delivery problems are well documented, including fragmentation of services and lack of follow-up, creating the familiar gap between the needs of those in poverty and the existing service structure.

One response to these service gaps has been the decentralized neighborhood center. As defined by the U.S. Department of Housing and Urban Development, such centers "must be necessary for carrying out a program of health, recreational, social, or similar community service in an area. The facilities developed must be used to provide new services for the neighborhood or to improve or extend existing services, at the same time that existing levels of social services in other parts of the community are maintained." Further, the facilities must be used for activities and services which directly benefit neighborhood residents.

Recently, added emphasis has been placed on the need for comprehensiveness in the neighborhood facility. For example, the Report of the National Advisory Commission on Civil Disorders points out that traditional city and state agency services are rarely included, and many relevant federal programs are seldom located in the same center. Manpower and education programs for the Departments of Health, Education and Welfare and Labor, for example, have been housed in separate centers without adequate consolidation for coordination either geographically or programatically.

Increasingly the purpose of decentralization has been related to people in an urban setting and the problems they confront in relating to the city scale, including problems of accessibility, fragmentation, and differing life styles.

... on-site or neighborhood location of facilities is considered essential. This permits doorstep accessibility, a vital element in serving low-class families who are reluctant to leave their familiar neighborhoods, and facilitates encouragement of resident participation. There is evidence that daily contact and communication between a site-based worker and the tenants develops into a trusting relationship, particularly when the residents learn that help is available, is reliable, and involves no loss of pride or dignity.3

3Abner D. Silverman, "Techniques and Methods of Coordinating Public and
This consideration of people-oriented needs extends beyond those of the disadantaged. Any resident of an urban area needs "fulcrum points where he can apply pressure, and make his will and knowledge known and respected."\(^4\) The neighborhood center is an attempt to respond to this need.

**NEIGHBORHOOD FACILITY TYPES**

A wide range of neighborhood facilities has been suggested in recent literature, spurred by the federal government's stated interest in these facilities as well as local efforts to respond more meaningfully to the needs of the urban resident. Among the types mentioned most frequently are branch city halls, comprehensive health centers, housing and employment advisory centers, and multipurpose centers. All reflect, in differing degrees, the current emphasis on joining social concern with administrative effectiveness in an attempt to relate the individual citizen more effectively to the large scale of urban life.

**Branch City Halls**

In its recent report to the President, the National Advisory Commission on Civil Disorders states that "city governments should drastically decentralize their operations to make them more responsive to the needs of poor Negroes by increasing community control over such programs as urban renewal, antipoverty work, and job training." According to the Commission's recommendation, this decentralization would take the form of "little city halls" or neighborhood centers throughout the slums.\(^5\) Although the idea of branch city halls is not new, a number of major cities have only recently begun to consider them seriously.

The branch administrative center concept started first in Los Angeles where, in 1909, the Municipal Department of Building and Safety opened a branch office in San Pedro, a former municipality which had consolidated with Los Angeles City. By 1925, branches of the departments of police, health, and water and power had been established in several outlying districts of the city. Because of topographical features, large area, and a large and rapidly growing population, Los Angeles was especially well-suited to the establishment of branch administrative centers.

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In 1946, the City Planning Commission studied alternative site locations and the desirability of grouping offices to form community administrative centers. A 1950 master plan of branch administrative centers recommended development of 12 strategically located centers. Three miles was recommended as a reasonable service radius for each major center, with a two-mile radius for minor centers. Major centers include a branch city hall housing public offices, while minor centers are separate buildings for individual agencies grouped on a single site or in convenient proximity to one another. The major centers contain federal and state offices, including departments such as internal revenue, social security, and the post office; county offices, including public assistance; civic meeting halls; branch libraries; fire and police stations; health centers; the water and power department; recreation facilities; and the building and safety department. Each of these was not proposed for inclusion at every center; area needs were defined and various mixtures of these services were proposed for each center. The city planning commission cited economy, efficiency, convenience, attractiveness, and civic pride as factors which the decentralized centers would promote.

San Antonio, Texas, inaugurated a similar plan in 1960. This plan calls for a series of "junior city halls," each an integral unit headed by an assistant city manager with sufficient power to act and with whom the citizen can discuss his problems. The centers are also headquarters for garbage equipment and crews, sanitary and storm sewer maintenance divisions, street maintenance activities, and inspection personnel. Health Department sanitarians, rodent control specialists, and public health nurses are also assigned to the decentralized city halls. Proposals were made to add tax assessing and collecting services as well as police and fire administrative functions at a future date. As in Los Angeles, efficiency and convenience were cited as reasons for decentralizing city hall operations.

The neighborhood city halls proposed by the National Advisory Commission on Civil Disorders are similar to the earlier Los Angeles and San Antonio models, although the neighborhoods to be served are smaller. Depending on neighborhood size and composition, the permanent staff would include an assistant mayor and representatives of municipal agencies, the city councilman's staff, and other relevant institutions and groups. According to the Commission the neighborhood city hall would accomplish several interrelated objectives:

1. It would contribute to the improvement of public services by providing an effective channel for low-income citizens to communicate their needs and problems to the appropriate public officials and by increasing the ability of local government to respond in a coordinated and timely fashion.

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7Los Angeles City Planning Commission, Branch Administrative Centers (Los Angeles: The Commission, 1950).

2. It would serve as the eyes and ears of the mayor and council and furnish an informal forum for complaints and grievances.

3. It would make information about government programs and services available to ghetto residents, enabling them to make more effective use of such programs and services and making clear the limitations on the availability of all such programs and services.

4. It would expand opportunities for meaningful community access to, and involvement in, the planning and implementation of policy affecting their neighborhood.

5. Most important, it would afford a significant opportunity to establish the democratic goal of making government closer and more accountable to the citizen.

Health Centers

Neighborhood health centers were established as early as 1915 in New York City, where experimental centers were developed to "demonstrate the feasibility of combining the Health Department functions of [each health] district under the direction of a local Health Officer and ... to cultivate among the people of the district a cooperative spirit for the improvement of their health and sanitary conditions." While a change in local government halted continuation of this experiment, it did demonstrate the value of consolidating health functions at the neighborhood level.9

Since 1966, the Office of Economic Opportunity has offered grants to community action agencies, hospitals, medical schools, health departments, medical societies, and other public or nonprofit agencies interested in setting up and operating neighborhood centers "for the development of comprehensive health services for the poor." OEO does not initiate or operate the projects; it selects from among many offered for its approval, provides money and administrative guidance, and sets up broad goals and specific standards. Beyond this, each center makes its own decisions and launches its own projects. One major difference between the OEO centers and existing clinics lies in the phrase "comprehensive health services." Patients at OEO centers are treated for specific illnesses, but the primary goals are the prevention of illness and the maintenance of good health. Another difference is that the OEO centers make a great attempt to meet the convenience of the patients. There is no need for several members of a family to go to a variety of special clinics; all facilities are under one roof. Members of the same family are treated as a unit and the individual patient's medical problems are considered and treated in concert with his other needs.

In Los Angeles, a health clinic in the Watts area adjacent to the city's largest public housing project will be constructed on land leased to the School of Medicine of the University of Southern California by the Los Angeles Housing Authority. USC, under a $7-million grant from OEO, will lease

the land for a dollar a year. A 55,000-square-foot unit will be leased from Mobile Homes, Inc., set on permanent foundations, and opened as a complete day care and outpatient facility to serve both public housing and neighborhood residents. The new center has been planned in cooperation with Watts residents and will seek to employ local people as health assistants.

At least 20 similar centers have already been established in other cities and rural areas, with present plans calling for their rapid expansion during the next several years. Programs are under way in Boston, Chicago, Denver, Detroit, New York City, Pittsburgh, San Antonio, San Francisco, and at least two rural areas in Kentucky. These health centers reflect a variety of administrative and professional auspices and arrangements. In San Francisco, for example, a proposed center is to be jointly sponsored by the city's medical and dental societies with funds of $1.5 million from the OEO Office for Health Affairs.

In the field of mental health, the National Institute of Mental Health of the U.S. Public Health Service, through the Community Mental Health Centers Act of 1963 and the amendments of 1965, is supporting the development of comprehensive community centers. Approximately 50 centers are already fully operational and present plans call for the establishment of 500 by 1970. These centers propose to "provide a community service; provide needed service for persons unable to pay; coordinate with other health planning efforts, and do planning in urban development, welfare services, and related areas."10

**Information and Advisory Centers**

Most of the existing neighborhood centers are information and advisory centers. The Office of Economic Opportunity has made grants to various centers. It has also made grants to various community action programs for the operation of at least 129 neighborhood information centers. The centers funded thus far fall broadly into two categories. The first type makes referrals to existing agencies. In their simplest form, these centers are staffed by indigenous neighborhood "outreach" workers, who inform the residents of available services, assist the residents in getting to the services when necessary, and do follow-up work. The second type of center carries on all these tasks, with the important addition of staff members of service agencies, including Neighborhood Legal Service, health education and referral, consumer education, day care centers, information about local, state, and federal agencies, and housing information and referral. In effect, many of the centers initially conceived as information centers have developed a multipurpose format.

A neighborhood information center providing information, consultation, and community service integration is proposed in the 1964 Community Renewal Plan of Providence, Rhode Island. This center has four primary functions:

1. **Problem documentation.**—A Neighborhood Information Service based on

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referrals from existing social agencies and self-referrals from neighborhood residents, documents the difficulties residents of the neighborhood have in getting help with their problems.

2. **Diagnosis, Information, Consultation, and Referral.**--The organization of services stresses the importance of consultation as an ongoing process with many phases and the necessity for follow-up.

3. **Community Service Integration.**--The NIS seeks to assure planning for the entire family's needs and the collaborative application of appropriate kinds of services offered by various agencies.

4. **Program Development.**--During the course of its work, the NIS uncovers problems for which appropriate services do not exist or are ineffective. In these cases, the NIS informs the appropriate bodies about such gaps so that changes and new programs may be considered.

Information centers are most often involved in tenant advisory services and employment training activities. The United Planning Organization in Washington, D.C., concentrates much of its effort in a poverty pocket called the Cardozo area. Working in the area are the Washington Planning and Housing Association, a citizens' group, and its subsidiary arm, Citizens for Better Housing. The WPHA has three supervisors, one in each of three UPO neighborhood development centers. The center supervisors advise tenants and landlords of housing code provisions and serve as mediators between landlords and tenants in an effort to encourage voluntary compliance with regulations. Workers inspect buildings for existing violations and refer cases, when necessary, to the housing division of the Department of Licenses and Inspections. The workers also aid tenants in substandard dwellings to obtain maintenance work.

There are four Neighborhood Employment Centers in New Haven, Connecticut. When an applicant comes to NEC he sees a neighborhood worker who completes a manpower interview guide application form and explains the program. The neighborhood worker sets up appointments with a vocational counselor and with the placement interviewer from the Connecticut State Employment Service who is on the staff of the NEC. Tests and interviews are then evaluated in order to select a program of action best suited to the applicant. Each center employs from three to five people who do systematic follow-up on applicants. Besides aiding the applicants, this process provides feedback on the success of existing programs and the need for modification or new techniques. The key member of the NEC staff is the neighborhood worker, recruited from the neighborhood in which he serves. He maintains the closest ties with the applicants and, because of his familiarity with the neighborhood and its residents, provides the essential link between the center and the area it serves.

In Boston, two selected settlement houses operate neighborhood employment and training centers to which the Massachusetts State Employment Service assigns a counselor. In addition, two privately sponsored vocational agencies provide testing, training, and counseling in the centers for youths in need of intensive services. The Boston School Department provides remedial instruction at the centers and offers educational-vocational courses for out-of-school youths.
The City of Chicago has established community improvement programs in each of 20 neighborhoods undergoing some form of urban renewal. Wherever rehabilitation programs are started, neighborhood service centers are established to provide "one-stop" improvement help for homeowners. These centers are staffed by city code inspectors, rehabilitation specialists, and financing specialists. In addition to the counseling offered homeowners, the centers try to foster the formation of community action groups interested in all aspects of housing.

The East Chicago, Indiana, Redevelopment Commission has also utilized the neighborhood center concept in its redevelopment efforts. With the aid of a nonprofit foundation, a Family Service Center has been established in a low-income renewal area with a mixed ethnic composition. The center has a reading and study room and provides facilities for children's activities, a mother's club, and food preparation classes. According to the commission, within a few months after the opening of the center it was possible to discern positive results. Initial hostility of the project area residents toward relocation and social staff workers rapidly diminished and reluctance earlier demonstrated by the residents in talking to outsiders disappeared. The center director notes that a very marked improvement in housekeeping practices has resulted. ". . . A difference in the children is apparent; their vocabulary has improved; their attitude toward school and their grades has shown a definite change for the better. The children now play and study together, oblivious to the ethnic difference which once kept them apart."

**Multipurpose Centers**

Existing neighborhood centers are often criticized because of their lack of program integration. Many centers have a narrowly defined functional purpose and have limited contact or interaction with other centers. In an attempt to assure more concerted services in neighborhood centers, the Department of Housing and Urban Development has made development funds available to "any neighborhood facility which is multipurpose and provides a wide range of services and activities. . . ." Services include social services, employment and training activities, educational services including adult literacy and citizenship classes, housing assistance, assistance to the aged, health services, cultural enrichment and recreation programs, and organized citizen participation.

The precise mixture of center activities will depend on a variety of factors: the stated mission of the agency; the knowledge, values, attitudes, and skills of the center staff; the resources available to its sponsors and supporters; and the prevailing social and political pressures in the community. Ideally, the multipurpose neighborhood center must be physically and psychologically visible, accessible, and comfortable. HUD requires that services must be integrated, relevant, comprehensive, and coordinated; they must be consistent with the values and life styles of the neighborhood. Actions and programs must be carefully planned and executed, appropriate to local needs, and related to the larger community. Neighborhood residents should be involved in the center's programs. The staff must be flexible, responsive, competent, responsible, reliable, friendly, and must also be acceptable to the center's users.
Many cities are planning and establishing multipurpose centers. Eleven cities have been selected by the Departments of Labor, Housing and Urban Development, and Health, Education and Welfare, and the Office of Economic Opportunity to participate in the Neighborhood Services Program. The agencies have approved $23,737,419 to launch the program, whose purpose is to:

-- create an "integrated" (unified) system through which the individual or the family can obtain all of the services which are available to the neighborhood to solve problems and enhance opportunities.

-- initiate a cooperative intergovernmental effort to pool the resources and knowledge of city, state, and federal agencies in assisting neighborhoods; and

-- develop procedures for combining the efforts of four federal operating agencies into an integrated team to work with neighborhood, city, and state agencies.11

Each neighborhood services center will provide local residents with job information and training, health, education, recreational, referral, and other community services. The first such center to begin operations is the LEAP Community Service Center in Phoenix, Arizona. LEAP (Leadership and Education for the Advancement of Phoenix) is the city's Community Action Agency, operating with OEO poverty program assistance. The Phoenix center, a renovated supermarket, houses 18 public and private social agencies, providing one-stop help or referral service for residents of the area. The center also serves to increase the cooperative action among agencies serving the same people. A central filing system enables any agency represented at the center to have a complete record of a client's problems and any referrals or services already rendered.

Another example of existing multipurpose centers is the Urban Progress Centers in Chicago, sponsored by the Chicago Committee on Urban Opportunity, which is responsible for the city's community action program. Seven centers now exist with seven additional, smaller facilities offering fewer programs.

Each UPC contains three functional divisions:

1. **recruitment and referral.** -- reaching and contacting youths and families in the neighborhood; employing nonprofessional community representatives who live in the neighborhood for this purpose.

2. **environment.** -- improving physical and social living conditions in neighborhoods; employing nonprofessionals when possible to aid in this purpose.

3. **program action.** -- coordinating neighborhood action programs sponsored by citywide and local sources; employing nonprofessionals when possible to aid in this purpose.\(^{12}\)

Community representatives at each center daily fan out through their assigned neighborhoods looking for problems, suggesting solutions, and directing people to the UPC for specialized help if needed. Adults and youths from the neighborhood are hired as "progress representatives" to recruit individuals and to survey environmental conditions. These workers have three prime responsibilities: (1) contacting hard-to-reach individuals in order to refer them to appropriate programs at both the community and citywide levels; (2) processing building and health code violations and complaints before these become major occasions of protest; and (3) feedback of information on program development each day. One of the most significant aspects of the Chicago centers is their ties with such agencies as the Illinois State Employment Service, the Cook County Department of Legal Aid, and the Legal Aid Society, all of which have a representative in the center or easily accessible to the center's clients.

Private agencies are also becoming interested in the sponsorship of multipurpose centers. Two Hartford, Connecticut, church groups, for example, have moved to take advantage of the funds provided by the neighborhood facilities program to plan neighborhood centers which will offer a wide range of education, recreation, and social services.

Widespread interest in multipurpose centers is demonstrated by the fact that almost every Model City application submitted to HUD in 1967 included a proposal for a one-stop, multipurpose neighborhood service center. For example, Winston-Salem, North Carolina, proposed a center that would be housed in rehabilitated residential structures. Services most in demand by residents of the area would be available in these houses, which would also serve as physical models of rehabilitation.

Detroit has proposed centralizing health, recreation, social, and welfare services in family service centers. Philadelphia has proposed a system of multipurpose centers that would contain job-clearing and data services, credit unions, cultural activities, facilities for homemaking guidance, home nursing, and child care, and an information service dealing with the Model Cities program, code enforcement, and housing.

**Other Neighborhood Centers**

Several other types of decentralized neighborhood facilities have been developed. For example, 36 state welfare agencies reported more than 350 full-time district and neighborhood offices in operation in 1966. In a number of larger cities, public welfare programs have been decentralized in order to serve more effectively residents of low-income and "special" neighborhoods.

such as public housing projects. In New York City, the public welfare department is developing a complete network of service centers in such areas with "satellite" centers serving even smaller neighborhoods.

Another idea is the decentralization of police departments in an attempt to make the police more responsive to social needs and to increase public awareness of police department services. A store-front police headquarters program has been set up in Baltimore and one is now proposed in Gary, Indiana. The plan for neighborhood police stations could lead to community civic centers shared by representatives of several city agencies. In this way, the services of a branch city hall might be combined with those of the decentralized police station.

Still another type of neighborhood facility is one that is coordinated with a public housing project. In Washington, D.C., the United Planning Organization is servicing seven public housing projects through two neighborhood development centers. Seventeen neighborhood workers and consumer aides, many of whom are tenants of the housing project, work with individual problem families referred by the management to the centers, helping to organize tenant councils, providing consumer education, and supervising several dozen neighborhood youth corpsmen, who are organizing recreational programs for children in the projects.

Another public housing project center is that proposed for the Stowe Village project in Hartford, Connecticut. The Stowe Village center will have three wings, each oriented toward the particular needs of the 580 Stowe residents and the residents of the surrounding area. In one wing, OEO will fund a Head Start program in child development to be administered and staffed by the local poverty agency. In another wing, the Women's League, a community chest agency, will finance and staff a day-care center for children of working mothers. The third wing is to be used for administrative offices, space for tutoring and education programs, community activities, and the counseling of public housing tenants by tenant advisors. In addition, suburban volunteers will work in the center.

CONCLUSIONS

The neighborhood center concept has a variety of implications for the urban planner. First, although the concept has roots in earlier decentralization efforts, it is essentially a new way of providing services and using facilities. In particular, the planner will need to examine both the advantages and disadvantages of decentralization as well as the implications of a city-wide service center network. Location factors are an important consideration; where the center should be placed within the neighborhood; what zoning problems are involved. These questions lead in turn to a reconsideration of the neighborhood as a service area. Lastly, the neighborhood center concept is significant in terms of the planner's role in social planning.

The establishment of neighborhood centers is based on the premise that increased visibility and accessibility of city services will increase their
utility to the city resident. The early establishment of these services in central locations was in response to the need for a city focal point, usually the downtown city hall, to which citizens could look for the provision of services and the redress of grievances. With the growth in city size, the central location and its services became increasingly inaccessible to the citizen and less responsive to his needs. The neighborhood center is one means of making city services more relevant to the people who need the services most; of providing the resident with a place within his own area to which he can turn for assistance in solving a variety of problems. The center is a logical outgrowth of the current attempt to organize services around the needs of the consumer rather than the convenience of the agency. This in turn is part of a general movement toward the rethinking of how city services of all types ought to be organized so as to serve best the city as a whole, especially its disadvantaged residents.

The neighborhood center concept also implies a new use of facilities. Many centers, for instance, have made use of existing buildings and resources, such as school or recreation buildings, in an attempt to avoid duplication and excessive cost. This dual or multipurpose use of facilities raises questions as to the optimal use of public buildings. Some schools, for example, have sought to provide space in evening hours for clubs, adult classes, and citizen action groups. Such multipurpose use of the school building is not only an economical use of existing facilities but also brings a wider range of people in closer contact with the school. The establishment of centers in storefronts is also important for economic and social reasons. Vacant stores are a highly visible sign of neighborhood decline, as well as eyesores and potential trouble spots. The neighborhood center not only utilizes the vacant space but gives to that space activity and usefulness that can affect positively the surrounding area. Thoughtful application of the neighborhood center concept requires careful analysis of the area to be served, the needs and characteristics of its residents, and the adequacy of existing community facilities and services.

The evaluation of the neighborhood center and its place within the service systems of the city depends upon the development of effective measurement criteria. Although there are well-defined techniques for evaluating traditionally decentralized facilities, such as fire stations and police precinct stations, such techniques have not yet been developed for services more recently decentralized. The location of fire stations, for example, is related to the best possible fire protection, which depends upon rapid response. It is relatively easy to evaluate the fire fighting service's effectiveness. But what means should be used to evaluate the effectiveness of neighborhood employment centers or multipurpose centers? In the former, should the number of successful job placements be the primary evaluative criterion, or are good relationships between the neighborhood workers and applicants more important, even though these may not always produce quantifiable results? It is also difficult to evaluate a network of service centers or to determine the optimal placement of a new center within that network.

The planner will be interested in the location of the neighborhood facility. First, the concept itself implies a locational decision: the center is to be placed within the neighborhood, not in a downtown location. Within the neighborhood, it is important that the center be placed near other service facilities. Also, a close physical arrangement may encourage more coopera-
tion among the various service agencies. The center should be in a well-traveled area to increase both its visibility and accessibility. It should be convenient to public transportation. There are, in general, no traditional zoning problems involved in the location of the neighborhood center. Neither are factors such as off-street parking of great importance. Particular aspects of the local situation may call for innovation in locating a center. A mobile unit, for example, may be the best answer for an outlying neighborhood of varying densities; a center located at the edge of a neighborhood park may combine outdoor recreation facilities with social services.

The variety of social programs being carried out under proposals such as the Neighborhood Services Program can provide the opportunity to bring the planner into close working contact with a number of diverse fields, for example, health, recreation, education, and the poverty program. Increased interaction with other functional areas poses a number of familiar questions for the planner. How is he to relate to these other fields? What is his role to be as a participant? This very comprehensiveness puts a premium on teamwork. No individual planner has sufficient substantive knowledge in employment, health, building codes, economics, community facilities, remedial education, and city politics to put together a total program in which a variety of component efforts dovetail. Rather, the planner must know how to bring together various resources, such as local area residents and public and private agencies, and help to synthesize their efforts.

The role of the planner as a synthesizing agent raises some important questions as to the shape and direction of the social planning effort. Despite much discussion of "social planning," no clear field of professional activity has yet been established that might be termed social policy planning. Much of city planning deals with social policy issues -- who is to live where, how are public services to be distributed -- but these issues are seldom the object of systematic analysis or planning. The neighborhood center concept and other proposed service innovations make new demands on the planner in terms of his social planning capabilities. As political pressure for the redistribution of resources to disadvantaged groups increases, the planner must be concerned not only with the physical environment, but with a broad range of resources to meet the needs and priorities of the people to be helped. Participation in neighborhood center planning requires that urban planning agencies be more sensitive to these social factors.

Properly conceived, planned, and programmed, the neighborhood center can function as a responsive, efficient, and innovative tool within the organization of city services. It can become a preventive as well as a rehabilitative resource through the development of new methods and greater flexibility and inventiveness; but this can only be accomplished within an over-all social planning agenda.
BIBLIOGRAPHY

American Community Development. Preliminary Reports by Directors of Projects Assisted by the Ford Foundation in Four Cities and a State. 29th Annual National Conference, National Association of Housing and Redevelopment Officials, Denver, Colorado. October 1, 1963.


