The Settlement House Tradition: Current Trends and Future Concerns

Beverly Koerin
Virginia Commonwealth University

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BEVERLY KOERIN, MSW, PhD

Virginia Commonwealth University
School of Social Work

The settlement tradition represents a comprehensive approach that "strengthens individual and neighborhood assets, and builds collective capacity to address community problems" (Hirota, Brown, & Martin, 1996, p. i). While there is a rich literature on the history of the settlement movement, there is little information about contemporary settlement houses. This paper reports findings of a national survey of settlement houses/neighborhood centers that provide information about programs and services offered, populations served, unmet community needs, and policies or trends that contribute to or respond to these needs.

In recent years, there have been calls within the social work profession for a return to our settlement house roots (e.g., Husock, 1993; Jacobson, 2001; Lundblad, 1995). In contrast to an individualized and deficit-oriented approach, the settlement tradition represents a comprehensive approach that "strengthens individual and neighborhood assets, and builds collective capacity to address community problems" (Hirota, Brown, & Martin, 1996, p. i). Over the years, settlement houses have remained multiservice neighborhood centers. However, "an increasingly fragmented and categorical funding environment" has contributed to "limited opportunities for community-building approaches" in contemporary centers (Hirota et al., p. i).

Settlement houses have often been on the front line of community change, recognizing and responding to unmet needs created by demographic, economic, and policy trends. The twin objectives of the settlement movement were to provide immediate services and to work for social reform (Trolander, 1987). To what extent

do contemporary neighborhood centers continue the settlement house tradition? There is little information about contemporary settlement houses/neighborhood centers, but there is an extensive literature on the rich history of the settlement house movement.

Literature Review

Settlement House: Historical Perspective

The settlement movement was influential in the late 19th and early 20th centuries when most settlement houses were established, predominantly in northern and midwestern urban centers. The movement began in response to a rapidly growing immigrant population, large-scale industrialization, and the problems of urban slums. Settlement leaders "sought to overcome the centrifugal forces of urban disintegration to restore order to a society that had lost coherence, to maintain face-to-face friendship in a society increasingly impersonal and anonymous" (Chambers, 1963, p. 115). Settlement houses developed a broad array of services to address social ills, as well as programs that were not problem-focused, such as day nurseries and kindergartens, courses in child care and domestic science, recreational/educational groups, lending libraries, and cultural activities—art, music, theater, folk festivals. The diversity of programs reflected the needs of individual neighborhoods, changing social conditions, and the belief that the "range of settlement activity must be as wide as human need . . . ." (Woods, 1923, p. 48).

But even with such diverse programs, "the settlements, by themselves, could no more than nibble at problems whose solutions . . . required concerted action of the entire community" (Chambers, 1963, p.17). Therefore, settlement leaders were also involved in social reform activities. They influenced municipal governments to set aside land for parks and playgrounds and to improve sanitation and public health programs; they engaged in political activism to effect reform at local, state, and national levels on such issues as minimum wage, child labor laws, and woman's suffrage. Thus, the settlement house movement reflected a dual responsibility for social service and social reform. The "most immediate work" of the settlement was to meet individual needs,

but in such a way that "progress is . . . made toward removing the social need for giving that particular kind of help to other individuals" (Holden, 1922, p.39).

Settlements in Transition

Estimates vary as to the number of settlement houses in existence at any given time. In 1913 the *Handbook of Settlements* listed 413 settlements in 32 states (Husock, 1993). A variety of forces affected the decline of the settlement movement. Trolander (1987) asserted a "fundamental conflict" existed between the trend toward professionalism in social work and the settlement ideal (p.31). By the 1920's, most settlement workers "thought of themselves as social workers rather than social reformers . . . and began to speak of the people they were helping not so much as their neighbors as their clients" (Davis, 1967, p. 231). Changing demographics also affected settlement houses during the 1920's as European immigration declined and African Americans moved to urban centers. Settlement houses responded by shutting down, operating segregated activities and separate facilities, or following their white neighbors to other neighborhoods (Lasch-Quinn, 1993). The post war recession and conservatism of the 1920's also contributed to the settlement movement decline (Trattner, 1984).

Peterson, Lauderdale, and Bard (1971) noted little effort to provide neighborhood-based services from the 1930's to the 1960's, given the growing emphasis on centralization of service delivery. During the 1960's War on Poverty, approximately 400 publicly funded local community action or neighborhood service programs were established, and traditional settlement houses also received funding for anti-poverty programs. By 1965, neighborhood centers nationally were receiving public funds equal to what they received from United Ways (Berry, 1986).

Contemporary Settlement Houses and Neighborhood Centers

Landers (1998) suggested that approximately 900 "bustling social service centers" known as community houses, neighborhood or community centers, are "today's settlements" (p. 3). However, the Neighborhood Houses of New York estimated that 300 settlements in 80 cities were "survivors" from the settlement

era (Husock, 1993); many survived by adapting to changes in the policy environment—offering government-funded programs like child care and drug treatment services. Husock (1993) conducted one of the few studies of contemporary settlements with his analysis of 14 settlements in 11 cities. He found settlements continued to provide an array of services to a broad cross section of citizens in specified geographic areas. Some programs were problem-focused, and others aimed to maintain the well being of individuals and their communities. While some settlements were heavily dependent on public funds, the average level of government support was 33.4%; United Way was the major funding source.

In 1991, United Neighborhood Houses (UNH) of New York City did a study of its 38 member neighborhood centers. The budgets of these centers ranged from $250,000 to $24 million. Over 80% of funding came from public contracts, with New York City providing 65% (Menlo, 1993). Menlo observed that the trend toward single-problem-focused public funding had created barriers to comprehensive and coordinated services. Kraus and Chaudry (1995) studied New York's 37 settlement houses, which served over 200,000 people annually, providing prevention, treatment, recreation, and cultural programs. Government funding represented 85% of their revenues. Kraus and Chaudry noted that settlements often resembled their funders—"with specialized staff, organized by categorical programs, who often answer more to the rules and regulations of their funding agencies than to changing neighborhood conditions" (p. 34). Apart from these few studies, there is little information about contemporary settlement houses/neighborhood centers. This paper reports findings of a national survey of settlement houses that was initiated to fill this gap in the literature.

Methodology

Design and Sample

This exploratory study used a cross-sectional survey design. The sample was drawn from The United Neighborhood Centers of America (UNCA), a nonprofit, national organization of neighborhood-based agencies. Founded in 1911 by Jane Addams,

UNCA was formerly known as the National Federation of Settlements and Neighborhood Centers. Questionnaires were sent to the 171 neighborhood centers that were UNCA members when this study was undertaken.

Instrument

The author developed a 25-item instrument that included questions in three areas: (1) services provided, demographics of populations served, service delivery arrangements, and recent changes in services or populations served; (2) current and future unmet needs in the service area, as well as national trends or policies contributing to and responding to these needs; and (3) center's background (when established, region of the country), budget and revenue sources, and information about the administrator completing the questionnaire. The questionnaire was critiqued by several colleagues, pre-tested by the associate director of a local settlement house, and modified based on the feedback.

Data Collection and Analysis

Questionnaires were mailed to the Executive Directors of UNCA member agencies in August, 1999, with a cover letter explaining the purpose of the study and a self-addressed postage-paid envelope. A follow-up letter was mailed several weeks later, including another questionnaire and return envelope. Eighty-three centers ($N = 83$) completed the questionnaire for a response rate of 49%. Descriptive univariate statistics were used to analyze quantitative data, and valid percentages are reported in the following discussion of results. Content analysis was used to identify themes in responses to open-ended questions.

Results

Characteristics of Respondents and Sample

Questionnaires were completed by neighborhood center administrators; 82% ($n = 68$) held positions of Executive Director or President. Other respondents were assistant/associate directors and various program directors (e.g., youth and family services, community development). These administrators had experience in their current management roles ($M = 9.77$ years, SD 8.36) and

in neighborhood center/settlement house work in general (M = 17.21 years, SD = 12.10). Of the 74 administrators who responded to questions concerning education and experience, 74.3% (n = 55) held graduate degrees, including the MSW degree (37%, n = 27) and doctoral degrees (9.1%, n = 7).

Reflecting the heyday of settlement growth, 25.3% (n = 21) were established between 1876 and 1900, and another 31.3% (n = 26) between 1901 to 1925. Three centers (3.6%) were established between 1850 and 1875, 14.5%, (n = 12) between 1926 and 1950, and 20.5% (n = 17) between during 1951–1975. During the last 25 years, only 4 centers (4.8%) were established. While 73.5% (n = 61) reported their centers had been established as settlement houses, 93.9% (n = 77) indicated their mission was consistent with the settlement house tradition.

The neighborhood centers in the sample mirrored early patterns of the settlement movement, with fully 90.1% located in the northeast (n = 36) and central/midwest United States (n = 37), and a handful in the south and west (9.9%, n = 8). This distribution paralleled the location of UNCA member agencies in some ways; 8% of member agencies were located in the south and west and 92% in the north and central/midwest, but 35% were in the northeast and 57% in central/midwest.

The centers varied tremendously in size of staff and budget. The smallest center had one full-time employee and a $73,000 budget, while the largest reported a staff of 1,000 full-time employees and a budget of $60,000,000. However, the median full-time staff size was 30 and the median budget $1,400,000. Although respondents were not asked about additional staff resources, several provided comments about part-time and seasonal employees and volunteers (e.g., "8 full-time employees but 12 FTE"; "full-time staff is supplemented with over 400 volunteers annually").

Service Areas and Service Delivery Arrangements

Neighborhood centers served diverse geographical areas via several service delivery arrangements. Most centers (56.6%, n = 47) served several neighborhoods, 16.9% (n = 14) served a single neighborhood, and 15.7% (n = 13) served a citywide service area. Additionally, 10.8% (n = 9) indicated other geographical service areas, such as statistical planning area or school district.

Just 18.3% (*n* = 15) indicated that services were provided only in the neighborhood center itself. The most frequently cited service delivery arrangement (37.8%, *n* = 31) was provision of programs in the neighborhood center and its satellites, followed by neighborhood center and partner agencies (22%, *n* = 18). An additional 22% (*n* = 18) reported other service delivery arrangement, with eleven of these noting a combination of the previous categories (e.g., services provided in the neighborhood center *and* its satellites *and* partner agencies). Several respondents also indicated service provision in schools, homes, on the street, and in shelters.

Programs and Services

Neighborhood centers offer an array of programs. Recreation/socialization services were offered by the greatest number of respondents (95.2%, *n* = 79), followed by information and referral (89.2%, *n* = 74), parenting education and support (85.5%, *n* = 71), child care (79.5%, *n* = 66), individual counseling (69.9%, *n* = 58), group work services (69.9%, *n* = 58), transportation (67.5%, *n* = 56), employment/training (50.6%, *n* = 42), and emergency financial aid (44.6%, *n* = 37).

Additionally, 50.6% (*n* = 42) indicated one or multiple "other" services, usually with a specific focus and targeted to particular populations. Most frequently cited "other" programs were: senior services, including adult day care (*n* = 17); education and literacy programs, including ESL, ABE, RIF, tutoring, and libraries (*n* = 16); housing and homelessness-related services, including shelters, transitional housing, tenant services, assistance to first time homebuyers (*n* = 15); food pantries and meal programs (*n* = 10). Some centers provide health-related services (*n* = 10), including health centers, health screenings, HIV/AID prevention and education, family planning and pregnancy prevention, and others provide mental health and substance abuse programs (*n* = 6).

Children, youth, and families were identified as the focus of a number of "other" services. Children's services ranged from early childhood programs (e.g., preschool, Headstart) to after-school programs, special education services, and child welfare services (*n* = 10). Teen programs included truancy and delinquency prevention as well as pre-employment preparation and

college guidance (n = 7), and family support programs included family resource centers and domestic violence services (n = 7). A number of centers specified enrichment programs, e.g. theater, arts, and culture programs (n = 6) and sports, camping, and outdoor education programs (n = 4).

In addition to direct services to individuals and families, 67.5% (n = 54) provide community development programs. These programs include neighborhood/community organizing (n = 49, 62.8%), leadership development programs (n = 38, 48.7%), political organizing (n = 32, 41%), and economic development (n = 42, 41%). "Other" community development services were reported by 13.3% (n = 11), such as voter registration, community policing, environmental survey and research, developing block or tenant associations, grass roots organizing, and advocacy related to specific issues, such as "keeping public hospitals public." Neighborhood centers that did not have community development programs were more likely to have been established since 1951, well after the settlement house era; 38.5% (n = 10) of centers without community development programs were established between 1951 and 2000, compared to 18.5% (n = 10) of centers with such programs. Not surprisingly, 34.6% (n = 9) of centers without community development responded "no" or "not sure" when asked if their center began as a settlement house, compared to 25.9% (n = 14) of center with these programs.

Populations Served

Neighborhood centers reported serving diverse populations, in terms of age, race/ethnicity, and socioeconomic status. Most centers (63.9%, n = 53) provided services to *all* age groups, from very early childhood to elder adults. Almost all centers provided programs for children 6–12 years of age (98.8%, n = 82) and teenagers 13–18 (95.2%, n = 79), with somewhat fewer providing programs for children 4–5 years old (86.7%, n = 72) or infancy to 3 years old (74.7%, n = 62). Ninety-four percent (n = 78) reported serving adults, with an equal number providing programs for people 65 years and older.

Centers provided services to diverse ethnic and/or racial groups, with the 63.9 % (n = 53) serving three or four racial/ethnic groups, 21.7 % (n = 18) serving five of six groups, and only 14.5%

(n = 12) serving just one or two such groups. Respondents were asked to indicate the *percentage* breakdown of the racial/ethnic populations they serve. The mean percentage of African Americans served by these centers was 47.33 (SD = 29.80), followed by White/non-Hispanic (M = 27.78; SD = 24.80), Latino (M = 16.93; SD = 21.55), Asian American (M = 5.40; SD = 13.70); Native American (M = .77; SD = 2.06), and "other" (M = 1.42; SD = 4.69), such as multi-racial individuals, East African immigrants, Arab-American, Portuguese, and Russian immigrants.

In keeping with the settlement house tradition, the majority of centers served low-income individuals and families, but they also provided services to other socioeconomic groups. Respondents were asked to indicate the breakdown of the populations served in terms of: percentage well below the poverty line for their geographic area, percentage at or near the poverty line, and percentage safely above the poverty line. The mean percentage of individuals/families below the poverty line was 56.99 (SD = 26.53), followed by those at or near the poverty line (M = 29.43; SD 17.17), and last those above the poverty line (M = 13.15; SD = 18.33).

Trends and Changes

Respondents were asked about changes their centers had experienced in terms of services/programs provided, populations served, and funding sources. Two-thirds (n = 54) reported "major changes" in programs/services offered within the last five years. Only four centers reported the elimination of a program or service; rather, respondents indicated they had initiated, expanded, and/or reorganized a variety of programs: day care/child care (n = 11), children and youth programs (n = 11), employment services/job training (n = 8), and services to families (n = 7). Centers also developed or expanded recreation and creative arts programs (n = 5), computer training for children and families (n = 4), services for the developmentally disabled (n = 4), juvenile justice-related programs (e.g., gang intervention, adolescent sex offender program, etc), (n = 4) services to specific ethnic or racial groups (n = 3), transitional housing and shelter programs (n = 3), and community development/community building programs (n = 3).

The most frequently cited reason for many of these changes was welfare reform; several centers reported initiating or expanding service availability during evening hours to accommodate welfare-to-work family schedules and needs. Other reasons included: community needs or requests, demographic changes, request or mandate from local or state government to offer a program or funding availability for a specific program. In addition to programmatic changes, respondents reported changes in administration and service delivery. Several commented on growth in number of clients and staff, increase in service hours, and physical expansion (e.g., additions to the center building, expansion of settlement sites). Others noted increased computerization, collaboration, and contracting out some services.

Changes in client demographics were noted by 43.4% ($n = 36$) of respondents. The most frequently cited changes were increases in the Latino populations served, followed by Asian-Americans and East Asians. Other centers reported increases in diverse immigrant populations from Africa, the Caribbean, the former Soviet Union, and Arab nations. Changes in income demographics and related population shifts were also noted. Respondents identified gentrification trends that apparently had different impacts in different neighborhoods (e.g., one center noted a stable economic level of populations served, despite gentrification, while another cited the growing problem of affordable housing for low-income people).

A critical aspect of neighborhood center functioning is its funding base. When asked about changes in the center's sources of funding, 51.2% ($n = 42$) indicated there had been major changes within the last five years, and 57.5% ($n = 45$) expected major changes in the next five years. Most respondents reported a complex funding base, with 90% ($n = 65$) receiving support from at least 5 sources; over one third (36%, $n = 26$) indicated their budgets were funded from 8 or more sources. Respondents were asked to indicate the percentage of the annual budget provided by various funding sources. The highest mean percentage was United Way ($M = 23.26$; $SD = 22.93$), followed by local government ($M = 18.87$; $SD = 21.18$), state government ($M = 16.46$; SD 17.85), federal government ($M = 10.75$; $SD = 15.49$), foundations ($M = 8.20$: $SD = 9.33$), fees for service ($M = 6.79$; $SD = 11.92$),

"other" (M = 6.69, SD = 15.07), individual donors (M = 4.94; SD 5.51), and corporations (M = 3.77: SD 4.80). "Other" revenues included the following sources in rank order: investment, interest, endowment, capital gains; special events and fundraising; rental of center space; church and civic association contributions; cost sharing with partner agencies and subcontracts from other agencies; client contributions.

The primary patterns of change were declining support from United Way and increasing efforts to generate revenue from other sources: government grants and contracts, private foundations, fundraising and special events, annual giving/individual donors. Of the 38 respondents that described their funding changes, 7 noted significant or "dramatic" United Way cuts, and 2 others referred to flat or uncertain United Way funding. Centers reported different experiences with governmental sources of income, most indicating increases in local, state, or federal funding but with a few noting reduced support. This diverse response likely reflects different patterns of support in specific states or localities as well as gains or losses in targeted program funding (e.g., "increased HUD funding for our shelter program"; "lost $250,000 in Drug Prevention funds").

Neighborhood center administrators reported similar patterns of change anticipated over the next five years: ever-growing reliance on fundraising efforts, with board members playing an active role, and continuing decline in United Way support. Respondents expected increased revenues from annual giving and solicitation of individual donors, governmental funds, grants, fee-based services, businesses, endowments, foundations, and churches. Several respondents noted the potential impacts of political and economic trends on future fund development, such as possible decreases in corporate community support due to mergers, stock market fluctuations and balanced budget effects, and fierce competition for funding resulting in larger agencies "overpowering the neighborhood settlement houses."

Community Needs: Present and Future

Respondents were asked to identify the greatest unmet need in their service area at this time. However, this task appeared to be difficult, reflecting one respondent's comment: there is "no

single greatest unmet need." Consequently, the 81 responses to this question generated 114 unmet needs (Table 1). Affordable housing was the most frequently identified need, followed by employment needs (job training, jobs that pay a living wage and afford health care, welfare-to work training programs). Service needs for various age groups were also identified, such as affordable, quality child care; programs for children, at-risk youth, teens, and elders. Agency resource needs were also identified, including computerized networks, long term volunteers, and fiscal resources. Other needs reflected community infrastructure issues, such as economic development, quality public education, transportation, and community social problems like violence and drug dealers.

Asked to anticipate what would be the greatest unmet need in the next five years, 80 respondents cited 106 unmet needs (Table 1). Forty-four (55%) indicated that future unmet needs would be the same as current needs. Not surprisingly, projected unmet needs were similar to current needs, with affordable housing and employment services topping the list. This ranking reflects one addition to the list of current needs due to the potential impact of welfare reform on families reaching the five-year time limit for TANF benefits. Respondents indicated that when these families are no longer eligible, they would likely need income assistance and supportive community services to gain self-sufficiency.

Finally, respondents were asked to identify national trends or policies that were factors in *creating* the unmet needs in their community; 72 respondents identified 93 such factors (Table 2). Welfare reform was most frequently cited, followed by housing policies and trends, such as loss of Section 8 funding, federal cuts in McKinney and HUD funding, gentrification, and steering and redlining. Funding trends were also cited, including reduced public funding due to tax-cutting and budget-balancing policies, privatization, and managed care. Income distribution patterns were also noted, such as the increasing income gap between the haves and the have-nots and the powerlessness of the poor. Other trends identified were related to employment, such as jobs moving out of the city or not providing adequate wages and benefits; demographics of an aging population; and community violence.

Table 1

Current and Projected Unmet Needs

Current Needs n = 81		Projected Needs n = 80	
Affordable housing	*n* = 18	Affordable housing	*n* = 21
Employment/job training	*n* = 11	Employment/training	*n* = 14
Childcare/day care	*n* = 10	Child care/day care	*n* = 11
Children/youth programs	*n* = 10	Children/youth programs	*n* = 9
Teen programs	*n* = 7	Senior services	*n* = 7
Senior services	*n* = 6	Safety net/TANF limits	*n* = 6
Center's resources	*n* = 6	Quality public education	*n* = 6
Economic development	*n* = 5	Economic development	*n* = 6
Quality public education	*n* = 5	Teen programs	*n* = 5
Transportation	*n* = 5	Transportation	*n* = 4
Infant/toddler services	*n* = 4	Family services	*n* = 3
Family services	*n* = 4	Center's resources	*n* = 3
Community concerns	*n* = 4		
Health care	*n* = 3		
Services for men	*n* = 3		

Note: Table includes only policies or trends identified by three or more respondents.

Respondents were also asked to identify national trends or policies that *address* these unmet needs; only 63 respondents answered this question, identifying 70 trends or policies (Table 2). The most frequent response was that appropriate responses are not being made. Respondents noted there were no policies or trends to address community needs or that they were inadequate: e.g., "few and far between beyond Social Security and Medicare"; "Don't see feds doing much of anything anymore"; "These issues are not being addressed. Settlements may need to lead in focusing on this issue." While certain funding trends were identified in the previous question as factors contributing to unmet needs, other funding patterns were reported to address community needs: increased grant opportunities, federal and state grants without matching requirements, more funding for child care and youth services, and increased philanthropic giving. Similarly, while welfare reform was cited as a factor contributing

Table 2

Policies/Trends Related to Unmet Needs

Creating Needs n = 72		Addressing Needs n = 63	
Welfare reform	$n = 22$	None/inadequate	$n = 20$
Housing policies/trends	$n = 14$	Funding flexibility	$n = 15$
Funding trends	$n = 11$	Welfare reform	$n = 6$
Income distribution	$n = 10$	Focus on education ·	$n = 6$
Employment trends	$n = 6$	Economic supports	$n = 4$
Demographic changes	$n = 6$	More at-risk youth programs	$n = 3$
Community violence	$n = 3$	Accountability trends	$n = 3$

Note: Table includes only policies or trends identified by three or more respondents.

to unmet needs, some respondents identified these reforms as positively addressing needs, e.g., "a family building welfare reform", "emphasis on self-sufficiency." Other trends cited were emphasis on education, economic supports for the working poor through tax credits and expanded income eligibility for childcare, and more programs for at-risk youth.

Discussion

This study is limited by the sample size ($N = 83$); therefore, findings cannot be generalized to the several hundred settlement houses and neighborhood centers across the country. However, the sample does include centers established during the settlement era, as well as more recently, and ranging from very small agencies to huge operations. The study's findings provide a snapshot of contemporary neighborhood centers, including similarities to and differences from historical settlement houses. Like the early settlements, contemporary neighborhood houses continue to provide an array of programs and services to individuals and families of diverse ages and income levels. They work with diverse racial and ethnic groups and new immigrant populations in low-income neighborhoods, but unlike the traditional settlement, contemporary centers often serve multiple neighborhoods, with services delivered in the community house, in satellite centers, and in partner agencies.

Settlements are still "on the front lines" in recognizing and responding to the impacts of social policy and social change on community residents. Many centers have initiated or expanded programs to assist families affected by welfare reform, and some have created adult day care and other eldercare services in light of demographic trends. Service provision has been both a strength and a limitation of contemporary settlements. The variety of programs/services provide "multiple entry points" and enhance the quality of community life because of "the intrinsic connection between individual well-being and the common good" (Hirota, Brown, Mollard, & Richman, 1997, p. 2).

However, as centers became large scale service providers, they became less involved in community building and social action (Landers, 1998), as reflected by this study's finding that nearly a third of the centers do not provide community development programs. Hirota, Brown, and Martin (1996) cited funding patterns as the primary reason for this changing emphasis; to survive, settlements shifted from a community focus to providing services to "discrete groups of 'needy' residents." However, as the limits of this approach are becoming more apparent, "settlements are devising strategies to recapture or enhance their traditional community-building functions" (p. 1). Berry (1983) suggested that contemporary neighborhood centers may still have a strong commitment to their social reform tradition. However, many of the problems they deal with are increasingly "complex and intractable" (p.5). In fact, many of the unmet needs identified in this study reflect inadequacies in community infrastructures, e.g., adequate low-cost housing, economic development, transportation, quality public education. These problems often require solutions beyond the scope of neighborhood or locality. Thus, neighborhood centers will need to join coalition efforts to effect change. Community centers continue to have an important role to play in documenting the effects of policy initiatives, like welfare reform, on the people and neighborhoods they serve. They may serve the traditional settlement function of marshalling evidence about social conditions and providing an "early warning signal of changes in community and national life which affect the lives of neighbors who have few social and financial resources" (Hillman, 1960, p. v).

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