

Henry Street Settlement: A Multi Social Service Delivery Model for Seniors

Abstract

This article discusses the challenges faced by community based service providers in the current economy and funding context and describes how Henry Street Settlement (HSS) in New York City has responded to these challenges, namely through an integrated social service model for seniors.

In order to determine how senior clients experienced HSS' multi social service delivery model, the authors developed a questionnaire using a cross-sectional survey design. They accessed client data from the databases of the four programs being examined and identified 25 senior clients (65 years and older) who participate in at least two program areas, one being Home Care, and reside in the Henry Street Settlement (HSS) neighborhood.

Excerpts and data from senior client surveys are included as a means of assessing the current service delivery system. The results were divided into four categories: Coordination of HSS Services, Clients'/Family Members' Participation in HSS Services, HSS Neighborhood and HSS Role in the Community. They demonstrate clients' overall satisfaction with the coordination and delivery of their services, HSS' strong presence in the community however, they do not seem to have an understanding of HSS' overall mission and the broad array of services it offers. Clients appear to identify HSS through the individual services they receive versus a sense of community cohesion and organization that once existed and HSS strongly influenced.

Key Words: seniors, settlement house, funding, social services, community based services

HSS: Multi Social Service Delivery Model for Seniors

Introduction

This article describes an integrated social service model for seniors in an urban settlement house setting and the challenges faced by community based service providers in the current economy and funding context. Settlement houses have always played a pivotal role in the life of urban neighborhoods. The settlement house movement began in the late 1800s to “strengthen individual and neighborhood assets, and builds collective capacity to address community problems” (Hirota, Brown & Martin, 1996, p. i). Settlement houses offer programs and services to individuals and families from early childhood to old age, across many social groups. Their mission is to generate an awareness of shared goals and common ground among residents, and to foster a willingness to invest in, advance and enrich the quality of neighborhood life (Hirota, Brown, Mollard & Richman, 1997).

Best known for their role in the successful assimilation of European immigrants from 1890 to 1930, settlement houses have survived, their mission unchanged, but their service delivery evolved to reflect corresponding societal needs. This paper will highlight several examples of how the Henry Street Settlement (HSS) has adapted to the new structure of settlement houses primarily in response to changes in funding while continuing to meet the dynamic service needs of its long term clients.

The most salient factor contributing to the evolution of service delivery is that funding sources are now tied to the shifting patterns of political economy and voluntary sector financing. Studies conducted in the early 1990s found that over 80% of settlement funding comes from public sector contracts which greatly influence settlement role and function (Kraus

& Chaudry, 1995; Marks, 1993). This funding structure has forced settlements to change their emphasis from community focus to becoming largely formalized, multiservice agencies dependent on contracted public funds for categorical programs (Fisher & Fabricant, 2002). This presents two issues. First, agencies become limited to serving populations defined by the funding source. Additionally, any kind of contracted funding typically requires that agencies provide detailed accounting, narrative, and quantitative reports which many community service providers simply do not have the infrastructure to support.

A second reason for this change in settlements' service delivery is the nature of evolving social problems. Today's issues often require more complex solutions beyond the scope of neighborhood resources (Lundblad, 1995; Koerin, 2003). As a result, settlement houses are partnering with public officials and other political entities like community boards and government organizations to effect change in social welfare versus taking action independently as they did in the past.

There has been a lack of literature in the past decade on contemporary settlement houses and their methods of service delivery. Despite the trend in recent years to restrict government funds to single program categories (e.g., senior centers, home care)(Marks, 1993), HSS utilizes a multi social service delivery model to meet the complex service needs of its clients who reside on the Lower East Side and throughout New York City.

Early in the movement, settlement houses had freedom to define their purpose based on their view of pressing community needs because their funding came from private networks. Settlement houses have been forced to shift their work from community organizing and social action, to problem focused services and outcomes to stay competitive for funding. Shortly

before he was to succeed Helen Hall as Executive Director of the Henry Street Settlement in 1976, Bertram Beck published an article in which he described how settlements had gone from stalwart organizations in the communities they served, to a collection of programs addressing whichever social issues the government deemed important. Thirty-five years later, it appears as though very little has changed.

As the national and local economic climate changed in the 1970s it became impossible for non-profit agencies to continue functioning without some government funding (Koerin, 2003). Henry Street's current organizational structure reflects this shift in that there are now four program clusters with a total of 47 interrelated programs, 75% of which are supported by government funding, primarily city and state (25% is supported by private grants/other sources). Program clusters include: Visual and Performing Arts, Transitional and Supportive Housing, Youth and Workforce Development, and Health and Wellness. While this has been a relatively stable source of financial support, government dollars come with highly restrictive criteria and stringent reporting requirements that are largely focused on quantitative outcomes, and in recent years this funding has declined. Clients must now meet strict conditions to be accepted into programs. A benefit of government funding is that HSS now offers a wide range of services with multiple points of entry covering the entire life cycle. (D. Rubin, ACSW, personal communication, August 29, 2012). The authors will examine categorical funding by discussing the coordinated service delivery system employed for seniors by several programs in the Health and Wellness Cluster.

Methods

Senior Service Delivery Model

Older adults are a core population for HSS as they are typically the most stable, long-term community residents. For this reason, the authors have chosen to focus on seniors who all participate in Home Care and at least one other senior service program, have lived in the Henry Street Settlement neighborhood for an average of nearly 35 years, and are most likely to have accessed multiple programs and services. The collaborative nature of senior programming at HSS will be explored by examining the alliances between the Naturally Occurring Retirement Community (NORC) Program, Meals on Wheels (MoW), Good Companions Senior Center (GCSC), and Home Care. These programs were chosen as they are well integrated, represent the multi social service delivery model and are funded by a combination of city and state grants.

Manhattan Chamber of Commerce 2013 Demographic Projection shows that 33.6% of people living in the neighborhood surrounding the Henry Street Settlement are age 62 and over. Asian and Latino people make up the largest group with 49.2% and 26.8% respectively. 14.3% of households are listed as being led by people 65 and older, and 32.6% of all households have a person age 65 or older living there. The majority of neighborhood residents did not complete high school, and average household income is less than \$15,000 (www.manhattance.org). Following is a description of the four programs being examined in the Health and Wellness cluster.

HSS' Health and Wellness Cluster works to ensure that clients have access to a network of supportive services, access to nutritious meals, recreational activities, basic medical care, and

HSS: Multi Social Service Delivery Model for Seniors

in home assistance. Each program is funded separately and has its own contractual requirements; however, these programs work collaboratively to ensure that each client has access to the support they need to continue living in the community. Peace and colleagues (2006) state that connections to the neighborhood and community it serves are practical resources in later life that help seniors age in place.

The Good Companions Senior Center (GCSC) was founded in 1952 as a place for older Lower East Side residents to access affordable meals, recreation, and socialization. Today, Good Companions provides: three meals each day, recreation, access to a gym and small group personal training, classes, supportive services, and trips.

Naturally Occurring Retirement Communities (NORCs) were first formalized in 1986 with the goal of providing supportive services to older adults in their communities (Colello, 2007; Ormond, Black, Tilly & Thomas, 2004). This model of service delivery stands alone because the program settles into a neighborhood where a large percentage of the residents are older adults and provides the support necessary for clients to age in place (Wiles et. al, 2011). Services provided are: case management, basic health care, recreational activities, and volunteer opportunities (Vladeck, 2004). The Vladeck Cares NORC Program was established in 1994, and holds the distinction of being the first NORC created in public housing (www.henrystreet.org, 2011).

The Healthy Senior Select Meals on Wheels Program (MoW) was established in 2009 when Henry Street won the contract to deliver meals to all home-delivered meals recipients living between lower and mid-Manhattan. In addition to delivering hot or frozen meals daily, MoW delivery staff is trained to perform simple assessments of each client, and report

HSS: Multi Social Service Delivery Model for Seniors

potential problems to program administrators so that appropriate interventions can be taken.

The Home Care Program began in 1969 and is completely funded by New York City's Human Resources Administration. It helped an average caseload of 750 elderly, physically and developmentally disabled individuals throughout Manhattan and in parts of Brooklyn to remain independent in their own homes and communities. The home care program's 225 certified housekeepers, many of whom are fluent in Chinese, Russian or Spanish, assist clients with house cleaning, meal preparation, grocery shopping and errands. Field nurses assess and develop a care plan for each client every 90 days to maximize client health, safety and well-being.

Survey with Seniors

In order to determine how senior clients experienced HSS' multi social service delivery model, the authors developed a questionnaire using a cross-sectional survey design. They accessed client data from the databases of the four programs being examined and identified those senior clients (65 years and older) who participate in at least two program areas, one being Home Care, and who reside in the HSS neighborhood. Medicaid is the primary insurance of these clients, which is an eligibility requirement for home care services. The gender, race, ethnicity and education level of this sample are diverse. Twenty-five HSS clients met these criteria and agreed to be interviewed. This survey sample is representative of the clientele that HSS serves in the health and wellness cluster. The average duration of each interview was 45 minutes. The authors developed a survey instrument (Table One) that included questions in four categories: (1) Coordination of HSS Services; (2) Client/Client's Family Members' Participation in HSS Services; (3) HSS Neighborhood; and (4) HSS Role in HSS: Multi Social Service Delivery Model for Seniors

the Community. The majority of the questions were open-ended as the authors were interested in obtaining the clients' perspectives through their narratives.

[Insert Table One]

The authors conducted face-to-face interviews with all but two clients who preferred a telephone interview. Twenty-two interviews were conducted in English and three utilized Spanish interpreters. Content analysis was used to identify themes in the responses to the open-ended questions. Quantitative analysis was utilized on the questions with a rating scale, yes/no response questions and those with numerical answers.

Results

The results of the questionnaires were synthesized according to the four categories being explored. The average length of service in these four programs ranged from two years in GCSC to 8.5 years in Home Care.

Coordination of HSS Services

Survey questions related to current services provided and client satisfaction with these services were analyzed (questions 4-8). The majority of respondents (13 of 25) rated the coordination of their HSS services "very good" on a five point scale from "poor" to "excellent" and seven rated it "excellent." This demonstrates that the survey sample think that their multiple services (scheduling, internal communication, different service needs) are well integrated. All clients responded that the services they received were beneficial as they complement one another and fill a different service need. None of the clients commented that services could be improved upon.

The following narratives demonstrate how senior clients experience their service

HSS: Multi Social Service Delivery Model for Seniors

delivery.

I live alone and have home delivered meals on the days I don't have home care. This way I don't have to worry about how I am going to eat when no one is here to help me. Henry Street set this up for me. -Home Care/MoW Client

I have home care services through Henry Street and since I live in the neighborhood I can go to the senior center when my housekeeper isn't here to be with people and eat my meals. The staff in both places knows me, it's a good feeling. -Home Care/GCSC Client

Most home care clients live alone and do not have a support system to assist them on days when they do not have home care services, which includes light meal preparation. Some clients that meet eligibility criteria (some overlap with home care eligibility criteria) have been referred internally to HSS' MoW program to ensure that they receive hot nutritious meals on these days. Others who are more mobile and live in the HSS neighborhood, can have their lunch and dinner at the GCSC and benefit from nutritious hot meals and socializing with their peers and the staff.

My home care nurse gave me some brochures about other HSS services that she thought I could benefit from. When she returned for her next visit, I told her what I was interested in and she checked with the director. The director called me and we discussed what I would qualify for. This is how I started to get home delivered meals, a senior companion (HSS' Senior Companion Program) and a primary care physician (HSS' Health Unlimited). It was so simple for me, unlike other places. -Home Care/MoW Client

Staff at HSS are educated on other internal programs/services and empowered to make referrals to clients, follow up with the appropriate staff at HSS and ensure that the client is kept informed of the outcome. HSS staff takes ownership of this process.

Clients'/Family Members' Participation in HSS Services

Survey questions 9-13 focus on clients' and their family's awareness of and participation in other HSS services. Forty-three percent of the clients responded that other family members

have participated in HSS services and 57% responded that they have not. Of that 43%, Youth Services is the division with the highest amount of family participation, followed by the Abrons Arts Center and then Good Companions Senior Center and actual Employment/Volunteering at HSS.

The following narratives convey the influence of HSS on clients' families and friends.

Both of my daughters went to (camp) for years and loved it. Every summer they would stay with a family for two weeks in upstate New York. The girls still keep in touch with the family and exchange holiday gifts. –Home Care/NORC Client

Camp Henry used to exist as a sleep-away camp in upstate New York and relationships were also built with families residing in the area. Due to changes in youth services funding, day camps only exist today.

All of the HSS services help some members of the Lower East Side community and have a great impact on people's lives. Many seniors go to GCSC. It's a good experience because there are many seniors in the community. HSS has a high outreach to the aging population. –Home Care/NORC Client

I am so grateful for HSS. It helped me so much with my kids when my husband died. HSS is like a second home for me and my children. Everything came from HSS-it gave my kids their beginnings. –Home Care/NORC Client

This client is referring to the general support that HSS provided after the loss of her spouse that helped her and her children cope. Specifically, she cites Youth Services and the programming it offered to help with her children's development which includes camp, after school program and classes in the arts.

HSS Neighborhood

Survey questions 15-18 center on the HSS neighborhood; a comparison of past versus present and the influence of HSS on the community. The average length of residency in the HSS

neighborhood was 34.8 years with a range of 10 years to 61 years. The responses to a series of questions about the HSS neighborhood were mixed.

Of the fifteen respondents that chose to comment on changes in the HSS neighborhood, nine expressed that the quality of the neighborhood has deteriorated using phrases like “being unsafe”, “people selling drugs openly”, “more violence”, “residents not caring about their environment (e.g. more garbage around)”, “kids hanging out”, “lack of mom and pop stores”, “neighbors not looking out for each other” and “the young people have changed, they have different values.”

The remaining six stated that the HSS neighborhood is the same or getting better. Some statements made were “the building maintenance staff keeps things clean and in working condition” and “the neighborhood is the same-still friendly and safe.”

HSS Role in the Community

Survey questions 18 and 19 relate to clients’ understanding of HSS’ mission and its role in the community. The clients surveyed identified HSS as being a client-centered agency with the resources to help people with different types of problems by using different modalities to best meet their needs. They also cite HSS’ longevity in the community and that it is widely recognized.

The majority of elderly clients did not have a true sense of a settlement house’s overall mission but understood the direct services that HSS specifically provides to them. One client noted the strong sense of community years ago which she attributes to HSS staff living in the neighborhood and organizing different community events. She stated it was a “very different time” when there was cohesiveness and these things could be done. When

asked to describe what a settlement house does, the following anecdotes from clients express the significant role that HSS has in the community.

Henry Street Settlement works to keep people alive, literally. It keeps people active and makes sure people young and old are not abandoned by society. –Home Care /MoW Client

This client speaks to how HSS keeps people, especially the most vulnerable in the life span, engaged in life through its programs and services.

HSS helps people with their problems. It's a good that it exists.. Everyone has problems- you need help from people who are well organized and have resources. –Home Care/NORC Client

HSS is a time honored institution that provides many services. The people are very pleasant. We're all the better for HSS and such agencies. –Home Care/GCSC Client

The whole world knows HSS. It's been here forever. –Home Care/NORC Client

Simply put, Henry Street is helping me to survive. –Home Care/NORC Client who also attends a support group at HSS' Clinical Consultation Center (outpatient behavioral health).

Discussion

This present article examines the impact of changes in funding structure on service delivery to seniors at the Henry Street Settlement. It highlights the agency's ability to adapt to these funding changes by establishing an integrated social service delivery model in its health and wellness cluster. One of the most drastic changes since the writing of this article, was the closing of the Home Care program at HSS which has existed for 42 years, as it was no longer feasible to continue operating in the changing funding climate. Recent New York State legislation reduced Medicaid spending resulting in major changes to the home care industry. Services will now be provided following a business versus client centered service delivery model which includes the shift to private managed care providers. After much deliberation, HSS opted

HSS: Multi Social Service Delivery Model for Seniors

not to operate under this new model as it is not aligned with its mission nor is it viable financially. HSS ensured that its clients were safely transitioned to other home care providers and informed HSS staff from other senior programs in which clients participate so they could assist clients with their adjustment and attempt to work closely with these new agencies to coordinate services. The ability to adapt to structural changes is a fundamental necessity of any settlement in the current funding environment.

In testimony presented in January 2012, Carin Tinney, Policy Analyst of settlement umbrella organization, United Neighborhood Houses (UNH) stated the following, “New York City’s network of settlement houses and community centers makes it their mission to provide support to older adults, including those on the brink of isolation[.]” Tinney goes on to explain that dwindling funding for older adult services is compounding social isolation and other significant issues faced by older adults. Moving forward, models of collaborative service delivery will be essential in preserving a sense of community and maintaining a safety net for the most vulnerable clients. Current information about challenges faced by client populations must be part of the conversation that funding agencies and policy makers have about what is required of the service providers they fund. In order to ensure that agencies are able to carry out their work effectively, reporting requirements and highly specific criteria for clients served should be minimized.

The major limitation of this report is the small number of senior clients who participated in the survey. This examination could be improved by increasing the sample size of senior clients, incorporating staff perspective, expanding the scope to include other programs within Henry Street Settlement or even at other Settlement Houses. It also might be useful to

HSS: Multi Social Service Delivery Model for Seniors

include senior clients who reside outside the HSS neighborhood and contrast their perspectives with those of clients that reside near HSS.

Although the small survey demonstrates clients' overall satisfaction with the coordination and delivery of their services and clients state that HSS has a strong presence in the community; they do not seem to have an understanding of HSS' overall mission and the broad array of services it offers. Clients appear to identify HSS through the individual services they receive. The sense of community cohesion and organization that once was and HSS strongly influenced does not seem present today. This speaks strongly to the current funding structure and how HSS has needed to shift its focus in response.

Lillian Wald, the founder of HSS and other settlement movement leaders strove to create social movements which forced the issues of poverty and injustice into view. Settlement workers today must find a way to stay connected to this tradition, while also keeping pace with current funding trends. It is critical that multi-service agencies foster collaboration between programs and workers to make best use of limited resources. Supporting individuals through strong and leading-edge programs is important, but we must continue to identify innovative solutions to the psychosocial issues that bring people to our doors and stay strongly rooted in the communities we serve.

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Table One: Henry Street Settlement Client Questionnaire

Senior Programs Areas: _____

Client: _____

Date: _____

Interviewer: _____

1. How long have you attended the GCSC/NORC/MoW?
2. What activities do you participate in there?
3. How long have you been a HSS home care client?
4. What other services do you receive from HSS? (circle all that apply)
 - Home Delivered Meals
 - Senior Companion Program
 - Good Companions Senior Center (companion service for senior clients)
 - Naturally Occurring Retirement Community
 - Health Unlimited (primary care)
 - Community Consultation Center (mental health)
 - Neighborhood Resource Center (screening for/enrollment in entitlements)
 - Other: _____

5. How would you rate the coordination of your HSS services?

Excellent	Very Good	Good	Fair	Poor
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6. Which services do you find most beneficial?
7. Which services can be improved and how?
8. What services do you wish you received from HSS that you currently do not?
9. Do you know of the Abrons Art Center? YES NO
10. Have you attended any performances/classes there? YES NO
11. If yes, which ones?
12. Have/do any of your family members receive HSS services?
13. If so, what services?
14. Do you have any stories about yourself (preferably your experiences with HSS) that you would like to share?

15. Do you have a feeling of community living in this neighborhood? If yes, describe.
16. What was this neighborhood like when you first moved here?
17. What is this neighborhood like for you today? How has it changed? How has it remained the same?
18. During your time living in this community, can you name some things that HSS has done to influence it?
19. Can you describe in your own words what a settlement house, like HSS does?
20. Is it alright to contact you if we have any further questions?