A study of service delivery in a low-income area from the perspective of the residents.

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A STUDY OF SERVICE DELIVERY IN A LOW-INCOME AREA FROM THE PERSPECTIVE OF THE RESIDENTS

by

Garth Martin

A research project presented to the School of Social Work of the University of Windsor in partial fulfillment of the requirements for the degree of Master of Social Work

September, 1972

WINDSOR, ONTARIO, CANADA
Research Committee

Professor Forrest C. Hansen, Chairman
Dr. John Barnes, Member
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ABSTRACT

The purpose of the study was to examine service delivery in a low-income urban neighbourhood from the perspective of the potential consumers of the services. The two particular areas of focus were the identification of the services needed and a determination of whether residents preferred service delivery based on a neighbourhood information and referral model or a neighbourhood service centre model.

The population for the research was obtained from the geared-to-income housing project known as the Glengarry Court Housing Project. It consisted of all the residents of this area who were not senior citizens and was comprised primarily of single and two-parent families with children. A sample of this population was obtained by random methods.

Data were collected by means of a structured interview which was developed and administered by the researcher. There were four sets of questions in the interview schedule. The first related to the identification of services needed and the second to the rating of the urgency of services proposed based on the needs of low-income groups as defined in the literature. The third set of questions pertained to the identification of a preference for service delivery model while the fourth was concerned with the knowledge and use of services.

The findings indicated that residents were primarily concerned with services for children with a particular emphasis on recreation.

In the rating of proposed services, it was evident that services given highest priority were related to youth, employment and economic
well-being with an emphasis on concrete services as opposed to the
behavioural adjustment services of traditional social work.

There was no clear indication of preference for service delivery
model. Residents were equally divided in their preferences for neigh-
bourhood information and referral and multi-service centre approaches.

Residents did not appear well informed as to the nature of
existing services. Many were unable to identify any services which
could be utilized in a time of need.
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CHAPTER I

INTRODUCTION

Purpose of the Research

In recent years, social work has been expanding its focus in search of more effective methods of delivering services to low-income groups. No longer is it clear that it is the client who is "hard to reach." Social work is being challenged by the reality that traditional social services may not be relevant to the poor. Furthermore, traditional methods of making services available have not proven effective and alternatives are being sought.

The purpose of the research was to examine service delivery in a low-income urban neighbourhood from the perspective of the potential consumers of the services. The focus was on two particular aspects of service delivery. The first was related to the identification of the type of service required while the second concerned the manner in which service and consumer are connected.

In considering the dimension of the identification of required services, the question of who makes the decision arises. Is it the professional with his knowledge of human behaviour and

1Alfred Kahn poses the question "Is it the client who is hard to reach or the service?" in A. J. Kahn, "Perspectives on Access to Social Services", Social Work, Vol. 15, No. 2, 1970, p. 97.


1
social problems or is it the client with his richness of human experience? This question has been rarely posed, but seems, nevertheless, to have been frequently answered. Professionals have usually defined services as those which they presume to be needed. Seldom has the client system been involved in considering this dimension of the service delivery system. While it may not be reasonable to assume that the client system can comprehensively identify the services required, it does seem probable that such an assessment would be relevant input for a more accurate collective definition.

In determining how the consumer and service should be connected, the client system has had even less input. Social work has been experimenting with a variety of innovative service delivery models incorporating diverse techniques of service provision and in many cases the client system has been involved in the evaluative process. There is, however, little, if any, evidence of the client system contributing to the creative process of developing the service delivery models designed to serve it. New methods of linking the client and service are frequently tried without consulting the client system before the fact. Presumably, the assumption is that the consumer of a service does not know, nor has he any idea, of how the service should be provided. This

3The development of a service delivery system for a particular geographic area would be identified within social work as community organization. Murray Ross suggests in Community Organization, New York: Harner Row, 1967, pp. 61-72 that in community organization the community may be considered the "client". Consistent with this, "client system" is used to denote all potential consumers of a service delivery system.
assumption does not appear to be reasonable.

In this study, the focus was on a client system in a specific downtown neighbourhood in Windsor and residents were allowed to identify the services which they thought were most urgently required for the area. Furthermore, potential consumers of the services were provided the opportunity to articulate their opinions at the input level of the deliberation process. It was assumed that the client system did have a relevant input to make in considering the relative merits of traditional and neighbourhood based service delivery.

Background

The motivation for this study originated in the author's social work field work assignment. The experience was rather unique in that it involved the placement of a field unit in a neighbourhood with the intent of defining and developing services to meet the needs expressed by the residents of the area. It soon became apparent that while there were numerous "expert" opinions on the services needed in the area, there was little feedback on how the client system identified the required services.

The field work assignment demonstrated the difficulty of delivering social work services to low-income clients. The setting was a low-income, downtown neighbourhood in Windsor. While the neighbourhood was defined broadly as encompassing a geographic area of approximately one half square mile, the focus of service delivery was a low-income housing project operated under the auspice of the Windsor Housing Authority. The area was organized and represented by a citizens group known as the Downtown Community Citizens'
Organization (DCCO) although membership in this organization was highly concentrated in the housing project.

The task of the field unit was to work with the citizens group in developing services for the neighbourhood. There were a number of dimensions to this task. While it was assumed that residents would define the area needs and that the unit would avoid imposing preconceived notions on the client system, it soon became apparent that the process of identifying these services was highly complex. It involved the investment of a considerable amount of time and it proved impracticable to approach this dimension of the task systematically, within the fieldwork context. Hence, the idea of a research project was conceived.

The identification of services proved to be only the first obstacle. Once particular services were defined and programs developed there emerged the further difficulty of connecting the service with the client system. Initial efforts relying on publicizing programs through neighbourhood flyers and posters were ineffective. Apparently, informing the client system was not an effective means of linking service and consumer.4 There seemed some inhibition or reluctance on the part of residents to accept the service offered. The failure of the publicity orientation raised some questions about the prevailing model of service provision.

The area, like others in Windsor, was served by the network

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4It is quite possible that it was the program rather than the communication process which resulted in the lack of response. However, in subsequent efforts when publicity was combined with personal contact it seemed evident that it was not the program but the method of service linkage which was ineffective.
of specialized services organised on a community basis. In order to facilitate greater usage of these services the Action Centre of the DCCO had established a service the purpose of which was to act as a resource for persons who were unable to connect with appropriate services. This information and referral service was not widely used.

The apparent failure of the information and referral service coupled with the outcome of field unit service delivery efforts, suggested that alternative models ought to be considered. However, it was not clear whether the information and referral model was conceptually invalid or whether specific limitations impeded its function. As a result of this uncertainty it was decided to extend the scope of the research project to allow the client system input into the determination of whether service delivery should be based on neighbourhood information and referral or neighbourhood service.

Relevance of the Project

The identification of services needed and the client system preference for service provision methods were considered important prerequisites to improving service delivery to the neighbourhood.

It seemed possible that a survey of the residents to determine what

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6 The experience of the field unit was limited and inconclusive. It was also evident that the Action Centre was not widely known as an information and referral service. Its infrequent usage may reflect this factor more than any conceptual limitation.
services they thought were most urgently required would provide a basis for identifying gaps in the service delivery system. This contribution was viewed as an important beginning in the improvement of service delivery in the area and in the domain of interest of subsequent field units, community social agencies and the Social Planning Council of the United Community Services of Greater Windsor.

In the same way, opinions expressed by the potential consumers as to how services could be most effectively linked with the residents could have significant implications for service delivery. There has been a definite trend in the community toward the utilisation of area workers.\(^7\) It was considered that this study could be productive in identifying the services which might be more effectively delivered on a neighbourhood basis. Furthermore, many alternatives exist in considering neighbourhood based service delivery.\(^8\) This study was viewed as potentially useful in the consideration of these alternatives.

While it was obvious that results from this study could not be generalized to other areas, it did seem likely that there could be useful implications. In addition, the likelihood of any such

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\(^7\) Both the Essex County Children's Aid Society and the Roman Catholic Children's Aid Society for Essex County have assigned workers to particular geographic areas in Windsor.

studies having generalized applications is indeed small. It would seem more probable that generalizations will originate from the collective analysis of many individualized studies. In this sense, the study was viewed as a small contribution to the extension of social work knowledge.
CHAPTER II

REVIEW OF LITERATURE

Delivery of Social Services

The question of how to deliver social services has received considerable attention in the literature recently. The writing has taken the form of investigative reports, theoretical considerations and descriptive articles based on observation and experience. Little, however, in the way of empirical research exists.

One of the most comprehensive analyses of a social service system is the Seebohm Report of Great Britain. It describes the problem there succinctly.

The present structure of the personal social services and the division of responsibilities between them is based upon the definition of certain kinds of problems (mental illness, homelessness or physical handicap for instance); upon age groupings (the old or school children) and upon legal or administrative classifications (delinquency or deemed maladjustment). Such divisions do not reflect the fact that families comprise members falling into a variety of these categories or that individuals may face a combination of inter-related problems for which different services (or none) are responsible. Under these circumstances, the growing desire to treat both the individual and family as a whole and to see them in their wider social contexts creates accentuated difficulties of coordination both at policy and field levels.9

In addition to the focal point of services, the Seebohm

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Report also identifies a number of other short comings inherent in the present system. These shortcomings are defined as inadequacies in the amount of provision, inadequacies in the range of provision, inadequacies in the quality of provision and accessibility of the services.10

In short, services do not fully meet needs because they focus on categories rather than persons; because of waiting lists or insufficient comprehensiveness; because no service exists, or because it is poorly provided due to time, staff, training or facility limitations. Furthermore, people often don’t know the pattern of services, may be physically distant from the service or may find the organization imposing and thereby find the system inaccessible.

These issues are equally relevant to social service delivery in North America. Rein describes four persistent problems in the organization and distribution of American social services.11 He identifies these as "discontinuity" where waiting lists or excluding intake procedures interrupt the delivery of service, as "reduction of choice" where specialization leads to monopolization, as "functional dispersion" where a particular function is dispersed among several agencies resulting in duplication, and "incoherence" where specialized and differentiated services lack coordination. He suggests that the delivery systems created will be in response

10Ibid., p. 31.
to one or more of these problems. Comanor agrees citing "service splitting" and lack of coordination of services as the major deficits of the U.S. social service system. March provides an interesting diagramatic example depicting what he terms the "fragmentation" of social services characteristic of the present system. Morgan describes gaps in services as more problematic than duplication.

Canadian service delivery problems have been similar. A Calgary study identified fragmentation, effectiveness, extensiveness and the structure of social services as contentious issues in the current service delivery system. The issue of accessibility was also raised in considering the need for neighbourhood based service. The similarity of these issues raised and those "inadequacies" defined in the Seebom Report is striking.

An analysis of the recommendations of the Winnipeg Audit revealed the following considerations:

12 Ibid., p. 66.
17 Ibid., p. 11.
1. ...the necessity of people in need of help knowing where to go, being able to get there easily and getting the help they need soon enough to prevent, or at least minimize, further problems, or a repetition of this same problem.

2. ...whenever possible, one individual should assume and continue to take responsibility for the supervision of service provided for each individual or family who comes for help.

3. ...whenever possible, similar services should be consolidated into one centre or one management in order to give the most comprehensive and efficient service.  

Here, the focal point, accessibility, coordination and duplication are identified as the areas of concern in service delivery.

A study by the Social Planning Council of Metropolitan Toronto pointed to gaps in services, fragmentation of services, a shortage of professionally trained manpower, inadequate planning and consultation and inequalities as obstacles to effective service delivery.  

Service Delivery to Low-Income Groups

Much of the literature has focused on the delivery of social services to the poor as this aspect has frequently been identified as a particularly serious limitation of service delivery. The

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writing has been based largely on experimental reaching-out projects. Seldom has a distinct research component been incorporated in these efforts although, often the trial and error experiments have been reported in an evaluative fashion, after the fact.

Service delivery difficulties have been most prominent with low-income groups. Traditional methods have been particularly ineffective with this group which seems to reflect, in part, the differing perceptions of the lower class clients and the middle class professionals serving them.20

Social agencies have also been inaccessible to many disadvantaged.21 This has been true, literally, in many instances where services are remote from many potential consumers who are without the necessary means to connect with the services.22 Perhaps more significantly, however, these services have frequently been psychologically inaccessible. Low-income groups tend not

20 Grosser describes a study where middle-class professionals were considerably more pessimistic about slum life than were the residents; see, Charles F. Grosser, "Middle-Class Professionals and Lower-Class Clients: Views of Slum Life" in Community Action Against Poverty, Brager and Purcell (eds.), New Haven College and University Press, 1967. In Toronto the findings of the "Neighbourhood Service Unit" differed from expectations based on the "stereotype" of people "who live in depressed areas and deteriorated housing"; see, The Social Planning Council of Metropolitan Toronto, The Neighbourhood Service Unit, Toronto, The Social Planning Council of Metropolitan Toronto, 1967, p. 5. In Montreal, the majority of residents in an identified "problem area" did not want to leave the area — only 18.7% saw it as a poor area to live in; see, Urban Social Redevelopment Project, Montreal, Social and Mental Health Survey Montreal, June 1966, pp. 46-55.


to be involved with organizations and often lack facility in coping with the bureaucratic procedures inherent in such organizations.

March suggests that referral from agency to agency, subjection to repetitive intake interviews and eligibility standards leads to eventual distrust and alienation. Others are less charitable noting a purposive element in this process on the part of the agency.

In frequent instances, they (the poor) are subtly excluded by such convenient devices as "referral to a more appropriate resource" -- usually non-existent -- by being placed on a long inactive waiting list or by the agency's decision to close the case because the client was not "motivated".

This exclusion has been referred to as "private social welfare's disengagement from the poor." It is supported by studies citing that "proportionately more lower-occupational status


24 For a description of such procedures; see Elaine Cummings, Systems of Social Regulation, New York: Atherton Press, 1968, pp. 112-123.


families terminate in consultation or referral\(^{28}\) and that "the proportion of cases closing on a planned basis at the end of the first intake interview increases rapidly as social class declines."\(^{29}\) It is not surprising, then, that lower-class client perception of services is frequently negative.\(^{30}\)

A major obstacle to effective service delivery to low-income groups would appear to be inherent in the substance of traditional social services. These services have focused on behavioural adjustment as a means of intervention and this seems to be the extension of a middle-class orientation to a lower-class problem. Low-income groups do not define their needs in the socio-behavioural terms which characterize middle class services.\(^{31}\) There is an emphasis on action


\(^{30}\)Brager cites an unpublished study of 159 social agency clients in two Chicago depressed areas where 74% complained of being treated as inferior and 81% expressed unfavourable attitudes toward their caseworker; see, George A., Brager and Sherman Barr, "Perceptions and Reality: The Poor Man's View of Social Services" in Community Action Against Poverty, Brager and Purcell (eds.), New Haven College and University Press, 1967, p. 75.

\(^{31}\)Stewart categorized problems as "dependency" (economic well being) "health" and "adjustment" and found that 68% of poor families cited their problem as dependency or health whereas 77% of non-poor families cited problems categorized as adjustment; see, Caryl J. Stewart, Op. Cit., p. 93. Similarly in the Multi Use sub-study of the Toronto Needs and Resources Study, economic and health problems ranked as most prominent among the 107 cases of primarily large, low-income families; see, Social Planning Council of Metropolitan Toronto. A Study of the Needs and Resources for Community Supported Welfare, Health and Recreation Services in Metropolitan Toronto, pp. 237-63.
in the form of concrete services.32

The poor are less inclined to discuss feelings33 and are more apt to define their difficulties with reference to external conditions.34 There is a need for the social worker to consider "the harsh social reality which surrounds them and their basic desire to advance their economic position."35

...social work intervention must be directed toward situational change rather than psychological change because it seems that individual capacities, values and motivations are not the most important factors to be considered in designing relevant social services for the poor.36

There have been indications that knowledge of services has been a significant obstacle to the delivery of social services to the poor. A study of a low-income area in Montreal revealed that 51% of the residents were unable to name any agency or organization whose purpose was to help people.37 This finding, that low-income groups were unaware of the resources was corroborated by the


34Mayer and Timms found that working class clients tend to attribute their difficulties to external conditions and are not introspectively inclined; see, John Mayer and Noel Timms, The Client Speaks. New York: Atherton Press, 1970, p. 146.


36Ibid., p. 50.

extensive ENABLE PROJECT\textsuperscript{38} in the U.S.

Needs of Lower-Class Clients

The many "reaching-out" projects and assessments of lower-class needs which have been carried out in the past decade seem to substantiate the call for situational intervention.\textsuperscript{39} The ENABLE PROJECT identified the main category of concerns of low-income persons as "family concerns about community facilities or issues."\textsuperscript{40} This category was followed by "parental concerns about children" and "parental concerns about adequacy." Marital concerns and internal family concerns were rare. Most frequently raised issues were recreation, children and the neighbourhood environment, parental concern about child management and housing. Employment and health related concerns were also frequently mentioned.\textsuperscript{41}

In Vancouver, a Canadian Welfare Council study noted that a low level educational achievement was an "almost universal


\textsuperscript{39}Edwin F. Watson of the Toronto Family Service Association noted that during a 1½ year "self examination" period the agency shifted from a 90% concentration in family therapy to 60% with the increase being in the area of community organizations; see, H. Bush, J. H. Kahl, J., McDonald and E. P. Watson, "Relevant Agency Programs for the Large Urban Community", \textit{Social Casework}, Vol. 51, No. 4, 1970, pp. 199-208.

\textsuperscript{40}Family Service Association of America, \textit{Op. Cit.}, pp. 60-63.

\textsuperscript{41}Ibid., pp. 60-63.
feature of poor families. They were seen to value technical training for their children more than white collar or managerial training. They also expressed little interest in re-training courses. There were many complaints about the high cost of drugs and dental care and many ignored proper dental care for their children. Most persons interviewed wanted their own home and said they would prefer financial assistance toward that end to public housing.

The Multi-Use sub-study of the Toronto Needs and Resources Study ranked problem categories as economic, health, family and behaviour. Vocational retraining and vocational guidance were among the needs most frequently enumerated. Psychiatric help and housing were also frequently mentioned.

A focus on upward mobility through the provision of employment, housing and education services was the result of the Community Progress Inc. experience in New Haven. Services stressed included more adequate housing, manpower training, placement in preschool, adult education programs and medical, legal and financial assistance.

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43Ibid., p. 45.


46Ibid., pp. 47-48.
Another New Haven study examined who used a family service agency and found that almost all the working class clients (defined as lower-middle and lower socio-economic groups) came to the agency as a result of economic or employment difficulties.\textsuperscript{47}

A comprehensive study of an inner city area in Montreal noted the close relationship between ill health, poor education and unemployment.\textsuperscript{48} The mean education level was 7.2 years and 35% expressed an interest in more education.\textsuperscript{49} The physical environment was also viewed as problematic with housing the major concern, followed by a lack of facilities for youth.\textsuperscript{50} Mental health needs were great showing a direct relationship to income.\textsuperscript{51} Children were a major source of concern with a high incidence of obedience problems and learning difficulties.\textsuperscript{52}

A concern for youth was the basis of a reaching-out project by the Family Service Association of Nassau County.\textsuperscript{53} Services provided included a verbal interaction program for pre-nursery


\textsuperscript{49}Ibid., p. 42.

\textsuperscript{50}Ibid., pp. 46-55.

\textsuperscript{51}Ibid., pp. 67-81.

\textsuperscript{52}Ibid., pp. 82-85.

schoolers, a head start program, fun and learn clubs to reduce "drop out" rates and a "thinking skills" project. All were designed to cope with or prevent cultural deprivation.

There is significant consistency in these studies. Economic security, employment, education, health, the environment and children are invariably the major areas of concern. Usually some needs for adjustment services have been expressed or identified, but they are generally of secondary influence. The other non-psychological needs usually have taken preference. It seems that concrete, more basic needs must first be met before low-income groups can profit significantly from adjustment services.

Changing Patterns of Service Delivery

In considering the need for change, the Seebohm Report identified three areas of focus. Services should meet needs on the basis of the complete requirements of the consumer; services must meet unmet needs; and services must be more accessible and comprehensible to those who need to use them. With reference to low-income groups, this suggests that the focal point of service must be the person and that the service content should reflect the varied needs of this person and be responsive to them. The services must also be accessible and this aspect of delivering services has received considerable attention.

Neighbourhood based service delivery has been advocated for

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Winnipeg,55 Calgary56 and Edmonton.57 The models advocated in each of these areas differed but, nevertheless, the identification of the neighbourhood level as the focus of service is clear. The response to the need to make services more "accessible and comprehensible" has been an overwhelming urge to focus on the neighbourhood.

In the case of low-income group service delivery, this response has been even more emphatic stressing the importance of reaching-out as a means of establishing contact.

...it is virtually the unanimous decision of ENABLE personnel that personal contact with a considerable investment of time and individualized attention proved to be the only way to start reaching and involving low-income families.58

This was also supported in the Montreal study where it was noted that needs existed but that reaching-out techniques would undoubtedly be necessary.59

The Toronto Multi Use sub-study emphasized that this predominantly low-income group required more effective service delivery methods.

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56 Canadian Welfare Council, Neighbourhood Information Service, p. 27.
57A pilot project was advocated for Edmonton; see, Leisure Consultants The Design of a Pilot Project for the Development of Human Resources in the City of Edmonton, Volume 1, unpublished report for the City of Edmonton, September 1970, pp. 19-31.
While it is difficult to draw any firm proposal for changes in the structure of the services, the study points to the value of experiment in the development of health and welfare centres on a neighbourhood basis.\textsuperscript{60}

This conclusion is supported by other experimental projects.\textsuperscript{61}

Considering this emphasis, it is important to examine models of neighbourhood based service centres.

**Models of Neighbourhood Service Delivery**

The models of neighbourhood service delivery which are differentiated depend to a large extent on the point of focus. Models can be defined with respect to the strategies employed in the delivery of service, the organization utilized for service delivery and in terms of the services offered. There are no doubt others, but these will be used for the purpose of this delineation.

1. **Differentiation of Models by Strategy**

The differentiation of models according to strategy relates closely to Rothman's consideration of three models of community organization practice: "locality development", "social planning" and "social action".\textsuperscript{62} The respective strategies for change in

\textsuperscript{60}Social Planning Council of Metropolitan Toronto, *A Study of the Needs and Resources...*, p. 259.


these models are based on consensus, fact gathering and organization⁶³ with the characteristic tactics employed described as consensus, consensus-conflict and conflict-contest.⁶⁴ The client system is viewed accordingly as citizens, consumers, and victims.

The "locality development" strategy is a self-help strategy involving a broad cross section of people in the community who are assisted in solving their own problems. The "social planning" strategy is based on fact gathering and rational decision-making. The objective is problem solving. The "social action" strategy focuses on institutional change and power relationships. It involves the organization of people to action around particular issues.

This focus is useful because it highlights the complex inter-relationship of neighbourhood services and social action. There can be a conflict between power and services⁶⁵ in that:

Social service and social action programs often aim at different goals: the first at having 'the profession' decide what the poor person needs and administering the right measure; the second at giving the poor enough power and leverage to decide and to act to get what they want.⁶⁶

⁶³Tbid., p. 24.
2. Differentiation of Models by Administration

Models can also be differentiated with reference to their level of administrative integration.67 These levels are termed "integration", "co-ordination" and "co-operation." The first refers to "joint delivery of a variety of services which technically may be the responsibility of two or more departments or agencies"68 having a single administration defined by the geographic area served. The second involves a coordination within a particular area of individuals otherwise responsible to their respective agencies or departments. The final type is the most tenuous. It represents, essentially, commitments by agencies and departments to provide particular services in an area. Policy procedures and administration remain entirely the responsibility of the respective agencies.

3. Differentiation of Models by Service

Models can also be identified with reference to the type and scope of service offered. Kahn differentiates between two general types, the neighbourhood information centre and the multi-service centres.69

a) The Neighbourhood Information Centre

The neighbourhood information centre is described as a centre which gives no service:

\[\text{68 Ibid., p. 20.}\]
\[\text{69 The Kahn Institute, Organizing Services in a Complex Urban Community, Toronto, Social Planning Council of Metropolitan Toronto, 1967, pp. 21-26.}\]
...no case service at all, but rather was set up for information, advice, steering, referral, escort service and to provide application blanks and help people fill them out (for whatever social utility and income benefits, just needed application blanks). It would be a place you could go to find out about family vacation, retirement benefits, housing rights.70

March in his differentiation of models based on the level of comprehensiveness of service,71 refers to this least comprehensive of models as the "advice and referral model."72 This model is similar to Kahn's neighbourhood information and referral model using the British Citizen's Advice Bureau as basis.

b) Multi-Service Centres

The multi-service centre is described as combining varying amounts of service with the information and referral function. Kahn describes three types. The first, termed "outpost"73 represents basically a branch office of a number of different services housed in one area, but not administratively coordinated.

In effect, this type of multi-service centre is a neighbourhood information centre augmented by several specialists or liaison people with particularly good access to some kinds of services.

The second type is termed "community organization" and represents those centres with a social action focus. Kahn suggests

70Ibid., p. 22.


72Ibid., p. 105.

that such centres usually begin emphasizing service, but gradually become specialized centres such as welfare or housing.\textsuperscript{74}

The third type of service centre is labelled "family development center".\textsuperscript{75} Such centres tend to combine various services and focus on the multi-problem family.

March identifies three models which could be classified as multi-service centres. The first and least comprehensive is the "diagnostic center".\textsuperscript{76} In this model, the advice and referral function would be augmented by a professional inter-disciplinary counseling staff which would perform intake diagnoses and develop comprehensive service plans utilizing a variety of community resources.\textsuperscript{77} The second model is a multi-purpose neighbourhood service centre providing a comprehensive range of services in a common location. This approach could utilize either a cooperative agency organization or a single administration.\textsuperscript{78} The final model extends this multi-service model to a community network.\textsuperscript{79}

The one-step centre could stand at the hub. Outlying areas could be served by one or more diagnostic centers. Advice and referral stations could be established in between.\textsuperscript{80}

\textsuperscript{74}Ibid., p. 24.
\textsuperscript{75}Ibid., p. 24.
\textsuperscript{76}March, Op. Cit., p. 106.
\textsuperscript{77}Ibid., p. 106.
\textsuperscript{78}Ibid., p. 108.
\textsuperscript{79}Ibid., p. 109.
\textsuperscript{80}Ibid., p. 109.
It is quite apparent that the advocacy of neighbourhood based service delivery by no means defines a precise system of service delivery. There are variables of strategy, administration and scope of service to consider. These can be combined to define a variety of models the relative merits of which must be evaluated to determine their utility in overcoming the current difficulties in providing social services for low-income groups.

**Experiences in Neighbourhood Centres**

There have been many assessments of neighbourhood service delivery programs, but their overall effectiveness remains largely an unknown. There have been successes and failures, but conclusive correlation of results and methods are conspicuous by their absence.

Part of the difficulty lies in definition. Rarely is a model employed in its "pure" form. There are invariably practicable distortions and community action programs are combined with service delivery programs with numerous variations of emphasis.

The neighbourhood information and referral model advocated by Kahn has not been adequately tested, although there is some evidence to support its use. The Citizen's Advice Bureaus have been effective in Britain but, as apparent from the Seaborn Report, these have not in themselves ensured effective service delivery. Accessibility was still identified as a significant problem.

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82Kahn, Neighborhood Information Centers, pp. 17-36.
A neighbourhood house in Kansas combining an information and referral service with some counseling and education services noted that clients responded well to the support given by the information and referral service.

They (clients) felt for the first time that they were initiating the contact with service organizations, and therefore felt less embarrassed about asking for help. They were able to approach relatively impersonal agencies with the personal support of the neighborhood house staff. Consequently, the agencies began to be seen as less fearsome and formidable.83

The results of the ENABLE PROJECT were similar. They found that low-income parents were initially unaware of resources, but when they were given appropriate assistance to connect with services they were "motivated to make effective use of them in at least as high proportion as do individuals with more income and higher social status."84

A two year demonstration project in Burlington had mixed success. They noted a tendency of low-income individuals to use the service in a disproportionately high frequency,85 but cited the fact that 37% of referrals failed to establish initial contact.86


86 Ibid., p. 9.
They also noted that agencies accepted referrals reluctantly preferring the applicant to prove his "motivation" by asking for the service.87

There have been more individual experiences with the multi-service type centers, but there is, nevertheless, little in the way of conclusive evidence. The Neighbourhood Service Unit in Toronto found that the improved accessibility was valuable as many clients expressed satisfaction with the proximity of the resources they used.88 In Vancouver, the Riley Park Project provided services which were previously unavailable and extensively involved citizens in the provision of these services.89

O'Donnell and Sullivan provide a comprehensive analysis of American experience with neighbourhood centres. They analyse the neighbourhood centre impact on service delivery from the perspectives of immediacy, accessibility, acceptability, comprehensiveness, integration, responsiveness and effectiveness of services. Their results suggest that the multi-service centre has improved the delivery of services but they are cautious noting that:

until data are available on the ways in which centers help solve the problems people have or strengthen their capacity for dealing with them and until we learn whether and how centers improve the quality of neighbourhood life and influence community agencies and institutions.

87Tbid., p. 3.

88Social Planning Council of Metropolitan Toronto, The Neighbourhood Service Unit, p. 11.

there is really little to say. 90

The issue, then, is unresolved - if neighbourhood based service delivery, what type? Research is incomplete and virtually completely devoid of any consideration of what the client system wants.

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CHAPTER III

METHODOLOGY

As outlined in Chapter I, the original motivation for this research arose out of the author's social work field work assignment. As part of a neighbourhood field unit, the intent was to plan and develop services in response to needs expressed by the area residents. The question of the nature of these needs arose early and was thereafter complicated by questions of service delivery method. These questions became the basis of this qualitative descriptive research designed to elicit from the residents, of the area of service focus, opinions on the needs of the neighbourhood and methods of delivering these services.

The review of the literature on service delivery to a low-income client system suggested that needs were most frequently expressed in concrete terms. Services frequently identified as highest in priority for such individuals were economic, health, environment and children oriented. This identification of priority provided a framework which became the basis of need assessment.

The literature was also quite explicit in identifying a

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71The classification of this research as "qualitative descriptive" is consistent with the research classification system defined by Fellin, Tripodi and Meyer. Within the qualitative-descriptive category, this research would be sub-typed as a "population description study"; see, Phillip Fellin, Tony Tripodi and Henry Meyer, Examples of Social Research, Itasca Illinois: F. E. Peacock Publishers Inc., 1969, pp. 3-5 and p. 141.

30.
neighbourhood focus for service delivery. The contentious issue was the determination of the most appropriate model of neighbourhood service centre. This issue was consistent with the concerns of the field unit with respect to service delivery and so a consideration of resident preference of neighbourhood centre model was incorporated in the design.

**Purpose of Research**

In accordance with the purpose defined in Chapter I, there were two specific research questions under investigation. These were:

1. What are the needs of the area as defined by the residents?

2. Should the delivery of social services in this area be based on a neighbourhood information and referral model or a neighbourhood multi-service centre model?

In each case it was the intent of the research that these two questions be investigated solely with reference to the opinions of the client system. Professional or "expert" opinions were not considered within the scope of this study.

**Definitions**

There are a number of terms contained in the questions under investigation which require clarification. These are as follows:

- **need** ...shall denote the need for a service. It shall reflect the desirability that a particular social service be provided.

- **area** ...refers to the large block in the city of Windsor bounded by University Avenue on the
north, Glengarry Avenue on the east, Wyandotte Street on the south ar:
McDougall Avenue on the west, which encompasses the geared-to-income housing project known as Glengarry Court.

residents ...refers to those persons living in the housing project who are not senior citizens.

service ...shall be defined as the implementation of a program or system of programs the purpose of which is to enhance the social functioning of the residents or otherwise contribute to their health and welfare.

service delivery ...shall be considered a system incorporating the identification, planning and provision of social services.

neighbourhood information referral model ...defines a particular model of neighbourhood-based service delivery. It "would have a very small staff - possibly one or two persons. They would inform people about the available services, but the service agencies would remain in their present scattered and/or downtown locations ... the staff could answer questions, hand out forms and could even make appointments for clients."92

neighbourhood multi-service centre model ...is a model of neighbourhood based service delivery incorporating the same features as a neighbourhood information and referral model but augmented by the provision of specific services the minimum of which would be counseling services of intake, outreach, diagnosis and follow-up.93

In order to test preferences for the two models in question, it was necessary to identify differences in the way in which services would be provided for the two models. These differences were then

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93 Ibid., p. 106.
utilized to assess preferences for particular aspects of service
delivery. The differences were identified as follows:

1. The provision of counseling services in the
   home would be more likely with the multi-
   service centre model.

2. Counselors would be more likely to be known
   or recognized by the client system if part
   of a multi-service centre model, as they
   would be located in the area.

3. The use of reaching-out techniques would be
   more probable with a multi-service centre.

4. The likelihood of neighbours being aware that
   an individual was receiving counseling would be
   considerably greater with the multi-service centre.

5. Participation in groups would more likely be
   with strangers with the neighbourhood informa-
   tion and referral model.

6. A family with several problems would usually
   see one counselor in a neighbourhood multi-
   service centre model, but could see several
   in a specialized service system.

7. Services would be located in the neighbour-
   hood with a multi-service centre approach,
   but would not likely be so located with an
   information and referral model.

8. Immediacy of service delivery would be more
   likely with the multi-service centre.

Population and Sample

Consistent with the overall purpose of the study, to improve

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94 It should be emphasized that the differences identified
are not inherent in the particular models. Rather, they reflect
differences in probabilities. For example, there is no particular
reason why a downtown agency could not use reaching-out techniques
more than a neighbourhood service centre but the reverse is more
probable. See, O'Donnell and Sullivan, Op. Cit., pp. 1-12, Neugeboran,
Council of Metropolitan Toronto, The Neighbourhood Service Unit,
service delivery in the Glengarry Court Housing Project, the population under investigation was the residents of this area.

The Housing Project is operated under the auspices of Windsor Housing Authority and Ontario Housing Corporation. The project consists of 57 row houses which are all family dwellings. There are two high rise units, 445 Glengarry Avenue and 395 University Avenue. These contain 132 and 80 units respectively and are primarily family units, although there are some senior citizens in each building. In addition, there is another high rise apartment building, 333 Glengarry containing 136 units and a hostel with 80 units both of which are solely for senior citizens.

Since senior citizens were not included in this study the population was confined to the row housing, 445 Glengarry Avenue and 395 University Avenue. The two apartment buildings did, however, contain some units occupied by senior citizens and the Windsor Housing Authority assisted by identifying the appropriate unit numbers so they could be excluded from the population. The final definition of the population consisted of the 57 row houses, 57 units in 395 University Avenue and 100 units in 445 Glengarry Avenue for a total of 214 units.

The population consisted primarily of single and two parent families with children. The row houses are the largest units and tended to be occupied by families with three or more children. The apartment units are smaller and were generally occupied by families

95Considering the large number of senior citizens residing in the project they are a very important factor in service delivery to this area. Nevertheless, it was beyond the scope of the study to include both senior citizens and families.
with one or two children.

A random sample was selected by assigning a number from one to 214 for each of the units in the population. Thereafter, 54 units were selected from a table of random numbers. It had been anticipated that some residents would not wish to participate and that others would not be found at home.

Method of Data Collection

Data was collected by means of a structured interview (see Appendix 1). This method was utilized because it provided the most appropriate means of eliciting opinions on precise questions. The use of a questionnaire was rejected because of anticipated poor response.

Prior to data collection a letter was prepared (see Appendix 2) and delivered to all members of the sample. This advised of the nature of the study and prepared the recipients for the subsequent request for an interview.

The number of interviews completed was 33 with Table 1 describing what happened to the remainder of the sample.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to interview</td>
<td>33</td>
</tr>
<tr>
<td>Refused interview</td>
<td>11</td>
</tr>
<tr>
<td>Not applicable (resident was senior citizen)</td>
<td>3</td>
</tr>
<tr>
<td>Not home (after three attempts)</td>
<td>7</td>
</tr>
</tbody>
</table>

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The reasons given for the eleven refusals were varied. One woman was in the process of moving, another was involved in wedding plans. Two subjects insisted someone else be interviewed, two "didn't feel like it" and the remainder were "not interested."

Interviewing was done in the morning, afternoon, evening and weekends to maximize the opportunity of finding the subject at home and of interviewing husbands. At least three calls were made at all units where no one was home with at least one call during both the day and evening in each of these cases.

Data was collected from only adult members of households. Only one person a unit was interviewed. Where two residing adults were present at the time of interview, the interview was conducted with the individual answering the door. If a child answered the door the interviewer asked to see the mother or father. All interviews were conducted by the author.

In the interview schedule, there were four sets of questions. Subjects were first asked open-ended questions about the services needed in the area. The purpose of these questions was to elicit spontaneous opinions on area needs. These questions were asked first to avoid the biasing influence of the services identified in the subsequent set of questions. Thereafter, particular services were identified with the subject requested to rate the urgency of the need for that service in the area. The particular services identified were based on the definitions of lower-class needs in the literature.97

Next, subjects were presented a series of hypothetical questions

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97See Chapter 2, Needs of Lower-Class Clients, p. 15.
designed to determine preferences for an information and referral model or multi-service centre model of neighbourhood service delivery.

These questions were based on the differences of the two models identified above. Finally, subjects were asked questions relating to their use and knowledge of existing social services.

It was not practicable to establish the reliability or validity of the instrument and this remains a significant limitation of the study.
CHAPTER IV

RESEARCH FINDINGS

As it was stated in the previous chapter, there were four sub-divisions of the data collected. There were responses to the open-ended questions about services needed in the area; ratings of urgency of specifically defined services; responses to hypothetical questions pertaining to service delivery and the two particular neighbourhood models in question; and responses to general questions related to the use and knowledge of social services. In addition, there were data describing the sample.

Characteristics of the Sample

There were 33 subjects interviewed, consisting of nine males and 24 females. Only two subjects did not have children and of the 29 who did, 16 had pre-school-aged children and 21 had school-aged children. Fifteen subjects were 31 years or over while 18 were 30 years or under. With reference to marital status, one subject was single, 20 were married, three were separated, six were divorced and three were widowed.

Eleven of the subjects had been living in the project less than one year while 22 had been there one year or more. Sixteen subjects indicated that they were members of the Downtown Community Citizens Organization, but only four considered themselves “active”.

Social assistance had been received within the previous six months by 11 of the 33 subjects. Twelve subjects had previously
utilized social services and, all but two, were satisfied with the outcome.

The data is reported within its four sub-divisions as follows.

Identification of Area Needs

The responses to the questions soliciting opinions on area needs are tabulated in Table 2. Only those responses occurring two or more times are included.

The two most frequently identified services reflect parental concern about children. The request for supervision of the park area was shared by 27% of the respondents. Although a rationale was not solicited, from the comments volunteered by the respondents it appeared that the main concerns in advocating such a service were the lack of safety for the younger children, theft of articles from younger children and the lack of organized activities. An independent request for the supervision of bicycling throughout the project was also made in addition to the nine requests for play supervision.

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency of Identification</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supervision in the project park</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>2. Youth recreation activities</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>3. On site medical clinic or nurse service</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>4. Personal and general counseling</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>5. Recreation building</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>6. Swimming pool in the park</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>7. Employment service</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>8. Youth counseling</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>9. Adult bingo</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>10. More swings in the park</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>11. Budgeting assistance</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>12. Preschool education program</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>13. Improved garbage disposal for Wyandotte row houses</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
The identification of a need for youth recreation activities most frequently related to teens. Of the eight persons identifying the need for youth recreation, seven specifically mentioned teens. The area was often perceived as offering nothing for the teens, who were then forced to "hang around" the housing project. One respondent suggested a drop-in centre.

The requests for on-site medical facilities were made in three forms. One advocated a medical clinic for children with "no appointments"; another linked this need with the park supervision suggesting that park supervisors be trained in first aid. Four, however, specifically mentioned the need for a nurse. The rationale for such a service appeared to be related to the number of children and play accidents, although one indicated that such a service would be most appropriate for the seniors in the area.

The need for counseling was expressed eight times if personal and general counseling was combined with the requests for youth counseling, which would put "counseling" along with "youth recreation activities" as second most frequently identified services. Of the eight persons identifying a need for counseling, only three were specific. One mentioned counseling for families with children as a specific need while two others specified youth counseling. The remaining five suggested a general counseling service.

In general, the focus was on children and their recreation. Children were also a factor in the expressed need for a medical service. Counseling was the only service mentioned more than three times which was without a particular focus on children, and even then, the only three times a particular type of counseling was
cited it was related to "youth" or "children".

Urgency Rating of Proposed Services

Subjects were asked to rate the urgency of 29 services specified for them. They were asked to indicate whether a service was very urgently needed, urgently needed, needed or not needed. A numerical scoring system was applied to these results to obtain the total urgency of the services. A numerical value of three was applied to all "very urgently needed" ratings; "urgently needed" was assigned a value of two; "needed" was scored at one with "not needed" given a value of -1.

The degree of urgency score was calculated for each service. This score was defined as the mean of the numerical equivalents of the ratings given the services by the 33 subjects. Services were then ranked by the degree of urgency score as shown in Table 3. The possible range of the degree of urgency was, by definition, -1 to 3 reflecting a continuum of need ranging from not needed to very urgently needed. The degree of urgency for any service, then, indicated where on this continuum, the residents placed the service.

As noted in Table 3 the service identified as most urgently needed was the dental clinic, which had a degree of urgency score almost equivalent to an average rating of "urgently needed". Most of the residents felt this service was needed with only 3% suggesting it was not needed.

98 The percent needed figure for each service was defined as the percentage of persons rating the service as "very urgently needed", "urgently needed" or "needed".
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Rank</th>
<th>Degree of Urgency</th>
<th>% Needed</th>
<th>% Not Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low cost dental clinic</td>
<td>1</td>
<td>1.88</td>
<td>94</td>
<td>3</td>
</tr>
<tr>
<td>Homemaker service</td>
<td>2</td>
<td>1.52</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Day care centre in neighbourhood</td>
<td>3</td>
<td>1.49</td>
<td>91</td>
<td>6</td>
</tr>
<tr>
<td>Counseling (alcoholism &amp; drug abuse)</td>
<td>4</td>
<td>1.37</td>
<td>85</td>
<td>12</td>
</tr>
<tr>
<td>Drop-in centre for youth</td>
<td>5</td>
<td>1.34</td>
<td>85</td>
<td>6</td>
</tr>
<tr>
<td>Youth counseling (high school drop outs and potentials)</td>
<td>6</td>
<td>1.27</td>
<td>79</td>
<td>12</td>
</tr>
<tr>
<td>Free legal aid</td>
<td>7</td>
<td>1.21</td>
<td>82</td>
<td>15</td>
</tr>
<tr>
<td>Preschool education (slow learners)</td>
<td>8</td>
<td>1.18</td>
<td>88</td>
<td>9</td>
</tr>
<tr>
<td>Low cost baby sitting</td>
<td>9</td>
<td>1.15</td>
<td>85</td>
<td>9</td>
</tr>
<tr>
<td>Counseling (personal)</td>
<td>10</td>
<td>1.12</td>
<td>85</td>
<td>12</td>
</tr>
<tr>
<td>Counseling (families with child problems)</td>
<td>10</td>
<td>1.12</td>
<td>82</td>
<td>15</td>
</tr>
<tr>
<td>Job retraining</td>
<td>10</td>
<td>1.12</td>
<td>79</td>
<td>15</td>
</tr>
<tr>
<td>Manpower and employment</td>
<td>10</td>
<td>1.12</td>
<td>73</td>
<td>24</td>
</tr>
<tr>
<td>Welfare rights education</td>
<td>14</td>
<td>1.09</td>
<td>88</td>
<td>9</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>15</td>
<td>0.94</td>
<td>73</td>
<td>24</td>
</tr>
<tr>
<td>Adult education</td>
<td>16</td>
<td>0.91</td>
<td>76</td>
<td>18</td>
</tr>
<tr>
<td>Tutoring for high school public school students</td>
<td>17</td>
<td>0.88</td>
<td>70</td>
<td>9</td>
</tr>
<tr>
<td>Budgeting and use of credit</td>
<td>18</td>
<td>0.85</td>
<td>70</td>
<td>21</td>
</tr>
<tr>
<td>Family planning centre</td>
<td>19</td>
<td>0.79</td>
<td>70</td>
<td>27</td>
</tr>
<tr>
<td>Evening social and recreation program for adults</td>
<td>20</td>
<td>0.76</td>
<td>73</td>
<td>18</td>
</tr>
<tr>
<td>Mother's day out</td>
<td>21</td>
<td>0.73</td>
<td>76</td>
<td>21</td>
</tr>
<tr>
<td>Home economics education</td>
<td>22</td>
<td>0.64</td>
<td>70</td>
<td>21</td>
</tr>
<tr>
<td>Out-patient medical clinic</td>
<td>22</td>
<td>0.64</td>
<td>70</td>
<td>27</td>
</tr>
<tr>
<td>Preschool education</td>
<td>22</td>
<td>0.64</td>
<td>67</td>
<td>27</td>
</tr>
<tr>
<td>Child rearing program</td>
<td>22</td>
<td>0.64</td>
<td>67</td>
<td>27</td>
</tr>
<tr>
<td>Counseling (marriage)</td>
<td>22</td>
<td>0.64</td>
<td>61</td>
<td>18</td>
</tr>
<tr>
<td>Mental health clinic for psychiatric services</td>
<td>22</td>
<td>0.64</td>
<td>61</td>
<td>24</td>
</tr>
<tr>
<td>Family life education</td>
<td>28</td>
<td>0.58</td>
<td>70</td>
<td>28</td>
</tr>
<tr>
<td>Preschool education advanced children</td>
<td>29</td>
<td>0.39</td>
<td>54</td>
<td>36</td>
</tr>
</tbody>
</table>

*Statistical ranking has been observed in statistical analyses.
In general, concrete services and youth services were most urgently needed. Of the nine highest ranked services, four (dental clinic, day care, free legal aid and low cost baby sitting) had a distinct economic component to them. Three were youth oriented (drop-in centre, youth counseling of high school drop outs, preschool education for slow learners) and it is probable that a fourth could be added (counseling for alcoholism and drug abuse) as many comments indicated that the urgency given this service reflected youth and drug abuse.

The findings substantiate those of other low-income group studies\(^9\) that the need for adjustment services designed to enhance social functioning rank considerably below those concrete services related to economic dependency, youth and employment. The comparatively low rating of such programs as home economics education, family life education, child rearing and mother's day out support this finding.

a) Consideration of Variables in Urgency Rating

The ranking of services by degree of urgency scores was compared for a number of variables. These were sex, receipt of social assistance, age and time of residence in the project. The purpose of the comparisons was to determine whether any of these factors influenced the ranking of services needed. These rankings are illustrated in Tables 4, 5, 6, and 7. For each of these variables a rank coefficient of correlation was calculated\(^10\) as a means of

---

\(^9\)See Chapter II, page 15.

### Table 4
A Comparison of How Services Were Ranked by Males and Females

<table>
<thead>
<tr>
<th>Services</th>
<th>Females N=24</th>
<th></th>
<th>Males N=99</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>Degree of Urgency</td>
<td>Rank</td>
<td>Degree of Urgency</td>
</tr>
<tr>
<td>Low cost dental clinic</td>
<td>1</td>
<td>1.83</td>
<td>1</td>
<td>1.89</td>
</tr>
<tr>
<td>Homemaker service</td>
<td>3</td>
<td>1.42</td>
<td>2</td>
<td>1.78</td>
</tr>
<tr>
<td>Day care centre in the neighbourhood</td>
<td>3</td>
<td>1.42</td>
<td>3</td>
<td>1.67</td>
</tr>
<tr>
<td>Counseling (alcoholism and drug abuse)</td>
<td>3</td>
<td>1.42</td>
<td>7</td>
<td>1.22</td>
</tr>
<tr>
<td>Drop-in centre for youth</td>
<td>2</td>
<td>1.54</td>
<td>19</td>
<td>0.78</td>
</tr>
<tr>
<td>Youth counseling (high school drop outs and potentials)</td>
<td>6</td>
<td>1.37</td>
<td>13</td>
<td>1.00</td>
</tr>
<tr>
<td>Free legal aid</td>
<td>9</td>
<td>1.21</td>
<td>7</td>
<td>1.22</td>
</tr>
<tr>
<td>Preschool education (slow learners)</td>
<td>12</td>
<td>1.08</td>
<td>5</td>
<td>1.44</td>
</tr>
<tr>
<td>Low cost baby sitting</td>
<td>7</td>
<td>1.29</td>
<td>19</td>
<td>0.78</td>
</tr>
<tr>
<td>Counseling (personal)</td>
<td>12</td>
<td>1.08</td>
<td>7</td>
<td>1.22</td>
</tr>
<tr>
<td>Counseling (families with child problems)</td>
<td>8</td>
<td>1.25</td>
<td>19</td>
<td>0.78</td>
</tr>
<tr>
<td>Job retraining</td>
<td>10</td>
<td>1.12</td>
<td>11</td>
<td>1.11</td>
</tr>
<tr>
<td>Manpower and employment</td>
<td>16</td>
<td>0.96</td>
<td>4</td>
<td>1.56</td>
</tr>
<tr>
<td>Welfare rights education</td>
<td>10</td>
<td>1.12</td>
<td>13</td>
<td>1.00</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>18</td>
<td>0.75</td>
<td>5</td>
<td>1.44</td>
</tr>
<tr>
<td>Adult education</td>
<td>14</td>
<td>1.04</td>
<td>25</td>
<td>0.56</td>
</tr>
<tr>
<td>Tutoring for high school and public school students</td>
<td>14</td>
<td>1.04</td>
<td>27</td>
<td>0.36</td>
</tr>
<tr>
<td>Budgeting and use of credit</td>
<td>18</td>
<td>0.75</td>
<td>11</td>
<td>1.11</td>
</tr>
<tr>
<td>Family planning centre</td>
<td>18</td>
<td>0.75</td>
<td>15</td>
<td>0.89</td>
</tr>
<tr>
<td>Evening social and recreation for adults</td>
<td>22</td>
<td>0.71</td>
<td>15</td>
<td>0.89</td>
</tr>
<tr>
<td>Mother's day out</td>
<td>23</td>
<td>0.67</td>
<td>15</td>
<td>0.89</td>
</tr>
<tr>
<td>Home economics education</td>
<td>24</td>
<td>0.63</td>
<td>24</td>
<td>0.67</td>
</tr>
<tr>
<td>Out-patient medical clinic</td>
<td>28</td>
<td>0.42</td>
<td>7</td>
<td>1.22</td>
</tr>
<tr>
<td>Preschool education</td>
<td>27</td>
<td>0.54</td>
<td>15</td>
<td>0.89</td>
</tr>
<tr>
<td>Child rearing program</td>
<td>18</td>
<td>0.75</td>
<td>28</td>
<td>0.33</td>
</tr>
<tr>
<td>Counseling (marriage)</td>
<td>25</td>
<td>0.58</td>
<td>19</td>
<td>0.78</td>
</tr>
<tr>
<td>Mental health clinic for psychiatric services</td>
<td>17</td>
<td>0.79</td>
<td>29</td>
<td>0.22</td>
</tr>
<tr>
<td>Family life education</td>
<td>25</td>
<td>0.58</td>
<td>25</td>
<td>0.56</td>
</tr>
<tr>
<td>Preschool education for advanced children</td>
<td>29</td>
<td>0.25</td>
<td>19</td>
<td>0.78</td>
</tr>
</tbody>
</table>

*Statistical ranking has been observed in statistical analyses.*
TABLE 5
A COMPARISON OF HOW SERVICES WERE RANKED BY RECIPIENTS OF SOCIAL ASSISTANCE WITH THE RANKINGS OF NON-RECIPIENTS OF SOCIAL ASSISTANCE*

<table>
<thead>
<tr>
<th>Services</th>
<th>Recipients of Social Assistance N=11</th>
<th>Non-Recipients of Social Assistance N=22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>Degree of Urgency</td>
</tr>
<tr>
<td>Low cost dental clinic</td>
<td>1</td>
<td>2.18</td>
</tr>
<tr>
<td>Homemaker service</td>
<td>2</td>
<td>1.91</td>
</tr>
<tr>
<td>Day care centre in the neighbourhood</td>
<td>5</td>
<td>1.64</td>
</tr>
<tr>
<td>Counseling (alcoholism and drug abuse)</td>
<td>3</td>
<td>1.82</td>
</tr>
<tr>
<td>Drop-in centre for youth</td>
<td>9</td>
<td>1.36</td>
</tr>
<tr>
<td>Youth counseling (high school drop outs and potentials)</td>
<td>6</td>
<td>1.54</td>
</tr>
<tr>
<td>Free legal aid</td>
<td>13</td>
<td>1.09</td>
</tr>
<tr>
<td>Preschool education (slow learners)</td>
<td>4</td>
<td>1.73</td>
</tr>
<tr>
<td>Low cost babysitting</td>
<td>12</td>
<td>1.18</td>
</tr>
<tr>
<td>Counseling (personal)</td>
<td>8</td>
<td>1.45</td>
</tr>
<tr>
<td>Counseling (families with child problems)</td>
<td>6</td>
<td>1.54</td>
</tr>
<tr>
<td>Job retraining</td>
<td>13</td>
<td>1.09</td>
</tr>
<tr>
<td>Manpower and employment</td>
<td>9</td>
<td>1.36</td>
</tr>
<tr>
<td>Welfare rights education</td>
<td>9</td>
<td>1.36</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>15</td>
<td>0.91</td>
</tr>
<tr>
<td>Adult education</td>
<td>17</td>
<td>0.82</td>
</tr>
<tr>
<td>Tutoring for high school and public school students</td>
<td>23</td>
<td>0.73</td>
</tr>
<tr>
<td>Budgeting and use of credit</td>
<td>17</td>
<td>0.82</td>
</tr>
<tr>
<td>Family planning centre</td>
<td>27</td>
<td>0.45</td>
</tr>
<tr>
<td>Evening social and recreation for adults</td>
<td>15</td>
<td>0.91</td>
</tr>
<tr>
<td>Mother's day out</td>
<td>24</td>
<td>0.64</td>
</tr>
<tr>
<td>Home economics education</td>
<td>17</td>
<td>0.82</td>
</tr>
<tr>
<td>Out-patient medical clinic</td>
<td>25</td>
<td>0.55</td>
</tr>
<tr>
<td>Preschool education</td>
<td>25</td>
<td>0.55</td>
</tr>
<tr>
<td>Child rearing program</td>
<td>27</td>
<td>0.45</td>
</tr>
<tr>
<td>Counseling (marriage)</td>
<td>17</td>
<td>0.82</td>
</tr>
<tr>
<td>Mental health clinic for psychiatric services</td>
<td>27</td>
<td>0.45</td>
</tr>
<tr>
<td>Family life education</td>
<td>17</td>
<td>0.82</td>
</tr>
<tr>
<td>Preschool education for advanced children</td>
<td>17</td>
<td>0.82</td>
</tr>
</tbody>
</table>

*Statistical ranking has been observed in statistical analyses.
TABLE 6
A COMPARISON OF HOW SERVICES WERE RANKED BY PERSONS UNDER 31 YEARS AND THOSE 31 YEARS AND OVER*

<table>
<thead>
<tr>
<th>Services</th>
<th>Rank</th>
<th>Degree of Urgency</th>
<th>Rank</th>
<th>Degree of Urgency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low cost dental clinic</td>
<td>1</td>
<td>1.78</td>
<td>1</td>
<td>1.93</td>
</tr>
<tr>
<td>Homemaker service</td>
<td>2</td>
<td>1.55</td>
<td>3</td>
<td>1.47</td>
</tr>
<tr>
<td>Day care centre in the neighbourhood</td>
<td>3</td>
<td>1.44</td>
<td>2</td>
<td>1.53</td>
</tr>
<tr>
<td>Counseling (alcoholism and drug abuse)</td>
<td>4</td>
<td>1.39</td>
<td>5</td>
<td>1.33</td>
</tr>
<tr>
<td>Drop-in centre for youth</td>
<td>9</td>
<td>1.22</td>
<td>3</td>
<td>1.47</td>
</tr>
<tr>
<td>Youth counseling (high school drop outs and potentials)</td>
<td>6</td>
<td>1.33</td>
<td>6</td>
<td>1.20</td>
</tr>
<tr>
<td>Free legal aid</td>
<td>6</td>
<td>1.33</td>
<td>11</td>
<td>1.07</td>
</tr>
<tr>
<td>Preschool education (slow learners)</td>
<td>9</td>
<td>1.22</td>
<td>9</td>
<td>1.22</td>
</tr>
<tr>
<td>Low cost baby sitting</td>
<td>4</td>
<td>1.39</td>
<td>16</td>
<td>0.87</td>
</tr>
<tr>
<td>Counseling (personal)</td>
<td>14</td>
<td>1.06</td>
<td>6</td>
<td>1.20</td>
</tr>
<tr>
<td>Counseling (families with child problems)</td>
<td>11</td>
<td>1.17</td>
<td>11</td>
<td>1.07</td>
</tr>
<tr>
<td>Job retraining</td>
<td>8</td>
<td>1.28</td>
<td>14</td>
<td>0.93</td>
</tr>
<tr>
<td>Manpower and employment</td>
<td>12</td>
<td>1.11</td>
<td>9</td>
<td>1.13</td>
</tr>
<tr>
<td>Welfare rights education</td>
<td>16</td>
<td>1.00</td>
<td>6</td>
<td>1.20</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>14</td>
<td>1.06</td>
<td>19</td>
<td>0.80</td>
</tr>
<tr>
<td>Adult education</td>
<td>16</td>
<td>1.00</td>
<td>19</td>
<td>0.80</td>
</tr>
<tr>
<td>Tutoring for high school and public school students</td>
<td>21</td>
<td>0.78</td>
<td>13</td>
<td>1.00</td>
</tr>
<tr>
<td>Budgeting and use of credit</td>
<td>21</td>
<td>0.78</td>
<td>14</td>
<td>0.93</td>
</tr>
<tr>
<td>Family planning centre</td>
<td>12</td>
<td>1.11</td>
<td>26</td>
<td>0.40</td>
</tr>
<tr>
<td>Evening social and recreation for adults</td>
<td>24</td>
<td>0.67</td>
<td>16</td>
<td>0.87</td>
</tr>
<tr>
<td>Mother's day out</td>
<td>18</td>
<td>0.83</td>
<td>21</td>
<td>0.60</td>
</tr>
<tr>
<td>Home economics education</td>
<td>29</td>
<td>0.44</td>
<td>16</td>
<td>0.87</td>
</tr>
<tr>
<td>Out-patient medical clinic</td>
<td>18</td>
<td>0.83</td>
<td>26</td>
<td>0.40</td>
</tr>
<tr>
<td>Preschool education</td>
<td>23</td>
<td>0.72</td>
<td>24</td>
<td>0.53</td>
</tr>
<tr>
<td>Child rearing program</td>
<td>24</td>
<td>0.67</td>
<td>21</td>
<td>0.60</td>
</tr>
<tr>
<td>Counseling (marriage)</td>
<td>24</td>
<td>0.67</td>
<td>21</td>
<td>0.60</td>
</tr>
<tr>
<td>Mental health clinic for psychiatric services</td>
<td>18</td>
<td>0.83</td>
<td>26</td>
<td>0.40</td>
</tr>
<tr>
<td>Family life education</td>
<td>24</td>
<td>0.67</td>
<td>25</td>
<td>0.47</td>
</tr>
<tr>
<td>Preschool education for advanced children</td>
<td>28</td>
<td>0.56</td>
<td>29</td>
<td>0.20</td>
</tr>
</tbody>
</table>

*Statistical ranking has been observed in statistical analyses.
A comparison of how services were ranked by those residing in the project less than 1 year with those in the project 1 year or more*

<table>
<thead>
<tr>
<th>Services As Ranked by Total Sample</th>
<th>Less than 1 Year in Project N=11</th>
<th>1 Year or More in Project N=22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>Degree of Urgency</td>
<td>Rank</td>
</tr>
<tr>
<td>Low cost dental clinic</td>
<td>2</td>
<td>1.64</td>
</tr>
<tr>
<td>Homemaker service</td>
<td>2</td>
<td>1.64</td>
</tr>
<tr>
<td>Day care centre in the neighbourhood</td>
<td>1</td>
<td>1.73</td>
</tr>
<tr>
<td>Counseling (alcoholism and drug abuse)</td>
<td>19</td>
<td>0.91</td>
</tr>
<tr>
<td>Drop-in centre for youth</td>
<td>7</td>
<td>1.27</td>
</tr>
<tr>
<td>Youth Counseling (high school drop outs and potentials)</td>
<td>9</td>
<td>1.18</td>
</tr>
<tr>
<td>Free legal aid</td>
<td>4</td>
<td>1.46</td>
</tr>
<tr>
<td>Preschool education (slow learners)</td>
<td>7</td>
<td>1.27</td>
</tr>
<tr>
<td>Low cost baby sitting</td>
<td>5</td>
<td>1.36</td>
</tr>
<tr>
<td>Counseling (personal)</td>
<td>9</td>
<td>1.18</td>
</tr>
<tr>
<td>Counseling (families with child problems)</td>
<td>19</td>
<td>0.91</td>
</tr>
<tr>
<td>Job retraining</td>
<td>5</td>
<td>1.36</td>
</tr>
<tr>
<td>Manpower and employment</td>
<td>9</td>
<td>1.18</td>
</tr>
<tr>
<td>Welfare rights education</td>
<td>16</td>
<td>1.00</td>
</tr>
<tr>
<td>Vocational guidance</td>
<td>14</td>
<td>1.09</td>
</tr>
<tr>
<td>Adult education</td>
<td>9</td>
<td>1.18</td>
</tr>
<tr>
<td>Tutoring for high school and public school students</td>
<td>16</td>
<td>1.00</td>
</tr>
<tr>
<td>Budgeting and use of credit</td>
<td>22</td>
<td>0.64</td>
</tr>
<tr>
<td>Family planning centre</td>
<td>14</td>
<td>1.09</td>
</tr>
<tr>
<td>Evening social and recreation for adults</td>
<td>21</td>
<td>0.73</td>
</tr>
<tr>
<td>Mother’s day out</td>
<td>26</td>
<td>0.36</td>
</tr>
<tr>
<td>Home economics education</td>
<td>28</td>
<td>0.09</td>
</tr>
<tr>
<td>Out-patient medical clinic</td>
<td>16</td>
<td>1.00</td>
</tr>
<tr>
<td>Preschool education</td>
<td>22</td>
<td>0.64</td>
</tr>
<tr>
<td>Child rearing program</td>
<td>28</td>
<td>0.09</td>
</tr>
<tr>
<td>Counseling (marriage)</td>
<td>22</td>
<td>0.64</td>
</tr>
<tr>
<td>Mental health clinic for psychiatric services</td>
<td>9</td>
<td>1.18</td>
</tr>
<tr>
<td>Family life education</td>
<td>25</td>
<td>0.45</td>
</tr>
<tr>
<td>Preschool education for advanced children</td>
<td>27</td>
<td>0.18</td>
</tr>
</tbody>
</table>

*Statistical ranking has been observed in statistical analyses.
measuring the degree of agreement of the rankings and the results appear in Table 8.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Spearman p</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year in project vs. 1 year or more in project</td>
<td>0.54</td>
<td>3.35</td>
</tr>
<tr>
<td>Recipients of social assistance vs. non-recipients</td>
<td>0.65</td>
<td>4.4</td>
</tr>
<tr>
<td>Males vs. Females</td>
<td>0.40</td>
<td>2.27</td>
</tr>
<tr>
<td>Under 31 years of age vs. 31 years of age or older</td>
<td>0.71</td>
<td>5.20</td>
</tr>
</tbody>
</table>

The highest correlations occurred for the variables of age and receipt of social assistance. The values obtained for p were indicative of a high correlation and a marked relationship.\(^{102}\) It would appear that neither the age of the residents nor whether they receive social assistance appreciably influenced the way they ranked the urgency of services required. This finding was also evident from the values of t obtained.\(^{103}\) The difference in the rankings obtained by considering the variables of age and receipt of social assistance was not significant at \(\alpha = 0.01.\)

\(^{101}\)Values of Spearman p are affected by the numbers of ties in the ranks. Since there were several ties in each ranking a correlation factor was utilized to ensure accuracy of p. Ties were found to have an insignificant effect by this factor. See M. G. Kendall, *Rank Correlation Methods*, New York: Hafner Publishing Co., 1955, pp. 34-48.


\(^{103}\)The value of t is calculated from the value of p and serves as a means of indicating the probability that ranks are independent; see, Edwards, *Op. Cit.*, p. 162. If the value of t is significant it
For the variables of time in the project and sex the correlation coefficients were appreciably lower. This indicated that these factors were a greater influence on how individuals assessed the needs of the area. For the variable of time in the project the difference in rankings was not significant at $\alpha = 0.01$ in spite of the lower correlation coefficient. However, for the variable sex, the difference was significant at $\alpha = 0.01$ which indicates that males and females viewed needs significantly differently, suggesting that a higher representation of males in the sample could have produced changes in the total rankings. It should be noted, however, that the number of males was small (9) and hence it is difficult to draw any significant conclusions.

1. Sex

The major areas of difference in the rankings of males and females were related to youth and employment services. Males rated the need for vocational guidance and employment services considerably higher than females. There was little difference in the way they saw the need for job retraining, but females rated adult education considerably higher. It would appear that males were much more interested in services to help them find the right job, but did not associate the up-grading of education with this end.

Services related to children were generally rated more urgently by females reflecting perhaps a greater concern for the welfare of the
children or a greater awareness of their needs. Females rated significantly more urgently the need for a drop-in centre, youth counseling, tutoring, counseling for families with child difficulties and a child rearing program. One oddity was the reversal that occurred with respect to pre-school education programs. Males rated pre-school education (in the three forms presented) much more urgent than females.

On a related theme females rated the need for low cost baby sitting as much more of an urgency than did males. This was understandable in that females would more likely have to contend with this difficulty in its most acute form - during the day when high school students are unavailable.

There was a considerable difference in the assessment of area needs for clinics. Males rated substantially higher the need for an out-patient medical clinic, which was given very low priority by females who saw a greater need for a mental health clinic. Males disagreed assigning the mental health clinic the lowest priority.

2. Social Assistance

Considering the receipt of social assistance as a variable produced a high correlation and many of the individual service differences which did exist, in spite of the high agreement in rankings, seemed better explained by other variables. There was a much higher proportion of males among recipients of social assistance (5 out of the total N=11) than among non-recipients (4 out of the total N=22). Similarly, there was a higher proportion of persons 31 years and older among recipients (7 out of a total N=11) than among non-recipients (8 out of the total N=22).

The greatest individual differences occurred in the pre-school education and family planning centre rankings. It seemed that the
distinctly higher ranking of pre-school education was the result of a greater concern by social assistance recipients for children oriented services,¹⁰⁴ which might account for the higher rating of pre-school education programs by males in spite of a greater overall concern by females for children related services.

A family planning centre was ranked considerably lower by social assistance recipients, which seemed to reflect the influence of the large number of persons 31 years or over in the sample. Age was also a prominent factor in the ranking of the family planning centre and it seemed likely that this variable was largely responsible for the difference evident with respect to social assistance.¹⁰⁵

3. Age

Analysis of the ranking of services by age resulted in the highest correlation indicating that age had little effect on the rankings. However, three areas where individual differences did exist were low cost baby sitting, a family planning centre and home economics education. The first two were ranked considerably higher by those 30 years and under which is not surprising in that a family planning centre and low cost baby sitting would seem much more relevant to persons 30 and under. They are more apt to have younger children.¹⁰⁶

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¹⁰⁴ This was not always evident as high rankings, as in some instances (notably the drop-in centre and the tutoring service) it appeared that the competing influence of the sex variable, disproportionately represented among recipients, affected the results.

¹⁰⁵ By subdividing the data for social assistance recipients by age, it appeared that age was the major influence. However, with such small numbers involved that data is inconclusive.

¹⁰⁶ Many of the persons 31 and over who had young children also had older ones to look after them and so baby sitting was less problematic.
and be interested in family planning.

Home economics education was ranked very low by persons 30 and under suggesting either that these persons are less in need of such a service or are more reluctant to acknowledge the need.

4. Length of Time in the Project

The length of time a person had been in the area seemed to have some influence on the way needs were perceived (see Table 2). As might be expected there was some indication that the persons in the project for less than a year were less aware of the more specific needs. There was a tendency for these persons to rank rather general services higher such as adult education, an out-patient medical clinic, a mental health clinic, free legal aid and job retraining.

Persons in the area one year or more ranked several more specific services higher such as counseling for alcoholism and drug abuse, counseling for families with child problems, welfare rights education, budgeting and use of credit, mother's day out, home economics education and child rearing. These services are more specific and would seem to require a greater knowledge of the area to identify which suggests that these services may be more urgently needed in the area than their overall ranking indicates. However, it should be noted that there was substantial agreement between the groups on the nine services of highest overall priority (see Table 3). Therefore, while these specialized services may indeed merit a higher degree of urgency they remain clearly of lower rank and priority.

b) Analysis of Some Individual Services

Several services were examined by focusing on potential consumers of the service in the sample. The "single" females in the
sample (N=12) gave the mother's day out program a degree of urgency of 0.42 compared to its total score of 0.73. This apparent disinterest could reflect the fact that many of these "single" females were working. Mothers with pre-school aged children (N=11) gave the mother's day out program a degree of urgency of 1.18.

Subjects with pre-school aged children (N=16) tended to rate services related to pre-schoolers higher. Day care was given a degree of urgency of 1.81 compared to its total score of 1.49. Similarly pre-school education was scored at 0.81 compared to its total score of 0.64. Pre-school education for slow learners with a total score of 1.17 was scored at 1.50 by subjects with pre-schoolers.

Subjects with school aged children (N=21) assigned degrees of urgency for tutoring, youth counseling and counseling for alcoholism and drug abuse at virtually the same level as their total score.

c) Subject Degree of Urgency Scores

A subject degree of urgency score was calculated for each of the 33 subjects. This score was defined as the total score given all 29 services by a particular subject. The possible range of scores was 37 to -29 representing respectively a response of "very urgently needed" or a response of "not needed" to all 29 questions. The actual range was 72 to -8. The mean was 28.7 with a standard deviation of 2.68.

The data was analysed to determine whether any particular group assigned greater urgency to the complete range of services presented. The mean score of the subject degree of urgency was taken as a measure of such a tendency. This data is tabulated in Table 9.
TABLE 9

COMPARISON OF MEAN SUBJECT URGENCY SCORES BY VARIABLE

<table>
<thead>
<tr>
<th>Subject Group</th>
<th>Number in Group</th>
<th>Mean Subject Urgency Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All subjects</td>
<td>33</td>
<td>28.7</td>
</tr>
<tr>
<td>Females</td>
<td>24</td>
<td>28.4</td>
</tr>
<tr>
<td>Males</td>
<td>9</td>
<td>29.0</td>
</tr>
<tr>
<td>30 Years of age and under</td>
<td>18</td>
<td>29.9</td>
</tr>
<tr>
<td>31 Years of age and over</td>
<td>15</td>
<td>27.0</td>
</tr>
<tr>
<td>Recipients of Social Assistance</td>
<td>11</td>
<td>31.9</td>
</tr>
<tr>
<td>Non-recipients of Social Assistance</td>
<td>22</td>
<td>27.0</td>
</tr>
<tr>
<td>Less than 1 year in the project</td>
<td>11</td>
<td>28.5</td>
</tr>
<tr>
<td>1 year or more in the project</td>
<td>22</td>
<td>28.7</td>
</tr>
</tbody>
</table>

It is evident from this data that there is little difference in the way the various groups defined the urgency of the 29 services. The largest difference existed between recipients and non-recipients of social assistance. The significance of this difference was tested with the t-test, but the difference was not significant at α = 0.05.

Service Delivery Model Preference

As discussed in Chapter III, residents were asked a series of hypothetical questions as a means of investigating whether they preferred service delivery based on a neighbourhood information and referral model or a multi-service centre model.

To the direct question of preference, responses were clearly divided, as shown in Table 10 which was a strong indication of considerable uncertainty surrounding the issue. However, examining aspects of the issue independently provided some interesting results.
TABLE 10
RESIDENT PREFERENCE FOR SERVICE DELIVERY MODEL

<table>
<thead>
<tr>
<th>Alternative Presented</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many services combined in area</td>
<td>16</td>
</tr>
<tr>
<td>More information in the area on use of services</td>
<td>16</td>
</tr>
<tr>
<td>No opinion</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Location of Services

In terms of the location of the service, the results are shown in Table 11. For the counseling service, the home was considered preferable to a downtown agency by a ratio of 2:1. Similarly, residents much preferred to have education or employment oriented services run in the neighbourhood.

TABLE 11
RESIDENTS PREFERENCE FOR SERVICE LOCATION

<table>
<thead>
<tr>
<th>Service</th>
<th>Resident Location Preferences N=33</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home</td>
</tr>
<tr>
<td>Counseling</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>In Neighbourhood</td>
</tr>
<tr>
<td>Education or Employment Services</td>
<td>14</td>
</tr>
</tbody>
</table>

From these results there was a definite preference for the location of services in the neighbourhood and in particular for the provision of counseling services in the home. It would appear that the counseling issue is more critical as approximately 45% didn't care where education or employment services were located. While the majority favoured counseling in the home, 27% preferred to go downtown
perhaps reflecting privacy or anonymity considerations. Whatever the reason, there were clearly a significant number who preferred the location of services outside the neighbourhood at least in terms of counseling services.

2. Use of Specialists

There was little doubt that residents did not approve of a specialist or problem oriented approach to counseling as 76% said they would prefer one counselor to help them with three problems rather than three counselors who specialized in the problems. Only 15% indicated they would prefer three counselors who specialized.

These results suggest that clients share the frequently expressed concern within social work that services be person oriented rather than defined in terms of categories. It would seem that the client system preference is to have one counselor for an individual or family who can be relied upon for assistance over a broad range of social functioning concerns.

3. Confidentiality

On the question of confidentiality with respect to neighbours, there were mixed results. When asked if neighbours' knowledge of their receipt of counseling would be upsetting to them, 82% of residents indicated that it would not make any difference. The others indicated that they would be upset to varying degrees (see Table 12).

There was apparently more concern with confidentiality in terms of the nature of the client's difficulties. When asked about participation in a counseling group only three residents responded that they preferred other group members to be neighbours while 10 or 33% preferred
TABLE 12

STATED REACTION OF RESIDENTS TO NEIGHBOURS' KNOWLEDGE OF THEIR RECEIPT OF COUNSELING

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Number of Respondents Expressing Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very upsetting</td>
<td>1</td>
</tr>
<tr>
<td>Quite upsetting</td>
<td>2</td>
</tr>
<tr>
<td>A little upsetting</td>
<td>3</td>
</tr>
<tr>
<td>Would make no difference</td>
<td>27</td>
</tr>
</tbody>
</table>

them to be from outside the neighbourhood. These results are shown in Table 13 and are compared with the responses to a similar question related to an education or employment service.

TABLE 13

RESIDENT PREFERENCES FOR THE SOURCES OF GROUP COMPOSITIONS

<table>
<thead>
<tr>
<th>Type of Group</th>
<th>Number Preferring Members</th>
<th>Number Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From Neighbourhood</td>
<td>From Outside Neighbourhood</td>
</tr>
<tr>
<td>Counseling</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Education or Employment</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Residents were more concerned about neighbours being in a counseling group than an education oriented group which was to be expected, but the difference was comparatively small. Furthermore, there was no evidence that residents would provide each other with "moral support" in an education oriented group which might be a rationale for basing such a program in a neighbourhood.
4. **Use of Reaching-out Techniques**

Residents were clearly divided in their response to the use of reaching-out methods, particularly with reference to counseling. When asked whether they would prefer to be left alone if they were upset or whether they would like to have a counselor drop by and offer to help, 53% said they'd like to have the counselor drop by while the other 43% preferred to be left alone. Reaching-out was more readily accepted with reference to an education or employment program orientation. In this case, 44% indicated that they would like to have someone drop by to invite them to join a program, 34% responded that it didn't make any difference while only 22% preferred to be left alone.

These results have some interesting implications for neighbourhood based service delivery. It has been frequently noted that reaching-out techniques are necessary in the delivery of services to low-income groups. The fact that 76% do not oppose the use of such methods if related to non-counseling services suggests that greater use of such methods could have positive results. Furthermore, it is apparent that a counseling service focused on the neighbourhood could, potentially, reach many residents through the employment of such methods.

5. **Psychological Accessibility**

In terms of approachability, it did not appear to make much difference whether the individual associated with the service was known in the area or not. With reference to counseling, 21% said they would be more comfortable and at ease going to a counselor if he was known in the area while 39% said the same about a counselor who was not known in the area. The remainder said it would make no difference.
Perhaps knowing who a counselor is and having him know who you are makes him less psychologically accessible.

For education or employment oriented programs, this factor did not appear significant as 65% felt it didn't make any difference whether the person was known or not. Of those who did express a preference, 21% said they'd be more comfortable contacting someone who was known in the area, while 12% favoured someone who was not known.

Residents responses to services provided especially for the area were generally positive (see Table 14). For counseling, twice as many said they were more likely to use a counseling service especially provided for the area than said they were less likely. For an education or employment orientation, the response was more overwhelmingly in favour of programs provided especially for the area.

In spite of this apparent support for neighbourhood based service delivery, it is important to consider the significant number, particularly with reference to counseling, who indicated they were less likely to use services especially provided for the area which suggests that while a multi-service centre could be a preferable alternative it would clearly not be to everyone's satisfaction.

**TABLE 14**

**THE EXPRESSED LIKELIHOOD OF RESIDENTS USING SERVICES PROVIDED ESPECIALLY FOR THE NEIGHBOURHOOD**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of Persons Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More Likely to use Service</td>
</tr>
<tr>
<td>Counseling</td>
<td>14</td>
</tr>
<tr>
<td>Education or Employment</td>
<td>17</td>
</tr>
</tbody>
</table>
6. Citizen Participation

In terms of education or employment oriented programs, resident participation in the planning and organization of such programs did not appear to be a factor in their use. Most residents responded that it would make no difference while 34% said they were more likely to participate in the program compared to 22% who said they were less likely to. Again, there was evidence of a significant number who did not identify with a neighbourhood focus.

7. Immediacy of Service

When residents were asked how they thought they would respond to having to wait 2 or 3 weeks for a counseling appointment, there was an overwhelmingly negative response (see Table 15). Of those who responded, 55% said they would not go. Many were emphatic adding that if they were in need of counseling they would need it right away. Only 26% said they would still want to go.

TABLE 15
A SUMMARY OF RESIDENTS RESPONSES TO HAVING TO WAIT FOR A COUNSELING APPOINTMENT

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3 weeks</td>
<td>8</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>

There was here, a rather significant indication of the importance of immediacy of service. Whether the counseling service was located in the area or outside of it, there was a strong indication that to be effective with this particular client system, service must be readily available.
An analysis of the independent aspects of the total issue substantiates the uncertainty evident in the residents' response to the direct question of model preference. There was perhaps a slight indication of preference evident for the multi-service centre approach, but there was also substantial evidence of opposition. In order to test out this indication a scoring system was devised and applied as outlined in Table 16.

TABLE 16
DEFINITION OF SCORING SYSTEM TO TEST PREFERENCE FOR SERVICE DELIVERY MODELS

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Alternative Scored +1</th>
<th>Alternative Scored -1</th>
<th>Alternative Scored 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>2</td>
<td>ii</td>
<td>i</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>3</td>
<td>i</td>
<td>1, ii &amp; iii</td>
<td>iv &amp; v</td>
</tr>
<tr>
<td>4</td>
<td>ii</td>
<td>i</td>
<td>iii</td>
</tr>
<tr>
<td>5</td>
<td>ii</td>
<td>i</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>6</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>7</td>
<td>i</td>
<td>i</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>8</td>
<td>iii</td>
<td>i</td>
<td>iv</td>
</tr>
<tr>
<td>9</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>10</td>
<td>ii</td>
<td>i</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>11</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>12</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>13</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
<tr>
<td>14</td>
<td>i</td>
<td>ii</td>
<td>iii &amp; iv</td>
</tr>
</tbody>
</table>

Each of the fourteen hypothetical questions posed related to particular aspects of the total issue. The first eight questions were related to these aspects with reference to a counseling service, while the second six questions are in reference to an education or employment service. In these questions, there were possible responses which seemed to indicate a preference for one model or the other, as well as neutral responses. To each question the response which seemed more likely to
be part of a multi-service centre was given a value of +1. The response which appeared more probable based on an information and referral model was assigned a value of -1. Neutral responses were given a value of 0. The definition of the scoring of each alternative for each question is defined in Table 16.

For the questions related to counseling, the possible range of scores for a subject was +7 to -8. A high positive score suggested a strong preference for a multi-service centre model, while a high negative score was indicative of an information and referral model preference.

The mean score for the 33 subjects was +0.9 which was only a slight preference for a multi-service centre model and was consistent with the uncertainty evident from the direct question of model preference. The total score obtained by each subject on the eight questions pertaining to counseling is shown in Table 17.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Score</th>
<th>Subject</th>
<th>Score</th>
<th>Subject</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>12</td>
<td>2</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>13</td>
<td>5</td>
<td>24</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>-1</td>
<td>15</td>
<td>-1</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>-2</td>
<td>16</td>
<td>1</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>-3</td>
<td>17</td>
<td>0</td>
<td>28</td>
<td>-2</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>18</td>
<td>2</td>
<td>29</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>19</td>
<td>2</td>
<td>30</td>
<td>-2</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>20</td>
<td>-3</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>21</td>
<td>3</td>
<td>32</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>22</td>
<td>6</td>
<td>33</td>
<td>-1</td>
</tr>
</tbody>
</table>

A negative total indicated a preference for a neighbourhood information and referral service and a positive total reflected a preference for a multi-service centre model. These indications of
preference were compared with those expressed in response to the
direct question, in Table 18.

**TABLE 18**

**COMPARISON OF 2 METHODS OF IDENTIFYING A PREFERENCE FOR**
**THE NEIGHBOURHOOD INFORMATION AND REFERRAL SERVICE**
**((MIRS)) AND THE MULTI-SERVICE CENTRE (MSC)**

<table>
<thead>
<tr>
<th></th>
<th>MSC Preference by 8 Counseling Questions (Table 17)</th>
<th>NIRS Preference by 8 Counseling Questions (Table 17)</th>
<th>Total by Direct Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC Preference by Direct Question (Table 10)</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>NIRS Preference by Direct Question (Table 10)</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Total by 8 Counseling Questions</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

\[ \chi^2 = 8.0 \quad \text{d.f.} = 1 \quad \alpha = 0.05 \]

As noted in Table 10, when respondents were asked to choose
between a neighbourhood information and referral approach and a multi-
service approach, 16 preferred the former and 16 the latter. Table 18
describes how each of these sets of 16 subjects indicated their pre-
ference for the two models in the eight questions.\(^{107}\) Chi square was

\(^{107}\) Because of the slightly positive mean, 0 was considered
indicative of a preference for the information and referral
model.
calculated and found to be 8.0 which was significant at $\alpha = 0.05$ and indicated that there was indeed a significant positive correlation between the identification of model by direct question and the identification by the eight questions pertaining to counseling. The subjects tended to answer the eight questions in a manner consistent with their stated preference for service delivery model.

A similar analysis of the six questions related to education and employment services resulted in a mean score per subject of +0.63 (possible range -6 to -6). Again, there was no clear indication of model preference. There was not a significant positive correlation in the two methods of identifying service delivery model preference using these six questions. Chi square was 2.20 which was not significant at $\alpha = 0.05$ which suggests that residents' opinion of the type of service delivery model reflects a counseling orientation much more than one of the provision of various education and employment services.

**Knowledge Of and Use Of Services**

The subjects were asked if they knew the names of any organizations or agencies from which a person could get help. There were 30% who could not name any organizations or agencies and another 15% who could name only one. Only 39% were able to name three at which point they were stopped. This data suggested that a large number of residents were unaware of the services which do exist and would not know what to do if they needed help.

A social service agency had been used by 36% of the subjects (12 subjects). Of these 83% (10 subjects) were satisfied with the service while 17% (2 subjects) were dissatisfied. The reasons given
for satisfaction generally reflected some positive outcome whereby the
subject said he/she had been helped. Of the two respondents who were
dissatisfied, one said the agency would not stop bothering him and the
other felt that the situation was made worse by the social agency.

Limitations of the Research

The results of this research represented only a partial defini-
tion of the service delivery system required for the Glengarry Court
area. In the first place, senior citizens were excluded from the
population and the needs of this large group would have to be considered
in developing a comprehensive service delivery system for the area.
Secondly, as noted in Chapter I, the focus of the research was on the
client system in order that a more accurate collective definition of
how service delivery might be improved could be made by "professionals"
and "clients". The results of this research represented only the client
system input to this collective definition.

Although there were implications which could be relevant, it
would be difficult to generalize the results of this study to other
low-income areas. The area was a-typical of many low-income areas in
that it was a geared-to-income housing project and residents had, for
the most part, their housing needs satisfied. In many low-income
areas, housing would be a primary concern. Furthermore, considering
the influence of environmental factors and the uniqueness of individuals,
it is questionable whether there could be a "typical" low-income area.

There were other limitations inherent in the research design.
Firstly, eleven persons refused to be interviewed and an additional
seven could not be contacted. It was possible that the failure to
obtain data from these eighteen persons adversely affected the representativeness of the sample.

The necessity of employing hypothetical questions as a means of determining client system preference for the model of service delivery imposed a further limitation. There can be a wide disparity between how an individual thinks he would respond in a situation and how he actually does. There was the possibility, then, that if the persons were actually confronted with the situation presented hypothetically, they would act differently to what their responses indicated.

Finally, it was not possible to establish the reliability or validity of the instrument. Although this limitation applied to the entire interview schedule, it would appear to have been potentially more significant with reference to the questions pertaining to service delivery model preference where less direct questions were used.
CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this study was to investigate the client system perspective on two particular aspects of service delivery in a low-income urban neighbourhood. The two questions considered pertained to the needs of the area and the model upon which service delivery should be based.

The first question was concerned with the identification of the services needed in the area from the perspective of the potential consumers of the services. The second question was concerned with the determination of whether the client system preferred service delivery based on a neighbourhood information and referral model or a neighbourhood service centre model.

The population for the study was obtained from the geared-to-income housing project in downtown Windsor known as the Glengarry Court Housing Project and was confined to the 214 units in the housing project which were not occupied by senior citizens. It consisted primarily of single and two parent families with children.

A random sample of 54 units was selected from the 214 units available. A letter was delivered to each of these units indicating the intention of the author to drop by requesting an interview. Subsequent requests for interviews resulted in 33 interviews, 11 refusals and 3 non-applicable subjects. The remaining 7 could not be contacted.

67.
Data were collected by means of a structured interview which was developed and administered by the author. Subjects were first asked a series of open-ended questions designed to elicit spontaneous responses describing the needs of the area. Next, subjects were presented a list of 29 services and were asked to rate the urgency of the need for each of the services on a four point scale. This list was compiled by the author based on the description in the literature of the needs of low-income areas.

To determine the client system preference for service delivery model, subjects were asked a series of hypothetical questions which were developed based on differences in the two models apparent from the literature. In addition, subjects were asked to state their preference for one or the other model. Subjects were also asked questions pertaining to their knowledge and use of existing social services as a means of indicating the potential utility of an information and referral model.

**Services Identified by Residents**

There was an overwhelming emphasis on children in the services defined by residents. In particular, the focus was on recreation, with supervision of the park area the primary concern, followed closely by a need for more recreation activities for youth. The former seemed most related to the security of the younger children who must share the facilities with the older ones, while the latter appeared to be related to the lack of activities for teens.

The other frequently mentioned services were also related to children including on-site medical services, additional recreation facilities and a counseling service.
The results indicate that there are gaps in the service delivery system which could have significant implications for social work and the local citizens' group. For social work, if the value of "starting where the client is" has any relevance, then there should be a greater emphasis on services for youth. This would seem particularly important for field units and other workers whose assignment is largely geographically defined.

The concern about park supervision is an issue which perhaps should be considered by the Downtown Community Citizens’ Organization. Possibly a system of volunteers could be developed from within the project to supervise the park which could have the added benefit of involving more residents in the organization. Similarly, the citizens' group might investigate further the need for an on-site medical service taking into account the needs of the senior citizens in the area.

Rating of Proposed Services

The results of the rating of proposed services indicated that traditional social work services, designed to enhance the social functioning of individuals, were considerably lower in priority than concrete services related to youth, employment and economic well-being. Of the sixteen highest ranked services, four (dental clinic, day care, free legal aid and low-cost baby sitting) were distinctly economic in orientation; three were youth oriented (drop-in centre, youth counseling of high school drop-outs and pre-school education for slow-learners); three were employment oriented (job retraining, manpower and employment and vocational guidance); and two (welfare rights education and adult education) had an education orientation.

Only three of these services (counseling for alcoholism and
drug abuse, personal counseling and counseling for families with child difficulties) were of a traditional social work nature. Counseling for alcoholism and drug abuse ranked fourth, seemingly reflecting a concern for youth and drugs. The other two counseling services ranked tenth.

The results suggest that if social work services are to be relevant to this low-income group, there should be a shift in focus from an emphasis on behavioural adjustment to a more realistic awareness of the client system priorities. The need for social work counseling services is evident, but also apparent is that to focus on such services exclusively is to ignore the harsh reality that other needs have a higher priority from the client system perspective. It would appear that to be most effective in serving the area, social workers should be expending at least part of their energy attempting to have the required services provided, irrespective of whether the service would actually be provided by social workers.

The ratings of the proposed services did not appear to have been influenced by the age of the respondent nor whether that person received social assistance. Individuals who had lived in the area one year or more seemed to rate specific services higher than their neighbours who had been in the project less than one year. Although the difference in ratings was not statistically significant, there was an indication that the length of time a person had resided in the area could influence the ratings of services needed.

There was a statistically significant difference in the order of rankings by males and females. Males gave a higher priority to employment related services than females who consistently ranked
services related to children higher. The results are inconclusive considering the small number of males involved, but nevertheless, there was a clear indication that males and females do identify the area needs differently.

Model of Service Delivery

There was no clear indication of whether residents preferred service delivery to be based on a neighbourhood information and referral model or a multi-service centre model. When asked the question directly the response was evenly divided. Similarly, when residents were asked a series of questions pertaining to differences in the two models of service delivery, their responses indicated only a slight preference for the multi-service centre model.

The results suggest that neither model would be a panacea. Some residents clearly favoured a neighbourhood focus, but others preferred services located outside the neighbourhood, which indicates that perhaps the most ideal solution from the client system perspective would be an integration of a neighbourhood service delivery system with the current "specialist" approach. In short, it would appear that it is not a question of which model should be utilized, but rather, how best to combine the approaches to satisfy the diverse requirements of the client system. The provision of more services at the neighbourhood level is evidently needed, but also apparent is that a more effective information and referral service would improve service delivery.

Examining aspects of the service delivery issue independently did provide some interesting results. Residents seemed to prefer that services focus on the person rather than on individual problem categories as 76% expressed a preference for one counselor in a multi-problem
situation. Reaching-out techniques were approved of by the majority, particularly when related to non-counseling services. It would appear that greater usage of such techniques could have a beneficial effect on service delivery. Residents also responded strongly in favour of immediacy of service with 55% indicating they would not go if told they had to wait two to three weeks for a counseling appointment. Immediacy of service, then, should be an important consideration in providing counseling services for this area.

Knowledge of Services

It was evident that many of the residents were not aware of the services which do presently exist. When asked to name any organization whose purpose was to help people, only 39% could name three, while 30% could not name any. The data indicates that lack of knowledge remains a major obstacle to service delivery. Many residents are not aware of the services which are available and would seemingly not know what to do in a time of need. These results suggest that more emphasis should be placed on linking the client system with the service delivery system. There is a need for a better informed client system, but this could necessitate the simplification of the service delivery system to such an extent that it is comprehensible to its potential consumers.

Suggestions for Further Research

In relation to the identification of needs, it would be useful to examine in more detail the influence of the variables of sex and length of time in the project on the urgency ratings. The results of this study would suggest the following hypotheses:

1. Females rate services related to children higher in priority than males.
2. Males rate employment related services higher in priority than females.

3. Females rate the need for mental health facilities higher than males.

4. The longer a person has resided in the project the more specific he will be in identifying area needs.

In the area of service delivery model preference it would be important to investigate the extent to which identification with the neighbourhood influences the resident’s attitude toward neighbourhood service delivery. This would be particularly useful considering citizen participation as a variable in neighbourhood service delivery.

Finally, the question of knowledge of services should be more thoroughly researched to determine the extent to which the lack of knowledge of the service delivery system is an obstacle to service delivery.
APPENDICES
APPENDIX 1

STRUCTURED INTERVIEW

Introduction

The purpose of this study is to get residents' opinions on the services needed in this area and how these services should be provided.

All the information is kept strictly confidential and no names are used.

Most of the questions ask for an opinion so there are no right or wrong answers. Please answer the questions as best you can. If you do not have an opinion or you don't know an answer or you prefer not to answer just say so.

First, I need a little information.

<table>
<thead>
<tr>
<th>Length of Time in Project</th>
<th>Sex</th>
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<tbody>
<tr>
<td>6 months</td>
<td>Male</td>
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<td>6-12 months</td>
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<td>2-3 years</td>
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<td>3+ years</td>
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<table>
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<tr>
<th>Marital Status</th>
<th>Age</th>
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<td>Single</td>
<td>20 years</td>
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<tr>
<td>Married</td>
<td>21-30 years</td>
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<td>Separated</td>
<td>31-40 years</td>
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<td>Divorced</td>
<td>40+ years</td>
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<td>Widowed</td>
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<tr>
<th>Membership in DCCC</th>
<th>No. of Children</th>
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<td>Yes</td>
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<td>No</td>
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<td>Active</td>
<td>2</td>
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<td>Inactive</td>
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<td>4+</td>
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Preschool age
School age

Now I would like to ask you some questions about what services you think are most needed in this neighbourhood.

1. What type of adult or youth recreation services do you think are most urgently needed for this neighbourhood.
2. What type of health services do you think are most urgently needed for this neighbourhood.

3. What type of counseling services 4. youth services 5. education services 6. employment services 7. financial assistance services 8. housing services 9. other

Now I would like to read you a list of some possible services and ask you to rate how urgently you think these services are required for this neighbourhood. Please tell me whether you think these services are very urgently needed, urgently needed, needed but not urgently or not needed at all.

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<td>11.</td>
<td>Family planning centre to provide family planning and birth control information</td>
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<td>12.</td>
<td>Free legal aid service</td>
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<td>13.</td>
<td>Out patient medical clinic</td>
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<td>14.</td>
<td>Counseling for alcoholism and drug abuse</td>
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<td>15.</td>
<td>Counseling for personal difficulties such as depression or anxiety</td>
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<td>16.</td>
<td>Marriage counseling</td>
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<td>17.</td>
<td>Counseling for families with child difficulties such as disobedience or school problems</td>
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<td>18.</td>
<td>Family life education program to help people enjoy their families more</td>
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<td>19.</td>
<td>A child rearing program to help us be better parents</td>
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<td>20.</td>
<td>A budgeting and use of credit program to help make it easier to manage money</td>
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<td>21.</td>
<td>A home economics education program to provide some additional ideas on planning economical and nourishing meals</td>
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<td>22.</td>
<td>A welfare rights education program to help people understand what they are entitled to</td>
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<tr>
<td>23.</td>
<td>A dental clinic to provide low cost dental service</td>
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<td>24.</td>
<td>A preschool education program for advanced children</td>
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<td>25.</td>
<td>A preschool educational program for slow learning children</td>
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</tbody>
</table>
26. Mother's day out program to provide recreation activities for mothers

27. Low cost baby sitting service

28. An evening program of social and recreation activities for adults

29. A homemaker service to help in the home during times of emergency or illness

In this next series of questions I will describe a situation. I would like you to imagine yourself in that situation. Then I will give you some alternatives and will ask you to choose the alternative which best describes what you think you would do. Here's an example:

I ask you to imagine that you feel very sad and then ask you whether you think

1. you would prefer to be by yourself
2. you would prefer to have a friend to talk to
3. it wouldn't matter
4. don't know

1. If you were very upset or depressed and wanted to see a counselor, would you

   a) much prefer to see the counselor in your house
   b) much prefer to see the counselor in a downtown agency
   c) or would it make little difference
   d) don't know

2. If there were several difficulties in your family at once such as a money problem, an alcohol problem and a child problem, would you

   a) prefer to see three separate counselors who would each specialize in one of the problem areas
   b) or would you prefer to see one counselor who would help with all three areas
   c) or would it make any difference
   d) don't know

3. If you were receiving counseling and your neighbours discovered that you were, would this be

   a) very upsetting to you
   b) quite upsetting to you
c) a little upsetting to you
  d) or would it make no difference
  e) don't know

4. Sometimes people who know they are having difficulties are worried or hesitant about contacting a counselor. If you were in such a position do you think you would
   a) rather be left alone until you were ready to ask for counseling
   b) or would you like to have a counselor drop by and offer to help
   c) don't know

5. If you were in a counseling group where you were discussing some very personal things, would you
   a) prefer that other group members were from outside your neighbourhood
   b) prefer that they were from your neighbourhood
   c) or would it not matter
   d) don't know

6. If you wanted to see a counselor would you be more comfortable and at ease going to
   a) a counselor who was known in the neighbourhood, such as an area counselor
   b) a counselor who was not known in the neighbourhood, such as one in a downtown agency
   c) or would it make no difference
   d) don't know

7. If you knew a counseling service was especially for the residents of the neighbourhood would you
   a) be more likely to use it
   b) less likely to use it
   c) or would it make no difference
   d) don't know

8. If you were very upset and decided to see a counselor and were told you'd have to wait 2 or 3 weeks for an appointment, do you think you would
   a) still want to go
   b) would you want to think it over
   c) or would you decide not to go
   d) don't know

9. If you decided to learn more about job opportunities or how to raise children or to up-grade your education and you found that
to do this you would have to be in a group, would you

a) prefer other group members to be neighbours  
b) prefer other group members to be strangers from outside the neighbourhood  
c) or would it make no difference  
d) don't know

10. Sometimes people who might like to learn more about family life or raising children or home making are worried or hesitant about joining a program. If you were in such a position, would you

a) prefer to be left alone until you were ready to join  
b) prefer to have someone drop by and invite you to join  
c) or would it make no difference  
d) don't know

11. If you knew that a job training program, an employment program or an educational program was put on especially for the residents of this neighbourhood, would you be

a) more likely to attend  
b) less likely to attend  
c) or would it make no difference  
d) don't know

12. If you were considering attending or joining an educational or employment program would you be more comfortable and at east contacting the person running the program

a) if he was known in the area  
b) if he was not known in the area  
c) or would it make no difference  
d) don't know

13. If you wanted to join an educational or employment group, would you

a) prefer the program to be run in this neighbourhood  
b) prefer the program to be run in an agency or organization outside this neighbourhood  
c) or would it make no difference  
d) don't know

14. If you knew that some of the residents of this area were involved in the planning and organizing of educational or employment programs would you be

a) more likely to participate in the program  
b) less likely to participate in the program  
c) or would it make no difference  
d) don't know
15. If you had a choice, would you rather have
   a) many services combined in a single centre designed
to serve this neighbourhood
   b) leave the services separated as they are now but
have more information available in the neighbourhood
on how to use the services

Now these are the last few questions. The first one is about baby
sitting.

1. When you plan to go out during the daytime (alone if wife, with
wife if husband) do you have
   a) a very difficult time arranging baby sitting
   b) a slightly difficult time
   c) or no trouble at all
   d) no opinion

2. When you go out during the evening (with spouse if married) do
you have
   a) a very difficult time arranging baby sitting
   b) a slightly difficult time
   c) or no trouble at all
   d) no opinion

3. Now what about transportation? When you go out during the daytime
do you
   a) have a car or the use of a car
   b) do you usually use public transportation
   c) do you use taxis
   d) or do you usually walk
   e) no opinion

4. When you go out during the evening do you
   a) have a car or the use of a car
   b) do you use generally public transportation
   c) do you usually use taxis
   d) or do you usually have to walk
   e) no opinion

5. Do you know the names of any agencies or organizations from which
a person can get help
   a)
   b)
   c)
6. Have you ever used the service of a social agency such as Family Service Bureau, Children's Aid Society or the Addiction Research Foundation?

   Yes   No

   If yes, were you satisfied with the service?

   Yes   No

   Why?

7. Have you received any social assistance in the form of welfare, mother's allowance, disability allowance or blind persons allowance in the past six months.

   Yes   No
Dear Resident of Glengarry Court:

I am a graduate social work student at the University of Windsor and I am conducting a research study in this area.

Your residence was randomly selected as part of the sample for this study. As such, I will be dropping by within the next week or so requesting about 20 minutes of your time to ask your opinion on matters related to the services for this neighbourhood.

I have asked for, and received, the approval of Mr. Ruta of Windsor Housing Authority to undertake this study in the project. However, it should be noted that the study has nothing to do with housing or the Windsor Housing Authority.

The overall purpose of this study is to help improve the services for this neighbourhood. It is an opportunity for the residents to express their views on the services which are or are not needed in this area. I hope that you will help me in completing this project. If the time I drop by is not convenient I will be pleased to arrange a better time to come back. If you have any questions concerning this study or the interview, please feel free to contact me (252-0661) or Donna Gamble, President of the DCDC.

I look forward to meeting you.

Sincerely,

Garth Martin.
HISTIOGRAPHY
BIBLIOGRAPHY

Books


Journals and Periodicals


Government Documents


Other Materials

VITA

Garth Martin was born May 16, 1942 at Montreal. He received his elementary and secondary education in Montreal at Kensington School, Monklands High School and Montreal High School. After high school he attended McGill University where he received a Bachelor of Engineering degree in Chemical Engineering in 1964.

Following graduation, Mr. Martin was employed by Dow Chemical of Canada Limited in Sarnia, Ontario. He worked there for six years, initially in production, but later in marketing. During this period Mr. Martin was elected to the Board of Directors and served on the executive of the Lambton County Branch of The Canadian Mental Health Association.

In September, 1970, he left work to enter the University of Windsor School of Social Work from which he graduated in September, 1972, with the degree of Master of Social Work.