ADDRESSING GAPS IN THE DELIVERY OF COMMUNITY SERVICES:

THE CASE OF ONE INNER-CITY COMMUNITY

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Introduction

The need for more effective approaches to the
delivery of health and social services in inner-city
communities is well established. Attempts to improve
service delivery in such areas as housing, health care,
and job training usually concentrate on strengthening
community education efforts and other strategies de-
signed to motivate potential users of community ser-
vices. Little emphasis has been placed on increasing
the communication between different community service
providers to achieve better coordination among organi-
zations responsible for service delivery in inner-city
communities. As a consequence, major service gaps
exist including such problems as duplication of ser-
vices, limited accessiblity, and the absence of essen-
tial services. Such service gaps may go unnoticed
unless community service providers and inner-city
residents organize to address these problems. This
paper reports on a study of community service providers
who are working with residents to deal with the prob-
lem of service gaps in their inner-city community.

The survey of the community service providers was
undertaken to obtain data on 1) the demographic charac-
teristics of members; 2) the kinds of services provided
to this community by the various agencies and organiza-
tions; and 3) perceptions that providers have of their
low-income clients. This survey is a first step to
gather useful baseline data so that this organization
can effectively plan and evaluate its activities in
the community.

The first part of this paper describes the inner-
city community and gives an overview of the organization.
The remaining sections present the study. Permission
was obtained to circulate a questionnaire to members
of the organization. However, it was agreed that the
name of the organization, its members, and the commun-
ity it serves would remain anonymous. Therefore, for
the purpose of this analysis, the organization is

referred to as the COALITION and the community as "an inner-city community."

The Inner-City Community

This inner-city community is a densely populated area. It is composed of people living in a housing development operated by the Chicago Housing Authority. Although the housing development is located within one of the seventy-five community areas as geographically designated by the city's governmental body, the nature of this housing development makes it a community unto itself. The housing development is highly congested. There are twenty-eight sixteen-story buildings covering ninety-two acres of land with forty-seven apartments per acre. The units in this development have the capacity to house 24,430 persons. However, the approximately 20,490 residents of the development are crowded into an area which is two miles long and only one block wide. In addition to overcrowded conditions, many problems are related to the physical environment of the housing development. Inadequate sanitation and safety conditions make the residents especially vulnerable to poor health and accidents.

Based on the census data compiled by the Chicago Housing Authority in 1978, all of the residents in this inner-city community are black. It is a young population with over seventy percent of its members being minors. Of the 4,142 families, only 441 (11%) are two-parent households. In most instances, the one-parent families are female-headed households. The city's housing authority also reports that there are 4.8 persons per family and 3.5 as the average number of minors per family. The median income for families is $4,415 per year. The majority of the families receive various types of public assistance or pensions. The public assistance is in the form of Aid to Families with Dependent Children and general assistance. The pensions are from such sources as social security, governmental programs, and private plans. These demographic characteristics are indicative of the special problems faced by residents of inner-city comunities in Chicago where there is a great need for adequate services in such areas as child and health care, employment and job training, and personal safety.[1]

The COALITION

The COALITION is composed of people in public and private agencies and institutions and residents

committed to working together for the community. **The** group began in May of 1975. The organizers were residents and people from community agencies and institutions who banded together to address local issues, especially the need for recreational facilities for the youth. The primary purpose of the COALITION has expanded to provide a mechanism for community agencies to come together and coordinate their efforts to serve the community residents. The stated goals are as follows: 1) To identify needs, raise issues, and discuss problems of the community; 2) To work together in order to be responsive to those identified community needs that are within our [the COALITION] capabilities; 3) To coordinate services to prevent duplication and identify gaps in services; and 4) To share information and promote understanding of services and how to obtain them.

The members of the COALITION have used various activities to implement its goals. For example, it is a regular practice at the monthly meetings to "highlight" one of the agencies that provides services to the community. The agency representative describes the community services that are available and how to go about receiving these services. More information is shared than that contained in a pamphlet for prospective clients. This presentation also provides the opportunity for other service providers as well as residents to have questions answered, make suggestions, and comment on any problems they have with that agency's service delivery system.

The agency which makes the presentation benefits from the comments of the residents and other service providers. These comments may influence policies of that agency. The residents and other service providers have the information about that agency and the positive feeling of knowing that their concerns are important and that the comments are considered in decision making.

Additionally, the COALITION has sponsored health fairs, "parenting" workshops, and forums on various topics, such as effective communication and gangs. Although guests are sometimes invited, it is the members of the COALITION who are active participants in these activities.

Methodology

The survey method was used to collect data for this descriptive study. During the last week of August in 1979, a questionnaire was mailed to 43 members of the

COALITION community service providers, who held membership between September of 1978 through June of 1979. These 43 providers represented 29 agencies, institutions, and organizations that serve the area. The questionnaires were mailed to the members at their respective agency addresses to minimize loss of response due to any change in home addresses. One follow-up mailing was made several weeks after the initial mailing to non-respondents. Telephoning was the final effort made by the investigator to reach these individuals. Twenty-seven questionnaires were returned for a response rate of 63 percent; however, only twenty-five individuals are in the study as two of the returns were voided.

Although the COALITION is composed of community residents as well as the community service providers, only the providers are documented in the study. Few residents are listed in the membership book by names and addresses for the past year, and during scheduled meetings, it was a general occurrence that different residents came to the different meetings. Hence, it was difficult to bring together a good number to include in this initial survey. However, the importance of obtaining the characteristics and perspectives of the community residents has not been overlooked. Attempts to document this aspect will occur at a later time, while continuing to monitor the activities and characteristics of the COALITION.

The COALITION Questionnaire

The COALITION questionnaire was designed to provide data on 1) the socio-economic and demographic characteristics of the respondents; 2) selected characteristics of the types of services provided by the employing agencies or institutions of the respondents; and 3) the perceptions of the community service providers as they view their low-income clients whom they purport to serve through the community agencies and the COALITION.

The section of the questionnaire which attempts to measure the perceptions of the providers about their clients was primarily based on Maslow's theory of hierarchical needs. The statements are attempts to obtain the *providers'* perceptions of their clients' abilitites to fulfill the range of needs as conceptualized by Maslow.

To be able to document exactly *how* the clients are viewed by the providers may give us needed perspectives as to whether or not stated goals of the COALITION have a chance of being realized. In the final analysis,

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"how" providers view clients may reflect their "invest-
ment" in the COALITION as well as their job performance.

According to Abraham Maslow, there is a hierarchy
of motivated needs that range from the most simple and
basic to the most complex and sophisticated. These
five needs are as follows: 1) physiological needs;
2) safety needs; 3) the belongingness and love needs;
4) the esteem needs; and 5) the need for self-actual-
ization. The physiological needs are the most basic
and deal with the survival of the individual. If per-
sons are deprived of food, safety, love, and esteem,
they hunger more for food than any of the other needs.
Their whole existence would center on obtaining food.[2]

It is the assumption of this study that people
want to do more than just meet their physiological
needs. In other words, it is assumed that they have
the desire to fulfill the needs beyond the physiolog-
ical level. It is also recognized that the clients
of the providers are at various levels on Maslow's
hierarchical scheme.

After the physiological needs are gratified, the
next needs to be satisfied are those dealing with
safety. Under the heading of safety needs are: need
for structure, order, law and limits, security, pro-
tection, and freedom from fear.

The belongingness and love needs emerge after the
physiological and safety needs are well satisfied;
these needs refer to the person's hunger for affection-
ate relationships with people in general. With the
previous needs--physiological and safety--fulfilled
or being met, people will actively attempt to meet
their belongingness and love needs.

The esteem needs stem from all individuals' desire
to be viewed as having some worth. In other words,
the desire for a high evaluation of themselves for
self-esteem and for the esteem of others is present.

The need for self-actualization refers to the
desire for self-fulfillment. It is the desire to be-
come all that one really wants to be. For one indi-
vidual, this may be to become an ideal father, or an
ideal mother. In another, it may be expressed as the
desire to become an effective administrator or teacher.

Findings

Table 1 shows that the twenty-five respondents are
twelve males and thirteen females. Eighty-four percent

of the sample is black and ninety-two percent of the
respondents are over thirty years of age. As they are
providers of a diversity of professional services, it
is not surprising that the respondents are well edu-
cated. Almost all have had some college education
with forty-eight percent at the master's level. Com-
mensurate with these high levels of college education,
approximately half of the respondents earned $20,000
or more per year. The profile of the average respond-
ent is that of a black female or male who is over thirty
years of age and married. He or she has a master's
degree and earns $20,000 or more per year.

TABLE 1. Selected Demographic Characteristics of the Respondents

Characteristic	Percent	(Number) N=25
Sex		
Male	48	(12)
Female	52	(13)
Racial group		
Blacks/Afro-Americans	84	(21)
Whites	16	(4)
Age[a]		
21 yrs.--29 yrs.	8	(2)
30 yrs.--39 yrs.	36	(9)
40 yrs.--49 yrs.	32	(8)
≥50 yrs.	21	(5)
Marital Status[a]		
Never married	20	(5)
Married	52	(13)
Separated/Divorced	24	(6)
Education[a]		
High School diploma	4	(1)
1-3 yrs. of college	20	(5)
Bachelor's Degree	20	(5)
Master's Degree	48	(12)
Ph.D.	4	(1)
Income[a]		
$ 5,000-- 9,999 per year	4	(1)
10,000--14,999 per year	8	(2)
15,000--19,999 per year	36	(9)
20,000--or more per year	48	(12)

[a]There is one missing observation; hence, the category does not
total to 100%.

The respondents were asked to report all of the types and kinds of services that their organization provided to this specific inner-city community. A checklist of possible services for them to choose from was provided, as shown in Table 2. Space was provided for other possibilities to be written in other than those detailed. Table 2 shows that responses clustered around the services of family and individual counseling, education, and health care. Hence, these twenty-five participants represent twenty organizations that are primarily concerned with providing education, physical and mental health care services to the community.

TABLE 2. Respondents' Listing of the Types of Services Provided to the Community by their Agency or Organization for 1978-1979.

Service[a]	Providing % (number)	Not Providing % (number)
Education	64 (16)	36 (9)
Family Counseling	68 (17)	32 (8)
Individual Counseling	68 (17)	32 (8)
Housing	16 (4)	84 (21)
Health Care	40 (10)	60 (15)
Job Training	24 (6)	76 (19)
Financial Assistance	28 (7)	72 (18)
Child Care	32 (8)	68 (17)
Recreation	36 (9)	64 (16)
Other[b]	28 (7)	72 (18)

[a]Each row will total 100% and (25), respectively.

[b]The other category included such services as child protective services, spiritual guidance, community organizing, and food services.

Specific inquiries were made about the respondents' participation in the COALITION. Sixty percent had attended more than fifty percent of the scheduled meetings during the past year. Table 3 also shows that eighty percent (twenty individuals) were satisfied with the activities of the COALITION. This is an important finding, because of the high degree of volunteerism of the COALITION. If the group is to remain viable, there must be a core of individuals who receive personal satisfaction from its activities. This would probably help to foster a deep commitment to the COALITION.

TABLE 3. Percent of Time in Attendance at COALITION Meetings
and Personal Satisfaction with its Activities for
1978-1979.

Variable	Percent (Number)	
Percentage of time in attendance at COALITION meetings		
<25% of time	20	(5)
25-50%	20	(5)
51-75%	32	(8)
>75% of time	28	(7)
	100	(25)
Degree of Personal Satisfaction with COALITION meetings		
Very satisfying	36	(9)
Satisfying	44	(11)
Unsatisfying	8	(2)
Undecided	12	(3)
	100	(25)

A key question was, "Did your agency or organiza-
tion make any changes in the delivery of services to
this community that you can attribute to knowledge
gained through the COALITION?" Table 4 reveals that
twenty-eight percent of these twenty-five respondents
reported that there had been changes. Generally, the
changes concerned the reallocation of services in the
community and an improvement in agency referral prac-
tices.

Table 4 shows, however, that fewer than half of
these individuals had participated on special committees
during the past year. Most of the respondents were
willing to participate in 1979-1980, and two-thirds of
them had already participated in activities related
to the COALITION other than attending meetings. This
may be another indication of a high degree of commit-
ment to the organization.

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TABLE 4. COALITION Related Activities of Providers and Their Agencies or Organizations for 1978-1979.

Activity	% Responses		
	Yes	No	Total % (N)
Participation on special committee(s) of COALITION during the past year (1978-1979).	44	56	100 (25)
Willingness to participate on special committee(s) of the COALITION in the coming year (1979-1980).	88	8	96 (24)[a]
Performed other activities related to the COALITION other than attendance at scheduled meetings during the past year (1978-1979).	64	36	100 (25)
Agency or organization made changes in its delivery of services based on knowledge gained through the COALITION.	28	72	100 (25)

[a]There is one missing observation.

Perceptions

Respondents were asked about their opinions and feelings about the clients that they are currently serving in the community. Sixty-four percent of these respondents agreed with the statement: "I am optimistic that most of my clients in this community will be able to achieve a good quality of life," as shown in Table 5. Generally, they did not believe that clients would always need some type of public assistance most of their lives, indicating a positive frame of reference in viewing clients. It may also be inferred that they think the clients have the desire and will achieve some degree of "self-actualization."

TABLE 5. Providers' Perceptions of Their Low-income Clients Currently Being Served (1978-79)

Perception Statement[a]	% Strongly Agree and Agree	% Neither Agree nor Disagree	% Strongly Disagree and Disagree	Total % (N)[b]
1. I am optimistic that most of my clients at. . .will be able to achieve a good life.	64	12	20	96 (24)
2. Most of my clients have not received the good recognition from others that they deserve.	60	20	12	92 (23)
3. I feel that most of my clients at. . .take advantage of opportunities to improve their educational status.	20	20	56	96 (24)
4. I feel that most of my clients are lacking adequate safety in their current environment.	84	12	0	96 (24)
5. I think that most of my clients at. . .will always need some type of public assistance most of their lives.	32	16	48	96 (24)
6. I feel that most of my clients at. . .take advantage of opportunities to improve their occupational status.	44	16	36	96 (24)
7. I think that most of my clients have a low opinion of themselves.	40	16	40	96 (24)
8. Oftentimes I feel that the reasons that community services are not adequately provided is because of bureaucratic "red tape."	72	12	12	96 (24)
9. In general, most of my clients have very good coping skills for living in their current environment.	68	12	16	96 (24)
10. Each day I fear more for the security of my clients who live in the housing development.	60	20	20	96 (24)
11. The reason why my clients fail appointments is because they do not want my help.	4	12	76	92 (23)
12. I feel that the reason why my clients do not get the breaks they deserve in life is because they are discriminated against because of their race.	48	12	36	96 (24)
13. If I had the opportunity to work with clients from a more affluent community I would take the position instead of working with my present clients at. . . .	4	16	76	96 (24)
14. I try to follow up on any clients who miss an appointment with me.	84	8	0	92 (23)
15. In general, most of my clients seem to experience more emotional and mental ailments than other people in general.	40	20	32	92 (23)
16. Most of the complaints of my clients about physical ailments are not exaggerated.	56	20	16	92 (23)

[a] The strongly agree category was combined with the agree category and the strongly disagree and disagree categories were combined. This was done because of the small numbers in the strongly disagree and strongly agree categories.

[b] Unequal numbers (N's) due to nonresponses to some statements.

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Fifty-six percent of the respondents thought their
clients did not take advantage of opportunities to
improve their educational status. At the same time,
they were split in their opinion of whether or not the
clients take advantage of opportunities to improve
their occupational status.

Most of the participants felt that their clients
have very good coping skills for living in their
current environment. The majority agreed that the
clients are lacking safety in the current environment
and feared for the personal security of the clients.
The respondents believe the clients have not received
the good recognition from others that they deserve.

Implicit from these findings, and using Maslow's
terminology, one can infer that the providers perceive
that the safety and esteem needs of their clients are
not being sufficiently fulfilled. Additionally, almost
half (48%) also believe that their clients do not get
the breaks they deserve in life because of racial dis-
crimination.

Overwhelmingly, these respondents agreed that they
would turn down the opportunity to work with clients
from a more affluent community in favor of their present
clientele. They also found the activities of the
COALITION to be personally satisfying to them.

Conclusions

This investigation provides baseline data for an
ongoing study concerning community service providers
and their activities in the COALITION for planning,
implementation, and evaluative purposes. This descrip-
tive study provides a profile of one group's attempt
to address the problem of service gaps in an inner-city
community. It documents the twenty agencies and organ-
izations that the twenty-five respondents represent,
primarily providing education, family counseling, in-
dividual counseling, and health care services.

It is possible that modifications in existing
services may be in order based on the population char-
acteristics of residents in the community. Information
from community residents about their needs and desires
will be necessary before any extensive actions can be
decided upon. However, a key finding of this study is
that twenty-eight percent of the respondents reported
modification in the delivery of services by their agen-
cies and organizations based on knowledge gained through
participation in the COALITION. These changes were
made to minimize gaps in services. Hence, this kind

of study can be of value for providers and residents in the community because, in the final analysis, any community organization must be able to document its impact in its community.

A major implication of the study is that agencies, institutions, and organizations can certainly benefit from having a profile of people who are most effective in representing their institutions in community-related activities. These respondents appear to have a strong commitment in this community as well as to the COALITION. This is indicated by their preference for working in this community rather than in one which is more affluent. Additionally, a good percentage of participation in COALITION activities is evident. Most organizations in a community which provide personal services to the residents have a community outreach component. It is, however, helpful to have a "profile" of the kinds of staff or administrative people who would be most positive and effective in community related activities for their organization. Subsequent studies of the COALITION will be expanded to include the perspectives of the residents regarding their community, the community service providers, and participation in the COALITION.

Notes

[1] *Chicago Housing Authority Statistical Report 1978.* (Chicago: Chicago Housing Authority Executive Office, Information and Statistics Division, June, 1979).

[2] A.H. Maslow. *Motivation and Personality.* (New York: Harper and Row, Inc., 1970) 35-47.