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Model Neighborhoods: A Research Note

Roger A. Lohmann

Cities, like people, age. In the United States the aging process for cities has, in many ways, been less than graceful. As a result, there is great concern in this country today with the “decline” of our cities. This context of concern over the quality of urban environment is in the forefront continually with regard to the Model Neighborhood program. There are at least three distinct aspects of this concern that are worth noting:

- 1) The continuing and observable deterioration in central “core” areas of major metropolitan areas;
- 2) The assumption that this physical deteriorating is related to other social problems as indicated by such factors as rates of juvenile delinquency, crime, illegitimate births, public welfare caseloads, etc.; and
- 3) The increasing concern for citizens and client participation in decision-making – which is in reality an aspect of making the environment more responsive to the individual.

All of these matters must be kept in mind in viewing the prospects for maintaining and improving the quality of life for elderly residents of Model Neighborhoods. This paper will attempt to explore one small facet of these brand issues – the provision of human services (particularly human services) to elderly residents of these model neighborhoods. It is assumed that the need can be established for a number of services for the elderly, and that the elderly can also benefit from other general services which are needed by the community at large.

Most social welfare programs currently found in the area are provided by large-scale organizations such as the county welfare agency, which reside outside the Model Neighborhood area or by organizations in the area whose full catchment area extends far beyond the Model Neighborhood area. With the exception of the Senior Citizens Center at 1505 Park Ave. S., in Minneapolis, the location and scale of these human service “supermarkets” is highly unfavorable to the elderly resident physically and psychologically. This results in greatly decreased accessibility for all except the most health and mobile elderly.

In addition, it is suggested that operation human service programs on this scale results in the client becoming the lowest level of the bureaucratic hierarchy which in turn may leave them fearful, resentful and unwilling to seek services. Finally, gigantic gaps in available services currently result in discontinuous systematic treatment of cases.

One way of improving at least some of these ills would be to reduce the scale and territory of services to the neighborhood level. While complete decentralization by creation of a neighborhood level of local governance seems inadvisable and

impractical, attempts could be made to distinguish between these governmental services (such as medical care and education) which closely involve the individual, and thus imply a high level of participation and those services (such as transportation and waste disposal) which seem to be more efficiently handled on an area-wide basis. In this determination most human services would probably imply the need for personal involvement and neighborhood scale.

A more immediate step toward improvement might be to use the already existing relationship between City Hall and the Program and Policy Committee of the Model Neighborhoods organization. The City could authorize the PPC staff to license human service operations in the area. This would allow the establishment of standards of performance for service delivery and provide a much needed coordination mechanism to improve delivery of services by adding the development of uniform intake procedures and forms, and regular referral procedures.

Another possible solution is linked with the much discussed Neighborhood Services Center concept. Also called multi-purpose centers, the idea is to physically locate multiple staff from different human services in a single location in the neighborhood. These neighborhood multi-service centers are frequently located in store-front facilities within walking distance of all residences in the neighborhood, thus greatly increasing their accessibility for the elderly. Unfortunately, unless area residents are fully aware of the nature and purposes of such a facility it promises to be about as inaccessible as the downtown office miles away.

The neighborhood service center is, it seems, a very simple and sound idea. However, given the current, heterogeneous nature of the Model Neighborhood area there are at least three functional patterns for organizing such centers:

- 1) Horizontal centers could be established to service particular client groups such as adolescents or senior citizens.
- 2) Vertical centers could serve the general population within a specified area (usually not more than several square blocks).
- 3) "Diagonal" centers could be established in either of two distinct ways:
 - a. Institutions located in Model Neighborhoods which have a territory and scale larger than the neighborhood could develop neighborhood-level branches.
 - b. Limited-purpose institutions such as schools serving a neighborhood area could expand their operations to embrace a wider array of human services.

Examples of the above two alternatives can be found in the development of a senior citizens activity program for neighborhood residents in larger nursing and personal care homes such as Ebenezer Homes or hospitals or in allowing use of school facilities for such diverse programs as senior centers, public health services or recreation services for older persons.

Regardless of the form improvements of the human service system in Model Neighborhoods take there are five considerations which seem central to effective delivery of services to the elderly. The services should be *available*, physically and financially and *accessible* psychologically and socially. They should be *acceptable* in scope and depth and *efficient* for the individual and society. Finally, services should be *effective* in terms of their comprehensiveness, continuity and quality.

With this in mind the following list is suggested as elements of human services which could be incorporated into the network of horizontal, vertical and diagonal service centers. It is not intended to be all-inclusive:

Food distribution and production

- Conveniently located private grocery stores and restaurants
- "Meals on Wheels" and homemaker services for home bound elderly
- Cafeterias, restaurants, diners and other forms of group dining facilities
- Gardening or horticultural projects for senior centers and clubs

Consumer protection

- Consumer education and counseling
- Credit unions
- Consumer cooperatives

Legal protection

- Legal services
- Consumer and employment problems
- Problems with administrative agencies
- Family problems
- Protective services
- Housing problems

Housing protection

- Location assistance
- Code enforcement
- Homemaker assistance
- Renovation and remodeling (private contractors)

Employment and Training Programs

- Job-seeking assistance
- Vocational training and retraining
- Direct employment

- Vocational rehabilitation

Education and Counseling

- Personal guidance and counseling
- Social action (advocacy)
- Recreation services
- Library services
- Adult education programs
- Dental health clinics

Because of the crisis environment in which the Model Neighborhoods program is developing, there may be a tendency to view these and other human services as short term means of “solving” problems. The wiser view would be that programs such as these suggested above ought to be considered as integral components of more comprehensive healthy, humane urban living environments.