A SOCIAL PLAN FOR COMMUNITY RENEWAL

OF THE CITY OF PROVIDENCE

RHODE ISLAND

TECHNICAL SUPPLEMENT

January 23, 1964

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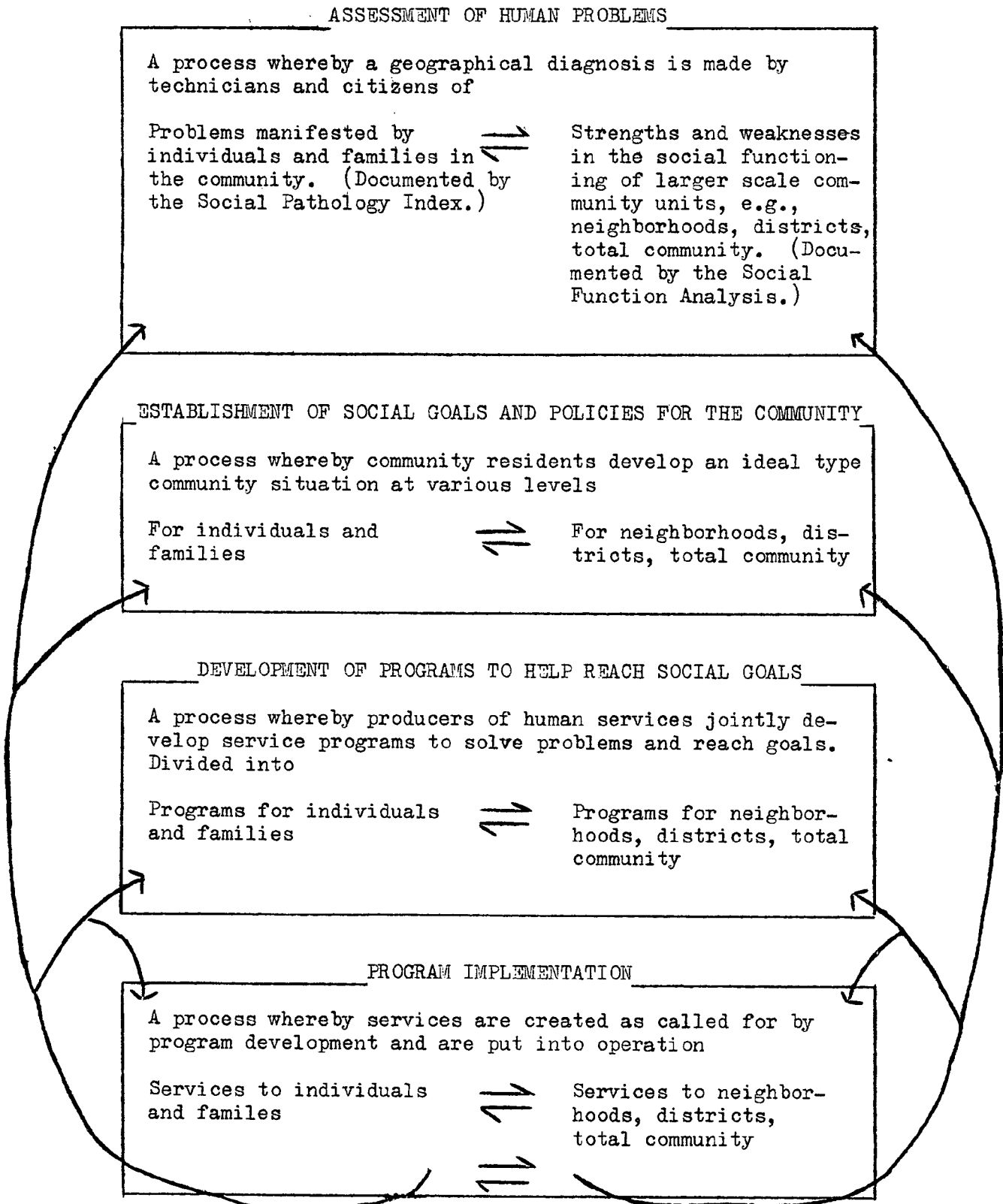
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INTRODUCTION

The Technical Supplement describes and illustrates the research methodology used in connection with the preparation of the Social Plan for Community Renewal of the City of Providence, Rhode Island. This methodology relates to the research objectives which were only one element in the overall planning process. In order to see this methodology in context, therefore, it is necessary to have a picture of the total planning process of which it was a part.

The planning process which resulted in the Social Plan for Community Renewal consisted of four basic elements: (1) the assessment of human problems, (2) the formulation of social goals and policies for the City, (3) the development of programs to deal with problems and to reach social goals, and (4) the implementation of programs - - the actual creation and operation of services.

While each of the elements can be described apart from the others, in reality they take place within the context of a constant stream of activity and occur at times concurrently rather than in any rigid time sequence. Figure 1 presents a schematic representation of the planning process and its major elements.

FIGURE 1
BASIC ELEMENTS IN
THE SOCIAL PLANNING PROCESS

ASSESSMENT OF HUMAN PROBLEMS

A process whereby a geographical diagnosis is made by technicians and citizens of

Problems manifested by individuals and families in the community. (Documented by the Social Pathology Index.) → ← Strengths and weaknesses in the social functioning of larger scale community units, e.g., neighborhoods, districts, total community. (Documented by the Social Function Analysis.)

ESTABLISHMENT OF SOCIAL GOALS AND POLICIES FOR THE COMMUNITY

A process whereby community residents develop an ideal type community situation at various levels

For individuals and families ⇌ For neighborhoods, districts, total community

DEVELOPMENT OF PROGRAMS TO HELP REACH SOCIAL GOALS

A process whereby producers of human services jointly develop service programs to solve problems and reach goals. Divided into

Programs for individuals and families ⇌ Programs for neighborhoods, districts, total community

PROGRAM IMPLEMENTATION

A process whereby services are created as called for by program development and are put into operation

Services to individuals and familes ⇌ Services to neighborhoods, districts, total community

A "feedback" process is represented by arrows in the Figure. A feedback process refers to the tendency for change to result from or originate during the implementation of service programs. It is hoped that service programs will cause changes in documented conditions in the direction of desired goals. Whatever changes occur will have significance for each part of the scheme.

That is, changes will necessitate constant re-assessment of social functioning, re-examination and re-definition of social goals and policies, and modifications in service programs. Changes will result, ultimately, in the development of new programs, and then the feedback circle will begin again.

Each element in the scheme is affected by time. For example, an assessment of human problems can be made from past information and from present information. Comparison between past and present situations will yield information as to changes which have taken place. The future segment of the assessment phase will be concerned with the formulation of hypotheses, which are specific predictions about the nature of problems and functioning in the future. Social goals and policies also reflect a consideration of time. The wise community formulates goals for the present, the immediate future and the long-range future. Since service programs are based on goals and policies, time affects them in like manner.

ASSESSMENT METHODS

Three major assessment tools were developed by the Council in the course of studying the social foundations of urban renewal: (1) the Social Pathology Index, the incidence of problems manifested by individuals and families by their place of residence; (2) the Social Function Analysis, a description of the strengths and weaknesses of Providence neighborhoods as functioning social units; (3) the Community Institutional Analysis, an assessment of the major municipal and community services in relation to their effect upon urban renewal programs.

Social Pathology Index

The incidence of social problems was measured by the Social Pathology Index, a tool constructed for the Community Renewal Program. The purpose of the S.P.I. is to document the relative incidence of problems manifested by individuals and families by their place of residence. Based on a conceptual framework which establishes a rationale for classifying such problems, the S.P.I. contains five major problem categories within which specific data were collected. The five categories are: ill health, economic dependency, family breakdown, inadequate education and anti-social behavior. Within these five categories, 72 factors were scheduled for observation,

50 were actually observed, and the observations on 45 were analyzed through the facilities of the Brown University Computor Laboratory.

Conceptual Model

It is important to differentiate between societal problems and social problems. The former refers to problems of society, the latter to problems of relationships. Societal problems include, for example, problems of health, education, welfare, recreation, employment, housing, and problems of relationship. Community problems are those societal problems peculiar to a particular community.

In this study, a community problem can be defined as a condition possessing three characteristic elements.

> " 1. A situation capable of measurement.
>
> 2. A value believed threatened thereby.
>
> 3. A realization that the situation and the value should be reconciled by group action." [1]

It may be said that the value threatened is a community (societal) norm, an important belief which the community posses, a standard supported by the community. Furthermore, the threatened standard endangers the functional organization of the community - its ability to function effectively in meeting the needs of the greatest number of its residents.

There is an interrelatedness between individual needs and community standards. The community is an extension of the family unit. It meets the needs of individuals and family units. The community fosters and promotes living circumstances (liveability) for the greatest number.

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[1] Francis E. Merrill's paper of 1924 as quoted by J.E. Nordskog in Analyzing Social Problems (The Dryden Press: New York, N.Y.), 1950, p. 9.

The community has requirements (needs) which must be met in order that it may function effectively. [2] Effective functioning is dependent upon an adequate level of psycho-social functioning on the part of the individuals comprising the community.

Individuals have requirements (needs) which in turn must be met in order to attain an adequate (and satisfying) level of psycho-social functioning. [3] These basic human needs can be grouped into five categories.

1. the need for physical and mental health

2. the need for material provision

3. the need for love and belonging

4. the need for outlets for expression and creativity

5. the need for limits and controls, standards of conduct

The above categories of need are interdependent and cannot be separated in life, except for classification purposes.

The community establishes standards for each of the above types of need to assure the adequate psycho-social functioning of individuals to maintain communal functioning.

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[2] Dimensions of community functioning have been described by Christen T. Jonassen in his article, "Community Typology" in Community Structure and Analysis, , ed. Marvin D. Sussman (Crowell: New York, N. Y.), 1959, Chapter I.

[3] In an urbanized-industrialized society such as ours, individuals rely heavily upon the community for meeting basic human needs. This contrasts with agrarian societies where the family is relied upon for meeting basic needs with much less emphasis placed upon the role of the community.

[4] Kahn, J.H., M.D., "Community Responsibility for Mental Health", Mental Hygiene (July, 1958), pp. 472-481

If a problem in a need area is left untreated or is not effectively remedied, an unhealthy (pathologic) state exists which may threaten other areas of community life, and, in turn, the functional organization of the community.

It is concluded that the need areas presented above serve adequately as categories within which to cite and measure conditions (problems) which threaten standards within those need areas. It is assumed that those standards can be identified in Providence.

Furthermore, it is assumed that the problems (threatening conditions) can be measured from available demographic and service statistics and inferences can be made about the degree of pathology existing in Providence by census tract or other geographical units. Such inferences can be represented numerically as in the S.P.I. .

The Social Pathology Index represents the totality of pathological properties of the people and the environment of a particular census tract with a number. That number can be compared with numbers for other census tracts. Each Index number is a composite of other numbers representing many kinds of specific pathological conditions occuring in Providence by census tract. The greatest number of specific pathological conditions were used in the Index, in order to make the most accurate possible assessment of the community problems occurring in Providence. The specific pathological conditions which contribute to the Index can be graphically represented in a profile of pathological conditions for each census tract.

It is of prime interest in this project to disclose specific pathological conditions which are found in association with one another by census tract or multiples of census tracts, and to relate

their existence to the degree of blight found in the same geographical
area.

It is recognized that an Index as constituted in this study is
a relative measure of conditions by census tract and an indirect mea-
sure of community problems. It is also recognized that, at best, an Index is
based upon the dgements of the index maker - the selection of items
is arbitrary. However, the items can be quantified uniformly by
selection of appropriate kinds of raw data. This makes it essential
to appraise with care the accuracy and completeness of data.

Data Collection and Analysis

The census tract has been used commonly as the basic unit of geo-
graphy within which indices are established. Our experience has shown
that the relatively large size of the census tract prevents analysis
at the smaller scales necessary for urban renewal purposes. All
data, therefore, were collected and analyzed by block, by enumeration
district and by census tract.

Analysis of the data collected for constructing the S.P.I. in-
volved several steps. Data on the factors were collected according
to the address of the person involved. In the case of some factors,
data were collected for a three year period, 1959, 1960 and 1961,
and averaged out over a one year period to provide a more reliable
basis for computing rates. The data were classified by enumeration
district. The total number of cases in each E.D. was punched on an
IBM card constituted for each E.D. .

The population base appropriate for computing the incidence rate
for each factor was punched on another IBM card for each E.D. . In
the case of divorce, the population of the E.D. from 15 to 65 years
old was used. In the case of illegitimacy, the female population

of the E.D. between 15 and 44 years old was used.

All data were converted into rates per thousand population in census tracts and into rates per hundred population in enumeration districts. The rates were computed by machines and printed out in terms of rates for all factors for each E.D.

Once the above operations were performed, it was possible to construct the Index itself. Each E.D. was accorded a rank for a given factor. To determine the rank, the 216 E.D.'s of the City were arranged in ascending order according to the size of their rates for each of the factors programmed. Deciles were established for this array. The first decile was an imaginary value between zero and the value of the first rate greater than zero. Thus, all and only those E.D.'s with rates of zero fell below D_1. The remaining deciles were located at every $\dfrac{N_T - N_t}{9}$ th E.D. where,

N_T = total number of all E.D.'s

N_t = total number of E D.'s with rates of 0.0

When a decile fell on a value which was the same for more than one E.D., the decile was actually located at an imaginary value between that value and the value of the next highest or next lowest rate, whichever incorporated fewer additional E.D.'s.

Rank then refers to the particular tenth of the cases within which the E.D. rate falls. Thus, if an E.D. rate fell below D_1, it would have a rank of 1. If it fell above D_9, it would have a rank of 10.

The mean of ranks on all factors for each E.D. was then calculated. The mean constituted the S.P.I. score for that E.D. . For example, E.D. 13 had a mean rank of 7.3 . The decimal point was

dropped, and this mean rank became an S.P.I. score located on a 0 to 100 continuum. A ten color key was developed, symbolic of each of the ten point ranges in the 100 point Index. Using a census tract map for the city, a visual representation of problem incidence by E.D.'s was thereby created with the aid of the color key.

In addition to the composite S.P.I. scores, profiles were formulated for each E.D. and for each neighborhood. These profiles or bar graphs indicated the rank of the incidence of each problem in the E.D. and provided the basis for comparison among problem factors within each E.D., each census tract and each neighborhood.

A correlation matrix for all factors was developed. On the basis of that correlation matrix and the degree to which the ranks of E.D.'s on any one problem were distributed normally, the original 45 factors were reduced, first to 32 and then to 23 items. The final S.P.I. reflects the relative concentrations of 23 problem factors which fall into the five problem categories mentioned previously.

A complete list of the 45 factors programmed and the formulas for deriving the respective rates is provided in Figure 2. Instrument 1 is a copy of the form used to gather data on the problem factors.

Social Function Analysis

Conceptual Model

In order to develop appropriate social programs as part of urban renewal treatments, it is important to know a number of things about the way in which neighborhoods - - the locus of urban renewal activities - - function as social units.

The Council was concerned to know how the residents of Providence viewed certain conditions in their neighborhoods: With what degree of severity were the problems documented in the S.P.I. perceived by those living in each type of Program Area?

FIGURE 2

SOCIAL PATHOLOGY INDEX
TABLE OF FACTORS

Output Card #1

1. Syphilis & Gonorrhea / Total Population

2. Poliomyelitis / Population Age 0-34

3. Hepatitis / Total Population

4. R.I. Medical Center Admissions / Total Population

5. 1st Commitments, R.I. Division of Alcoholism / Total Population

6. Substandard Sanitation Complaints - Total / All Occupied Units

7. Complaints - Rodents / All Occupied Units

8. Complaints - Dirty Yards / All Occupied Units

9. Infant Mortality / Population Age 0-5

Output Card #2

10. Resident Deaths Age 0-19 / Population Age 0-19

11. Unemployment Insurance Payments / Population Age 15-64

12. General Public Assistance / Total Population

13. A.D.C. Caseload / Population Age 0-19

14. A.D.C. - Children / Population Age 0-19

15. A.D.C. - Parents / Total Population

16. O.A.A. Caseload / Population Age 65+

17. Aid to Blind and Disabled / Total Population

18. Residence Fires - Total / All Occupied Units

Output Card #3

19. Residence Fires - Intentional / All Occupied Units

20. Residence Fires - Accidental / All Occupied Units

FIGURE 2, (Cont'd)

21. Residence Fires - Defects & Neglect / All Occupied Units

22. Illegitimate Births / Population Age 15-44 Male & Female

23. Illegitimate Births / Population Age 15-44 Female

24. Petitions for Divorce / Total Population

25. Court Disposition of Children - Neglect & Dependency / Total Population

26. Court Disposition of Children - Neglect / Total Population

27. Court Disposition of Children - Dependency / Total Population

Output Card #4

28. Court Disposition of Children - Neglect & Dependency / Population 0-19

29. Court Disposition of Children - Neglect / Population Age Population 0-19

30. Court Disposition of Children - Dependency / Population Age 0-19

31. Registered Borrowers - Central Library / Total Population

32. School Dropouts / Population Age 15-19

33. Truants / Population Age 5-19

34. Behavior Problems / Population Age 5-19

35. Non-Naturalized Foreign Born / Total Population

36. Juvenile Arrests / Population Age 5-19

Output Card #5

37. Juvenile Arrests - Part I / Population Age 5-19

38. R.I. Training Schools - Total Admissions / Population Age 5-19

39. Adult Arrests / Total Population

40. Adult Arrests / Population Age 15+

41. Juvenile Bureau - Adult Arrests / Total Population

42. Juvenile Bureau - Adult Arrests / Population Age 15+

43. Probation / Total Population

44. Probation / Population Age 15+

45. Parolees / Population Age 15+

S.P.I. DATA COLLECTION FORM

Data:_____

Agency:_____

Time Span to which Data
  Applies _____

Data Category No._____   Description of Data_____

PROVIDENCE
_____

Census Tract	Cases	Total
1		
2		
3		
4		
36		
37		

Notations:

Collected by:_____

Date:_____

Was there a significant difference between the level of problem documentation and problem perception? If such a difference existed in a given area, what bearing might this have for the mobilization and focus of community services as part of urban renewal treatments?

The development of a plan for the use of community services as part of urban renewal treatments required knowledge about the degree of acceptance various service agencies receive in Type A Program Areas.

In developing a plan for citizen participation, it was important to know about the pattern of neighborhood leadership and the potential for its development, as well as other indications of neighborhood strengths and weaknesses for problem solving.

Data Collection

To assess the social functioning of the City's neighborhoods, interviews were conducted with representative groups at the neighborhood level and with individual householders chosen at random.

The interviewing techniques used in the Social Function Analysis are a combination of techniques developed for group interviewing by Dr. Genevieve Carter at the Los Angeles Welfare Federation and techniques developed by Dr. Irwin T. Sanders of Boston University in his "Community Profile".

Trained interviewers, all of whom were group social workers, met with specially constructed groups of ten persons in each of Providence's twenty-two neighborhoods. Three groups were interviewed in each neighborhood. Socio-economic information about the interviewees was collected at the time of the interview in order to provide a socio-economic backdrop. A copy of the fact sheet used to get this information is contained in Instrument 2.

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DO NOT WRITE NAME

FACT SHEET FOR GROUP INTERVIEW MEMBERS

Husband   Wife

1. Age_____   Age_____

2. School grade attained   School grade attained
   _____ Under 8th   _____ Under 8th
   _____ 8th   _____ 8th
   _____ 12th   _____ 12th

3. Other education   Other education
   _____ Vocational or Trade School   _____ Vocational or Trade School
   _____ Business School   _____ Business School
   _____ College   _____ College
   _____ College Graduate   _____ College Graduate
   _____ Adult Education   _____ Adult Education
   _____ Professional School   _____ Professional School

4. Occupation
   _____ Professional or Technical   _____ Housewife
          Worker   _____ Mother
   _____ Businessman or Manager   _____ Professional of Technical
   _____ Clerical Worker   Worker
   _____ Sales Worker   _____ Clerical Worker
   _____ Craftsman or Foreman   _____ Sales Worker
   _____ Operative or Factory Worker   _____ Operative or Factory Worker
   _____ Private Household Worker   _____ Private Household Worker
   _____ Service Worker
   _____ Farm Laborer
   _____ General Laborer

5. Income
   _____ Under $3000.00 per year   _____ Under $3000.00 per year
   _____ Under $6000.00 per year   _____ Under $6000.00 per year
   _____ Under $9000.00 per year   _____ Under $9000.00 per year
   _____ Over $9000.00 per year   _____ Over $9000.00 per year

6. Rentals

   Do you _____ rent or _____ own your home?
   If you rent do you pay for rent:
   _____ Under $30 per month
   _____ Under $50 per month
   _____ Under $75 per month
   _____ Under $90 per month

7. Length of residence in neighborhood
   _____ Under 1 year
   _____ Under 3 years
   _____ Over 5 years
   _____ Over 10 years
   _____ Over 15 years

8. Number of years married _____

9. Ages and sex of children _____

The first interview group was chosen and convened by the Council's research staff. Representatives of major neighborhood institutions, known neighborhood leaders and other residents were asked to attend. Institutional categories used were: education, religion, business and industry, labor, social services, government, politics, professions and homeowners. Informants assisted in making the selections.

The group interviews were conducted in conformance with an established procedure as set forth in Instrument 3. Recorders were provided in each interview, and essential segments of process were reported. The interview elicited the following kinds of data:

1. Neighborhood Delineation - - Perceptions of neighborhood boundaries; perceptions of major ethnic, racial, religious, national-origin groups comprising the neighborhood; perceptions of important social institutions in the neighborhood. Discussion was encouraged.

2. Perceptions of Neighborhood Problems - - Group members were asked to rate 50 problem entities found in the neighborhood, according to a five point scale of seriousness. A uniform check sheet was used. All major problems contained in the S.P.I. are contained in the check sheet. The task is individual in nature, and discussion was discouraged. For a copy of the check sheet, see Instrument 4.

INSTRUMENT 3.

GROUP INTERVIEW SCHEDULE

Introduction -- 5 Minutes

1. Thank you for coming to this meeting.

2. My name is_____. I shall be the moderator for this meeting. Explain role of moderator as contrasted with chairman or interrogator.

3. The purpose of this discussion is to

   a. Obtain information about the problems of the neighborhood as seen by neighborhood people.

   b. We are doing this (explain the "we" as the Council of Community Services) because the people of Providence have recognized the need for being concerned about people in community activities such as urban renewal. Explain contract with the City if appropriate. Providence is engaged in a three-part study to guide urban renewal activities -- Council concerned about people and urban renewal (Social Foundations); Brown University concerned with economic development (Economic Foundations); Blair Associates concerned with buildings, traffic, etc., (Physical Foundations).

4. The information obtained from these and some fifty other interviews will be used in our study of community conditions to provide the basis for action programs. When the recommendations are formulated, groups such as yours will be convened to comment about them. Explain confidential nature in which information is taken with no names attached.

5. During the discussion I shall ask you questions. There are neither good nor bad, right nor wrong answers to the questions. The group should discuss them and should feel free. If we get too far from the topic, I shall ask you to bring the discussion back. Emphasize informality of discussion.

6. Do you have any questions about our purpose and what we shall do?

Completion of Roster Sheet -- 2 Minutes

1. Circulate and have completed a sheet on which persons can write name, address, and telephone number. If such information has already been obtained during group's formulation, dispense with roster.

Dimension I -- Neighborhood Delineation and Characteristics -- 10 Minutes

1. What are the boundaries of the neighborhoods in which you live? Using the large map, will you help me to outline neighborhood boundaries? What are the names of these neighborhoods? Have the names changed over the years? Have these neighborhoods had an interesting history which would help us to understand their change?

2. What are the important institutions and organizations in the neighborhood? E.g., where are the schools most people use, churches, professional people such as doctors and lawyers; what are the important business units and

employers in the neighborhood; where are the important social and recreation agencies?

3. What kind of people live in the neighborhood? What are the proportions of Irish, French, Scotch-English, Portuguese, Italian nationality backgrounds; what of other backgrounds such as Armenian, Swedish, Russian, German, Greek? What are the proportions of religious groups such as Roman Catholic, Protestant, Jewish and others? What proportion of Negroes and Whites live in the neighborhood? What are the major types of occupations engaged in by residents?

Dimension II -- Rating Neighborhood Problems -- 20 Minutes

1. Introduce task. The following introduction is suggested.

> "The forms I am about to pass out are examples of problems that could come up in your neighborhood. We would like your opinion as to the seriousness of the problem based on your knowledge of how it affects people in your neighborhood at the present time. In considering how serious a problem is, we would like you to include both how "damaging" it is to people and the number of times it occurs in the neighborhood.

> "Please answer the check sheet according to: Extremely Serious Problem, Very Serious Problem, Serious Problem, Not Very Serious Problem and No Problem.

Dimension III -- Leadership Patterns -- 20 Minutes

The purpose of this section is to highlight leadership patterns and division of labor in and among neighborhoods. The questions we seek to have answered are:

> Who are the Initiators of action--actual and potential?
> Who are the Implementers of action--actual and potential?
> Who are the Opposers or Vetoers of action--actual and potential?
> Who are the Legitimizers of action--actual and potential?
> Who has access to resources?
> Who are opinion formers and attitude setters?
> Who allocates roles?
> Who has power of control?
> Who can influence the morale of the neighborhood?
> Who has inter-neighborhood roles, statuses and functions?

In order to obtain answers the following questions will stimulate discussion. Use as needed; they are only suggestions. Other questions should be asked to supplement information as needed.

1. Who gives leadership to neighborhood projects? Who can influence opinions in the neighborhood regarding community problems?

2. Who is needed in the neighborhood to really "put over" a project? Who in the neighborhood could say "no" to a project and make it stick?

3. Who in the neighborhood has influence throughout the city, including the city administration? Which people in your neighborhood have influence in nearby neighborhoods?

<u>Use if needed to stimulate specific information.</u>

4. Name 10 leaders in the neighborhood. Name 10 potential leaders.

5. Once a course of action was determined to do something about a serious problem, name 15 people you would invite to make sure the job got done.

6. Who in the neighborhood has shown great interest in neighborhood activities during the last 5 years? Name 10-20.

7. If a project was devised in which many neighborhood people were interested, who could say "no" to the project and make it stick? Name 5-10 people.

8. Who could effectively plan a neighborhood project? Who could direct one?

Dimension IV -- Problem Solving Processes -- 15 Minutes

Let us suppose that three problems face the neighborhood. We would like to know how the neighborhood would handle each problem.

1. A factory employed about twenty men from the neighborhood. It has now gone out of business and the men are left to find new work, and they are not trained for most available positions.

2. In three or four streets in the neighborhood the houses are deteriorating rapidly. No one seems interested in repairing them. A few have had sanitation complaints. Some are owner occupied and some are rented with the landlord living in another part of town.

3. Recently some of the teen-agers in the neighborhood have been on the prowl late at night. There have been some petty thefts in the neighborhood recently which have been unsolved. Some of the boys are known trouble-makers, but lately some children from good, stable families have been seen hanging around with the group. Some people are afraid the boys will get into real trouble.

Answers to the four following questions would help us understand how the neighborhood would handle each problem:

    a. How would the neighborhood respond to each situation?

    b. Who in the neighborhood would be concerned about each of the above problems?

    c. What would the concerned people be likely to do and whom would they enlist for help?

    d. Would the concerned people be likely to have the respect of the rest of the neighborhood?

Dimension V -- Attitudes Toward Human Services -- 15 Minutes

This section is to sample attitudes toward the various services made available to help people with problems. We are interested in obtaining the assessment of those who know the neighborhood as concerns health, recreation, welfare, and education and employment services.

It is important to check how you think people in the neighborhood regard the services, be such attitudes Favorable, Unfavorable, No Attitude. If the service is unknown, please check that category.

Dimension VI -- Fact Sheets for Group Members -- 10 Minutes

We are interested in knowing something about the people whom we meet in order to evaluate the nature of community leadership. We are asking you to fill out a check list regarding personal information. These fact sheets will remain anonymous and strictly confidential. Please do NOT write your name on this sheet. Fold the sheet in half and place it in the box after completion.

Dimension VII -- Attitudes Toward Urban Renewal and City Administration -- 20 Minutes

"We are concerned to know how the neighborhood feels about the city's urban renewal program and the city administration in general. I shall ask some questions for discussion. Please feel free to discuss whatever you would like in - relation to these questions. If you listen to all four questions at the beginning, it will be easier for you to discuss them."

1. Is the neighborhood aware of Providence's urban renewal program? What opinions, good and bad, does the neighborhood have about the urban renewal program?

2. Does the city administration adequately consider the problems of people in its urban renewal program? From the point of view of the people who live in this neighborhood?

3. What could the city do to make its urban renewal program better or more effective from the point of view of the neighborhood?

4. What organizations exist in the neighborhood that would be in a position to develop plans for the neighborhood and which could aid the city in making an effective urban renewal program?

Dimension VIII -- Suggestions of Other Group Interview Participants -- 3 Minutes

"Because we desire to obtain the best possible cross section of opinion on the matters we have discussed, we would like you to write on a separate piece of paper the names of three other people in your neighborhood whom we could invite to such a meeting. The people may live or work in the neighborhood. Please suggest people who would be able to express their own point of view and the neighborhood's point of view."

Thank you for helping us tonight. I know that our community will be a better one, etc., etc.

R. I. COUNCIL OF COMMUNITY SERVICES, INC.
SFS III SFA
PROBLEM CHECK SHEET

Neighborhood _____

Check the box that notes how seriously the people in the neighborhood regard the following problems.

Problem	Extremely Serious	Very Serious	Serious	Not Very Serious	No Problem
Transportation Facilities					
Juvenile Delinquency					
Tuberculosis					
Unemployment of Men					
Illegitimate Births					
Bad Housing Conditions					
Lack of Recreation for Children					
Mentally Ill Children					
Adult Criminals					
Discrimination Against Negroes					
Poor Sanitation					
Poor Health Among Children					
Alcoholism					
Too Many Working Women					
Low Incomes					
Seasonal Employment					
Divorce					
Care of Older People					
Physical Handicaps					
Infidelity					
Discrimination Against Religious Groups					
Care for Children of Working Mothers					
Too Many People on Welfare					
Neglected Children					
School Drop-Outs					

Problem	Extremely Serious	Very Serious	Serious	Not Very Serious	No Problem
Unstable Neighborhood Population					
Poor Attitudes of Police					
Poor Fire Protection					
Overcrowded Housing					
Poor Schools					
Obscene Literature					
Narcotics					
Mental Illness Among Adults					
Vandalism					
Poor Street Lighting					
Low Occupations					
Poor Nutrition					
Promiscuous Sex Behavior Among Children					
Teen Age Drinking					
Traffic Accidents					
Poor Street Conditions					
Marital Conflict and Unhappiness					
Poor Attitudes Among Teenagers					
Laziness Among Adults					
Apathy About Neighborhood					
Prostitution					
Lack of Agency Services					
Poor Earning Capacity					
High Amounts of Disease					
Household Management and Budgeting					
Other					
Other					
Other					

3. <u>Perceptions of Patterns of Neighborhood Leadership</u> - -
   A series of questions were formulated to identify
   people in the neighborhood who initiate action, legi-
   timize action, veto action, who have access to re-
   sources, who allocate roles, who have powers of con-
   trol, who influence neighborhood morale and who have
   inter-neighborhood roles, statuses and functions.
   Discussion was encouraged.

4. <u>Neighborhood Problem-Solving Processes</u> - - Three
   vignettes were presented for discussion. Each
   vignette was a hypothetical case of a neighborhood
   problem of an economic, physical or social nature.
   Discussion was stimulated around four questions:
   How would the neighborhood respond to each situa-
   tion? Who in the neighborhood would be concerned
   about each of the problems? What would the con-
   cerned people be likely to do and whom would they
   enlist for help? Would the concerned people be
   likely to have the respect of the rest of the
   neighborhood?

5. <u>Attitudes Toward Social Services</u> - - A comprehen-
   sive check list of health, education, welfare, re-
   creation, employment, corrections and planning
   services was provided. Group members were asked to
   rate each service as to whether it was greatly used,
   little used, or unknown. Group members were asked
   to rate their perception of the neighborhood's at-
   titude toward each service on a three point scale - -

favorable, unfavorable, none. Discussion was
discouraged. A copy of the check list is presented
in Instrument :.

6. <u>Social Information Regarding Group Members</u> - - Group
members were asked to complete an anonymous check
sheet asking age, educational attainment, occupation,
occupation, income, tenure of housing, monthly
rental payment, length of residence in neighborhood,
number of years married and ages and sex of children.
The same information was asked for the spouse of
group members. Discussion was discouraged.

7. <u>Attitudes Toward Urban Renewal and the City Admini-
stration</u> - - Four open-end questions about the atti-
tudes of the neighborhood toward urban renewal and
the adequacy with which people have been considered
in the urban renewal picture were presented for
discussion.

At the end of the interview, each group member was asked to suggest
the names of three neighborhood people who could and/or should partici-
pate in a second group interview. A random selection was made of the
thirty names mentioned, and a second interview, with a different inter-
viewer, was convened. The same procedure was followed for selecting the
third interview group.

The group interview has the advantage of providing an opportunity
to observe points of conflict and concensus in the discussion and preva-
lent attitudes of the group. The interviewer need not stick to a rigid
interview schedule. While coverage of each dimension is desired, the
trained interviewer can stimulate and guide the interview in a flexible

R. I. COUNCIL OF COMMUNITY SERVICES, INC.   INSTRUMENT 5
SFS III SFA

HOW PEOPLE IN NEIGHBORHOODS REGARD SERVICE AGENCIES

Neighborhood _____

Name of Agency	Is Each of the Following Agencies			What Attitudes does the Neighborhood have toward each of the Following Agencies?		
	Greatly Used?	Little Used?	Agency Unknown?	Favorable Attitude?	Unfavorable Attitude?	No Attitude?
International Institute						
R.I. Child Welfare Services						
Family Service Agency						
R.I. Bureau for the Blind						
Legal Aid Society						
Family Court						
Child Guidance Clinic						
R.I. Dept. Employment Security						
R.I. Mental Hygiene Services Clinic						
Settlement House or Neighborhood Ct.						
Visiting Nurse Association						
City Recreation Center						
Nearby Elementary School						
Sophia Little (Maternity) Home						
Howard (State Hosp. for Mental Diseases)						
American Red Cross						
Public Adult Education						
Agency Summer Camps						
Providence Floating Hospital						
R.I. Div. of Probation and Parole						
Center for the Mentally Retarded						
Nearby Junior High School						
R.I. Div. of Alcoholism						
Boy Scouts and Girl Scouts						
Big Brothers						

Name of Agency	Is each of the Following Agencies			What Attitudes does the Neighborhood have toward each of the Following Agencies?		
	Greatly Used?	Little Used?	Agency Unknown?	Favorable Attitude?	Unfavorable Attitude?	No Attitude?
Planned Parenthood Association						
R.I. Committee Against Discrimination						
Meeting Street School						
Providence Health Department						
Providence Police Department						
Children's Friend and Service						
Jewish Family Service						
Providence High Schools						
Catholic Social Service						
Urban League						
Traveler's Aid Society						
Cancer Society						
Community Workshops						
Salvation Army						
Donnelly Labor Retraining Center						
Community Information Service						
Rhode Island Division of Public Assistance						
Boys' Training School						
Ladd School						
Chapin Hospital						
Heart Association						
R.I. Dept. of Health						
Providence Public Welfare Department						
Butler Hospital						
N.A.A.C.P.						
Vocational High School						
Providence Redevelopment Agency						

Name of Agency	Is each of the Following Agencies			What Attitudes does the Neighborhood have toward each of the Following Agencies?		
	Greatly Used?	Little Used?	Agency Unknown?	Favorable Attitude?	Unfavorable Attitude?	No Attitude?
Providence Fire Department						
R.I. Division on Aging						
Jewish Community Center						
Catholic Youth Organization						
Nearby Civic or Improvement Association						
Nearby Neighborhood Council						
Local Roman Catholic Church						
Local Protestant Churches						
Local Jewish Synagogue						
Girl's City Club						
Veteran's Administration Clinic						
Camp Fire Girls						
Nearby Boys' Club						
Nearby Day Nursery						
Nearby Housing Project						
Nursing & Convalescent Homes						
United Fund						
Blue Cross & Blue Shield						
Council of Community Services						
Providence Minimum Housing Code Enforcement Unit						
Volunteers of America						
Bradley Hospital						
Y.M.C.A.						
Y.W.C.A.						
Other _____						
Other _____						
Other _____						

Are hospital services adequate?   Yes_____   No_____

If you needed hospitalization, which one would you choose?_____

Please check the following:

Name of Hospital	Adequate	Inadequate	Don't Know
Rhode Island			
Miriam			
Chapin			
Fatima			
Veterans'			
Gabarano			
Ward			
Butler			
St. Joseph's			
Osteopathic			
Pawtucket Memorial			
Roger Williams			

way in order to expose more fully the nature of the relationship between
members of the group.

After sifting the above data, each neighborhood was rated by the in-
terviewers working in it. The rating was merely the concensus of the
judgement of the interviewers on six points:

1. verbalization of neighborhood problems - - ability to
   articulate clearly problems and issues facing the
   neighborhood.

2. accuracy of perception of neighborhood problems - -
   how closely perceptions correspond with documented
   problems and issues.

3. concern for neighborhood problems - - degree of anxiety
   evidenced about problems and issues.

4. neighborhood cohesiveness - - attractiveness of the
   neighborhood for its residents and pride evidenced
   about the neighborhood.

5. leadership potential among elected officials, exis-
   ting organizations and residents.

6. motivation for neighborhood change among elected of-
   ficials, existing organizations and residents.

Data Analysis

By means of a uniform weighting and scoring device, each problem
was accorded a score on a one hundred point scale for the city as a whole
and for each Program Area. A composite score was formulated for each
problem category - - ill health, economic dependence, family breakdown,
inadequate education and anti-social behavior - - and the results were
compared with the documented problem picture reflected in the S.P.I. .

A rating device was constructed to reflect the information gathered
in the 275 interviews - - both group and individual interviews - - with

respect to the acceptibility of various agencies. Respondents were asked to rate each of 60 service agencies according to the use made of it by neighborhood residents and according to the respondent's perception of the attitude of the neighborhood toward it. A scoring procedure was established to produce a "use score" and an "attitude score" in each Program Area. The use score and attitude score for each agency were combined by means of a weighted linear equation to produce an "acceptability score". The formulas for deriving these scores are presented in Figure 3. It was found that the acceptability score of a given agency tended to vary from area to area, except for a group of health and recreation agencies which offer tangible, outreaching services; the latter had consistently high scores. The scores of all agencies were compared with scores produced for the Roman Catholic Church of a given area, the score for which remained about constant in all instances. This information has provided valuable, although not definitive, clues as to which agencies could probably operate most effectively in various Program Areas.

FIGURE 3

FORMULAS USED
FOR DERIVING ACCEPTABILITY SCORES
FOR INDIVIDUAL AGENCIES

Acceptability Score

$$A_c = A_t + U - 3\sum U_g$$

where,

A_c = Acceptability Score

A_t = Attitude Score

U = Use Score

U_g = Response "greatly used"

Attitude Score

$$A_t = 5(\sum A_f - \sum A_u) + \sum A_x + D$$

where,

A_f = response "favorable attitude"

A_u = response "unfavorable attitude"

A_x = response "no attitude"

$$D = \sum U_g + \sum U_l + \sum U_x - \sum A_f + \sum A_u + \sum A_x$$

Use Score

$$U = 3U_g + U_l - U_x$$

where,

U_g = response "greatly used"

U_l = response "little used"

U_x = response "agency unknown"

Community Institutional Analysis

Several pieces of work were undertaken which analyzed the policies
and services of municipal and community agencies with respect to how
they affected the social functioning of the City's residents.

1. A summary of community processes basic to Providence's urban
renewal activities was developed. This was achieved by tracing the
development of the urban renewal program with particular reference to
the leadership and opposition patterns in the community, as reflected
in newspaper accounts since 1945 and in interviews with informants.

2. An examination was made of the municipal policies and prac-
tices affecting the social functioning of Providence's residents,
particularly as they pertain to people living in areas being given
high priority in the Community Renewal Program. These policies and
practices dealt with neighborhood development, opportunity for parti-
cipation in community change, rehousing and relocation, public housing
and social services.

3. A sample of members of boards of directors and advisory com-
mitees of 50 public and voluntary health, education, welfare, employ-
ment, recreation and correctional agencies was interviewed to determine
how such organizations view the possibility of developing or modifying
their services in order to take part in urban renewal efforts. The
residences of such members were plotted on a map according to census
tract. The questionnaire schedule used is given in Instrument 6.

4. An inventory of agency services was undertaken according to a
classification scheme based on the type of needs they attempt to ful-
fill. The questionnaire used in this inventory is presented in Instru-
ment 7.

R. I. COUNCIL OF COMMUNITY SERVICES, INC.

Questionnaire for Board Members of Community Organizations and Agencies

Please DO NOT Write Your Name on this Sheet

Agency Name_____

1. In one sentence, please describe the purpose of your agency._____

_____

2. How important do you think urban renewal is to the people of Providence? (Please check one.)

        _____Very Important
        _____Important
        _____Unimportant

3. What kind of job do you think urban renewal has done in Providence? (Please check one.)

        _____Good Job
        _____Fair Job
        _____Bad Job

4. How interested is your agency in the urban renewal program in Providence? (Please check one.)

        _____Very Interested
        _____Passing Interest
        _____Not Interested At All
        _____Unaware of Program

5. Do you think the above agency should be more interested in urban renewal than it is? (Please check one.)

        _____Yes
        _____Not Sure
        _____No

6. In your opinion should your agency be more closely connected with urban renewal activities? (Please check one.)

        _____Yes
        _____Not Sure
        _____No

7. If your agency were asked to do so, do you think it should divert its existing resources to work in urban renewal areas? (Please check one.)

        _____Yes
        _____Not Sure
        _____No

8. Would you be in favor of seeking additional funds to expand your agency's program for work in urban renewal areas? (Please check one.)

> _____Yes
> _____Not Sure
> _____No

9. What priority should urban renewal have in your agency's program? (Please check one.)

> _____High Priority
> _____Medium Priority
> _____Low Priority

10. Would you be in favor of your agency's participation in a demonstration program in urban renewal areas with government funds available to your agency? (Please check one.)

> _____Yes
> _____Not Sure
> _____No

11. How do you think your agency could be helpful in urban renewal areas? (Check as many as apply.)

> _____In Relocation of Residents
> _____In Solving Health Problems
> _____In Solving Family Problems
> _____In Solving Unemployment Problems
> _____In Solving Behavior Problems
> _____In Neighborhood Improvement
> _____In Intergroup Relations
> _____In Solving Mental or Emotional Problems
> _____In Solving Educational Problems

12. Where do you think people in urban renewal areas should be able to get the service of your agency? (Please check one.)

> _____Only at the Agency's Present Office(s)
> _____Only where the Client Lives (his home)
> _____Either Place
> _____Both Places

13. What kind of job do you think Providence is doing in relocating people from urban renewal areas? (Please check one.)

> _____Excellent Job
> _____Good Job
> _____Fair Job
> _____Poor Job
> _____Terrible Job

8/7/62

INSTRUMENT 7.

MAIL COMPLETED SCHEDULE TO:

Family & Children's Division

Rhode Island Council of Community Services, Inc.
333 Grotto Avenue
Providence 6, Rhode Island

INVENTORY OF SERVICES

INSTRUCTIONS

WE ARE INTERESTED IN ALL THE FORMALLY ORGANIZED SERVICES OFFERED BY YOUR ORGANIZATION TO RESIDENTS OF THE CITY OF PROVIDENCE. Please review the services listed below and on the attached pages and place a check mark after those services offered by your organization. For your convenience the services are listed according to particular fields and grouped by color of paper: I. HEALTH SERVICES - WHITE; II. FAMILY & CHILD CARE SERVICES - YELLOW; III. MATERIAL PROVISION SERVICES - GREEN; AND IV. EDUCATION & RECREATION SERVICES - BLUE. (Caution - Some organizations offer services in more than one group).

NAME OF ORGANIZATION	SIGNATURE OF PERSON COMPLETING SCHEDULE

I HEALTH SERVICES

CODE #	SERVICE		CODE #	SERVICE	
H	1. Alcoholism Services	____	H	5. Casefinding of Physical and Mental Disease Services	____
	2. Allergy Services	____			
	3. Blood Program Services	____		6. Cerebral Palsy Services	____
	4. Cardiac Services	____		7. Counseling related to Rehabilitation Services	____

CODE #	SERVICE	CODE #	SERVICE

H 8. Chest Services, including Bronchoscopy and Thoratic Services

    9. Child Development and Growth Services

  10. Cleft Palate Services

  11. Communicable Disease Control Services

  12. Convalescent and Nursing Homes

  13. Dental Services

  14. Diabetes Services

  15. Education and training for the handicapped Services

  16. Ear, Nose and Throat Services

  17. Electroencephalogram Services

  18. Endocrine Services (Excluding diabetes)

  19. Environmental Sanitation Services

  20. Epilepsy Services

  21. Eye Services

  22. Fertility-Sterility Services

  23. Foot Services (Chiropody)

  24. Fracture Services

  25. Gastro-Entrology Services

  26. Gynecology Services

H 27. Health Education Services

  28. Hematology Services

  29. Home Accident Prevention

  30. Home Care Program for Physically Ill

  31. Hospital In-Patient Chronic Illness Services

  32. Hospital In-Patient Medical and Surgical Services

  33. Hospital In-Patient Obstetric Services

  34. Hospital In-Patient Pediatric Services

  35. Hospital In-Patient Psychiatric Services

  36. Hospital In-Patient Rehabilitation Services

  37. Hospitalization Insurance

  38. Immunization Services

  39. Industrial Services

  40. Medical Services (non-surgical)

  41. Medical Insurance

  42. Medical Rehabilitation Services

  43. Medical Social Work Services

  44. Medical Supplies

CODE #	SERVICE	CODE #	SERVICE

H 45. Motor Service for the
       Disabled   ____

46. Neurological Services ____

47. Neuro-psychiatric
    Services   ____

48. Neuro-surgical
    Services   ____

49. Obstetrical
    Services   ____

50. Occupational Thera-
    py Services   ____

51. Orthopedic Services   ____

52. Pediatric Services   ____

53. Plastic Surgery
    Services   ____

54. Poliomyelitis Ser-
    vices   ____

55. Post Hospital Care
    for Psychiatric
    Patients   ____

56. Psychiatric Services
    for Adults   ____

57. Psychiatric Services
    for Children   ____

58. Psychological
    Services   ____

59. Public Health Nursing:
    Care for Sick in
    their homes   ____

60. Public Health Nursing:
    Health Supervision in
    their homes   ____

61. Public Health Nursing:
    In Schools   ____

H 62. Public Health Nursing:
       In Industries   ____

63. Rectal Services   ____

64. Rheumatic Fever Services ____

65. Skin Services   ____

66. Speech and Hearing
    Services   ____

67. Surgical Services   ____

68. Tuberculosis Services   ____

69. Thyroid Services   ____

70. Tonsils and Adenoids
    Services   ____

71. Tumor Services   ____

72. Urology Services   ____

73. Vascular Services   ____

74. Veneral Disease
    Services   ____

75. Well Child Conferences   ____

76. X-Ray Therapy Services   ____

OTHER

II. FAMILY AND CHILD CARE SERVICES

CODE #	SERVICE		CODE #	SERVICE	
W	1. Adoption	___	W	18. Employment Counseling & Testing, Vocational Training and Job Placement	___
	2. Corrections: Adult	___			
	3. Corrections: Children (boys & girls)	___		19. Social Casework (Individuals, families, etc.)	___
	4. Counseling to Travelers, Transients, etc.	___		20. Family Life Education	___
	5. Counseling to Delinquents, Pre-delinquents & their Families	___		21. Financial Assistance by Statutory Agencies	___
	6. Counseling to Paroles, Discharged Prisoners & their families	___		22. Financial Assistance by Voluntary Agencies	___
	7. Counseling in a Group Work Setting	___		23. Foster Family Care for Children	___
	8. Counseling Youth by Volunteer under Supervision	___		24. Foster Family Care for Unmarried Mothers	___
	9. Counseling related to Rehabilitation	___		25. Homemaker Service	___
				26. Home Meal Service	___
	10. Day Care: Day Care Centers	___		27. Homes for the Aged	___
	11. Day Care: Family Day Care Homes	___		28. Homes for the Chronically Ill	___
	12. Day Care: Nursery Schools	___		29. Housing relocation Service	___
	13. Day Care: After School Care	___		30. Information and Referral Service	___
	14. Detention Care for Children	___		31. Immigrant Aid	___
	15. Disaster Relief	___		32. Institutional Group Care for Normal and Dependent Children	___
	16. Education & Promotion of Inter-racial and Inter-cultural Understanding	___		33. Institutional Group Care for Handicapped Children	___
	17. Education & Training of the Handicapped	___		34. Legal Aid	___
				35. Maternity Home	___
				36. Probation & Parole for Adults	___
				37. Probation for Children	___

CODE #	SERVICE	CODE #	SERVICE

W 38. Protection against
Discrimination   _____

39. Protective Service for
Children   _____

40. Protective Service for
the Aged   _____

41. Psychological Services-----

42. Public Housing   _____

43. Residence for Men and
Boys   _____

44. Residence for Girls
and Women   _____

45. School Counseling (ex-
cluding school social
work)   _____

46. Shelter care, emergen-
cy   _____

47. Sheltered Workshop   _____

48. Shelters for Homeless
Transients   _____

49. Reporting Service for
Armed Forces Personnel   _____

50. Psychiatric Services &
Clinics for Children   _____

51. Residential Treatment for
Emotionally Disturbed
Children   _____

OTHER

III . MATERIAL PROVISION SERVICES

CODE #	SERVICE	CODE #	SERVICE
M 1.	Credit Unions _____	OTHER	
2.	Disability Insurance _____		
3.	Financial Assistance by Statutory Agencies _____		
4.	Financial Assistance by Voluntary Agencies _____		
5.	Hospitalization Insurance _____		
6.	Insurance for Survivors of Wage Earners _____		
7.	Medical Insurance _____		
8.	Retirement Insurance _____		
9.	Unemployment Insurance _____		
10.	Workmen's Compensation		
11.	Budgeting Services _____		
12.	Home Improvement Services _____		

IV. EDUCATION AND RECREATION SERVICES

CODE #	SERVICES	CODE #	SERVICE

R   1. Counseling in a Group
Work Setting   _____

   2. Cultural facilities for
Individual & Group Use _____

   3. Day Camping   _____

   4. Day Care - after school
& pre- school   _____

   5. Group work service for
persons with special
needs   _____

   6. Group work service to
friendship & membership
groups   _____

   7. Group work service to
neighborhood improvement
groups   _____

   8. Group work service with
special interest groups,
classes & teams   _____

   9. Individual instruction in
recreation & cultural
activities   _____

   10. Leadership training   _____

   11. Overnight camping   _____

   12. Recreation equipment
loan service   _____

   13. Recreational facilities for
individual & group use
with program leadership _____

   14. Recreational facilities for
individual & group use
without program leader-
ship   _____

   15. Residence for men & boys   _____

R   16. Residence for girls &
women   _____

OTHER