

**Barriers and Promoters of Using Social Services: Applying demographic, practical, and psychological predictors through a partnership with a real-world service provider**

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### **Abstract**

Social service programs provide in-need community members with valuable services including assistance with housing, food security, childcare, income, and more. This project explores the factors that serve as barriers and promoters of seeking and using social services and applies those insights to a real-life community organization. An integrative literature review details the demographic, practical, and socio-psychological factors that lead people to use or not use social services. The main objective of this project is to understand how the literature is relevant to a specific, real-world community partner: *The Morristown Neighborhood House*, a community organization that primarily serves low-income community members and provides numerous services, including daycare, pre-school, aftercare, English-language learning, and much more. After reviewing the relevant literature and the needs of The Morristown Neighborhood House, I crafted a theoretically and practically informed intake form that the Neighborhood House may use to better understand why people do or do not use its services.

**Barriers and Promoters of Using Social Services: Applying demographic, practical, and psychological predictors through a partnership with a real-world service provider**

Social service providers are essential in giving community members a range of services and support intended to improve their quality of life (Ressler et al., 2021). However, there is a disconnect between eligibility and the actual use of social services (Birkenmaier and Curley, 2009). This gap is profound, and literature supports the notion that there are potential barriers to receiving services (Birkenmaier and Curley, 2009; Coe, 1983). Moreover, the challenges that keep people from seeking services have been exacerbated by the COVID-19 pandemic. This lack of engagement in available services faces service providers, organizations, and government agencies across the country. For these reasons, it is necessary to look at who uses social services, why they use them, and the possible barriers or promoters in this service usage.

The goal of this project will be to analyze the present literature surrounding social service usage and the factors that can prevent or push individuals to obtain those services. Then, in partnership with a real-world service provider and community organization, *The Morristown Neighborhood House*, I will apply those insights to create an intake survey that is intended to help this organization assess the factors that lead to more or less program participation. The Morristown Neighborhood House provides a variety of resources to the youth, adults, and elderly of the greater Morris County, New Jersey area. Specifically, they have a variety of academic, social, recreational, creative, and technological programs for all ages. Currently, they serve a large population of diverse individuals and families. The goal of the intake form will be to provide Neighborhood House with an additional understanding of individual likelihood to use their services and any possible barriers to using their services.

### **The Importance of Social Services**

Social services provide a wide range of material and mental assistance and are indispensable in providing community members with necessary support and services (Guo, 2012; Ressler et al., 2021). These services affect clients deeply and give them the opportunity and power to advance their well-being (Anderson, 2013). Access to these services and resources improves life chances and living conditions and is also necessary for achieving social inclusion and social justice for all groups (Yan and Lauer, 2021). Most commonly, people seek social services that provide food, clothing, and shelter (Chaves and Tsitsos, 2001). However, programs can differ in the range of resources that they provide and even in the ways that the organization interacts with its service users. Social services can be provided on a local, state, or national level, and they can be offered through nonprofit organizations, government agencies, and service providers who assist people (Anderson, 2013; Chaves and Tsitsos, 2001).

There is an extensive and growing literature on why social services and support are so valuable for communities in need. Vulnerable and resource-deprived individuals and families turn to formal and informal community services and networks for resources and provisions to cope with their needs (Sousa and Rodrigues, 2009). Individuals may gain access to social services such as food stamps, subsidized child care, food pantries, and free and reduced meal programs (Birkenmaier and Curley, 2009). Regardless of the type of support received, social scientists concur that everyday institutional practices, specifically those that provide social services, can powerfully shape the lives of individuals who are devalued or marginalized by society and play a vital role in their lives during times of crises (Cooper, 2014; Kreuter et al., 2020).

Due to the COVID-19 pandemic, the need for social services has been exacerbated. The pandemic has been one of the most severe global health and economic crises in our nation's history; the lockdowns, mandatory health precautions, and the prevention of many individuals from working have caused adverse psychological and economic effects (Decerf and Ferreira, 2020). This large economic shock triggered substantial increases in poverty and affected peoples' well-being in a multitude of ways, with mental, physical, and emotional consequences (Decerf and Ferreira, 2020). Overall, this rise in poverty intensified the need for social services, but it came at a time when resources and funding were scarce.

### **Impact of the COVID-19 Pandemic**

The need and usage of social services rose drastically due to the COVID-19 pandemic. Although people may have experienced the early days of the pandemic as a "stand-still", the need for social services was continuously on the rise (Deitrick et. al, 2020). This global health crisis increased the vulnerability of those who are the most socially and economically deprived (Patel et. al, 2020). Because of this increase, nonprofit organizations and related services were expected to operate at a higher capacity while also experiencing a decrease in revenues (Kuenzi et. al, 2021). Nonprofit organizations faced the struggle of trying to help in-need communities while trying to endure a global health crisis themselves (Kuenzi et. al, 2021). In response to the pandemic and to alleviate the strains on programming, service delivery, and organizational viability, nonprofits initiated strategies such as staff changes, including layoffs, furloughs, and reduced work hours (Kuenzi et. al, 2021). These changes had the greatest effect on direct services, such as food banks, homeless shelters, and workforce development, all of which were at the highest demand during the pandemic (Kuenzi et. al, 2021).

The changes brought upon due to the pandemic were recognized by program providers and users. When nonprofit staff was surveyed about the extent to which programs and/or services were provided, more than 80% of all participants reported a reduction of normal services due to the pandemic (Deitrick et. al, 2020). Consequently, nonprofit leaders are facing financial and organizational barriers in providing services and support to in-need individuals. Further, nonprofit organizations and social services faced financial concerns in regard to their funding sources, including individual donations, fee-for-service revenue, and government and foundation grants (Deitrick et. al, 2020). However, the pandemic altered how we communicate and interact. In nonprofit organizations, staff emphasizes how working remotely, technology use, health and safety, and staff and user mental health are barriers that lead to the prevention of offering effective services to clients (Deitrick et. al, 2020). On top of these barriers between nonprofit organizations and social services and their clients, low-income individuals themselves are more likely to encounter the adverse effects of the pandemic.

Seemingly, for people of low socioeconomic status (SES), several factors contribute to their increased susceptibility to being exposed to and affected by COVID-19 (Krumer-Nevo and Refaeli, 2021). People who have a lower socioeconomic status tend to consider this a part of their identity, so when they feel discrimination, it can be seen as a personal attack on them as per their income level (Moore et al., 2021). The economically disadvantaged are more likely to experience overcrowding in their housing, poor living conditions, increased use of public transportation, and limited access to outdoor recreation, which all impact negative health conditions and reduced compliance with social-distancing guidelines (Patel et al., 2020). Additionally, those in low SES groups are more likely to be employed in occupations that do not provide opportunities to work from home (Patel et al., 2020; Krumer-Nevo and Refaeli, 2021). In

the same way, individuals in low SES groups are more likely to experience unstable work conditions and incomes, which were exacerbated by the COVID-19 pandemic (Patel et al., 2020). This amplification of financial insecurity and uncertainty disproportionately harms the mental health of those in low SES groups, thus, elevating their stress, weakening their immune systems, and increasing their susceptibility to a range of diseases and illnesses (Patel et al., 2020). Moreover, we see how poverty can not only affect one's vulnerability and exposure to the virus, but it can also affect the immune system's ability to combat it (Patel et al., 2020). The number of confirmed cases in lower SES communities are 6.3 times greater than in higher SES communities. Similarly, the number of hospitalized people in lower SES communities is 3.3 times greater, and the number of deaths was 6.3 times greater (Krumer-Nevo and Refaeli, 2021).

Above all, the psychological toll on individuals during the pandemic impacted their ability to cope and receive services and support. Compared to people not living in poverty, who may have viewed the pandemic as an opportunity for personal growth, finding serenity, and exploring new opportunities, people in poverty experienced it in terms of a constant struggle to maintain their sanity, mental health, and lives (Krumer-Nevo and Refaeli, 2021). In terms of surviving the pandemic, the personal coping strategies of those in poverty were described in terms of the basic ability to stay alive and remain mentally stable (Krumer-Nevo and Refaeli, 2021). Overall, individuals who live in poverty reported more mental distress than other people who do not live in poverty (Krumer-Nevo and Refaeli, 2021).

### **The Working-Poor in America**

In America, the rhetoric around being poor varies greatly than that of other countries. Around the world, people view services, such as housing, childcare, food security, clothing, and more, as basic necessities; however, in America, we not only excessively judge individuals for

receiving these services but make it incredibly difficult to do so. On an individual level, humans juggle physical, emotional, and psychological needs daily. The low-income and working-poor families differ from middle- and upper-income families due to their increased exposure to and experience of substantial stressors. These stressors include higher rates of parental unemployment, low-wage jobs, underdeveloped human capital (lower educational attainment), greater barriers to obtaining social services, unstable and unsafe living arrangements, family and community violence, and substance abuse (Dyk, 2004). Due to the stressors and tension that low-income and working-poor families face, their ability to respond to changes in their environment weakens (Dyk, 2004). Because of this, they are highly susceptible to increased family chaos, poor decision making, and the inability to plan beyond immediate needs (Dyk, 2004). External environmental factors, such as lack of employment opportunities, poor access to healthcare, inadequate schools, or community violence, also contribute to their responses and reaction to situational changes, as we have seen throughout the pandemic (Dyk, 2004; Krumer-Nevo and Refaeli, 2021). To cope with these changes, low-income and working-poor families turn to social services, in which they revolve their lives around being available to participate in and receive these resources. They are constantly adapting and improvising their daily rhythms to obtain and sustain social services because they are expected to do this without access to reliable resources that middle- and upper-income families have, such as transportation, movable work shifts, and familial support (Dyk, 2004). This puts an even greater emphasis on the adaptation of essential social services, as the increased accessibility would enable working-poor families in particular to better manage the stressors in their lives (Dyk, 2004).

### **The Disconnect Between Eligibility and Usage**



Although social services provide important resources that people may use to build or maintain a stable life, many individuals and families qualify for these services but do not use them. Since 2009, about 11% to 13% of the U.S. population lives below the poverty line (Birkenmaier and Curley, 2009). Current studies indicate that for every 100 families in poverty, only 21 received benefits from the Temporary Assistance for Needy Families (TANF) program, one of the largest grants used to obtain financial assistance and related support services (Minton and Giannarelli, 2019). In America, nearly 59 million, approximately 19% of the U.S. population, receive welfare during an average month, but there are still at least 13 million people in poverty who qualify yet receive no form of welfare or social services (Minton and Giannarelli, 2019). Given these statistics, some of the people in the greatest need are not receiving the necessary support and services despite being eligible for aid and assistance. This disconnect suggests the existence of numerous barriers and/or promoters that impact an individual's willingness and ability to seek and receive services.

### **The Barriers and Promoters to Social Service Usage**

With the need for social services being so apparent, the disconnect between eligibility and actual usage of these programs, resources, and assistance must be explored. In this review, I will focus on the barriers and promoters of using social services. In this paper, barriers will be considered as anything that restricts the use of services or support due to increased difficulty to access, use, or benefit from the provision of these services or support. Likewise, the promoters will be considered anything that encourages the use of services or support due to increased accessibility, comfortability, and acceptability of seeking and using services or support.

The next four sections of this paper focus on the impact of the COVID-19 pandemic on service need and use and three broad categories that the main barriers and promoters to service

use fall under, including (1) demographic factors, (2) practical issues, and (3) psychological influences. In each of these sections, I will examine the umbrella of items that fall under each of these categories and analyze how they serve as a barrier or promoter to social service use. This analysis will set the groundwork for the organization and implementation of the survey for social service providers to make it informed based on the present literature.

### **Demographic Factors**

Programs and organizations that offer social services serve a diverse community of individuals and families; fundamental demographic factors include age, gender, race, culture, ethnicity, language, immigration status, housing, educational levels, income, and much more. In this section, I will elaborate more on how these factors, more specifically age, gender, race, culture, housing, education, and income, individually and collectively affect willingness to seek and obtain services.

Age can be a relevant demographic predictor in the use of social services. Current data presents a relationship between the elderly and youth populations. Among the elderly, advanced age predicts a higher level of service use (Pattyn et al., 2015). Similarly, in the younger populations, teenagers are more likely to utilize social services (John et al., 1995). Age plays a role in the odds of someone seeking and receiving services, but gender can also be a significant predictor of service use.

In regards to gender, men are more likely to be in poverty than women, but they are less likely to have contact with any form of social services (Farmer et al., 2001). One explanation for this could be the role identities or social constructs that come from societal conceptions of femininity or masculinity (Pattyn et al., 2015). Society is more likely to view males as preferring self-care options rather than public services because of their perceived likelihood to feel

shameful about service use and decreased likelihood to see these services as helpful (Pattyn et al., 2015). In addition, in more cases than not, women are the presumed caregivers of family members, so they tend to need services more than other gender groups (Sullivan, 2019). Women suffer disproportionately when services are provided at a reduced rate because of their higher tendency to carry more household and family burdens and suffer more from service loss (Sullivan, 2019; Sousa and Rodrigues, 2009).

Furthermore, in regards to service use, the relationship between race, ethnicity, and culture shows that while rates of need between racial, ethnic, and cultural groups are similar, minorities are significantly less likely to seek services than their white counterparts (Conner et al., 2010). Even if minority individuals do utilize services, in comparison to their white counterparts, they use fewer services and at a less consistent rate (Conner et al., 2010). In a cultural lens, minority ethnic groups face substantial gaps in their use of formal support and services (Greenwood et al., 2015). Low cultural support can be attributed to lack of information, lack of financial or physical resources, the perception of services as non-needed, or the reluctance to actually use services; however, for minority ethnic groups, the addition of language barriers, cultural appropriateness of services, cultural insensitivity, and cultural notions of duty and responsibility heavily influence service uptake (Greenwood et al., 2015). In Asian and Asian American culture specifically, there are inherent beliefs that one should not ask for support because they should anticipate support from close others before explicitly sought (Kim et al., 2008). Similar to racial groups, minority ethnic groups are less likely to use services than their white counterparts, but they are more likely to express a greater need for services (Greenwood et al., 2015). In most cases, cultural incompatibility in social services consistently predicts unmet needs among minority users, which overall leads to the non-use of social services (Lee, 2020).

Ethnic minority groups tend to seek services that are compatible with their values, lifestyles, and identities, so programs must adapt for all cultures, races, and ethnicities (Keller and McDade, 2000).

In the same way, immigration status contributes greatly too if people connect with and utilize social services. Immigration status affects help-seeking practices because a lack of citizenship can make individuals feel powerless and vulnerable to encounters with law enforcement or judgment by social service staff (Reina et al., 2014). And, with a lack of English proficiency or immigration legal status, individuals can easily isolate themselves, thus preventing them from seeking services (Reina et al., 2014). Language acts as a double barrier for clients and service providers because a lack of language proficiency in clients leads to lacking information about programs and services and a lack of adequate training and language capacity to respond effectively to individuals who have English as a second language and/or are immigrants (Reina et al., 2014).

Housing and neighborhood are other predictors of potential use or nonuse of social services. In the case of most individuals in need, it can be difficult to find a house, apartment, or neighborhood that is of good quality and affordable, so their focus is generally on securing flexible, supportive, reasonable, and available housing. For people in immediate need, such as victims of abuse or natural disasters, the concept of permanent, livable homes being a necessity in getting services is a sizable barrier (Weatherall and Tennent, 2021). In the provision of many social services, housing is an important determinant in the ability to get services and the overall quality of these supports (Weatherall and Tennent, 2021). Institutions and organizations need to consider how something that seems so simple, in this case, asking for an address, can create unintended barriers for service users in vulnerable situations (Weatherall and Tennent, 2021). As

an example, in paperwork, housing is one of the first questions and can determine the number of services that you get and the type and quality of those services. The role of housing in obtaining social services is often overlooked, which is why this is an important factor to focus on in regard to the use or non-use of social services.

Similarly, educational status and income relate to seeking services. Education and income serve as clear pathways out of poverty, but it is difficult for people who are in-need to have the time, opportunities, and resources to obtain a quality education or job (Lennon et al., 2010; Herd et al., 2007). Education is a determinant of the life course, so it also influences occupation, income, and wealth (Herd et al., 2007). In America alone, only one out of every four jobs (approximately 29.4 million jobs) fails to keep a family of four above the poverty line (Lennon et al., 2010). From an educational standpoint, individuals with increased knowledge about available community resources have a more general understanding of overcoming potential barriers to services, such as transportation, provision of resources, and the purpose of certain organizations (MacAfee et al., 2020). For example, if we look at the population of individuals who use food stamps, statistics show that individuals with 12 or more years of education are significantly less likely to use these services (Rank and Hirschl, 2005). Overall, higher education levels are a significant predictor of income increases, which also project the non-use of services.

Additionally, first-generation students feel a heightened sense of stress and stigma due to educational status; this affects their help-seeking behaviors in and out of the classroom (Payne et al., 2021). Payne et al. (2021) stressed the fact that social and cultural capital are greatly intertwined with educational status and success, putting those who lack these resources at a greater disadvantage.

In summary, these basic demographic factors, such as age, gender, race, culture, ethnicity, and language, may shape people's willingness to seek and receive services (Aaltonen et al., 2014). On top of that, housing types, education levels, and income status greatly influence the potential use of services. Due to how intertwined these factors are with poverty, need, and social services, this project emphasizes the relationships between certain demographics and the likelihood of receiving and seeking services (Pattyn et al., 2015; Greenwood et al., 2015; Conner et al., 2010). In the intake questionnaire, I include questions regarding age, gender, race, ethnicity, language, immigration status, housing, educational level, and financial situations because they were significant indicators of social service usage based on the literature.

### **Practical Barriers and Promoters**

People's ability to access resources also relies heavily on the effectiveness and accessibility of the organizations that provide social services. The organizations and administrations themselves often present multiple barriers to those who are attempting to use their services (Dunlap et al., 2021; Lewandowski, 2003; Yi et al., 2016). The most notable categories of practical barriers that people may face are (1) organizational and (2) individual accessibility issues. Within the organization, the lack of connection and coordination between different organizations, insufficient information regarding the programs and eligibility, basic administrative problems, and issues with staff or the organizations themselves all cause confusion and chaos for individuals and families in need of services (Lewandowski, 2003; Coe, 1983). Individually, cost, physical access problems, and cultural considerations affect the ability to get services but the quality of these services (Baxter and Fancourt, 2020). Fewer individuals are turning to social services, possibly to avoid the frustration, time, and energy that goes into overcoming those barriers and obtaining services and support (Coe, 1983). Nevertheless, with

more outreach and advocacy efforts on the organizational and individual level, such as social media and empowerment strategies, individuals are more likely to use and continuously utilize social services because of increased feelings of inclusiveness and knowledge of programs.

### **Organizational Accessibility**

To start, there is not much connection or engagement between varying social service providers (Baker et al., 2010). Coordination between services is important because many issues that social services help with, such as homelessness, food insecurity, and familial instability, are greatly intertwined (Baker et al., 2010; Moore et al., 2017). This disconnect is most likely because each social service provider runs on a different framework (Baker et al., 2010). For example, in cases of domestic violence, service providers focus more on safety planning, crisis intervention, and advocacy services; whereas, in cases of homelessness, the top priorities are a move to stable housing and financial stability (Baker et al., 2010). Many people in need experience “overscheduled time” which occurs when social services do not coordinate their institutional timetables, leading people to miss certain services in prioritizing others (Cooper, 2014). These rigid timetables not only control the lives of those in need but make it incredibly hard to obtain all of the social services that they need (Cooper, 2014).

Increased incorporation of the different social services programs can promote better outcomes for the diverse group of individuals and families who are utilizing these services (Baker et al., 2010). While the integration of different services between service providers may not fit perfectly into the frameworks of these organizations, it will be a more efficient way to better serve these populations in need and further prevent people from receiving insufficient or inappropriate services (Baker et al., 2010). Although it is possible that people knowingly opt out of services, many non-participants simply do not know that they qualify for specific programs

due to a lack of information about available programs and services (Blank and Ruggles, 1996). This misunderstanding and/or miscommunication in knowing the services that would best help, along with the fact that the process of seeking and receiving services can be taxing, energy-consuming, and long, all contribute to individual avoidance of using programs and services (Blank and Ruggles, 1996).

In the same way, not fully understanding the parameters for eligibility lead to higher rates of eligible individuals not participating in social services (Coe, 1983). Many eligible individuals either do not think or do not know if they qualify for services because they do not know the eligibility requirements and then, they assume that their income and finances make them ineligible (Coe, 1983). Poor information is a primary reason why people do not use services, showing that we need more advocates from these organizations to help eligible individuals get the help they need (Coe, 1983; Gilbert et al., 2013). There needs to be more outreach to enhance participation among eligible groups and populations and increase awareness of available programs and services (Gilbert et al., 2013).

Organizations are working to expand their outreach efforts to raise awareness about program benefits, eligibility criteria, and enrollment details (Lennon et al., 2010). In these efforts, the intention is to reach more potential clients. More specifically, by utilizing technology, the creation of new screening tools, service users can be signed up for multiple services at once (Lennon et al., 2010). Nontraditional locations, like places of work, shopping centers, faith-based organizations, child-care centers, and more, have also been used to facilitate outreach programs that provide screening, information, and application assistance (Lennon et al., 2010).

Additionally, administratively, the management and organization of social services contribute greatly to the likelihood of one obtaining services. Potential participants are faced



with long lines, elaborate paperwork, certain required documentation, miscommunication, waiting lists, and unrealistic time expectations (Coe, 1983; Cooper, 2014; Baxter and Fancourt, 2020). When individuals are in need of multiple social services, these organizations instill an “enforced idleness” in which they are always expected to wait for the provision of their meals, case managers, showers, clothes, sleep, and more (Cooper, 2014). On top of this, the availability of these services often occurs during times of the day that force people to miss work or other important obligations (Cooper, 2014; Kissane, 2003).

As with social service programs and organizations, paperwork is necessary to verify that the person is eligible for services and make sure that they get sufficient resources. However, much of the time, this paperwork is long, burdensome, and confusing (Lewandowski, 2003). Even after clients complete these complex and lengthy applications, research shows that out of the one-third of eligible applicants, only one-fifth receive social service benefits, so there is still a considerable amount of people who get turned away (Aaltonen et al., 2014). In addition to paperwork, appointment times are limited and are a constant back-and-forth between different departments, offices, and organizations (Dunlap et al., 2021; Cooper, 2014).

Further, in the organizations, the staff themselves experience negative feelings and perceptions that make it harder for them to adequately provide services (Lewandowski, 2003). Burnout is usually defined as feelings of frustration, anxiety, depression, mental and physical exhaustion, and draining of emotional resources (Lewandowski, 2003). In response to interpersonal stressors of the job, depersonalization, development of negative, cynical attitudes toward the recipients of one's services, reduced feelings of personal accomplishments, a sense of helplessness, becoming angry with clients and coworkers, immobilization, and increased anxiety and guilt (Lewandowski, 2003). Additionally, bad organizational leadership, lack of appropriate

knowledge and training, large clientele loads, and absence of effective follow-up services add to possible explanations for the staffs' negative feelings (Yi et al., 2016).

Research supports that more empowerment strategies for clients can provide a more rewarding experience and environment for users and staff; collaborating with clients can allow feelings of isolation and powerlessness for users and staff to subside because they would approach problems together rather than alone (Lewandowski, 2003). However, the organizational processes themselves, such as the burden of paperwork and overload of cases, affect relationships with clients by not allowing them to spend sufficient time with each client or make meaningful, personable connections with users (Lewandowski, 2003). In this same way, in the technological age that we live in, it is no surprise that social media tends to have a large impact on service users. These organizations are tasked with being effective in knowledge management, engagement with clients, and information dissemination (Given et al., 2013). Potential program participants use these platforms, such as Facebook, Twitter, Instagram, Google, YouTube, and more, to gauge the success of the organization and the community that they serve (Given et al., 2013). Social media provides a more readily accessible and practical outlet to track and connect with clients, raise funds and promote activities, and educate staff, volunteers, and program users about key issues (Given et al., 2013). Social media can be used for marketing and program promotion purposes, but it can also provide additional information about the organization that is duplicated across multiple platforms, thus increasing engagement with clientele and informational material (Given et al., 2013).

All in all, organizations themselves present unique challenges to service users and in service delivery. Fixed, rigid service times lead to individuals having to pick and choose the services that they need most at that moment. On top of this, with limited information on many of

the services offered, people do not know where to start when it comes to seeking services, nonetheless actually obtaining them. Staff considerations tend to be a big reason for the use or nonuse of services, but as seen in the research, frustration, burnout, and lack of resources can apply to both the service user and provider. For this reason, advocacy and outreach services are essential in gaining users' trust, establishing better relationships with individuals, and increasing users' satisfaction, empowerment, and knowledge of programs.

In the intake questionnaire, I will ask participants about the extent to which paperwork, lack of information about programs, wait times, staff issues, times that services are offered, and the difficulty of coordinating multiple services at once act as barriers to receiving services. Likewise, I also ask participants about the extent to which staff diversity, times that services are offered, social media presence, outreach efforts, and availability of online applications act as promoters in receiving services.

### **Individual Accessibility**

On the individual level, it can be difficult to obtain services due to cost, physical access problems, and cultural considerations. These factors not only affect the ability to get services but the quality of these services. In addition, these struggles take a toll on these individuals physically, mentally, and emotionally when seeking and utilizing services.

First, the cost of services impacts the ability of people to get quality services or services at all. The goal is to provide those in need with affordable and easily accessible services, but costs easily add up (Baxter and Fancourt, 2020). People in more financially secure households are less likely to participate in social service programs, while those in households run by an unemployed person were more likely to participate (Coe, 1983). A reasonable cost of services is

important because most of the individuals seeking these services are already in circumstances that put them in great financial distress (Kurtz et al., 2005).

Accessing services may require users to travel from multiple different locations to obtain service (Coe, 1983; Baxter and Fancourt, 2020). In-need communities often have trouble with transportation, long distances to offices, and poor physical conditions (Coe, 1983; Greenwood et al., 2015). Travel can be one of the most arduous factors of this process, especially for families. Many parents feel the need to prioritize service seeking over child care, but with a lack of accessible and affordable child care, they end up prioritizing taking care of their children and being unable to get services (Groton et al., 2017).

Many potential participants are often deterred from services due to a lack of cultural considerations from the social service providers. Non-white service users experience higher levels of unmet needs and negative experiences with the use of social services (Greenwood et al., 2015). Minorities tend to use community agency-based services less when compared to a more dominant racial group because when minorities use services, they typically do not receive sufficient support from the service providers (Greenwood et al., 2015). Language barriers, immigration status, and cultural differences all contribute to the feeling of perceived power differentials, distrust, and bias in staff understanding of patients' situations and needs (Baxter and Fancourt, 2020; Moore et al., 2017).

Individually, factors like cost, transportation, physical well-being, and personal cultural considerations play large roles in the use or nonuse of services. Each individual and family's situation is different, so service providers must consider the wide range of potential service users and cater their programs to this diverse population. Within organizations, expanded diversity, reasonable cost of services, and location of these services all help to promote service usage and

increase the likelihood of individuals to have continued use of services. In the intake questionnaire, I ask questions about the extent to which cultural consideration, cost, and physical access problems affected them in obtaining services, and I also questioned the extent to which staff diversity and outreach efforts serve as a promoter in receiving services.

### **Psychological Barriers and Promoters**

Psychological barriers may also prevent people from accessing and using social services. Overcoming psychological obstacles is one of the toughest barriers to seeking and obtaining social services. Multiple emotional, mental, and psychological factors play a role in why people have negative or positive feelings in utilizing social services. Non-use of services can come from inward and outward psychological factors, such as perception of stigma from the public or from ourselves, and, on top of that, stereotyping, discrimination and feelings of weakness all combine to contribute to the avoidance of using social services (Coughlin, 1989; Link and Phelan, 2001). Mental health problems, most commonly anxiety and depression, which are seen frequently in low-income populations, can affect help-seeking intentions and behaviors, usually in a negative way (Nam et al., 2015). In this section, I will discuss the impact of differences in help-seeking intentions and behaviors, stigma, discrimination and stereotyping, and cognitive responses on acting as barriers to receiving services. Nevertheless, I will also talk about the importance of social support in fostering motivation to seek services.

### **Help-seeking Intentions and Behaviors**

Individual help-seeking intentions and behaviors are impacted greatly by mental wellness and illness. In low-income and middle-income communities, the burden of mental disorders and diseases is even more prevalent (Petersen et al., 2011). With access and availability to these services in these communities already low, their intentions to get help are even lower.

Low-income and minority groups suffer more from psychological challenges than their white counterparts (Conner et al., 2010). People from minority communities tend to experience lifelong exposures to racism, discrimination, prejudice, poverty, and violence which may lead to greater psychological, social, and financial challenges, and result in fewer resources to cope with situations (Conner et al., 2010). Conner et al. (2010) studied the help-seeking attitudes among individuals of color with mental health issues and found that they are more likely to have severe depressive and anxiety symptoms and high levels of internalized stigma.

Negative attitudes toward help also significantly impact help-seeking behaviors; statistically, individuals who had negative attitudes toward treatment or services were five times less likely to seek help than those with positive attitudes (Conner et al., 2010). Attitudes towards soliciting help from social services can stem from the presence of previous experiences, positive or negative. The lack of previous experiences also indicates an overall more negative attitude towards the use of services (Conner et al., 2010). However, the type of person that the individual is can also contribute to service seeking.

Personality traits can impact help-seeking behaviors. The five-factor model of personality (FFM), a set of five broad personality traits or characteristics that represents the wide variability in individuals' personalities, can be used to see what specific traits can impact willingness to seek and use services (Ingram et al., 2016). These traits include Extraversion, Agreeableness, Neuroticism, and Openness to Experience. Most distinctly, a person's low level of Agreeableness can decrease the positive, non-stigmatized views of services for themselves and others, leading to a lack of wanting to obtain services (Ingram et al., 2016). More socially open traits, such as Extraversion or Agreeableness, play huge roles in predicting one's perception of the need for services and willingness to seek help. These social traits impact understanding of willingness to

seek services due to incorporating public stigma and agreeability in service use openness (Ingram et al., 2016). High levels of one's Openness to Experience predict more positive views on individuals who use treatment or services, thus, influencing their acceptability in getting help (Ingram et al., 2016).

### **Stigma**

Stigma can be defined as the labeling of people based on non-normative traits or characteristics that result in status loss, discrimination, stereotyping, or prejudice (Stewart et al., 2015; Link and Phelan, 2001). There are four distinctive components to the stigma that come together to create multiple different pathways for the stigmatization of an individual to develop. First, individuals can be assigned to categories based on their differences; thus, this creates somewhat of a social selection of individuals based on human differences which change over time, place, and culturally (Link and Phelan, 2001). Second, individuals and groups can be linked to undesirable characteristics that form stereotypes (Link and Phelan, 2001). This component associates a certain human difference in characteristics with something negative which forms a stereotype. Third, it creates a culture of “them” versus “us” by associating negative characteristics with “them” making them very different from the positive characteristics of “us” (Link and Phelan, 2001). Last, the labeling of people is done to set them apart from others in a way that devalues, rejects, and excludes them from a certain group or society (Link and Phelan, 2001). Overall, this leads to status loss and discrimination.

Stigma itself interferes with help-seeking for services. The harmful effects of stigma on help-seeking of services include the negative impact on the processes and outcome of recovery, diminished self-esteem and self-efficacy, reduced hope for the future, increased avoidant coping,

more psychological distress, breakage of social relationships and work functioning, and elevated psychiatric symptoms (Yu et al., 2021).

Based on this, it is clear that there are two pronounced groups of stigma: public and self. Public stigma focuses on the perceptions of stereotypes, prejudice, and discrimination based on the characteristics that ostracize them from other members of a certain social group (Stewart et al., 2015). Self-stigma looks more at the internalization of public stigma in which they also perceive themselves and their actions and attitudes as negative (Stewart, Jameson, and Curtin, 2015). Together, public and self-stigma create an even bigger social and individual barrier, with little awareness about the ultimate effectiveness of treatments (Stewart et al., 2015).

First off, public stigma refers to the devaluation or discrimination of a person or group by society (Yu et al., 2021). This type of stigma can also be seen as a belief that important others in one's social group would think less of them if they were to seek treatment or services (Jennings et al., 2017). However, there is a lower likelihood of seeking treatment that comes from the public stigma of close others or society as a whole. This can lead to negative individual outcomes, including lower self-esteem, self-efficacy, and self-confidence (Jennings et al., 2017).

The main elements of public stigma are stereotypes, prejudice, and discrimination. Public stigma manifests itself in attitudes towards these stigmatized individuals. Public prejudice, when expressed by discriminatory behaviors, can be seen as anger, fear, or avoidance, towards these stigmatized individuals (Combles-Knowles, 2020). Socially, public stigma limits social interaction because of the devaluation of individuals, and with the decreased prospects of work, lifestyle changes, and involvement with treatment and social service, this affects the low-income community the most (Combles-Knowles, 2020).



Similarly, self-stigma refers to the self-devaluation that results from the internalization of negative attitudes towards one's stigmatized group (Yu et al., 2021). Self-stigma is positively and significantly related to one's reduced want to seek help, treatment, or service, and it also contributes to why individuals do not see themselves as in need of help (Yu et al., 2021; Ingram et al., 2016; Blais and Renshaw, 2013). The internalized self-prejudices, that stem from self-stigma, relate to the avoidance of behaviors to seek help, so as to not perpetuate these stigmas (Ingram et al., 2016).

Blais and Renshaw (2013) emphasize the importance of focusing more intently on self-stigma's impact and how individuals' thoughts influence what they think help-seeking means about them. Many people in situations that require them to receive services or treatment report concerns about being treated more negatively if they seek help (Blais and Renshaw, 2013). Researchers believe that if self-stigma was reduced, individuals would increase their seeking and engagement in services or treatment (Ingram et al., 2016). Self-stigma combined with stereotyping leads to avoidance or isolation which negatively impacts help-seeking behaviors (Combles-Knowles, 2020). Individuals who experience self-stigma are more likely to anticipate rejection from others, which ultimately leads to avoidance of services (Hansson and Yanos, 2016). Youth, for example, are more sensitive to self-stigma due to their extreme internalization of public stigma; this leads to avoidance of services to escape labels or shame (Combles-Knowles, 2020).

### **Discrimination & Stereotypes**

Stereotypes are defined as widely held beliefs, that can be positive or negative, and that categorize individuals or whole groups of people based on one or more characteristics. Commonly, stereotypes of individuals who utilize social services and welfare programs are

formed through four broad factors: (1) the generalization of individual case studies, (2) inappropriate and baseless inferences about systemic, large-scale studies, (3) gaps in the research on social service use, and (4) the role of personally held beliefs and ideals (Coughlin, 1989).

People tend to use the experience of one individual case study of a family or person on welfare to generalize the whole social service recipient population (Coughlin, 1989). However, one specific case study can not be used to provide an accurate and overarching representation of the characteristics of an entire population. The misrepresentation and possible misuse of social research toward these vulnerable populations can also lead to ecological fallacies. In this, researchers infer certain relationships between the data which might not necessarily be accurate (Coughlin, 1989). Conditions and relationships on the individual and group level can be misinterpreted, misleading, and false, aiding in the formation of stereotypes. The absence of data on particular groups or populations of individuals leads to uncertainty and misconceptions, which contributes to these groups or populations being not well understood (Coughlin, 1989). The lack of real, systemically studied research only fuels more assumptions, hypotheses, and theories, plausible or not, regarding these individuals.

American values and beliefs perpetuate the idea that individuals control their success. Based on the fundamentals of the American dream, the provision of social and economic programs are seen as a dull initiative that violates individual freedom (Coughlin, 1989). The mindset that welfare and social service programs provide free benefits to able-bodied, non-working individuals creates the underlying tension that led to the development of social constructs that encourage these negative stereotypes (Coughlin, 1989).

### **Cognitive Responses**

There are many psychological responses to negative events. In this context, negative events are defined as one that has the potential or actual ability to produce adverse outcomes for an individual (Taylor, 1991). A common psychological mechanism to use in these negative events is cognitive minimization. Cognitive minimization is when individuals minimize events that happen in their lives (Taylor, 1991). This cognitive distortion leads people to lessen significant events. Normally, this type of response to these events leads individuals to only seek help in very severe situations, since they see other significant and valid, yet less severe events, as not as important, not worth taking action over, or not serious enough to seek help for (Guterman et al., 2010). Cognitive minimization may serve as a protective mechanism in an immediate sense, but it may ultimately create an obstacle to seeking help (Guterman et al., 2010).

A less common, but equally important, coping response to negative events is the offsetting of negative emotions with positive ones. This, also known as the mood repair hypothesis, states that when faced with threatening events, people experience intensely negative emotions, such as fear or anxiety, so to counteract these negative emotions, after arousal stimulus conditions are removed, people experience a positive, emotional reaction which brings the individual a sense of relief or relaxation (Taylor, 1991). This technique is known as the safety reaction, the relief response, or the relaxation response (Taylor, 1991).

When individuals have experienced or are experiencing negative events, they can exhibit psychological responses that lessen the perceived severity and significance, making them less likely to seek help. In addition, as humans, we vigorously try to minimize our negative emotions. In turn, this prompts us to forget about the events that caused these feelings and drive us to induce positive emotions or reconstruct the events in our brains.

### **Social Support**

On the other hand, social support has shown time and time again that with a positive informal network of support, individuals can be highly motivated to utilize services and improve their lives (Sousa and Rodrigues, 2009). Families in need have multiple barriers in trusting the social service organizations that are intended to provide them with resources and help. However, community support amplifies a sense of trusting relationships, that avoids threats or judgment, and minimal power differentials, because the family feels support and not coercion into anything (Sousa and Rodrigues, 2009). Positive connections with and support from peers, friends, and community leaders not only increase a sense of community but also decreases perceptions of help-seeking stigma and foster trust in informal systems (Jensen and Bowen, 2020).

A big concept in social support is the idea of belongingness. A positive sense of community belonging, in which emphasis is placed on the value of social support, can help those who are marginalized feel more inclined to participate (Moore et al., 2021). Socially, norms and the ability to participate highly influence one's use of services, but more programs that focus on appealing to and building a community around certain identity groups (i.e. racial, ethnic, cultural, gender, sexual, etc.) can help counteract feelings of discrimination and marginalization and improve engagement in social services (Moore et al., 2021).

Overall, psychological barriers and promoters surround differing help-seeking behaviors or intentions that are formed by individual personality traits or previous negative/positive experiences with social services. The perception of stigma, discrimination, and stereotyping can cause individuals to create valuations of themselves and the extent to which those are positive or negative can push or deter individuals from seeking services. However, more social support, informally or formally, can affect feelings of belongingness, which positively influences one's use of services. In the intake questionnaire, I included questions on the extent to which

stereotyping, discrimination, perception of individual weakness, self-judgment, and stigma act as a barrier to obtaining services, and I also ask about the extent to which support and encouragement from staff and from others as well as the extent to which they have seen others benefit from similar services and how these can help motivate individuals to use services.

### **Barriers and Promoters Overview**

Not surprisingly, the literature surrounding the gap between eligibility and service usage suggests multiple barriers and promoters to seeking social services. My review suggests that while people can statistically see that not all eligible individuals use services, there are many potential reasons as to why this might occur, some of which worsened due to the COVID-19 pandemic. This deeper dive into the literature surrounding who uses services, why they use them, and when they use them, gives a broader understanding of the demographic, practical, and psychological pull and push factors that go into choosing to use social services or related resources.

My analysis of the literature found that demographic factors, more specifically age, gender, race, culture, housing, education, and income, individually and simultaneously contribute to service use. The findings offered in the literature indicate that the elderly and mid-adolescents are more likely to utilize services. Gender-wise, statistically men are in poverty at higher rates than women, but they are less likely to seek and receive services. Reasons for this can be tied to the stereotypes and stigma around men seeking help, as well as, women in poverty being significantly more likely to have many people to take care of, forcing them to turn to services because of this great need (Sullivan, 2019; Sousa and Rodrigues, 2009).

In looking closer at the effect of race, ethnicity, and culture on service use, we can see huge gaps in usage in minority populations versus their white counterparts. Sadly, when looking

at service provision, even when minority individuals do utilize services, they use fewer and at a less consistent rate than white individuals (Conner et al., 2010). In this, we can see how discrimination and stigmatization can come into play when seeking services. Past experiences in seeking services and not receiving the proper care foster fear and mistrust, leading to lower resource-seeking behaviors, especially in those who are highly identified with their race, ethnicity, or culture (Richman and Kohn-Wood, 2007). The contrasts in why minority individuals and white individuals might refrain from service use suggest that differences in sociocultural experiences, such as discrimination and group identity, are more powerful in minority communities than in white communities, and it also shows that each of these populations have a completely varied set of reasons and motivators for service usage. In addition, immigration and language can present as large barriers to seeking and using services when there is no effective communication between the clients and staff. This contributes to the need for organizations to be culturally in-tune with clients to provide them with productive and practical services with open communication and understanding between both groups (Reina et al., 2014; Greenwood et al., 2015).

For the larger socio-demographic factors, i.e. housing, income, education, there is support for them being large predictors in service usage, however, this can be explained by the lack of consideration, flexibility, and adaptability in organizations themselves. For example, permanent housing tends to be the biggest obstacle in obtaining services. For many organizations, housing is necessary for social service applications. And, in situations where individuals can not secure reliable housing, this becomes a determinant of if one can receive services or not. Similarly, education and income are factors that play a role in knowing what services are available and if you are eligible to use them. Education and income influence life outcomes more than any other

factors surrounding service use. Income is associated with the onset of individual social problems, while education is associated with the progression of these issues (Herd et al., 2007). This connection alone has implications for future research on socioeconomic disparities in service provision and usage, which is why the improvement of organizations themselves is so important. Additionally, these two predictors occur throughout the life cycle of a person, with education and income playing critical roles even in the early parts of life; they impact one's psychosocial resources, cognitive functioning, and lifestyle choices, all of which have an impact on the need for services and help-seeking behaviors (Herd et al., 2007). While society wants you to believe that there is social mobility, without access to the proper resources and support, this truly is not possible for certain individuals and becomes increasingly harder for those of lower socioeconomic status.

Practically, organizations and individuals face their challenges when seeking and obtaining services. In organizations, the lack of connection and collaboration between services can prevent individuals from receiving multiple services at once due to time conflicts and lead to misunderstandings or miscommunication between service providers and users (Baker et al., 2010). These misunderstandings also can stem from a lack of information about programs and the parameters' eligibility (Coe, 1983; Gilbert et al., 2013). Administratively, staff attitudes, cooperation, and connection with the clientele can impact the quality and provision of services (Coe, 1983; Cooper, 2014). On top of that, potential service users are faced with cost, physical access problems, long lines, elaborate paperwork, certain required documentation, miscommunication, waiting lists, and unrealistic time expectations (Cooper, 2014). Nevertheless, different types of outreach approach, like empowerment of clients and increased presence on the internet, positively influence service-seeking behaviors. Empowerment strategies help to negate

feelings of isolation and powerlessness that can come from the perceived power differentials and lack of trust between the staff and clients (Lewandowski, 2003). In addition, internet resources, like social media, can be used to gain fundraising and community support and to promote organizational activities, but they can also be used to educate staff, volunteers, and program users about key issues (Given et al., 2013).

Psychologically, the literature explained that help-seeking intentions and behaviors can differ based on the burden of mental health problems, previous exposure to social services, and personality traits. Individuals with negative experiences are less willing to seek services, and individuals with less extroverted personalities are also less likely to seek services and are more likely to feel stigmatized and judged for their service usage (Ingram et al., 2016). Stigma itself creates harmful rhetoric of labeling individuals in ways that are negative based on their non-normative traits or attributes (Stewart et al., 2015; Link and Phelan, 2001). Similarly, discrimination and stereotypes contribute to the inappropriate, negative generalization of individuals which leads to these social constructs of certain groups (Coughlin, 1989). This all plays a part in power differentials being formed between perceived in-groups and out-groups and if people seek services if they are in these out-groups. Cognitively, as I discussed, through cognitive minimization, people try to convince themselves that the severity of their situations are not as bad as they perceive them to be (Guterman et al., 2010). However, with the presence of more social support, through an informal or formal support network, individuals are positively influenced to seek services because of the increased feelings of support which enables individuals to feel more trust and less judgment from their community and service providers (Sousa and Rodrigues, 2009).

### **The Morristown Neighborhood House**



The central goal of this thesis is to apply insights from literature to assist a real-world service provider, the Morristown Neighborhood House. This organization is a cornerstone in the Greater Morris County area and impacts the lives of over 6,000 people in the community every year. Since its founding in 1989, Neighborhood House has embraced the growing diversity and cross-cultural ebbs and flows of the Morris County community. The Morristown Neighborhood House is unique in its provision of a wide range of services that encourage and enhance educational and social development in Morristown's youth and elderly populations. All in all, the Neighborhood House serves individuals from as little as age two, all the way to 102 years old.

Year-round, the Morristown Neighborhood House cares for the children of the community by providing them with preschool, before and after school, and summer camp programs. Additionally, physical recreation programs are offered, including soccer, basketball, and more. The Neighborhood House also has programs that allow teens to mentor and connect with younger children while exerting their leadership abilities. These programs include but are not limited to, providing help with homework or learning tasks to younger students, leadership opportunities, participating in workshops and networking, and help the teens succeed educationally, socially, and economically, some programs focus on college preparation and facilitating opportunities to find jobs and/or internships.

For adults, more specifically blind adults, there is a program that recruits and matches well-educated and trained volunteers with blind individuals to offer them support, companionship, and resources. For seniors, Neighborhood House provides a full day, five days a week, adult day center that offers comprehensive, affordable services to meet the physical, emotional, and social needs of seniors and their caregivers. In addition, the Neighborhood House hosts senior tech connect, an informative and interactive program that engages seniors with

technology. For veterans, they conduct “operation sisterhood” which, unlike any other program in New Jersey for female veterans, is designed by female veterans and intended to improve the health and well-being of female service members through outreach, research connection, education programming, advocacy, and the facilitation of peer-to-peer support. In summary, Neighborhood House hosts numerous programs to make a difference in the lives of people of all ages.

The motivation for my partnership with the Neighborhood House came from their need for an online intake form. In the past, they had used an outdated, paper intake form that was impractical in allowing the organization to get a full understanding of their population, as it made it harder to organize their community data. Because of my past experiences in working with many different programs at the Neighborhood House, including the preschool program and afterschool program, I saw the amount of diverse individuals that they help and how the coordination of their community data can be helpful in providing for all of their population of service users. In making the intake questionnaire, I worked closely with the organization’s Vice President and Director of Programs. In our weekly meetings, I learned more about the current demographics and trends of the Neighborhood House and focused my research on certain known barriers and promoters of their population. Continuously, we crafted and revised drafts of the intake questionnaire based on their previous intake form, the academic literature, and current real-world events.

### **The Benefits of Community Neighborhood Houses**

The Morristown Neighborhood House is one of many other Neighborhood houses across the nation. Neighborhood Houses (NHs) connect the local residents to a variety of services within and outside of the community (Yan and Lauer, 2021). Not only do they provide resources,

but they also serve and advocate for the well-being of the members of their community.

Historically, NHs were established as a place-based initiative that serves as an organizational mechanism to bring people together and connect the community (Yan and Lauer, 2021). NHs have played a strong role in building community relations, by not only connecting local residents, but also in the ways that they provide social services (Yan and Lauer, 2021).

NHs serve as a strong community structure (i.e. has programming, youth-based services, coalitions, etc.) which allows for the bridging of resources for those who are resource-deprived and work towards creating positive community change (Lardier et al., 2017). These organizations act to empower, support, and uplift individuals who utilize their services (Lardier et al., 2017). As mentioned early, the role of empowerment in community organizations promotes the use of services and leads to better outcomes for the members of these communities. Because of this importance, when NHs are effectively functioning, it has a significant impact on enhancing the quality of life and achievement of social justice for those who are often marginalized and oppressed by society (Maton, 2008). The positive environment fostered through the quality and nature of interpersonal relationships in these NHs helps to increase individual autonomy and improve support systems, caring relationships, and a sense of belonging and community (Maton, 2008). All of these aspects emphasize the importance of NHs in communities due to their provision of resources and ability to create and how their individual effectiveness and organization can affect peoples' willingness to utilize services.

### **The Intake Questionnaire**

This paper intends to apply information gained from a comprehensive literature review to create an intake form for the Morristown Neighborhood House. After looking at the literature surrounding social services, potential barriers and promoters to service use, and the impact that

the pandemic has had on all of these factors, a well-informed and practical intake form was created to inform this community partner about how they can learn more about their population while understanding why they may use or not-use certain applicable services (Appendix 1). In this brief intake form, I begin by asking questions about the program participants' basic demographic factors. Then, I will ask questions about the program participants' housing and financial situation. Next, I will ask about the potential barriers or promoters in using community services. Last, I will ask about how the COVID-19 pandemic has affected them in seeking and receiving services. This questionnaire assesses demographic, practical, and psychological predictors of service usage.

In the future, the Neighborhood House can use this information to obtain accurate and up-to-date information about their clientele. With this information being collected through the online application, it can also be easily accessed, analyzed, and organized to see the aggregated data of the community of service users. In addition, their answers to the questions regarding their demographic, practical, and psychological can help the Neighborhood House determine any additional support and services that they need to provide to better serve their community. Overall, this intake questionnaire is designed to increase the effectiveness of the Neighborhood House's services by implementing the necessary changes seen through the questionnaire with the end goal being improving clients' satisfaction, experiences, and participation in services.

### **Demographic Factors**

As discussed above, numerous demographic factors, including age, gender, race, ethnicity, language, citizenship, financial status, educational levels, and housing status, are predictive of service use (Pattyn et al., 2015; Farmer et al., 2001; Conner et al., 2010; Lee, 2020; Reina et al., 2014). To assess program participants' age, they will be required to input their date

of birth. To assess program participants' gender, participants will choose from "Female", "Male", "Prefer not to say", or "Other". To assess program participants' race, participants will choose from "American Indian or Alaska Native", "Asian", "Black or African American", "Native Hawaiian or Other Pacific Islander", "Caucasian", or "Other". In regards to ethnicity, participants may identify as "Hispanic or Latino", "Not Hispanic or Latino", or "Other". To determine program participants' primary language, they may choose from "English", "Spanish", or "Other". To learn about program participants' immigration status, they will be asked "was the program participant born in the U.S.?" and "is the program participant a U.S. citizen?" For both questions, they may respond "yes", "no", or opt to not respond.

Because research suggests that people's housing, educational levels, and financial situation shape their use of social services, participants will be asked about family size, estimated annual income, type of housing they reside in, and their housing ownership status (Weatherall and Tennent, 2021; Lennon et al., 2010; Herd et al., 2007). First, for family size, they will simply type the number of individuals in their household. Second, for estimated annual family income, they will select from the following options: "under \$12,000", "\$12,001-\$20,000", "\$20,001-\$25,000", "\$25,001-\$30,000", "\$30,001-\$35,000", "\$35,001-\$40,000", "\$40,001-\$50,000", "50,001-\$75,000", "\$75,001-\$100,000", and "\$100,001 and up". Third, for education levels, they will select from the following options: "Preschool", "Elementary school (Kindergarten-3rd grade)", "Intermediate school (4th grade-5th grade)", "Middle school (6th grade-8th grade)", "High school (9th grade-12th grade)", "Undergraduate degree", "Graduate degree", or "Other". Fourth, for types of housing, they will choose from "Single-family home", "Multi-family Home", "Apartment", "Condominium", and "Other". Last, they will respond to the question, "Which of the following best describes your current housing situation?" and they

may choose “Homeowner”, “Renter”, “Living with others but not paying rent or mortgage”, “Living with others and assisting with paying rent or mortgage”, and “Other”.

### **Practical Factors**

Numerous practical considerations, on the organizational and individual level, may impact people’s willingness to use services (Baker et al., 2010; Cooper, 2014; Coe, 1983; Lewandowski, 2003). To assess the extent to which program participants’ are affected by potential practical barriers to seeking and obtaining social services, we will ask numerous questions. Specifically, participants will respond to the following prompt: “Please note the extent to which each of the following factors has prevented you from seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)” on a scale of “not at all”, “somewhat”, “moderately”, “very”, and “very much”. The options that they responded to were: “Cost”, “Complicated paperwork”, “Issues with staff”, “Lack of information about services”, “Long wait times”, “Transportation”, “The times that the services were offered”, and “Difficulty coordinating multiple services at one time”.

To assess the extent to which program participants’ are affected by potential practical promoters to seeking and obtaining social services, they will respond to the prompt: “Please note the extent to which each of the following factors impacted your decision to seek or receive community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)” on a scale of “not at all”, “somewhat”, “moderately”, “very”, and “very much”. The options that they responded to were: “Staff diversity”, “The times that the services were offered”, “Increased social media presence”, “Outreach efforts”, and “The availability of online applications”.

**Psychological Factors**

Because numerous psychological factors may influence people's willingness to find services, participants will answer multiple questions to assess these variables (Conner et al., 2010; Ingram et al., 2016; Link and Phelan, 2001; Combles-Knowles, 2020; Moore et al., 2021; Sousa and Rodrigues, 2009). Participants will respond to the prompt: "Please note the extent to which each of the following factors has prevented you from seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)" on a scale of "not at all", "somewhat", "moderately", "very", and "very much". The options that they responded to were: "concerns that others may judge me", "concern that others may discriminate against me", "concern that others may see me as weak", "my own negative judgments of myself for service use", and "Stigma from others".

To assess the extent to which program participants' are affected by potential psychological promoters to seeking and obtaining social services, they responded: "Please note the extent to which each of the following factors has impacted your willingness to see or receive community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)" on a scale of "not at all", "somewhat", "moderately", "very", and "very much". The options that they responded to were: "Support and encouragement from staff", "Support and encouragement from others", and "The extent to which others have benefitted from services provided".

**Impact of COVID-19 Pandemic**

As discussed above, the Covid-19 pandemic has widened the gap between service eligibility and service use (Deitrick et. al, 2020; Patel et. al, 2020; Kuenzi et. al, 2021). To assess the extent to which program participants are affected by potential barriers to seeking and

obtaining social services, they will respond to the prompt: “Please note the extent to which the COVID-19 pandemic affected each of the following factors that have prevented you from seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)” on a scale of “not at all”, “somewhat”, “moderately”, “very”, and “very much”. The items that they responded to were: “Less resources available”, “Longer wait times”, and “Worry about physical well-being”.

### **Open-ended Questions**

Finally, to assess the unmet needs of the program participants’, participants will respond to open-ended questions about how the Morristown Neighborhood House can improve its services, and if there were any additional services that they wish to be connected with.

### **Discussion**

This project set out to identify and summarize the available literature regarding the gap that exists between the number of people who are eligible to benefit from using community services, and the number of people who use community services. In a comprehensive and integrative literature review, I highlighted the multiple barriers that prevent people from and promoters that encourage people to use community services. I employed a wide lens, to identify demographic, practical, and psychological predictors. Using this information, I created an intake questionnaire for the Neighborhood House – an intake questionnaire that they may use to probe current service users to learn more about the ways the barrier and promoters shape people’s use of Neighborhood House services.

This intake questionnaire will help the Morristown Neighborhood House better understand the population of individuals that they serve. From the intake questionnaire, the Morristown Neighborhood House will gain demographic information, along with insights on any



potential practical and psychological obstacles or promoters in their service use. This information will allow the Neighborhood House to gain a more complete picture of what their community needs in regards to additional resources, support, or help. With the additional threat of COVID-19, this questionnaire may also assist this organization to identify any further problems that individuals and families may face.

In general, this intake questionnaire or a similar version could be useful to any nonprofit organization for all the above reasons. In this project, I researched the overarching predictors that generally impact individuals (not only locally but nationwide) when it comes to service usages. Because of this, it is plausible that any service providing organization might utilize this questionnaire if they wanted to gain a deeper understanding of their population of service users and their varying needs and motivations for using social services.

In the future, this intake questionnaire will have to account for changes in predictors, based on current world events and situations. For example, the COVID-19 pandemic is relevant in service usage in the present time because it has been an ongoing worldwide issue for the past two years. However, in the next few years, the impact of this pandemic may lessen and our society may re-calibrate to a “post-pandemic” “new normal.”

Because this questionnaire will be used to acquire information about a population of service users and their barriers and promoters in service usage, it can be used to build a better future for this organization and its potential users. Furthermore, organizations could use the information gathered as means to get additional grants or funding, which will also allow them to better service their service users.

One major limitation of this project is the fact that it is an intake questionnaire for individuals who are already utilizing services. As discussed, the current literature suggests a gap

in service use among eligible people who are not using services. In the future, this intake questionnaire would ideally be provided for individuals who are eligible for services but are not currently utilizing any form of social services. While this intake questionnaire helps us gauge the extent to which current service users face barriers and promoters when seeking and accessing services, by questioning eligible individuals who are not using services, it would provide an even better look at why people may or may not use services.

A future step to build on this project would be to analyze the data generated by the intake questionnaire and analyze the data to identify trends. Based on these trends, in addition to the literature, could be used to revise the intake form further, and to provide even more insights about the reasons certain individuals do or do not utilize services. Furthermore, this questionnaire could provide insight on where services are lacking within this organization and the community, which could open up a broader conversation on the change that needs to be seen on the organizational or community level by means of better serving the population of individuals in need.

To conclude, in our country, there is a substantial gap between those who are eligible to use social services and those who actually use social services. Through this deep dive into the literature, it is clear that individuals can face many barriers and/or promoters when it comes to seeking and receiving services. While there are a larger number of barriers that one can face, of which have been worsened due to the pandemic, there are also many promoters in using services. This project will aid a service provider in identifying and fixing potential problems that current service users face, while also seeing the reasons why they chose to utilize services in the first place. Overall, this intake questionnaire and project will allow the Morristown Neighborhood

House to better understand their service users and continue to improve their services to better suit the needs of the community.

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## Appendix 1

## The Morristown Neighborhood House Program Participant Intake Form

Below are multiple questions regarding the general demographic information of the participant and/or their parent/guardian.

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\* Required

1. Please check off the program(s) that the participant will be involved in:

*Check all that apply.*

- ☐ Preschool
- ☐ Before & Afterschool
- ☐ Summer Camp
- ☐ Project Safe
- ☐ Recreation (soccer, basketball, and more)
- ☐ Drill
- ☐ NABE Teens @ Work
- ☐ Rites of Passage
- ☐ Friends of the Blind
- ☐ Operation Sisterhood
- ☐ Adult Day Center
- ☐ Senior Tech Connect

Other: ☐ \_\_\_\_\_

2. Program Participant's First Name \*

\_\_\_\_\_

3. Program Participant's Last Name \*

\_\_\_\_\_

## 4. Program Participant's Gender \*

*Mark only one oval.*

☐ Female

☐ Male

☐ Prefer not to say

☐ Other: \_\_\_\_\_

## 5. Program Participant's Date of Birth \*

\_\_\_\_\_  
*Example: January 7, 2019*

## 6. Program Participant's Age \*

\_\_\_\_\_

## 7. Physical Conditions that are applicable to Program Participant: \*

*Check all that apply.*

☐ Asthma

☐ None

☐ Outdoor Allergies

☐ Food Allergies

Other: ☐ \_\_\_\_\_

## 8. Program Participant's Allergies

\_\_\_\_\_

9. Program Participant's Parents/Guardian First Name (if participant is under the age of 18)

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10. Program Participant's Parents/Guardian Last Name (if participant is under the age of 18)

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11. Parents/Guardian Date of Birth

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*Example: January 7, 2019*

12. Parents/Guardian Age

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13. Parents/Guardian Address

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14. Parents/Guardian Phone Number

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15. Parents/Guardian E-mail

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Program Participant's  
Demographic  
Information

Below are questions about the participant's demographics information including race, ethnicity, primary language, and immigration status.



## 16. Program Participant's Race \*

*Check all that apply.*

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ Caucasian

Other: ☐ \_\_\_\_\_

## 17. Program Participant's Ethnicity

*Mark only one oval.*

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Other: \_\_\_\_\_

## 18. Program Participant's Primary Language \*

*Check all that apply.*

- ☐ English  
☐ Spanish

Other: ☐ \_\_\_\_\_

## 19. Was Program Participant Born in the U.S.? (OPTIONAL)

*Mark only one oval.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

20. Is the Program Participant a U.S. citizen? (OPTIONAL)

*Mark only one oval.*

☐ Yes

☐ No

☐ Other: \_\_\_\_\_

Program Participant's  
Housing, Educational, and  
Financial Situation

Below are questions regarding the participant's income,  
financial status, educational levels, housing situation, and  
family size.

21. Family Size \*

\_\_\_\_\_

22. Estimated Annual Family Income \*

*Check all that apply.*

☐ Under \$12,000

☐ \$12,001 - \$20,000

☐ \$20,001 - \$25,000

☐ \$25,001 - \$30,000

☐ \$30,001 - \$35,000

☐ \$35,001 - \$40,000

☐ \$40,001 - \$50,000

☐ \$50,001 - \$75,000

☐ \$75,001 - \$100,000

☐ \$100,001 & UP

## 23. Program Participant's Current Educational Level

*Mark only one oval.*

- ☐ Preschool
- ☐ Elementary School (kindergarten-3rd grade)
- ☐ Intermediate School (4th grade-5th grade)
- ☐ Middle School (6th grade-8th grade)
- ☐ High School (9th grade-12th grade)
- ☐ Undergraduate Degree
- ☐ Graduate Degree
- ☐ Other: \_\_\_\_\_

## 24. Type of Housing

*Mark only one oval.*

- ☐ Single-Family Home
- ☐ Multi-Family Home
- ☐ Apartment
- ☐ Condominium
- ☐ Other: \_\_\_\_\_

## 25. Which of the following best describes your current housing situation?

*Mark only one oval.*

- ☐ Homeowner
- ☐ Renter
- ☐ Living with others but not paying rent or mortgage
- ☐ Living with others and assisting with paying rent or mortgage
- ☐ Other: \_\_\_\_\_

Potential Barriers or  
Promoters in Using  
Community  
Services

Below are questions regarding your personal experiences and feelings towards the potential barriers or promoters in using The Neighborhood House's Services or additional community services.

26. Please note the extent to which each of the following factors have prevented you from seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)

*Mark only one oval per row.*

	Not at all	Somewhat	Moderately	Very	Very Much
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complicated paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Consideration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of information about services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical access problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The times that the services were offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid of stereotyping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perceived individual weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-judgment for service use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stigma from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Please note the extent to which each of the following factors have encouraged you in seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)

*Mark only one oval per row.*

	Not at all	Somewhat	Moderately	Very	Very Much
Staff diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The times that the services were offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased social media presence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outreach efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability of online applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and encouragement from staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support and encouragement from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Effect of  
the  
COVID-19  
Pandemic

Below are questions about how the COVID-19 pandemic had an effect on your usage of services and ability to receive services from The Neighborhood House or other community organizations.

28. To what extent do you believe that the COVID-19 pandemic had an effect on the services that you have received? \*

*Mark only one oval.*

- ☐ Not at all
- ☐ Somewhat
- ☐ Moderately
- ☐ Very
- ☐ Very much

29. Please note the extent to which the COVID-19 pandemic affected each of the following factors have prevented you from seeking or receiving community support, social services, or government help with your current needs (i.e. housing, childcare, food provision, clothing, etc.)

*Mark only one oval per row.*

	Not at all	Somewhat	Moderately	Very	Very Much
Less resources available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longer wait times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about physical well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Concluding Questions

30. Is there anything that The Neighborhood House can do to improve their services?  
If yes, please describe below:

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31. Are there any additional services that you are in need of? If yes, please list them below and we will help you get the services that you need.

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