

**Analyzing Perceptions of Barriers to Self-Sufficiency of Local Social Service Officials and their Priorities for Local Government Funding**

**Zheng Li**

Capstone Project  
Martin School of Public Policy and Administration  
University of Kentucky

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## Executive Summary

Self-sufficiency means a family can adequately meet their basic needs without repeated assistance from public or private social service organizations. However, there are many barriers preventing Fayette County residents from becoming self-sufficient. Because Lexington Fayette Urban County officials wanted to consider a new way to allocate local government resources, a needs assessment was conducted to assess the barriers to self-sufficiency for residents in Fayette County. As one part of the needs assessment, my research was to design and analyze a survey instrument to assess the perceptions of barriers to self-sufficiency of local social service providers and their priorities for local government funding.

Officials of nonprofit social service organizations in Fayette County were asked their opinions about three major issues.

- What are the barriers to self-sufficiency for residents of the Fayette County?
- What are the barriers that LFUCG can reasonably mitigate for residents?
- What is the priority ranking respondents believe each barrier should receive attention from LFUCG officials in planning for human services over the next five years?

In addition, the analysis focuses on the differences among identification of barriers to self-sufficiency by organizations with differing characteristics.

Literature review provides some background about existing barriers to self-sufficiency and their influence. These barriers include homelessness, health issues, mental health issues, unemployment and some others. A basic framework of needs assessment is presented in the review. The process of needs assessment and couple of examples of needs assessments help build the structure of the survey.

The online survey mainly has four sections, including initial information, barriers to self-sufficiency, barriers LFUCG can affect, and priority ranking of barriers. A nonprofit social service organizations was selected to receive the survey if it is located in Fayette County, has a social services purpose, and the latest reported revenue was over \$1,000. After collecting all the survey data, the respondents are classified into their NTEE codes to examine whether there is a difference in identifications of barriers based on organizations' type of services.

Survey results show that high cost of childcare services received most agreement as a significant reason that residents seek services. Public transportation routes that don't go where people need to travel are considered as the barrier that LFUCG can most reasonably mitigate. Lack of safe, affordable housing is the barrier that respondents thought should receive greatest attention from LFUCG officials in planning over the next five years. What's more, organizations have similar identification of barriers to self-sufficiency even though these organizations have different NTEE codes.

Based on the survey results, it is recommended that the LFUCG should give higher priority to housing issues in distributing funding for social services. Suggestion for future studies is to explore better approaches to remove housing barriers and maintain the outcomes.

## Introduction

Barriers to self-sufficiency mean “gaps in financial, physical, psychological, social, community, or other resources to meet basic human needs such as food, safety, shelter, healthcare, transportation, education, employment and others”<sup>1</sup>. However, in Fayette County, several barriers exist that prevent residents from becoming self-sufficient. For example, during 2008 to 2012, around 18% of the population of Fayette County lived below poverty level, which is higher than the national average of 15%<sup>2</sup>. The report “For the Greater Good” (2013) mentions that the minimum wage in Kentucky (\$7.25) is lower than the minimum wage needed to afford a two bedroom apartment in Lexington (\$12.73), and this is one of reasons that residents have to spend more money on housing rather than other needs, such as food, clothing, and physical or mental services.

To understand the barriers for residents and provide assistance to government funders, one approach to generating useful information is needs assessment. A needs assessment is “a systematic set of procedure that are used for setting needs-based priorities and making decisions about program improvement and allocation of resources” (Witkin, 1995). The Lexington Fayette Urban County Government (LFUCG) wanted to allocate their funding to nonprofit agencies in a manner that could best target the needs of residents of Fayette County rather than simply continuing allocations to organizations funded in the past. To address this issue, a survey was conducted to research the views of all nonprofit social service organizations in Fayette County about what they perceive as the major barriers to self-sufficiency for their clients in Fayette County and how they

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<sup>1</sup> The definition is by Dr. Diane Loeffler, College of Social Work, University of Kentucky.

<sup>2</sup> Data source: QuickFacts, U.S. Census Bureau.  
<http://quickfacts.census.gov/qfd/states/21/21067.html>.

would recommend the Urban County Council prioritize their attempts to reduce those barriers<sup>3</sup>.

As one part of the needs assessment, my research was to design and analyze a survey instrument to assess the perceptions of barriers to self-sufficiency of local social service providers and their priorities for local government funding.

There were three major questions posed to managers of nonprofit social service organizations in Fayette County:

- a. What are the barriers to self-sufficiency for residents of the Fayette County?
- b. What are the barriers that LFUCG can reasonably mitigate for residents?
- c. What is the priority ranking respondents believe each barrier should receive attention from LFUCG officials in planning for human services over the next five years?

In addition, to better understand the perceptions of nonprofit organizations, this paper will analyze whether different organizational characteristics have differing identifications for barriers.

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<sup>3</sup> While it would be important to understand the perceptions of the clients who receive social services, this task was not included in the project assigned to the Martin School.

## Literature Review

The concept of self-sufficiency varies among different people. Massachusetts Association for Community Action (2003) stated that the use of self-sufficiency is broad and general. It is loosely defined and understood only in contrast to the concept of poverty. The Self-Sufficiency Standard<sup>4</sup> developed by Wider Opportunities for Women takes all the major budget items into account, including housing, child care, health care, food, and such. It defines self-sufficiency as the ability of “a family of a given composition in a given place, to adequately meet their basic needs without public or private assistance” (Pearce and Brooks, 2001).

### *Existing Barriers to Self-sufficiency*

A significant amount of research exists concerning barriers to self-sufficiency for families and individuals. My literature review mainly focuses on housing, health care, mental health, childcare, and employment.

Housing has received much attention as a long-term issue. The disabled and elderly both share a high cost of living. In this article, Smith et al. project that the number of elderly and disabled people will increase in coming decades. Because of the strong desire of most elderly and disabled people to have housing features to live independently, there will be large and growing needs for housing units. However, the needs currently are not met due to the lack of accessibility housing, which may create a heavy emotional and financial toll for caregivers.

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<sup>4</sup> More information of the Self-sufficiency Standard can be found here: <http://www.selfsufficiencystandard.org/standard.html>.

Some studies emphasize the relationship between health care issues and homelessness. Cohen and Thompson (1992) explain that mental illness is the fundamental problem of mentally ill homeless persons. Based on this article, mental illness can cause homelessness due to people's "disabling functional deficits of disorder." Furthermore, homeless people have greater risk of severe mental illness (Yanos et al., 2004), serious physical disease and even death because they have less access to health care (Hwang, 2001). Daiski (2007) finds that physical health barriers are mostly chronic and related to inconsistent healthcare because of poverty and homeless living conditions. Moreover, "concerns about substandard housing and fear of homelessness are psychosocial stressors that can lead to mental health problems" (Krieger and Higgins, 2002).

However, it is not easy to mitigate homelessness for residents. By examining the effectiveness of the Family Development Center (FDC) in Atlanta, Georgia, Fischer (2000) concluded that FDC has a notable positive influence on lives of young homeless mothers, but it is still difficult to totally remove them from homelessness and keep them from welfare dependence and poverty. He points out self-sufficiency is not only predicted on employment and housing stability, but also reflected implicitly by a lessened dependence on government assistance.

Schor (2004) explains that good childcare is essential to pediatrics by providing health-promoting and disease-preventing services. However, he points out that current child care services are not meeting the needs of families due to some barriers like time constraints, lack of training in child development, and limited access to community services. Not only in children's physical health, other barriers, such as a lack of available

child care services, high costs, and provider shortages also impair access to children's mental health (U.S. Department of Health and Human Services, 1999). Owens et al. (2002) find that more than 35% of parents in their study report a barrier to mental health for their children. About 21% to 26% of parents indicate those barriers can be classified in structural constraints (e.g. help too expensive, service too inconvenient), perceptions of mental health problems (e.g. thought problems not serious), and perceptions of mental health services (e.g. lacked confidence in who recommended help). Owens et al. explains that these three types of barriers are remarkably consistent.

Unemployment is another significant barrier to self-sufficiency in previous research. Dworsky and Courtney (2007) find that not having a high school diploma or GED and being categorized as depressed are the two prevalent barriers to employment among the Temporary Assistance to Needy Families (TANF) applicants in Milwaukee County, Wisconsin. Dworsky and Courtney concluded the relationship between potential barriers and employment is that applicants have less possibility to be hired if they reported a barrier than if they do not. For instance, assuming all other conditions are the same, the possibility of being hired is significantly lower for applicants who didn't have a high school diploma or GED than those who had; the earnings are also significantly lower for applicants with no diploma or GED.

The barriers to employment also matter to women with low income. A study from Corcoran et al. (2000) show that most of the female welfare recipients are hired only in low-wage, low-skill, and few-benefits jobs. Rankin (2003) indicates that low-income women find jobs mostly through informal sources, which are strongly tied contacts, such as relatives and friends. Even though the negative effect on the earnings from informal



job sources aren't significant in this research, having to rely on strong ties to find social resources affects women's job quality.

### *Social Service Needs Assessments*

My research is defined as social service needs assessment. The needs assessments aim to inform government agencies and nonprofit organizations about their ability to implement changes (Gamache and Giard, 2004). There has been a host of consideration in analyzing social service needs and making recommendations regarding priorities.

Gamache and Giard (2004) review over 40 social service needs assessments on a national scale to explore the applicability of those findings to Pinellas County, Florida. Their review focuses on homelessness, health care, mental health, and basic needs in these four areas. They find that only two needs assessments address homelessness specifically instead of incorporating it among other issues. Because of the wide range of concerns, health care assessments incorporate various methods and levels. Most of the mental health reports only focus on service delivery rather than on broad and systematic investigations. The findings in this study provide details on methods and levels so they can help future planning, methodology, implementation and evaluation.

Moore (2009) summarized a multi-level assessment process for Community Action Agencies in Missouri to help organizations rethink the current situation, and to provide guidance for their future planning. For the first step of data collection, Moore considers two categories of data sets that should be collected. One is statistical data, including census data and other secondary data related to an agency's area. The other one is survey data from individuals, service providers, partners and other stakeholders. The

second step analysis is critical because agencies not only can know the needs but also can understand the solutions that the community can provide. The next step is to prioritize the issues. Agencies can set strategies and integrate services according to the prioritization.

Moore contributes a clear framework for most needs assessments. One needs assessment conducted by Egan et al. (2010) reflects the process mentioned in Moore's study. Because my research is to design a survey instrument and to analyze the results, I focus on surveys and data analysis in these two sections of the process of needs assessment. Egan et al. conduct a survey to find the needs and priorities of the community services with their subcategories in Los Alamos County, New Mexico. With a 20% response rate, the results show that the top rated areas and top priorities for respondents are health care and services for families and children. Egan et al. find that the service gaps existing in health care are a lack of adequate specialists and a lack of inpatient resources. For family and children services, the gap primarily is too few affordable after school programs.

Another example is an assessments of human service needs conducted by Greenwich United Way (2011) in Greenwich, Connecticut. The basic survey questions are about the priorities of service categories or issues and how well existing services meet the local needs. In this study, they notice that an issue may have a high priority for the community, but it may not have the perception of adequately meeting needs. Conversely, an issue may be identified as being high priority, but it may be considered as being fully addressed by existing services. Therefore, to figure out the exact needs for the community, Greenwich United Way combine these two observations together from all

the respondents. This study provides good considerations when I analyze the priorities in my research.

This literature helped with design of the basic structure of my survey, and understanding of certain barriers and their influence on residents. However, little prior research addresses the relationship between different characteristics of organizations and their perceptions of barriers. My research will explore this relationship.

### **Research Design**

The College of Social Work conducted structured interviews with 21 LFUCG social service partner agencies<sup>5</sup> and 52 key stakeholders identified in the Fayette County social service delivery community. The stakeholders were drawn from convenience samples. To further understand the barriers to self-sufficiency for residents in Fayette County, my research will examine the perceptions of the entire population of nonprofit social service organizations in Lexington-Fayette County by administering a survey.

The website GuideStar provides comprehensive information about nonprofit organizations<sup>6</sup>, so it was used to identify nonprofit social services organizations in Lexington Fayette County. A social service provider was selected if it met the following criteria: The address of agency was in Fayette County service area; the National

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<sup>5</sup> Partner agencies are nonprofit organizations that received appropriations from the Urban County Council in the previous year.

<sup>6</sup> More information about GuideStar can be found here: <http://www.guidestar.org/rxg/about-us/index.aspx>.

Taxonomy of Exempt Entities (NTEE) Code assigned by the Internal Revenue Service (IRS) was human services purpose<sup>7</sup>; the latest reported revenue was greater than \$1,000.

There were 143 organizations initially identified. With further research, 53 of the organizations were removed from the list of recipients because they had moved out of Fayette County, were defunct, or reported that they did not provide direct services. Finally, 91 remaining organizations were emailed the survey link<sup>8</sup>. All the receipts were asked to finish the online survey through the Qualtrics website. In order to improve the response rate, an initial letter from the Mayor and the research supervisor was sent to each organization asking them to participate in the survey. Follow-up emails and phone calls requesting survey completion were also sent to the receipts. Sixty-eight of the targeted organizations responded to the survey, with a response rate of 75%.

The survey mainly has four sections, (1) initial information, (2) barriers to self-sufficiency, (3) barriers LFUCG can affect, and (4) priority ranking of barriers.

#### 1. Initial information

In this section, respondents were asked, if they did deliver services, about the number and characteristics of the service recipient, such as common age, gender, family status and English skills in the last fiscal year. They were also asked to forecast the change of those aspects in the next five years. This information provides an overview about social services provided by nonprofit organizations in Fayette County.

#### 2. Barriers to Self-Sufficiency

The first research question is to ask what the barriers to self-sufficiency are for residents of the Fayette County. As we know poverty is often the basic underlying factor

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<sup>7</sup> More information about NTEE codes can be found here:  
<http://nccs.urban.org/classification/NTEE.cfm>.

<sup>8</sup> Two respondents are from one organization but represent two separated programs.

preventing some local residents from being self-sufficient (Pearce and Brooks, 2001), however, results from the interviews of LFUCG partner agencies and key stakeholders were analyzed to develop a list of 32 related factors that were seen as barriers to self-sufficiency for residents of Fayette County (the full list is shown in Appendix Table 1).

The respondents were asked about whether they agree or disagree that the listed barrier is a significant reason that residents of Fayette County seek services from government agencies or nonprofit social service organizations. The barriers were presented to each respondent in a random order to reduce the bias associated with presentation order. The answers were Likert scales with strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree these five options. Additionally, respondents could add at most five additional barriers that they think are important but were not listed.

### 3. Barriers LFUCG can affect

When local governments allocate resources, except for understanding the reasons residents seek services, it is important to consider what barriers governments can actually affect. The second research question is to see the opinions of nonprofit organizations about the barriers that LFUCG can reasonably mitigate for residents.

Respondents were asked whether LFUCG has a reasonable ability to take actions to reduce or mitigate a particular barrier so affected residents have an improved ability to become or remain self-sufficient. Only the barriers they had agreed were significant for residents of Fayette County were shown to that respondent in this question.

#### 4. Priority Ranking of Barriers

Understanding that LFUCG officials have limited resources and must balance the needs of all residents of Fayette County, the third research question was to find respondents' recommended priorities for LFUCG's future plan. Respondents were asked what priority ranking they believe individual barriers should receive from LFUCG officials in planning for human services over the next 5 years. The barriers listed in the question were only those that respondents had agreed were significant reasons residents seek services **and** agreed that LFUCG has a reasonable ability to affect. Again, the barriers were shown to the respondent in a random order.

### **Results and Analysis**

#### *Survey Results*

##### 1. Initial information

From the survey results, all the respondent organizations have served more than 620,000 clients from a minimum 3 to a maximum 211,000 in their last fiscal year. The average number of clients served per organization is about 11,000. Many organizations likely serve the same clients and serve them on more than one occasion, so the number of clients may not all be separate individuals. Around half of the respondents thought the number of their clients was about the same while 34% of respondents thought it was larger compared to the previous two fiscal years. More than 70% of respondents served clients that are residents of Fayette County.

For the characteristics of clients, about 36% of organizations served people 26-45 years old and around 17% served people 6-15 and 46-64 years old. Around half of the

organization provided services mostly to females and single adults with children. In addition, most of the clients have good English skills. Most respondents thought there may be no major change in the characteristics of clients in the next five years.

## 2. Barriers to Self-Sufficiency

The options for each answer are assigned a value from 1 to 5, strongly agree to strongly disagree. Each barrier is ranked by its mean value based on the response. Table 2 shows the ten barriers to self-sufficiency which received strongest average agreement from survey respondents. They are considered as the most significant barriers to self-sufficiency among respondents.

**Table 2: Ten Greatest Barriers for which Residents Seek Service**

Rank	Mean	Std. Error	Barrier
1	1.77	0.71	High cost of childcare services
2	1.88	0.90	Lack of access to mental health services
3	1.88	0.95	Lack of safe, affordable housing
4	1.97	0.79	Lack of marketable job skills
5	1.97	0.79	Substance abuse on the part of the client or a family member
6	2.00	0.75	Lack of access to affordable physical health services
7	2.01	0.84	Lack of affordable childcare services outside of weekday hours
8	2.03	0.71	Limited hourly earnings in a part-time job
9	2.06	0.79	Limited hourly earnings in a full-time job
10	2.07	0.72	Lack of a high school education

Observations: 68

### 3. Barriers LFUCG can affect

As Table 3 indicates below, ten of the barriers with the strongest agreement by respondents are considered as those that LFUCG can reasonably take action to mitigate for residents.

**Table 3: Ten Most Important Barriers that LFUCG can reduce**

Rank	Mean	Std. Error	Barrier
1	1.52	0.62	Public transportation routes that don't go where people need to travel
2	1.53	0.67	Lack of safe, affordable housing;
3	1.54	0.75	Financial exploitation (such as by landlords, employers, lenders, service providers, caregivers, or others)
4	1.58	0.68	Lack of coordinated human services case management
5	1.65	0.61	Prohibitive cost of public transportation
6	1.70	0.62	Lack of access to information about available services
7	1.74	0.86	Public transportation schedules that don't cover the hours people need to travel
8	1.91	0.73	Lack of access to mental health services
9	1.97	0.72	Lack of access to information about available jobs
10	1.52	0.62	Public transportation routes that don't go where people need to travel

Observations: 66

### 4. Priority Ranking of Barriers

The degree of importance of each barrier for the respondent is used as a factor to identify the priority, which is calculated by the average. Each ranking of a barrier is given a value from 1 to 37 (including five additional barriers added by respondents), the highest to the lowest ranking. A summation and an average of those values then are calculated of each barrier. Generally, the lower the average, the higher the priority of a barrier is for a respondent. However, respondents are given five opportunities to add additional barriers in the second section. The results shows these barriers have very high degree of



importance but very low frequency. Only those respondents who put them in the additional barriers thought these barriers have high priority.

Therefore, the frequency is another factor to identify the barrier with highest priority. As respondents only ranked the barriers that they thought should be taken into account by LFUCG over the next five years, the lower the frequency of response for a barrier, the less respondents thought it is important. So barriers with no response are regarded as less important to the respondents. The frequency is counted by the number of responses for each barrier

As the Table 4 shows the six barriers are identified with both high frequency and high degree of importance. Most respondents think these six barriers are those that should receive attention from the LFUCG officials over the next five years. Among these barriers, *lack of safe, affordable housing* has the highest frequency and degree, which shows it is a common thread for residents who seek services from nonprofit social service organizations in Fayette County.

**Table 4: Six Barriers with both High Frequency and Degree of Importance**

Rank	Barrier	Frequency	Degree of Importance
1	Lack of safe, affordable housing	46	4.130
2	Lack of access to mental health services	39	5.872
3	Lack of coordinated human services case management	34	7.471
4	Lack of available jobs	31	8.000
5	Lack of access to mental health services outside of weekday hours	28	8.143
6	High cost of childcare services	28	8.214

### *Analysis by NTEE Codes*

Based on the survey results, I decide to explore whether there exists a difference between different organizations' identifications of barriers. Organizations may identify different significant barriers based on their missions. By analyzing this relationship, it is helpful to understand the most needs of residents in some specific service areas.

The survey received 68 responses from nonprofit social service organizations in Fayette County. All the respondents are identified their different characteristics by the NTEE codes. These organizations are mainly in human services, housing and shelter, health, mental health, and educational institutions as shows in Table 5.

**Table 5: Percentage of Respondents' NTEE codes**

<b>NTEE Code</b>	<b>Type of Services</b>	<b>Number</b>	<b>Percent</b>
P	Human Services	30	44.12%
L	Housing, Shelter	8	11.76%
F	Mental Health, Crisis Intervention	6	8.82%
E	Health—General & Rehabilitative	5	7.35%
B	Educational Institutions	4	5.88%
I	Crime, Legal Related	2	2.94%
G	Disease, Disorders, Medical Disciplines	2	2.94%
K	Agriculture, Food, Nutrition	2	2.94%
S	Community Improvement, Capacity Building	2	2.94%
J	Employment, Job Related	2	2.94%
X	Religion, Spiritual Development	2	2.94%
Q	International, Foreign Affairs, and National Security	1	1.47%
R	Civil Rights, Social Action, Advocacy	1	1.47%
T	Philanthropy, Voluntarism, and Grantmaking	1	1.47%
<b>Total</b>		<b>68</b>	<b>100.00%</b>

In order to find whether there are differences between identifications of different type of organizations, I grouped the organizations into five categories based on the NTEE codes. The groups are human services (P), health (F, E, and G), housing (L), education (B), and the others (I, K, S, J, X, Q, R, and T). I calculate the mean of each group's

responses for each barrier to see their recognition for significant barriers to self-sufficiency as showing in Table 6.

**Table 6: Five Barriers with Strongest Agreement from Each Type of Organizations**

<b>Group (Number of Organizations)</b>	<b>Rank</b>	<b>Barrier</b>	<b>Mean</b>	<b>Std. Deviation</b>
<b>Human Service (30)</b>	1	High cost of childcare services	1.621	0.622
	2	Lack of access to affordable physical health services	1.759	0.636
	3	Limited hourly earnings in a part-time job	1.867	0.681
	4	Lack of safe, affordable housing	1.867	0.860
	5	Lack of access to mental health services	1.867	0.860
<b>Health (13)</b>	1	High cost of childcare services	1.692	0.480
	2	Lack of access to affordable physical health services	1.846	0.555
	3	Lack of affordable childcare services outside of weekday hours	1.846	0.689
	4	Lack of access to mental health services	1.846	0.801
	5	Lack of safe, affordable housing	1.923	0.641
<b>Housing (8)</b>	1	Activity limitations due to advanced age or disability	1.875	0.641
	2	Substance abuse on the part of the client or a family member	2.125	0.835
	3	High cost of childcare services	2.250	0.886
	4	Poor financial management skills	2.250	1.282
	5	Lack of safe, affordable housing	2.250	1.581
<b>Education (4)</b>	1	High cost of childcare services	1.250	0.500
	2	Substance abuse on the part of the client or a family member	1.250	0.500
	3	Lack of access to information about available services	1.500	0.577
	4	Lack of coordinated human services case management	1.500	0.577
	5	Lack of access to mental health services	1.750	0.500
<b>Others (13)</b>	1	Lack of safe, affordable housing	1.538	0.967
	2	Lack of marketable job skills	1.692	0.855
	3	Lack of access to mental health services	1.769	1.013
	4	Lack of a high school education	1.769	0.927
	5	Lack of available jobs	1.769	0.927

Observations: 68

By ranking the means of responses for each barrier from each group, I found that identifications among different types of organizations are similar. They all agree that some common barriers are significant reasons for Fayette County residents seek services,

such as high cost of childcare services, lack of safe, affordable housing, and lack of access to mental health services. A slight difference is that organizations seem to emphasize the barriers that are more related to their type of services. However, residents seeking service may have more than one barrier that hinders them to becoming self-sufficient. Moreover, the literature indicates that some barriers are correlated like homelessness and mental illness. Therefore, the survey results can reflect the perceptions of barriers to self-sufficiency of all the types of social service organizations effectively.

Since human service organizations are dominant in the number of all the respondents, their identification has the main influence on the survey results. The five most significant barriers that human service organizations agreed are all in the ten barriers with strongest agreement from all the respondents. These organizations provide children's and youth services, family services, emergency assistance, violence shelter or other human services. So barriers with strongest agreement from human service organization are more various.

For the organizations that provide human services in health area, the five barriers they strongly agree with are directly related to health issues. The barriers high cost of childcare services and lack of safe, affordable housing received high agreement. Through the literature review, much research has found that lack of effective and sufficient child care services could impact children's physical and mental health, and people who are homeless have greater risk to develop physical or mental illness. The survey response indicates that health service organizations are concerned about these two issues.

The housing service organizations are more likely to strongly agree with the barriers regarding housing issue. Activity limitations due to advanced age or disability is

considered as the most significant barrier to self-sufficiency among housing organizations. As the literature review mentioned before, the growing number of elderly and disabled people increases the need for accessible housing units (Smith et al., 2008). The gap between the needs and the available housing becomes the barriers for those people. Hurlburt et al. (1996) have found that people with drugs or alcohol problems are less likely to find or keep stable housing. This research could explain why substance abuse on the part of the client or a family member is also given a strong agreement by housing organizations.

The organization with education NTEE codes mainly provide human services to child and adult students to help them better focus on learning. As the literature has found that children perform better on social, language, and cognitive development if they are in higher quality childcare programs (Clarke-Stewart et al., 2002; NICHD Early Child Care Research Network, 2002), it could explain educational service organization recognize high cost of childcare services as the most significant barrier.

For the organizations from other type of services, they all identify the barriers which are similar to human service, health, housing and educational organizations.

### **Limitations**

There are several of limitations of the study which need to be noticed. Because the survey was sent to the leaders in nonprofit social service organizations in Fayette County, one limitation of the research is that the possible difference of the perceptions about barriers to self-sufficiency between organization leaders and the individuals. As needs assessment is necessary for many nonprofit organizations as a requirement for

receiving funding (Moore, 2009), there is a possibility that organizations give responses based on their needs for funding. It may impact a real identification of barriers to self-sufficiency for residents.

Another limitation is the possibility that respondents did not answer the questions carefully. Since the survey takes 15 – 30 minutes, some respondents might lose patience and answer the questions without serious consideration. Moreover, not every respondent gave responses to all the research questions. The first research question receive the response from all the respondents; 66 respondents answered the second research question; however, only 58 respondents answer the priority ranking question. So the results may not reflect the situation of those organizations did not provide the answers.

### **Recommendations**

From the survey results and the analysis by organizations' NTEE codes, most of the organizations with different type of services gave strongest agreement to ten barriers that are significant reason residents in Fayette County seek services. Among these ten barriers, lack of safe, affordable housing and lack of access to mental health services were considered as the barriers that the LFUCG can mitigate. While in the priority ranking of barriers, lack of safe, affordable housing received highest frequency and importance among all the barriers. The organizations from human services, health, housing and others all identified lack of safe, affordable housing as a significant barrier to self-sufficiency.

From the prior literature, housing issues could impact people's health care. By reducing the barriers in housing area could have positive influence on health care.

Therefore, I recommend that the LFUCG could give a higher priority to funding nonprofit social service agencies who attempt to address the housing problems of their clients in a long-term basis. A resolution “Ten Year Plan to End Homelessness in Lexington Fayette County, KY” (2010) points out only a few housing service organizations adopted the Housing First model which aims to move homeless people into permanent housing as quickly as possible and provide services to stabilize the housing. The LFUCG could give greater priority to funding those organizations who will utilize more Housing First model to reduce the homelessness in the future.

The organizations in the survey recognized several common barriers even though they provide different types of services. For instance, health service organizations and housing service organizations thought lack of safe, affordable housing was a significant barrier. Housing service organizations and educational organizations thought substance abuse was significant. If residents who seek services has more than one barrier to self-sufficiency, the rest of the barriers may affect the maintenance of outcomes if one main barrier has been reduced. Following the implications provided by Pearson et al. (2007), organizations should understand the housing needs of their clients to provide housing that help clients be self-sufficient. Additionally, they should delivery supportive services to improve their housing stability. These supportive services include mental health, substance abuse, childcare services, living skills, and such. I recommend that the LFUCG could funding those agencies who provide supportive services for housing to help residents meet their multiple needs and maintain the housing.

## Conclusion

As part of the needs assessment for the social services delivered by nonprofit organizations that receive funding from LFUCG, my study designed a survey instrument to assess the barriers to self-sufficiency for residents in Fayette County and analyzed the factors that influence the barriers identified by organizations with different characteristics.

The survey results show that most respondents agree that *high cost of childcare services* is the most significant reason that residents in Fayette County seek services. Respondents also agreed that the LFUCG can mostly reasonably reduce the barrier of *public transportation routes that don't go where people need to travel*. For priority ranking of barriers, *lack of safe, affordable housing* is considered as the barrier that should receive greatest attention from the LFUCG officials in planning over the next five years. By breaking down the survey response by organizations' NTEE codes, I found that these organizations have similar identification of barriers to self-sufficiency, even though the extent of agreement for each barrier is different because of different organizations service fields.

To summarize, the LFUCG should focus more on the housing issue in the future. The higher priority ranking of funding should be on those nonprofit social service organizations that emphasize housing services. The future study can explore better approaches to remove housing barriers and maintain the outcomes so residents can become self-sufficient completely.



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## Appendix

**Table 1: All identified Barriers (not ranked)**

1. Lack of safe, affordable housing;
2. Prohibitive cost of public transportation;
3. Public transportation routes that don't go where people need to travel;
4. Public transportation schedules that don't cover the hours people need to travel;
5. High cost of childcare services;
6. Lack of affordable childcare services outside of weekday hours;
7. Lack of access to affordable physical health services;
8. Lack of access to physical health care services outside of weekday hours;
9. Lack of access to mental health services;
10. Lack of access to mental health services outside of weekday hours;
11. Poor parenting skills;
12. Poor financial management skills;
13. Difficulty in following program rules or employer requirements;
14. Lack of a high school education;
15. Substance abuse on the part of the client or a family member;
16. Poor English skills;
17. Lack of available jobs;
18. Inability to get more hours in a part-time job;
19. Limited hourly earnings in a part-time job;
20. Limited hourly earnings in a full-time job;
21. Lack of marketable job skills;
22. Lack of access to information about available jobs;
23. Lack of access to information about available services;
24. Effects of violence or sexual assault by nonfamily members;
25. Financial exploitation (such as by landlords, employers, lenders, service providers, caregivers, or others)
26. Racial disparity
27. Lack of legal U.S. resident status;
28. Ex-offender status;
29. Effects of family physical or sexual abuse;
30. Expected reductions in government benefits because of earned income;
31. Activity limitations due to advanced age or disability;
32. Lack of coordinated human services case management.