

THE UNIVERSITY OF MANITOBA

SCHOOL OF SOCIAL WORK

The Opinions of Residents In A Primary Core Area of Winnipeg  
Regarding Accessibility of the Present Social Service System

An exploratory, descriptive study  
1970 - 1971

This Report of a Group Research Project  
is submitted in partial fulfillment of  
the requirements for the Degree of  
Master of Social Work

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## ABSTRACT

This is an explanatory study of the accessibility of social services in a primary core area of the city of Winnipeg during a two year period from 1970 - 1971.

The sample was composed of 67 respondents, 41 non-users and 26 users of agency services. User and non-user groups were identified and studied both as a group and as individual sub-groups.

The study was conducted by a group of five students in the second year of the School of Social Work, University of Manitoba, as partial fulfillment of the requirements for the Degree of Master of Social Work.

The sample of the population studied was randomly selected from a primary core area of Greater Winnipeg designed on the census tract as number 22, and bounded by Isabel and Sherbrook Streets, Notre Dame and Higgins Avenue.

Data was collected by means of personal interview, using an interview schedule. This interview schedule was comprised of three sections, a section of general identifying information answered by everyone and sections answered differently,

depending on whether the respondent had or had not used a social agency since moving to his present address.

The results of the study indicate that there are barriers of a psychic, social and physical nature which decrease the accessibility of the present social service system. It was also found that the majority of the sample studied would prefer a neighborhood based agency rather than the present centrally located agencies. These findings have implications for the establishment of neighborhood Health and Social Service Centres as proposed by the Social Service Audit. Recommendations for further research are made as a result of the findings.

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## CHAPTER I

### INTRODUCTION

Social welfare is under attack from several quarters both as to the nature and manner of its direct services, and in regard to its basic assumptions, policies, and approaches.<sup>1</sup>

In the Winnipeg community there is a great concern about bringing social services up to par with the needs of people in a rapidly changing environment. In 1965, the Social Service Audit, sponsored by the Manitoba Government, the United Way of Greater Winnipeg, the Winnipeg Foundation, and the Community Welfare Planning Council was designed to study Greater Winnipeg in order to assess the complex needs and problems of the community especially in the central urban area and to assess existing methods of delivery of social service to people. Two important conclusions made by the Social Service Audit were:

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<sup>1</sup> M. Roger, Unpublished material, Winnipeg, University of Manitoba, School of Social Work, 1970. (Mimeographed)

(1)...individuals both have the right and must be encouraged to plan their own lives. In the social welfare system, this means that people have a right to share in planning for social service, to influence the operation of social services, and to share in decisions to be made in meeting their individual needs.<sup>2</sup>

(2) Services presently are inaccessible. The Audit proposes, therefore, that a new design for service is needed and states that...

Apart from its practicality in the provision of services, a new design must accommodate the fast, vast, and inevitable changes that are taking place in our society...In forming its proposals of new methods of getting services to people, we have been guided by the necessity of people in need of help knowing where to go, being able to get there easily, and getting the help they need soon enough to prevent, or at least minimize, further problems or a repetition of the same problem.<sup>3</sup>

In light of the Audit's recommendation for a new service design, and the principle of citizen participation in social planning, it was felt by the authors of the present study that further research was necessary to obtain the opinions of the residents as to whether or not they favor such a change in service design. In addition, although the Audit concludes that accessibility is a major factor in service delivery, there

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<sup>2</sup> Report of the Social Service Audit, Sponsored by the Manitoba Government, United Way of Greater Winnipeg, The Winnipeg Foundation, Community Welfare Planning Council, May, 1969, p. 3.

<sup>3</sup> Ibid, pp. 52-53.

is no research data to support this conclusion nor the degree or causation of inaccessibility if indeed it does exist.

This research project was an exploratory study of the accessibility of the present social service system in Winnipeg to residents of the Primary Core Area. The purpose of this study was to determine the existence or non-existence of barriers to accessibility and any relationships which may exist among these barriers.

The study was undertaken by a group of social work students in partial fulfillment of the requirements for the degree of Master of Social Work. The concept of accessibility has special relevance to social workers in understanding clients and the clients' use of agency. That is, what prevents people with a specific problem from using an agency designed to deal with that problem. Knowledge of residents' opinions would enable social workers to improve service delivery. There is so little known about the concept of accessibility that any additional information is urgently needed and may lead to more fruitful study.

The literature reveals many limitations in the direct provision of services. Kahn<sup>4</sup> lists eight limitations:

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<sup>4</sup> A.J. Kahn, Studies in Social Policy and Planning (New York: Russell Sage Foundation, 1969), pp. 245-251.

(1) not enough service, (2) stigma, (3) inaccessibility, (4) lack of case integration and case accountability, (5) arbitrariness of bureaucratization, (6) imbalance between resources and facilities and diagnostically-oriented casework services, (7) staff shortage, and (8) gaps in service. He puts special emphasis on the inaccessibility of present social services, describing them as bureaucratic mazes, fragmenting and losing clients in the gaps between service.

Industrialization affected the structure of organizations including social welfare agencies, making them specialized and complex bureaucracies. Urbanization has also been a result of industrialization affecting political structures, the family structure, housing and employment opportunities, in addition to many other aspects of social welfare.

Presently our society is in a stage of post-industrialization. characteristic of a post-industrial society is the complexity and interdependence of modern social problems - alienation, poverty, inner-city ghettos, inadequate housing, over population, crime and delinquency, and pollution. This complexity necessitates a new design for the intervention in social problems.

There are many controversial issues inherent in the present social welfare system - centralization versus decentralization, private versus government accountability, citizen participation, and a lack of planning in coordination and administration of social services.

Fragmentation is a major criticism of social service delivery. It has arisen due to the fact that traditionally agencies dealt with one problem or with one aspect of a problem. This often resulted in one family or one individual seeing several different social workers at one time.

To prevent fragmentation, the Seebohm Committee<sup>5</sup> suggested a community based and family-oriented agency which would also improve accessibility by having area offices.

Several recommendations have been made by other sources to improve accessibility. They generally fall into two areas - the establishment of either a community information centre or a one-stop neighborhood social service centre.

The Social Service Audit was an examination of people's needs for services, of the system of delivering these services, and of the availability of service. "The report places major

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<sup>5</sup> Seebohm Committee, unmarked pages.

emphasis on the need for early changes in existing structures or organizations providing services to people and for a new method of providing many of such services."<sup>6</sup> The Audit studied the community of Metropolitan Winnipeg in terms of population composition, indices of social disorganization, and agency constituency. Social services in Winnipeg were explored with an outline of the present system and its limitations. Recommendations were made in the areas of social planning and a new service delivery design.

In forming its proposals for a new method of getting services to people, we have been guided by the necessity of people in need of help knowing where to go, being able to get there easily, and getting the help they need soon enough to prevent, or at least minimize, further problems or a repetition of the same problem.

A second guideline has been that wherever possible, one individual should assume, and continue to take responsibility for the supervision of service provided for each individual or family who comes for help. It is extremely important that there be continuity in the help that is given, consistency throughout the working out of a treatment plan, and a follow-through from the initial contact to the successful resolution of the problem.

A third guideline is that wherever possible, similar services should be consolidated into one centre or one management, in order to give the

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<sup>6</sup> Report of the Social Service Audit, op. cit., preface.

most comprehensive and most efficient service. This is not to suggest that service is substandard, it is in response to social agencies expressed aspirations, to growing demands already in evidence, and to our desire to recommend the best use of available resources for the benefit of people who need assistance.<sup>7</sup>

Specifically, the recommendation of the Audit was

...that the Province of Manitoba establish under its jurisdiction a number of Health and Social Service Centres, to be administered from a central office and to serve designated areas in Metropolitan Winnipeg.<sup>8</sup>

The Centres are proposed for location in designated geographic areas. According to the Audit the Centres would be concentrated in areas of need.<sup>9</sup> Since Core Areas in the centre of the city were found to have the highest rates of social problems and social disorganization, it is assumed that these Centres would be concentrated in Primary Core Areas. The Audit assumes that the establishment of these neighborhood Centres would make social service agencies more accessible to residents of the Primary Core Areas.

The key point to be made is that the Audit's recommendation for neighborhood based Centres coincides with Kahn's statements and the findings of the Seebohm Report. This research study

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<sup>7</sup> Ibid., p. 52.

<sup>8</sup> Ibid., p. 53.

<sup>9</sup> Ibid., p. 54.

wishes to evaluate the assumption made in the above report regarding accessibility. All these reports assume that the present social service delivery system is inaccessible. By obtaining the opinion of Primary Core Area residents as to the accessibility or inaccessibility of present social services, this study wishes to test the above assumption.

To accomplish this purpose the research project was designed to answer the following questions:

1. What is the extent of the present usage of service?
2. Are present social services perceived as accessible?
3. What are the perceived barriers to accessibility?
4. Would social agencies be preferred in the neighborhood or as presently located?
5. What is the relationship between psychic, physical and social distance?
6. What differences exist between users and non-users in terms of accessibility?

Answers to the above questions would have implications for the establishment of neighborhood Health and Social Service Centres as proposed by the Social Service Audit.

This study was carried out in Metropolitan Winnipeg, a mid-western Canadian city with a population of 510,000 people.<sup>10</sup> The research project was designed, data collected and interpreted within the period from January, 1970, to March, 1971.

The project was limited to the geographical area contained within Primary Core Area number 108 as defined by the Social Service audit.<sup>11</sup> This area contains census tracts 19, 22, 23, and 24 from which number 22 was randomly selected as the sample area. The boundaries of the sample area are Higgins Avenue, Isabel Street, Notre Dame Avenue and Sherbrook Street.

The study units of the sample came from one hundred randomly selected addresses all contained within census tract number 22. An adult at each address was asked to respond to a personally administered questionnaire.

Identifying information concerning sex, age, marital status, employment status of household head, financial assistance, place of birth of household head, language most spoken at home, number of people living in the household,

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<sup>10</sup> Ibid, p. 6.

<sup>11</sup> Ibid, p. 9.

number of children in the household, number of adults in the household, grade completed by household head, and any further training or education after the completion of school. Residences were also classified as to whether they were a self-contained suite, a multi-family dwelling, or a single family dwelling.

This research project uses the United Nations' definition of "Social Services" which is

An organized activity that aims at helping towards a mutual adjustment of individuals and their social environment. This objective is achieved through the use of techniques and methods which are designed to enable individuals, groups and communities to meet their needs and solve their problems of adjustment to a changing pattern of society, and through co-operative action to improve economic and social conditions.<sup>12</sup>

The definitions of the concepts discussed in the Audit will be accepted. There are certain geographical areas in Winnipeg with a propensity of social disorganization. These areas have been defined as "Core Areas". There are fourteen indicators of the concept social disorganization - the rate or incidence of adult criminal offenders, infant deaths, public welfare cases, mental illness, illegitimate births, diagnosed cases of venereal disease, children in social allowance

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<sup>12</sup> United Nations, Organization and Administration of Social Welfare Programs in Canada. (United States: United Nations Publications, 1967), p. 1.

desertion areas, child neglect cases, juvenile delinquency cases, suicides, tuberculosis, alcoholism, school dropouts, and liquor offenses. The Audit thus defines "social disorganization" as both need for and reported use of social services.<sup>13</sup>

The Concise Oxford Dictionary defines accessibility in three ways. First accessibility is defined as capable of being used as an entrance. Second, it is defined as capable of being reached or easily approached. Third, access is viewed as capable of being used, seen, known or experienced.<sup>14</sup>

This study will define "accessibility of service" to Primary Core Area residents as a knowledge of services which are available, as services being easily reached, and as usage of service if required. This research study will consider the barriers to accessibility in terms of social distance, psychic distance, and physical distance.

Bogardus defines "social distance" as the

...degree of sympathetic understanding that functions between person and person, between group and person, and between group and group. Sympathy refers to feeling reactions of a favorably responsive

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<sup>13</sup> Report of the Social Service Audit, op. cit., p. 15.

<sup>14</sup> Webster's Third New International Dictionary. (United States, 1967), p. 11.

type, and understanding involves that knowledge of a person which also leads to favorably responsive behaviour. Sympathy and understanding may reinforce each other or they may work against each other under certain kinds of human circumstances. Social distance has many ramifications. It pervades all social life of whatever kind. It is involved in every person's contacts with other persons.<sup>15</sup>

Because of its universality its analysis in any social situation brings to the surface many of the subtleties and potencies of human nature. Broom and Selznick<sup>16</sup> consider the main causes of social distance as differences in religious, ethnic, and cultural background, socio-economic status, and social class.

"Social distance" will be operationally defined as the degree of sympathetic understanding the potential client perceives between himself and the agency (made up of the workers, the office staff, and the other clients). The potential client would perceive sympathetic understanding on the part of the worker, if he felt that the worker understood him and his feelings about the problem in terms of the cause of the problem, the perception of what the problem is, and the

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<sup>15</sup> E.S. Bogardus, Social Distance. (Ohio: Antioch Press, 1959), p. 7.

<sup>16</sup> L. Broom and E. Selznick, Sociology. (United States: Harper and Row, 4th ed., 1968), p. 326.

way to solve the problem. These factors would be related to a worker's recognition of a possible difference between him and his client, in value orientation, which may stem from differences in culture and class.

In reality social and psychic distance often overlap. For research purposes these two variables will be studied as separate deterrents affecting accessibility of service.

Psychic distance is defined by English as the method by which a person avoids making reactions which would show how far he was falling short in the attainment of his life goals. He defines it also as a hesitation or the fabrication of obstacles which must be surpassed before one puts himself to a crucial test.<sup>17</sup> Kahn says that many services carry a stigma in their use.

There is latent or at times conscious identification with the heritage from the 16th and 17th century 'Poor Law' and the Charity Organization tradition of the late 19th century, which associate use of public services with moral defect. Thus, whether or not fully articulated, there is a deterrent, punitive character to public social services in many parts of the United States and Canada.<sup>18</sup> Psychic distance, thus centres around the aspect

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<sup>17</sup> H.B. English, A Student's Dictionary of Psychological Terms. (New York: Harper and Brothers, 1934), p. 36.

<sup>18</sup> A.J. Kahn, op. cit., p. 246.

of stigma associated with going to a social service agency.

"Psychic distance" will be operationally defined as the potential client's perception of criticism he would receive from others for having a need for social service. As Cooley<sup>19</sup> has formulated, the perception one has of one's self is derived from his perceptions of the perceptions others have of him. That is, if a person is perceived by others as less worthy because he is in need of a social service, he may incorporate this perception as his own.

Perception of physical distance will be measured by perception of time it takes to get to an agency. Physical distance is operationally defined as perceived to be more than thirty minutes away and/or as being perceived as a long way away.

For the purpose of this study it was necessary to make several assumptions. The first assumption was that actual accessibility can be measured in terms of perceived social, psychic, or physical distance. Another major assumption in this study was that respondents could perceive accessibility if they had not actually used a social service agency.

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<sup>19</sup> L. Broom and E. Selznick, op. cit., p. 92.

The study assumes the answers given by responses indicate perceived barriers of social, psychic, and/or physical distance to accessibility. That is, if the respondent perceives a barrier to the accessibility of service, this may become an actual barrier for him and could prevent him from approaching an agency. If respondents answer questions pertaining to social distance in an affirmative manner, then the study assumes that they perceive barriers of social distance to present social services. This will apply in a like manner to questions designed to indicate psychic and physical distance. In addition it is assumed that if respondents reply that they prefer neighborhood based services, that these services are more accessible to them. In the same way, respondents indicating a preference for centrally located services would indicate that they perceived these services as more accessible. Lastly, this study assumes that one Core Area was representative of the total Core Area and thus, generalizations could be made from the sample studied to the entire Core Area.

There were several limitations inherent in the method of study. The major limitation proved to be the large number of persons who had not used a social service agency. Another limitation in this study was that actual social, psychic, and physical distance was not measured. It was only the respondent's

perception of these distances which was obtained. Since the Core Area has a diverse population, there were limitations in using a questionnaire due to cultural and language difference. Due to limitations of time, only one Core Area was picked as an area to be studied, and for a similar reason only 100 interviews were conducted. This is a limitation in terms of generalizing findings to the entire Primary Core Area. In addition this study was limited to the social service aspect of the proposed neighborhood Health and Social Service Centres. A final limitation of this study was the large number of incompleated questionnaires. Only 67 out of 100 questionnaires were completed.

The method used for conducting the study is described here briefly and is discussed in greater detail in Chapter III. One hundred addresses were randomly selected according to sound sampling principles. A structured questionnaire was personally administered by means of an interview, during a period from November 28th, 1970 to January 10th, 1971. In all, 67 interviews were completed. Adjustments were made to the questionnaire following a pre-test consisting of the interviews. The first adult with whom the interviewer came into contact at each designated address was asked to respond.

In the administration of the questionnaire, the sample was divided into two groups - previous users and previous non-users of social services. Different parts of the questionnaire were administered respectively.

In the analysis of the data and interpretation of the research findings, the sample was similarly classified into the two groups - users and non-users of social services. The total sample was described according to the aforementioned variables such as age, sex, marital status and so on.

A relationship between the opinions of users and non-users of accessibility of present social services was sought. As well, a relationship between social, psychic and physical distances as barriers to accessibility was sought. It was also hoped to describe any relationship between the evidence of social, psychic and physical distance and the usage or non-usage of social services.

The findings were presented in tables for the purpose of description and comparison. It was hoped that the findings would be the basis for the formulation of hypotheses and the subject for further study. Full details regarding method of analysis and presentation and analysis of data are found in Chapters III and IV.

## CHAPTER II

### REVIEW OF THE LITERATURE

According to Wilensky and Lebeaux, prior to the last three decades, Canada was an industrial nation characterized by the predominance of capital, mechanization, a money economy, rational capital accounting, commercialization, and transferability of all property, predictable political order, and a proletariat.<sup>1</sup> They emphasize that accompanying this is a high degree of specialization, based on the characteristic of mechanization. This impact has been felt in the structure of organizations, by creating specialized and complex bureaucracies. Its impact has also created social problems such as alienation of the nuclear family.

With industrialization has come increasing urbanization. The Social Service Audit illustrates this trend in the Province of Manitoba which "covers an area of 241,000 square miles, and has a population of 969,000 people. Of these, 510,000 live in

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<sup>1</sup> H.L. Wilensky and C.N. Lebeaux, Industrial Society and Social Welfare. (New York: The Free Press, 1965), pp. 44-45.

Metropolitan Winnipeg".<sup>2</sup> In the period from 1961 - 1966, Metropolitan Winnipeg's population has increased 6.9%.<sup>3</sup> This has resulted in a peculiar phenomenon of one big city in the entire province.

Winnipeg's increase is a reflection of the general international trend of increasing urbanization in which Kingsley Davis projects that by 1990, over half of the world's population will be found in cities with a population of more than 100,000 people.<sup>4</sup> This increasing rate of urbanization affects the political structure, the family structure, and employment and housing opportunities, in addition to many other aspects of social welfare.

Historically, social welfare has been designed to deal with poverty. Because poverty is not an individual ailment, but is tied in with the changing structure of society and consequent aspects of social disorganization, it is enmeshed with many other social problems resulting from social disorganization. For example, the Audit looked at social

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<sup>2</sup> Report of the Social Service Audit, op. cit., p. 6.

<sup>3</sup> Ibid., p. 9.

<sup>4</sup> K. Davis, Human Society. (New York: McMillan Co., 1949), p. 80.

disorganization in Winnipeg.<sup>5</sup> They took the census tracts for Metropolitan Winnipeg and gave each a neighborhood name and code number for easy reference, with the fifteen municipalities of the Metropolitan area, making up the remaining Audit neighborhoods. They then looked at fourteen indicators of social disorganization as follows - illegitimacy, suicides, venereal disease, social desertion, income maintenance, juvenile delinquency, adult crime, liquor offences, school dropouts, child neglect, mental illness, alcoholism, tuberculosis, and infant deaths. The highest incidence of these fourteen problems were found in the centre of the city. The core area was the term given to denote the seven Audit areas of the centre of the city (104, 105, 108, 109, 111, 112 and 113).<sup>6</sup>

The information assembled in this fashion by the Audit is the best indication obtainable of the occurrence and intensity of various social problems in the Metropolitan Area.<sup>7</sup>

These statistics on social disorganization mark the Primary Core Areas of Winnipeg as the areas having the most severe social problems. As these problems are all interrelated and

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<sup>5</sup> Report of the Social Service Audit, op. cit., p. 15.

<sup>6</sup> Ibid, p. 9.

<sup>7</sup> Ibid, p. 15.

interdependent, there can be no single or simple solution to any one problem. Rather, there must be a complex attack on all problems at once. The Social Service Audit states that "The complexity of modern society demands an integrative and co-operative approach involving all areas of human concern."<sup>8</sup>

According to Professors Ryant and Spearman,

In order to maximize the effectiveness of social welfare, coordination is a necessary function. However, coordination is achievable only when the coordinator is in an authoritative position relative to member service agencies and units, and can be best achieved through control of resource allocation. Much of the attempt at coordination is in an effort to reduce duplication on the grounds that it is wasteful of community resources....Another major rationale for coordination is to seek the elimination of gaps in service so as to ensure that the programs of different agencies join at their edges. The type of coordination is necessary to ensure that those in need don't slip between the seams of different agencies. Implied here is the premise that in order to provide effective and efficient services to communities, agencies must work together toward a common set of goals.<sup>9</sup>

Oliver states that the proliferation of services is partly due to the existence of various financial jurisdictions of social welfare.<sup>10</sup> Historically, the British North America

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<sup>8</sup> Ibid., p. 4.

<sup>9</sup> Joseph C. Ryant and Leonard B. Spearman, "Social Planning Principles", University of Manitoba, 1971, p. 14. (Mimeographed)

<sup>10</sup> M. Oliver, ed., Social Purpose for Canada. (Toronto: University of Toronto Press, 1961), p. 133.

Act gave the provinces jurisdiction over social welfare provision. At the same time, it gave the federal government jurisdiction over finances in the form of tax collection. However, in the Great Depression the provinces were unable to support their own income maintenance programs; therefore, the federal government aided them in the form of grants. The first unemployment relief act was passed by Parliament in order to provide for grants-in-aid to the provinces. This was 'relief on a large scale, and thus the provinces' function increased instead of decreased. This situation arose due to the fact that when the British North America Act was drafted our society was not a modern, post-industrial one linked by an effective communication chain across the country. This view was reinforced by decisions of the Privy Council in the 19th Century, when the social conditions and the availability of financial resources all seemed to support the view that welfare measures were appropriate matters of provincial and local concern.

According to a United Nations study of social welfare in Canada this point is emphasized by the following statement.

Social services are provided by all levels of government and by numerous voluntary agencies. The federal government plays a major role in the

financing of the social services and administers services for special groups. The provincial authorities have the basic responsibility for the direct administration of the social services. These are supplemented by services offered by voluntary agencies.<sup>11</sup>

Morgan says that through the progression of welfare from the local to the federal level, the end result has been incoherent policies and high costs. His main criticism of all levels of government is that they have not been able to adapt to the rapid changes brought about by industrialization. Although the three levels of government and their inter-dependencies have become more complex, Morgan says:

The extent to which welfare services, even when a program is in existence, are actually available to those who need them, will depend on the nature and adequacy of the local, provincial and municipal organization.<sup>12</sup>

An agency constituency study was done by the Audit in which it was found that in Winnipeg as of December, 1968, there were 278 agencies. Of these, 203 are voluntary and 75 are under social auspices. There is further classification of those services according to function; 34 counselling and

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<sup>11</sup> United Nations, op. cit., p. 74.

<sup>12</sup> J.S. Morgan, "Social Welfare Service in Canada", in Oliver, op. cit., p. 142.

related services, 22 planning, coordinating and financing, 106 recreational and informal education, and 57 health and rehabilitation services. These 278 agencies are located in 350 individual premises.<sup>13</sup> The Social Service Audit presented the main limitations in the system of service as the proliferation of services and the intricacy of the social service network.<sup>14</sup> These two limitations lead to the confusion of the general public because many organizations and agencies provide similar or identical services.

This situation gives rise to a major issue in Canada today, that of decentralization versus centralization of social welfare service administration. Should services be provided by the provinces in an autonomous manner or should there be one centrally administered federal system? The issue becomes - should financial and functional capacity be separated - or should there be a separation on the basis of who can do the job best? At the Constitutional Conference in December, 1969, it was decided that social services were the appropriate concern of the provinces while funding in the form of tax collection was under federal jurisdiction.<sup>15</sup> This issue also becomes

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<sup>13</sup> Report of the Social Service Audit, op. cit., p. 18.

<sup>14</sup> Ibid., p. 26.

<sup>15</sup> Government of Canada, Constitutional Conference, December, 1969. (Ottawa: Queen's Printer, 1969).

applicable on a microcosmic level to each individual agency. Should services be concentrated centrally in one large urban agency or should there be an autonomously administered agency in each neighborhood of a city?

Kahn is a proponent of decentralization.<sup>16</sup> He feels it has advantages for innovation and flexibility in service provision. He also feels that decentralization protects consumers against bureaucratic arbitrariness. Kahn states that devices to coordinate policy and program are only meaningless ritual if the local administration must go to the central office in order to make each decision.

Burns points out that a major problem of social welfare is how to ensure democratic administration by various devices of citizen participation in policy formation.<sup>17</sup>

Professors Ryant and Spearman emphasize that not only are the social service agencies accountable to the government and/or funding bodies, but

The providers of social welfare programs should be duly accountable to: A. The citizenry, through the fund allocator who defines the problem

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<sup>16</sup> A.J. Kahn, op. cit., p. 96.

<sup>17</sup> E. Burns, Social Security and Social Policy. (New York: McGraw-Hill, 1956), p. 73.

and sanctions the service-giving institution, and B. The users of the program.<sup>18</sup>

They go on to say,

Users of traditional social services have been under-represented in community decision-making councils, ... Those using services are, as a matter of right, entitled to participate in determining the extent, the coverage, the form, and the standard of quality of the services they receive....<sup>19</sup>

The literature reveals many limitations in the present system of services in relation to the actual provision of services as well as in regards to the aforementioned planning and administration of services.

Kahn<sup>20</sup> criticizes the present system of service delivery as follows: (1) there is not enough service available to meet societal needs; (2) many social services carry a stigma in their use; (3) access to services is difficult, especially for the uneducated and the poor; (4) there is inadequate provision for case integration and case accountability; (5) specialization, bureaucratization, and historical accident have created some service boundaries which are inherently dysfunctional; (6) the balance between resources

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<sup>18</sup> J.C. Ryant and L.B. Spearman, op. cit., p. 9.

<sup>19</sup> Ibid, p. 10.

<sup>20</sup> A.J. Kahn, op. cit., pp. 245-251.

and facilities, on the one hand and diagnostically-rendered case services, on the other may be inappropriate given current social realities; (7) manpower shortages in the relevant professional fields are serious; (8) there are major gaps between the case service model and the service as actually rendered; and (9) processes are already under way that affect the service delivery system with reference to many of the elements here in focus. There is a need to consider seriously the implications and interrelations of the several trends.

With particular attention to accessibility, Kahn states that a member of any social class or of any level of education has difficulty in "negotiating the bureaucratic maze" of a social agency. Also, Kahn sees limitations in the present system of services in the following areas. First, there are differential needs for information and services, according to neighborhood, region, social class, and family background. Second, there is a poor correlation between the service need within a group and actual access to service. Third, there is a great deal of ignorance about services and resources.

With reference to the last point, Greenleigh Associates found in an interview study of low income households in Detroit that needed and relevant services were not used by people because (they repeat)

they 'did not know about the service'. Equally relevant is the evidence, revealed by a series of reports, that agency personnel are often ignorant of the services provided by other agencies in the social service system. Available directories usually provide little of the needed guidance, either for agencies or for recipients. Clients are not referred when they should be or are sent to the wrong agencies.<sup>21</sup>

As indicated by the New York City investigation conducted by representatives of HEW (Health, Education, and Welfare), HUD (Housing, and Urban Development) and Labor and OEO (Office of Economic Opportunity) much is being done in the field of delivery of service.

However, what is relevant here is that the average citizen in the typical places does not know about and have easy access to an expert, non-stigmatic service of broad range, not committed to narrow remedies, and which is ready when necessary to meet him halfway to help him.<sup>22</sup>

Wilensky and Lebeaux state that persons who are in need of counselling help cannot expect immediate help from an agency, except in cases of emergency. To many lower class people who have been characterized as action and present-oriented, this waiting period before the initial interview

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<sup>21</sup> A.J. Kahn, Neighborhood Information Centres. (New York: Columbia University, School of Social Work, 1966), p. 61.

<sup>22</sup> Ibid, p. 188.

would probably be an indication of inaccessibility of the agency's services.<sup>23</sup> Fragmentation of the person and his problems due to the agency's goals and limitations may result in the termination of casework by the client. For example, he may be referred to several agencies to handle several aspects of the same problem. The specialization of workers within and among agencies complicates this fragmentation.<sup>24</sup> The fact that social service agencies are often classified as bureaucracies does not increase the public's opinion of them as being accessible. Routine and formalized procedures may result in the client's perception of himself as being treated as a "case" not a person. Even the fact that agencies often must operate within specific jurisdictions is seen by the client as an obstacle to service.<sup>25</sup>

Several sources make recommendations to improve accessibility of service. The main emphasis of these studies is placed on decentralization of services and increased citizen participation as possible solutions to overcoming the problem that a member of any social class or of any level of education has difficulty

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<sup>23</sup> H.L. Wilensky and C.N. Lebeaux, op. cit., p. 233.

<sup>24</sup> Ibid, p. 234.

<sup>25</sup> Ibid, p. 240.

in "negotiating the bureaucratic maze" of a social agency, as observed by Kahn.<sup>26</sup>

The Seebohm Committee<sup>27</sup> was appointed on December 20th, 1965 to review the organization and responsibilities of the local authority of personal social services in England and Wales and to consider what changes are desirable to secure an effective family service. The Seebohm Committee recommended

...that many kinds of social work, now administered by different branches of local government, should be brought together into one social service department providing a community based and family oriented service, which will be available to all.<sup>28</sup>

They concluded that the service must be acceptable, comprehensible to the public,<sup>29</sup> and that in contrast to the present centralized offices which are often inaccessible, social service departments should have area offices to make them more accessible.<sup>30</sup>

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<sup>26</sup> A.J. Kahn, op. cit., (1966), p. 61.

<sup>27</sup> Seebohm Committee, op. cit.

<sup>28</sup> D.U. Donnison, The Seebohm Report and Its Implications. (United Kingdom: International Social Work; Vol. XII, No. 2, 1969), p. 11.

<sup>29</sup> Ibid, p. 13.

<sup>30</sup> Seebohm Committee, op. cit.

Wilensky and Lebeaux state that one method of increasing accessibility is to establish community information centres. These centres refer people to and advise people of the social services existing in the community.<sup>31</sup> One example of this is the Citizen's Advice Bureau which was set up in Britain.

Their stated purpose was

...to make available to the individual accurate information and skilled advice on the many problems that arise in everyday life, to explain legislation, to help the citizen to benefit from and use wisely the services provided to him by the state.<sup>32</sup>

Their goal, in short, was to increase accessibility by an "open-door" decentralized atmosphere.

In a report for the White House, a high level task force made up of HEW, HUD, Labor, and OEO, recommends a national network of 500 centres, each estimated as able to serve 30,000 to 50,000 persons. The one-stop neighborhood centres are seen as resources to be located 'in the heart of low income urban neighborhoods and in rural areas which have a concentration of poverty'. Yet the centre should be open to anyone who chooses to use it without an income or residence test of any kind. Each centre would provide a variety of services under one roof as well as maintaining referral liason with other service programs. Centre staff reach out to others

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<sup>31</sup> H.L. Wilensky and C.N. Lebeaux, op. cit., p. 26.

<sup>32</sup> A.J. Kahn, op. cit., (1966), p. 16.

in the neighborhood who do not know that help is available or who are hesitant to ask for assistance or who are fearful of venturing beyond their own limited area. Where specialized or long term assistance is needed, the centre helps people to find and use the needed service. Thus, the one-stop centre would be an attempt to locate outposts of major public services in neighborhoods to coordinate such services, to make them easily accessible to the individual and families living in low income neighborhoods to adapt them to the needs and desires of the users, and to bridge the gap between people in neighborhoods and more centrally located services.<sup>33</sup>

Kahn states that:

...if the goal is to develop a service delivery approach that improves access, facilitates feedback so as to adapt to user preference and priority, and maximizes case integration and accountability, the base of the total social service system should be in the neighborhood.<sup>34</sup>

He feels that the entry to social services should be a general information and referral service which is accessible to everyone. He reveals that there is a need for increased emphasis on and a bias toward

...a service delivery system which is highly decentralized at the point at which it meets the user. Many people cannot encompass and make use of complex, multifaceted programs centrally located, in fact, they cannot even comprehend such services.<sup>35</sup>

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<sup>33</sup> Ibid., p. 92.

<sup>34</sup> A.J. Kahn, op. cit., (1969), p. 274.

<sup>35</sup> Ibid.

The Audit states that historical fragmentation arose from the fact that agencies were organized to work with portions of families and parts of the total problem which affected an individual or family.

One family, or even one individual, may, and often does, receive help from three, four or even six agencies at any time. This results in confusion and frustration for the client.<sup>36</sup>

Due to this fragmentation of service few agencies have the designated function to see that the client's total problem is treated or few, if any, have specified responsibility for assuring continuity of treatment when its own direct contact ends. This results in clients getting lost in gaps between agencies, missing service when connections break down, and never getting their problems resolved. In Metropolitan Winnipeg, to overcome limitations in getting service to people, that is, making service more accessible, the Social Service Audit recommended

...that the Province of Manitoba establish under its jurisdiction a number of Neighborhood Health and Social Service Centres to be administered from a central office, and to serve designated areas in Metropolitan Winnipeg.<sup>37</sup>

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<sup>36</sup> Report of the Social Service Audit, op. cit., p. 27.

<sup>37</sup> Ibid, p. 53.

The audit proposes that these Centres be located to serve a particular geographic area. They should be easily accessible and recognizable by residents of the area they are intended to serve.

The Social Service Audit states that in

...forming its proposals for new methods of getting services to people, we have been guided by the necessity of people in need of help knowing where to go, being able to get there easily, and getting the help they need soon enough to minimize further problems or a repetition of the same problem.<sup>38</sup>

From this overview of the literature, it can be seen that the concept of accessibility is very pertinent to the delivery of social services, and is, in fact, strongly emphasized by the Social Service Audit. In spite of its importance, the concept has nowhere been operationally defined in reference to social service agencies, nor has its presence or absence been statistically validated. Therefore, this research study is focused on exploring the question of accessibility of the present social service system in Winnipeg.

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<sup>38</sup> Ibid., p. 52.

## CHAPTER III

### METHOD

After studying the present social service delivery system in Winnipeg, the Social Service Audit concluded that:

...individuals have both the right and must be encouraged to plan their own lives. In the social welfare system, this means that people have a right to share in planning for social service, to influence the operation of social services, and to share in decisions to be made in meeting their individual needs.<sup>1</sup>

Services presently are inaccessible. The Audit proposes that a new design for service is needed and states that:

Apart from its practicality in the provision of services, a new design must accommodate the fast, vast, and inevitable changes that are taking place in our society.

In forming its proposals for new methods of getting service to people, we have been guided by the necessity of people in need of

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<sup>1</sup> Report of the Social Service Audit, op. cit., p. 3.

help knowing where to go, being able to get there easily, and getting the help they need soon enough to prevent, or at least minimize, further problems or a repetition of the same problem.<sup>2</sup>

These researchers concur with the Audit's concern with the people's right to share in planning. However, it was felt that before a new service delivery system was designed and implemented, the fact of whether the present system was indeed inaccessible needed further study. To encourage people to share in planning, it was decided to focus on the accessibility of the present service system by obtaining the opinions of the social service consumers in a Primary Core Area.

After a great deal of discussion about the concept of accessibility, the research group decided to look at this concept in terms of barriers which may prevent accessibility of service. The barriers chosen were social, psychic, and physical distances. A discussion of why and how these barriers were chosen can be found in Chapter I. After a search of the literature on the concept of accessibility, it became apparent that there was insufficient information available on

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<sup>2</sup> Ibid, pp. 51-52.

accessibility of social services on which to formulate an hypothesis. It was therefore decided to undertake an exploratory descriptive study of the accessibility of the present social service system in Winnipeg.

The method of this research study was exploratory and descriptive, not experimental. Qualitative and quantitative classifications as well as some statistical procedures were employed in order to organize and analyze data, to describe the population studied, as well as to establish relationships between variables.

The data in this study was obtained by the use of a personally administered questionnaire from a randomly selected sample of the Primary Core Area population. The questionnaire used was developed especially for the use of this study.

This study took place in Winnipeg, a mid-western city in Canada with a population of 510,000 people. This research was undertaken by a group of second year students in the School of Social Work at the University of Manitoba, in partial fulfillment of the requirements for the degree of Master of Social Work.

The actual sample studied and the pre-test sample were selected from the same population. Primary Core Area #108 was randomly selected from the total Primary Core Area in Metropolitan Winnipeg. From Primary Core Area #108, which includes census tracts 19, 22, 23 and 24, census tract number 22 was randomly chosen. This area is bounded by Higgins Avenue, Notre Dame Avenue, Isabel Street and Sherbrook Street. For this area, the total number of addresses were obtained from the Henderson Directory.<sup>3</sup> This source of addresses is considered the most reputable and up-to-date one available and is used by research groups in Winnipeg such as the Urban Renewal and Redevelopment Department of the City of Winnipeg.<sup>4</sup> Each of the 1,152 units of the population was an address - this included residential addresses, apartment addresses, and business addresses. The latter address group was included because of the predominance of small businesses in this area and the high probability of residential units in the same building. This probability was borne out in the pre-test.

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<sup>3</sup> Henderson Directory. (Winnipeg: Henderson Directories Limited, 1970).

<sup>4</sup> Urban Renewal Department, City of Winnipeg (interview, October 13th, 1970).

Of the population group previously stated, 100 units were randomly selected as the study sample. The resulting addresses were groups in five blocks (the number of interviewers) for easy accessibility. All interviews were completed between November 28th, 1970 and January 10th, 1971. Three calls were required of each unit before it was discarded. If English was not spoken, it was attempted to have other members of the household translate. And, to reiterate, the respondent was the first person over 18 years who came into contact with the interviewer. In all 67 interviews were completed.

The source of data consisted of the replies of respondents within the sample to the questionnaire given and the evaluation of each interview by the interviewer.

The respondents were restricted in only two ways:

(1) they were residents of the housing units that were within the sample; and (2) they were the first persons over the age of eighteen years to respond to the interviewer.

The information gained by the interviewer's evaluation of the interview was subjective, but all interviewers were presently involved in some phase of social work education and

all were oriented to their task in a uniform manner. (See Appendix B).

The means of gathering the data was an interview survey, structured in the form of a personally administered questionnaire. Interview surveys have been widely used by social work researchers for a variety of practical reasons. They have been used in studies which have assessed the need for services in a given area, in studies in which the purpose was to understand the dynamic properties of a given sub-group, and in studies measuring attitudes toward accepting services of a social service agency.

The questionnaire itself consisted of (1) introductory remarks, (2) questions related to accessibility of present social services, (3) household data, and (4) interviewer's evaluation sheet. (See Appendix A).

Before administering the interview survey to the respondent, the interviewer first explained the worth of the research that was being conducted, its usefulness, and how the respondent's replies would be helpful. This was important in order to gain the cooperation of the respondent and to establish rapport. The respondent was also promised anonymity rather than confidentiality. This permitted the information

obtained to be shared with others, but without the respondent being identified.

The influence of secrecy and anonymity cannot, of course, be separated from that of rapport. It seems logical that the better the rapport that can be established, the more willingly the respondent will reveal his sincere opinions and attitudes.<sup>5</sup>

All questions except two were in a forced choice format in order to force the respondent to focus on the issue at hand. The choice presented were mutually exclusive and inclusive as well as few in number. Young states that questions "that present multiple choices to the respondent are effective when the choices are few and easy to follow."<sup>6</sup> Two open-ended questions were used in order to obtain personal opinions which may differ for each respondent.

In questions related to accessibility, opinions of respondents about present social services were elicited. First, questions were posed to establish usage or non-usage of service (Questions 2 and 3). Names of agencies were listed on a card, which was shown to the respondent as the interviewer read out the list. The purpose of question 2 was to indicate to the respondent what was meant by social service agency for

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<sup>5</sup> D. Krech and R. Crutchfield, Theory and Problems of Social Psychology. (New York: McGraw-Hill Book Co. Inc., 1948), p. 291.

<sup>6</sup> P. Young, Scientific Social Surveys and Research. (New Jersey: Prentice-Hall Inc., 2nd ed., 1956), p. 89.

the purpose of this study. This list was derived in the following way. The Audit lists 278 social agencies in Winnipeg as of 1968.<sup>7</sup> Many of these were agencies such as the Girl Guides and community centres. The research team picked from this list agencies they felt corresponded to the functions and purposes of the proposed Health and Social Service Centres. From this, a list of a representative sample of thirteen agencies was selected.

On the basis of questions posed, as mentioned previously #2 and 3, respondents were divided into two groups - namely users of service and non-users of service. Interviewers asked users of social services the questions of Section B of the questionnaire and asked the non-users of social services questions of Section A of the questionnaire.

More specifically, Section A answered by respondents who had not used services consisted of questions designed to indicate the presence of social or psychic distance. These questions were introduced by asking the respondent to comment on preference of location he had for social service agencies. The purpose of this question was to emphasize the importance of this

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<sup>7</sup> Report of the Social Service Audit, op. cit., p. 18.

respondent's opinion as well as to orient him to the remainder of the questionnaire, and to gain his actual opinion of location preference. Section B, answered by respondents who had used one or more social service agencies, consisted of the same questions as Section A, except that the Section A questions were preceded by questions focused on physical distance, using the last agency visited as the locator. A locator, or point of reference, was necessary to orient the respondent to the questions measuring physical distance.

The questions relating to the three distances were as follows:

DISTANCE	SECTION A	SECTION B
Physical	- - - - -	4, 5, 6, 7, 8, 9.
Social	5, 6, 7.	11, 12, 13.
Psychic	8, 9, 11.	14, 15, 17.

Two questions requiring non-structured answers were number 10 and 12 in Section A, and number 16 and 18 in Section B. That is, the answers to these questions could denote any of the three distances or some other factor.

The section on household data was designed to gather identifying information to be used for descriptive purposes. The questions were preceded by an assurance of anonymity and were shown to the respondent as the interviewer filled in the answers. The questions were both in open-ended and multiple-choice form.

The information sought on the evaluation sheet was completed by the actual interviewer following the interview and provided additional data which could be used to describe and explain the responses given. This information was used for correlative purposes, to indicate which questionnaires were not usable, and to suggest areas for further study.

From the population of addresses in census tract number 22, ten units were selected in random fashion to serve as the pre-test sample. The questionnaire was administered over a time span of one week, resulting in eight out of ten completed questionnaires. In line with the guiding principle of our study of a belief in the involvement of citizens, the following question was asked at the end of the pre-test interviews. "This is the beginning of our study. I would appreciate any comment you may have about the questionnaire."

However, no comments were elicited requiring changes in the questionnaire content. The pre-test results were examined and the total questionnaire re-evaluated resulting in only minor changes.

In order to determine the most effective placement of the household data questions, it was arranged that in half the pre-test sample the household data would be asked prior to the questions related to accessibility while in the other half, the order was revised. It was found that the order of these two parts had no apparent effect on respondents' answers or degree of cooperation; therefore, the household data was arbitrarily placed after the questions relating to accessibility. One question was omitted because (1) it was a leading question which biased the way respondents answered, and (2) it was repetitious.

Due to the descriptive nature of this study, data was presented and analyzed in tabular form. This raw data was transferred to data cards and a card sorter used to make an initial tabulation of totals in the various sections. From this initial tabulation, further tables were formed and data extracted for analysis and comparison. The data for each question was tabulated and calculated as a percentage score.

It was then classified into three main groups for each question - total, users, and non-users, for purposes of analysis. All the questions measuring social distance were grouped into one large table. Physical distance questions were also grouped into a table. Similarly, psychic distance questions were grouped into one large table with the exception of the question on perceived degradation, which was shown by itself in tabular form. As well, tables were developed to show delay in going to an agency and reasons for such delay. Tables were thus the main method of illustrating the variables studied in an attempt to answer the questions posed in Chapter I. The findings of the study are presented and analyzed in Chapter IV.

## CHAPTER IV

### PRESENTATION AND ANALYSIS OF DATA

In this chapter the data gathered for investigation of perceived accessibility of existing social services by residents of a Primary Core Area is presented and analyzed.

The following is a description of the total sample according to length of residence in the area, age range of respondent, marital status, size of household, number of children, education of the head of the household, birth place of the head of the household, and language most spoken in the home.

Complete tables containing this data for the total sample and sub-groups may be found in Appendix C and are Tables C-1 to C-6.

Of the total sample, length of residence is as follows:

Less than 6 months	17.91%
6 months - 1 year	11.94%
1 - 2 years	8.96%
2 - 5 years	11.94%
more than 5 years	49.25%

This would indicate a fairly high rate of residential stability within the sample group.

Data on age ranges of respondents (See Appendix Table C-1) showed the smallest single group was between ages 18 and 25, 8.95% of the sample group, and a total of 50.75% in the groupings age 50 and over with 19.40% age 65 and over.

Married family units accounted for 65.67% of the total sample while all others were either single, widowed, divorced or separated. (See Appendix Table C-2)

Numbers of people in a household varied from one to more than seven, with families of one and two members accounting for 38.80% of the sample. (See Appendix Table C-3) A total of 52.24% of the sample had no children and those with five or

more children accounted for 8.97% of the sample group. (See Appendix Table C-4)

Levels of education of the head of each household are shown in the following text table:

Total sample	100%
No education	2.98%
Elementary	32.84%
Junior High	32.84%
Senior High	23.88%
University	5.97%
Don't know	1.49%

Those with a maximum of Junior High School education account for 68.66% of the sample group. A further 23.88% had Senior High School education. Of the total group those with further training following school leaving or university education (5.97% of the total sample) is as follows:

No further training	76.12%
Business College, Apprenticeship or Technical College	19.40%
University postgraduate	4.48%

These findings tend to substantiate what other studies have shown, that the Core Areas contain many people with little or no specific training for employment.<sup>1</sup>

Of the total sample, 61.19% of the heads of the households were born in Canada. (See Appendix Table C-5) Data related to language spoken most at home shows 61.19% speak English in the home. (See Appendix Table C-6)

From the original sample of one hundred dwelling units, 67 completed questionnaires were obtained. The remaining 33 questionnaires were not completed for the following reasons: in a number of cases no one was found home at the time of any of three separate calls, several persons refused to answer the questionnaire, and the remainder of the sample had addresses which were discovered to be either non-existent, or those at which there was no residence, but only a place of business.

Respondents were classified into two groups, those of users and non-users of existing social services, in order that comparisons might be made where pertinent. However, the total

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<sup>1</sup> Report of the Social Service Audit, op. cit., p. 72.

group of 67 respondents is the sample of primary importance in analyzing data related to perceived accessibility, based on the initial assumption that respondents could perceive accessibility even if they had not actually used a social service agency.

The breakdown of the total sample into sub-groups of users and non-users is shown by number and percentage in the following text table:

Total sample	67	100%
Users	26	38.81%
Non-users	41	61.19%

The high percentage of non-users is somewhat surprising in view of the findings in the Social Service Audit that there is a preponderance of social disorganization in the Primary Core Area.<sup>2</sup> Possible explanations for the above figures will be discussed later in this chapter.

Of the 26 users in the above table, 46.15% used only one agency and 53.85% used more than one agency. This may indicate some overlap or duplication of service which might be at least partially overcome by a multi-service agency such as the

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<sup>2</sup> Ibid, p. 15.

Neighborhood Health and Social Services Centre, as proposed by the Audit.

The total sample was analyzed according to the respondents' perception of accessibility of existing social services, measured in terms of social, psychic, and physical distances. The answers to questions designed to measure each of these three distances were tabulated and grouped according to the distance measured in order to show perceived accessibility as measured by each question. As well, the mean score of accessibility for each distance was calculated.

Table 1 shows these findings for social distance, as operationally defined for this study.<sup>3</sup>

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<sup>3</sup> Chapter 1, p.12 of this study.

TABLE 1

## INDICATORS OF SOCIAL DISTANCE

	TOTAL			USERS			NON-USERS		
	Acces- sible	Inacces- sible	Don't Know	Acces- sible	Inacces- sible	Don't Know	Acces- sible	Inacces- sible	Don't Know
PERCEIVED HELPFULNESS OF SOCIAL AGENCY (QUESTION 5 & 21)	55.22	17.91	26.86	88.46	7.69	3.85	34.15	24.39	41.46
PERCEIVED UNDERSTANDING OF SOCIAL AGENCY (QUESTION 6 & 22)	46.26	17.91	35.82	69.23	15.38	15.39	31.71	19.51	48.78
PERCEIVED AGREEMENT ABOUT CLIENT'S PROBLEM (QUESTION 7 & 23)	34.32	34.32	31.34	61.54	23.08	15.38	17.08	41.46	41.46
MEAN SCORE OF PERCEIVED DISTANCE	45.27	23.38	31.34	73.08	15.38	11.54	27.65	28.45	43.90

As shown in the above table, in terms of perceived helpfulness and perceived understanding of social agencies, 55.22% and 46.26% respectively of the sample population saw social agencies as being accessible.

In terms of whether or not an agency's view of a client's problem would be similar to that of the client, 34.32% saw the agency as accessible, 43.32% saw it as inaccessible, and 31.34% gave "don't know" replies.

The mean score of accessibility measured in terms of social distance is 45.27% for the total sample.

It will also be noted that users of social services perceived them to be much more accessible than did non-users. Another finding of interest is the high percentage of "don't know" replies given by the non-users of service. This brings into question the assumption made by the research team that non-users of agencies could perceive accessibility of these agencies.

Table 2 shows findings in response to each question as well as mean scores for measurement of perceived psychic distance, and scores are given for the total sample, as well as the sub-groups of users and non-users.

TABLE 2

## INDICATORS OF PSYCHIC DISTANCE

	TOTAL			USERS			NON-USERS		
	Acces- sible	Inacces- sible	Don't Know	Acces- sible	Inacces- sible	Don't Know	Acces- sible	Inacces- sible	Don't Know
CONCERN ABOUT NEIGHBOR'S REACTION (QUESTION 8 & 24)	55.22	31.34	13.43	59.69	26.93	15.38	53.66	34.14	12.20
CONCERN ABOUT RELATIVE'S REACTION (QUESTION 9 & 25)	53.73	35.82	10.45	61.54	34.61	3.85	48.78	36.59	14.63
PERCEIVED DIFFICULTY IN GETTING HELP (QUESTION 10 & 26)	29.85	32.84	37.31	34.62	38.46	26.92	26.83	29.27	43.90
PERCEIVED FEELING OF DEGRADATION	58.20	25.38	16.42	61.54	30.77	7.69	56.10	21.95	21.95
MEAN SCORE OF PERCEIVED	49.25	31.35	19.40	53.85	32.69	13.46	46.34	30.49	23.17

Looking at the total sample, we find similar responses related to three out of four questions measuring psychic accessibility (55.22%, 53.73%, and 58.20% respectively).

Tabulation of replies related to perceived difficulty in getting help from an agency (another determinant of psychic distance)<sup>4</sup> shows that only 29.85% of the total sample indicate accessibility of service, 32.84% indicates inaccessibility of service, and 37.31% did not have an opinion. For the same question, comparing both user and non-user groups, scores for responses indicating inaccessibility were higher than those indicating accessibility.

In both the non-user group and the total sample, it was found that "don't know" responses were considerably lower for three out of four questions measuring psychic distance, while it was found that "don't know" responses were higher in all groups for the third question (perceived difficulty in getting help).

The mean score for perceived accessibility in terms of psychic distance is 49.25% for the total sample.

Table 3 shows findings related to physical distance factors of accessibility,<sup>5</sup> as measured in the user group.

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<sup>4</sup> Ibid, p. 14.

<sup>5</sup> Ibid, p. 14.

TABLE 3

## PHYSICAL DISTANCE

(USERS ONLY)

	ACCESS	INACS.	D.K.
PERCEIVED TIME TO REACH AGENCY	73.08	26.92	0
STATED TIME TO REACH AGENCY  (LESS THAN 30 MINS. = ACCESS)	73.08	19.23	7.69
MORE USE OF CLOSER AGENCY	50.00	46.15	3.85
MEAN SCORE OF PERCEIVED PHYSICAL DISTANCE	65.39	30.77	3.85

Agencies are perceived to be accessible by 73.08% of the group, as measured by perceived time to reach the agency. Other data showed that 50% of the group walked to the social agency used as the locator in responses related to physical distance, while 23.08% travelled by bus, 19.23% by car and 7.69% by taxi. Again in Table 4, data shows that 73.08% of the group reached the agency in 30 minutes or less, coinciding with the percentage of the group which felt that the agency is accessible according to the time required to reach it. Further, 50% of the group indicated that they would not make more use of an agency, if it were closer, and 46.15% indicated that they would use a closer agency more easily. The mean score for perceived accessibility in terms of physical distance is 65.39%. Although the majority, or 65.39% did not perceive physical distance to be a barrier, a sizeable proportion, 30.77%, or more than one-third of a very small sample group, did perceive physical distance to be a barrier. It should be noted once again that physical distance was measured only for the user group.

Table 4 shows data resulting when the total sample was asked to express preference regarding location of social agencies, either in the neighborhood or centrally located as at present.

TABLE 4

## PREFERRED AGENCY LOCATION (QUESTION 4 &amp; 20)

	TOTAL	USERS	NON-USERS
AS AT PRESENT	28.36	30.77	26.83
NEIGHBORHOOD	61.19	57.69	63.41
DON'T KNOW	10.45	11.54	9.76
TOTAL PERCENT	100%	100%	100%

A preference was expressed by 61.19% of the group for neighborhood agencies, while 28.36% prefer them as at present, and 10.45% expressed no preference. In this instance, a slightly higher percentage of users than non-users gave "don't know" responses.

Table 5 shows in percentage the number in the total sample, and also users and non-users who have or have not delayed using a social agency, despite the wish to use one.

DELAY IN GOING TO AN AGENCY, DESPITE THE WISH TO DO SO

	TOTAL	USERS	NON-USERS
DELAYED	13.43	23.08	7.32
NO DELAY	77.61	73.08	80.48
DON'T KNOW	8.96	3.84	12.20
TOTAL PERCENT	100%	100%	100%

No delay was experienced by 77.61% of the total group, and 13.43% did delay. The latter group included 23.08% of users and 7.32% of non-users. Once again more non-users than users replied in the "don't know" category. Those who

did indicate a delay in using agency services were asked to give their reasons for delaying. Replies to this question were coded and tabulated according to the operational definition of each distance as stated in Chapter I.<sup>6</sup> Results are shown in Table 6.

TABLE 6

REASONS FOR DELAY IN GOING TO A SOCIAL AGENCY

	TOTAL	USERS	NON-USERS
PHYSICAL	-	-	-
PSYCHIC	66.67	83.33	33.33
SOCIAL	22.22	16.67	33.33
OTHER	11.11	-	33.34
TOTAL PERCENT	100%	100%	100%

Reasons for delaying included no delay for physical distance reasons, 66.67% for psychic distance reasons, 22.22% for social distance reasons, and 11.11% for other reasons. The finding that no delay occurred for physical distance

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<sup>6</sup> Ibid., pp. 11 - 14.

reasons, in either user or non-user groups of this small sample, (13.43% of total sample) tends to agree with the earlier findings, related to Table 3, which indicated that the group of users which did not perceive physical distance to be a barrier (65.39%) was somewhat larger than the group of users which did perceive physical distance to be a barrier (34.61%).

In Table 6 it can be seen that psychic distance factors were the cause of two-thirds of total delays and accounted for 83.33% of the delays of users in this group. The figures in Table 6 tend to reinforce the statement made earlier, that existing social services require new input which might decrease perceived psychic distance in the area of getting help from an agency.

As stated in previous chapters, the Social Service Audit examined fourteen indicators of social disorganization.<sup>7</sup> The statistics on social disorganization identified the Core Area of Winnipeg as an area with severe problems. The geographic area used in this study is part of the Primary Core Area of Winnipeg, which was identified to include those areas with

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<sup>7</sup> Report of the Social Service Audit, op. cit., p. 15.

the most severe problems. It seemed surprising, therefore, when the total sample group was tabulated that it was found to be made up of 38.81% of users and 61.19% of non-users of service. Analysis of some of the identifying data of users and non-users as compared with the total sample may help to explain this occurrence.

The group of respondents age 50 years and over account for 50.75% of the total sample group and 65.84% of the non-users of service. (See Appendix Table C-1) The group age 65 and over account for 19.40% of the total sample group and 29.26% of non-users. It is known that a majority of elderly people have low and often inadequate incomes as well as problems related to health and social isolation, yet a large proportion of citizens age 65 and over in the total sample group are not using existing agency services.

The group of respondents who speak a language other than English in the home (See Appendix C-6) accounts for 38.81% of the total sample and 43.90% of the non-users of service. It may be inferred that language as well as other factors related to ethnicity which were not measured by this study may also be barriers to accessibility of social services.

A recapitulation of the major findings for users and non-users of service as they relate to psychic, social and physical distances follows. Discussion is based on the mean scores calculated for the three distances. In measurements of social distance, (Table 1) the non-user group perceived 45.43% less accessibility than did the user group; the non-user group perceived 13.07% more service inaccessibility than did the user group. Non-users perceived 8% less accessibility and equal inaccessibility as compared to users and as measured by psychic distance factors. (See Table 2) Responses indicate that 15.76% fewer non-users than users delayed using services while 7.4% more non-users than users indicated no delay in using services when needed. (See Table 5) Considering all the above findings along with the fact that 61.19% of the total sample in a primary core area were non-users of service, the question arises as to whether use of service by non-users may be directly related to perceived accessibility of service. One final finding of significance is that the majority (61.19%) of the total sample stated a preference for neighborhood agencies, as shown in Table 4.

The following chapter will contain a summary and interpretation of the findings and the conclusions which may be drawn from them.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

In Chapter V, a brief summary of the study will be presented, along with some evaluation of the findings. Conclusions will be drawn and some appropriate recommendations made.

The present project had as its focus the perceived accessibility of existing social services to residents of a section of downtown Winnipeg. It was conducted in 1970 and 1971 by five second-year social work students. The locale of the investigation was that part of the Primary Core Area designated as Number 22 on the census tract and bounded by Isabel and Sherbrook Streets, Notre Dame and Higgins Avenues.

The sample comprised one hundred ten residents chosen from the Henderson Directory by random selection. Ten individuals were interviewed in a pre-test of the interview

schedule; the remaining one hundred formed the basis for the study proper. Of this number, only sixty-seven questionnaires were completed. Thirty-three had to be discarded because of non-existent addresses, businesses with no private dwellings attached, buildings that had been demolished, respondents who could not be located after three calls or who refused to cooperate in the interview situation. Data were collected by means of a personal interview, using an interview schedule.

For the most part, respondents' replies and other data were used in the raw form. After collection, each interviewer summarized his or her responses. This material was transferred to data cards and a card sorter used to make an initial tabulation of totals in the various classifications. From these totals, additional tables were constructed and analyses and comparisons made.

As the data were analyzed, it became evident that one of the basic assumptions of the study could be questioned. It had been assumed at the outset that most respondents would be able to perceive accessibility of social services whether or not they had at any point actually used agency services. Tabulation revealed that of the sixty-seven interviewees, forty-one, or sixty-one per cent of the total, had had no formal agency contact since moving to their present address.

It may be speculated that this lack of formal contact accounted for a large number of "don't know" replies to interviewers' questions, the respondent possibly feeling that some form of actual experience was a prerequisite to expressing an opinion. As a result, it was difficult to make valid generalizations or to draw sound conclusions from the data.

This limitation was compounded, as already noted, by the thirty-three questionnaires that could not be completed. Reasons for non-completion were, in most cases, related to the character of the area. Buildings were being demolished as part of slum clearance. Frequent changes of residence made it difficult to maintain an up-to-date listing of householders. In addition, it was intimated by respondents on more than one occasion that they were being "surveyed to death" by various individuals seeking information about the area. The resultant attitude was not calculated to produce cooperative responses to yet another investigation.

The sample may be described as follows:

Sixty-seven questionnaires were completed. Of this total, eighteen per cent<sup>1</sup> of respondents had lived at their present address for less than six months, thirty-three per cent had

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<sup>1</sup> All percentages in this chapter are approximate.

maintained a constant residence for a period of from six months to five years, while the remainder, forty-nine per cent, had not moved for more than five years. Of the sixty-seven respondents, sixty-one per cent had not used agency services since moving to their present location. Male heads of households were outnumbered by females by more than twenty per cent, and tabulation revealed that fifty per cent of the respondents were fifty years of age or older. Homes in seven per cent of the cases, were broken by divorce or separation. Unemployment rates appeared to be comparatively high, thirty-seven per cent, but this figure included some unemployed pensioners who were not actively looking for work. Ten households were maintained entirely by welfare funds, the family heads of all of these households being born in Canada. Of the sixty-seven respondents, sixty-one per cent indicated Canada as their birthplace with the same percentage using English as the main language of communication in the home. Although a few households had more than seven individuals living together, four persons or less was a more common family size. Educational levels were low, with sixty-eight per cent of household heads having reached only a Junior High School grade or less. Most respondents had taken no additional

training after leaving school.

The study sought possible answers to six questions.

First, to what extent was the present service being used? Since the locale of the study was defined as a core area, with a presumed high degree of social disorganization, it was assumed there would be a correspondingly high need for, and use of, social services. This assumption was given even more weight when it was found that fifty per cent of the respondents were fifty years of age or older, an age group usually assumed to have a higher proportion of physical and social problems. It was, therefore, surprising to find that sixty-one per cent of the respondents had had no formal contact with a social agency since moving to their present address. It might be conjectured that this figure represents optimum agency usage for this type of area. This appears unlikely. Were residents unaware of the existence of services supposedly designed to meet their needs? Many respondents had lived in the area long enough to be acquainted with various facilities at their disposal but the possibility of an information gap is not beyond credibility. Were there indeed barriers of a physical, social, or psychic nature, the question to which this study has addressed itself. These aspects of the problem will be

examined more fully later in the chapter. Since about forty per cent of the respondents were foreign-born, it is conceivable that cultural or language factors may have presented barriers to a wider use of existing services. These, and other aspects of the problem, may well furnish material for further study.

Since questions two and three are closely related, they will be considered together. Were present Social Services regarded as accessible? What were the perceived barriers to accessibility? For purposes of the study, a social service was considered accessible if the user, or potential user of the service did not perceive any social, psychic or physical barriers to going to an agency. The questions will be considered at three levels: in relation to all the respondents, in relation to users and non-users of the service, and finally, in relation to the individual categories listed in the tables.

In terms of social distance, approximately forty-five per cent of the total number of respondents saw the services as being accessible, twenty-three per cent saw them as inaccessible, while thirty-one per cent "didn't know". In relation to psychic distance, forty-six per cent felt services

were accessible, thirty-three per cent felt they were inaccessible, while the "don't knows" accounted for twenty per cent of the responses. Where physical distance was concerned, only users' responses could be considered, since actual experience was necessary to form a judgment. Of the users, sixty-five per cent perceived the agency as accessible, thirty-one per cent perceived it as inaccessible, while "don't know" responses accounted for the other four per cent.

Considered from the standpoint of users and non-users of social services, in terms of social distance, seventy-three per cent of users saw services as accessible, fifteen per cent felt they were inaccessible while eleven per cent "didn't know". Non-users gave "don't know" responses in forty-three per cent of the questionnaires; the balance was almost equally divided - twenty-seven per cent thought services were accessible, twenty-eight per cent disagreed. Where psychic distance was concerned, fifty-one per cent of users thought services were accessible as opposed to forty-three per cent of non-users. In both groups, thirty-three per cent thought services were inaccessible while fifteen per cent of users and twenty-three per cent of non-users respectively gave "don't know" replies. Perceptions of physical distance were as quoted above: sixty-five per cent seeing services as accessible, forty-one per cent seeing them as inaccessible

and three per cent giving "don't know" answers.

In considering barriers to usage of social service, users expressed little concern about social distance as a deterrent but non-users appeared uncomfortable enough in this area that it might suggest they would not readily apply for agency services even if a need did exist. With reference to psychic distance, the data suggests that for users this factor was more of a barrier than social distance while non-users assigned the bulk of their responses to the "inaccessible" and "don't know" categories. Even in the area of physical accessibility, a sizeable minority saw the agency as being too far away. These findings would seem to indicate that social, psychic and physical barriers do exist in varying degrees.

An examination will now be made of responses in individual categories as listed in the tables in an attempt to isolate what respondents may have perceived as specific barriers to service.

Physical distance factors were only measured for users of services. Almost two-thirds of this group perceived no physical barrier to making adequate use of agency services while one-third would have preferred a closer agency.

Indicators of social distance revealed that most respondents saw agencies as helpful and understanding but the group was equally divided in their perception of whether or not the agency would see the problem in the same way as they did. Indicators of psychic distance showed little concern about neighbours' or relatives' reactions, where these might have acted as deterrents to agency use. However, a majority of both users and non-users felt it was, or could be, difficult to actually get help from an agency. Because this response had not been anticipated, the interview schedule made no provision for probing into reasons behind the reply.

In summary, analysis of data left little doubt that adequate service delivery was hampered to varying degrees by the existence of social, psychic, and physical barriers. Further study is required to isolate more precisely what these factors are to gain a more accurate knowledge of individual's feelings toward social agencies. In addition, it is hoped ways may be discovered of maximizing use of social services by people who can benefit from their use.

Fourth, would social agencies be preferred in the neighborhood or as presently located? The issue here was whether one large centralized agency offering a maximum of

service might be perceived as more desirable than a number of smaller, more accessible neighborhood agencies.

As already noted in Chapter I, the Social Service Audit recommended the establishment of a number of Health and Social Service centres to be administered from a central office and to serve designated areas in Metropolitan Winnipeg.<sup>2</sup>

Kahn, also quoted in Chapter I, feels that the base of the total social service system should be in the neighborhood.<sup>3</sup>

Finally, a report prepared in 1965 by the Seeborn Committee recommended that

...many kinds of social work now administered by different branches of local government should be brought together into one social service department providing a community based and family oriented service, which would be available to all.<sup>4</sup>

The study findings were in basic agreement with these recommendations. Approximately ten per cent of the respondents offered no opinion. Of the remainder, close to sixty per cent of both users and non-users declared a preference for the neighborhood agency.

Fifth, what was the relationship between physical, psychic, and social distances? This question has been dealt with to some extent on page 71, and some comparisons made, however, on

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<sup>2</sup> Report of the Social Service Audit, op. cit., p. 15.

<sup>3</sup> A.J. Kahn, Studies in Social Policy and Planning, op. cit., p. 53.

<sup>4</sup> Seeborn Committee Report, unmarked pages.

the basis of the data collected, it was felt that no precise conclusions could be drawn. While mean scores seemed to indicate some correlation between the three items, there was such a wide variation in individual scores, as well as such a high percentage of "don't know" answers, that it appeared unwise to make any generalizations.

Sixth, what differences exist between users and non-users in terms of their views of accessibility? Since perceived physical distance was not measured for non-users, no comparison was possible in this area. In terms of social distance, seventy-three per cent of users perceived services as accessible. This was in sharp contrast to the twenty-seven per cent of non-users who made the same judgment. Since twenty-eight per cent of non-users felt services were inaccessible and forty-three per cent "didn't know", the question arose as to what type of agency image was being projected to potential candidates for service. In an examination of perceived psychic distance, the same problem was underlined. Although the mean indicator showed forty-three per cent of non-users as seeing agency services as accessible, as opposed to thirty-three per cent who do not see them as accessible, difficulties appeared in the perceived ease of getting help.

Here twenty-nine per cent saw problems, twenty-six per cent saw no problems, and forty-three per cent "didn't know". For reasons not immediately obvious, it would appear that among the population studied, social agencies do not have the ready acceptance that might be deemed desirable. It might be wise to again re-emphasize at this point that the inference was drawn from very limited data.

The following comments and conclusions may merit consideration:

First, because of inherent difficulties in obtaining complete information, it is strongly recommended that any future study consider the use of a much larger sample to provide a more adequate base from which to draw conclusions.

Second, although findings in the study appeared to indicate that psychic, social and physical distance factors were not considered to be deterrents to the use of social services by over half the population, yet more than sixty per cent of the respondents had not used an agency since moving to their present address. It could be argued that this was the full extent of the need and that all who required services were getting them. In view of the fact that the area studied

was a core area with a high degree of social disorganization<sup>5</sup> this conclusion does not appear to be justified. It is possible to speculate that the need did exist but that the projected agency image was such that individuals were reluctant to seek help from such a source. If this is true, those charged with agency operation would seem to have a responsibility to check into factors producing such an erroneous impression and to do whatever is possible to present a better image. Information centres and advertising may help. Special out-reach and case-finding programs may also be of value.

Related to the foregoing, but deserving of special mention, is the "over fifty" age group in the study. Although it is generally assumed that older people tend to have more problems related to health, finances, and social isolation, it was found that the majority of this group were not using existing services. It may, therefore, be indicated that in the general advertising, case-finding, out-reach program, a special effort is necessary to contact this group.

Third, descriptive data in the study revealed a further group requiring special study and thought. These were new

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<sup>5</sup> Report of the Social Service Audit, op. cit., p. 15.

Canadians, born in another country and usually using a language other than English for general communication. Very few of these individuals were users of agency services. It may have been that members of the various ethnic groups were self-sufficient, and therefore, were not in need of help. It may also have been that because of language difficulties, strange new customs, and problems of finding one's way around in a large city, that needs were not being met. This matter may be looked into by future researchers.

Fourth, since one of the stated objectives of the study was to determine among users and potential users a preference for agency location, this finding may be repeated for emphasis. Tabulation revealed a marked preference for the neighborhood agency over the more comprehensive, centralized type.

The above conclusions have implications for the establishment of neighborhood Health and Social Service Centres proposed by the Social Service Audit. In the establishment of any type of social service agency, it would appear necessary to take into account social, psychic and physical factors which potential or actual clients may perceive as barriers to accessibility. As well, the fact that respondents indicated a

preference for neighborhood social service agencies shows that the Audit's proposal has merit. It would appear that as man becomes more and more caught up the complexities of life in a large city, it becomes more and more important for him to have a small centre near his home where he can go and be assured that there he will find help, understanding and hope.

APPENDIX A

FINAL QUESTIONNAIRE

1. How long have you lived here?

- a. less than 6 months
- b. 6 months to a year
- c. one to two years
- d. two to five years
- e. more than five years

2. Since you moved here have you ever been to a social service agency such as the following?

Juvenile or Family Court

Family Bureau

People's Opportunity Service

Care Services

Children's Aid Society

City or Provincial Welfare

Free Legal Aid

Mount Carmel Clinic

Age and Opportunity Centre

Children's Hospital

Indian Metis Friendship Centre

Neighborhood Service Centre

John Howard and Elizabeth Fry Society

- a. Yes
- b. No

If you would like I can repeat these for you.

3. How many social agencies have you been to?
  - a. more than one of these above agencies
  - b. one of these above agencies
  - c. none of the above, but another agency
  - d. no agency at all

SECTION A:

Although you have said that you have never been to one of these agencies, I would appreciate it if you would share some of your opinions with me.

4. People are trying to decide whether it is better to have agencies located in the neighborhood, or as they are now located in the centre of the city. Which would you prefer?
5. In your opinion, do you think that the people who work at social agencies are generally
  - a. helpful
  - b. not helpful
  - c. don't know
6. Do you think that the people who work at social agencies are generally
  - a. understanding
  - b. not understanding
  - c. don't know
7. In your opinion, do you think that the people who work at social agencies would see your problem generally
  - a. the same as you do
  - b. different from the way you see them
  - c. don't know

8. How would you feel if your neighbors knew that you had been to a social service agency? Would you be

- a. concerned or worried
- b. not concerned or worried
- c. don't know

9. How would you feel if your relatives knew that you had been to a social agency? Would you be

- a. concerned or worried
- b. not concerned or worried
- c. don't know

10. In your opinion, do you think that getting help from a social worker would be

- a. easy to do
- b. not easy to do
- c. don't know

If not, what is there about it that makes it seem difficult?

11. Do you think that talking to a social worker would make you feel degraded at all?

- a. Yes
- b. No
- c. Don't know

If yes, very much

a little

12. Have you ever wanted to go to a social agency, but delayed in doing so?

a. Yes

b. No

c. Don't know

If yes, what were some of the reasons for your delay?

SECTION B:

4. The last time you went to an agency which one did you go to?
5. How did you get there?
  - a. bus
  - b. car
  - c. taxi
  - d. walk
  - e. other
  - f. don't know
6. Do you feel that it took you a long time?
  - a. Yes
  - b. No
  - c. Don't know
7. How long did it take you to get there from where you live?
  - a. less than 15 minutes
  - b. 15 - 30 minutes
  - c. 30 - 45 minutes
  - d. 45 - 60 minutes
  - e. more than one hour
  - f. don't know

8. Was there something that made the distance seem longer such as the weather, illness, physical disability, arrangements for the children, or car fare?
  - a. Yes
  - b. No
  - c. Don't know
  
9. Would you have used this agency more easily if it had been closer to where you live?
  - a. Yes
  - b. No
  - c. Don't know
  
10. People are trying to decide whether it is better to have agencies located in the neighborhood, or as they are now located in the centre of the city. Which would you prefer?
  
11. In your experience, have you found the people who work at social agencies to be generally
  - a. helpful
  - b. not helpful
  - c. don't know
  
12. Have you found that the people who work at social agencies are generally
  - a. understanding
  - b. not understanding
  - c. don't know

13. Did the people that work at the agency see your problem generally
- a. the same way that you did
  - b. different from the way that you saw it
  - c. don't know
14. How would you feel if your neighbors knew that you had been to a social service agency? Would you be
- a. concerned or worried
  - b. not concerned or worried
  - c. don't know
15. How would you feel if your relatives knew that you had been to a social agency? Would you be
- a. concerned or worried
  - b. not concerned or worried
  - c. don't know
16. Did you find that getting help from a social work was
- a. easy to do
  - b. not easy to do
  - c. don't know

If not, what is there about it that makes it difficult?

17. Have you found that talking to a social worker in the agency made you feel degraded at all?

- a. Yes
- b. No
- c. Don't know

If yes, very much

a little

18. Have you ever wanted to go to a social service agency, but delayed in doing so?

- a. Yes
- b. No
- c. Don't know

If yes, what were some of the reasons for your delay?

When the results of this questionnaire are looked at we never mention the names of the people we talked to, but we like to be able to classify each person according to such things as age, sex, marital status and so on. Would you mind answering the following?

HOUSEHOLD DATA:

1. Sex of respondent
  - a. male
  - b. female
  
2. Age range of respondent
  - a. 18 - 25
  - b. 26 - 33
  - c. 34 - 41
  - d. 42 - 49
  - e. 50 - 57
  - f. 58 - 65
  - g. 65 and over

3. Marital status

- a. single
- b. married
- c. widowed
- d. divorced
- e. separated

4. Is the head of this household

- a. employed
- b. not employed

5. Is the head of this household receiving financial assistance?

- a. Yes
- b. No
- c. Don't know

6. Was the head of this household born in Canada?

- a. Yes
- b. No

If no, where \_\_\_\_\_

7. Language most spoken at home.
8. How many people live in this household?
9. Number of children living here.
10. Number of adults living here.
11. What is the grade in school completed by the head of the household?
12. Did this person have any further training after school such as business college, apprenticeship or technical courses?

QUESTIONNAIRE

INTERVIEWER'S EVALUATION SHEET

Address of respondent \_\_\_\_\_

Self contained suite \_\_\_\_\_

Multi-family dwelling \_\_\_\_\_

Single family residence \_\_\_\_\_

Number of visits required to complete the questionnaire \_\_\_\_\_

Number of persons other than respondent present part or all  
of the time \_\_\_\_\_

What effect do you think the presence of others had on  
respondent's replies \_\_\_\_\_

Attitude of respondent:

1. very frank and cooperative
2. average
3. resistant or uncommunicative

Special problems encountered \_\_\_\_\_

Total time required to complete questionnaire \_\_\_\_\_

Interviewer's Name

\_\_\_\_\_

Date

\_\_\_\_\_

## APPENDIX B

### INSTRUCTIONS TO INTERVIEWERS

1. Each address must be attempted three times.
2. Respondents may only answer Part A or Part B, not both.  
Explain to the respondent why you are excluding Part A or Part B.
3. Complete the evaluation sheet immediately after termination of interview.
4. Keep to the wording of questions as closely as possible.
5. If the respondent does not speak English, make an attempt to get someone to interpret, for example, a school-age child.
6. Show the respondent the household data sheet while filling it out.
7. Have University I.D. card available when identification is requested.
8. Let the respondent view the agency card while reading off the list on Page 1.
9. When in doubt as to whether the institution named by the respondent as a social agency actually is an agency, complete Part B and note the name of the agency.
10. Mark any questions respondents seem to have trouble with.

APPENDIX C-1

DESCRIPTIVE DATA TABLES

AGE RANGE	TOTAL	%	USERS	%	NON-USERS	%
18 - 25	6	8.95	2	7.70	4	9.76
26 - 33	10	14.93	6	23.07	4	9.76
34 - 41	9	13.43	7	26.92	2	4.88
42 - 49	8	11.94	4	15.38	4	9.76
50 - 57	14	20.90	5	19.23	9	21.95
58 - 65	7	10.45	1	3.85	6	14.63
65 and over	13	19.40	1	3.85	12	29.26
TOTAL	67	100%	26	100%	41	100%

APPENDIX C-2

MARITAL STATUS	TOTAL	%	USERS	%	NON-USERS	%
SINGLE	10	14.92	2	7.69	8	19.52
MARRIED	44	65.67	20	76.92	24	58.53
WIDOWED	8	11.94	1	3.85	7	17.07
DIVORCED	2	2.99	1	3.85	1	2.44
SEPARATED	3	4.48	2	7.69	1	2.44
TOTAL	67	100%	26	100%	41	100%

APPENDIX C-3

NUMBER IN HOUSEHOLD	TOTAL	%	USERS	%	NON-USERS	%
ONE	13	19.40	2	7.69	11	26.83
TWO	13	19.40	1	3.85	12	29.27
THREE	10	14.93	5	19.24	5	12.20
FOUR	8	11.94	4	15.38	4	9.76
FIVE	9	13.43	4	15.38	5	12.20
SIX	3	4.48	2	7.69	1	2.43
SEVEN	4	5.97	2	7.69	2	4.88
MORE THAN SEVEN	7	10.45	6	23.08	1	2.43
TOTAL	67	100%	26	100%	41	100%

APPENDIX C-4

NUMBER OF CHILDREN	TOTAL	%	USERS	%	NON-USERS	%
NONE	35	52.24	7	26.93	28	68.29
ONE	9	13.43	4	15.39	5	12.19
TWO	5	7.46	2	7.69	3	7.32
THREE	9	13.43	7	26.93	2	4.88
FOUR	3	4.47	3	11.54	0	0.00
FIVE	2	2.99	1	3.84	1	2.44
SIX	2	2.99	1	3.84	1	2.44
SEVEN OR MORE	2	2.99	1	3.84	1	2.44
<hr/>						
TOTAL	67	100%	26	100%	41	100%
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APPENDIX C-5

BIRTHPLACE, HOUSEHOLD HEAD	TOTAL	%	USERS	%	NON-USERS	%
CANADA	41	61.19	20	76.92	21	51.21
BRITISH ISLES	2	2.99	0	0.00	2	4.88
SLAVIC	8	11.94	1	3.85	7	17.08
OTHER EUROPEAN	12	17.91	5	19.23	7	17.08
ASIATIC	4	5.97	0	0.00	4	9.75
TOTAL	67	100%	26	100%	41	100%

APPENDIX C-6

LANGUAGE SPOKEN AT HOME	TOTAL	%	USERS	%	NON-USERS	%
ENGLISH	41	61.19	18	69.25	23	56.10
FRENCH	10	14.92	2	7.69	8	19.53
CREE	2	2.99	2	7.69	0	0.00
GERMAN	6	8.96	3	11.53	3	7.32
ITALIAN	1	1.49	1	3.84	0	0.00
SLAVIC	4	5.97	0	0.00	4	9.75
CHINESE	2	2.99	0	0.00	2	4.87
PORTUGUESE	1	1.49	0	0.00	1	2.43
TOTAL	67	100%	26	100%	41	100%

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