

UNIVERSITY OF MANITOBA

SCHOOL OF SOCIAL WORK

A RESEARCH REPORT ON THE OUTCOME OF  
TRANSIENT YOUTH REFERRALS MADE BY  
CRYPT TO THREE SOCIAL SERVICE AND  
MEDICAL AGENCIES IN METROPOLITAN WINNIPEG  
FROM JUNE 1, 1970 TO SEPTEMBER 30, 1970

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## CHAPTER I

### INTRODUCTION

This study is designed to explore a concern, which has been expressed by persons working with youth in Winnipeg, that transient youth referred by CRYPT (Committee Representing Youth Problems Today) to a variety of social service and medical agencies in Metropolitan Winnipeg are not being adequately serviced by these receiving agencies.

The social grouping, now known as transient youth, has emerged within the past two decades in North America, and can be said to have its beginnings in a 'hippie' culture which rejected the values and norms of the traditional American life style emphasising responsibility and industriousness in determining one's well-being. Gradually a new youth culture became established which endorsed the values of independence and freedom of choice regarding their destiny and immediate direction in life. The phenomenon of leaving home to travel for undetermined lengths of time, with only limited or no financial resources, has become incorporated into today's youth culture and has received national attention both in the United States and Canada over the past two or three years. This trend is no longer being looked upon by the traditional adult society as a passing phase, but has become a problem both to parents and to governments.

The concept of a 'transient youth population' extends even beyond those youths leaving home to travel. It must now include youths who continue to live at home, or who have left their parent's

home but continue to reside in the city of their residence, but who have turned to youth oriented agencies, such as CRYPT, to provide their food and lodging and social relationships. These youth can be referred to as the local transients.

Because of the above factors, and the resulting vast increase in the transient youth population in Winnipeg, those persons working with youth in this city are anxious for a concerned response from the social service and medical agencies in helping to cope with the social and medical problems experienced by this segment of society. Are these youths receiving the services they are requesting and/or require?

However, the concern regarding the ability of the established agencies to adjust to the needs of the changed youth culture is by no means confined to the local scene. Indeed, Meyer indicates that, while the youth culture has changed drastically over the past decade or two, the social institutions generally have been unable to effect changes in their institutional systems that would be in keeping with the changes in the youth culture. As a result, traditional social service agencies are finding it very difficult to provide services to transient youth, with their relaxed and unstructured attitudes towards society, since the agencies still operate in the regimented, traditional system that was effective for the previous generation.<sup>1</sup>

The concern regarding services to transient youth, as expressed earlier, takes on added meaning when one considers the geographic

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<sup>1</sup>Carl H. Meyer, Social Work Practice: A Response to the Urban Crises. (New York: The Free Press, 1970), p. 68-70.

location of Winnipeg. This city serves as a crossroad and focal point for youth travelling from east to west, or west to east, across the country. It is also a major connecting location for the various modes of transportation, such as the train, bus, and automobile, to major cities in Canada and the United States. Because of these factors the majority of youths travelling across the country must pass through Winnipeg, and many decide to remain for a day or two, or longer depending upon their immediate financial, physical, and social circumstances.

CRYPT, being one of the first social agencies in Winnipeg offering services to transient youth, naturally draws a large number of youths who may be looking for temporary lodging, food, employment, or other required services. Because of the influx of requests to CRYPT for social and medical services, in 1970 the Government of Manitoba responded to CRYPT's request for recognition as a 'grass roots' social service agency, and as such, to be funded by the government. This allowed CRYPT to increase its staff and its service in referring youths to the numerous social and medical service agencies in Metropolitan Winnipeg for receipt of services requested and required. However, the concern remained, as initially stated, that transient youth in Winnipeg were not receiving adequate service delivery by the receiving agencies.

Considering that CRYPT was established to be more closely in tune with the particular life style of transient youth, and presumably developed policy and procedures which were more flexible and geared to immediate individual needs, one could speculate that if the transient

youth population is not being adequately serviced, that one of the major causes of breakdown would lie in the conflicting philosophy and attitudes which exists between the traditional bureaucratically organized agency, and the grass roots agency (CRYPT).

However, this study is designed to determine the outcome of referrals made by CRYPT to three established Winnipeg agencies, these being:

1. The Winnipeg General Hospital
2. Children's Aid Society of Winnipeg
3. Manitoba Department of Health and Social Development (Southern Regional Office),

and will exclude from examination any comparison of philosophy and attitudes, recognizing that these are probably significant factors and would probably be worthy of future study.

The primary purpose of this inquiry then is to determine the outcome of referrals made by CRYPT to the three agencies selected. Secondly, we will be attempting to determine whether the outcomes of the referrals are significantly influenced by the CRYPT referral process. Finally, we will be attempting to determine whether the demographic characteristics of the youth referred significantly influence the outcome of the referral, or the type of the referral process used by CRYPT.

For the purposes of our study transient youth are defined in the following manner as:

"persons aged 14 - 25 years of age who at least temporarily have no settled residence and no certain means of support. The two major groupings within the overall transient population are the 'youth on the road', and the

'local Winnipeg youth' attracted to the facilities for the first group."<sup>2</sup>

We are proposing to study all of the above defined transient youth referred by CRYPT to the three mentioned agencies during the time period June 1 to September 30, 1970. We shall be studying both demographic characteristics of these youths and the referral process itself. Demographic characteristics will include age, sex, marital status, and place of origin (i.e., town of residence). Finally, we will be looking at four problem areas as reasons for the referrals being made. These will be classified as medical, psychological, social, and financial problem areas.

This inquiry is limited to a study of the referral outcome, the referral process used by CRYPT, the relationship between outcome and process, and the influence of the demographic characteristics of the study population both on the referral outcome and on the type of referral process used.

In selecting the three previously noted agencies, it is felt that they are representative of those most frequently used by CRYPT, and that the services which they provide are representative of those most frequently needed by transient youth seeking assistance in the areas of financial, psychological, social, and medical services.

Chapter II of this study will provide a review of pertinent literature related to the phenomenon of transiency in the changing youth culture. We will also attempt to provide some insight into the

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<sup>2</sup>David Vincent and N. Tarasoff, Research Report of Summer Transient Youth (Winnipeg, October, 1969). p.3

distinction between 'grass roots' agencies and 'traditional' social and medical service agencies. Finally, material will be considered that relates to the various forms of referral processes used by agencies, and their effectiveness and appropriateness.

Chapter III will outline the study method we shall be using to collect data from two sources, these being CRYPT records and the records from the three chosen agencies.

In Chapter IV we will analyze the data collected and attempt to draw some conclusions as to whether the initial concern which prompted the study was a valid one.

In Chapter V we will comment on the conclusions, speculating as to their significance and indications for further studies of transient youth.



## CHAPTER II

### BACKGROUND LITERATURE

The modern phenomenon of transiency is generally considered to be a product of the present era, an era in which "freedom, mobility and constant change are normal conditions of life."<sup>3</sup> Change is seen as a vehicle by which to extend and intensify personal experience, and the transient youth can therefore logically see his life style as a means of self expression, of experiential enrichment, and of personal growth. Closely related to the desirability of, and necessity for change, is the view, frequently expressed by young people, that much of the work being performed in our society, and expected of the youth as members of society, is repetitive and mindless, and therefore meaningless. This same view is applied to the educational system which shuns involvement and innovation.

Coupled with these feelings of restlessness and dissatisfaction is the sense of alienation from the "Establishment", which the youth frequently express as an inability to communicate with parents and authorities who are often unresponsive and untrustworthy. Consequently, young people see many of the services presently being offered as "non-receptive to their needs because they are provided in a moralistic, punitive or condescending manner by traditional agencies and organizations".<sup>4</sup> Although such attitudes, both those of the youth and of the moralistic 'punitive', 'condescending'

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<sup>3</sup>Report on Transient Youth, (Ottawa: Department of National Health and Welfare, 1970), p. 2.

<sup>4</sup>Report on Transient Youth, pp. 9-10.

agencies, have wide-ranging implications for the study of the provision of service to transient youth, they are beyond the scope of this particular inquiry.

Transient youth are generally considered to be persons between fourteen and twenty-five years of age who travel for a variety of reasons. The four major subgroupings of transients are: (1) those persons, usually students, out to see the country and intending to resume their education or employment come summer's end; (2) youth who have made a choice to drop out of society and its institutions, and for whom travelling has become a way of life, at least temporarily; (3) youngsters experiencing problems in their home environment and who have left home without their parents' permission in an effort to flee their problems; and (4) young persons looking for employment.<sup>5</sup>

The largest grouping of transient youth is composed of those basically problem free individuals who are travelling only for the summer, are largely self reliant, and are unlikely to encounter difficulties requiring intensive or long term community assistance.<sup>6</sup> The second smaller, though significantly large grouping, is composed of that portion of the transient youth population who carry emotional or social problems, have little or no ability to cope with reality, or are unable or unwilling to form permanent relationships either personally or geographically.<sup>7</sup>

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<sup>5</sup>Transient Youth, (Ottawa: Canadian Welfare Council, 1970), p. 80.

<sup>6</sup>Report on Transient Youth, p. 6.

<sup>7</sup>Transient Youth, p. 8.

The members of both of these major groupings have a number of needs in common. These are: the need for accommodation; the need for financial assistance, either because funds have run out or were initially non-existent; the need for medical services when required; and the need for 'hangouts'.

The 'problem' grouping presents a range of fairly specific problem areas, each requiring specialized service inputs if they are to be dealt with effectively.

Faced with poor economic and employment conditions nationally, many young people are travelling in search of scarce jobs. With their difficulties compounded by a lack of education and salable skills, young people require employment and training programs geared specifically to their needs and abilities. They must be given the opportunity to become self sufficient. However, in view of the youth's attitude toward the quality of work available generally, we cannot expect to meet their employment needs exclusively through traditional mechanisms. "Young people require new kinds of opportunities, new ways of providing for their own needs and for the needs of the community".<sup>8</sup>

With a tradition of difficulty in communicating with authorities, transient youth have particular difficulties with the police. These difficulties may result largely from a fundamental difference in the values and life styles of the groups represented by the police and the transient youth. Whatever the underlying causes, the "transient

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<sup>8</sup>Report on Transient Youth, p. 15.

youth is far more likely to have had contacts with the police than with any other social institutions in the community".<sup>9</sup> These contacts result primarily from minor offences such as shoplifting, vagrancy, loitering and panhandling. Due to the frequency of their contact with the law, the transient population is in great need of legal aid as a protection of their legal rights. As yet, this service is provided only through existing legal aid structures which have proven inadequate to meet the needs of transients.

Transients have ready access to, and make frequent use of drugs of all kinds. In fact, the Department of National Health and Welfare study indicates that as many as 80% of transient youth use, or have used drugs.<sup>10</sup> As a result, we find a large number of drug dependent youngsters who are not offered other than short term treatment of assistance. The need for adequate drug treatment facilities is a glaring one.

A significant proportion of the emotional and social problems of the 'problem' group are carried by runaways; youngsters who have been motivated to leave home without parental permission for a variety of reasons. Examples of these reasons are:

- (1) a poor home environment
- (2) pregnancy
- (3) a decision to live with a member of the opposite sex
- (4) 'growing pains' of a person entering puberty, at which time the physical and mental changes taking place can create problems. Unresolved and severe problems may cause the youth to run away

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<sup>9</sup>Report on Transient Youth, p. 10.

<sup>10</sup>Report on Transient Youth, p. 7.

(5) school problems (truancy).<sup>11</sup>

The Canadian Welfare Council report suggests that the severely troubled youth is motivated to travel in an attempt to escape from the problems within himself, and that this may be symptomatic of serious psychological problems.<sup>12</sup> In order to deal with these and other social and emotional problems, specialized programs, facilities and services must be made widely available, and provided in such a way as not to deter the youth from making use of them.

Two general limitations tend to block the provision of services to transient youth: "lack of awareness and understanding of the phenomenon of transient youth on the part of many public officials, professionals and private citizens, and consequently, a reluctance to commit public funds to services for them. This situation arises from (1) lack of specific knowledge of circumstances and conditions from which these young people come; (2) limited awareness of the problems faced by these young people, and (3) in many cases a total lack of face to face contact with concerned youth who are trying to deal with these problems".<sup>13</sup>

Generally, there has been co-operation in the provision of services to youth between the public welfare departments, churches, Y's, Children's Aid Societies, and especially the social planning

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<sup>11</sup>J. A. Hildebrand, "Why Runaways Leave Home," Journal of Criminal Law, Criminology and Political Science, LIV, (July, 1967), p. 71.

<sup>12</sup>Transient Youth, p. 5.

<sup>13</sup>Report on Transient Youth, p. 26.

councils.<sup>14</sup> Consequently, in many Canadian cities young travellers are now able to live without funds by using hostel, feed-in and other services provided to them during the summer months.

In some cases traditional agencies are successfully adapting to the new needs being presented by transient youth. In other non-traditional areas of need, organizations and agencies indigenous to the youth culture itself are arising. The youth based services are generally commended as being understanding and unprejudiced, and meet with a more favourable response than the long established agencies. The latter generated a mixed response, with some of the youth regarding them as helpful, while others complained of having been given the 'run around' by them.<sup>15</sup>

The Canadian Welfare Council report criticizes community services to transient youth for several reasons:

- (1) agency office hours do not hit the youth scene which is heaviest after the supper hour;
- (2) staff members cannot enter into warm and friendly relationships with alienated youth (this is a generalization and is difficult to substantiate);
- (3) agencies are too authoritarian;
- (4) follow-up procedures are weak, and reflect the indifference of the agency to the client;
- (5) organizations with long established services often have a problem in financing new services.

Successful youth services must be relevant, flexible, consistent, and provide continuity of service. Traditional bureaucratic structures often display inertia and inability to adapt to rapidly changing needs.

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<sup>14</sup>Transient Youth, p. 101.

<sup>15</sup>Transient Youth, p. 101.

These considerations are related primarily to the quality of service being provided to transient youth. As a first step in exploring services being offered to transient youth, this study is not so much concerned with the quality of that service as it is with the extent to which traditional agencies are providing their already existing services to the youth. The concern is quantitative rather than qualitative.

The Winnipeg community responded to the needs of transient youth by offering two categories of service - youth operated services, and services from long-established agencies. In the recognition of the range of services required it was hoped that problem-free summer travellers could be provided with inexpensive accommodations and meals while troubled youth could be helped as required.<sup>16</sup> The youth oriented facilities were:

- (1) CRYPT - This agency is staffed primarily by young volunteers. CRYPT functions as a referral and counselling service, and also co-ordinates the provision of accommodation and meals;
- (2) Hostels - two government sponsored hostels, Sunrise Hostel and HMCS Chippewa Hostel, as well as the YWCA, accommodated transient youth during the past summer;
- (3) Drop-In Facilities - Both CRYPT and St. Lukes Church operated drop-in centers, the latter financed by the Community Ecumenical Ministry;
- (4) Feeding Services - A feed-in was operated at St. Augustine United Church to provide one meal daily to transients. Funds were provided by the Community Ecumenical Ministry;
- (5) Supportive Project Staff - This consisted of young adult workers competent in relating to youth.<sup>17</sup>

The long-established agencies responded with the following services:

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<sup>16</sup>Transient Youth, p. 29.

<sup>17</sup>Transient Youth, pp. 29 - 30.

- (1) Medical service was available at the Out-Patients Department of the teaching hospitals.
- (2) A medical clinic was operated at CRYPT and was staffed by volunteer medical students.
- (3) A missing person service was available through the Police Department.
- (4) Legal counselling was available through Legal Aid.
- (5) A legal aid clinic, staffed by volunteer law students, was operated at CRYPT.
- (6) Counselling and Child Welfare services were available through the Children's Aid Society.
- (7) Financial assistance was available through the City of Winnipeg Public Welfare Department.
- (8) Employment services were available through the Canada Manpower Centre.
- (9) Vocational training was available through the Manitoba Department of Health and Social Development.
- (10) Psychiatric counselling was provided at the Psychiatric Institute attached to the Winnipeg General Hospital.

In attempting to provide services to transient youth, the Winnipeg community is faced with the same kinds of problems as is the rest of Canada. Public attitudes are harsh in their criticisms of transient youth and their life style, financial resources to provide needed services are lacking, co-operation and co-ordination among social service agencies although good, is not as efficient as it might be, and social service agencies appear to have some difficulty in altering their established operations in an effort to accommodate the needs of transient youth.

A further, and more fundamental difficulty, as noted earlier, is the one of provision of existing services to transient youth. It is speculated that the failure of traditional agencies in Winnipeg to provide services to transient youth, if indeed this is the case, could be a result of a number of factors. Attitudes of both the youth and agency personnel, agency intake procedures, interagency communication, the referral process being used, and the demographic characteristics



of the youth themselves are among those having potential significance in attempting to explain the lack of provision of service.

Although interagency co-ordination and co-operation are not to be considered specifically in this study, it is recognized that both are of elementary importance in any community's attempt to provide social services. They are of particular importance in the provision of service to transient youth who, faced with a variety of needs, are obliged to draw on the services of a number of social agencies and are therefore dependent upon the ability of the agencies to provide a co-ordinated service.

The transient youth is faced with a complex of community social services agencies composed of individual organizations varying in the kinds and frequency of their relationships with one another, and hopefully, voluntarily attempting to provide a "meshing of agencies, programs, services, and activities in order to accomplish basic objectives".<sup>18</sup> Attitudes toward transient youth once again, can be the determining factor in the degree to which agencies attempt to co-ordinate to meet their range of needs.

It is a major agency responsibility to be certain that it expends every effort to provide a service which is easily understood, readily accessible and reasonably complete. Were all the elements necessary to the meeting of this responsibility in abundant supply and readily available to all agencies, there would be little need for interagency interaction and co-operation. However, the reality of the

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<sup>18</sup>Alfred J. Kahn, Basic Issues in Co-ordinating Family and Child Welfare Programs, Philadelphia, University of Pennsylvania Press, 1964, p. 16.

scarcity of resources, which is particularly acute in the case of the needs of transient youth, necessitates that community organizations seek access to certain kinds of elements by undertaking exchanges with other organizations.

By working together and by pooling resources and strengths, agencies are able to compensate for the scarcities and provide better service to the community through their joint capability of completing a large and needed task that could not have been accomplished in the absence of co-operation. Through such an arrangement, each of the partners is able to contribute resources related to its area of competence and to thereby integrate "a variety of specialized services in a comprehensive program that addresses the total problem".<sup>19</sup> With the comparative isolation of the various services which inevitably results from the lack of such an integrated approach, conflict in methods and philosophy remain, thereby leading to a reduction of the effective impact of each program.

Under the conditions of isolation, "every agency is making an intensive effort to meet its own problems as seen in its own agency, but it is a self-centered activity having little relation to the community's needs".<sup>20</sup> As a result of the individual nature of their efforts, any effort at total service means that participating organizations may have to change some of their ways of working, and in turn

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<sup>19</sup>Virginia M. Buins, "New Developments in Youth Programs", National Federation of Settlements and Neighbourhood Centers, "Serving the Teenage Girl", Chicago 1964, p. 42.

<sup>20</sup>Child Welfare League of America, Community Organization of Child Welfare Services, New York, 1955, p. 31.

that agency staff will have to broaden their focus to concern themselves with the total picture rather than that segment of it which has been the agency's responsibility. Failure of staff to respond to administrative efforts can be a major block to effective inter-agency co-ordination.

Even if well co-ordinated and well defined for internal purposes, agency programs are not well inter-related in the absence of a community-wide understanding of them, and without the development of co-ordinating devices. "Services in a community (must be) so inter-related that no person seeking service should have to stumble through a mass of unrelated rules and regulations, through under and overlapping functions, or confront the blind ignorance of one part of the community about what is going on in the other".<sup>21</sup> Failure to do this through some sort of interagency co-ordination is to expect the client of his own accord, to be aware of the nature of, and the means of using, the services of a wide range of different agencies and their individual representative.

In co-ordinating their respective functions, agencies are attempting to deal with a total problem through increasing the likelihood that the client and the resources will be brought together in a way in which will ensure that something constructive can begin. This necessitates "locating the resource which is available at the time needed and which meets the basic conditions specified in the

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<sup>21</sup>Child Welfare League of America, p. 4.

case appraisal".<sup>22</sup> As well, the agency receiving the referral must know why the client was referred, how the referring agency views the client's situation, what the referring agency is doing with the client, and what the client has been told, promised or actually offered.

Successful service provision cannot be accomplished in the absence of the interagency communication and understanding that come with co-ordination. Through these come mutual awareness of services offered and of problems involved in delivering those services, as well as clarity as to the basis upon which services are differentiated one from the other. Without such mutual awareness there can be no clear definition of the various community agencies. Neither can there be a clear and complete statement of the conditions under which they operate to allow for sound referral procedures. Such lacks result in an inability by agencies to use each other in the best interests of the client, and therefore in an inadequate system of community services.

"Service planning, resource allocation, and case referral are functional areas in which many of the current community problems lie. Solutions must be based on responsible use of resources and responsible relationships between agencies."<sup>23</sup>

Kahn states that, "all social welfare agencies and many other public institutions must maintain some kind of more or less

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<sup>22</sup>Alfred J. Kahn, Planning Community Services For Children in Trouble, New York, Columbia University Press, 1963, pp. 105 - 106.

<sup>23</sup>Alfred J. Kahn, pp. 106 - 107.

elaborate 'intake', 'screening', 'advice' or 'steering' service to answer inquiries, evaluate applications, and decide whether the agencies' own services are most appropriate or to assure a good contact with the appropriate resource. The community also requires . . . a widely known general 'advice' or 'steering' center for those who are not aware of resources and who are too shy to make contact in what is obviously the 'wrong' place in the hope of being referred to a source of help."<sup>24</sup> CRYPT is attempting to provide this service to transient youth. As noted, sound interagency co-ordination, co-operation and communication are prerequisites to the development and smooth operation of such services.

Essential to the effectiveness of such a service is a referral which matches the client with the appropriate resource and ensures that he receives the required service from that resource. Wilson and Bartlett specify three steps essential to the accomplishment of this goal:

- (1) assisting the client to accept referral;<sup>25</sup>
- (2) preparing the referral agency to receive the client;
- (3) ensuring that the client actually gets to the referral agency.<sup>26</sup>

Basic to a 'good' referral, and a product of interagency co-ordination and communication, is a knowledge of the intake policies of

<sup>24</sup>Alfred J. Kahn, p. 70.

<sup>25</sup>The Child Welfare League of America sees this as a prime agency responsibility. Child Welfare League of America, Community Organization of Child Welfare Services, New York, 1955, p. 34.

<sup>26</sup>Eunice W. Neilson and Harriett M. Bartlett, "Referrals from Hospitals to Social Agencies: Some Principles and Problems", Social Casework, vol 36, December 1955, p. 459.

the referral (or receiving) agencies and an understanding of the services provided by them. Parnicky et al outline further basic points which include possession, by the referring worker, of (1) a diagnostic competence in order to analyze the need for referral, and (2) skill in communicating the client's need for service.<sup>27</sup>

A generally accepted referral procedure is:

- (1) accurate diagnosis of the client's needs;
- (2) matching the client's need with the referral agency's service (i.e. referral to the appropriate agency);
- (3) relating method of referral to the nature of the problem (e.g. telephone call in simple situations, face-to-face interagency conference in complex situations);
- (4) confirmation of all referrals in writing. Letters of referral should state the problem, social implications and whether the referring agency will continue to assume some responsibility. Where this is the case, an early clarification of the division of responsibility is necessary;
- (5) request a follow-up report from the receiving agency.<sup>28</sup>

A distinction can be made between 'steering' and 'referring' to the receiving agency. In the latter case, the referring worker takes initiative in establishing contact with the receiving agency; in the former, he merely directs the client to the receiving agency without making a preparatory contact with the agency.<sup>29</sup> The study by Parnicky et al indicates that 'referring' seemed to be generally more successful.

Parnicky et al define a referral as completed in terms of

<sup>27</sup> Joseph J. Parnicky et al, "A Study of the Effectiveness of Referrals", Social Casework, vol 42, 1961, p. 494.

<sup>28</sup> Synthesis of points presented by Neilson and Bartlett, and the Department of Maternal and Child Health, Harvard School of Public Health, Guide for Referrals of Families to Community Health and Social Services, 1965.

<sup>29</sup> Leonard S. Kopan, "The Short-Term Case in a Family Agency, Part II - Results of Study", Social Casework, vol 38, 1957, p. 300.

'effectiveness' and 'appropriateness'. A referral is effective when the client is seen at the receiving agency (i.e. did the client show up?). A referral is appropriate when the client is offered a service by the receiving agency (i.e. did the client's problem match up with the services offered?).<sup>30</sup> If a referral is either ineffective or inappropriate, agency service will have broken down and the client will not receive the needed service.

In view of the necessity of sharing resources, sound referrals are essential if community agencies are to fulfill their functions and carry out their obligations to their clients.

It is hypothesized that, if transient youth being referred by CRYPT to established agencies in Winnipeg are not receiving service from those agencies, part of the reason for the failure could lie with CRYPT and its referral procedure. With the less-than-ideal coordination and communication that is known to exist among Winnipeg agencies, inappropriate referrals resulting from a lack, by CRYPT, of information as to the services offered by the various agencies could well be a major contributor to a breakdown of service. Lack of knowledge of receiving agency intake procedures could be of importance as well.

Since CRYPT is a youth-oriented and youth operated facility, and therefore largely unstructured in its procedures, it is questionable whether referrals made by its workers follow the step generally accepted as most likely to result in an effectual referral.

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<sup>30</sup>Parnicky et al, p. 497.

## CHAPTER III

### STUDY METHOD

This study concerns itself with the outcome of referrals of transient young people made by CRYPT to three social service and medical agencies in Metropolitan Winnipeg.

A referral is defined as that process whereby a person in need of a service is brought together, by the referring agency, with the resource providing the needed service or the means to obtaining it. In our study, CRYPT is the referring agency. The resource agencies to which the referrals are made, are the Children's Aid Society of Greater Winnipeg, the Winnipeg General Hospital and the South Regional Office of the Provincial Department of Health and Social Development. The outcome of these referrals will be examined in terms of effectiveness and successfulness. An effective referral is defined as a referral which results in the client arriving at the receiving agency. A successful referral is defined as a referral which results in the client being offered a service by the receiving agency. Transient youth are defined as "persons 14-25 years of age who at least temporarily have no settled residence and no certain means of support. The two major groups within the overall transient youth population are the youth 'on the road' and the local Winnipeg youth attracted to the facilities provided for the first group".<sup>31</sup>

Our study population will consist of all the referrals made

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<sup>31</sup>David Vincent and N. Tarasoff, p. 3



by CRYPT to the aforementioned receiving agencies during the time period of June 1, 1970 to September 30, 1970. This time period was selected because of the increased influx of transient youth during the summer months and the resulting increase in demand for services to meet their needs. These three receiving agencies were selected from a total listing of receiving agencies used by CRYPT because these agencies are referred to much more frequently than are the others. We note that 1970 was Manitoba's Centennial Year and that this in addition to a 'Rock Festival' may have increased both the number of transient youth who came to Winnipeg and their need for services. This may have placed heavier demand on CRYPT and the three receiving agencies, however, all of the agencies did seemingly take these factors into account in meeting the needs of the transient youth. We are, however, accepting this situation as given and are making the assumption that this will not affect the results of our study.

Our study examined each case referred by CRYPT to the three receiving agencies. From the CRYPT records, file cards, referral sheets and a daily log book, we obtained the following information on each referral made: name, age, sex, marital status, place of origin, problem, service requested and the method of referral used in connecting the client with the receiving agency. Using this information, we examined the receiving agencies' records, following up the referrals on a case-by-case method, which indicated whether or not the client showed up at the receiving agency (effectiveness) and, if he did, whether or not he was offered a service (success-

fulness). If a service was offered, the records also showed whether or not this service was the same as the service requested by CRYPT in their referral. The data from the Children's Aid Society was obtained from the office files and from the file cards of the workers who were assigned to work with transient young people; the remaining data was collected from Winnipeg General Hospital Medical Records Department files and from the South Office of the Department of Health and Social Development from recorded referral sheets and office files.

Upon examination of the records at CRYPT and at the three receiving agencies, it was discovered that CRYPT had not kept accurate records of each referral; that all receiving agencies had attributed more referrals to CRYPT than the CRYPT records indicated. Because of this, our total sample size of 231, was obtained by combining the records from all sources. This figure included one hundred eighteen (118) referrals to Children's Aid Society of Winnipeg, sixty-eight (68) to Winnipeg General Hospital and forty-five (45) to the Department of Health and Social Development, South Office. Five (5) referrals, two (2) to Winnipeg General Hospital and three (3) to Provincial South Office, did not fall within the age range specified for the purpose of our study.

A schedule was used to collect the necessary data (see appendix). The schedule was tested on fifteen cases referred to each agency to determine: (1) if the desired information was available from the combination of CRYPT and agency records; (2) if the records revealed other significant material which might be included

in the study and (3) whether the schedule was adequate in scope to enable us to answer our study question. Only one change had to be made in the schedule. This was the deletion of marital status, since this information was not available on a large proportion of CRYPT and agency records.

The schedule was designed to answer the following questions, which arose out of the purpose of our study. Did the transient young people referred to the three receiving agencies by CRYPT arrive at the receiving agencies? Did they get the requested service? What referral method did the CRYPT staff use when making a referral? Did this method influence the outcome of the referral in any way? Did demographic factors such as age and sex influence the referral outcome? Did the type of transiency, the nature of the problem or the service requested influence the referral outcome? Did the eligibility criteria of the receiving agency and the scope of its service influence the outcome?

As previously stated, the study schedule contained two major units of classification - effectiveness and successfulness of referral method. Further units of classification were devised to examine the collected data, one such unit was the referral method used by CRYPT staff. These were classified as either worker-participation referral method or the steering referral method. The worker-participation method was defined as the referral process wherein the referring agency's (CRYPT) worker makes contact with the receiving agency prior to, and in preparation for, the client's arrival at the receiving agency. The variations of this method used by CRYPT were: (1) a telephone call, (2) a completed referral form (a Department of Health and Social Development

form used by CRYPT in some referrals), (3) a face-to-face worker to worker interview, or (4) the CRYPT worker accompanying the client to the receiving agency. One of these methods, or any combination of them, qualifies as a worker-participation referral method, for the purposes of our study. The steering referral method is defined as the referral process wherein the referring agency worker sends the client to the receiving agency without making prior contact with the receiving agency. Included are (1) the CRYPT staff's telling the young person to go to the receiving agency and (2) the word-of-mouth communication that is common to informal grass-roots agencies such as CRYPT.

The problem requiring assistance was broken down into four main areas, for the purposes of our study: (1) medical - a physical problem requiring medical services. This ranged from the common cold to major surgery; (2) psychological - a mental or emotional problem requiring psychiatric or clinical psychological services. This included drug freakouts and severe mental illness; (3) social - a problem requiring general counselling services. Included in this category are family problems, 'runaways' and illegitimate pregnancy; (4) financial - a problem arising from a lack of funds and requiring financial aid or employment training. Included here are such problems as lack of food, lack of money, lack of clothing, lack of funds to return home and lack of formal education sufficient to obtain employment.

The service requested was divided into the following categories: (1) medical - treatment for a physical health problem;

(2) counselling - casework or psychiatric services for a psychological or a social problem; (3) repatriation - the return of the young person to his/her parents or guardians; (4) financial - the provision of food, clothing or money; (5) training - vocational education; (6) foster home placement - the placement of the child by a legal authority in a place of residence other than that of the parent or guardian.

A further unit of classification was the appropriateness of the referral. An appropriate referral is defined as a referral which matches the client's needs with the services which the receiving agency provides. For the purposes of our study, an appropriate referral must qualify as follows: (1) it must state the problem and the service requested; (2) the service requested must be one of the services provided by the receiving agency and the client must meet the eligibility requirements of the agency; (3) the service offered must match the service requested. If one of these characteristics, or a combination of them is missing, the referral is classified as inappropriate. (The Appendix states the general scope of services and the eligibility requirements of each receiving agency. These were used to determine whether each referral qualified as being within the scope of the receiving agencies' services).

The remaining factors influencing the outcome of a referral were the following: demographic characteristics, age (under 18 over 18) and sex, and type of transiency which, according to our definition of transient youth, includes two major categories, local and 'on the road' transient young people.

The schedule was completed for each referral in the study

population. The population was then divided into effective and non-effective referrals, first using the total sample size and then using a breakdown according to the three receiving agencies. This data was tabulated and converted into simple percentages. A Chi square calculation was then carried out on these tables to determine their overall significance.

The second division was according to success of the referrals. The effective referrals were divided into successful and non-successful referrals, again using the total sample size and a breakdown according to the three receiving agencies. Numbers and percentages were used along with a Chi square calculation to determine the overall significance.

Each of the influencing factors age, sex, type of transiency, appropriate or inappropriate referral, were tabulated to determine their influence, if any, on both the effectiveness of the referral and the successfulness of the referral. Again, results are given for the total sample size and for each receiving agency, using percentages and Chi square calculation.

In our examination of the referral process in terms of the referral method used, we tabulated the total sample according to the referral method used, as well as, a tabulating for each receiving agency. Secondly, the referral method was related to the total outcome of the referrals, including both effectiveness and successfulness, to determine whether the method used had any bearing on the outcome of the referral.

It was thought that using the above method of analysis, we

would obtain sufficient data on which to base our conclusion as to the validity of the concern which originally prompted the undertaking of this study: that the traditional agencies in Metropolitan Winnipeg were not responding to the needs of transient young people who were visiting, settling in and passing through the city.

In the following chapter, the data collected will be analyzed.

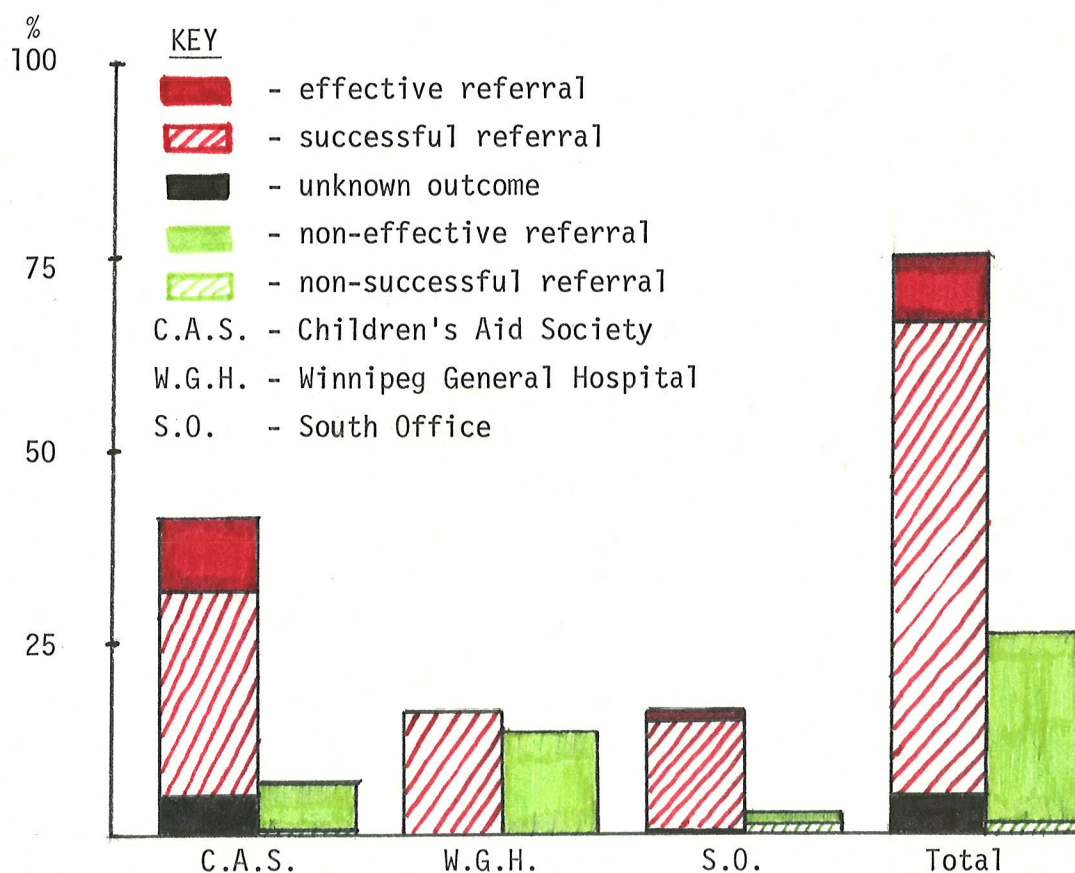
## CHAPTER IV

### DATA ANALYSIS

#### 1. The overall outcome of the referrals.

As indicated in Chapter III, the overall outcome of each referral is a combination of its effectiveness and successfulness, i.e. the young person must show up at the receiving agency (an effective referral) in order to be given a service (a successful referral).

GRAPH 1: THE OVERALL OUTCOME OF REFERRALS FROM CRYPT TO THREE SOCIAL SERVICE AND MEDICAL AGENCIES IN METROPOLITAN WINNIPEG FROM JUNE 1, 1970 TO SEPTEMBER 30, 1970.





Graph 1 charts the total outcome of the referrals to each receiving agency and of the total sample size.

This graph clearly indicates that the majority of referrals from CRYPT to the three receiving agencies were both effective and successful with 74.89 per cent of all the referrals being effective and 67.53 per cent of all the referrals being successful. Of all the referrals 25.11 per cent were non-effective, i.e. one-quarter of the young people referred did not show up at the receiving agency. Of those that did show only 1.3 per cent did not yet get service which points to the conclusion that these receiving agencies did, on the whole, provide a service for the transient youth who arrived at the agency. The unknown figure of 6.1 per cent indicates those referrals whose outcome could not be determined from agency files - the young person did show up at the receiving agency but as to whether or not a service was given is unknown. This points to incompleteness of receiving agency records.

To examine the two major breakdowns of effectiveness and successfulness, more completely, Table 1 illustrates the number and percentage of effective referrals. This table is significant at the .001 level. The figures for the referrals to the Winnipeg General Hospital are the most significant; only 54.4 per cent of the total referrals to that agency did arrive as compared to 83.8 per cent and 82.2 per cent at the Children's Aid Society and the South Office of the Department of Health and Social Development, respectively. The reasons for this will be revealed when we look at the influencing factors later on in this chapter.

TABLE 1: THE EFFECTIVE REFERRALS FROM CRYPT TO THREE SOCIAL SERVICE AND MEDICAL AGENCIES IN METROPOLITAN WINNIPEG FROM JUNE 1, 1970 TO SEPTEMBER 30, 1970, IN NUMBERS AND PERCENTAGES.

Receiving Agency	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Children's Aid Society	99	83.90	19	16.10	118	100.00
Winnipeg General Hospital	37	54.41	31	45.59	68	100.00
South Office	37	82.22	8	17.78	45	100.00
Total	173	74.83	58	25.17	231	100.00

$$\chi^2 = 20.309$$

$$\text{d.f.} = 2$$

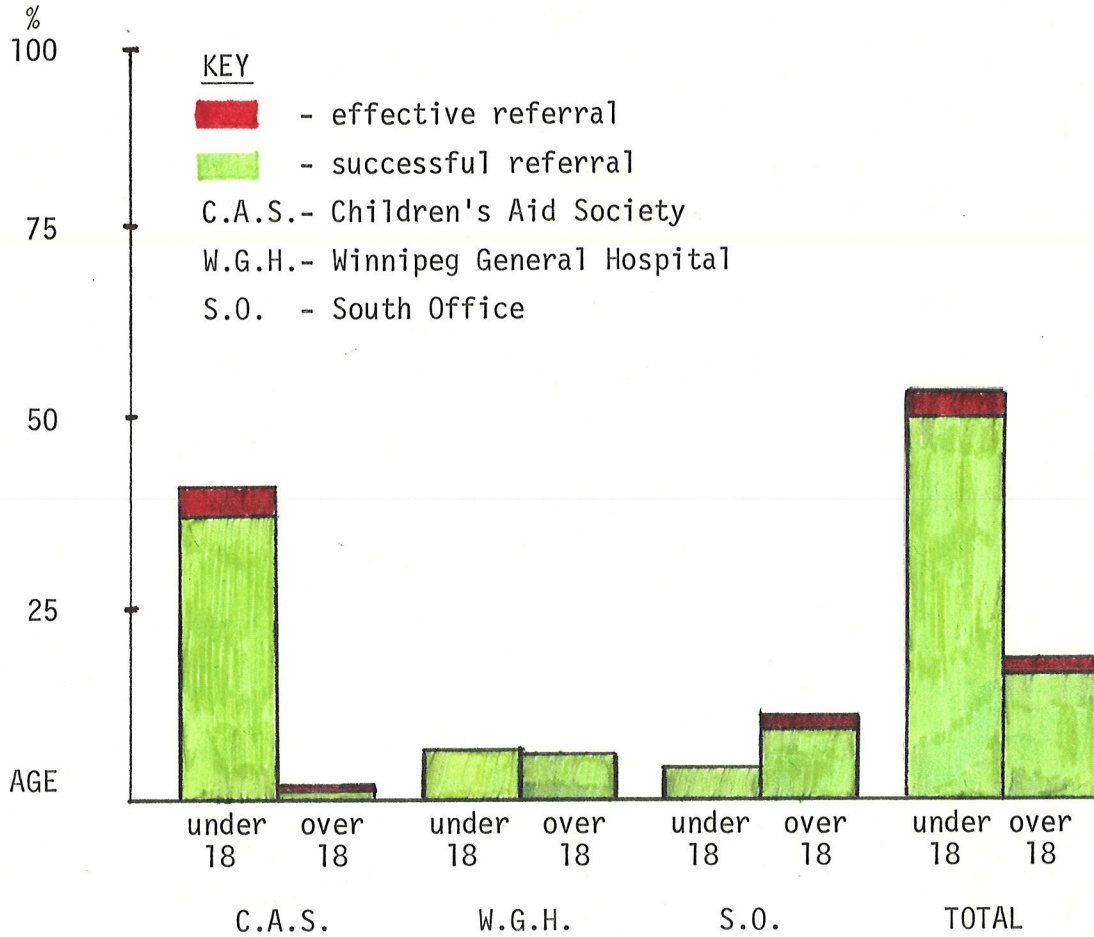
$$\text{Significance} = .001$$

In looking at the number of successful referrals, only 1.3 per cent of those young people who did show up at the receiving agencies did not get a service. This percentage was not a significant amount within the total number of referrals. By agencies, only one young person out of 86 showing up at the Children's Aid Society did not get a service; all of the young people showing up at Winnipeg General Hospital received a service; and two out of thirty-seven showing up at the South Office of the Department of Health and Social Development did not receive a service.

## 2. Age of youth referred.

Our study Graph 2, relates the age of the young person referred by CRYPT to the three receiving agencies to the overall outcome of the referrals.

GRAPH 2: THE OVERALL OUTCOME OF THE REFERRALS FROM CRYPT RELATED TO AGE.



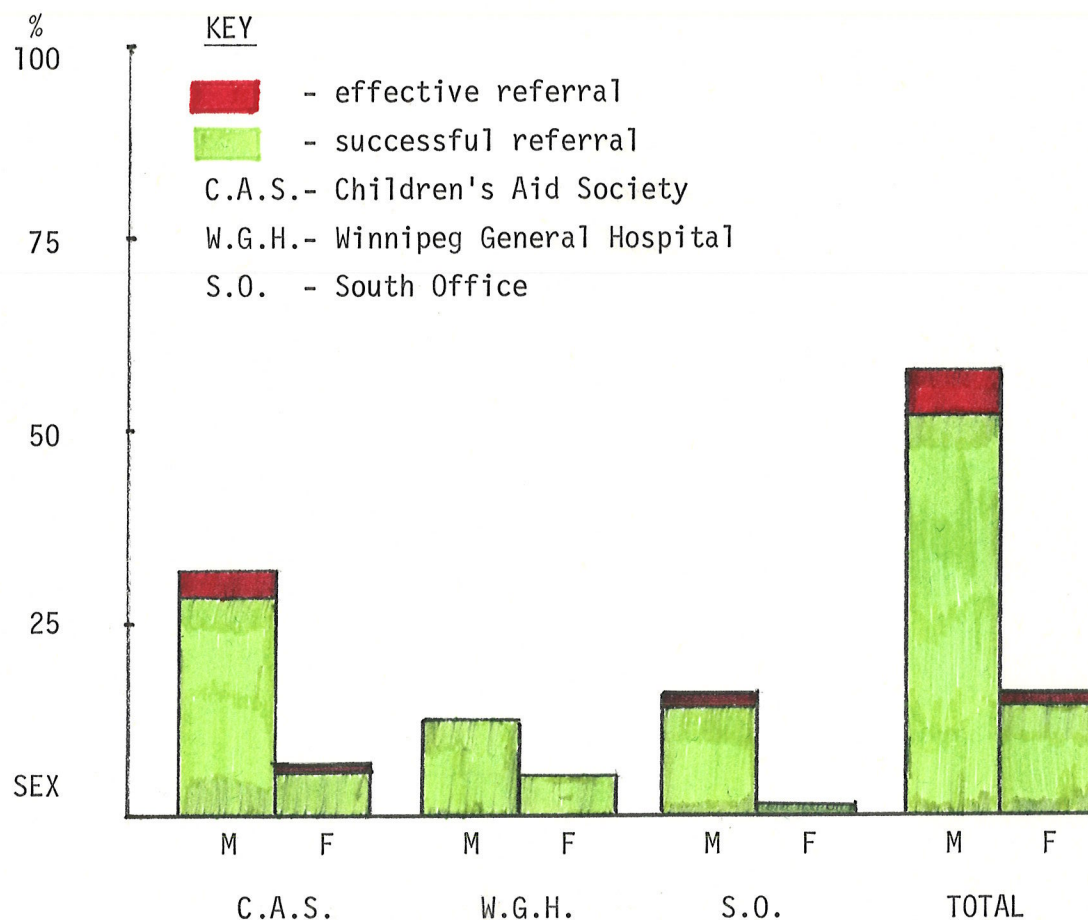
No significance was found in relating the age factor to either the effectiveness or successfulness of the referral. In both the total sample and in the breakdown according to agencies, no significant differences were found. Thus, we can conclude that the age of the transient young person was not an influencing factor in the overall outcome of the referral.

3. Sex.

The sex of the transient youth referred to the three

receiving agencies is related to, in Graph 3, the overall outcome of the referrals according to a receiving agency breakdown and to the total population.

GRAPH 3: THE OVERALL OUTCOME OF THE REFERRALS FROM CRYPT RELATED TO SEX.



Examining this variable in relation to the successfulness of the referrals, no overall significance was found. Table 2 and Table 3 indicate that the Chi Square calculations were significant, however, in relating the sex variable to the effective referrals at

both the Children's Aid Society and the South Office of the Department of Health and Social Development, respectively. At the Children's Aid Society, the table indicates that a disproportionate number of female referrals were non-effective, however, the influencing factor as revealed by the completed schedules, was not sex but a social problem assessment. Both male and female referrals with social problems tended not to show up at this receiving agency. Also, the majority of these referrals were made using the worker-participation referral method. This variable will be examined later in this chapter. At South Office, one-half of the female referrals were non-effective, however there were no characteristics revealed by the schedules which distinguished these from effective female referrals. This leads to the conclusion that the effectiveness depended on the individual traits rather than on any of the characteristics found in our completed schedules.

On one referral to the Children's Aid Society, sex was not indicated. This was excluded from our calculations because the number was not a significant enough amount to influence our calculations.

#### 4. Type of transiency.

Graph 4 describes in numbers and percentages, the relationship between the type of transiency of youth referred to the three receiving agencies to the overall outcome of the referrals.

This variable had no significant relationship to the successful outcome of the referrals, i.e. whether the young person was a local Winnipeg youth or a youth 'on the road' had no significant influence on the receipt of a service at the receiving agency.

TABLE 2: THE EFFECTIVE REFERRALS FROM CRYPT TO THE CHILDREN'S AID SOCIETY OF WINNIPEG RELATED TO SEX, IN NUMBERS AND PERCENTAGES.

Sex	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	79	91.88	7	8.12	86	100.00
Female	20	64.52	11	35.48	31	100.00
Total	99	84.62	18	15.38	117	100.00

$$x^2 = 13.089$$

$$\text{d.f.} = 1$$

$$\text{Significance} = .001$$

TABLE 3: THE EFFECTIVE REFERRALS FROM CRYPT TO THE SOUTH OFFICE OF THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT RELATED TO SEX, IN NUMBERS AND PERCENTAGES.

Sex	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	34	87.18	5	12.82	39	100.00
Female	3	50.00	3	50.00	6	100.00
Total	37	82.22	8	17.78	45	100.00

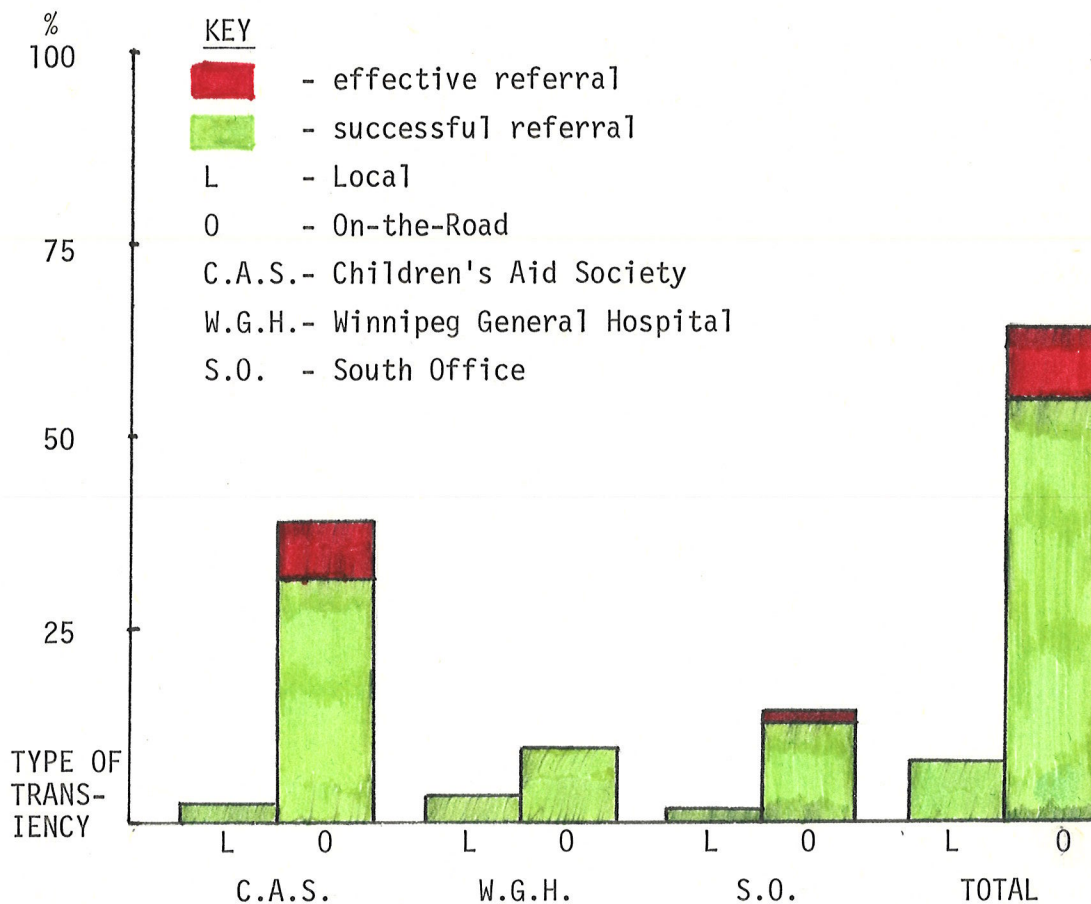
$$x^2 = 4.9147$$

$$\text{d.f.} = 1$$

$$\text{Significance} = .05$$



GRAPH 4: THE OVERALL OUTCOME OF THE REFERRALS FROM CRYPT RELATED TO TYPE OF TRANSIENCY.



However, the type of transiency did prove to have a significant influence (at the .001 level) on whether or not the young person showed up at both the Children's Aid Society and the Winnipeg General Hospital, i.e. the effectiveness of the referral. Table 4 indicates that over one-half of the local young people referred to the Children's Aid Society did not show up at this receiving agency. Examination of the schedules shows that one of the distinguishing characteristics of these local referrals is, again, a social problem assessment. It would appear, as when the sex variable was examined, that the tendency

is also for local young people with social problems not to show up at the Children's Aid Society. Perhaps these young people, being from Winnipeg, already were familiar with the Children's Aid Society services and refused to show up after making a value judgement about these services. More significant, however, is that the worker-participation referral method was involved here in all but one case which was unknown. In the discussion around the sex variable, in all known cases, this method was involved as well. These tendencies will be involved in the discussion later on in this chapter of the referral process between CRYPT and the receiving agencies. Be it sufficient here, to note this tendency.

TABLE 4: THE EFFECTIVE REFERRALS FROM CRYPT TO THE CHILDREN'S AID SOCIETY OF WINNIPEG RELATED TO TYPE OF TRANSIENCY, IN NUMBERS AND PERCENTAGES.

Type of Transiency	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Local	6	46.15	7	53.85	13	100.00
'On-the-Road'	93	92.08	8	7.92	101	100.00
Total	99	86.84	15	13.16	114	100.00

$$\chi^2 = 21.253$$

$$\text{d.f.} = 1$$

$$\text{Significance} = .001$$



A somewhat different phenomenon occurred at the Winnipeg General Hospital, as indicated in Table 5, when relating the type of transiency to the effectiveness of the referral to this receiving agency. Here, the youth 'on the road' tended not to show up. This can likely be accounted for by the judgement by these youth concerning their medical difficulties and by the fact that youth 'on the road' are going somewhere and may not want to be slowed down by minor medical problems. If this trend could be further and conclusively investigated, it may be a rationale for providing general medical care in a clinic especially designed and located within the reach of this transient population. CRYPT has established a clinic by medical students, however, perhaps this is not yet as comprehensive as is seemingly necessary.

TABLE 5: THE EFFECTIVE REFERRALS FROM CRYPT TO THE WINNIPEG GENERAL HOSPITAL RELATED TO TYPE OF TRANSIENCY, IN NUMBERS AND PERCENTAGES.

Type of Transiency	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Local	13	92.86	1	7.14	14	100.00
'On-the-Road'	24	60.00	16	40.00	40	100.00
Total	37	68.52	17	31.48	54	100.00

$$\chi^2 = 4.268$$

$$\text{d.f.} = 1$$

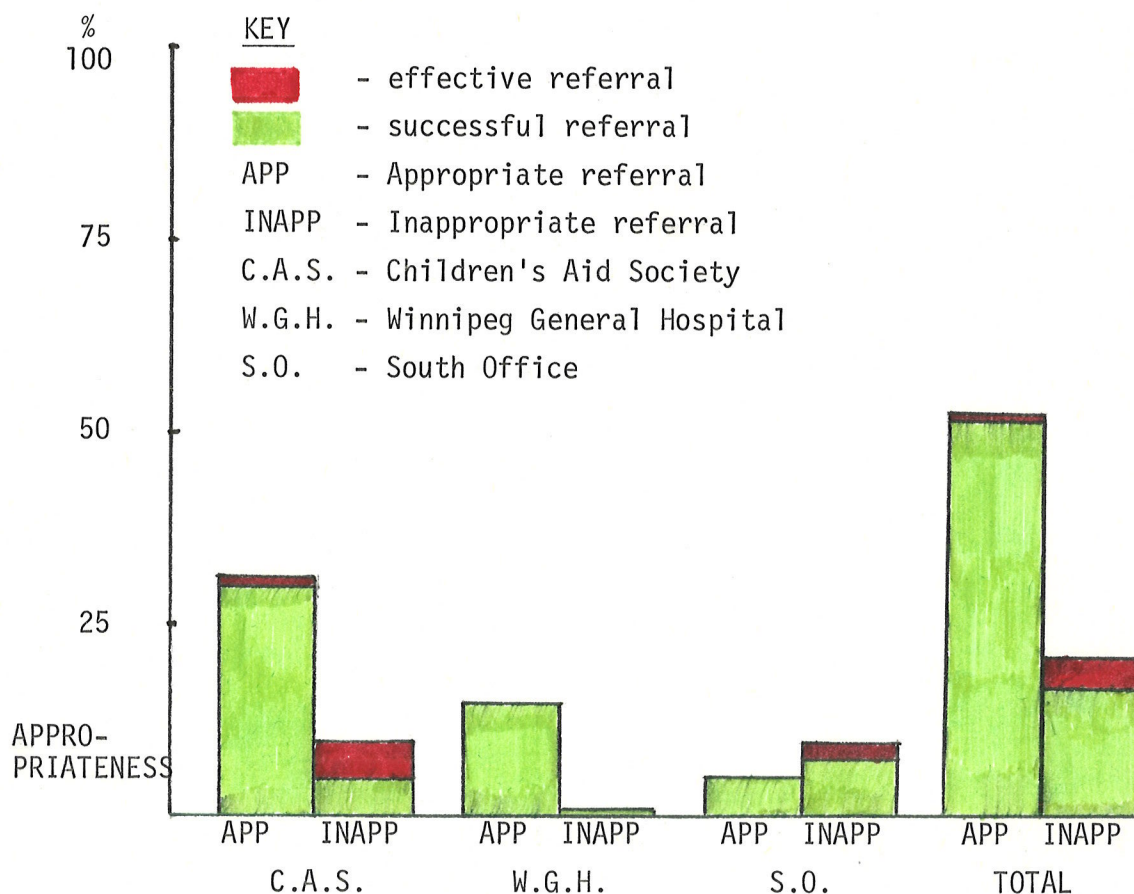
$$\text{Significance} = .05$$

In relating the type of transiency to the overall outcome of the referrals, the referrals where the type of transiency was unknown were not included in the calculations because of the insignificantly low numbers of such referrals.

5. Appropriateness.

Whether or not the referrals from CRYPT matched the problem and the service requested with the correct receiving agency, i.e. being within the scope and the eligibility requirements of the agency, did not prove to be a significant variable influencing the overall outcome illustrated in Graph 5.

GRAPH 5: THE OVERALL OUTCOME OF THE REFERRALS FROM CRYPT RELATED TO APPROPRIATENESS OF THE REFERRALS.



It can be seen from Graph 5, that even though some referrals were inappropriate, i.e. not qualifying under our definition of appropriateness, the receiving agencies generally offered a service, i.e. the appropriateness of a referral did not significantly effect the successfulness of a referral. It should be noted here, that offering a service also includes offering another referral, thus in many of the inappropriate referrals another referral could have been offered. This could be a possible explanation for the 'run around' given to transient youth by the traditional agencies that is a concern of the CRYPT staff for their clientele. Unfortunately, no specific data was obtained on this.

Although having no significance on the effectiveness of the referrals to either Children's Aid Society or Winnipeg General Hospital, the appropriateness of a referral did have a significant influence, at .05 level, on the effectiveness of the referrals to the South Office of the Department of Health and Social Development. Table 6 indicates that all of the non-effective referrals were inappropriate. Upon examining the schedules, however, there are no characteristics which distinguish this group of referrals from the other two groupings of referrals - the inappropriate effective and the appropriate effective referrals. We can thus conclude that the reason for their not showing up at the agency had nothing to do with the appropriateness of the referral but is likely due to individual motivation. The schedules revealed another interesting phenomenon. Twenty-two out of the twenty-four inappropriate effective referrals were referred to another agency, the remaining two did not get any service. This could account for

CRYPT's initial concern that their referrals were getting the 'run around', however, it would appear that the referrals had been made initially to the wrong receiving agency. Thus, the 'run around' phenomenon would be CRYPT's responsibility. However, because there were no distinguishing characteristics between the appropriate and the inappropriate referrals, it would appear that the eligibility criteria of this agency, other than setting a minimum age limit at eighteen, are unclear. A referral for financial assistance or vocational training, may or may not be appropriate, a decision which would seemingly depend on some factor within this agency, perhaps the attitude of the intake worker or the workload at a particular time. This would absolve CRYPT of some of their responsibility, however, it could be suggested that an effective working relationship, which would establish definite eligibility criteria, would likely solve this problem.

TABLE 6: THE EFFECTIVE REFERRALS FROM CRYPT TO THE SOUTH OFFICE OF THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT RELATED TO APPROPRIATENESS, IN NUMBERS AND PERCENTAGES.

Appropriateness	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Appropriate	13	100.00	0	0.00	13	100.00
Inappropriate	24	75.00	8	25.00	32	100.00
Total	37	82.22	8	17.78	45	100.00

$$\chi^2 = 3.952$$

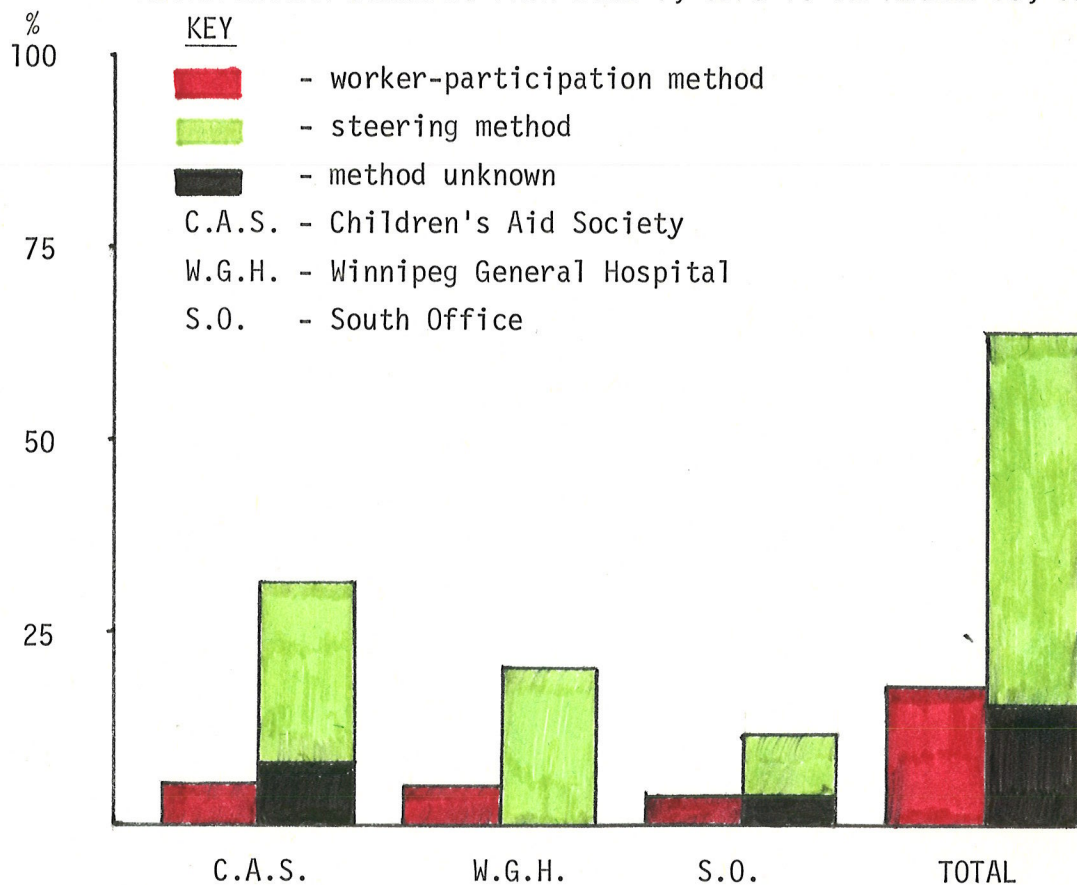
$$\text{d.f.} = 1$$

$$\text{Significance} = .05$$

6. The referral process - referral method.

In the majority of cases referred, the steering referral method was used as opposed to the worker-participation referral method. Graph 6 illustrates this point.

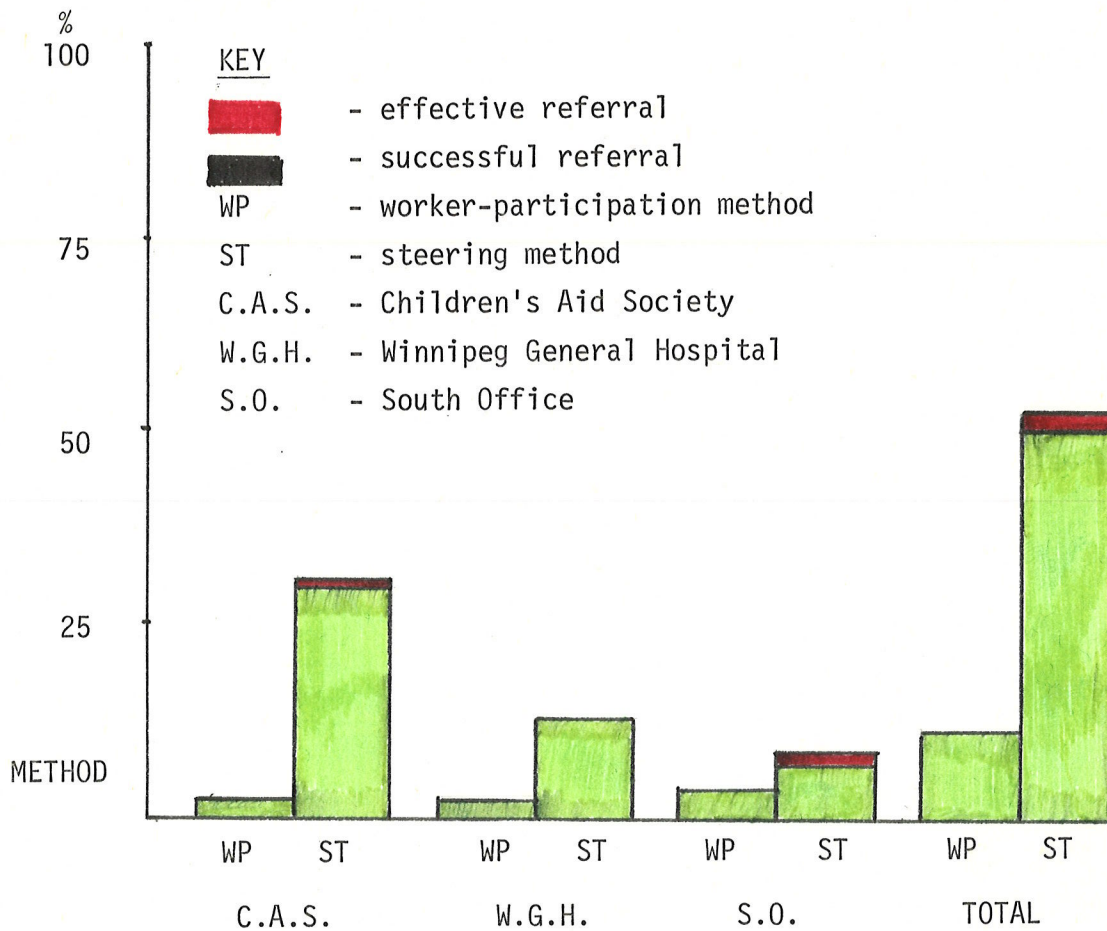
GRAPH 6: THE REFERRAL METHOD USED IN REFERRING THE TRANSIENT YOUTH FROM CRYPT TO THREE SOCIAL SERVICE AND MEDICAL AGENCIES IN METROPOLITAN WINNIPEG FROM JUNE 1, 1970 TO SEPTEMBER 30, 1970.



Graph 7 illustrates the relationship of the referral method used to the overall outcome of the referrals.



GRAPH 7: THE OVERALL OUTCOME OF REFERRALS FROM CRYPT RELATED TO REFERRAL METHOD.



It can be noted from this graph that the referral method used did not significantly influence the overall outcome of the referrals.

In examining this variable closer, it does prove to be significant in whether or not the youth show up at the Children's Aid Society of Winnipeg. This variable was one of the distinguishing characteristics when the significance of the sex and type of transiency variables were examined in relation to the Children's Aid

TABLE 7: THE EFFECTIVE REFERRALS FROM CRYPT TO THE CHILDREN'S AID SOCIETY OF WINNIPEG RELATED TO REFERRAL METHOD, IN NUMBERS AND PERCENTAGES.

Referral Method	Effective		Non-effective		Total	
	Number	Percent	Number	Percent	Number	Percent
Worker-Participation	8	44.44	10	55.56	18	100.00
Steering	76	100.00	0	0.00	76	100.00
Total	84	89.31	10	10.69	94	100.00

$$\chi^2 = 47.246$$

$$\text{d.f.} = 1$$

$$\text{Significance} = .001$$

Society referrals. Table 7 illustrates and supports this finding, at a .001 level, when examining the method variable in its own right. This tendency, that more referrals using the worker-participation method were non-effective as opposed to being effective, leads to interesting speculation. The schedules revealed that all of the referrals using the worker-participation method were also assessed as having social problems. Because the majority of these cases did not show up at this receiving agency, it would appear that even though the worker-participation method was used, individual motivation over-ruled the advantages (at least according to previous studies) of worker involvement in the referral process. Likely the type of social problem and attitude were significant influences in determining individual motivation. As well, the attitude of the worker involved toward this receiving agency and his depth of involvement in the process (a phone

call as opposed to a worker-worker interview) would seemingly influence the referral process. The CRYPT staff did assess the problem important enough to warrant worker involvement, however, the young person still failed to show up at the Children's Aid Society.

Nonetheless, the fact remains, that these findings contradict previous research which supports the hypothesis that an effective and successful referral, with the requested service offered, will occur when the worker-participation method is used.

The number of referrals where the method was not designated were excluded from the calculations in this section because this number was not significant in influencing overall results.

A summary of our major findings of this study would include:

(1) The transient young people referred by CRYPT to the three selected social service and medical agencies in Metropolitan Winnipeg did, if they arrived at the receiving agency, receive a service.

(2) The proportion of the transient youth referred to Winnipeg General Hospital, not showing up at this receiving agency was a significant number of the total amount of the referrals made to this agency.

(3) The age, sex and type of transiency had no significant influence on the overall outcome of referrals made to the three receiving agencies.

(4) The eligibility criteria of the South Office, Department of Health and Social Development, are unclear, aside from the age requirement, thus affecting the outcome of referrals to this



agency.

(5) Transient youth with social problems tended not to show up at the Children's Aid Society. This number included a significant proportion of local young people.

(6) The referral method used did not significantly affect the overall outcome of the referrals.

(7) The worker participation referral method was significantly unsuccessful in motivating young people with social problems to show up for service at the Children's Aid Society.

## CHAPTER V

### CONCLUSION

This study was designed to explore whether or not transient youth referred by CRYPT to a variety of social service and medical agencies in Metropolitan Winnipeg were being adequately serviced by these receiving agencies. In order to do this, the study examined the outcomes of referrals made by CRYPT to three selected receiving agencies: these were the Children's Aid Society of Greater Winnipeg, the Winnipeg General Hospital, and the Manitoba Department of Health and Social Development, Southern Regional Office. Since previous research indicates that the type of referral process used could well be a major factor in determining referral outcome, this study was designed to examine the referral process being used by CRYPT, as well as the relationship between the process used and the referral outcome. The influence of the demographic characteristics of the study population as a factor in determining the type of referral process used and the referral outcome was also examined. These demographic characteristics were: age, sex and type of transiency.

It was found that the majority of the transient youth referred by CRYPT to the above-mentioned agencies did receive a service. This finding would appear to invalidate the concern that originally prompted this study, i.e. that the transient youth being referred by CRYPT were not receiving service from the receiving agencies. For the purposes of this study, however, successful outcome, or the provision of a service, included the provision of a service other than the one

requested. This, therefore, leads to speculation that the original concern may have arisen not out of the failure of the receiving agencies to provide a service, but out of the failure of the receiving agencies to provide the service requested. For example, a referral to the Children's Aid Society for financial assistance was frequently met by the provision of a food pack. Can this service be considered to be adequate in meeting the financial need of the transient youth? If not, where does the responsibility for the inadequacy lie?

Is the receiving agency, in this case the Children's Aid Society, at fault by virtue of its inability to be flexible in the provision of services to transient youth? The Children's Aid Society has no authority to provide direct financial assistance to children and increased flexibility in this regard would therefore require major policy and program changes. Is CRYPT at fault by virtue of a failure to identify the services offered by the receiving agency, i.e. would financial assistance be forthcoming from some other agency? Is the community of Winnipeg at fault by virtue of a failure to provide comprehensive services to transient youth, i.e. are there gaps in the services available to meet the needs of transient youth?

The latter would appear to be the case. The Children's Aid Society has no authority to provide direct financial assistance to children, nor is this service available from any other source. If the need for financial assistance is, indeed, a valid one, then the community is at fault in its failure to provide comprehensive services which include financial services to transient youth. Should the social welfare community decide to rectify this lack, it could do so by enabling the

Children's Aid Society or some other established agency to provide direct financial assistance to transient youth under the age of eighteen, or by establishing a new agency specializing in the provision of financial assistance to this group. Philosophy and attitudes of both transient youth and traditional social welfare agencies could well be of major significance in determining the most effective means of delivering such a service.

With a variety of needs, and obliged to rely on the services of existing social service agencies, transient youth are faced with a complexity of community agencies composed of individual organizations varying in the kinds and frequency of their relationships with one another. If the complexity of services is to be understandable to the consumer, each of these agencies must voluntarily attempt to co-ordinate its various programs and objectives at a community level. In addition to ensuring this co-ordination of services, it is a major agency responsibility to be certain that it provides a service which is easily understood, readily accessible and reasonably complete.

This study reveals that the South Winnipeg Regional Office of the Department of Health and Social Development is negligent in this regard; its services to transient youth are not clearly defined or easily understood. Other than defining a specific minimum age requirement, eligibility criteria are unclear, although financial services provided are interpreted by this office to apply mainly in the areas of employment and vocational training. With this lack of clarity, CRYPT mistakenly views South Office as offering a variety of

financial assistance services not necessarily related to employment. As well as a failure to develop a clear statement of services, this confusion indicates that communication and co-ordination between CRYPT and South Office are lacking. There must be both a clear definition of eligibility criteria and a clear interpretation of services available if this problem is to be resolved.

This study indicated that the type of problem for which the transient youth was referred to the receiving agency influenced the effectiveness of the referral. A significant proportion of those young people referred to the Children's Aid Society for treatment of a social problem did not show up. Social problems, defined as including family problems, 'runaways' and illegitimate pregnancy, all imply the possible imposition of controls by the receiving agency. A significant number of those individuals who did not show up at the Children's Aid Society were local transients. This may be seen to indicate that these local young people are familiar with the Children's Aid Society operation and chose, because of an attitudinal bias, not to approach this agency for service. Both of these factors, the implication of imposition of controls and the attitudinal bias of the young people, can be seen as contributing to the sense of alienation of young people from the 'establishment', which is seen as providing tradition services which are non-receptive to the particular needs of transient youth, and as providing these services in a moralistic, condescending or punitive manner.

This sense of alienation can also be seen as an influential factor in the situation which occurred at Winnipeg General Hospital

where 45.6% of the transient youth referred did not show up. However, probably of more significance in bringing about this high percentage of 'no shows', was the fact that the majority of the youth referred to Winnipeg General Hospital were 'on the road' and were therefore more intent on continuing their travels than they were on establishing contact with the hospital for potentially time consuming medical services, especially if their medical problems were not of a severe nature.

These results, both at the Children's Aid Society and the Winnipeg General Hospital, lead to the suggestion that the 'no show' problems could be reduced by the creation of a centrally located, comprehensive and informal means of providing services which would be immediately available and responsive to transient youth in need.

The overall results of the study of the referral process used by CRYPT indicated that the process used (either worker-participation or steering referral method) had no significant effect on the outcome of referrals. However, in the case of referrals to the Children's Aid Society, the worker-participation method was less successful in bringing transient youth to make contact with that agency. This result contradicts past research (Parnicky et al) which supports the hypothesis that a referral is more likely to be effective and successful when the worker-participation method is used. However, the Parnicky et al study was concerned only with referrals from traditional agency to traditional agency. It can therefore be speculated that the ineffectiveness of the worker-participation method in the present study may be related to the fact that referrals were from CRYPT, a 'grass roots' agency, to traditional agencies, as well as to the alienation

factor and to the nature of the unique transient youth phenomenon.

The demographic characteristics: age, sex and type of transiency, had no significant relationship either to the overall outcome of the referrals, or to the type of referral process used.

In conclusion, it can be stated that the referral process had no significant bearing on the overall outcome of referrals made by CRYPT to the three selected agencies. However, this study does point to the need for further research, directed particularly at the examination of the similarities and differences between 'grass roots' agencies, which are thought to be more successful in dealing with transient young people, and traditional agencies, which seemingly have been less successful in dealing with this group, but which possess community sanction for social service provision. Such a study should include not only goal and organizational differences, but also attitudinal differences and their relationship to the ability to effectively provide services to transient youth.

This study also suggests that there are gaps in the range of services to transient youth; for instance, there is an apparent lack of direct financial services to transient youth under the age of eighteen. Therefore, it is proposed that further study be carried out in an attempt to identify the gaps in services to transient youth to suggest ways of meeting the needs of this group in a more comprehensive manner.

## Appendix A-1

WINNIPEG GENERAL HOSPITAL

There are two main points of entry for transients requesting medical services from the Winnipeg General Hospital -- the Emergency Department and the Out-Patient Department. The main function of the Emergency Department is to provide medical attention to those who are injured or acutely ill. The function of the Out-Patient Department is to provide medical attention to those referred by the Emergency Department for follow-up care, and also, to provide services to those referred directly by private medical practitioners and those coming to the hospital on a "walk-in" basis for various forms of less serious medical attention. Through these two points of entry patients can gain access to further services in other departments, including psychological and psychiatric care.



## Appendix A-2

THE CHILDREN'S AID SOCIETY OF GREATER WINNIPEG

This agency provides various child-care services to children under eighteen years of age. The main services required and provided to transient youth would be counselling, repatriation, and foster home services. This agency is empowered to provide financial maintenance only for wards of the Government. For this reason transients seeking services from this agency, unless such a ward, could not receive any financial maintenance. To meet the influx of transients the Children's Aid Society made arrangements in 1970 to provide "food packs" to those transient youths requesting financial maintenance. This was merely a contingency arrangement.

## Appendix A-3

SOUTH OFFICE, MANITOBA DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

A basic confusion appeared to exist within this department regarding the full scope of social services available to transient youths, as defined in this report; and no definite policy statement could be obtained that clearly pertained to this segment of the population.

We were able to determine that transients eighteen years of age, or older, who were seeking retraining, had recently obtained employment but were in financial need until their first pay cheque, or those found to be medically unfit for employment for three months could apply for and receive social assistance. Social services were also provided to unmarried mothers.

APPENDIX B

STUDY SCHEDULE

A. Name of Receiving Agency: \_\_\_\_\_

B. Demographic Data:

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_ 3. Sex: M \_\_\_\_\_ F \_\_\_\_\_

4. Place of origin: Local \_\_\_\_\_; Outside of Winnipeg \_\_\_\_\_

C. Appropriateness Data:

1. Problem: Medical \_\_\_\_\_; Psychological \_\_\_\_\_; Social \_\_\_\_\_;  
Financial \_\_\_\_\_.

2. Service requested: Medical \_\_\_\_\_; Counselling \_\_\_\_\_;  
Repatriation \_\_\_\_\_; Financial \_\_\_\_\_; Training \_\_\_\_\_.

3. Service within scope of the agency: Yes \_\_\_\_\_; No \_\_\_\_\_.

4. Client eligible: Yes \_\_\_\_\_; No \_\_\_\_\_.

5. Method: Worker participation \_\_\_\_\_; Steering \_\_\_\_\_.

D. Effectiveness Data:

1. Did client show up at agency: Yes \_\_\_\_\_; No \_\_\_\_\_.

E. Successful Referral Data:

1. Service offered: Yes \_\_\_\_\_; No \_\_\_\_\_.

2. If "E" #1 is yes; Service requested offered \_\_\_\_\_;  
Another service \_\_\_\_\_.

## APPENDIX C

Letter to the participating agencies upon completion of this study.

Dear \_\_\_\_\_:

Re: Research Report on the outcome of transient youth referrals made by CRYPT to three Social Service and Medical Agencies in Metropolitan Winnipeg from June 1, 1970 to September 30, 1970.

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Please be advised that the above-mentioned Research Report is completed. This study was prompted by a concern that transient young people living in and visiting Metropolitan Winnipeg were not receiving service from the traditional agencies. Three such agencies, to whom transient young people were referred, were selected in our follow-up study of these referrals. These agencies were: the Children's Aid Society of Greater Winnipeg, Winnipeg General Hospital, and the South Office of the Provincial Department of Health and Social Development.

A summary of the major findings include:

- (1) The transient young people referred by CRYPT to the three selected social service and medical agencies in Metropolitan Winnipeg did, if they arrived at the receiving agency, receive a service.
- (2) The proportion of the transient youth referred to Winnipeg General Hospital, not showing up at this receiving agency was a significant number of the total amount of the referrals made to this agency.
- (3) The age, sex and type of transiency (local or 'on-the-road') had no significant influence on the overall outcome of referrals made to the three receiving agencies.
- (4) The eligibility criteria of the South Office of the Provincial Department of Health and Social Development, are unclear, aside from the age requirement, thus affecting the outcome of referrals to this agency.
- (5) Transient youth with social problems tended not to show up at the Children's Aid Society. This number included a significant proportion of local young people.

(6) The referral method used (worker-participation or steering) did not significantly affect the overall outcome of the referrals.

(7) The worker-participation referral method was significantly unsuccessful in motivating the young people with social problems to show up for service at the Children's Aid Society.

Although these findings tend to invalidate the original concern, our study concludes with a recommendation for further research describing and comparing the unique differences of the traditional and the 'grass roots' social and medical service agencies -- attitudes, service definition, service provision, etc. The phenomenon of transient youth, 'on-the-road' and local, is a reality and thus we must meet the needs of this population in our society and, more specifically, in our community.

A copy of our report is available at the University of Manitoba Library should you wish to review the study in detail.

We gratefully acknowledge your co-operation and assistance. Thank you.

Sincerely,

Floyd Dale, M.S.W.,  
Robert Haubrich, M.S.W.,  
Robert Herchak, M.S.W.

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