FEE CHARGING IN A FAMILY SERVICE AGENCY

An Examination of fee charging experience and its relation to family casework in the Family Service Agency of Greater Vancouver, 1951-58

by

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Fee-charging has been the subject of extensive discussion within voluntary family agencies. The trend toward initiating fees, particularly in American family agencies, has been growing steadily. However, there has been little research designed to evaluate the supposed objectives of this policy; including the therapeutic values, the expansion of service, or the reinforcement of the professional status of social work. In addition, the basic question of why fees should be charged at all, has been largely ignored.

The present study is necessarily an exploratory one. It is confined to the analysis of a particular period of fee-charging experience in the Family Service Agency of Greater Vancouver. The techniques, values, and appropriateness of this policy were reviewed for (a) the total caseload in a survey year; (b) cases selected for the analysis of specific areas. The largest attention was given to "fee cases", and those cases where a fee was proposed, but not charged.

The analysis suggests strongly that, while there can be therapeutic benefits from fee-charging, the fee itself is most often appropriate where it is based primarily upon ability to pay. The task for the Agency is to be selective enough in determining which clients should be told about, and charged, fees. Client resistance to casework is a significant factor, influencing worker attitudes toward fee-charging. Consistency in the application of the present policy is needed. It is particularly necessary to exclude the very dependent client.

A major premise is suggested for fee-charging, after discussion of alternative premises, and of the reason for charging a fee under this premise. Fee-charging practice would have a changed emphasis; there would be clearer administrative exclusions, and more skilled exclusions based upon casework judgment. Adequate ability to pay would be primary data in deciding between alternatives.
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CHAPTER I

WHY CHARGE FEES?

Fees for casework service are no longer an innovation. For many agencies the question of whether to charge, or not to charge, had changed to how much to charge, when and with which clients. This is true at least for voluntary family agencies in the United States, although within these agencies there is still varying acceptance of the appropriateness of fee-charging. It is apparent that there is also resistance to charging fees in actual practice. There certainly remains much to clarify in the techniques, the values, and the ultimate objectives of charging fees and these, of course, are related to the scope and future development of family agencies. To understand the current problems in fee charging, it will be necessary to examine the origins of the policy. How and why has fee-charging developed? It will be necessary to do this by studying the experience of American family agencies as no comparable movement has developed in Canada. This development is pertinent to the later development of fee-charging in The Family Service Agency of Vancouver, as this Agency has drawn inspiration, standards and orientation from its association with family social work in the United States.

The "pre-fee era", as it might be called, is covered by an excellent pamphlet written in 1938. Fee-charging began in the early 1940's. This pamphlet covers the activities of family agencies for the years 1935, 1936 and 1937. It is noted that:

"the depression marked the end of the protected childhood of family social work and the beginning of its adolescence,"

2. Ibid p. 4
and that:

"private family agencies could no longer ride comfortably on the popular notion that they were key agencies in meeting the economic needs of a poverty-stricken people. Public agencies, too, were forced into a new status. They had to take the position on the firing-line of relief previously occupied by private agencies." ¹

The family agencies were losing a major part of their clientele and, while seeing the desirability of the entry of public agencies into the relief field, were wondering what new functions were ahead for them and, as noted in the pamphlet:

"an increasing number of agencies gave special names to family consultation aspects of their work in order to indicate they were ready to serve the economically independent as well as those needing material aid." ²

Family agencies were ready to serve people from a broader economic field. They had behind them sixty years of experience in helping people; an experience that had been geared to a sensitive attempt to develop the client's interests, capacities and strengths while ministering to his environmental difficulties.

The transitional period toward the end of the depression years and prior to the advent of fee-charging was, of course, a period of uneven development amongst agencies, while the general movement away from relief giving was occurring. In some areas there were no public agencies and these had to be founded, necessitating a slower evolution for the agencies concerned. In general, the eastern American agencies in the larger cities changed most quickly, and here also the beginning learning from the field of

1. Family Welfare Association, op. cit. p. 4
2. Ibid p. 7
psychiatry was more quickly assimilated and applied. The self-examination which occurred in the family field in this period is enlightening, and was preparatory to next steps. At the 1935 Annual Meeting of the Family Welfare Association of America it was noted that:

"whatever its own broader conception of its services may be, the private family welfare agency is still generally tied up in the public mind primarily with economic need. Although as an ultimate goal social casework service is potentially useful to all persons who have difficulty adjusting themselves to their fellows, regardless of their economic situation, it was recognized that the private agency...must generally start from where it now stands, continuing to assist many families in which financial distress is related to other family problems. But, as an immediate and practical goal, it can gradually extend its services to the.........marginal income group who may not need relief but who cannot afford to pay for services which are vitally needed." 1

In addition to thinking of service to the marginal income group, private agencies developed collateral programs such as homemaker service, special services to the aged, group discussions with mothers around the care of children, and other problems; and help with employment and re-education of those once again hoping to enter the labour market. A note of caution and uncertainty was also an inescapable part of this period. In 1936, "social work leaders began to ask whether private agencies were as ready as some once thought to abandon the relief function", and again as before, "To whom does the family agency address itself, what are its particular values, and who is to pay for the service rendered?" 2

1. Margaret E. Rich - A Belief in People, Family Service Association of America, 1956, p. 132
2. Family Welfare Association of America, opp. cit., p. 9
Family agencies did not have too long to wait before their skills were again vitally needed. With the start of World War II many new and difficult social stresses appeared. This stage is well-expressed by the following statement:

"Family societies emerged from the depression years with a clear conception of purpose and program, a greater sense of unity, and a keen desire to study, analyze, and improve their services. The re-alignment of functions between public and private agencies made it possible for the family societies to devote more attention to developing techniques for helping families with problems of personal adjustment and family relationships. The strengthening of the case-work program laid the groundwork for the many new counselling responsibilities that family agencies were to undertake as the nation moved into mobilization for defense, and into World War II." ¹

It is important to note here the kinds of activity, problems and clientele of this new period, as fee-charging began in the early 1940s, and gathered most of its impetus throughout and shortly after the war years. As stated:

"the expansion and relocation of war industries, and the increase in work opportunities for both men and women brought their own problems. Men long unemployed found their wages garnisheed for debts contracted during the depression years. Others found their particular skills did not meet the needs of defense industry, and their previous employment had closed down because of the priority given to defense efforts...... Such scarcity in the midst of plenty, so to speak, placed a great strain on family relations, which was made more difficult if the wife could get a job when the husband could not. .......The new pressures on family life as the war advanced provided both an opportunity and a challenge to local family agencies. ..... The break-up of families due to separation, the tensions and anxieties due to war, the hasty, impulsive marriages of young men about to be inducted into the armed forces, called for skilled casework service in helping husbands and wives work out their problems. For the most part, there were families not in need of economic help, and a few of the societies notably the Jewish Family Agency in New York offered marriage or family counselling on a fee basis so as to reach the middle-income group who would prefer to pay for service. Special efforts were also made by many of the agencies to interpret family casework services to men and women in industry - employers, and to union stewards,- so that employees might find help for family troubles that were interfering with their work." ²

¹ Family Welfare Association of America, op. cit. p. 3
² Rich, op. cit. pp. 144 - 147
It is clear that family agencies were intimately and vitally concerned with the giving of casework help to a higher economic group in the community. It is clear also that through public relations activity and interpretation to key persons, efforts were being made to extend casework help to a still wider group. Many of the earlier activities of agencies in the early part of the transitional period were specific in nature, for example budgetting help and homemaker service, but with the strains on family living brought about by war the core service of social casework became more emphasized. Agencies in gaining more conviction about the value of their services to all groups in the community, sought clientele more vigorously. Fees were a symbol put forth by the profession indicating readiness and ability in a concrete way, in an economy where often the money value placed on a service is related to the value of the service in the minds of the consumer. As stated, "agencies began to see fee payments as a possible aid to dissipating their earlier identification with the relief giving function and in interpreting their role as a community service, with professional skills and knowledge appropriate for the use of persons in all income levels."

It is interesting in retrospect, to wonder more specifically why family agencies introduced this policy. It is valuable to understand that the initial movement started around the conviction that the necessary skills were present, and had been for some time, to serve all income levels. Unfortunately, the early connotation of charity still clung to family agencies in the public mind. The primary objective then was to remove

1. Community Chests & Councils of America Inc./ Fees for Health & Welfare Services, September 1949, p. 2
this barrier to giving service. Fees were used as a tool to accomplish this in part, together with more widespread interpretation and demonstration of the value of casework. Impetus was given the movement by emerging competition from allied professions in the family consultation field, and by increasing gains from psychiatry, in helping to form a professional body of knowledge for diagnosis and treatment of family problems.

An earlier article shows clearly the position of the family agency on the threshold of the fee era.

"There has been some discussion as to whether or not the family society is the logical medium in which to develop social casework on a fee basis. The family agency has been the source of development of our first casework practice, out of it came our schools of social work and psychiatry. It usually has a research point of view, it has community status, it has funds for experimentation, it usually has a superior staff. I do not believe, however, that this would be the best set-up, because, as long as the family society must concern itself with relief, the community will continue to look on it more or less as a place for charity. The situation is analogous to the tie-up between state hospitals and child guidance clinics. While many of our best child guidance people were trained in state hospitals, yet in establishing child guidance clinics it did not seem wise to link the two for fear the public would not accept the clinic as a place for normal people as long as it was associated with the state hospital."

The above quotation stresses the equipment possessed by the family agency for service, as well as the difficulty caused by connotation of relief giving. The earliest fee policy was established in 1941 by The Family Society of Philadelphia. The New York Jewish Family Society established its fee charging policy in 1942. The growth of fee-charging in the early 1940s was slow, and agencies characteristically debated the issue for long periods before the final adoption of a definite policy. There were many anxieties and hesitations. Most agencies first accepted fees if the client

volunteered, then established an experimental policy before a definite policy was adopted. The philosophy put forth most often was that agencies were extending services to those accustomed to paying for professional services, and that a fee would therefore help these clients avail themselves of family casework service. The fact that fees were not to be considered a source of revenue was stressed, as was the philosophy that there would be no difference made in terms of service to fee and non-fee clients.

The following is a collected summary of the early reports on fee-charging by several family agencies. In 1943, the Community Service Society of New York raised the following points. There is more apt to be criticism from people who are dissatisfied with help when they pay. It was suggested that special caution be used in publicizing help, and fees, with marital problems. Workers felt that it would be best to discuss the fee only conservatively at first, and on cases where the worker was fairly sure it would have constructive value. The fact was noted that in our culture people expect to pay for services. They prefer not to take "charity". It was also noted that the person paying for service would likely invest more of himself in the contact. The Agency wondered if non-fee clients would feel in an inferior position. There was a beginning examination of reactions of the fee client. It was recognized that some clients are motivated by hostile feelings in offering to pay, and that some clients may be hostile when payment is suggested. There was the question of feeling obligation to devote more time to clients who pay and the fear that the fee policy would increase intake

1. Community Service Society - Summary of Districts' Discussion of Fee Charging Services, March 7, 1943
and thus reduce total time for case loads. The Family Service Agency of Milwaukee raised some of the above points and others in 1945. The thinking was that fees would likely extend the agency's services to families of adequate income but might, at the same time, discourage marginal income families. Fee-charging was seen as not appropriate for "protective" services and "preventative" services to families with pre-delinquent tendencies, as fees may discourage such families from seeking help at the early stages of the problem. Also, fees were not considered appropriate in cases where service was given at a point of family crisis. This agency felt that in view of limited community understanding of what casework is, the interpretation of the reasons for fee service would be difficult; also that it would be difficult for one casework agency to embark upon a plan for fees when similar services are given without charge by other casework agencies, especially if these are sectarian agencies. It was felt that preceding a plan for fee service, there should be more intensive general interpretation of casework to the community at large. It was suggested that extension of service via fees was not as important, as the need for other services which the agency can only partially meet. For example, the need for more work with families of juvenile delinquents. It was thought that public criticism of the agency might develop if limited resources of the agency were diverted into service for families of more secure income.

The above comments reflect some of the doubts and anxieties expressed by family agencies in introducing fee-charging at the time when this policy was generally tentative and exploratory in the whole field.

1. Family Service of Milwaukee - General Conclusions of the Fee Service Committee, July 8, 1946
These agencies also expressed thinking on administrative procedures and method which will be noted later. The above points were typical but are not meant to be thought of as all-inclusive. They do show agency caution and uncertainty. They suggest avoiding publicity, and seem fearful of the effect of fees on their total case load where their traditional area of service has been. They stress care in the selection of fee cases, and a desire to be sure of being able to do well before charging. However, despite misgivings there seems a feeling that fees are appropriate and that they are going to be useful.

During this period also, there appeared three publications by The Family Welfare Association of America which perhaps give a more general picture of thinking in fee-charging. The first publication in 1943 notes that there is precedence for fee-charging in other types of social agencies. For example, in some child guidance clinics, adoption agencies, day nurseries, and visiting nurse associations. It is seen again that there is in part of the community a psychological barrier against the acceptance of free service - that private agencies are being freed from the relief role - and that fees are being charged by marriage counselling clinics whose work is closely related to family casework. It was felt that an agency, before introducing fees, must have a sound, community accepted program, and have shown skill in dealing with non-relief problems, and that it is important that the services emphasized are those with which the agency has worked successfully in the past. "For instance, most agencies are much more certain now of their skill in dealing with practical problems than in marriage counselling."¹

¹ Family Welfare Association of America - Fee Charging in the Family Agency July 1943, p. 3
It is also noted that a stable and skilled staff is essential, and that the agency must allow time for staff to learn how to handle fees without anxiety. In interpreting the fee service, it was thought agencies should be careful that the community does not believe it is being asked to contribute to a self-supporting service, and that the preventative aspects of the agency be interpreted, "since it clarifies the fact that the community does have a responsibility for preventing deterioration rather than only the responsibility for providing for the future effects of such deterioration." 1 It is also noted that while the community may object to extending service to an economically independent group, there seems little reason to deny service to the group "who, equally needing it, are able to pay for part of the cost." 2

In a later article, Miss Alice D. Taggart 3 echoes many of the questions raised previously by agencies, for example, whether the Board and community will accept such a trend away from the philanthropic motive? The author also asks if agencies now have sufficient experience in personal counselling; have staffs repeatedly demonstrated their skills around the psychological values of money; and will it be possible to have available skilled psychiatric consultation? It is also suggested again that caution be used in public relations:

"announcing to the world through bulletins and newspaper articles that we are now set up as counsellors on personal problems will not insure success in helping those we wish to serve. Here, in fact, lies one of the most serious dangers to family casework development of the future. If, in the spotlight of a new venture, we do less than well, we do irreparable harm to the cause of casework." 4

1. Family Welfare Association, op. cit., p. 5
2. Ibid, p. 5
3. Alice D. Taggart - Some Broad Considerations for Agencies in Establishing a Fee Service, Family Welfare Association of America, May 1944
4. Ibid, p. 4
Miss Taggart suggests that word of mouth interpretation by satisfied clients and by appreciative referral sources would be best. She feels that the key word for agencies is "service", that is, that fees are incidental to helping people on whatever level they come to the agency. In her words, "the great challenge is to prove through our everyday service in our everyday work that we are serving each according to his need and with the utmost skill."\(^1\)

The remaining articles in this pamphlet, while specific in nature, do contain some general comments. Mr. Berkowitz speaks with conviction about fee-charging. He says that "as long as we are flexible enough to lean over on the side of the client's need and scientific enough to examine our experience open-mindedly, the fee will become a valuable addition to casework practice and will augment the general acceptance of casework by the community as a whole."\(^2\)

The final article by Miss Penn stresses the flexible nature of family casework and its sensitivity to and reflection of changes in society. She says that philanthropy seems ready to support a broader program of social welfare by extending to a new group casework help which has hitherto - "been the privilege of the under-privileged."\(^3\) She likens the introduction of fee-charging to that of the arrival of a new baby into a family.

\(^1\) Alice D. Taggart, opp. cit. p. 5
\(^2\) Sidney J. Berkowitz, "Use of Fees in Diagnosis & Treatment", Family Welfare Association of America, 1944, p. 14
\(^3\) Sonia E. Penn, "Fee Charging in Actual Practice", Family Welfare Association of America, May 1944, p. 16
disrupting temporarily its alignment of roles, and general organization saying:

"thus the child, coming into its new environment, not only learns to live in it and is molded by it, but by its arrival disturbs the existing environment, causes everyone to change and grow up a little, and unwittingly contributes to the growth of the family unit itself." 1

Miss Penn's final statement seems a prophetic one in view of later developments in the field. She feels that:

"the disturbance to family casework, caused by the fee paying client, -- has growth value for casework and will ultimately contribute to its maturity as a profession." 2

The development of fee-charging to the end of the 1940s continued in a slow, careful manner. Emphasis was placed on the primary importance of first having a basically sound programme with skilled staff, and community knowledge and acceptance of casework and the agency. By 1948, twenty-two family agencies had a definite policy of fee-charging, and this was increased to forty-nine agencies in 1951. Some agencies continued to have a permissive, voluntary policy of fee payment by the client. Others did not report on this area, so that it is difficult to generalize. It seems evident, however, that the introduction of fee-charging was a function related to agency size; adequacy of programme and skills of staff; and community and professional traditions. The larger, well-established agencies tended to introduce fee-charging first, and this was done more effectively where the agency had demonstrated success with help on non-relief cases for some period of time. This would be

1. Sonia E. Penn, opp. cit. p17
2. Ibid p.24
in areas where public agencies had moved most quickly and adequately into the major relief role. It is also true to say that newer agencies were beginning to form fee-charging policies, and that they, in general, tended to do so more easily, freed as they were from community expectation of their service being limited to lower income groups.

While the establishment of a fee-charging policy was occurring in more agencies in the late 1940s, the literature in the field began to explore in detail the implications of this policy to agencies, case-workers, and clients. The literature was essentially positive in nature and seemed intent on encouraging the profession to grapple successfully with the related problems posed by fee-charging. It was noticeable that when fee-charging was introduced at this time by an agency, it was because upper income clients were already coming for service, and it was seen as appropriate that they should pay. The establishment of the policy to attract an abstract clientele was stressed to an increasingly smaller degree, although still present. The two concepts came together, of course, in establishing a policy that would be likely to help the economically independent client make more effective use of casework services, and would be likely to make the use of the service more acceptable to him.

Fees were usually set on a sliding scale on the basis of income. In some agencies expenditures and general financial circumstances were considered. Later, sliding scales were developed relating income and family size. In any case, the consideration of a fee was a matter for
individual discussion between client and worker. The philosophy was to make creative and flexible use of this discussion - to relate fees to diagnosis and treatment. As stated by Mr. Berkowitz:

"The successful use of fees in casework treatment has to do, first, with the ability to understand and to utilize the various attitudes expressed by people toward fees, and deal comfortable with feelings toward the caseworker, both positive and negative, which the client may bring out more quickly and readily when he is paying for service. The important question, then, in the intake process, is how can a fee be dynamically related to the problem the client is expressing, and so discussed that the client sees it as part of the total plan for helping him."¹

In this approach the worker makes a qualitative judgment about whether or not to charge a fee; the timing of the interpretation of the fee; and the manner of introducing the fee as related to diagnosis, so that the fee will help consolidate the client's feeling that he has found an appropriate service of professional help. The question of fee payment is not brought up until the caseworker and client determine jointly whether casework treatment is to be of value. Mr. Berkowitz states that "once the person sees the need for help and wants it, he is usually more than willing to pay for it."² It is noted that there may be various forms and kinds of resistance to fee payment, but the worker is to set the fee "in a simple, warm, non-equivocal way, and leave further discussion of it to succeeding interviews, if this appears necessary."³ Diagnostic information may arise from this process as the client may react

2. Ibid p. 145
3. Ibid p. 145
to the fee in a way that is distinctive of his way of meeting other life situations. This information may be directly helpful in dealing with feelings around money, and the fee may provide entry into this area. When fees are in this way a part of the treatment plan it was felt that the client who pays, participates more, and makes a more focussed and effective use of the service. Resistance to treatment becomes more obvious through hostility shown in paying, or in partial payment, delayed payment, or non-payment of the fee.

This careful approach to fee-charging is a concomitant of the caution in the general area of fee-charging. While fees are seen as professionally sound in an agency, the application of the policy is flexible, selective, and very individual. The policy would not be consistent in its application from worker to worker, and therefore from client to client, as the loose agency framework for the policy permits fee-charging when the worker feels it is appropriate. Recent fee-charging policies aim more consistently at charging clients able to pay without the stress on how the client is able to use the service. It is difficult for the worker to mention fees after several interviews, as there is the feeling that the client has been involved under false pretenses. Further, intake and treatment processes often blend, so that it is difficult for the worker to select the point for fee-charging when he judges the client is ready to go into the treatment process. It is now generally felt that a professional service is given during the exploratory period and is thus chargeable.
Fee-charging was slow in its development. By 1951, relatively few of the two hundred and forty American family agencies had an established policy. Where the policy was established it had first been tried on a voluntary, and then an experimental basis. Where established policies were in effect, the application of the policy was restricted and cautious. In general, the income from fee-charging was small, and the number of fee cases in agencies not significant. In addition, the range of fees was generally only from $1.00 to $3.00 per interview. The maximum fee was well below the actual cost of the interview to the agency. Publicity about fees was practically non-existent. Why was the profession so apparently reluctant on this issue? There would seem to be a multiplicity of reasons. The following quotation illustrates the situation:

"The slowness of the extension of fee-charging in the field of casework, the uncertainty with which it becomes a part of agency programme when the practice is adopted, the initial blocking it precipitates in practitioners all attest to the fact that casework, despite its growing recognition throughout the nation, has been slow in catching up on its growth. In making this observation, I am not unmindful of agency problems and community factors which make a fee service unfeasible. It is obvious that the launching of such a programme pre-supposes adequate staff and must be preceded by adequate community education, if it is to grow rather than to prove a boomerange, .... these and other problems make this innovation untimely for various agencies."

The latter part of this statement perhaps explains why more agencies had not adopted fee-charging. Some were undoubtedly not ready. Perhaps there was also a lack of staff conviction about the value of its services and a lack of actual clientele, presently served, able to pay for such service. The uncertainty with which fee-charging became

part of agency practice after being adopted, may have been partly because of unclear, overly permissive, administrative structure. The caseworker, as well as anyone else, needs a functional framework. Without one the worker tends to charge fees if the client insists; if he feels this will be a "successful" case; or if the client can well afford the fee and will not react to it in a hostile or manipulative manner.

Some authors have pointed to what may be a fundamental reason underlying the resistance to fee-charging — a lingering sense of inferiority. This is referred to in many ways as, for example — "the full development of fee charging may be hindered by self-deprecatory tendencies within the profession".¹ This same author points to two possible reasons for these tendencies. The first: "that the profession of casework has not been immune to the status of social inferiority attached to those it has traditionally served," and "that the stigma attached to dependency tends to go beyond the client group and to embrace persons connected with it — an instance of inferiority acquired by identification."² The second reason is said to be related to a sense of indebtedness to psychiatry. Both of these reasons seem related to a lack of conviction that social work is truly a profession, with professional skills, and a body of knowledge, appropriately integrated for service beyond the economically dependent client. Ironically, the social workers in family agencies seemed to be saying on the one hand, that

¹. Brody, opp. cit. p. 65

². Ibid p. 66
they had developed valuable skills and knowledge which should be extended to serve a wider group, but acting as though this could not after all be really so. This is time, at least, in regard to setting a price on its service. This has been referred to as "massive masochism." This author points to our willingness to accept fees for board and care payments from clients in child placement agencies, and the fact that in medical clinics charges are made for medical services, but usually not for the medical social worker's services. The case of charging for homemaker service in a family agency as contrasted to resistance to charge for casework help is also an example. The author sums this up by saying "in short, we have found it less troublesome to charge for someone else's service than for our own. This suggests a defective attitude about ourselves and our work that is not supported by reality."2

The introduction of fee-charging also had particular significance for the worker-client relationship. The actual necessity to charge fees aroused mixed feelings in many social workers. This is illustrated by the following quotation:

"so it is that the introduction of a fee service tends to precipitate a generalized discomfort, prompting us to question the value of the help we have been offering with conviction up to that time. We begin to wonder - will people feel it is worth paying for?....social workers are much more comfortable in, and accustomed to, a giving role rather than a taking role, although neither is completely inherent in the role any of us assumes. This pattern and the philanthropic bases of the casework relationship from which it stems are bound to be profoundly affected by fee charging...We have found that the symbolism of money payment for help implements in a most powerful fashion whatever other means a worker utilized to help the client maintain a sense of his own integrity. The continued experience of our agency has proved that in the hands of an emotionally free, disciplined worker, the use of fees can become an important dynamic in helping, particularly in situations in which the client's struggle fosters itself upon, or expresses itself through the fee. Conversely the use of fees is bound to disturb the worker's role when it plays into some unresolved or residual problem within him, whether this take the form of needing to be a benefactor, a rigidly controlling authority, or of an individual who can feel his strength only in relation to another's manifest weakness. Fee payment also tends to intensify underlying feeling of self doubt in the worker who is uncertain of his professional worth."3

2. Ibid pages 2 and 3
The above quotation expresses well the possible affects of fee-charging upon social workers. The author makes the further point that fee-charging - "stimulates a healthy kind of anxiety, which results in a more thorough self-examination and deeper use of self, serving ultimately as an aid in the worker's total professional development... and that it offers a means by which the supervisor can cut through to a worker's problem and help him recognize and work it through".

This author goes on to examine client reactions to a fee and concludes that "the fee, among other common elements underpinning the agency's method of helping, serves as a focal point around and through which the client's feeling about his problems and his need for help are externalized and made manifest in specific ways, instead of remaining internalized and invisible." She warns however that "it is the rare situation in which the fee or any other specific element of contact... becomes the sole focal point of the client's conflict." The author illustrates these points by several case discussions which show the use which may be made of the client's externalized reactions to the fee. With a parent-child problem for example, the parent's wish to pay the fee for an employed daughter externalizes the basic problem and permits the worker to help the daughter pay her own fee, and help the mother accept this.

1. Brody, opp. cit. p. 67
2. Ibid p. 68
3. Ibid p. 68
In addition to the specific dynamics between worker and client in regard to fee-charging, there has been general controversy around the methods, philosophy, and ultimate aims of such a policy. A recent article points up many of these issues and is important enough to warrant review here.

Miss Fizdale is Executive Secretary of the Arthur Lehman Counselling Service, New York. This foundation-supported service was established in 1954 as a demonstration project. The need for such a project came from the convictions and questions in the minds of a small group of professional leaders and board members regarding fee-charging methods, and the profession's relative inability to reach the middle and higher income group, and as Miss Fizdale remarks "this is a project that is attempting to offer casework counselling in a way similar to the 'private' services of other professions, while maintaining the values inherent in an agency setting". It is important to note that this service, or agency, employed only highly-skilled and experienced caseworkers, and that direct service to the client was emphasized. There is no provision for the training of students, or for activities connected with social action or community leadership. In addition the workers were selected for their ability to be essentially responsible for their own practice, so that supervision would not be a significant item in the cost of service.

In establishing this agency, it was argued that while fee-charging practice had generally increased since its inception, sufficient attention

2. Ibid, p. 68
had not been paid to how to really charge fees to the middle and higher income group. The core of this argument is that family agencies have not differentiated between those clients requiring a subsidized service and those able to pay the full cost; and that the sliding scale of fees is not psychologically appropriate for the higher income client. It was felt that the maximum fee charged by agencies was still not related to the cost of the service, and that the full and efficient development of fee-charging was hindered by the field's traditional concern for the economic welfare of the client. The author suggests that other professions share this concern but handle this by varying what is essentially a fixed fee. This is thought to be more acceptable to the client group as contrasted to the fee being set after a discussion of income and sometimes of expenditures, which is usually a "foreign and often confusing experience for the financially secure client".  

The author feels that the client may wonder if he is an unwilling recipient of, or contributor to, philanthropy and may wonder about the quality of the service. There may also be problems which arise out of the discussion of finances which create for the worker the difficulty of deciding whether to handle these at the time, or whether to postpone for later. The difficulty of externalizing these problems is often in regard to timing as they are often artificially raised early by the fee discussion. In any case, this new agency began with a fixed fee of $10.00 per interview. They wished this to represent the full cost of service but were unable to anticipate costs in any exact way. Their experience briefly stated was that this was a

1. Fizdale, op. cit, p.68
successful approach, and that the fixed fee seemed more easily accepted by client, and more easily handled by staff. The agency found that few clients requested a reduction in the fee, and it was felt that the fixed fee was equated by the client with professional competence, and quality of service. There was a greater expectation of this latter quality, with more "drop-outs" than might occur in a traditional agency setting. It is noted that about one-half of the clients had incomes of between $7500.00 and $12,500.00 per year, and only 16% of the total client group had ever been in contact with a social agency.

The trend to charging fees within the framework of private family agencies, has been evolving now for some 16 years. The original reason for charging fees, to achieve professional recognition for casework and to extend service to a higher income group, has been elaborated by the thought that various therapeutic benefits can also be obtained from this policy. While some agencies enjoy relative success with fee-charging, this is still limited in terms of fee income, and number of fee-paying clients. Clients are not yet paying the full cost of service, and there is some question about the effectiveness of the method of charging fees in using a sliding scale of fees. The development of fee-charging has been uneven from agency to agency, and between workers. There is no known research on the validity of charging fees, especially in regard to the supposed inherent therapeutic values.

This is the present position of fee-charging practice. Its future development depends upon the changing status of social casework, and upon the particular influences upon family agencies.
CHAPTER II
DEVELOPMENTS IN THE FAMILY SERVICE AGENCY

Fee-charging was initiated in The Family Service Agency of Greater Vancouver in 1951. This Agency has, since its inception in 1927, been in the vanguard of private agency practice, and has also been closely allied with American developments in the family agency field. A major factor influencing agency practice and in predisposing to a fee-charging policy, was the clarity of purpose and function attained by this Agency from its inception. The terms of reference and scope of the Agency were generally stated before establishment of the Agency as follows:

"It is recommended that in Vancouver a non-denominational family case working organization be created to supplement the work of the excellent relief agencies and special services. In such an organization social adjustment and family rehabilitation would be stressed and material relief should be made as small an item as possible."¹

From this clear beginning the Agency held to the special role of a preventative family centred service which, as seen originally by the founders, would be a central bulwark in the community, geared to fill a definite social need in reaching and helping people before complete family breakdown occurred. The Agency's early efforts in establishing the Social Service Exchange, in acting as an information and referral centre because of its knowledge of resources, and in participating in a vital way in the establishment of The Council of Social Agencies, point to its acceptance of a key role in the organization and co-ordination of all social services helpful to families.

This Agency has held to its right to be flexibly selective regarding intake in order to maintain a "caseload balance with cases representative of the variety of social problems for which the community wishes service and the problems which are troubling individual families but are not yet creating general community concern."² It is clear from this that the Agency has

striven to retain a major part of its resources for work with families where gross pathology does not yet exist and where casework may be effective. Recently the Agency has moved toward a more definitive consideration of its role in relation to other social agencies. This was based on case studies, and has been productive of a real and valuable basis for helping the client to reach the resource best equipped to meet his particular need.

The Family Service Agency early affiliated with the Family Service Association of America (formerly Family Welfare Association of America). This affiliation buttressed the Agency's clarity of function by supplying professional nurture over the years, and by serving as a guide and medium of exchange of ideas in relation to best family agency practices. Thus the Family Service Agency acted with conviction in keeping alive the standards necessary to the proficient performance of the job of helping families through difficult depression and war years. The insistence on a professionally trained and skilful staff and on appropriate working conditions has led to a well-recognized service. There has been conviction about trying to retain relatively low caseloads; about continued staff learning and staff participation in discussing casework skills in diagnosis, treatment and other elements of practice. This conviction is based on the reality that the complexity inherent in problems of deteriorated human interaction can only be understood, and individuals helped, by the adequate provision of time, skill, and collateral and direct study.

Present Functions of The Family Service Agency.

The present functions of The Family Service Agency have a direct
relationship to present and future fee-charging policy. Of the five functions of the agency only one, that of direct casework service, has a fee carrying property. The others are research; community planning and action to improve social conditions and service; educational activities aimed to strengthen family life; and contributions to social work education. In the light of this, particularly in view of the energy and time spent on some of these activities, it can be seen that fee-charging is not likely to sustain the agency financially, nor is it likely that the agency will develop into a specialized service to fee paying clients. This is supported, of course, by other facts such as agency readiness, and desire to give service to families regardless of income. It is also important to note that this agency places a major stress upon its role of participation in community planning and action to improve social conditions.

Movement Toward Fee-Charging.

It is evident that this agency would, because of its clearly kept preventative function, and because of its skills, have coming to it for help some families of a middle or high income status, and that it would be influenced to consider fee-charging. Fee-charging was actually considered as early as 1943 when the Director reported to the Board that an increasing number of clients were expressing a desire to pay for service. This was shortly after the beginning of the American experience in fee-charging. At this time, however, it was decided that the idea of charging a fee was one that would require careful study as it was historically contradictory to the philosophy of the "charity movement." After this decision, clients were encouraged to pay to the Community Chest if they wished to be charged a fee. Once again in 1948 the agency considered fee-charging, but again decided there was not enough justification or evidence that such a policy would be appropriate or beneficial to the agency's
functioning. The first policy was established in August 1951 after considerable study by a staff committee and the Board of the agency.

### Fee-Charging 1951 - August 1955

In establishing this new policy in 1951 the following reasons were given: Fee-charging would be likely to extend service to more people of the middle and higher income brackets who were accustomed to paying for professional help. Fee-charging would also be an aid in the helping process. It would “tend to give the agency status in the eyes of those who do, and those who do not pay. It will help remove the feeling they are asking for charity. It is thought that in many instances clients would work harder at understanding their situation, and doing something about it if they were paying for interviews. The client’s response to a discussion of fee-charging will be a help in diagnosis.”

This committee gave examples of how fee-charging might help in specific ways with clients, for example, that fee-charging would add to feelings of adequacy and be a concrete test of the client’s ability to deal with reality. In another example, it was questioned if a woman coming from a home where there was deprivation would value the service unless she paid for it, as securing money had a high value in her family. In another instance, it was thought the fee would have increased a dependent client’s status in his own eyes, and if he balked at payment it was thought the discussion of his need to get something for nothing, and his inability to give, would have been valuable in giving him insight into this problem.

Fees were not to be charged where financial assistance was needed — where service to other agencies was involved — or for collateral visits.

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The following range of fees was recommended to be used as a guide in establishing a plan for the individual. Adjustments were to be made according to the particular situation.

Incomes up to $2,500 per year - up to $1.00 per interview
Incomes from $2,500 to $4,000 per year - $2.00 per interview
Incomes of $4,000 per year and up - $3.00 per interview and up.

It was recommended that detailed procedure for handling fees should be developed by the staff and adopted as experience indicates. It was not to be publicized for at least a year. Fees were to be paid to the receptionist, such practice emphasizing that services included the total resources of the agency. It was emphasized by the committee that fee-charging would not be for the purpose of supplementing the budget; that neither the amount nor the quality of the service offered is in any way related to the fee paid by the client; and that the agency has a desire and responsibility to continue to serve without charge those who are unable or unwilling to pay.

What is important to note is that this was an experimental and highly flexible policy which never quite got beyond this stage until the recent revision of policy in 1956. This experience followed closely the usual pattern in family agencies where there has been at first no real policy, then a permissive, experimental policy, followed by a tightened policy after years of initial testing of the effect of fee-charging on client and worker alike. Thus the first policy stressed that this proposed charge be based on individual willingness and ability to pay, showing the agency's primary concern with giving service, and the fear that the fee might deter needful clients who blocked about paying. Fees were to be discussed with clients during the intake process on a selective basis.

basis. The intake worker was expected to diagnose and to postpone the discussion of the fee if the client appeared so immature that he seemed unable to give. In practice the fee schedule was to be shown the client, and the amount of the fee mutually agreed upon. Participation by the client in this process was stressed. No attempt was to be made to verify the client's income or to know this amount in any exact way. The client's non-payment or delay in payment was to be clarified with him, with such a discussion becoming part of the treatment process.

In the years 1951 - 1955, there were frequent staff meetings around this topic and much thoughtful and sensitive discussion of the qualitative aspects of fee-charging. The question of timing of the fee discussion was presented with various alternatives. The fee might be mentioned toward the end of the first interview with the explanation of agency services, but this might arouse some hostility in the client which might not be evidenced until after he leaves the office. There was some feeling that while the intake worker might mention fees initially, the final arrangements should be made by the district worker who would be treating the client. It was expected that the professional tone of the relationship would thus be fostered, and that the fee would help put the worker and client on an equalized, participating basis. It was also expected that because the client paid a fee, his use of the service would be more focused, and that the payment of a fee would be likely to increase the efficiency of the casework offered. In short, the fee was seen as a tool to increase the effectiveness of casework service. The process of fee-charging was to be personalized, and aimed at eliciting client participation. It was also thought that if the client was too threatened by the prospect of casework treatment, he had a socially acceptable excuse in the fee for withdrawing. He might, therefore, leave
with his usual defenses functioning and be better able to return later.

Some of the exceptions to this fee-charging policy have already been stated. After staff discussion it was also decided to exempt those clients obtaining homemaker service, as this was already on a budgetary basis. It should be mentioned also that there was not to be a charge for service to unmarried mothers, nor those referred elsewhere after a single interview, as these were thought of as being included under the category of services to other agencies. Shortly after the inception of this policy, an analysis was made of one month's cases; that of February 1952.\(^1\) In August 1955 a staff committee on fee-charging brought back their findings. The committee reviewed the basis of fee-charging in the agency since its inception and concluded that it was now time "to consider how effective fee-charging has been in reaching new clients and providing a more professional focus in service to clients in general."\(^2\)

This committee noted that some special problems had arisen and they spoke of "the need for a consistent policy with regard to fee-charging in the administrative set-up of the agency. Definite policy and uniform practice in fee-charging would help workers to be more effective in developing a fee charging plan as part of agency service."\(^3\) They also suggested revision of the scale to take into account the number in the family, and stated that research and evaluation were needed about such things as "(1) consistency in practice in discussing fees at intake; (2) the extent to which fee-charging has helped us reach a wider group in the community; (3) how a discussion of fees has helped in understanding the client; (4) the effect of fee-charging

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1. Analysis of Factors Affecting Fee-Charging in the Cases Accepted for Service by the Family Welfare Bureau of Vancouver, February 1952.
2. The Fee-Charging Committee of The Family Service Agency, History and Philosophy of Fee-Charging in Family Service Agencies, August 30, 1955 p.4.
3. ibid p.25
in our relationship with other social agencies and other professions.

The committee also suggested that perhaps fee-charging had stirred up mixed feelings in staff and that its introduction had been premature; that there was theoretical acceptance of this policy but a number of areas in which the plan fell down, showing mixed acceptance on the part of the casework staff. This committee also felt that the policy was past the experimental stage and should either be adopted as a uniform practice, or discontinued on the basis of an evaluation.

Following this committee report, the Executive Director of the agency spoke to the Board, using the report as a basis for discussion. After consideration of the situation, the Board adopted the following resolution as a directive to the Case Policy Committee:

"That the Board, approving in principle the practice of fee-charging, refers this matter to the Case Policy Committee in order that a policy be established for future practice." 1

The agency Case Policy Committee met on October 20, 1955, "to consider the Board directive. The general comments of this committee were to the effect that in framing a fee-charging policy, no client should be refused help because he cannot pay a fee; that staff members bear in mind the high cost of a single interview in discussing a fee with individual clients; and that the total agency budget would not be substantially reduced by the income from fees.

In dealing with the scope of such a proposed fee-charging plan the committee thought that it should become a practice to discuss fees with clients at the onset of contact. Clients from whom it seemed inappropriate to ask fees were:

(1) Those in need of financial assistance.
(2) Those who at once are referred to another agency.
(3) Persons who come for the purpose of referring a relative.
(4) Clients who are markedly disturbed
    (Fees may be discussed later if appropriate or with the
     marriage partner or parent if appropriate).
(5) Extremely immature parents whose family problems centre
    around their still unmet need "to receive" from parents.
    These cases could be called "borderline protection."
(6) Clients asked to return in the interests of research.

The Committee also raised other points. They felt that clients at
present receiving service should have the new fee plan explained if they were
not in one of the groups excepted from fees. Clients should choose whether
they preferred to pay fees week by week or be billed. The receptionist was
seen as the logical recipient of the fee after the original arrangement was
made by the worker. It was thought of utmost importance if fees were once
arranged, that the worker carry through with them. If a client became
delinquent in payments, it was thought he should be billed at least twice and
then this delinquency discussed with the client by the worker. It was thought
that seasonal workers might be billed when income is available. It was noted
that the agency was presently studying the scale used by the Family Counselling
Service of Portland, Oregon. This scale included consideration of family size,
and a "family plan" for paying fees whereby a set rate is charged per week for
the total family use of the service. This limits the amount of family expendi-
ture on fees on a budget basis, as against charging each member a single fee
without consideration of total family budgetting. It also was thought that
this might encourage both husband and wife to participate in the service. The
Committee also recommended a six month study period after inception of the new
policy, and recommended that careful thought be given to measurement of the
validity of the plan during this period. The committee asked for staff

consideration of all of these points.

There followed two staff meetings devoted to a fairly intensive discussion of fee-charging. While many questions were raised there was general agreement that the fee-charging policy needed to be revised to make it more consistent, and to facilitate uniform practice. Staff discussions were shared with the Board, but it was decided in December that the initiation of the revised policy should be held up until ways and means were found to remove current pressures within the agency. It was felt necessary also to provide time for further professional thinking in regard to criteria for testing validity, and time for the Public Relations Committee to examine all aspects of implications for the community. There were further meetings of a staff Committee to consider administrative methods to set up the plan and test its validity. Methods were sought whereby some factors might be tested within a study period following inception of a new policy. Among these factors were how to assess evidence that fees helped clients come to the agency for help earlier, or helped reach a wider clientele of wider economic resources; how fees helped in understanding the client or helped or hindered clients in the use of the service; and how to assess the effect on other agencies and on the community's concept of the agency. Further staff meetings were held in February in conjunction with the Family Service Association of America field consultant, Miss L. Cochrane. Finally, in March, it was decided to initiate the new plan on March 15, 1956.

Staff Discussion of Controversial Issues

There were some intensive staff discussions of the various aspects of fee-charging. Often there was a division of opinion amongst staff, which
seemed to go beyond the techniques of fee-charging and which seemed to really question whether fee-charging in itself was an appropriate agency function. There were some questions for which no definite answers were secured.

There was recognition of the effects of fee-charging on the individual worker. It was thought that fees would be likely to sharpen the skills and self-examination of workers, or that workers might tend to avoid fee-charging because of these implications. Recognized also were workers questions about the value of their service in terms of money, and the likelihood of a varied approach to fee-charging by workers because of the different meanings of money to them. When staff discussion centered on the higher fee payments, some workers blocked. Miss Cochrane epitomized this by saying that as workers we wonder if we have given a particular client say $5.00 worth in an interview. She went on to say that in spite of clients with higher incomes coming to family agencies there is still something of the tradition with social workers that our main job is to help people, and it is a pity that money has to be brought into the situation. She also felt that we sometimes think of working with people who have less materially than we do, whereas this is no longer the case.

Another area of discussion was the timing of fee-charging. It will be recalled that the Case Policy Committee had recommended that this be done in the first interview. There was some staff division on this point with most favouring the committee's recommendation. Those who wished to delay fee discussion felt that if done in the first interview it would precede diagnosis, and usually occur before the client had time to gain awareness of the value of the relationship and the service. Under these circumstances a needful client might discontinue service. This group that fee-charging might be delayed until the client begins to see and want the service, at which time the fee
would emphasize the beginning of a treatment relationship. This was not related to purposeful delay where the client is markedly anxious or disturbed. On the other hand, it was felt that it would be difficult for the worker to bring up fees after not mentioning them during the first interviews, and the clients might well feel irritated about not knowing from the beginning and feel the worker had not been honest with them. There was general agreement that information about fees be related to the general interpretation of agency services, and be given early. When a delay was occasionally necessary, it was agreed that the client should not be charged for the preceding interviews. Some thought that it would be a good idea to start the first interview by telling the client something about the service generally, and that fees might be worked into this. Others thought it better to mention the fact that fees were charged, and then leave this to be picked up at a more appropriate time. This was left to individual workers to handle with their clients. It was established, however, that clients were to be told about fees in the first interview.

The wives who come alone for service, and who do not share in the handling of the family money, were thought to offer a special problem. It was thought that this non-sharing was a basic problem in the marriage, and it could, and should, be faced with the client. At times the wife might pay a small fee out of her housekeeping money, while perhaps later as she develops a better relationship with her husband, she might be able to raise the issue with him. Allied to this was a husband who might use fees as an excuse to withdraw from the contact. This was seen as a symptom of general resistance to casework help. It was thought that termination might result in any case without fees, as such a husband would not be likely to really involve himself
Delinquency in fee payments was discussed. It was thought that with a better administrative structure this situation would occur less frequently, and that it also depended upon whether the terms made with the client were realistic. If delinquency occurs, it should be handled with the client, and the client should be helped to see why he has not paid, if this is appropriate diagnostically. It was stressed, however, that non-payment should not deter the client from his use of a casework help, if the problem was one that could respond to further help.

Brief service cases were discussed also, although not to the degree necessary in view of the large proportion of these cases in the general case load. It was thought that where we are helping clients in the one interview, either directly in a beginning treatment sense, or in clarifying their problem, we should charge for this service. There was less clear agreement on whether to charge a client who is helped to sort out his problem, but who is then referred on to a more appropriate agency. It was thought that while these clients could not be charged, they should be told about fees.

With the agency Homemaker Service, it was decided that a charge should be made for concurrent casework interviews, and that this would keep the homemaker and caseworker team clearer in people's minds.

The administrative problems of charging and collecting were discussed. While some favoured the worker collecting the fee to observe the client's way of paying, or because the client might be too upset to go to the receptionist, the majority of staff favoured collection by the receptionist because uniformity and a business-like approach were desirable.

The most controversial issue amongst staff was the charging of a
nominal fee versus the use of a sliding scale. There seemed also to appear a residual resistance to fee charging - at least in relation to asking about income, and against charging relatively high fees. A nominal fee was thought by some staff members to offer advantages because it would be a "set" or "flat" fee, thus avoiding the individualized discussion and setting of fees with clients, and avoiding the necessity of asking income. Some clients were observed to ask if there was not a "set" fee they might pay. This was sometimes because they are reluctant to reveal their income. It was believed by some staff members that in an initial interview the client is somewhat vulnerable, and is assessing whether the worker is really concerned and can really help. The client may see the enquiry about his income as extraneous, and even possibly as unnecessary probing. In this connection it was thought questionable practice to avoid asking about income by showing the client the printed fee scale, and letting him set his own fee. The difficulty of asking client income was thought to be particularly applicable to the higher income client who was said to be unaccustomed to revealing his income. A nominal fee was said to have the advantage of being easier for the worker to charge, and to make for simplicity in agency administration. The other arguments for a nominal fee relate to it being a small fee, as some staff members felt that a sliding scale up to a fairly high maximum fee was a step backward in view of current trends such as medical and hospital insurance.

There is evidence that present day families are security conscious and wish to plan for their expenditures, and do not like unexpected contingencies to arise. However, it was thought that people do not object to a nominal payment, nor do they object, for example, to a planned monthly payment for medical coverage. A few clients have argued that their
contributions to the Community Chest should ensure social service benefits for them, should the need arise. At the same time, the charging of a nominal fee by such agencies as the V.O.N. and the Y.M.C.A., seems acceptable to people. In any case, most agency clients come in the group that would pay $1.50 per interview or less, so that in effect the agency is most often charging what amounts to a nominal fee.

The major consideration leading to the decision to adopt a sliding scale included that there should not be any difficulty in asking about income - that the reluctance and the fears are within us rather than within the client. At the last staff meeting it was asked if clients have ever really objected to being asked about income, and only one instance was given. It was thought that a fee geared to income would be a more meaningful payment to the client than a nominal fee. In this way a sliding fee would foster the therapeutic values inherent in fee-charging, such as a sharpening of focus, diagnosis and treatment, whereas a nominal fee would not be so likely to accomplish this. At the same time, for the lower income client a nominal fee may not really be nominal at all. This was connected to majority staff thinking that the most democratic assessment would be based on ability to pay, such as is seen in progressive income tax. From the public relations point of view it was believed that a sliding scale might help create interest and understanding that social work is a professional service, and the contributor to the Community Chest should be more satisfied knowing that clients were being charged according to ability to pay.

Perhaps the most significant result of these staff meetings was the swing, at the final staff meeting, to a positive and enthusiastic acceptance of starting a new fee programme. Coming out of this was the staff's decision to tell all clients about fees whether it was appropriate to charge them or
not. This was fostered by a desire to make fee-charging a widely known agency function, and it was also thought by telling even clients in need of financial assistance and borderline protection cases, that this would be a good way of broadening every client's concept of the total agency service available. This all-inclusive policy was even thought to apply to clients who were disturbed or in an anxiety state, as this mentioning would not be likely to be meaningful to them, but later on might make a difference in their use of service.

Following these discussions, the agency started on a three-month study period to test the effectiveness of the new fee-charging policy. This was later extended to the end of July 1956, making the period four and one-half months altogether. The general plan for charging fees, while still vague in some respects, was to tell all clients about fees in the first interview, and to charge those not excluded on the basis of a sliding scale of fees. The exclusions to fee-charging were laid down in accordance with the recommendations of the Case Policy Committee. These exclusions, together with questions related to fee-charging practice, were printed on the back of the intake application form. This questionnaire was to be completed for every case following the initial contact with the client. A second questionnaire was printed on the closing cards, thus enabling the workers to be more evaluative of fee-charging when the case was closed. A "Key to Questionnaire 1," together with a brief statement on Fee-Charging Procedures and Philosophy, were distributed to staff.

At the inception of this study period there were fourteen full time and three part-time social workers on staff. Toward the end of the

1. see Appendix "A" for fee scale.
2. see Appendix "B" for Questionnaire 1.
3. see Appendix "C."
4. see Appendices "D" "E" and "F."
study period three additional staff members were secured. The full establishment for the agency is a professional staff of nineteen, so that during most of the study period the agency was short-staffed. Fifteen staff members had previous experience with fee-charging. Four of the staff had no previous experience. Fourteen staff members had more than five years casework experience, and five of these had more than fifteen years experience.
CHAPTER III

FEE-CHARGING IN PRACTICE

A questionnaire form was to be completed for each case initiated during the study period for the months of April to July inclusive. A major difficulty encountered in evaluating fee-charging for the period was that these questionnaires were very often incomplete in regard to general questions about income, and reactions from the community; and the recording in the cases often made no reference to the particulars of why a fee was not charged. In addition, it is difficult to tell if a fee was mentioned at all to some of the clients, with whom the workers did not actually make a specific fee proposal. The following table shows the reasons given by the workers for not charging a fee:

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient income, or financial difficulties</td>
<td>72</td>
</tr>
<tr>
<td>Supervised Homemaker Cases</td>
<td>23</td>
</tr>
<tr>
<td>Brief Service Cases</td>
<td>169</td>
</tr>
<tr>
<td>(a) Cases referred elsewhere</td>
<td>69</td>
</tr>
<tr>
<td>(b) No client contact</td>
<td>19</td>
</tr>
<tr>
<td>(c) Telephone Contact only</td>
<td>44</td>
</tr>
<tr>
<td>(d) Contact with relative only</td>
<td>4</td>
</tr>
<tr>
<td>(e) Other brief service cases</td>
<td>33</td>
</tr>
<tr>
<td>Client too emotionally disturbed</td>
<td>39</td>
</tr>
<tr>
<td>Fee-charging postponed</td>
<td>24</td>
</tr>
<tr>
<td>Client resistance</td>
<td>14</td>
</tr>
<tr>
<td>Fees not mentioned by the worker</td>
<td>4</td>
</tr>
</tbody>
</table>

345

1. See Appendix A for Form of Questionnaire
2. Out of the total intake of 425 cases, 402 questionnaires were completed. There were 34 cases where a fee was charged, 48 cases where a fee was only discussed, and 320 cases where a fee was not discussed.
In addition to the above distribution, there were 23 cases where no information was provided by the worker as to why a fee was not charged. The reasons given by workers for not charging a fee do follow the exemptions agreed upon before the start of the four month study period. There are two exceptions to this, Brief Service Cases and Supervised Homemaker Cases. Brief Service cases were not thought of as necessarily being excluded from the fee-charging policy. Supervised Homemaker cases were originally to be charged, but it was later decided to exempt this group of clients who were already contributing according to ability to pay.

There were 231 families who were clearly not eligible to pay a fee. These were 72 families with financial problems, 23 families using the Supervised Homemaker service, and 136 families who had no actual contact with the Agency.

There were 160 families where the eligibility for fee-charging was more questionable, or more to be decided by a qualitative casework judgment; for example, 39 clients were not charged because of personality difficulties, with the assessment of this factor being a matter of casework judgment. In a similar sense, workers decided to postpone fee-charging in 24 cases, and not to charge with 14 clients because of resistance. In a total of 46 cases, the reason for fees not being charged was unknown because workers either did not complete the Questionnaire or because the Questionnaire form was missing.

There were 33 cases marked as "Brief Service" by the workers. It is possible that some of these families might have been seen for one interview, as opposed to a telephone contact only. Two of these types of cases were actually

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1. A Brief Service case is defined as a case where there are less than two "in person" interviews, regardless of the number of telephone calls or letters, and where a casework service has been given.
charged a fee, one being charged on the basis of a completed service in the one interview, and the other on the basis of an exploratory interview in which the client was helped but did not wish to continue. It is possible that some of the previously mentioned 33 cases could have been charged on this basis. The workers were not so likely to do this consistently because a firm decision had not been made about this group of cases. The remaining cases are those where, with four clients, the workers forgot to mention a fee. It is difficult to assess the potential range of fee-charging because of these variable factors mentioned, and the lack of definitive standards as a basis for making a casework judgment. It is evident, however, that a large proportion of families are not presently eligible to pay fees.

The Incomes of Clients

Information is incomplete regarding the income levels of clients coming to the Agency. In only 122 cases was there an income shown on the Questionnaire. The median for this total group of families was $300.00 per month. The median income for those clients not charged a fee was $275.00 per month. There were 63 cases where the income itself was sufficient for fee payment but where these clients did not pay a fee. It would seem possible also that a proportion of those cases where income was not shown by the workers would also be financially eligible for a fee payment. The range of incomes for the fee-paying group was $125.00 to $1,000.00 per month. The incomes here were not as widely dispersed as those in the group which did not pay fees. It is interesting to note that only 9 fee-paying clients were asked directly about their income.
The Consistency of Fee-charging Practice

A major objective in initiating a revised fee-charging policy was to charge fees on a more consistent basis.

It was hoped that there would be uniformity as to when, and how, clients were charged, and which were to be excluded. More consistency was sought in charging all of those clients who were eligible for payment.

It is evident, however, that considerable variation still exists in respect to the main areas in need of this consistency.

1. The Timing of Fee-Charging: There was considerable variation in when the clients were told that a fee might be charged. Perhaps this was because of the dual need to tell all clients about fees, and to charge a fee with some of them. In the fee-paying cases, nine clients were informed about fees in the first telephone contact and fees were later charged in the first interview. With twenty-two clients, fees were initially discussed in the first interview, and with the remaining three clients, in the second interview. There was somewhat of a different distribution in the non-fee cases. Eight of these clients were first told about fees during the initial telephone contact, but only two cases continued beyond this point. The remaining 27 clients were told about fees in the first interview. The most usual, and successful technique was to discuss a fee at the end of the first interview in a manner related to the explanation about how the Agency would offer help. The staff effort to tell all clients about fees early in the contact was not appropriate with some clients. This is particularly true in the 17 cases where the client was told about fees on

1. Based on the study of 34 cases where a fee was charged, and 36 cases where a fee was discussed but not charged.
the telephone. Where these clients did continue beyond the telephone call, it was evident that the initial explanation had not been effective. This was partly because of unsureness on the part of the workers, and partly because of the inherent difficulty of communicating in this way, as contrasted to an interview where the client has the opportunity to begin to use help, and where the reactions to a proposed fee may be observed. Some client uncertainty and anxiety persisted to the first interview, and this seemed an unnecessary test of client motivation. It was also difficult to assess the client’s ability to pay and to comfortably waive fees if indicated, so that some clients came prepared to pay despite being financially ineligible. Some of the clients who did not continue said, for example, that they had decided to see a minister, or to talk things over between themselves first. While some of these reactions may have occurred in any case, a premature mentioning of fee-charging seemed to add a deterrent factor. It is interesting to note that on very few occasions was the client charged a fee after the first interview. This seems to indicate that it is difficult to introduce this topic later in the case, in spite of the fact that workers marked twenty-four Questionnaires to the effect that fees might possibly be discussed later.

2. Setting the Fee: There were only fourteen cases where the fee was charged realistically on the basis of family income. Three other clients were charged according to the fee scale but on the basis of individual rather than family, income. There were nine cases where the fee was not based on the fee scale,
but was rather a nominal fee. In six other cases, the clients set their own fees, and in the remaining two cases fees were lowered in an attempt to facilitate payment.

The reasons varied for charging what amounted to a nominal fee. In four cases, the initiative about fee-charging was taken by the client and while these clients were all below the fee scale, the workers did accept a nominal payment. Mrs. Monk, for example, asked about fees anxiously during the initial phone call. Her husband was not working, and according to her, had not yet recovered from a recent period at Crease Clinic. Despite some reassurance during the telephone call, Mrs. Monk announced at the end of the first interview that she had come prepared to pay. The worker accepted this payment and, in this case, as with the others, the chief reason for accepting payment was a feeling that it might be therapeutic for the client to pay. In these particular cases, it seemed that it would have been more therapeutic to comfortably waive the fee. These were housewives, with little access to what limited family income was available. A nominal fee was more validly proposed on two other cases; with one to encourage participation, and with the other to limit the client's prolonged, but not constructive, use of service.

While there was possibly some therapeutic gain from charging fees with these two clients, the difficulty with all of these cases is that consistent charging according to ability to pay is sacrificed to flexible casework judgment. It is inevitable that some degree of casework judgment is necessary.
However, it is perhaps more important to first seek uniform, consistent procedures which are acceptable to clients, and to the community.

A separate but related problem are those cases where the clients set their own fees. In some cases the client was shown the fee card and allowed to pick out their own category of fee payment. There seemed to be two major difficulties in this procedure. In the first place, the actual income does not always become known, so that eligibility for fee payment cannot really be verified. The client may choose a low fee but may not really be eligible for fee payment. This was the case with Mr. Rowe who hesistantly agreed to a $1.00 fee after looking at the fee card. It seemed likely from later knowledge about finances that he should not have been asked to pay. With Mrs. Cook, the worker was fortunate in feeling later that something was wrong about the amount of the fee. He asked Mrs. Cook about the actual income, and found that the charge should have been $6.00 per interview rather than the $10.00 fee initially chosen by Mrs. Cook from the fee card. A different situation exists where the client seems to have some reluctance to disclosing income. This was the case with 4 clients. For example, Mrs. Robinson decided she should pay $2.00 per interview, and by her manner indicated that further exploration of this would not be welcome. While the other clients did not block this much, the workers did choose to accept the figure set by the client. In the final two cases the clients had gone along for several interviews, preceded by only a rather vague discussion about the amount of the fee.
A flat amount of $10.00 was finally paid by one client to cover 3 interviews. In the other case, the worker suggested a compromise settlement, and while this seemed agreeable to the client, the fee was not paid.

3. General Consistency: The present policy of fee-charging is not being consistently applied, with the exception of those cases where this is adequacy in the matter of income, and client use of service. These clients were fairly well motivated for casework help, and accepted fees as an appropriate charge for a professional service. Aside from this area there was considerable variation in the approach to client. Some clients were just told about fees, without there being known eligibility, while a considerably larger number of clients in a similar category, were not told about fees. Some clients, below the fee scale, were charged for therapeutic reasons, while others were not similarly charged. When clients initiated fee discussion, the workers seemed uncertain whether this indicated a desire to pay, or some anxiety and resistance. There were 39 clients excluded because of personality difficulties, while some 14 clients were asked to pay a fee despite what seemed to be inhibiting personality difficulties centered around a need to receive, not give. There was considerable variation in the manner that workers charged fees. Some workers seemed to charge comfortably, on a realistic financial basis, while with others the approach seemed more tentative, leaving the onus of fee setting, and payment, largely with the client. The degree to which the full development of fee-charging took place is hard to measure. An analysis of the large number
of cases necessary to determine this, is beyond the scope of this present study. However, there are some indications that the coverage of fee-charging was not inclusive of all clients. Fees were only charged by nine staff members. It is true that the supervisory and intake duties of other staff members would reduce the opportunity for charging fees, but they probably should have been represented by a few cases. In addition, there were 46 clients whose eligibility for fee payment is not known, and some question about the 24 cases where the fee was to be discussed later, and with some of the Brief Service cases. These variations in consistency seemed partly due to a lack of conviction about fee-charging, and on uncertainty about techniques. This latter difficulty was partly due to an overly flexible choice of methods available to staff, together with some uncertainty about trying a new technique. In addition, at the beginning of the new fee policy, the administrative structure was somewhat cumbersome, and not conducive to smooth fee setting, or to making business-like payment arrangements. A major staff difficulty seemed to be in the area of asking client income, and the reluctance to obtain this vital information, made a significant contribution to many of the inconsistencies that appeared.

Therapeutic Implications of Fee-Charging

It is thought that a money payment by the client will perhaps have a positive influence on the way he values and uses casework help. This therapeutic effect is influenced by the degree to which the fee process is personalized between worker and client and by the manner in which the worker introduces the fee proposal. If the worker is to charge and collect the fee, this intensifies the personal element, and
intensifies the therapeutic climate between worker and client. In a similar way, if the worker charges the fee in a tentative, voluntary way, the proposed fee payment contains a greater degree of emotional content. In the majority of cases, a fee was charged in a way which did not encourage undue client emotional response. While this matter-of-fact approach was probably the best technique, it did mean that there were few overt reactions from which to assess the validity of the therapeutic values of fee-charging. There does seem a general indication that the necessity to charge fees was a good reminder to focus on the interpretation of Agency service. In addition, there seemed a general "sharpening" of the degree to which workers evaluated diagnostic elements, and planned treatment, in the fee cases. The workers answered a Questionnaire at the time the cases were closed, evaluating the various therapeutic factors. The analysis of these factors is, however, limited because responses were only Yes or No, and there was little qualifying material in the case records.

1. Did the Fee Facilitate the Client's Seeking Help?: The workers indicated that fee-charging helped 13 clients come to the Agency. It is difficult to isolate the effect that the fee might have had in bringing the client to the Agency for help. Techniques other than evaluative case reading, such as matching fee and non-fee cases, or comparing changes in caseloads from year to year, would be likely to be more objective and meaningful. This observation holds true for the evaluation of all of these therapeutic factors. The question for these families is would they have sought help in any case? This can only be answered with any
degree of certainty for 3 cases. The doctor that referred Mr. and Mrs. Colt suggested that a fee would help them come and help them work harder on their problem. This was confirmed by the reactions of both husband and wife. Mrs. Colt said "there will be a charge, of course?". Mrs. Ford said, after the fee was set, "Now I can feel free to call you". The Henrys probably would not have come to the Agency if the fee had not been a part of the interpretation of professional Agency services, as opposed to the well-meaning sympathy of neighbours about a serious family difficulty. In six other cases there were positive reactions. For example, Mrs. Hardy said she and her husband could pay the maximum fee and "would be glad to do so". Mrs. King was also helped by being able to pay the maximum fee. In these, and in some cases where there was no specific reaction, the fee seemed to have a definite part in the acceptance of help by the clients, but cannot be said to have significantly affected their seeking help.

2. The Fee and Client Participation. Again, it needs to be asked if the fee was to any degree significant in bringing about this therapeutic factor. The workers thought that the fee did have the effect of facilitating client participation in seventeen cases, and this in itself needs to carry some weight. There was sufficient qualitative evidence in six of these cases to indicate a distinct or noticeable difference because of the fee payment. Mrs. Ford "felt free to call the worker when she needed to". Mrs. Dorgan was strengthened by the contact and able to take decisive steps to free herself from an "impossible" marriage. The fee enhanced this process of ego building, and increased her participation because of her growing belief in herself, and in the value of the
service for her. The fee was an important element in holding the Henry family in contact with the Agency. This was a case where the worker had to "reach out" to the family and yet respect their right of self-determination. The fee seemed to really help this process. The fee enabled the family to come and to participate, and also gave them freedom to express their need to terminate for a while when the burden of the loss of a child was best borne alone. With Miss MacDonald the fee was a strong element, representing professional help as opposed to "friendship" counselling. She had a tendency to "shop around" for casual help, but seemed careful not to become too involved in the process. Her decision to offer fee payment coincided with her beginning to really use Agency help. Mrs. Hardy was "glad to pay the fee".

The casework objective with Mr. Sharp was to help him feel more adequate, particularly in relation to his business, which was failing. The worker saw a small fee as a way of reinforcing his feelings of adequacy and helping bring him back to greater independence.

In the remaining nine cases, there were varying degrees of probability that the fee aided client focus and participation. For example, the Colts probably "worked harder on their problems" as suggested by the referring doctor, because of the fee payment. Money was realistically important to Mrs. Hobart. She wanted to pay a fee, and kept the amount well within her ability to pay. The fact that she paid seemed to make a difference in her use of the service. To Mr. Todd money meant power and status. It seems probable his evaluation of the Agency, and of his own feeling of status, were increased by fee payment, with consequent values in increased participation. In a total of four cases, including MacDonald and Hobart, a delayed decision to pay meant the beginning of the treatment relationship.
3. Did the Fee Help the Client Recognize the Agency's Function?: In answering this question, workers interpreted it to mean that the fee helped the client see the Agency as a source of professional service. They indicated that the fee aided this process with 22 families. There were few cases where there was a specific enough client reaction worthy of comment. All clients seemed to accept the fact that professional help was being offered. With a few clients there was some evidence that the fee enhanced the status of the Agency. In this way Mrs. Rogers was helped to see that she could not prolong a profitless use of service, and Mr. Sharp saw the Agency as having professional authority and knowledge, in helping him gain recognition of his need for psychiatric help.

4. Did Fee Payment Aid Diagnosis?: The workers judged that fee-charging provided diagnostic information in nine cases. In two examples, the worker made this judgment because discussion of the fee revealed details about income, and the handling of money within the family. In a general way, the clients' reactions to the fee did not add new information for the workers. These reactions typically served to substantiate knowledge already known about the clients' characteristic functioning. It is true that some overt reactions to a proposed fee seemed to alert the worker, and to confirm other diagnostic information with more certainty for the workers. Mr. McGrath's strong reaction against the fee, for example, confirmed the knowledge about his frugality, and his punitive attitude to his wife. This reaction also consolidated the worker's impression that this client would not be able to really use casework help.
With some clients, the major diagnostic information given took the form of a "capsule" re-enactment of a source of conflict. Miss MacDonald handled the fee payment in a way which acted out her conflict about giving and getting. She said of herself that she gives to some people "to obtain friendship", or conversely, she takes from others to obtain the love she needed. In delaying fee payment, Miss MacDonald indicated her indecision about what role to assign to the worker. At first, she took from the worker, but her decision to pay, after delaying, indicated growth in being able to accept help, and also to give within the same relationship. In a similar way, Mrs. Main's reaction to fee payment was realistic and conforming. One of her major conflicts was whether she wanted to be conforming or non-conforming. She was helped to stop pretending the latter. Mr. Brown needed to assert his masculinity by taking over fee payments for his wife; while Mr. Cooper showed an inability to give generally, through his resistance to fee payments.

In another group of clients, the manner of approaching a proposed fee payment was characteristic. Mrs. Hardy was aggressive and business-like, while Mr. Rowe's manner was hesitant. Reactions in other cases were indicative of family relationships. Thus Mr. Rogers allowed his wife to pay the fee, while Mrs. Sharp wanted her husband to pay for her. Mrs. Gordon revealed an almost infantile need to "receive" from her husband in her reaction to the fee.

In several other cases there was revealed an inability to share
between husband and wife. Finally, the fee payment served to externalize feelings about receiving help. Mrs. Gill's response to fee-charging was to ask, "How long will it take?".

In all of these cases, the usefulness of the client's reaction to the charging of a fee was dependent upon how it could be used in a treatment sense, rather than the contribution it made to diagnosis.

**Client Resistance**

The analysis of client reactions to a fee-charging proposal was made difficult because such reactions were most often not overt; and because in those cases where elements of resistance seemed to appear there were a number of variables present. These variables such as ability to pay, resistance to casework service, and personality factors were often inter-related elements in respect to the understanding of the clients' reactions to fee-charging. Any attempt to isolate a single variable and offering of this as the significant reason for a group of clients' particular reactions inevitably reduces the perception of the total forces operating in single cases. This difficulty is compounded where, as in the cases under study, there were fairly wide variations between workers in their handling of fee-charging procedures. With this in mind, the following is an attempt to examine client resistance to fee-charging.

**A. Cases Involving Personality Difficulties**

In the fee cases there were fourteen cases where the clients' personality difficulties significantly influenced their ability to use casework help, and also influence the pattern of fee-charging. There
were also seven non-fee cases where this was true. These personality difficulties can most usefully be divided into those where the client exhibited varying degrees of unmet dependency needs, or where there was some degree of fixation at the "anal" stage of personality development.

1. Difficulties in Dependency: There were eleven cases where the client exhibited disturbed functioning in the area of solving their dependency needs. They were variously described by the workers as being immature, narcissistic, dependent, passive, or as having feelings of worthlessness, inferiority, or anxiety. Mr. Cash is fairly typical of this group. Mr. Cash came to the Agency seeking help in affecting a reconciliation with his wife. The worker recorded that Mr. Cash appeared to be a dependent, anxious man who was quite agitated about his problem. Mr. Cash's reaction to the worker's explanation about fee-charging was to accept the fee in a "cursory" way, although really avoiding any arrangement about payment. Mrs. Cash was seen. She said her husband needed constant reassurance about his masculinity: that he seemed pre-occupied about his sexual virility, and had sought extra-marital affairs. Mrs. Cash had decisive feelings about not going on with the marriage. In view of this, the worker closed the case with the comment that Mr. Cash showed a lack of any interest in self change. There was no issue made about fee payment, and no payment was made.

There were five other cases very similar to the Cash case, in
that the client was passive about the proposal to charge a fee, but did not pay. All of these clients needed to "receive" rather than giving themselves. They sought help for some modification of their environment rather than for any change in themselves. The attitude of the workers was permissive. There were attempts made in two of these cases to bring the matter of the fee to some conclusion. The worker with Mrs. Scott attempted to set a compromise amount, much lower than the scale in order to help the client feel comfortable about not having paid. The client seemed to accept this compromise, but did not actually pay even then. In the other case, the worker was successful in resolving the problem of guilt about non-payment, without letting this be used by the client to withdraw from the contact. Mrs. Milt came for help about her husband's drinking. Fees were mentioned on the telephone and the worker "detected a slight resistance". There was no more said about a fee until in the fourth interview Mrs. Milt asked the worker if there would be a charge, as she was rather worried about it. The worker reassured her about this, telling her that the fee was adapted to income. In the previous interview, Mrs. Milt had shown signs of growing dependency upon the worker. After the fourth interview the worker recorded that Mrs. Milt had brought up the fee payment for two reasons: She had a certain resistance to coming now she was beginning to be really involved, and perhaps she had wanted the worker to tell her she would give something for nothing. In the fifth interview the worker took the initiative
in verbalizing Mrs. Milt's resistance. The worker asked if Mrs. Milt felt that too much was being asked of her. Mrs. Milt relaxed and said she knew she had to do the most in the marriage. Fees were discussed again, this time not from the point of view of being used by the client to break the contact, but on a more realistic basis. Mrs. Milt said she would prefer not to pay since "her husband would notice any unexplained payment". This was accepted by the worker.

While this case was handled skillfully, the question for all of these cases is whether to attempt to charge a fee at all. Certainly the telephone explanation about fees was destructive in this case. There were a further two cases where the workers did not attempt to charge a fee with the husbands, because of personality factors. In one case, the worker brought up fees with Mrs. Gray, who was very immature and narcissistic. She brushed aside the proposal saying her husband would be the one to talk to. Mrs. Gray was very demanding about her dependency needs. She was asking to be looked after and protected by her husband. Mr. Gray seemed more mature than his wife, but quite withdrawn. The worker evidently was influenced by this couple's impaired ability to use help in not following up the fee-charging proposal. Similarly, Mr. Tracy was not asked to pay a fee. The question with these latter cases is the degree of adequacy present, and whether this might be reinforced by fee payment.

Mr. Gray may have been helped to feel more adequate if the worker had helped him pay for himself and his wife. These were both objectives of case-
work treatment. Both of these husbands would be aware of fees through their wives, and probably somewhat uncomfortable about non-payment. This total group of cases require careful casework judgment, or an administrative structure designed to exclude them more definitely. There are definitely some clients where the severity of unmet dependency needs really means that fee payment cannot be accepted. It is also true that these clients can make only very limited use of casework help. In other cases, such as with Mr. Colt, there was a greater degree of ego strength or better super-ego development, or more adequacy in the area of income and work accomplishments. Mr. Colt was described as striving for masculinity, as being unable to relate successfully to people and as being disturbed in the sexual area. He seemed able to pay because of relatively good ego strength, his success as a professional person, and the factor of social conformity in paying his way.

There was one case where the husband was aggressive in seeking satisfactions to meet his dependency needs. He is described as being immature, narcissistic, and demanding. Mr. Cooper was asked to pay a fee in the first interview. He earned $400.00 per month and seemed agreeable to paying a fee. However, he and his wife got into an argument that night which seemed to center around fee payment. Mr. Cooper was angry because his wife had told him there would be no charge for this service. In the next interview the worker recorded that, "I attempted to bring up the question of fees but he said simply that he didn't expect to get something for nothing, and he felt he would have to pay
for anything that he got. My attempts to get at his feeling a little more in this area were unsuccessful. The worker finally said fees would be waived for the present, and soon after closed the case as "the clients did not seem able to use help, and did not wish to continue". This was a difficult situation for the worker to handle. There were two possible ways of handling it. One way, where as it happened, the worker decided to try waiving the fee, the other way might have been to point out that whether the client was helped - whether he "did get something" - depended upon him. In this way the worker, in holding to fee payment, might also be helping the client participate.

2. Difficulties Related to "Anal" Fixation of Personality: These cases show somewhat similar characteristics to the ones described above, yet are different in that disturbances in dependency were not as central to the client's functioning, as are characteristics of frugality, retentiveness, or compulsiveness. These clients seem to be functioning at the "anal" level of personality development. There were three clients in this category, where there was direct enough evidence about reactions to casework service and to fee-charging. Mr. Hardy is described as prim, rigid and withdrawn. Mrs. Hardy seemed capable of using help, but Mr. Hardy was reluctant to come to the Agency. The worker recorded that, "Because of Mr. Hardy's attitude that he had come entirely at our request and because he did not require any service, I did not feel justified in discussing fees". Mrs. Robinson was controlling
and retentive. She was critical of a previous contact with the Agency and would not disclose income. The worker was permissive in allowing Mrs. Robinson to continue without making an issue about fees. Finally in the third interview, Mrs. Robinson began to use help, and decided to pay the fee. Mr. McGrath was said to be punitive to his children and persecutory to his wife. He provided his wife with "a totally inadequate budget" and then accused her of poor management. He reacted strongly against the idea of paying a fee, setting a fee far below his scale rate, and then did not pay.

B. Cases Where There Were Realistic Difficulties Connected With Fee Payment

There were several cases where the client reactions to fee-charging were based more on reality factors in their environment, than on personality difficulties or resistance to casework service. With some clients, there were realistic financial difficulties. Mrs. Monk said her husband was out of work, had been at Crease Clinic, and seemed to be worsening again. She asked about fees on the telephone and although reassured, needed to pay a $1.00 fee. Mrs. Perry was anxious about the fee on the telephone, as she only had a restricted housekeeping budget. She also paid a nominal fee of $1.00 per interview. Both of these were short term cases with limited client ability to use help. It is questionable if a fee was appropriate in this kind of case. There was more anxiety about a fee than resistance to payment. The Henry case illustrates a different
The worker needed to reach out to the family in an aggressive way. The worker charged a fee initially to help the client see the Agency as a source of professional help, but with later visits did not charge. The service did change in character from help to the parents, to service directed to evaluating the adjustment of one of the children. In a similar way Mr. Merry paid a fee for the initial office appointments when he could participate in discussing the difficulties; but later when the worker needed to be more aggressive because of Mr. Merry's assault on his wife, a charge was not made. Mrs. Ford could not at first pay a fee because her husband was opposed to her going to the Agency, and more opposed to paying for her. Mrs. Crag seemed to feel "left out" of the casework contact because her husband only paid for himself, and obviously wanted the service centered around his point of view. There were a number of other wives, whose husbands paid the fee for the family and who were passive recipients of casework service. While this pattern of payment will be the most frequent, and probably the most acceptable to clients, there seemed sometimes the need to have the wife pay a small fee herself. This again is dependent upon overall diagnosis and treatment goals.

The Appropriateness of Fee-Charging

In spite of the difficulties encountered in fee-charging practice there is good evidence that this policy can be an appropriate one for the Agency and its clientele. During the four month study period, the income

1. Based on the study of 34 fee, and 36 non-fee, cases
from fees exceeded that in any previous yearly period. With the exception of those clients with severe personality difficulties related to early deprivations, the fee itself was accepted as an appropriate charge, where it was based realistically upon the ability to pay. Client resistance to, or an inability to use, casework help was a significant factor in determining the opportunity to charge a fee with those clients who did not continue, and in influencing the attitudes of workers in proposing a fee payment. There was more difficulty encountered in charging low fees, than in charging high fees. Five clients paid more than $4.00 per interview, and these were all relatively long term cases. Four clients paid the maximum fee of $10.00 per interview, and three of these clients continued for more than ten interviews.

Common elements in successful fee cases were, the ability to pay, worker's knowledge of income, sufficient ego strength and maturity to use casework help, and a culturally positive reaction to the proposed fee payment. Additional complementary elements were, some remaining ability to share and communicate between marital partners where this was necessary according to the nature of the problem presented, and a direct, comfortable approach to charging fees by the workers concerned. There were fifteen cases where these circumstances prevailed to a sufficient degree. Five were cases where the husband and wife both participated in using casework help, and in the fee-charging process. There were two single persons, and five cases where one marriage partner was seen. In these latter cases there was either a separate income, or sufficient sharing between the couples so that the fee could be paid from the family income. Three cases were charged a fee primarily for therapeutic reasons, but ability to pay was still present.
This kind of flexibility should be possible, once a priority has been given to financial eligibility.

A further group of clients were charged a fee in an appropriate way, but did not pay. Contributory reasons for this failure to collect the fee were that some of the husbands were not approached, a definite method of payment was not settled, and the early administrative structure was not businesslike enough to clinch the payment with those clients paying on a per-interview basis.

Some situations existed that were borderline in respect to the appropriateness of charging a fee. There were ten such cases. Some were charged on a therapeutic basis, to bolster client adequacy and use of service. These were not really effective, in view of non-payment of the fee, but apparently this did not add a deterrent element to the casework process. In the majority of the remaining cases there were varying degrees of personality difficulties. These were borderline situations because the factors of income, personality disturbance, and ability to use help, did not occur in a conjunctive disabling way on any one case. Incomes ranged from $250.00 to $400.00 per month, and all were within the fee scale. Six of these clients did not pay a fee, and two clients paid only a partial fee. While it is sometimes difficult to assess these factors within the first interview, it does seem appropriate to attempt to charge fees with these clients, providing there is ability to pay. Collection techniques could be improved, with more billing done, for example, and the issue of
the fee payment made less of a personalized matter between worker and client. It would also be advantageous if there could be pre-knowledge of income, so that this information is available before the client is seen for his first interview.

In general, the appropriateness of fee-charging is dependent upon the administrative selection of which cases will be charged and upon the conviction and skill of staff members in operating within this administrative structure. Workers were too often unsure about client eligibility for fees, and not comfortable or direct enough to determine this fact. They found it difficult to discriminate between mentioning fees and charging them with the result that the fee often became an unresolved issue between worker and client. A major need is to find a practice which will select the most appropriate clients and which will most effectively enable workers to function comfortably.
CHAPTER IV.

FEE-CHARGING: A POLICY EVALUATION

In deciding to charge fees, The Family Service Agency of Greater Vancouver followed a trend amongst American family agencies. The reasons for the development of this trend are pertinent here. The experience of American family agencies in the years 1935 to 1940 laid the foundation for the logical development of fee-charging. These agencies were generally moving away from a primary relief giving function to a counselling function, with family problems not necessarily associated with financial need. These were years of transition, during which it was said social work moved from a protected childhood into adolescence. This transition was, as might be expected, accompanied by many doubts and anxieties. Would the family agency find the clientele needed to ensure its vitality and usefulness in this new role? Would the family agency really be able to offer skilled help with non-economic problems? These and other questions were asked. In the late 1930s, agencies began to experiment with new collateral programs such as homemaker service, special services to the aged, group discussions with mothers about child care, and help with the emotional problems associated with employment difficulties. With the advent of World War II, family agencies found new scope for their skills as war tensions, separations, and housing difficulties, caused anxieties and family breakdowns. Family agencies gradually gained more assurance and found a real place for themselves in their community. This development gained impetus in the 1940s, as there was increasing need for psychiatrically oriented social work skills.

The development of the policy of charging fees is a logical sequence of the transitions which occurred in family agencies. In the late 1930s family agencies were most actively seeking a new role with economically independent clients. The idea of charging fees was put forth as one way
of emphasizing the professional nature of casework help, and of dissipating
the connotation of "charity" associated for so long with family agencies.
However, family agencies did not actually begin charging fees until the
early 1940s, and this was a slow, cautious development as individual
agencies found they had sufficient staff skills, and community acceptance.
By 1948 twenty-two family agencies had a definite policy of charging fees,
and this was increased to 49 agencies in 1951. The trend was beginning in
earnest, but the introduction of fee-charging in agencies usually precipitated
further anxiety, and self-examination by administration and staff. Social
workers were becoming accustomed to providing casework with non-economic
problems, but fee-charging usually strained their confidence that their
skills were indeed worthy of payment. In the late 1940s the profession
began generally to chide itself for its anxiety in this respect, and gradually
more agencies became confident in the fee charging area. However, in family
agencies generally, fee charging in practice still represents a relatively
small proportion of the total agency income, and a slightly higher proportion
of total caseloads. Family agencies usually started to charge fees because
higher income clients were already coming for service, and it was felt that
the fee would help extend service further to the group of clients who wanted
to "pay their way." There followed beginning thinking about the therapeutic
values in charging fees. For example, it was thought that the fee paying
client would invest more of himself in the contact, and that resistance
factors might be externalized because the fee payment placed the client on
a more equalized footing with the worker. The early techniques of fee-
charging were selective in their application, and aimed at making full and
individualized use of these therapeutic values. Later, agencies tried to
develop consistent fee-charging policies based more on ability to pay than
on therapeutic factors. These two developments have not yet been reconciled, as social workers retained their concern about the effect of fee-charging on the individual, and yet were aware that fees needed to be charged on some structured and consistent basis.

The development of fee-charging practice in Vancouver Family Service Agency was influenced by this agency's early affiliation with the Family Service Agency of America, and followed closely the pattern of development in American family agencies. However, the Family Service Agency did not accept the trend to fee-charging without reservations. In 1943 this matter was considered, but fee-charging was rejected because it was incompatible with the "charity movement." In 1948 once again this policy was rejected. In 1951, the agency did initiate fee-charging, as there was evidence that some higher income clients were asking if a payment could be made. A permissive voluntary policy of charging fees continued until 1956, when a staff committee and the Board of the agency suggested a re-examination of this policy. Probably the most important recommendation made was that the fee policy be more consistently applied from client to client, subject to clear exclusions to the policy.

Staff Reactions to the Proposed Change in Fee-Charging Policy.

The major policy change proposed was that a more rigorous, and inclusive, attempt be made to charge each client on the realistic basis of a higher fee scale. Staff reactions were mixed. Most of the staff accepted the need for a more consistent fee-charging policy, but there was considerable variation in the acceptance of higher fees, and variations in thinking about the effect these would have on clients' use of casework service, if the fee policy was to be more rigorously applied. Concern was expressed for the many clients with varying degrees of deprivation which indicated the traditional concern for the welfare of clients, the need to give to clients, and an
unwillingness to seem to be asking anything of the client that might add to his problems. This concern was also based on a realistic knowledge of the degree to which agency caseloads contained dependent families. An effort to reconcile these views with an already existing fee policy, and the necessity for consistency in the application of fee-charging, led to the suggestion of a nominal fee. Additional arguments for a nominal fee were that it would make fee-charging a more businesslike, automatic, and easy process, as contrasted with the necessity to ask the client's income, and set an individualized fee. The necessity to ask about income appeared to be a major block with some staff members. The final decision was to mention fees to all clients, to retain the sliding scale, the high maximum fee, and to charge fees in the first interview on a more consistent basis. This changed attitude at the final staff meeting hid many residual feelings of resistance. A major difficulty, in entering the study period, was that the basic question of whether the agency should charge fees at all was not directly tackled. Nor was there fundamental discussion about why fees were being charged in this particular family agency, or discussion about the direction and goals of the agency in giving community service.

The Multiple Rationale for Fee-Charging

A basic difficulty with the practice of charging fees, is that multiple reasons are given for having such a policy. Equal weight is placed on the objectives of the fee reinforcing the professional status of social work, of it enabling therapeutic values in the worker-client relationship, and of it expanding service to higher income clients. This multiple rationale does make possible the selection of an appropriate reason for
fee-charging to suit a particular interpretation of the policy, and provides a broad basis from which Agency staff may choose to bolster their particular convictions. The difficulty is that it also fosters inconsistent fee practice within the Agency, and complicates the problems of deciding upon an efficient administrative structure for charging fees. For example, while fees were most often charged according to ability to pay, there were other instances where the client was financially ineligible, but was charged mainly for a "therapeutic effect". The staff decision to mention fees to all clients seemed to be aimed chiefly at enhancing the professional status of the Agency, but this practice had a negative effect on very dependent clients, and on some of those clients making a tentative approach to the Agency. Staff discussion about the degree to which workers should participate in the charging, and collection of fees is illustrative of the attempt to reconcile the two objectives of simply charging according to the ability to pay, and having therapeutic goals. An equally weighted, multiple rationale for fee-charging tends to increase the difficulty of interpretation to clients of the reason for charging, contributes to uncertainties in the interview about whether or not to charge a fee, and adds to any lack of conviction present with staff about the merits of such a policy. Too much flexibility and choice of method appears to have produced anxieties in staff, and inconsistent variations in practice.

If a major objective for fee-charging was selected, then the administrative structure and the casework techniques, should be those best suited to promoting this particular objective. This major premise should also be consistent, if possible with other known values of fee-
charging, with Agency philosophy and function, and with community acceptance of the policy.

If the major reason for charging fees was to gain therapeutic benefits, the effectiveness of such an objective would depend upon increasing the degree of worker-client participation in all aspects of fee-charging. The worker would discuss the fee tentatively with the client, noting any sign of resistance. If resistance was present, fee-charging would be postponed until later interviews when this might be used to reinforce the increased adequacy of the client. As an alternative, the worker might decide, in the first interview, that this particular client should pay a fee, if casework help was to be used constructively. In that case, the worker might either attempt to clarify client resistance to the fee, or to casework service. The worker would collect the fee, and deal with delinquencies in payment, guided by therapeutic considerations. While some of the techniques used might apply to any fee policy, this particular approach would need to be flexible, selective, largely voluntary, and dependent primarily upon casework considerations. The value of such a policy would be measured by the degree to which the fee was made an integral, helping part of the casework process. Agency consistency about fee payments would be based upon the best use of staff skills in individual situations. Fee-charging could be based on a fee scale, but the primary basis for charging would be the therapeutic effect, not the ability to pay. Any attempt to apply this policy consistently on this latter basis would partially defeat the former purpose, and invite mixed practice.

In a similar way, the major premise for fee-charging might be
to reach new clients in the upper income group, who are accustomed to paying for professional services. If this was the case, the fee policy would need to be similar to that of other professional services. An effective policy for this purpose would be to have a flat fee, of a fairly high order, to be paid by all those clients above an adequate income.

There is probably merit in the suggestion that clients would prefer to pay a fixed fee. However within a family agency setting this fee would need to be either a high or a low amount, in order to either charge high income clients exclusively, or in order to set the fee at a level which would be paid by all clients. An in between fee would not satisfy either group as it would tend to lower the status of the service for the high income client, and be too much to pay for the low income client. It is true that a low fixed fee might be accepted as an appropriate nominal payment by all clients. This would really be equivalent to not charging a fee. The only real choices are not to charge, or to charge on the basis of ability to pay. If a fixed high fee were to be charged, there would be a tendency for the Agency to develop separate facilities based upon differences in income. This would be so because the advantage of a fixed fee is that it can be charged all clients, and that it would become known in the community that there was this professional service at a known fee level. Arrangements for paying this high fee, and for its collection, would be largely clerical duties. The structure would be simple, business-like, and the fee would not be a significant element between worker and
client. The reinforcement of the professional status of social work, or the need for additional income, as major objectives, would similarly affect the structure of fee-charging practice.

A Proposed Major Objective

It is, therefore, necessary to make the choice of a major objective before suggesting changes in current fee-charging practice. The best choice in view of present circumstances, would be to charge a fee based simply upon ability to pay with more emphasis upon this factor than is now the case. A more fundamental problem is why charge a fee at all? There is no other profession, except perhaps the ministry, serving a comparable group in an individual way, which does not charge a fee. There is no other comparable service to be obtained privately in the community, so that the Agency should not be in the position of a free clinic. The community should not be asked to support an expensive service for the client group who are able, and indeed willing, to pay. These clients should be charged according to ability to pay, so that the service given to them is not wholly subsidized. It may still need to be partly subsidized because there remains with these clients, an Agency responsibility to remedy social ills as they prevail in all income groups. This means that the Agency will not always charge according to income, where there are financial difficulties, for example, or where there is inhibiting client resistance to a fee, yet a possibility that exposure to casework service will strengthen the client. There will also be cases where the Agency makes aggressive attempts to help families, and where it may be unwise to charge a fee. However, consideration must be given to fixing the
maximum fee more in relation to the actual per-unit cost of service to the client. Under this premise, the sliding fee scale would be retained. It might be preferable if there were a way to arrange for casework help through a broad insurance program such as M.S.A. However, this is not possible at present. The individual's contribution to the Community Chest is not really comparable to this anymore than a $2.00 general membership in the Y.M.C.A. entitles the individual to a full use of facilities.

It is important to consider whether this major premise of charging those clients able to pay, is compatible with total Agency functioning. There exists, in some measure in the Agency a healthy dichotomy of interest and philosophy. This is partly due to the existence of two trends in the Agency. The first trend is the conviction about the Agency's responsibility to provide a community service with a broad range of clients exhibiting problems in social deviation including the dependent, poorly motivated family. The concern is often for the children in these families as the Agency is keenly aware that emotional problems can be perpetuated from generation to generation. The second trend is toward service to the more emotionally independent family whose use of casework help is usually at a different level. These dual interests are not necessarily contradictory, but they do to some degree require different skills and orientation, and they do also have different attractions for staff members. A similar dichotomy of orientation prevails about fee-charging. Once again, these orientations are not necessarily contradictory, but it does mean that there is a varying acceptance of the goals inherent in fee-charging practice. No fee policy could satisfy all staff members.
However, the proposal of this major premise is consistent with both of the Agency trends, if fees are charged in a way which aids the one trend, and does not inhibit the other. If there is an increase in higher income clients coming to the Agency, they should pay fees, to a reasonable degree, for the necessary expansion in staff. Service to other client groups would be left largely unaffected if support from the Community Chest and Council is based upon the level of demand for this service. An increase in the income from fees would mean an increase in the number of higher income clients coming to the Agency. If other areas of service remained static, Community Chest and Council support would remain relatively the same. There may be temporary periods of lag while this growth catches up with itself, where there is a drain from one area of service to the other. There may be a general trend toward service to clients more generally able to use help, but fee-charging would follow rather than initiate such a trend. The Agency must be firm about its policy of offering equal service to all clients regardless of income, and must resist any pressure to charge fees where this might be a deterrent to the use of service.

Charging fees on the basis of ability to pay need not be inflexible, nor need it entirely exclude other collateral values of fee-charging. If, for example, fee-charging does enhance the professional status of social work, then this value will accrue under the proposed policy. However, there is a difference between this and a more conscious effort to achieve professional status through charging fees. Social work is a profession now. It did not become one because fee-charging was introduced to, and accepted by, its clientele. Fee-charging, perhaps,
gave social work a chance to show that its skills were useful to all income groups. The fact that people are willing to pay relatively high fees for casework help will support the status of social work, but maturity is needed now rather than exploitation of this fact. The primary goal of charging fees according to ability to pay would have the effect of placing the therapeutic values in an auxiliary role. A money payment may still have the effect of "sharpening" client and worker participation, but the handling of fees would be depersonalized. Consistent fee practice based on ability to pay is more understandable to the client and to the community. There is a need for this consistency. There has been, so far, no real evidence of the validity of therapeutic factors. Feelings about money are so complex and at such different levels of consciousness, that the addition of this element to casework practice introduces more complications than benefits. In addition, the meaning of the client's responses can be understood through the usual casework process, and client reactions to the fee usually only substantiate this knowledge. By removing the worker from the role of being the recipient of the fee, personal elements are reduced and the client would not use the fee with the worker for the indirect expression of conflicts about being helped.

Specific Elements in Fee Charging Policy

The practice of charging fees should be structured to achieve simple, effective procedures in charging appropriate fees based upon ability to pay. One way to handle the intake procedure would be to have the client complete an intake card at the time of his first interview. In addition to identifying information, this intake card would have monthly income categories in intervals of $50.00, to be ticked by the
client. This card could be taken to the worker before the interview. The worker would then be in the position of being able to set a fee, if appropriate, with pre-knowledge of income, together with the knowledge gained by the end of the first interview about the client's adequacy of functioning and attitude toward receiving casework help. This card, or another fee payment record card, could become a permanent record of fee payments, going to the worker before each interview, or if fees were not charged this card could be filed for later administrative compilation. When the worker has set a fee, he would either go with the client to the receptionist to arrange for payment procedures, or tell the client about these and return the card to the receptionist complete with instructions for the method of payment. If the client is paying on a per-interview basis the receptionist would collect further payments. The worker would not be involved again unless a delinquency in payment occurred. There should be more use of at least one routine billing on per-interview cases before the worker takes up the matter of non-payment with the client. The manner of taking this up with the client should be from the point of view of whether the fee represents a financial hardship, not whether this means resistance to service. There should be some literature in the waiting room which includes the fact of fee-charging according to the ability to pay. Fees should not be mentioned to every client, but rather simply and matter of factly charged where appropriate. Some such general procedure as suggested above, should be adopted if fees are to be charged comfortably and consistently.

The procedures suggested above would be subject to the following considerations. There are a certain group of clients whose dependency needs
are so deeply rooted that fee payment is alien and disturbing to them. They want to "receive" rather than to "give". Within any fee policy flexibility is needed, and the necessity for making judgments about these cases would rest with the workers. The fee scale might be changed so that it started at a higher level in order that low income clients with coincident personality difficulties would be administratively excluded. A nominal fee of $1.00 per interview could apply unofficially below this level if, for example, a client initiated discussion about a fee and wanted to pay. In this area, it is important for workers to consider that it may often be more therapeutic not to charge a fee than to charge one. In the cases studied, the most difficulty was encountered with low or average income clients. The most successful fee-charging experience was with clients whose income was above $400.00 per month. In today's society, families with average incomes usually have little extra to draw upon for unexpected payments. Higher income families may have a comparable standard of living, but can usually arrange for fee payment by a temporarily different distribution of expenditures.

Flexibility is also needed in dealing with those families coming for help for the emotional problems of children. This group of clients should not be excluded from the fee-charging policy, but discretion should be used where their approach to the Agency is fearful or tentative. It is true that, before the children can be helped, the parents must begin to recognize and seek help for their part in the difficulties. This is a direct service to the parents and can hardly be said to be less valuable than any other agency service. However, parents may
need time to see and accept this as direct help for themselves. In this interval it may or may not be appropriate to charge a fee. With some parents the fee would help them see that the service required participation, with others the fee might be a deterrent. An additional element is that these clients frequently come at an acute stage of the problem so that the question of a fee may seem irrelevant to worker and client alike.

Remaining Problems

Many areas of fee-charging remain in which difficulties exist, and for which clear solutions are not easily found. A major difficulty arises when the wife comes to the Agency and is not sure whether the husband will come later. If the husband and wife do share responsibility for the planning of the family income, the problem is easier. As in some of the cases studied, the wife could be charged on the basis of family income, providing the husband is aware that she is coming to the Agency. If the wife continues alone, this charge could continue if the worker can determine that the wife really has access to family funds. If the husband does come in later, he could be charged the same amount, or the fee could be a weekly amount under the "family plan". The problem is not so difficult, either, where the wife is working. A charge could be made on the basis of her separate income, taking into consideration the amount she contributes to the maintenance of the home. If the husband provides for the home, the wife could be charged as a single person. Depending upon the use of the joint incomes, it might be preferable to suggest a fee based upon this total income, with the plan that the final amount of the fee will be held in abeyance until it is seen if the husband participates. In either case, it would seem possible to review the basis
of the fee, in view of later developments. In general, the fee should be a single one based on family income. In this area, more attention should be given to the culturally accepted pattern of the husband as head of the family. The husband usually should pay the joint fee and be approached about the basis of the fee, even if this has been once reviewed with the wife. A significant number of clients coming to the Agency have disturbances related to their masculine or feminine role. The Agency should, where appropriate, reinforce the culturally accepted roles of husband and wife, and it can do this often through the manner of arranging fee payment. The wife who comes alone, without her husband's knowledge, and with a very limited ability to pay, presents the most difficult problem in this area. In the cases studied, women did have more concern about getting help with their problems, and a more conforming attitude toward fee payment, than did their husbands. A fee proposal made to these wives may add a further burden in regard to her interpretation of Agency service to her husband. If the husband is negative about the fee and about casework help, the wife may be deterred from returning because of her husband's attitude, and because a fee has been proposed. If the fee is not mentioned, the husband may come later under false premises. Perhaps it is the manner of interpreting fees to the wife that needs attention. The worker might say that the Agency does charge a fee on the basis of ability to pay, and clearly leave this as a matter to be discussed with the husband. If the wife continues alone, and has only access to a limited housekeeping budget, a fee should not be charged and the wife should know this.
In general, it seems desirable to settle the question of fee payment, rather than to have it continue as an unresolved issue between worker and client. It is better to waive the fee, than to set a compromise amount, or to wait for the client to resolve the issue. This probably applies in the allied area where the client is aggressively opposed to fee payment. Casework techniques, rather than the fee, should be used to help the client use service, or to help the client face the fact that the problem will not be solved unless there is more genuine participation.

This has been an exploratory study of fee-charging experience in a particular family agency, during a limited period, while a revision of this policy was being tested. The findings suggest mainly that the Agency is not being selective enough in determining which clients should pay fees. Fee-charging to selected clients was found to be appropriate, but it was not found appropriate to tell all clients about fees. A considerable amount of attention needed to be given to the general thinking about the place of fees in voluntary family agencies, and to the conflicting philosophies about fee-charging in the Vancouver Family Service Agency. It was necessary to discuss the fundamental question of why a fee should be charged, before recommending changes. A similar process needs to take place in the Agency. The changes suggested are mainly those of emphasis and philosophy. Workers and clients alike, were uncomfortable where fee-charging was not appropriate. These experiences tend to perpetuate uncertain practice, and add to any doubts in workers about the validity of fee-charging. A period of successful
experience is needed. The suggested administrative changes should facilitate consistent fee-charging with appropriate clients, and should add to the comfort and directness of the fee-setting process. There is the need for increased skill on the part of staff in making casework judgments within this structure. The present scope of fee-charging may be relatively limited but this is not of primary concern. The important issue is to find ways of charging appropriate clients that are now coming to the Agency.

Recommendations for Future Research

There is a need for continuing research in certain areas of fee-charging. These can be conveniently divided into areas for Agency research, and those topics suitable for a Thesis.

A. Areas for Agency Research:

1. The degree of consistency in the application of the Agency fee-charging policy. This is a matter for continued review.

2. Agency study of Brief Service cases. As a separate area to determine why a high proportion occurs, and those cases which might legitimately be charged a fee.

3. A study of those cases where the wife initiates the contact with the Agency. In particular, those cases where the wife continues alone, and various economic circumstances prevail.

4. The techniques in handling cases where there is client resistance to casework help, and the study of more precise ways to evaluate personality difficulties in relation to ability to pay a fee.
5. The validity of the Fee Scale itself, and of excluding minimum income clients. A study of what kinds of financial difficulties to allow as the basis for exempting the client. The consideration of assets or savings as a basis for fee payment.

B. Areas Suitable for a Thesis:

1. A more intensive, longitudinal study of the therapeutic factors in fee charging.

2. The effect of fee charging upon the balance of cases carried by the Agency.

3. The study of variations in attitude toward money between men and women. The influence of cultural factors.

Voluntary family agencies are vital community organizations whose functions are continually subject to modification and experimentation. Fee charging can be viewed as a growth phenomena within these agencies which, if appropriate, needs to be resolved with the same vigor as that applied to other internal problems.
APPENDIX A:  

FEE SCALE GUIDE  

(Based on 1 or more interviews per week)

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<th>MEDIUM FAMILY (6 or more)</th>
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**FEE PER INTERVIEW**
## APPENDIX B: QUESTIONNAIRE ON INTAKE

**FEE CHARGING - INTAKE**

**Questions for Yellow Application**

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<td>(d) Too disturbed</td>
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<td>(e) Personality factors</td>
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<tr>
<td>(f) Research function</td>
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<tr>
<td>(g) Possible, will discuss later (E.G. undue anxiety, resistance, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were fees charged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no: (a) Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Extenuating circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Client blocking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Income ? or approximation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Reactions from community or other agency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Client aware of fees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did client initiate discussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If a fee case:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Scale followed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Manner of payment planned</td>
<td>Monthly</td>
<td>Per interview</td>
</tr>
<tr>
<td>(c) Client resistance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Worker difficulty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Timing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Appropriateness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Amount of fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Other</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX C: QUESTIONNAIRE ON CLOSED CASES

1. Reactions from community or other agency?  
   Yes ___  No ___

2. If not, did this affect relationship?  
   Yes ___  No ___

3. Indication fee aided client to focus?  
   Yes ___  No ___
   Indication fee facilitated diagnosis?  
   Yes ___  No ___
   Indication fee facilitated client participation?  Yes ___  No ___

4. Any indication:  
   Fee facilitated client seeking help?  
   Yes ___  No ___  Early?  Yes ___  No ___
   Fee deterred client seeking help?  
   Yes ___  No ___  Early?  Yes ___  No ___
   Agency function - client helped to recognize?  
   Yes ___  No ___  Confused understanding?  Yes ___  No ___

5. Any misuse of fee by client?  
   Yes ___  No ___  (e.g. used to manipulate?)
APPENDIX D: KEY TO INTAKE QUESTIONNAIRE

1. **Question #1**

   This does not refer to any preliminary informing or general explanation of fee-charging with the client. It is to be ticked yes if the worker decides to initiate a focussed and particularized discussion of fees. If the worker decides it is not appropriate to discuss fees in this sense, he should tick the reason (a) to (g) as indicated. If these categories do not apply tick "other". It may be possible that more than one of these categories apply to a particular case, but the category "Possible, will discuss later" should only be ticked on those cases where worker delays because the situation with regard to fees is unclear either because of client anxiety, etc., or inability of worker to judge appropriateness of discussing.

2. **Question #2**

   This question applies if fees have been discussed as per above #1, and it aims at seeing on how many cases discussion of fees carries through to actual charging. Answer N/A if NO to Question #1.

3. **Questions #1 to #6** are to be answered for all clients.

4. **Question #7 (c)** is to see what resistance to fees is present even if fees are agreed to and paid by the client. These cases may be valuable to review for the treatment values of fee-charging.

   **Question #7 (d)** relates to worker difficulty even if fee is being paid.

5. **Question #3** is aimed at obtaining an overall idea of the median or average income level of clients coming to the agency. If information on income is not readily available on non-fee cases, an approximation or occupation of the client would be helpful.
APPENDIX E: FEE-CHARGING PROCEDURES

A. General Procedures:

Clients should be informed of the fact that agency does charge fees as early in the contact as possible. In any case discussion of fees should take place in the first interview as a part of the interpretation of agency services. If the client does not seem to come within the fee-charging group nothing further is to be done unless the client volunteers a wish to pay, or there is a change in circumstances. On appropriate cases and subject to exclusion to policy listed, the worker may follow the initial discussion with a focussed consideration of a fee-charging plan for the client. This may be postponed if in the judgment of the worker, the client is not ready to participate because of undue anxiety, resistance, etc. At the time the fee is set it should be understood by the client that the matter can be re-discussed at any time in the future.

B. Discussion of fee with current under-care cases will be carried out at the discretion of the worker through interpretation of the fee plan.

C. Cards showing the fee scale will be available to the client so that he can participate with the worker in setting the fee.

D. Payment Plan. Payment may be made by cash or cheque at the end of each interview, or monthly bills may be sent. The client should decide which plan he prefers.

E. Mechanics of Fee Collection:

1. Fees will be collected by the receptionist.

2. The worker shall upon setting a fee have typed in duplicate a card showing the following information: Name; Address and case number of client; Payment plan; Date and amount of payment; Name of worker.

3. When the fee is initially set, the worker will introduce client to office procedure for payment. If the client desires to pay for this first interview, this may be done at the same time through the receptionist.

4. When a fee is set and cards made, the receptionist shall pull cards for clients having interviews, and will have these available when client leaves and is ready to make payment.

If client does not make a payment for an interview, receptionist will have card pulled and at end of day will notify workers on lapses in payment.
APPENDIX F: REASONS FOR FEE-CHARGING

1. It is appropriate to charge for a professional service. Casework has proved helpful to individuals and families regardless of income and no comparable service is available in the community. It is therefore felt that it is appropriate to charge an individual fee to those clients able to pay, providing the fee will not limit the client's use of service.

2. The payment of a fee for each interview should help some clients make better and more economic use of the service.

3. It is felt that because of the cultural pattern of paying for a professional service that a fee system may reach a wider clientele and help them come earlier for service, where previously there may have been resistance to accepting a free service.

4. Fees may be helpful with the individual client in externalizing the problem of taking help, in handling aspects of resistance, transference and other treatment phenomena. They may be directly helpful in diagnosis and treatment with some clients where the taking, giving, or withholding of money assumes central importance in their problem.

5. There shall be no difference in service between fee and non-fee clients.
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