

INTAKE PROCEDURE IN SOCIAL ASSISTANCE ADMINISTRATION

A Study of the Casework Implications of Intake, based on
Four Comparative Intake Procedures in Social Service
Settings and the City Social Service Department of
Vancouver

by

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ABSTRACT

This study involves a definition of sound intake procedure and an analysis of the presently established intake procedure in the Vancouver City Social Service Department. The focus of the enquiry is the effectiveness of the intake procedure in meeting the needs of clients who make application for social assistance. The effectiveness is measured in terms of study, diagnosis, and treatment, and the need for skilled case handling at the first point of contact between agency and applicant. Five types of intake cases are distinguished and illustrated. The referral process is studied as a secondary focus, three types of referral being distinguished.

Material for the study was gathered from current texts and articles on comparative intake procedures, interviews with the administrator, unit directors and workers of the City Social Service Department, interviews with the directors of hospital and T.B. social service departments, and by the analysis of representative and illustrative case material.

This study substantiates the belief that casework can and should be done in a public welfare programme. It also shows through case analysis that casework is required at the intake level, and the success of intake procedure depends upon the employ of skilled and qualified social caseworkers. Other matters determining the success of intake procedure are suitable office environment for the public, adequate stenographic aid for the social workers, skilled use of interviewing time, and sound referral process.

Many problems exist which prevent maximum service to clients. Solutions to these problems are possible without major change in the administration, structure, or budget, and are implications for policy change. The study finally indicates the need for more adequate interpretation of policy change to the city council and to the community if the public assistance programme is to enjoy public sympathy and understanding.

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Chapter 1

Intake Procedures in Social Service Settings

Intake is the front line of social work. It involves personal contact between the client and the social service agency, and giving the most beneficial direction to the client to meet his needs. The goal of social work agencies, in trying to meet the needs of the client, is to help him find a more satisfying and useful life. But the picture of some intake procedures in operation as recent as twenty-five or thirty years ago is not attractive, and certainly must challenge any person who has an interest in the well-being of his fellowman. It is now generally agreed that the almshouse is out of date as an institution, but the following situation which existed in a large American city in 1926 may be used as an example. Admission to the almshouse could take place not only through the admission office, but also by magistrate commitment, and by the police in emergency cases. The process of magistrate and police commitments made no allowance for recording a social history, therefore, "this information must be gotten at the institution, and because of lack of funds to employ a qualified person, the records of emergency cases are taken by an inmate who is eighty-six years old and a very remarkable character."¹ The intake procedure of this almshouse brought together, "homeless old people, respectable and disreputable; senile people who may have homes, but cannot be taken care of in them;

1 Emily B. Randall, "Admissions and Records in Almshouses", Proceedings of the Conference of Social Work, 1926, Chicago, University of Chicago Press, 1926, pp. 524, 525.

feeble-minded persons, young and old, who need to be safeguarded in an institution; middle-aged and old blind people; cripples, young and old with venereal disease, whom no other institution will admit; coloured pregnant girls under the jurisdiction of the court, for whom there is no other institution; drug addicts; and transients awaiting transportation."¹ In recent years there has been a general development of special institutions to give individual attention to such groups as mentally handicapped adults and children, physically handicapped adults and children, the blind, the aged, unmarried mothers, and delinquent children. Many of these institutions have been accepted as government responsibilities. In many countries, financial assistance for the aged and the destitute have been accepted also as government responsibilities. This financial assistance has usually taken the form of old age pensions, mothers' allowance, and social assistance. All institutions and agencies have some form of intake procedure, and many have improved their method of intake. However, there are still institutions in operation which have no restrictions on intake, or little selection of clients. These conditions may be found in certain hostels for men, and in various homes for children. Regardless of any intake procedure in use, all agencies, even those with defined and limited eligibility groups, must still face the question, "How can intake procedure be improved or modified to meet the needs of individuals and families?" Each agency or institution has the responsibility of answering this question by self-analysis or

1 idem. p. 525

by research.

Intake Interview and Intake Procedure.

The essence of good intake depends on whether it is recorded as an interview or a routine registration. Indeed, confusion may arise over the use of the terms "intake interview" and "intake procedure", although these expressions are not synonymous. An intake interview is, or should be, "the introduction of the client to the caseworker and the casework process. It is concerned with diagnosis, classification of problems, acceptance of problem or referral to another agency, other case-work disposition, or rejection after a brief service." ¹ The action here involved is a dynamic two-way process which involves both worker and client, whereby they unite their knowledge and experience to work out the initial problem. The arrangement of their knowledge allows tentative diagnosis, and points the way to treatment. Intake procedure is the process that brings the client to the field caseworker or to the worker who is carrying the case load. All clients do not complete this process in any one agency because of rejection or referral at the intake interview level.

There are two main differences between public and private agencies which may affect the intake policies of these agencies. Many private agencies, such as Childrens' Aid Societies and Family Welfare Bureaus, are supported by private funds, not by

1 LeRoy M.A. Maeder, "Generic Aspects of the Intake Interview", The Family, March, 1942, p. 14.

taxes collected from the public. The private agency is not open, therefore, to the close scrutiny of the public or of governmental representatives. The public agency is open to this scrutiny at any time, and to facilitate this review a "step by step" routine and structure must be developed. The steps involved are easily labelled "red tape", and they often bring forth criticism from clients who complain of the many forms to be filled out and the length of time which passes before any action takes place to satisfy the client. However, clearly defined steps are essential when there are continued investigations regarding the expenditure of public funds. The second main difference is the greater freedom of experimentation permitted to the private agency. If the private agency chooses to use this freedom, it may readily modify its intake procedure in an effort to improve service to clients. In addition, the private agency may be more selective in meeting needs in the community, whereas the public agency, by its nature, is responsible for granting aid to all individuals who are eligible within the requirements laid down by law.

Whether in public or private agencies, intake procedure may differ because of agency setting, agency function, the people to be aided, the availability of funds, and - above all - the qualifications of the personnel. Each agency, in effect, must develop an intake procedure which is in harmony with the conditions that surround the agency. By considering separately four agencies - a public assistance agency, a medical service

department, a child guidance clinic, and a school social service - the broad differences that may be found in intake procedures may be effectively illustrated. The procedures used have been taken from current literature, not from local agencies.

(a) A Public Assistance Agency

The structure of the intake procedure is made up of reception, clearance interview, and application interview. The receptionist determines whether the person is an applicant or a recipient who wishes to leave a message. If he is an applicant, the receptionist takes down the necessary identifying data and checks to see if assistance has been given before. Any record is read by the interviewer before the applicant is seen.

The clearance interview is used to interpret the agency's function to the client as it affects him, and the worker and client determine whether assistance is possible. The worker also explains to the applicant exactly what part of his life experience the agency needs to involve itself with. Many cases are completed at this stage but if more material is required a second appointment is given. The second and other necessary interviews are termed application interviews.

This procedure is geared in such a way as to let the applicant feel he still can be of use although he is asking for assistance, to let him share the responsibility with the agency in proving eligibility, and thus to preserve within the client,

as much as possible, the feeling of self-help and independence.¹ It is noticeable in this procedure that a receptionist takes down the necessary identifying data; this allows the caseworkers to concentrate on interviewing the client, and thus to make most efficient use of their casework skills. Secondly, the services offered are available to anyone in the general community who can comply with the eligibility requirements.

(b) A Department of Medical Social Service

The Department here illustrated operates as part of a 480-bed hospital. It has an Admitting Division and a Casework Division, both of which are under the supervision of the Director of Social Services. All the patients involved are out-patients, who number approximately 750 each month.

The Admitting Division is concerned with administration, eligibility, facilitating physical examination and treatment, and admission to the hospital if necessary. The staff consists of three social workers and one stenographer. The Casework Division is concerned with all services not handled by the Admitting Division. The staff again consists of three social workers and two stenographers. Each of the latter three social workers has a private interviewing room.

All referrals to the Casework Division contain the name

1 Sarah S. Marnel, "Intake in a Public Agency",
The Family, June, 1940, p. 120.

of the referring physician, the ward, an outline of the medical problem, and the service required from the Social Service Department. These referrals are all brought to the intake worker, who reviews and clarifies the problem by further consultation with the physician, family group, and possible conferences with other agencies interested in the individual. When the intake worker finds that long-term casework treatment is necessary, the case is transferred to one of the two other workers.

The intake procedure, in summary, is a period in which the patient and the worker discover each other, the worker carefully evaluates her role in terms of what she can offer and what the patient can utilize, and the patient and worker come to understand the proposed function of the worker.¹ This procedure is designed to meet the needs of certain out-patients who are receiving physical treatment from the hospital concerned. The intake worker, therefore, must ensure that all applicants fall within this group of patients, must understand the medical problem and treatment, and must keep up a close liaison with the physician for the client. Another distinctive feature of this procedure is the contact between the intake worker and the clients' family. This contact is necessary as the intake worker must have an accurate picture of the clients' family situation and attitude before an adequate review of the clients' problems can be made.

(c) A Child Guidance Clinic

The example utilized here is typical of Child Guidance

1 Eleanor Cockerill, "Intake Process in a Department of Medical Social Service", The Family, October, 1940, pp. 188, 189.

Clinic intake procedure. The parents seek help at such clinics largely of their own volition, although occasionally doctors, teachers, friends, or other social agencies have urged such action rather than suggested it. In general, the purpose of the first interview is to provide the parent with an opportunity to present his problem, and for the caseworker to describe the agency function. The parent and worker then decide if the agency can offer help.

Despite the unquestioned advisability of listening to the parent's story, the intake worker guards against the parent giving too detailed a story, if a further interview is to be given for taking a social history by another worker, or if the interview becomes highly charged with emotion.

Intake places certain limitations on the clients who are to be helped. The clinic here described serves primarily an area from which comes the majority of its funds. Further, the clinic is most able to help children between the ages of eighteen months and seventeen years, and of superior intelligence. The clinic believes that the parent should make the first contact with the agency. If a child is under the care of a psychiatrist, then his permission must be given to the clinic to work with the child. If a social agency is making a referral, it is held responsible for a social history and casework.

Prior to the first interview, a blank form is sent to the parents which asks for identifying data, occupation and schooling of parents. This information permits clearance with the Social Service Index. A pamphlet explaining the clinic function is enclosed with a letter confirming the time and date of the

appointment. The intake procedure is shared by three members of the social service staff in the clinic. The first interview is regarded as very important because it concerns the beginning and continuation of a useful treatment programme for parents¹ and children.

(d) A School Setting

In the example utilized here (from the New York public school system) a Bureau of Child Guidance handles the referrals of school children, and the casework is done by its social workers. The agency believes that most intake involves diagnostic and interviewing skills, and as the school principals are not qualified to do this, special consideration is given to all cases. School casework is particularly challenging because the worker must decide who is the client - the educator, the parent, or the child.

Most referrals are made by the principals, and a few by the Board of Education, the Bureau of Attendance, vocational guidance workers, and by visiting teachers. Eligibility must be established in all cases. In the New York System four criteria are used. The child must be on the school registers. The child must have an I.Q. over seventy-five. The child's case must not be active with another agency or not in need of referral elsewhere. Finally, the child is studied only when written

1 Dorothea McClure, "Intake Policy in a Child Guidance Clinic", The Family, December, 1940, pp. 253 - 259.

consent is given by the parents. Intake interviews are designed to help answer the question, "What does the client want?" This is very difficult because of the teacher-parent-child constellation.¹

It is clear from these examples that intake procedures of necessity vary in relation to agency setting and function. In all four procedures the intake worker must decide whether the client is eligible for help. The public assistance agency offers financial and casework services to the general public, therefore, intake limitations are found in terms of residence and destitution. On the other hand, the child guidance clinic and the bureau of child guidance are primarily concerned with treatment of emotional problems, therefore, intake limitations are found which help to ensure successful treatment. A further restriction is revealed in the intake procedure of the child guidance clinic. In general, the services of the clinic are available primarily to persons who reside in the area from which comes the majority of the clinic's funds. The effect of one agency's philosophy on intake is seen in the case of the child guidance clinic. This agency believes that the parent should undertake a great deal of responsibility. As a result, the intake procedure begins with the sending of various forms to the parent who is responsible for their completion and return. The completion and return of the forms is necessary before further service is offered by the clinic. In the illustrations

1 Shirley Leonard, "Intake Policies in a School Setting", The Family, December, 1941, pp. 263 - 269.

used, the intake procedures are designed to allow the intake worker to explore the problems which usually cause the first contact between the client and the agency. In the public assistance agency, the intake worker would first explore the client's financial situation. In the child guidance clinic, the intake worker would first explore the behavior of the child or children when they are involved. In the department of medical social service, the intake worker would explore the physical condition of the client and the social problems related thereto. In the bureau of child guidance for school children, the intake worker would first explore the school situation and the child-parent-teacher constellation. These initial investigations by the intake worker are useful in three ways. They help to establish the ability of the agency to assist the client, to focus the problems of the client, and to allow the worker to begin where the client is situated at the first contact with the agency.

Most social agencies are concerned with "screening" clients to ensure they have approached the most suitable place for assistance with their problems, or to make a referral to another agency if necessary. Although most agencies are aware of referral, there is a danger that too much stress may be placed upon the protection of agency function. The ultimate function of intake procedure should be not only the "screening" for the most expedient use of individual agency function but also the best use of inter-agency functions. If each agency's intake procedure does not serve all the agencies in any one area or city, then it falls "short of the mark".

A gap may occur between the intake procedure and function of separate agencies so that a client may find that he is not eligible for aid by any agency, and his needs go unmet. Further gaps in inter-agency relationships develop out of misunderstanding and non-acceptance of each other's function and limitations. It is essential that inter-agency relationships foster intake co-ordination between agencies. However, it is not essential that all intake be concentrated in separate agencies. It is not impossible to have a "central intake" bureau to service several agencies which have a common interest. Such a bureau was organized in New York city for serving a group of institutions for dependent children.¹ The central intake procedure developed as a part of a federation of agencies in this area. The federation does not control agency policies but acts as a co-ordinating body which operates to develop a higher standard of work and better community planning.

This "overall service" by intake procedures will help to foster understanding, co-operation, and efficiency between agencies, and consolidate resources in serving the client and the community. The generic aspects of professional social work and intake should facilitate this.

Generic Aspects of Intake

Whatever the social agency, certain functions and

1 Edith May Holmes, "Intake Policies for Children's Institutions", The Family, October, 1941, pp. 185 - 192.

methods of procedure are essential to good intake. The client approaches any agency, whether by self-initiative or referral, because a problem or problems exist for him. Regardless of the nature of the problems, it is the function of the intake procedure to "screen" the clients to find if the agency can fulfil their needs; or, if referral is necessary, to make the referral.

Difficulty arises because the client cannot be relied upon to present his real problem in its entirety or in terms of his basic difficulty. He may expose only that part of his problem which causes him the greatest discomfort, or perhaps the part which causes him the least embarrassment. The intake worker must begin where the client begins, but must move to discover the real problem, the scope of this problem by a careful test and exploration of the client's point of view, and any proffered solution.

The worker may need to extend his leadership to guide the client in his exposition of the problem, and all its pertinent information and detail. In addition, the worker must be aware that many complexities may exist in the client himself. The client may have feelings of anxiety, guilt or aggression; may be inhibited because of shyness, shame, or need for affection or approval; or suffer under such mechanisms¹ as repression, regression, rationalization, projection, and denial. It is essential to have a vehicle to carry the client through such complexities in order

1 Alice R. McCabe, "Meeting the Emotional Needs of Our Children", The Family, October, 1950, p. 337.

to ensure progress. This vehicle is known as rapport, and the development of rapport between the worker and client must be held as one of the primary aims of the worker. With rapport established, the worker may help the client move toward an objective view of the problem, toward a desirable solution, and convince the client whether he wants or does not want the assistance of the agency. The intake worker, however, should not explore too deeply into the problem nor encroach too far into the treatment process. He should try to gain enough accurate material to support the original tentative diagnosis, to decide if the problem falls within the scope of the agency, or to make a referral if this is necessary.

Given the recognition that the agency can meet the needs of the client, the agency function can then be explained to the client in a clear manner. This explanation should concern only the section or sections of agency function which correspond to the problem of the client. Further explanation can be made as it is necessary and expedient in helping the client. This will help to prevent the formation of confusion in the client, and will facilitate casework.

The casework approach has recognized two important facets in its attempt to help people to a better social adjustment. This approach is concerned with the psychological aspect, to decrease the individual's emotional burdens, and increase his inner capacity to meet life's frustrations and to make use of its opportunities; and the social aspect, to intervene in the environment in the interest of the client. Whether the breakdown occurs in

employment, finances, health, school work, general social relationships, or intimate family relationships, the casework approach must weigh the relative importance of both inner and outer pressures, and their inter-relationship, and then make full use of both environmental changes and psychological methods appropriate to the case within the competence of the worker.

This twofold approach necessitates a positive knowledge of the ego strength in clients. The whole network of forces including those of the client, worker, agency, and community which may aid the client, will be useful in relation to ego strength and how it may be increased. Therefore, if intake is accepted as the beginning of the casework process, it is imperative that the intake worker be able to measure ego strength in order to plan the treatment which is most advantageous to the client.

In all casework there should be continuity of study, diagnosis, and treatment. "Logically we should study, diagnose, and treat in that order; actually these steps are not performed in logical sequence but weave in and out, often paralleling one another" ¹ Therefore, the intake interview is the beginning of study, diagnosis, and treatment because we study while inquiring into the client's situation, we diagnose in making a tentative appraisal of the problem, and we treat in establishing rapport. This process is continuous and flexible and "we are engaged in study as long as we know the client". ²

The success of intake interviewing will depend a good deal upon the intake worker's ability to carry out study, diagnosis,

1 Gordon Hamilton, "Theory and Practice of Social Case Work", New York, Columbia Press, 1947, p. 35

2 Ibid. p. 35.

and treatment, and the opportunity he is afforded by agency policy and structure to do so. These criteria will be used to show intake as an opportunity for casework in a public assistance agency. It is proposed to study especially the Vancouver City Social Service Department; to analyse different kinds of social assistance intake and illustrative case material; to take account of related referrals; and to review certain general implications for policy.

Chapter 2

Intake as an Opportunity for Casework

A social assistance program is based on the belief that individuals have the right to receive financial and other aid when in a position of need resulting from circumstances over which they have little or no control. Such a program must be supported by public funds, therefore, it is open to public review and criticism at all times. This places the intake worker in a key position as he must handle the first contact between the client and the agency. The intake worker has the responsibility of protecting the right of the individual as well as protecting public funds. He must prove or disprove the eligibility of the client without creating a negative feeling in the client towards the agency. This responsibility, and the limitations of intake interviewing, indicate the high degree of knowledge and skill the intake worker must have if the public assistance program is to be successful and accepted by the people who support it and who use its services.

Limitations of Intake Interviewing

The intake worker must work within a network of government regulations concerning eligibility, and fit his interviews into the busy schedule of the agency without placing this pressure on the client. The intake worker must also prepare the client for the next worker if the case is to be continued or referred, explain any other investigation, and help the client accept refusal of assistance, or to co-operate in reporting any future change in circumstances which would affect eligibility.

Sound casework practice also places certain limitations upon the intake worker. When the intake worker explores the client's situation, he does not probe deeply into any problem but limits his enquiry to a survey of the total picture. If the intake worker becomes involved in any problem of the client, then it becomes difficult for the client to transfer to a fieldworker. Secondly, the intake worker, in making a tentative diagnosis, is attempting to formulate a description of the client and his problems. Although the diagnosis of an experienced intake worker may be accurate, the worker should not encourage the client to talk excessively in order to build up an accurate diagnosis. Thirdly, the intake worker must necessarily develop rapport with the client but the worker does not develop such a strong relationship that the client will find it difficult to transfer to another worker. The relationship between the client and the intake worker is not formed to facilitate intensive treatment but to facilitate an introduction of the client to the agency, and to assure the client that people are interested in him, and help is available.

The above limitations do not necessarily hold in all intake situations. If it is possible for the intake worker to continue with the person who is first met at intake, then he has more freedom in his handling of the situation. On the other hand, the intake worker may find that he cannot control the flow of information that the client divulges. In this situation the worker must explain to the client that he may feel guilty or angry because he has revealed so much information, and that it

is all right to feel this way. Also, the worker must prepare the fieldworker for the possibility that the same feelings will exist in the first interviews with him. With this forewarning, the fieldworker is able to give the client the opportunity to "drain off" his feelings. These two possibilities reveal the flexibility that is demanded of the intake worker.

It can be argued that the caseworker who carries a caseload must be equally flexible. This statement is true, but does not take into consideration the fact that the intake worker must function within the limitations of one interview in most instances. The intake worker who is not skilled in intake interviewing may make sufficient errors so that the client will not return to the agency. However, the caseworker involved in long term treatment has a strong relationship with the client which will help to overcome any error on the part of the caseworker. A social service agency, therefore, must capitalize on the intake interview in order to carry out adequate study, diagnosis, and treatment of its clients, or, in short, to carry out casework and offer maximum service. This is particularly true for public agencies in view of eligibility requirements and public review.

Casework at the Intake Level

The many limitations placed upon the intake worker of a public assistance agency gives rise to an important question. Is casework possible in an intake interview in a public assistance agency? Cases have been discussed by writers in recent years

which reveal that casework is not only possible but also desirable. This is illustrated in the case of Mr. S. and Mr. T. The first¹ case reveals acceptance as offered by the intake worker to the client, and shows how maximum aid can be offered in a short interview.

Mr. S., an unattached man of twenty-five, was asking for help after being discharged from the city hospital's tuberculosis ward. He said that he needed assistance pending admittance to a sanatorium. In discussing current budget expenses, the interviewer found that his rent was \$3.25 a week including all fuel expenses. Since he was too weak to look for a cheaper room, even if one might be found, the interviewer enquired how he felt he could manage on the remainder of his \$4.80 cheque. He said he didn't know, but guessed it was the best we could do for him. The interviewer discussed with him the use of supplementary aid from a private agency. He seemed quite surprised that we were interested in helping him; he said no-one had seemed to care how he lived until he was admitted to the sanatorium, and he had felt that he "just didn't matter to anyone." A private agency was consulted, and it agreed to assist with diet and clothing help. Several weeks later the young man returned to the application department and left a note for the interviewer which mentioned his appreciation for the interest shown and stated if he regained his health and could get a job, he would return all the money given him.

Although this interview is short, the worker is able to give this withdrawn youth some warm-hearted interest and, in recognizing the scope of the problem, was able to suggest other help which resulted in diet and clothing aid. This interest and proffered solution by the worker enabled the client to move outside himself and so he left the note of appreciation. Finally, the worker's awareness of the inarticulate needs of the client provided both material and emotional strength, supplied a level of diet which was needed, and made possible a mental and physical

1 Sylvia Sacks, "Public Agency Intake and the Case Work Goal", The Family, April, 1942, p. 65.

rehabilitation which was evident in the youth's desire to regain his health, to work, and to repay the money.

Casework is important not only in cases accepted by the agency but also in cases rejected by the agency. The follow-¹ing illustration is taken from a case where financial aid was not possible.

Mr. T., aged fifty-five, tall, thin, neatly dressed, of Swedish-American stock, nervously explained as he took his seat that he was coming here as a last resort, without his family's knowing, and that he had never applied for public or private "charity". After working thirty years selling foodstuffs, averaging about forty dollars per week, he was laid off a year prior to application. Since that time he had exhausted unemployment compensation benefits, insurance cash value, credit with friends, grocer and landlord. In his home, besides his wife, he kept his daughter, Mary, his son-in-law, Tom, and their baby, Marie, without asking any contribution from them over a period of three years.

His son-in-law's income was twenty dollars a week and used for clothes and personal medical attentions, Mary being pregnant. Further discussion revealed the family to be a closely related unit. However, the family was ineligible for assistance because of the son-in-law's income.

Mr. T. was rejected when informed that he was ineligible, and argued he would become a burden and a liability to the household.

The worker saw that the problem was not just financial but was complicated by Mr. T's heartbreak and loss of status in the household. The worker thus proceeded to review his method of seeking employment, advocated registration for unskilled work at the State Employment Office, and suggested use of the free services of the medical clinics available. However, the worker recognized that the problem of asking his son-in-law to shoulder

1 Ibid, p. 66.

more responsibility was very serious for Mr. T., and was beyond the present treatment level and time available. Therefore, the worker suggested a discussion of the problem with an interested person in a private agency. Mr. T. thought this might be of help since "even this talk had helped", and he asked the worker to make an appointment for him with the family agency.

Although Mr. T. could not be helped financially, the value of the case is revealed by the fact that he was able to discuss other factors in his problem, could review his job-finding methods, could discover other community resources which he might use and, although rejected, he still realized the worker was interested in him. Both these cases illustrate that casework can be used to determine eligibility, to diagnose the total problem, to initiate a therapeutic program in co-operation with the client, and make referrals to other agencies which can aid in helping the client.

The handling of public funds in social assistance, if uncontrolled, can destroy morale and self-respect. However, with the aid of good casework services it can develop strength, self-confidence, lead to independence and build stronger communities. The interest of the taxpayer and the social worker are essentially the same - "the prevention of human disintegration,¹ and the rebuilding of self-sustaining families"

Rosemary Reynolds, "Do We Still Believe Casework Is Needed In A Public Relief Agency?", Casework in Public Relief, New York, 1935 - 1939, p. 6.

The foregoing cases reveal in some measure how a trained caseworker can function in public agency intake. A review of some of the problems that an intake worker must face in public agency intake will help to clarify the amount of skill and knowledge required to give maximum service to clients. In many cases the intake worker must relieve the client of feelings of anxiety and insecurity in order that the client can focus on eligibility requirements, and see his problem as it relates to the agency function. The intake worker must have an understanding of the ramifications of ill-health, financial strain, emotional needs, and the inter-relationship of each in the total pattern. The intake worker must realize also that individuals vary in their choice of food, clothes, place of residence, and activities in accordance with their habits and standards of living. Secondly, the intake worker must be aware of the government-made conditions under which assistance may be granted, and he must keep within these limitations. Lastly, the intake worker must have knowledge of certain intangible needs of the individual. "Those elements that feed a man's morale, sustain his self-respect, encourage his initiative, give him a feeling that he is worthwhile as a person, have to be ascertained individually by individual. Our concern with meeting physical needs and safeguarding relief funds in no way controverts an equal concern with conserving those individual and social values which are indispensable in helping recipients of public assistance to live lives as nearly normal as

may be, both now and in years to come"¹ The intake interview, if it is really constructive, should represent the first in a possible series of events which will help the client to a better adjustment in life. Therefore, any intake procedure must be developed so that the many possible limitations do not prevent sound intake interviewing.

Proposed Method of Analyzing Intake Procedure

In analyzing intake procedure in social assistance administration it seems desirable to do so in two phases, although many methods may be used. The first phase will be concerned with intake structure and procedure, and the second phase with the referral of clients. In both phases case material will be used to reveal the casework implications of intake. The effectiveness of these phases in meeting the needs of the client, who approaches the Vancouver City Social Service Department for social assistance, is the focus of this study.

1 R.H. Kurtz, ed., "Public Assistance Worker", New York, Russel Sage Foundation, 1938, p. 101.

Chapter 3

Social Assistance Intake in Practice

The Vancouver City Social Service Department (CSSD) is bound by City Council and Provincial regulations and legislation concerning social assistance. The social assistance that is granted by the CSSD may be defined as financial aid for maintenance and living accommodation. The financial aid may be accompanied by casework treatment when necessary. The Vancouver City Council defines the eligibility requirements with which an individual must comply in order to receive social assistance. These requirements are concerned with unemployability and destitution, as illustrated in appendix A. There is also a residence qualification which is based on the British Columbia Residence and Responsibility Act, 1948. These regulations and requirements are the integral part of the intake procedure.

The CSSD has two methods of intake procedure. One method is followed in the Intake Section which is attached to the Centre Unit or headquarters of the CSSD; the other method is followed in the East, South, and West District Units of the CSSD. The Intake Section uses permanent intake

workers, while the three District Units use a worker rotation system. In the District Units, each worker in turn is made responsible for all intake for one day and handles all enquiries that are made during that time. Each District Unit has its own system of worker rotation. Each District Unit is primarily responsible for helping applicants in its area. The Intake Section, however, serves applicants from all areas in the city.

In both procedures a card is filled out with identifying data and, if the client is eligible for social assistance, a record is made of the case and a home visit is completed by the fieldworker. The complete record is cleared through the Records Section and the Voucher Section at main office. A voucher is made for the case, and an interim cheque is made out for the client. This interim cheque prevents a delay in the receiving of the money by the client. Further cheques are made out by the automatic cheque-writing machine at the City Hall. In emergency cases where the client is completely destitute, the whole procedure may be completed so that the client may receive his social assistance cheque within a few hours. In cases of doubtful eligibility, a staff committee will be held to decide the action to be taken in the situation.

The Unit Intake Procedure

Although the District Units do not have workers who specialize in intake procedure, experience shows that the rotation

of workers on intake duty maintains some balance between the demands of the field worker's caseload and the demands of the new cases. Likewise, the district offices are handicapped by lack of private interviewing facilities, with the possible exception of West Unit which has three private offices for intake. However, the District Units are more flexible in their handling of problems in intake that cause emotional stress within the applicant. The intake worker, when he finds it is difficult for the client to discuss personal problems due to the lack of office facilities, may refer the case to the field worker who may make a home visit to discuss the problem in privacy. In all Units, two main problems are apparent. Firstly, the lack of skilled case workers for intake interviewing minimizes the amount of study, diagnosis, and treatment given to the client. Secondly, the lack of proper office facilities reduces the efficiency of the intake procedure and results in more expense to the City because of the time spent in intake interviewing. With proper intake office facilities and more skilled intake workers, each hour used for intake would be more profitable in determining the needs of clients, and in fulfilling these needs.

The Intake Procedure of the Intake Section

The intake procedure of the Intake Section is divided into clearance of eligibility at the intake desk, and an interview for registration of the case; this is termed record and registration. The worker at the intake desk will fill out a

card with identifying data and will discuss unemployability, residence, and the possible existence of unemployment insurance benefits with the client. If the worker has time, then he will also check the residence history. (The actual addresses of residence and the time spent at each address are listed.) If the applicant seems to be eligible, then an appointment will be given to the client so that a record and a registration of the case may be made. This appointment may be given within an hour, a day, or a weekend, depending upon the pressure of work and the day and hour of application. However, all cases of dire emergency are handled immediately. The card for the client is then cleared through the records section to find any file on hand for previous social assistance. The client who cannot establish eligibility at this point of intake, is advised of the action necessary to prove eligibility and is told to return when such action has been taken. The client who is definitely not eligible is so advised and, if indicated, a referral is made to the Salvation Army, Family Welfare Bureau, Department of Veterans' Affairs, Veterans' Poppy Fund, Y.W.C.A., Jewish Welfare, the Catholic Charities or various churches.

In general, this initial contact with the CSSD can be an upsetting experience for the client because eligibility and other problems are discussed across an open counter and in view and hearing of any other clients who are waiting their turn. This problem is enhanced by the small and uncomfortable intake room. In many instances, long delays occur while the client is

proving eligibility or an existant record is being called in from another area in the province. Such happenings are indeed trying for the client, when he is upset, resentful, guilty and without funds.

During the record and registration interview, the intake worker and the client together fill out the registered Social Assistance application, assets and income form, and a bank statement form. The worker then traces the residence history until legal residence is established. This procedure appears simple but it represents only a part of the interview. The intake worker must try to find details of the total problem and apply casework to a certain degree. If the intake worker can present a good picture of the problem and give a tentative indication of needed casework, then the fieldworker who contacts the client, is better orientated to the client's needs. However, the pressure of work in this interview is usually such that the intake worker has little time for exploring the problems or doing initial casework. On a majority of days, the intake worker registers an average of six cases, writes up each case by longhand, sets up the file, and places it in the hands of the one stenographer. More time could be spent in helping the client and in doing initial casework if the intake desk worker was able to record the residence history of the client, and if sufficient clerical staff could set up the file and take the intake worker's record and registration in shorthand.

The Effectiveness of Intake Procedure

The effectiveness of the intake procedure of the CSSD Intake Section depends mainly upon the intake worker's training and skill, his ability to function within the structure of the CSSD, and his knowledge of the clients and the problems that they bring to the CSSD. There is a great variety of clients who come to the CSSD for social assistance, but for convenience they may be described in terms of the service needed by them; minor service, major service, and special service.

(a) Minor Service. A minor service is given to a client when there is a temporary lack of income but no need for treatment. This service is given to persons waiting for old age pension, to marginal income groups when the breadwinner is temporarily unemployable and no other resource is available, to persons whose workmen's compensation benefits are below the social assistance level, and to persons waiting for workmen's compensation benefits, or who have been refused compensation benefits but are unemployable.

(b) Major Service. A major service given to a client includes not only financial aid but also casework treatment for emotional or personality problems. Further aid is given by counselling, direction, and helping the client to formulate plans for the future. This service is given to unmarried mothers, deserted, separated, or divorced women with young children, to a large group of single unemployable men, and to those people who require nursing or boarding home care.

(c) Special Service. Special services may or may not include casework treatment, but are categorized thus because they reveal a progressive trend in the policy of the CSSD. Special services include aid to wives or families when the breadwinner is confined in Oakalla, in the Penitentiary, is ill with venereal disease or tuberculosis, and to persons whose workmen's compensation benefits have been discontinued because of physical complications. (A man with an injured leg may develop arthritis and so become crippled. Because the man is unemployable, his compensation benefits are discontinued and social assistance is granted.) In all these cases the applicant must be destitute.

These categories are not a final grouping in any manner, and do not reveal the many combinations of services that may exist. Further, they do not include the cases that are rejected at intake. An applicant will be refused social assistance because he is employable, he has sufficient income or resources, he has no residence in Vancouver or British Columbia, he is being repatriated, and he is addicted to alcohol. In the latter situation some alcoholics do receive social assistance when it is advisable for a social worker to administer the cheque. However, all applicants that come to the CSSD for social assistance are met with a standard intake procedure, therefore, any differentiation in service given is based on the degree of need of the applicant and on the intake worker's handling of the case.

Meeting the Client's Needs

The effectiveness of the intake procedure may be

ascertained only by a careful analysis of several cases that have been given attention by the intake workers of the CSSD. To facilitate this analysis it is desirable to term these cases as aid without social assistance, financial social assistance, casework social assistance, and misused social assistance.

(a) Aid Without Social Assistance. This type of case may be described as one in which the client is not eligible for social assistance but the intake worker is able to help him find a solution for his problem.

(b) Financial Social Assistance. This case is one in which the client is eligible for social assistance but the intake worker is unable to do more than prove eligibility; further aid is prevented by pressure of work, or the need to supply a social assistance cheque to the client with as little delay as possible.

(c) Casework Social Assistance. This case is one in which the client is eligible for social assistance, and the intake worker is able to begin study, diagnosis, and treatment.

(d) Mis-used Social Assistance. This case is one in which the client is eligible for social assistance, but the granting of social assistance only succeeds in maintaining the client's problems and his dependency.

Aid Without Social Assistance.

Many clients come to the intake desk for social assistance when they are not eligible for it and when it is not the answer to their particular problem. When the intake desk worker has time and sufficient skill he can explore the client's problem

and offer a solution. The intake worker was able to help Mrs. A. in this manner.

Mrs. A. applied for social assistance because her husband had passed away and she required financial aid pending the settlement of the Will. Mrs. A.'s lawyer had informed her that it would take several months to do this. The intake worker in his interview with Mrs. A. discovered that the late husband had a total of \$4,000 invested in two stock market firms. The worker advised Mrs. A. that she could receive an emergency allowance, and recommended she engage another lawyer of her choice. Mrs. A. approached the new lawyer and subsequently was able to obtain an emergency allowance which solved her problem until the Will was settled.

The intake worker was able to offer Mrs. A. an opportunity to discuss her problem and relieve some of the tension that had resulted from the bereavement, and the confusion over the legal settling of the Will. The solution offered by the intake worker was a simple one but offered great support and satisfaction to the client in her time of need. The confusion that is caused in a client by his problems is often so great that he becomes unrealistic, aggressive, and involved in a stormy interview with the intake worker. The case of Mrs. B. illustrates this confusion and the solution offered by the worker.

Mrs. B. applied at Intake Section for the first time late one afternoon in the autumn. She was a Finnish woman of approximately 30 years of age and had been in Canada 10 years. She was separated from her husband due to incompatibility and had a baby boy 18 months old for which she was paying board and care. She had recently been supporting herself by doing housework and living in for which she had been receiving \$70.00 per month plus room and board. Her health was good, she was clean and neat in appearance and appeared to be of an aggressive type. When she applied to the intake worker she was in a highly excitable state insisting that she must have assistance immediately as she had no where to live that night due to her work terminating, and also the people with whom her child was boarded were insisting that she remove him from their home that night.

Due to the late hour in which she had applied the worker explained that no assistance could be given that night and a stormy interview ensued. At this point the worker referred the matter to a higher authority and upon further enquiry the following factors were ascertained.

Mrs. B., as previously stated, was of a fiery temperament, had an argument with the people who were boarding her child over payment of board and the discussion reached the point where they insisted Mrs. B. take her child out of their home immediately. As Mrs. B. could not bring her child to the home where she was employed and had no friend with whom she could leave it, she endeavoured to secure other employment where the child might possibly be permitted, but had unfortunately given notice where she was presently employed and at the time of interview at Intake was without work, money or a place to stay, having stayed the previous night with a friend who could not continue the arrangement.

Upon further enquiry regarding the relationship with the people who were boarding the child, Mrs. B. admitted they were "very nice people", cared for the child very well and had been looking after him for several months, but she felt the husband did not want the child in the home. She also said she did have a position to go to and was to interview the lady that evening, but due to this crisis would have to forget it.

As the interview progressed Mrs. B. became calmer and it was suggested that she telephone the people who were boarding the child regarding continuance at least on a temporary basis. This she agreed to do and in the presence of worker 'phoned the woman. It was quite evident from the conversation that the dispute was of a trivial nature, but had no doubt been aggravated by applicant's temperament. After discussion the boarder of the child said she was quite willing to carry on looking after the baby indefinitely as long as Mrs. B. was satisfied that she had not been done an injustice. Mrs. B. grudgingly said she would forget the dispute and leave the child there.

Mrs. B. then asked worker what she would do about herself as she had no job and it was suggested that she 'phone her prospective employer to see if the position was still available. This she did and from the conversation it was quite evident that the prospective employer was agreeable to postponing the interview to the following day. It was then suggested to Mrs. B. that she approach her friend with whom she had stayed the night before to see if she could accommodate her one more night, and it was agreed that this could be done.

This whole interview took a comparatively short time but Mrs. B. left the intake office quite happy and secure in the knowledge that all was well and straightened out, and showed no signs of her previous tears. She has not re-applied for social assistance. Again the worker was able to help Mrs. B. discuss her problems and give her the opportunity to release the tension and emotional strain which had prevented her from thinking clearly about her problems and finding a desirable solution. All cases of ineligibility unfortunately do not receive the counselling and aid that is shown in the foregoing two case illustrations. This fact poses an important question for which there is now no answer. What resource exists for such people if the public agency refuses aid? However, regardless of the type of agency that might exist for counselling and aid, the personnel involved should be skilled social workers. The case of Mrs. B. indicates the value of skilled case handling at the first point of contact. It cannot be overstressed that in certain cases greater progress can be made during the initial interview than at a later date. Mrs. B. was in need of supportive treatment which would enable to find a solution to her immediate problems. The granting of social assistance in this case would only result in the intake worker helping the client to avoid her problems and maintain her dependent position.

Financial Social Assistance

Many clients who approach the Intake Section do not require any great amount of casework help but only require financial assistance. Mr. C. required financial aid in the form of social assistance pending the granting of his pension.

Mr. C. in office requesting assistance until his pension became effective. He had intended to do odd jobs until his pension was granted, but due to an attack of influenza he has not been able to work and has used the last of his savings for penicillin injections, costing \$2.00 each. His only earnings in the past month were from washing a few windows for which he received \$4.00. Since attaining the age of 60 years he states he has never had enough insurable employment to be eligible for unemployment insurance benefits. Mr. C. pays \$5.00 per week for a housekeeping room and his rent is two weeks in arrears.

Mr. C.'s main problem was his loss of earning power which would be overcome when he received the old age pension. There was no indication of mental or physical illness or difficulty in adjusting to old age and retirement, however, social assistance in the form of financial aid was necessary to bridge the gap between his application for old age pension and his receipt of a pension cheque. Some cases may be termed financial social assistance because the pressure of work does not allow the intake worker to do more than investigate the client's financial resources and places of residence, as in the case of Mrs. D.

Mrs. D. in office requesting assistance as she is 61 years of age, is unable to work, and the son who had been supporting her is now married and unable to continue maintenance. Mrs. D. has never worked outside her home since her marriage. After the death of her husband in 1947, she kept home for her son, who owns the house in which she is living. Her son was married recently to a widow with two children. They wish to move into the house which consists of four rooms only and will not be large enough to accommodate the applicant. Her son does earn enough to contribute to his mother's support now. Mrs. D. did not seem noticeably disturbed by her son's marriage and the changes it necessitates with her living arrangements. Mrs. D. states she has been in poor health and under the care of her doctor for some time. She suffers from bronchitis and had pneumonia recently.

Although the intake worker did mention that Mrs. B. did not seem noticeably disturbed by her problems, the worker has not

given reasons for this action by the client. The record is very short and businesslike with no evidence of warmth or understanding on the part of the worker, which would give the client little feeling of acceptance by the worker and freedom for any emotional expression. With full consideration to the limitations of the intake interview, the intake worker can make more use of catharsis and begin a strong relationship between the client and the agency. The impersonal approach of the intake worker is again illustrated in the case of Mr. E.

Mr. E. applying for assistance as he is unemployable because of coronary sclerosis. He had a heart attack last April while working for a logging company in B.C. He was employed by this company for two and one-half years and the heavy lifting involved in his work aggravated an already serious condition. He has been in Vancouver and unable to work since then. He has used up all his unemployment insurance benefits. Mr. E. separated from his wife in 1932; he came to Vancouver and his wife remained in Ontario. Until her death he contributed \$40.00 per month to her maintenance while he was working. He has never returned to Ontario to make a home there. During the depression he sold articles from door to door in Vancouver for a livelihood. His rent of \$5.00 per week for a housekeeping room is paid up to April 11/1951. He is out of heart pills which he is required to take daily, and now cannot afford to buy more. He had to sit up all last night as he could not sleep with the pain.

This record seems to indicate a "question and answer" period rather than an interview between a client and a skilled social worker. It further indicates that the intake worker is doing nothing more than recording certain information about the client, which is to be given to the fieldworker. The intake worker does not contribute any of his own thinking, diagnosis, or recommendation for meeting the client's needs. This lack of

contribution is again evident in the case of Mrs. F.

Mrs. F. in office applying for assistance as she is five months pregnant and no longer able to work. Mrs. F. separated from her husband in 1945 by mutual agreement after his return from service overseas. She made an attempt to gain support from her husband but gave up the task as she experienced little success. She does not know of his whereabouts at present. She stayed with her father in a small town until 1949 and worked in various hotels to support herself and her son. She has worked in a department store in Vancouver up to the present. She has applied for unemployment benefits but has been refused.

Mrs. F. states she has been to the CAS regarding the adoption of her expected child, and a foster home for her son during the period of her confinement. She has not been able to contact the putative father of the expected child since she told him of her pregnancy, and seems to have accepted his lack of interest only with great difficulty. Mrs. F. stayed with her sister for a short time but was forced to leave because her brother-in-law would not condone her actions. Her father is remarried so she cannot go and live with him now; and he is not able to help her financially. Mrs. F. has boarded her son for over one year at a rate of \$40.00 per month. She owes \$14.00 on the last months' board bill and also owes a small grocery bill. Her rent of \$16.00 is paid up to April 19.

The only indication of any emotional strain in the client, that is suggested by the intake worker, is the fact that the client has found it difficult to accept the putative father's lack of interest in the expected child. Other than this, the record indicates no other contribution on the part of the intake worker, in terms of diagnosis and treatment. There is no recording of the client's behaviour during the interview, and no tentative assessment of personality or the ability of the client to handle the problem. In the foregoing three cases, the intake worker has only succeeded in carrying out one aspect of casework; that of study. The other aspects of diagnosis and treatment are neglected to a great degree

which minimizes the benefit to the client and aid to the field-worker in meeting the needs of the client. The amount of treatment offered to the client, in terms of the establishment of rapport, will often determine the manner in which the client will accept the fieldworker, the impression the client will have of the service of the agency, and the way the client will interpret the worth and interest of the agency to his friends or others in need.

Further pressure is placed upon the intake worker because of emergency cases that require immediate attention. A case will be treated as a dire emergency when the applicant is completely destitute and perhaps has been without food for several days and has no living accommodation. In these cases the intake worker will rush through the application as quickly as possible and refer the case for an emergency cheque issue. The case of Mr. G. was treated as such an emergency.

Mr. G. in office requesting assistance as he is suffering from a fractured right leg, is wearing a cast and will be unemployable for at least six weeks.

Mr. G. left Hamilton in Mar/1951 for Vancouver as a friend had advised him of a good deal of work available with a Vancouver company. While changing busses in Seattle he slipped crossing the street and fractured his ankle. After treatment in hospital he proceeded to Vancouver in March, but yet had another blow - his bag was stolen in the bus depot. It contained all his possessions including the shoe for his fractured foot.

Mr. G. has worked on the mess end of construction jobs for many years and feels sure he will have no trouble in obtaining employment when he is able to work. His last employment other than casual work was with a circus in the mess and electrical departments.

When he arrived in Vancouver he had \$4.00 left in his savings. The Poppy Fund gave him a \$3.00 meal ticket as he had served in WW2. He has no pension or other benefit from service, however.

File to be transferred to the Centre Unit Director.
Mr. G. referred to visit office number 917 at 1:30 p.m.
for emergency social assistance issue.

The record indicates that the intake worker can only be concerned with proving that Mr. G. is eligible for social assistance if a cheque is to be issued the same day. If there is any delay in obtaining the facts to prove eligibility and in the file being transferred to the Centre Unit Director then Mr. G. may be without the financial means to purchase food and lodging until the next day. This pressure to meet the immediate need of the client does not allow the intake worker to begin diagnosis or treatment to any degree. However, the fact that the intake worker is able to produce immediate aid in the form of a social assistance cheque would forestall some frustration on the part of the client and perhaps begin a good relationship with the agency.

Casework Social Assistance.

A good number of clients who apply for social assistance, and are eligible, also need a good deal of casework or other services if rehabilitation to an independent state is to be obtained by them. The intake worker found Mr. H. to have this need.

Mr. H. in office applying for assistance as he is handicapped by a mid-thigh amputation and may be considered temporarily unemployable. Unemployability confirmed by the medical section.

Mr. H. states he has been in and out of hospitals most of his life. He had "polio" which resulted in the eventual amputation of his leg. He was also in bed for a year at one time with a cardiac condition. He wears heavy glasses

for extreme nearsightedness which frequently causes errors in judgment resulting in falls when walking with his crutches. He fractured his shoulder in a fall last October and required nursing home care as he could not use his crutches at that time.

Mr. H. has also been unfortunate in business. His father was the head of a business firm and when he died the applicant became the director. As Mr. H. had never agreed with his brother on investment policies and without the mediation of their father it soon became apparent that one or the other of the brothers would have to sell his share. As applicant could not afford to buy out his brother, he sold his share for \$1800.00 cash plus the assumption of a liability to the firm of \$3200.00. (Letter of file to confirm this). Mr. H. feels very antagonistic towards this brother and states that he does not even speak to him.

Mr. H. has been no happier in his marital life. When he arrived home on the evening of August 31, 1950, he found his wife, child and furniture gone. He had no idea of the whereabouts of his family until recently when a friend advised him of seeing them in Victoria where his wife was said to be working for a government agency. She had been working in town in a dress shop before leaving applicant and apparently was the main supporter of the family.

Mr. H. seems to have little insight into the seriousness of his present financial condition. He has been borrowing money from his friends since his discharge from hospital with little thought of how he would repay the loans. He had a room in a downtown hotel for \$10.00 per week until April 1, 1951, when the hotel was sold and the new owner raised the room rents. Since then he has stayed with friends who live in other hotels. Neither of these hotels had an elevator, a necessity to him. He intends to try to make arrangements with a friend to share expenses for a hotel room or a ground floor suite. Nothing remains of the \$120.00 he borrowed in the past month to pay hotel, doctor, dental, and living expenses. He spoke of having an interest in a brewery which is being built at Whitehorse, Yukon, but later admitted that he had no money involved in the project and that, in fact, a company had not yet been formed nor building started. Visitor will likely have a difficult task helping this man to adjust to a lower standard of living and encouraging him to find employment.

As applicant does not know just where he will be spending the weekend, we have referred him to the cheque issue office, at 8:45 a.m. on Monday.

In this interview the intake worker has been able to explore with the applicant many of the problems facing him, While exploring these problems, the intake worker has accepted the applicant, given him a chance to express some feeling concerning his problems, and has produced a good deal of information which will be most useful to the fieldworker. The intake worker has begun diagnosis in making the observations concerning the applicant's lack of insight into the financial circumstances and the possible difficulty of adjusting to a lower standard of living and to some form of employment. From the record the fieldworker also will be aware of the possibility that the applicant may blame his brother for the circumstances in which he finds himself. The intake worker has not only begun study, diagnosis and treatment but also expressed some feeling for the client which helps to produce a word picture of a human being and not just a collection of facts.

Evidence of the beginning of diagnosis and an indication to the fieldworker of the possible need for special treatment is again seen in the case of Mr. I.

Mr. I. in office requesting assistance as he is temporarily unemployable. Unemployability is confirmed on the attached medical sheet.

Mr. I. has lived and worked in the city and the lower mainland area since 1905. His last employment out of town was in a pulp mill from April to September, 1949. Since his return to the city he received unemployment insurance until March, 1950, when he began work as a painter for a city firm. Because of the weather conditions the employment

was not steady but he worked periodically until October, 1950. Since this time he had been receiving further unemployment insurance which has now expired.

Mr. I. was quite rational and lucid during the above phase of the interview, but interrupted his flow of thought several times to tell the worker of his ailments. He stated that "they" could not help him at the hospital as they did not know what was wrong with him, but only he himself knew his ailments. He also stated he did not want to see the "foreign woman doctor" again (according to the medical sheet this woman was the psychiatrist who had seen him). Mr. I. complained that his hands had turned to water and his eyes were covered with a film of water also, that he was full of chemicals because of the beer he used to drink, and that he has noticed his friends' hands became sticky and transparent from drinking too much beer.

After the interview the case was discussed with the medical section, who advised that a worker at the CNIB had had a somewhat similar conversation with a person who appeared to be the applicant. The CNIB worker felt that this man was more of a psychiatric case and the medical section worker is of the same opinion. The medical section worker intended to make an appointment at the psychiatric clinic for applicant but it was felt that the applicant would not keep his appointment. However, we feel he will go now as he enjoys discussing his symptoms with any new listener.

The record of the interview with Mr. I. reveals an adequate picture of the applicant which provides a basis for a tentative diagnosis. The intake worker has found the applicant to have a great concern over his ailments which were bizarre enough to indicate the need for psychiatric treatment. The intake worker has also noted that the applicant feels that no-one can tell what is wrong with him. The fieldworker or psychiatric consultant will be aware from this notation that the applicant may be hiding behind imaginary ills to defend his dependent position.

The intake worker has begun study by obtaining the facts

to prove eligibility and to present a good picture of the applicant; treatment by listening to the applicant in a sympathetic manner even though the applicant continually referred to his ailments; diagnosis by revealing the applicant's over-concern for his health, his possible need to use his ailments as a defense against reality, and his apparent need for psychiatric help.

Mis-used Social Assistance.

There is a group of persons who continually re-apply for social assistance. Many of these persons have been "on and off" social assistance for some years with no progress toward rehabilitation. This absence of progress would seem to indicate a lack of appropriate casework or other treatment services needed by these individuals if they are to become useful and happy citizens. A summary of the record of Mr. J. illustrates this lack of adjustment.

Mr. J. is 48 years old and a painter by trade. This case was re-opened on March 20th, 1950, because the man was unemployable as a result of infection in an injured hand. Mr. J. injured his hand while under the influence of alcohol.

This man has a record of intermittent social assistance since September 20th, 1939.

Mr. J. re-applied for social assistance on July 10th, 1950, but was refused because of his alcoholic addiction, and his frequent jail sentences in Oakalla.

Social assistance was granted to this man on December 15th, 1950, as the Salvation Army was willing to receive and to administer the social assistance cheques for him.

Mr. J. has received social assistance intermittently since

1939 and has served numerous sentences in Oakalla for drunkenness. It is apparent that the client has mis-used the financial social assistance and some of the money has been used for the purchase of alcohol. Mr. J. has been going through cycles of unemployment, social assistance financial aid, intoxication, court hearings and jail sentences. The record indicates that this pattern has existed for several years and Mr. J. seems unable to improve his position without special treatment or help. His inability to use any social assistance cheque for food and shelter in a proper manner resulted in the rejection of his re-application for social assistance on July 10th, 1950. This action is justified in terms of the responsibility of the CSSD to use public funds apportioned to it in an appropriate manner. However, in terms of treatment of the client it presents a negative picture. For a period of years the issuing of social assistance cheques to Mr. J. has only resulted in the maintenance of his dependent position and dissolute habits. Finally, when the CSSD realizes that it cannot meet the responsibility of treating the basic problems of Mr. J., he is refused even financial aid. Nevertheless, the CSSD did arrange to have the Salvation Army administer the social assistance cheques so that Mr. J. would have at least food and shelter.

The mis-use of social assistance and the necessity of delegating the responsibility of administering social assistance cheques is repeated in the case of Mr. K.

Mr. K. was granted social assistance on December 16, 1946, because of an arm injury. From 1946 to date the case has been repeatedly opened. This man refused to keep appointments for treatment at the Out Patients' Department. He was repeatedly confined in Oakalla on charges of drunkenness and vagrancy.

Mr. K. applied for social assistance on January 26th, 1951, but was referred to the First United Church to ascertain if the Minister would administer his social assistance cheques.

On February 1st, 1951, social assistance was granted and the cheques made payable to the Minister of the First United Church for administration.

In the case of Mr. K. it is again evident that the issuing of social assistance cheques did not aid in the rehabilitation of the client. On the contrary, it succeeded in maintaining Mr. K. in his pattern of living; this pattern consisting of unemployment, social assistance financial aid, vagrancy, intoxication, and jail confinement. The inability of Mr. K. to improve his circumstances is evident as the foregoing pattern existed from 1946 to 1951. His inability to use financial aid in a proper manner is evident as no cheque would be issued unless some reputable person would undertake the administration of the cheque.

Although the administration of the cheques by the Minister of the church would ensure food and shelter, it did nothing to provide the treatment that Mr. K. needs. It did little to safeguard the dignity of the individual and to help him find a more useful and satisfying life. For these reasons the social assistance was mis-used. The investment of public funds without the provision of appropriate treatment in cases such as that of Mr. J. and Mr. K. is not an economy, and is not consistent with

the philosophy of service which must underly any successful social assistance program.

As previously illustrated the CSSD methods of intake procedure can be defined readily, and reveal efficiency, in that an intake section with full time intake workers can stabilize routine and lessen the time between the clients' application and the receipt of a social assistance cheque. However, the case analyses reveal a lack of attention to the emotional or personality problems of the client. The issuing of financial aid has primary importance, whereas it should be considered in many cases as a temporary measure that is used to enable treatment of emotional or personality problems. This would help to ensure more success in the rehabilitation of the client, and points up the need for study, diagnosis, and treatment at the intake level. The lack of attention to the problems of the client, other than financial difficulties, and the apparent primary importance placed upon agency routine can be seen also in many cases of referral involving the CSSD Intake Section.

Chapter 4

Referral in Relation to Intake

A standard dictionary meaning of the word referral is, "to direct or send for information or other purpose". This definition, however, does not indicate the overall significance of referral when considered in a setting such as the CSSD Intake Section. In this setting, referral implies a purposeful channelling of a client for two main reasons. Firstly, the needs of a client have been accurately assessed and one agency finds that it is unable to meet the needs of the client. Secondly, the client is referred to the agency which can best meet his needs. The focus of referral is then placed upon the needs of the client and how to meet these needs most adequately.

Problems in the Referral Process

In terms of treatment it is essential that referrals be made in an accurate manner. All agencies involved in the referral process must necessarily understand the function and purpose of each other. Consideration must be given to the timing of referrals, clearance by notification to the agency being referred to, and to specific agreements among the agencies concerned. This consideration will exist if inter-agency co-operation is fostered by conferences on referral, and by notification by any agency of any policy change which will effect other agencies. It is not inconceivable that an agency could change its policy

so that a certain service would no longer be available to those in need of it. Notification of any such change would prevent needless seeking of aid by a client who has been referred for the discontinued service. Perhaps the two largest problems which retard the development of good referral process are the inaccurate definitions of agency function, and the insecurity in agencies which seems to prevent a free flow of ideas and understanding between agencies.

CSSD Intake Section Referrals

The referrals that pertain to the CSSD Intake Section may be classified as primary, secondary and tertiary for convenience of definition. This classification involves social assistance cases only.

(a) Primary Referrals

Primary referrals are those that are made within the Vancouver CSSD Units.

(b) Secondary Referrals

Secondary referrals are those that are made from the CSSD to other agencies or organizations when the client is not eligible for social assistance.

(c) Tertiary Referrals

Tertiary referrals are those that are made to the CSSD Intake Section from agencies and institutions such as hospitals and Provincial Social Welfare Branch Offices.

Primary Referrals

All social assistance cases accepted by the Intake

Section are referred to the CSSD Field Unit which is responsible for the area in which the applicants reside. These referrals are made with a minimum of delay so the field worker can make the initial home visit and the social assistance cheque can be issued promptly. The actual records are cleared to the Field Units daily and in cases of dire emergency a home visit can be made on the day the record is referred.

A second type of primary referral is made when a social assistance recipient returns to the Intake Section for some additional advice or service. Such recipients are referred to the unit fieldworker because the case is active and therefore outside the function of the intake worker. This type of referral should be avoided. The necessity for this type of referral indicates that either the intake worker taking the application, or the fieldworker, has not made it clear to the recipient which unit he should turn to for further aid. Proper clearance with the recipient of this matter would lessen the number of these referrals, would lessen the cost of transportation for the recipient, and speed satisfaction for the needs of the recipient.

A third type of primary referral is sometimes made from the Intake Section to the District Units, when the intake worker finds that the problems of the client cannot be discussed adequately without private interviewing facilities. Upon referral of the client to the District Unit a home visit can be arranged so the problems can be discussed in privacy. This

type of referral cannot be used to any great degree as the District Unit fieldworkers are under much pressure from high caseloads and therefore have a minimum of time for these home interviews. However, this type of referral would not be necessary if the intake workers had sufficient private interviewing room at the disposal of themselves and the clients.

Secondary Referrals

The CSSD Intake Section makes many referrals to other agencies because applicants are not eligible for social assistance but do have a need for help. There is no set procedure for these referrals other than the intake worker's explanation to the client that such resources exist and aid may be forthcoming. In cases of dire need the intake worker may telephone the agency being referred to, and complete arrangements for the client to contact the agency. These referrals are made under a "gentleman's agreement" between the CSSD Intake Section and the other agencies. This agreement has been developed as a part of inter-agency co-operation as fostered by the CSSD Administration. This type of referral was made in the case of Mrs. L.

Mrs. L. in office requesting assistance as she was recently deserted by her husband and has not yet been able to make plans for the support of herself and her three year old child.

Mrs. L. was married on Nov. 27th, 1946, in an eastern province. She and her husband lived here for one year and then moved to the eastern United States to live with in-laws. While there the applicant had a quarrel and left her husband taking their youngest child and leaving the older child behind. She came to Vancouver on Jan. 12th, 1949,

to stay with her mother. The applicant gained employment with a hotel as a chambermaid from March, 1949, until March, 1950. Her husband came to join her in Sept., 1949, and a reconciliation was effected. Mr. L. drifted from job to job and drank heavily while in Vancouver. As he did not support Mrs. L. she continued working until she had a miscarriage because of worries and too heavy work. Mr. L. went to a town up-coast in March, 1950, and left there for the Yukon in May, 1950. Thinking that he might have settled down, Mrs. L. joined her husband in the Yukon in July, 1950, and was supported by him until Feb., 1951, when she states the RCMP deported him to Alaska and advised her to return to her mother in Vancouver. Mr. L. is an American citizen as he was born of American parents and chose American citizenship when he became 21 years of age. He had entered Canada illegally and was deported as he had been the source of a great deal of trouble to the police because of his cruelty to his wife. She believes he is mentally deranged and states there is a history of insanity in his family.

Mrs. L.'s mother sent her a sum of money which was used to pay Mrs. L.'s fare to Vancouver. Her mother, a former chambermaid for a Vancouver Hotel, is not in good circumstances nor in good health. She suffers from rheumatism which at the present time prevents her from caring for her daughters' child, while the applicant works. Mrs. L. has had no specific training for employment and has found chambermaid work too hard for her. She is still too upset to make adequate plans for her future and would seem to require support and encouragement.

As Mrs. L. was not eligible for social assistance because her husband lacked B.C. residence, she was referred to the Catholic Charities for help in making arrangements for her child's care and becoming re-established.

Mrs. L. has an immediate need for financial assistance so that she can provide food and shelter for herself and her child. As noted by the intake worker, Mrs. L. will also need considerable casework help in re-establishing herself and over-

coming the problems facing her. However, the lack of residence qualification prevents Mrs. L. from receiving not only financial assistance but also casework assistance. This lack of residence qualification must be accepted as reason enough for not granting financial assistance but should not prevent the client from receiving casework help or counselling. If the client is referred to an agency that can provide financial aid but not casework aid then the CSSD should make provision within its policy so that casework services would be available.

Tertiary Referrals

The movement of social assistance recipients within the province should not cause undue hardship for them when the movement from one place to another is justified. However, because of poor referrals, many recipients find themselves without funds for long periods of time. This period may extend from a few days to a few weeks. This delay is seen in the case of Mrs. M.

Mrs. M., an 18 year old mother, and her 1-1/2 year old child were on social assistance in Vancouver because the husband was confined in Oakalla. The mother informed the CSSD that she planned to move to an interior town where some of her relatives were living. Consequently the CSSD forwarded an outline of the case to the provincial office, as well as a notification that Vancouver would still keep the responsibility for the social assistance. The woman received social assistance upon her arrival in the interior town and no problem arose.

Mrs. M. later decided to return to Vancouver. After her arrival in the city she re-applied for social assistance at the CSSD. It was necessary to clear the date of the last cheque issued in the interior town in order that the CSSD could continue social assistance. On the date of the re-application

at the CSSD a letter was sent to the interior town requesting the date of the last cheque issue. The information was not forthcoming so a second request was made 10 days later. The information still did not arrive so the only recourse of the CSSD was to refer the mother and the child to the Salvation Army for interim assistance until the date of the last social assistance was confirmed.

The lack of proper referral from the interior town to the CSSD made it impossible for the CSSD to issue Mrs. M. with social assistance and she was consequently without the means to purchase food and accommodation. The sudden loss of financial support greatly increased the concern of the client who was already upset over the situation of her husband. Further, any positive relationship with the agency would be threatened as Mrs. M. was refused social assistance not because she was ineligible but because of a poor referral. The intake worker would be hard pressed to interpret this situation to the client with any degree of success. Finally, the fact that Mrs. M. was forced to accept "charity" in her dependent position increased the trauma of her general situation and so made any adjustment on her part more difficult.

All referrals from Provincial Social Welfare Branch Offices and from other municipalities are not made in the above manner. Nevertheless, such referrals are of sufficient number to warrant a policy which would minimize any delay in the granting of social assistance to a client who has a new place of residence. The social worker who finds that a social

assistance recipient has moved without notice cannot avoid a certain delay in forwarding information to the welfare office requiring it. However, the social worker, who is aware that a social assistance client is planning a move, should discuss the recipient's plans for the movement. The recipient should understand whether social assistance will be available in the new place of residence, understand the cost of transportation, renting, food or other necessary expenses. The social worker should ensure that the welfare office, in the new place of domicile, has the information for the granting of assistance before the arrival of the recipient, if possible. Finally, the recipient should know where to apply for social assistance in the new area.

Another type of tertiary referral is necessary because the CSSD is authorized to grant social assistance to destitute patients who have been discharged from Vancouver hospitals but who require a period of convalescence. The period of convalescence gives the patient a status of unemployability for medical reasons and he is eligible for social assistance. However, the patient may experience considerable hardship if he is referred to the CSSD without proper clearance by the hospital. The hardship caused by a poor referral is seen in the case of Mr. N.

Mr. N. is single and 48 years of age. He came to B.C. in 1928 and worked in various logging camps as a fireman and as a laborer until 1934. From 1934 until October, 1940, he worked in various Provincial Relief

Camps when not employed as a casual laborer.

In October, 1940, he applied to the CSSD for Social Assistance as he was unable to work due to "varicose ulcers" on both legs. From that time to the present he has been in receipt of social assistance or hospitalization almost continuously. In July, 1950, he was admitted to a Vancouver hospital with a diagnosis of "post phlebitis". He underwent a left lumbar sympathectomy in July and underwent a similar operation on the right side in the same month. Prior to his hospital admission he had been in receipt of social assistance.

In September, 1950, the hospital social service department informed the CSSD medical section that this man was to be discharged, that he would be attending the out patients' department, and he would be unemployable indefinitely. This information was received the day the man was discharged. The man applied at the Intake Section for social assistance and an emergency financial issue was made.

Mr. N. was again admitted to the hospital in August, 1951, for further medical treatment. In October he was discharged and on the same day the CSSD was notified of the discharge and the mans' need for social assistance. Mr. N. applied for social assistance at the Intake Section the day after his discharge. He informed the intake worker that he had found it necessary to borrow \$5.00 to obtain rooming accommodation for the first evening he was away from the hospital. Social assistance was granted.

The referral of Mr. N. from the hospital to the CSSD reveals the lack of proper timing in referral and the lack of consideration for the clients' need and physical condition. In both referrals the hospital social service department notified the CSSD that Mr. N. would require social assistance on the day of his discharge. This short notice does not allow the CSSD Intake Section to make an appointment for the client when there is interview time available, as the Intake Section usually

has all appointment times filled for two or three days in advance. At the time of the first referral, the Intake Section found it necessary to make an emergency issue because of the man's dire financial need. This emergency issue increases the pressure of work on the Intake Section and as it is the result of a poor referral, the relationship between the Intake Section and the hospital social service department tends to become a negative one. At the time of the second referral, it is apparent that Mr. N. was unable to reach the CSSD in working hours and he found it necessary to borrow sufficient money to find accommodation for the night. The dignity of the client or his physical condition are given little consideration when he is discharged from the hospital as destitute and at a time when he cannot apply for social assistance. Mr. N. was forced to rely on the charity of others for financial aid when he was eligible for assistance, and although in poor physical health he had to undertake the trip from the hospital to the CSSD which would cause needless physical strain when he was in need of convalescence.

In the foregoing discussion of referrals it is evident that poor referral procedure often results in needless physical strain upon the client because of un-necessary visits to the Intake Section. This is particularly true for the client who returns to the Intake Section for further service instead of contacting the field unit responsible, and for the client who is discharged from a hospital setting. Poor referral procedure may

also cause a temporary cancellation of social assistance, or a delay in the receipt of social assistance, which forces the client to accept charity or go without food and shelter. This cancellation or delay is in no way consistent with the right of the individual to receive financial aid when he is eligible for it. All the poor referrals illustrated are the result of an inadequate referral procedure, and not the result of a lack of co-operation by the client. The improvement of the referral procedure, therefore, is the responsibility of the CSSD and the other social agencies involved, and should be effected by a co-operative effort.

The study of intake focused upon the CSSD of Vancouver reveals many gaps in the application of desirable philosophy and effective methods of procedure. Both in terms of casework and in meeting the needs of clients most effectively, it is clear that the current intake procedure is inadequate. They raise, as a final question, the need to find ways in which the intake procedure could be improved.

Chapter 5

Implications for Policy

The preceding analysis of the CSSD structure, intake policy, referrals, and case material reveals the existence of many difficulties which prevent maximum service being given to clients. The majority of these difficulties could be overcome with slight delay and little change in department structure or policy. Provincial legislators, city aldermen, and the CSSD administrator build the structure through which social assistance may be granted to those in need. Although the intake worker must function within this structure, his role is clear; he is responsible for covering the structure with warmth and understanding to enable the applicant to find satisfaction for his needs with as little hardship as possible. The success of the intake worker in carrying out this responsibility will depend a great deal upon the philosophy under which he seeks to be of service to others. Philosophy for service to others should embody the belief that every client has some intrinsic worth, and has a right to be afforded acceptance and dignity. The aim of this philosophy should be to help the client to a more useful and satisfying life; and should be integrated by the knowledge that "physical, mental, economic, and emotional needs are interrelated, and even the most practical program for human welfare must be undertaken with regard for human personality".¹

1 Gordon Hamilton, "Psychotherapy in Child Guidance",
Columbia Press, New York, 1948, p. 5.

Two means of maintaining this aim are found in the careful selection and supervision of intake staff.

Careful selection of social workers for the intake staff is of paramount importance. The intake worker should be a highly skilled caseworker so that study, diagnosis, and treatment will be utilized to a maximum in intake interviewing. The intake worker must be thoroughly acquainted with eligibility requirements, with all the available resources in the city, and be able to bring this information to use at any time during an intake interview. Although doubtful cases of eligibility may have to be discussed with the Director of the Intake Section, the intake worker should be able to clear a majority of problems with his own knowledge and skill. It is apparent that the Director of the Intake Section is forced to spend considerable time and effort in solving small problems of eligibility, in correcting errors in case recording, and in supervision of intake workers. The provision of a supervisor for the intake workers, and a careful selection of skilled caseworkers, who are fully understanding of intake procedure, would allow the Director to more profitably use his time in problems of administration, in defining unmet needs discovered at the intake level, and in developing liaison with other agencies in the city where aid may be forthcoming for applicants, whether eligible or ineligible for social assistance. The Director would be able, therefore, to focus his attention upon the overall

planning concerning the development of the Intake Section, and his role of leadership would be correctly established. However, the findings of the intake Director and of staff committees will be of little value to anyone if the needs discovered are not interpreted to the Social Services Committee and then to the people of the city.

Interpretation of Needs to the Social Services Committee

The amount of interpretation that the CSSD is able to carry on with the Social Services Committee is indeed small and insufficient to bring about any action which would help to meet the unmet needs that are discovered. This lack of interpretation is a direct result of the administrative system of the Vancouver City Council. The City of Vancouver has long used the committee form of administration. To carry on the business of the City, eight standing committees are in operation, which hold by-monthly meetings. All committee meetings are completed within a period of two days which seems to indicate a good degree of efficiency but a further analysis disproves this. The Aldermen who form the various committees are, in the main, very active business men who are under a great pressure of work. This pressure of private and public business severely limits the time that is available for adequate consideration of city problems. As a result the committee meetings are rushed through, one after another, in a period of two days, with

only a minimum of business given attention. The Social Services Committee seems more interested in the number of social assistance cases on the CSSD roles and the cost to the City, than in answering questions of need. How can intake be improved? What are the unmet needs that come to the attention of the CSSD Intake Section? How can these needs and the function of the CSSD come to the attention of the people of the City? What resource can be instituted to give counselling and direction to those individuals who are not eligible for social assistance but require aid? Such questions are not given adequate attention so that solutions may be found and service to clients improved. If service is to be improved then consideration must be given also to efficient and skilled use of interviewing time, to the comfort of the client, and to improved service to present recipients. Any recommendation to improve the present intake procedure will be practical only if it is consistent with the purpose of the Intake Section design.

Purpose of the Present Intake Section Design

The present Intake Section was designed to meet the pressure of large numbers of clients applying for social assistance with some uniformity in intake procedure. This has been accomplished inasmuch as full time intake workers have been able to meet the pressure more efficiently and have lessened the delay between the client's application for aid

and his receipt of a social assistance cheque. Nevertheless, the applicants are so numerous that the intake workers are forced to be concerned primarily with proving eligibility in order to meet the pressing financial need. This results in a lack of study, diagnosis, and treatment at the intake level, and gives rise to an important question. Can the task of the Intake Section be carried out by well-trained receptionists, or is there a need for fully-qualified social workers? When the emotional condition of the average client applying for social assistance is considered there is not much doubt as to the answer. Two main considerations must be recognized.

(a) Many clients who approach the Intake Section are making application for help as a last resort. These clients are labouring under feelings of frustration, guilt, loss of personal worth and independence, and are doing their utmost to maintain some degree of human dignity. When questioned about their eligibility for social assistance they often give vent to their pent-up feelings and these must be aired if financial and casework help are to be made available. The intake worker, therefore, must be skilled in the best technique of "catharsis" if the interview is to be successful and the client helped adequately.

(b) Secondly, many clients are confused by their problems, and are reticent to discuss personal matters: yet

these must be known by the intake worker before social assistance can be granted. These clients require understanding, acceptance, and support from the intake worker if a sound relationship is to be established with the agency at the first point of contact. This relationship controls to a great extent the ease with which the fieldworker will make his first home visit and continue to help the client later.

The ability of the intake worker to make a tentative diagnosis of the client and to suggest any special treatment necessary will greatly help the fieldworker to understand and help the client. If the intake worker is not skilled enough to begin study, diagnosis, and treatment then the fieldworker has little knowledge of the client before making the first home visit. The first home visit must then become the intake interview and it may be much more difficult if the client becomes hostile and frustrated if attention to his needs is delayed.

The need for social work is again evident when clients are not eligible for social assistance and consideration is given to the method of refusal and the possible referral to other agencies. The task of interpreting to the client why he is not eligible in a sympathetic manner and in a way which will gain his acceptance requires the utmost in skill and understanding on the part of the intake worker. The client who is referred to another agency must be helped to contact the new agency, and must be convinced he will be received

in a desirable manner and be given the help he requires. The techniques needed to accomplish these ends successfully are properly the tools of the professional social worker. The successful use of social work skills is seen in the case handling of Mrs. A. and Mrs. B. (Chapter 3). Both these clients, who believed that social assistance would solve their problems, were given redirection without financial aid but placed on the way to a solution. The skilled intake worker was able to correctly assess the situation of the clients and offer a solution which was used by the clients. In these two brief interviews the intake worker acted sympathetically but remained objective enough to help the clients satisfy their needs. The time consumed in each interview did not exceed half-an-hour, which suggests that successful casework at the intake level does not require a great deal of time but rather a more efficient use of interview time.

Use of Interview Time

The pressure of applicants for social assistance, and sound social work practice, both must be considered in estimating the length of time the intake worker may profitably use in interviewing the client. The information gained in the present study suggests three directions in which improvements might be sought.

(a) Sufficient professional social workers should be recruited for the Intake Section to handle the current

number of applicants for social assistance. To find the number of intake workers necessary would require initial surveys, to indicate the monthly averages of applicants, and also the time needed to interview them with a minimum of delay. Monthly averages would probably be needed to compensate for the seasonal fluctuations in the numbers of applicants.

(b) Adequate supervision should be available for the intake workers to allow immediate clearance of eligibility problems, and to ensure the use and development of sound interviewing and recording techniques.

(c) The provision of sufficient clerical staff would allow the intake workers to dictate their recording and would relieve them of the manual task of setting up the applicant's file. This saving of the intake worker's time, although a matter of minutes, for each case, would allow longer and less pressured interviews. A ten minute extension of a thirty minute interview is an increase of 33% and would do much to prevent the transfer of work pressure to the client. This would bring ease to the interviewer and comfort to the client.

The Comfort of the Client

The office environment of the present Intake Section contributes little to the comfort of the client and reflects

a lack of consideration for the dignity of the client. This situation could be improved in three simple ways.

(a) Comfortable seating accommodation should be supplied so that clients do not have to stand up while waiting their turn to be interviewed.

(b) Suitable interior decorating in restful colors would change the present drab and severe offices into a more comfortable and welcoming environment both for staff and client.

(c) The addition of appropriate wall pictures and magazines would supply the client with some interest and occupation while waiting. Such provisions are found in waiting rooms for doctors and dentists and their lack in the Intake Section does not help to overcome the feeling of "welfare stigma" which many clients have in applying for social assistance. These improvements and adequate private interviewing offices are of great importance in the design of any new building which might be considered by the CSSD, and affect all clients whether they become recipients of social assistance or not.

Improved Service to Present Recipients

The analysis of case material (Chapter 4) indicates a need for improvement in methods of referral. It is essential that the CSSD consider long range plans to improve

the referral process. However, at the present time the Department may begin the improvement of this process by means within the present structure and budget limitations.

(a) A circular letter should be sent to all offices or agencies which may be involved in the referral of recipients, as was illustrated in the case of Mrs. M. (Chapter 4). This letter should outline the best method of referral, and the disadvantages placed upon the recipient if proper clearance is not carried out when a client moves from place to place within the province. This letter would serve as a part of a defined and written inter-agency policy and could be referred to by any worker at any time.

(b) The number of recipients who return to the Intake Section for further aid, instead of visiting the Field Unit in their district, could be lessened by a more careful interpretation by the intake worker. This interpretation should appear in the recording of the intake interview. Secondly, the field worker responsible for the supervision of the recipient should issue certain printed material for the recipient's use. This material could be in the form of a pamphlet and should embody the worker's name, the Field Unit address and telephone number, and some simple explanation of how to make appointments for interviews. Other information could be included in this "recipients' handbook" if the fieldworkers find that practise

indicates the need for additions.

(c) The problem of poor referral of clients from city hospitals to the CSSD Intake Section has long caused concern among the intake staff. The negative effect upon the client is shown in the case of Mr. N. (Chapter 4). The poor timing of these referrals causes physical strain upon the client who needs social assistance in order to convalesce from physical illness. Needless and fruitless trips to the Intake Section and the delay in the receipt of social assistance tend to cause additional physical breakdown and possible return to the hospital for further treatment. The policy of the CSSD should not require these clients to apply personally at the Intake Section if social assistance is to be granted. The application could be taken readily in the hospital setting before the patient is discharged. The CSSD, therefore, should assign a visiting fieldworker to each hospital who would be responsible for completing the application, for ensuring the client has accommodation, and for the delivery of the social assistance cheque to the place of residence if this is required by the physical condition of the client. The CSSD cannot avoid its responsibility to improve services to meet the needs of these clients more adequately.

Unmet Needs of Clients

The staff of the Intake Section is confronted from

day to day with applicants who desperately require financial and casework assistance but who must be refused because they fail to comply with some eligibility technicality. The CSSD must be concerned with an accurate assessment of eligibility requirements and proposed improvements in policy so the needs of these clients may be met. A special study of the changes in eligibility and current policy needs is being made by Mr. D. Williams as an M.S.W. thesis (University of British Columbia). However, there exists a group of recipients who have been granted social assistance but later declared ineligible because of their inability to use the financial aid in an acceptable or proper manner. This group of recipients is formed of individuals who are dependent, unstable, and addicted to alcohol. The Director of the Intake Section has been keenly aware of this problem and has taken interim action to meet it. This has taken the form of "third party administration" of the social assistance cheques, as illustrated in the case of Mr. J. (Chapter 3). The CSSD has begun the study of this problem in an effort to find a permanent solution. The solution must involve the treatment of these clients by the establishment of a treatment centre or a treatment farm unit. This is the subject of a second M.S.W. thesis study by Mr. A. Wescott (University of British Columbia). The success of the CSSD in developing such a new treatment centre will

depend upon its acceptance by the people of the community and the interpretation given to them of the advantage of such a resource.

Interpretation of Needs and New Programs

The CSSD administrator is handicapped in developing any new program due to the lack of opportunity to interpret CSSD problems to the Social Services Committee and to the community. The method of operation of the Social Services Committee previously outlined in this Chapter reveals the extremely limited time this committee has for considering any improvement in the CSSD program. This concludes that some provision should be made for the consideration and implementation of improvements if the CSSD program is to progress. This provision can be made by the CSSD if an Advisory Committee is formed. The members of this committee should be drawn from the general community and should include interested lay and professional persons. At least one of these members should be an old age pension recipient who could present valuable experience from the recipient's point of view and provide liaison with the existing pension groups.

The function of such a committee would be twofold. It would co-operate with the CSSD administration in studying problems and improvements in program, and in making appropriate recommendations for the consideration of the City Social Services Committee. Secondly, it would provide

liaison with the Community Chest and Council Social Planning Committee, and it would provide a direct channel through which public relations and interpretation of the CSSD program to the public could be accomplished. The success of this function is essential, as a public welfare program will only progress if it enjoys public understanding and support. The CSSD public assistance program, therefore, must have the support not only of public finances but also of public sympathy.

It is necessary that the CSSD intake procedure be improved if more adequate services are to be offered to the clients applying for social assistance through the Intake Section. This need has been emphasized in the study. It also has been illustrated that casework can and should be done at the intake level in a public agency, and the role of an intake worker is properly that of a professional social worker. It is apparent that the CSSD intake procedure has passed through an initial experimental stage with some success. Efficiency has been accomplished by the development of an intake structure which allows intake workers to give some attention to the large number of social assistance applicants. However, it is now imperative that casework, in terms of study, diagnosis, and treatment, be introduced if the intake procedure is to become more than a routine reception of clients. To move forward is not impossible, and the means to implement improvements are clear.

Appendix A

Principal Regulations Governing Social Assistance (As at 1951)

1. Exemption of Cash Assets (Feb. 15, 1951)

In an application for social allowance, Unit Directors may exempt cash assets up to the normal amount of Social allowance applicable to the group. Further exemptions may be made up to \$150.00 for a single person and \$300.00 for a married person through presentation to staff committee and at the discretion of the administrator.

In a request for Boarding or Nursing Home placement, Unit Directors or the Senior Voucher Clerk may exempt cash assets up to the monthly cost of the type of care to be provided, i.e. Boarding Homes - \$ 55.00
Nursing Homes - \$105.00

A memo, giving a brief outline of the case, is to be forwarded at the time the case is opened, to the Voucher Section, for Staff Committee minutes.

2. Determination of Destitution (Sept. 3, 1942)

In determining the eligibility of an applicant for assistance from the viewpoint of destitution, the following general policy will be observed as from this date:

(a) When the applicant is a dischargee from hospital, and is certified by that institution as requiring a specific period of convalescence or rest (not to exceed six months), he may be granted an exemption of any funds in his possession if they do not exceed the casual earnings exemption for the period set forth, i.e., if the applicant is certified as requiring six months care, and is a single person, he would be granted an exemption of any amount up to \$30.00.

(b) An applicant in any other category may be held to be destitute if his funds do not exceed the casual earnings exemption for the period of one month applicable to the group in question.

3. Statement of Destitution and Employment (Nov. 20, 1931)

Commencing on November 30th, no assistance will be granted to any person except upon the production of the form S2 requiring statement of destitution and employment. (See Appendix B).

The worker receiving this form, will ask the applicant, "do you thoroughly understand the meaning of this statement?" If the answer is "no", the worker will make the necessary explanation.

The form must be signed in the presence of the worker. If already signed, the worker will require it to be signed again, and will then witness the signature. The forms will be sorted alphabetically by months and sent to the main office on the 3rd of the following month.

4. Initial Home Visit before Assistance is Granted (Feb. 22, 1933)

Except in extreme emergency, no issue of assistance is to be made to a new applicant until there has been a home visit. The initial home visit would be made within 48 hours of the time of application.

5. Visits

A visit is to be made on all active cases at a maximum interval not to exceed six months. In any case where, through mental or some other condition of the applicant, it is inadvisable to make this visit in a routine manner, the reason is to be noted in the file and initialled by the Director responsible.

6. Social Assistance Rates (July 1, 1948)

Effective on July 1st, 1948, social allowances are increased to the following maximum monthly amounts:

<u>Group</u>	<u>Support</u>	<u>Shelter</u>	<u>Total</u>
1	\$ 25.00	\$ 10.00	\$ 35.00
2	38.00	12.00	50.00
3	44.50	14.00	58.50
4	51.00	16.00	67.00
5	57.00	18.00	76.00
6 and up	64.00	20.00	84.00

When the recipient has free quarters no shelter allowance will be paid. Where there is a rental problem, the whole shelter allowance will be issued, except in cases where a group share communal quarters. In the event of communal quarters, the shelter allowance will be limited to the share of each individual.

Property owners will be granted the full shelter allowance and will in future be required to make their own arrangements for payment of taxes.

7. Exemption on Income (July 28, 1933)

By Council resolution of July 27th, 1933, the \$10.00 a month exemption on income of recipients will not be applicable when the income is in a form of a pension or compensation allowance.

In such cases the full amount will be taken into consideration in determining social assistance.

APPENDIX B
INTAKE APPLICATION FORMS

ORIGINAL: Retain in local office.



THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH AND WELFARE
SOCIAL WELFARE BRANCH

CANCELLED

1. Application for Social Assistance.

APPLICATION FOR SOCIAL ALLOWANCE

Place of Residence—O.T. _____

U.T. _____

Hospital Insurance and

Medical Identity Card No. _____

1. Name _____ Male _____ Female _____

2. Address _____

(Street.)

(City.)

3. Place of birth _____ Date of birth _____

4. Nationality _____

5. Marital status _____

(M., S., Wid., Div., Sep., C.L., Deserted.)

Married at _____

Date _____

6. DEPENDENTS

Name (Show maiden name of wife.)	Rel.	Sex	Date of Birth			Place of Birth	Occupation	Disability
			Day	Mon.	Year			

Other Members of My Family at Home

7. Monthly income of myself and dependents _____

8. Monthly income of non-dependent members of my family at home _____

9. Total assets of myself and dependents: Cash on hand _____ Bank account _____

10. Securities _____ Other assets _____

11. Real property—value (assessed) _____ Encumbrance _____

12. Date moved to B.C. _____ To Canada _____ Military service _____

13. Reason for application _____

14. Date and place of previous assistance received _____

15. DECLARATION OF APPLICANT

I, _____, of _____
in the Province of British Columbia, solemnly declare as follows:—

(1) That, in the event of this application being granted, I will notify the administering office immediately of any change that may occur in the financial condition of myself or my dependents, or any change in my marriage status, residence, or number of my dependents.

(2) That the statements and allegations contained in the foregoing application, which I have read or have had read to me, are true and correct to the best of my knowledge and belief.

(3) That no information required to be given has been concealed or omitted.

(4) That I have been duly warned of the penalty of the law for any person who by fraud obtains or attempts to obtain social assistance, which is an offence against the "Social Assistance Act," chapter 310 of the "Revised Statutes of British Columbia, 1948."

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me at _____

in the Province of British Columbia, this _____

day of _____, 19 _____

(Signature of applicant.)

16.

RESIDENCE

(Show in reverse from present date to point where responsibility can be determined under the "Residence and Responsibility Act.")

ADDRESS	DATES	
	From	To

17. Responsibility of _____

18. Checked by _____

20M (50)-152-2580 (2)

CAUTION ➡ **READ CAREFULLY BEFORE COMPLETING THIS STATEMENT**

NOTE—All revenue from wages, sick benefit, superannuation, pension, compensation, rents, roomers, boarders, agreements, allowances, remittances, loans, commissions, fees, book debts, collections or other source whatsoever received by any member of the family must be clearly shown on this form.

Any increase or decrease in the number of dependents or members of the family must also be clearly shown on this form.

CITY OF VANCOUVER

SOCIAL SERVICE DEPARTMENT.

Date _____ 19__

Case No. _____

Name _____

Address _____

I ask for assistance for myself, dependents and all members of my family because I, and they, have income only as shown below, and have no other money and no other means of obtaining the necessities of life, and are therefore destitute.

THE ONLY EMPLOYMENT DURING THE PAST THIRTY DAYS OF MYSELF, DEPENDENTS, AND THE VARIOUS MEMBERS OF MY FAMILY HAS BEEN AS FOLLOWS:

Name of Person Employed	By Whom Employed (Give Name and Address)	At What Salary or Wages	When Paid (During Last 30 Days)	
			Dates	Amounts

Neither myself, my dependents, nor any other members of my family have had any other income or received any money from any other source during the past thirty days except:—

There has been no increase or decrease in the number of dependents or members of my family for the past thirty days except :

Witness

Signature

TO CLERICAL STAFF: Please make your notifications on the back when necessary.
See that Applicant correctly fills out dates and names of dependents and members of family who have any income.

3. Identifying Data (Sample)

Soc. 523M.

Date..... File No.

Name.....Address.....

Social Status.....Birthplace.....Date.....

Assets (cash - bank account - stocks - bonds - etc.).....

Income or Earnings (total family).....

Last pay
and date

Present disability

Ever applied for or received assistance

Domicile - (classified).....

Accepted - date and time of appointment for record

Rejected - state reason

4. Bank account statement (Sample)

Soc S 8 M

City of Vancouver
SOCIAL SERVICE DEPARTMENT

File No.

Date

We (I), the undersigned, and our (my) dependents,
applying to the City of Vancouver for social assistance, do
hereby declare that neither we (I) nor our (my) dependents have
had any bank account

since (Signed)
Applicant

since (Signed)
wife

Witness.....
Visitor

5. Authorization to check Bank account (Sample)

Soc S 7 M

City of Vancouver
SOCIAL SERVICE DEPARTMENT

File No.

Date

Bank

Branch

City

Dear Sirs:-

Account No.

This will be your authority to permit any accredited member of the City of Vancouver Social Service Department to inspect and check over my account with you and to take a copy of the same.

Yours truly,

(Signed)

(Address)

Appendix C

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