

The University of Manitoba

TELEPHONE INTAKE

An Analysis of the "No Made Cases" which resulted
from the Telephone Intake activity performed by
the social workers of the Intake Department
of the Family Bureau of Greater Winnipeg

Being a Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of Master of Social Work

by

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ABSTRACT

This study centered around the telephone intake activity performed by the intake workers of the Family Bureau of Greater Winnipeg.

The specific focus of the study was the "No Made Cases" of all telephone intake calls between the October 23, 1967 to December 16, 1967 time period.

No specific hypothesis was formulated but attention was focused on an exploration of the following questions:

- 1) Is there a need for a Community Information Center in Winnipeg?
- 2) What is the image or concept of the Family Bureau's services as evidenced by the nature of requests made at the intake department?
- 3) Is there a need for the intake workers of the Family Bureau of Greater Winnipeg to be used differently?

The primary source of data was the questionnaires which were completed by the intake workers. The intake workers' telephone interviews with callers to the intake department were the means through which information was obtained for the completion of the questionnaires.

The population was the "No Made Cases" of the agency. The sample used in this study was the "No Made Cases" of the intake department of Family Bureau during the October 23, 1967 to December 16, 1967 time period which resulted from the social workers' telephone intake activities. The sample totalled 284 completed questionnaires.

The findings supported the idea that there is a need for a Community Information Center in Winnipeg but due to the limitations of the study and the lack of comparable data from other agencies in the Winnipeg area, the

findings were considered to be inconclusive for the purposes of generalizations.

On the basis of the callers' requests for services the majority saw the agency as the place to turn to for almost any kind of social service and in this sense the image of the Family Bureau approximates that of a Community Information Center. The findings supported the concern of the Assistant Director of the agency that the Family Bureau is providing an information and referral service which is similar to such a service provided by a Community Information Center.

The findings revealed that there might be a possibility for intake workers to be used differently. The large number of information and referral services provided by the intake workers might be an indication that agency trained workers could possibly do this aspect of the telephone intake work, while professionally trained workers might be used to greater advantage in providing telephone counselling services.

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INTRODUCTION

A group of eleven second year social work students of the University of Manitoba, School of Social Work, after conferring with their research advisor and members of the staff of the Family Bureau of Greater Winnipeg, decided to conduct a study on the telephone intake activity of the intake workers of this agency. This paper deals with a report of this study and includes the purpose, method used, analysis of the findings, and the conclusions that were made.

Problem and Purpose

The problem which was studied centered around the intake activity of intake workers of the Family Bureau of Greater Winnipeg. The specific question to which attention was directed was whether or not the social workers' telephone intake activity which resulted in "No Made Cases" suggested the need for a Community Information Center in Winnipeg. The specific focus of the study was the "No Made Cases" of all telephone intake calls between the October 23, 1967 to December 16, 1967 time period.

This is of particular importance to the Family Bureau because of this agency's concern about enhancing the effectiveness of their intake workers in providing better services to their clients. It is also important to the agency in that the study might provide information which could be useful with respect to program planning, policy formulations concerning the deployment of agency's resources, and interpretation to the public

that uses and supports its services. The Director of the agency expressed the opinion that the image of the Family Bureau in the Community is not clear, and that it is providing an information and referral service which approximates that of a Community Information Center.

It is of concern to this agency because it reflects a lack of community understanding and knowledge not only of the Family Bureau's functions but also of other community resources. It is of concern, also, because it reflects the bewilderment of individuals or families experiencing personal or social problems, and their confusion as to where they should direct their problems. Of concern to this group also is the lack of research and literature in this particular area. This study will hopefully provide long term gains for the group in terms of achieving a better understanding of the theoretical aspects of the intake process, problems encountered in this area, and their implications for social work practice.

This study may, therefore, serve theoretical as well as practical purposes. In terms of the agency it may provide some clues as to realistic changes that may be necessary in its intake department or stimulate further thinking in this area. It may also indicate the need for additional service agencies in the community or greater co-ordination of existing ones.

This study may stimulate similar or different studies in other agencies. For the group involved in this study, it was a learning experience through which greater knowledge of this specific area of this agency was achieved.

Setting

The physical setting for this study was the Family Bureau of Greater Winnipeg, Intake Department. The total time which was required for the conduct of the study extended over a five month period. This included the

time spent on initial contacts and conferences with the agency's personnel, and for the devising of the questionnaire. The period for data collection was October 23, 1967 to December 16, 1967. This included the time allotted for the pre-test of the questionnaire which was conducted from October 23, 1967 to November 3, 1967. The analysis of the findings was effected between the December 16, 1967 to April 1, 1968 time period.

This study focused more narrowly on a selected aspect of the broader problem of general intake procedures or practices of the Family Bureau of Greater Winnipeg. The theoretical context is the nature of the intake process and the role and responsibility of the social workers in this area of Family Bureau's function.

Scope and Limitations

The extent of the topic included an analysis of all initial telephone contacts made to the intake department during October 23, 1967 to December 16, 1967 which resulted in "No Made Cases".

The study was applicable to callers to the intake department who requested information with respect to self or others, and also included referrals by other social welfare agencies, or other professional disciplines.

The analysis did not extend to the following areas: requests pertaining to employment with the Family Bureau or calls handled by the receptionist; intake activity initiated by correspondence or walk-ins; and to "Made Cases" during the study period. These activities were recorded and were used to compare quantitatively the "No Made Cases" and "Made Cases" during this period. Because of these omissions in the analysis, the applicability of the findings would be limited. The entire study must, therefore, be viewed in terms of the limited time period and the fact that only one aspect

of the intake process in only one agency was studied. These will limit the universality of the findings.

Hypothesis

No specific hypothesis was formulated but attention was primarily focused on an exploration of the following questions:

- 1) Is there a need for a Community Information Center in Winnipeg?
- 2) What is the image or concept of the Family Bureau's services as evidenced by the nature of requests made at the intake department?
- 3) Is there a need for the intake workers of Family Bureau to be used differently?

The rationale for the choice of this focus is related to two different but inter-related areas of concern - those related to the agency and those related to clients or callers needing services.

The agency believes that there is a large number of requests for information and referral services which could be more appropriately effected by a Community Information Center. At the present time professional workers are engaged in providing such services at intake. The agency believes that professional workers could be more effectively utilized in providing necessary services in more complex problem-solving areas. The time spent at intake in sorting out calls for appropriate service and in providing information and referral services could be utilized more efficiently if a Community Information Center was available. The agency would like to improve the quality or standard of service at intake, to appraise its present policy with respect to deployment of staff at intake, and to assess the present deployment of agencies' resources. Such a study, and the questions explored, might provide some information which will hopefully

assist in program planning and policy decisions with respect to its intake department.

In regard to callers requesting services, there is a concern for those individuals in need of service who do not have the knowledge of community resources to which they could more appropriately direct their requests. The concern, in part, is for those individuals who "shop around" for services and are not able to receive them in time of need. It is believed that this study might indicate how many people fall into this category and whether a Community Information Center might have been instrumental in providing a more adequate information and referral service to such people.

Throughout this study there were several terms and concepts which were used. These require further explanation so that they could be more clearly understood in the context in which they occurred.

Definitions

1. Caller Any person who through telephone contact requested service from any intake worker at the Family Bureau. For the purposes of this study, the term was extended to include requests for service initiated by correspondence or by "walk-ins".
2. Walk-ins This referred to persons who without appointments came to the intake department and requested services.
3. Intake Department This term referred to the part of the agency concerned with the intake process. The intake process included those activities dealing with the assessment of callers' requests and deciding the disposition of these.
4. No Made Cases This definition included those situations where contacts

were initiated by telephone or correspondence which did not lead to an in-person interview between the caller or correspondent and the intake worker. In terms of "walk-ins" the term referred to those situations where contact was initiated by "walk-ins" but which did not lead to subsequent in-person interview. The definition of the term "No Made Cases", as used in this context, encompassed the definition of the concept of short-term contacts which will be alluded to in this paper.

5. Made Cases Those contacts initiated by telephone, correspondence, or "walk-ins" which resulted in an in-person interview and subsequent contacts between the worker and caller, correspondent or "walk-ins".
6. Community Information Center A community resource established to provide information, advice, and referral services to citizens with regard to social welfare resources in the community.
7. Social Work Agency Any formal organization where professional social work service is provided. Such service may be either primary or secondary to that agency.
3. Caseworker's Activity This includes phone calls, letters, conferences. These may be to or from the client, other agencies, with other professional disciplines or activities within the agency to determine the disposition of callers' requests.

Assumptions

For the purpose of this study the following assumptions were made:

- 1) It was assumed that all intake workers were equally knowledgeable of the Family Bureau's function and of the social welfare resources in the community.
- 2) That all intake workers possessed equal skills in making judgements with respect to the assessment of the problems or requests presented and the intake service that was necessary.

BACKGROUND INFORMATION

In order to place in their broader context the specific questions to which this study was directed, a review of the literature with respect to intake theory will be presented. This will encompass a review of some of the literature on related studies and those ideas concerning the need for a Community Information Center. Although some of the studies conducted by other agencies are not specifically related to telephone intake, there are some common elements in these studies which may throw some light to the focus of this study.

Frances H. Scherz expressed the idea that intake is one of the measures of the pulse of a community, a measure of social needs, met and unmet, as they are made known to all the existing agencies.¹ Because of this situation social agencies are constantly concerned with examining the flow of intake, so that over-all planning for social needs may be effected through central planning bodies.²

Intake is conceived as a process in which the skill of a caseworker is utilized in an attempt to understand and to meet individual and family needs through the medium of a relationship. Such a process requires that the caseworker possess a body of knowledge about his community, his agency and about human behaviour.³

¹Frances H. Scherz, "Intake: Concept and Process," Social Casework, Volume XXXIII No. 16 (June, 1952), p. 233.

²Ibid.

³Ibid.

The purpose of the intake process is the achievement of an understanding between the client and the caseworker which may result in a completed service, in supplying information about another resource, in referral to another resource in the community, in a decision to continue exploration, or casework treatment in the agency, or in a combination of these.

The way in which a potential client is met initially and the manner in which the agency responds to his request, his problems, his needs, or to a combination of these depend on the agency's philosophy of intake.⁴ Some agencies focus on the presenting request and determine whether or not the person can be served by the agency within its defined function. For other agencies the important factor is the specific problem as seen in the request and its attendant ramifications, and on this basis a decision is made as to whether or not the problem is within their scope of service. Other agencies strive to achieve an understanding of the person and his need regardless of the specific problems or request or whether or not they have a particular resource or certain skills to meet the need.

These agencies accept the concept that the primary focus of intake should be on the person, his family and their needs. The functions of the agency become a consideration only after determination of need and where it can best be met. A specific decision is based, therefore, on the psychosocial understanding of a need, on the function of the agency, and on the availability of resources in the agency and community.⁵

There is a need to be clear, in any setting, that until both the

⁴Ibid., p. 234

⁵Ibid.

caseworker and client understand the basis for the request and whether the need and request are the same or different, there can be no valid decision to grant, deny, or refer elsewhere for services. Exploration at intake, based on this concept, indicates respect for the client's ability to participate and to understand his part in the intake process. The caseworker respects the client's rights to self-determination. He must be cognizant of the fact that only through mutual sharing of factual knowledge is the client able to choose what is best for himself.

This concept of intake suggests that agencies have a responsibility for first exploring need; that differentiation in meeting needs follows according to the agency's place in the community, its functions, its services both concrete and in the skill of its casework staff, and according to community resources. The intake process, according to this concept, has two immediate purposes - understanding of need and determination of how and where the need can best be met. Beyond these two purposes the intake process is concerned with further exploration in those cases that continue in the agency leading to a treatment plan.⁶

Emphasis is given to the initial phase of the intake process because often cases are made or lost during this period. The client may not return, referral elsewhere may be poorly handled, or further exploration may go off on an unwise tangent unless sufficient consideration is given to the earliest contacts.⁷

The intake process has a purpose, a methodology, and a definable content of its own. It has an immediate purpose related to a quick appraisal

⁶Ibid., p. 235

⁷Ibid.

of where and how a person's needs, social and psychological can best be met, whether in the agency to which he applied or elsewhere in the Community. Appraisal of requests or application for service includes a decision as to whether or not a person or family can or should use help from a specific agency. Its long range purpose is related to the process of psycho-social diagnosis and evaluation leading to planned casework treatment in specific casework agency settings, or to treatment by other disciplines. Purpose and methodology are affected by the philosophy of the individual agency, its concept of its functions, and the place of the agency in the total plan of community organization for social welfare.

The objective of telephone intake is no different from that of intake in general, though it is limited to some extent by the circumstances of telephoning.⁸ The objective is fourfold. First, the worker renders "first aid" to people in crises and helps them to orient themselves more realistically to their situation. Second, the worker determines which agencies in the community are most suitable in terms of client's problems and his perception of them. Third, the worker secures enough identifying information to search the agency's file and to utilize the Social Service Exchange, and enough history to provide the first in-person interview. Finally, intake workers strive to support the wavering client's resolution to get help and to clarify what he can reasonably expect to happen in his contact with the agency.⁹

Catherine M. Bitterman expressed the opinion that telephone interviewing

⁸ Merton S. Krause, "Predicting Client Discontinuance at Intake," Social Casework, Volume XLIII No. 6, (June, 1962), p. 309.

⁹ Ibid.

requires special skills since the caseworker has to gauge the client's feelings and reactions without the benefit of direct observation. The intake worker, of necessity, has to relate quickly to many different kinds of situations and clients. This requires considerable personal flexibility as well as knowledge of agency's services and community resources.¹⁰ The telephone interview, at the point of application, focuses the problem sufficiently for some clients to enable them to see their problems in a different perspective. This leads clients to work out the problems on their own. The author noted that of those clients who had cancelled their applications without accepting an appointment 13.9% later re-applied for service.¹¹

Helen Harris Perlman expressed the idea that at the intake level the applicant does not only "feel" his problem to be a crisis but it actually is one. Perlman noted her concern for the one of every three individuals who is lost after the initial contact at intake. Although this situation results in economic waste, a more serious concern is the loss of opportunity to provide casework help at a time when stress and motivation are high enough to push a person to reach out for help.¹² Perlman sees this situation as a loss of opportunity to do preventive work.

In terms of crisis theory and its implications for social work practice, Dr. James Tyhurst expressed the idea that the person or family in crisis becomes more susceptible to the influence of "significant others" in the environment. The degree of activity does not have to be high. A little

¹⁰Catherine M. Bitterman, "Serving Applicants When There is a Waiting List," Social Casework, Volume XXXIX No. 6, (June, 1958), pp. 359-360.

¹¹Ibid., p. 359.

¹²Helen Harris Perlman, "Intake and Some Role Consideration," Social Casework, Volume XLI No. 4, (April, 1960), p. 171.

help, rationally directed and purposefully focused at a strategic time, is more effective than more extensive help given at a period of less emotional accessibility.¹³ This is where social workers involved in telephone intake activity could play a significant role in enhancing secondary prevention.

Apart from the fact that there are "No Made Cases" that result from obvious inappropriate requests, intake workers are faced with the problem of sustaining for ongoing service those whose requests are appropriate in terms of the agency's function. Perlman sees the root of this problem in the confusion of roles between the individual seeking help and the intake worker. For instance, if the caseworker conceives of intake as a "study" or "exploratory process", and the applicant conceives of it as a help getting experience, lack of understanding and difficulties in communication may result.¹⁴

In her assessment of the intake process in the Community Service Society, Division of Family Services N.Y., Helen LaMar observed that only 55% to 60% of applicants who telephone could be given office appointments. To those given office appointments only about 60% or 25% of the total applicants can be given extended study and service. The staff of this agency had to overcome the desire to offer long term treatment of all cases. The emphasis on continued service has been so strong that caseworkers sometimes are inclined to think of short services as superficial and of dubious value. To manage the total load of appointments, Miss LaMar noted that intake procedures must be geared to completing services in a single interview. This

¹³Howard J. Parad, (ed), Crisis Intervention: Selected Readings, (2ded., New York: Family Service Association of American, 1966), p. 30.

¹⁴Perlman, Op. cit., p. 177.

plan could be instrumental in easing the length of the waiting list or in limiting it to extremely complex and serious cases.¹⁵

Such planning for short term telephone or office intake contacts might be indicated for Family Bureau whose waiting lists are growing, and the gaps between demands for service and ability to meet them are widening. This is one of the problems confronting this agency at the present time - whether intake workers should be used differently. Miss LaMar believes that while there would be persons needing a continuing relationship with a caseworker over a period of time, others could benefit from short-contact services. Through such a differentiation it might be possible to cover more cases and avoid the necessity of having intake "closed" or creating long waiting lists.¹⁶

In recent years the Family Bureau of Greater Winnipeg has been extremely concerned with the functioning of its intake department, and in enhancing the effectiveness of its intake workers. In February, 1964, a telephone intake study was conducted by the agency. Although the written material on this study was limited, the findings indicated certain trends with respect to the agency's waiting lists and the amount of interpretation work performed by intake workers on the telephone.

For instance in February, 1964, the findings indicated that 25% of all intake calls were given appointments. The remainder accounted for a high proportion of clearing and interpretation by phone calls. Between January and December of 1965, 233 cases were allocated for ongoing

¹⁵Helen LaMar, "The Intake Process in a Growing Community," Social Casework, Volume XXXIV No. 4, (April, 1953), p. 170.

¹⁶Ibid., p. 173.

counselling services. Of this total, 126 were allocated to a regular worker during the same month in which intake was completed. Of the 107 cases remaining, 64 were allocated within a month, 21 were allocated within 2 months, 10 within 3 months, 1 within 7 months, and 2 were not allocated during this time period.¹⁷ These findings suggest the long period of waiting which confronts individuals in need of services. It might be interesting to find out how many actually drop out within the waiting period, and of these how many in fact re-apply for services. It is difficult to determine whether some of these cases could have received adequate service through short-term contact as suggested by previous writers on this subject. These findings, nonetheless, indicate the severity of the problem which confronts the Family Bureau as it contemplates deployment of staff at intake.

During the July - August 1966 period the Family Bureau of Greater Winnipeg conducted a survey of telephone intake contact. What was evident in the findings, according to the Assistant Director, was that 25% of the requests actually resulted in "Made Cases", while 75% were either referred to other agencies or provided with information or short contact services.¹⁸ The majority of these information and referral services could have been handled appropriately by a Community Information Center if one was available in Winnipeg. The time expended in sorting out these calls and in making referrals might have been devoted to other cases on the waiting lists.

Dorothy Eklund, in her paper, Short Contact Services in an Information and Referral Center, expressed the idea that the Minneapolis Community

¹⁷Telephone Intake Study of Family Bureau of Greater Winnipeg, February, 1964.

¹⁸Telephone Intake Survey of Family Bureau of Greater Winnipeg, July - August, 1966.

Information Center grew out of the community and agency plans to establish one place where people could get information about social resources, and be referred without being sent from one agency to the other.¹⁹ The author noted that increasing experimentation is being conducted in the use of telephone service. Many things which were formerly considered possible only by the caseworkers on one side of the desk and the applicant on the other, could in fact be done effectively on the telephone.²⁰

In other words, in relation to intake workers, it does create possibilities for intake workers to be used differently. This would perhaps reduce the need for office interviews and consequently avoid overloading of waiting lists. In this way, many crisis situations could be handled on the telephone especially when such individuals are in a state of greater emotional accessibility.

In recent years considerable attention has been given to a consideration of the desirability and feasibility of a Community Information Center in urban communities. Such a center would be patterned along similar lines as the Citizens' Advice Bureau of Great Britain. Lord Beveridge saw the need for a Citizens' Advice Bureau for the following reasons: 1) to advise the general public how best to use vast new welfare services, 2) to explain the workings of public authority to the citizens, 3) to help protect the citizen against a public authority when the latter through error or ignorance is acting wrongly, and 4) to make the world appear to many citizens in distress to contain some element of reason and friendship.²¹

¹⁹Dorothy Eklund, "Short Contact Services in an Information and Referral Center," Social Casework, Volume XXXII no. 10, (December, 1951), p. 432.

²⁰Ibid., p. 435.

The Citizens' Advice Bureau has evolved from an emergency general service in time of crisis to an "every man's advisor" in normal times as protector of the rights of citizens. In relation to social work, Miss Audrey Harvey, critic and writer on social welfare issues in England, believes that the Citizens' Advice Bureau acts as a siphon through which the majority of social problems pass. Thus the time and resources of the family agencies are saved. They are then able to provide more intensive long-term care for the minority who need it most.²²

In Canada, Community Information and Referral Centers have been incorporated into the system of Social Welfare Services in large cities. Such services already exist in Montreal, Toronto, Vancouver, Calgary and Edmonton. Although they are not structured to provide counselling services, these centers provide basic information and referral services. Reports from these cities indicate that such a service is essential in large urban centers.²³

The Community Welfare Planning Council of Greater Winnipeg has studied the need for a Community Information and Referral Center in Winnipeg. Although no official proposals have been made, the following tentative conclusions were indicated: 1) There is a need for additional information and referral service, 2) On-going publicity and information giving would be an appropriate service to be linked with an organization such as the United Way of Greater Winnipeg, 3) Neighbourhood Centers providing information, counselling, and referral services would appear to be desirable for those sections of the city whose citizens do not make use of existing resources.²⁴

²¹Mildred Zuker, "Citizens' Advice Bureau: The British Way," Social Work, Volume 10 No. 4, (October, 1965), p. 86.

²²Ibid., p. 87.

²³Community Welfare Planning Council, "Inter-Agency Correspondence"

John Frings in his article, What About Brief Services? - A Report of a Study of Short-Term Cases, indicated that the emphasis on short-term cases does not mean ignoring or underestimating the real need in the community for long term counselling. It does mean both fuller recognition of the needs of a substantial group of clients for whom extended service is not indicated, and also equal status in programming and training for the services and skills necessary to meet these needs. The findings of the study indicated that the community saw the family agency as the place to turn to for almost every kind of social service. Requests are made not necessarily with the belief that the agencies can supply the service nor that the service requested is the one wanted or needed by the client.²⁵

The family agency, in addition to its extended counselling function, has assumed a responsibility for a difficult screening and enabling task simply through the traditional use the community makes of it.²⁶ The Family Bureau of Greater Winnipeg has been experiencing a similar situation over the years, but now believes that some changes are necessary because of its desire to enhance its intake functions and quality of service to clients.

The findings of the study on short-term cases indicated that among re-applicants, self-referred re-applicants were more often referred to other resources than agency-referred re-applicants. It was indicated, also, that there appeared to be little difference between the cases seen in person and those not seen in person.²⁷

²⁴Ibid.

²⁵John Frings, "What About Brief Services? - A Report of A Study of Short-Term Cases," Social Casework, Volume XXXII No. 6, (1951), p. 238.

²⁶Ibid.

²⁷Ibid., p. 240.

STUDY METHOD

For the purposes of this study the primary source of data was the questionnaires, which were completed by the intake workers of the Family Bureau of Greater Winnipeg. The workers' telephone interview with callers was the medium through which information was obtained for the completion of the questionnaires. The population was the "No Made Cases" of the agency. The sample used in this study was the "No Made Cases" of the Intake Department of Family Bureau during the October 23, 1967 to December 16, 1967 period. Since the study focused more narrowly on the "No Made Cases" which resulted from the social workers' telephone intake activity, the intake contacts initiated by correspondence or "walk-ins" and those related to employment within the agency were excluded in the analysis.

In the pre-test there were 90 completed questionnaires. Of these, 10 were excluded. Those included 3 employment requests, 1 letter, 5 "walk-ins", and 1 miscellaneous. In the regular test there were 219 completed questionnaires. Of these, 15 were excluded from the analysis. These consisted of 2 employment requests, 5 letters, 6 "walk-ins", and 2 for miscellaneous reasons. The sample that was analysed consisted of 284 completed questionnaires. These were made up of 80 pre-test and 204 regular test completed questionnaires. This method was utilized so that the analysis would be limited to the telephone intake activity which resulted in "No Made Cases" during the study period.

The time period for this sample was determined by three factors:

- 1) The academic schedule of the University of Manitoba, School of Social Work, did not allow for other alternatives with respect to the time period for the study.
- 2) In the week preceeding Christmas, the agency expressed the opinion that many requests for services would be influenced by this time of the year. The time period for the sample choice was, of necessity, curtailed by this development. The avoidance of this situation probably accounted for a more representative sample of requests for service.
- 3) The group's decision to focus on telephone intake activity which resulted in "No Made Cases" was considered adequate to provide information for the three basic questions explored in this study.

The fact that the sample excluded office intake interviews, made cases, and was limited to one agency, certainly created limitations with respect to the degree of generalizations that could be made from the findings. Included among such limitations was the fact that calls handled by the receptionist during the October 23, 1967 to December 16, 1967 period were not included in the analysis. These calls amounted to 156. The "Made Cases" were 106 of which 74 were initiated by telephone, 29 by "walk-ins" and 3 by letter contacts.

The original questionnaire was devised by a group of eleven second year social work students and was pre-tested by the intake workers of Family Bureau during the October 23, 1967 to November 2, 1967 period. No written instructions were provided for intake workers during the pre-test of the questionnaire. Verbal instructions were provided to the Assistant Director of the agency who, in turn, explained these to the workers.

Following the pre-test, the research group reviewed the ninety pre-test questionnaires which were completed. During the scrutiny of the content it was observed that, in addition to the confusing physical structuring of the questionnaire itself, there were two questions which were ambiguous. These were revised and the physical structuring of the questionnaire was re-organized to produce a clearer ordering of the questions and appropriate

spaces for the responses.

For the purpose of this study, data collection was made during the October 23, 1967 to December 16, 1967 time period. This included the time period for the pre-test.

The study explored three basic questions. These were related to the need for a Community Information Center, to whether intake workers should be used differently, and also to the image of the Family Bureau in the community.

Specific questions were designed to obtain information with respect to answering some of these questions. For instance, question #3 (see Appendix ii) Has caller contacted other agencies regarding this problem or request? The possible responses anticipated on the questionnaire were Yes, No, and Don't Know. Positive responses might indicate the degree of callers "shopping" around for services, and at the same time possibly indicate a need for a Community Information Center to help callers direct their requests for services more appropriately.

Question #4 (see Appendix ii) was designed to provide information about the nature of callers' requests. The responses may be related to information about the agency, or about community resources, or immediate help with the problem. These responses might provide some idea about the image of the Family Bureau in the community.

Question #7 (Appendix ii) Reason for Termination intended to provide information about "No Made Cases". This might provide some ideas about possibilities for agency planning for services, and policy changes with respect to limitations of existing services and utilization of staff.

Question #8 (Appendix ii) Was caller referred elsewhere? The

responses might provide information with respect to the amount of referral service actually provided at intake. This might indicate the need for a Community Information Center which would be able to provide such referral service. The volume of such service might suggest the need for non-professional agency trained workers who might be able to provide such services at intake rather than using professional workers.

Initially, during the period of data collection, it was noted that the research group arranged conferences with the Assistant Director of Family Bureau and outlined verbally to him specific instructions for intake workers involved in filling in the questionnaires. To ensure greater standardization in the gathering of data, the group, during the regular test, provided intake workers with specific instructions in writing (Appendix iii). This writer believes that, following the pre-test period, group meetings with the intake workers would have been helpful in clarifying some of the problems related to certain ambiguous questions. The instructions themselves were not very clear nor complete. Time and agency's commitment did not make such group meetings possible. Although the pre-test questionnaires were used in the tabulation of data, there were certain specific questions in specific questionnaires which were omitted. This was due to ambiguities in the wording of the questions and internal inconsistency in some of the responses to specific questions. For instance, in the pre-test, question #4 (see Appendix i) Is problem within function of Family Bureau? there were too many conditional questions which probably accounted for ambiguous responses. In the tabulation of the data the responses to this question were omitted.

To maintain uniformity in which data was classified, certain criteria were used by the group to discard specific responses which were ambiguous.

These criteria were as follows:

- 1) Responses to any questions which indicated internal inconsistencies were omitted.
- 2) If intake workers inserted additional categories of responses these were omitted.
- 3) Where only one response was required, if workers indicated more than one, these were omitted.

The following criteria were used to exclude certain questionnaires:

- 1) Any questionnaires which indicated requests for employment with the Family Bureau were omitted. Others showing request for employment elsewhere were included.
- 2) All "walk-ins" and requests by correspondence were excluded.
- 3) Those questionnaires in which the majority of responses were incorrectly filled in were omitted.

The total of 284 questionnaires were divided among the eleven group members. Each member tabulated the responses to each question. The total responses for each question were then transferred to a master sheet. The responses to the various questions were compared and some correlations were made. An analysis of the findings was made in relation to the three basic questions to which the study was directed. There were limitations in the use of both the pre-test and regular test questionnaires because of lack of comparable data in the pre-test questionnaires.

In order to analyse the data, the first problem was to find or devise a meaningful classification system for the factors to be studied. Data was classified according to the major questions outlined in the questionnaire (Appendix ii). These were as follows:

- 1) identity of caller;

- 2) source of knowledge about Family Bureau;
- 3) prior involvement with other social work agencies;
- 4) callers' requests;
- 5) caseworker's assessment of the problem or request;
- 6) initial service to be rendered;
- 7) reason for termination;
- 8) referrals of callers elsewhere for help;
- 9) availability of community resources;
- 10) caseworkers' activity;
- 11) time expended.

Data will be presented in totals and percentages, and simple tables will be used to present the data for questions #4, #6, and #7 (see Appendix ii).

ANALYSIS AND INTERPRETATION OF FINDINGS

The findings of the study will be presented in this section and an attempt will be made to relate these findings to the three basic questions to which this study was directed.

The findings indicated that of a total of 415 requests for service made at the intake department of Family Bureau during the period October 23, 1967 to December 16, 1967, 76% or 309 of these resulted in "No Made Cases". Of the total requests for service, 24% or 106 of these resulted in "Made Cases". With respect to the specific area of telephone intake requests, the findings indicated that 79% or 284 calls resulted in "No Made Cases", while 21% resulted in "Made Cases". What is significant, here, is the fact that the Family Bureau's intake department provides, in the majority of intake contacts, short-contact services. These findings correspond to the telephone intake survey conducted by the Family Bureau during the July 1966 to August 1966 period. At that time, approximately 25% of the intake contacts resulted in "Made Cases" while 75% resulted in "No Made Cases".

The findings of the telephone intake activity, based on the 284 calls which resulted in "No Made Cases", will now be presented in greater details. These findings will be presented on a selective basis.

Identity of Callers and Source of Knowledge of Family Bureau

The findings indicated that the majority of calls, 71% or 200, were

personal calls for service, and of those who were able to specify the source of referral, the mass media was the most frequent source mentioned. This accounted for 18% or 43 of the calls. The largest number, totalling 67 or 27%, could not specify any particular source through which knowledge about Family Bureau was achieved. This would limit the validity of conclusions that may be derived as to the source of knowledge of Family Bureau. Other social work agencies accounted for 15% or 38 calls for which these agencies were sources of knowledge. Although this number is not very large, it indicates that some clients are not provided with adequate referral service and are left on their own to gain accessibility to service in time of need.

With respect to the source of knowledge of Family Bureau, there was some ambiguity here as to whether persons with their problems got information about Family Bureau from former clients or whether they were former clients themselves.

On the basis of the intake workers' interpretation, the findings indicated that 10% or 25 requests for service came from former clients. This might indicate an area for further study to determine what factors were involved in recurring requests for help. Was the service provided initially adequate or inadequate and does this indicate a need for follow up contacts.

Two significant aspects of the findings should be noted. The fact that the majority of callers sought personal help with their problems might indicate the urgency of their needs. This might also support the need for intake workers to be knowledgeable about crisis situations and to be skilled in handling such requests at intake. The second fact is that the mass media is a major source of information about the agency. This might indicate that

there is a lack of knowledge in the community, not only of Family Bureau's services, but also of other social welfare resources in the community. Because of this lack of knowledge, this information indirectly indicates that present resources are not being utilized effectively.

The findings suggest that a Community Information Center might have fulfilled the responsibility of providing a more effective information and referral service. This might have ensured individuals' accessibility to the services needed and more appropriate direction provided to such individuals.

The findings indicated that a much more effective level of community education regarding social welfare resources is necessary. The mass media might be a resource which the Family Bureau could use to greater advantage to disseminate information about its functions, resources, and opportunities to serve the community. This type of information might be useful as a means of reducing, in part, the number of inappropriate requests for service, and also the amount of sorting out and referral services which are now being provided by the intake workers of the agency.

Callers' Contacts with Other Agencies Regarding Their Problems

In this category, although the majority of callers, 48% or 123, contacted Family Bureau first regarding their problems, 30% or 79 had contacted other agencies prior to their telephone contacts with Family Bureau. What is significant here is the fact that of the 79 who had contacted other agencies, 50 of these were able to specify the agency contacted. Of the specified responses, 33% were referred back to the referring agency while 30% were referred to other agencies. The findings here suggest the degree

to which clients are shuffled about from agency to agency without receiving services in time of need. This might be an indication, also, of the delays in service delivery arising from the pathology of specialization and bureaucratic rigidities. This type of client shuffling about from agency to agency might also be an indication of the lack of inter-agency communication in the referral processes. It would be interesting to find out how many callers actually returned to the initial agency contacted regarding their problems.

The findings might be an indication of the need for a Community Information Center which could have provided more appropriate direction and enabling services initially, so that persons in need could have received the necessary services without being pushed around needlessly. The findings also suggest the lack of knowledge in the community with respect to social welfare resources. In this sense a Community Information Center could have been useful in providing information and referral services to such persons.

The Nature of Callers' Requests

TABLE I

DIFFERENTIATION OF REQUESTS

Type of Request	Number	Percentage
1) Information about the agency	48	16
2) Information about community resources	57	20
3) Immediate help with the problem	187	64
Total	292	100%

This table indicates how callers' requests for services were differentiated at intake. A further breakdown of #3 is not indicated in this table but this will be indicated in the discussion to follow. The findings indicated that the majority of requests were concerned with immediate help with the problem. This accounted for 64% of the requests for services. However, of this total, 122 were able to specify what the problem was and 85 or 70% of these appeared to be appropriately directed to Family Bureau. This was based on Family Bureau's function as described in the Directory of Welfare Services.²⁸ The remaining 30% of the specified responses requested information about their problems and information about resources to which they could apply for assistance. In reality, therefore, a total of 66% of the requests required information services from the intake workers.

As judged by these requests, the community, it seemed, saw the Family Bureau as a place to turn to for a variety of services. These requests were made not necessarily with the belief that the agency could supply the services, nor that the service requested was the one wanted or needed by the callers. These findings would tend to support the agency's claim that there is a need for a Community Information Center which could have provided the services requested in the majority of the situations outlined. The Family Bureau, in the past, has evidently assumed in addition to its counselling and other functions, a responsibility for a difficult screening and enabling task simply through the traditional use the community makes of it. This does not mean that the Family Bureau is the only agency which is providing such a service at the present time. Although the agency has been

²⁸ Community Welfare Planning Council. Directory of Welfare Services in Winnipeg. 1962. p. 9.

fulfilling a real need in the community, a Community Information Center might be able to assume effectively such a function. In this manner, the agency's professional staff which is currently engaged in intake activity of this nature, might be relieved of these tasks to a large extent. This might then enable them to provide much more rapid and effective services to those on the waiting list.

These findings would have to be assessed in terms of the limitations imposed by the fact that, in so far as responses with respect to immediate help with the problem is concerned, the specified responses were based only on the findings of the regular test. In the pre-test no allowance was made for specification of the immediate help with the problem. This meant a difference of a possible 80 responses which could have altered the findings to a considerable degree.

Caseworkers' Assessment of the Problems

The findings indicated that on the basis of the caseworkers' diagnostic impressions, 110 callers were characterized as having between two to the extent of the data previously discussed, in 11 areas of the nine problem areas. One problem area was diagnosed for 92 of the callers. These findings are significant because the majority of the callers needed more than one type of service to meet their needs. At the intake level, a situation as this indicates a need for workers to be skilled in assessments of problems, and to be able to use collaboration effectively to make available to such people the services which Family Bureau may not be able to provide.

Although the findings suggested that problems tend to cluster in the same cases, the data did not permit an analysis of the association of these cluster of problems. For example, it was difficult to determine

positive associations where problems clustered together in the same cases or negative associations where the tendency to cluster did not appear as indicated in the 92 cases with one problem area.

On the basis of the caseworkers' diagnostic impressions, the problem most frequently assessed was marital. This accounted for 40%. The second largest category was parent-child problems with 21%. Personal problems accounted for 17% while homemaker was 15%. These were the most frequent categories diagnosed by the worker. As noted before it was difficult to determine the relationship between these problems and how they clustered in individual cases.

The data was not sufficiently complete to make a comparison between the callers' perception of his problems and the workers' diagnostic impressions of the callers' problems. The questionnaires did not permit workers to specify all the problem areas which the callers may have indicated. In addition to this, the pre-test questionnaires did not allow for a category in which the particular problems could be specified. It was difficult, on the basis of the data previously discussed, to determine whether the callers found it difficult to present their problems in terms of marital or parent-child situations during the telephone contact.

In some of the multi-problem situations, therefore, legal, economic, educational, and medical-psychiatric problem areas could have been inter-related to the marital or parent-child categories. It would be useful to find out why some of the problems which were obviously within the Family Bureau's function did not result in on-going service. The findings support the idea that social problems may have many causal factors and, therefore, emphasizes the necessity to assess the total needs in an individual's situation so that treatment could become more effective.

Service to be Rendered

TABLE II
CASEWORKERS ASSESSMENT OF SERVICE
TO BE RENDERED

Type of Service	Number	Percentage
1) Information Only	126	44
2) Counselling	89	31
3) Financial	9	3
4) Homemaker	13	5
5) Day Care	4	1
6) Other	47	16
Total	288	100%

This table shows the responses of the caseworkers' assessment of the services that were needed. This question created some doubt as to the meaning of the workers' responses. The question arises as to whether this service was actually provided or whether it would have been provided if the callers and workers had planned subsequent contacts. The interpretation of the data must be viewed in terms of these limitations. According to these findings, 44% needed information only while 3% needed financial assistance. These accounted for 47% of requests for service which could have been handled by a Community Information Center. The 31% who needed counselling services might have benefitted from counselling on the phone. This is a type of service that might be beneficial to both callers and the agency. To the caller it might indicate immediate accessibility to service in a crisis situation, thereby avoiding having to wait for service to be provided through the medium of an office intake interview. To the agency it might be

a means of reducing the overloading of the waiting list. It might indicate a need to use professionally trained workers to provide counselling by telephone, and to utilize non-professional agency trained workers to provide the basic information and referral service which the agency, of necessity, will be obliged to provide.

Reason for Termination

TABLE III

REASONS FOR "NO MADE CASES"

Reasons	Number	Percentage
1) Geographic Restriction	14	8
2) Person Declined Service	38	20
3) Service Completed by Phone	114	61
4) Family Bureau's Resource Not Immediately Available	20	11
Total	186	100%

This table does not indicate a breakdown or sub-categories of the service completed by phone. These will be indicated in the discussion to follow.

The findings indicate that, in the majority of cases, service to callers was completed by telephone. This accounted for 61% or 114 of the cases indicated in the table. When this total was analysed, it was revealed that 73% or 83 out of 114 services completed by phone were actually referred. Twenty-three callers or 20% were provided with information only as requested while 8% received counselling services.

These findings, though incomplete, suggest that information and

referral accounted for a significant proportion of the intake telephone work. In these situations one might expect a Community Information Center to provide such services.

Although only 8% were actually provided with counselling services on the telephone, this might be an indication that professionally trained workers could be used to greater extent in providing this type of service. It might be useful to make such a service an integral part of the intake process. If Family Bureau were to give consideration to the expansion of this service, it might be of assistance in reducing the number on the waiting list and in providing such an important service in a crisis situation. In the caseworkers' assessment of the service to be rendered, it was indicated that 31% were in need of counselling services, but the findings indicated that only 8% actually received such services. It is difficult to determine how many could have benefitted from such a brief contact. The fact that these contacts resulted in "No Made Cases" indicated that these callers may not have been relieved of their stressful situations.

The other findings indicated that 11% or in 20 cases the reason for termination was due to a lack of agency resources. What is important here is that individuals in time of need cannot be provided with services because of a shortage. This might be an indication that Family Bureau should expand its services to meet the growing needs of its clientele. The data did not indicate whether such persons were referred to other resources, nor were there any indication as to what type of resources were lacking.

Another reason for termination was geographic restriction which accounted for 14 of the cases or 8% of terminations. Although this number

is relatively small, the fact that fourteen individuals in need could not receive service, because of the agency's policy limiting service to a specified area, creates an undesirable situation. This does not coincide with social work values in the dignity and worth of the individual. The findings might be indicative of the need for Family Bureau to re-examine its policy in this connection and to contemplate broader coverage geographically. It might also be an indication for Family Bureau to decentralize its services so that more people in need could utilize these services, rather than being deprived of them because of geographic boundaries.

The findings indicated that 20% or 38 requests were terminated because the callers declined service. This finding raises a number of questions. Were callers satisfied or dissatisfied with the service provided at intake and was this a reason for refusal to accept service? Was the waiting list a factor involved in this refusal to accept further help? Were callers fearful of assuming the role of a client? The questionnaires did not permit workers to describe their interaction with callers over the telephone, so that attitudes of callers to the service at intake could not be known.

This would have been useful information to intake workers in their efforts to sustain callers requesting help, and to assist them in moving beyond service provided at the intake level. The findings might be an indication of the need for reaching out service to sustain motivation of such people and to mobilize their capacity for problem-solving work. It might be useful to explore how many of these individuals actually return at a later date for further service.

Referrals Elsewhere for Service

The findings indicated that out of a total of 242 callers, 62% or 150 of these were referred to other agencies or resources in the community, while 38% or 92 callers were not. Although no specific information was available to explain the causes for non-referrals, these might be explained by examining some of the reasons for the "No Made Cases". The total of non-referrals, therefore, could be accounted for partly by those who refused or declined service, by those who were excluded for geographic reasons, those for whom the Family Bureau's resource was not immediately available or by the fact that the service needed was provided through the telephone contact.

It should be noted that of the total of 150 referrals, only in 37 cases did the intake workers establish contacts with the agency to which referrals were made. It meant that 113 callers were left on their own to gain accessibility to service. The fact that for the majority of cases the intake workers provided basic referral services might suggest the need for a Community Information Center to do this job.

As this situation would no doubt continue to confront the intake department of Family Bureau, it might be an indication of the need to have agency trained non-professional workers to do this part of the intake work. At the present time the intake department is staffed by professionally trained workers who are doing this job. There might be a need, therefore, for intake workers to be used differentially. Non-professional agency trained workers could assume responsibility for information and referral services, while professionally trained workers could concentrate on telephone counselling and on the provision of services in more complex problem

solving areas. In this way the quality of service to clients could be enhanced.

Community Resource

The findings indicated that for the majority of cases, 78% or 200 callers, there was a community resource available to help with the problem presented. However, the findings also indicated that referrals were not necessarily made because a community resource was available. This was evidenced by the 38% who were not referred for various reasons. The findings revealed that in 14% of the cases the intake workers were not knowledgeable about the availability of community resources. This might have accounted for some of the non-referrals. This is a very important aspect in intake work as it emphasizes that people who may be experiencing a crisis situation were unable to receive the necessary services because of the intake workers' lack of knowledge of community resources.

This situation certainly indicates the need for intake workers to be well informed about community resources so that effective service could be provided at intake. The findings point out the important fact that intake workers who might have an opportunity to do some preventive work, in fact contribute to the duration, deterioration, and severity of social problems because of this lack of knowledge about available resources to assist people in critical moments.

The findings also indicated that for 8% or 20 callers no community resources were available. This might have accounted for some of the non-referrals mentioned earlier. Here again, people in time of need were unable to receive assistance in their problem situation because of lack of resources. The question arises whether there were in reality no resources

for such people, or whether on the basis of agency specialization through purpose, skills, clientele, auspices or geography, these callers were victims of bureaucratic rigidities.

Although the number of individuals involved here is relatively small it is significant in social work terms. It is indicative of the need for expanded community services or greater co-ordination of existing services to meet growing needs. In terms of social work values which emphasize the dignity and worth of the individual, if one person is in need, this is sufficient reason to establish a particular service.

Caseworkers' Activity

The findings indicated that there is an inverse relationship between the number of intake workers' activities and the total number of cases accounted for in each. As the number of caseworker activities per request increased, there were fewer cases corresponding to this trend. The findings indicated that in the majority of cases, 66% or 188 of 284 calls, only one activity was necessary to determine the disposition of the call or request. This might have some relationship to the fact that in the majority of calls the purpose of the intake contact was to provide information and referral services. In these situations, the findings might be indicative of the fact that intake workers engage to a large extent in independent decision making. In more complex requests for services, it was necessary for workers to consult with other personnel within the agency, with supervisors, other professional disciplines, or inter-agency contacts before termination occurred. In 34% of the cases, intake workers engaged in two to seven activities before termination occurred.

Time Expended on Callers' Requests

The findings revealed that in 72% of the cases intake workers spent less than half an hour before termination occurred. In 28% of the calls, over half an hour was devoted before termination eventuated. There appears to be a positive relationship between the number of workers' activities and the amount of time devoted to the callers' requests for services. The 72% of cases in which less than half an hour was spent might be related to the large number of cases for which only one activity was necessary before termination occurred.

These findings might support the need for a Community Information Center to provide information and referral services. In this way, the amount of intake workers' time spent in providing information and referrals could be more effectively utilized in working with clients beset by more complex problems. The findings and comments made must be viewed within the limitations imposed by the fact that the data did not specify the amount of time spent by intake workers on the phone in direct contact with the callers, as opposed to time spent in other related intake activities.

CONCLUSIONS

The conclusions to be made on the basis of the data presented must be viewed within the context and limitation of the Family Bureau of Greater Winnipeg. It would be impossible to generalize for the whole population of social welfare agencies in Winnipeg. The lack of comparable data from other agencies in the Winnipeg area and the limitations of the study itself make many of the conclusions highly tentative. The conclusions to be presented will be related to the three basic questions to which this study was directed. These were as follows:

- 1) Is there a need for a Community Information Center in Winnipeg?
- 2) What is the image of the Family Bureau in the community as evidenced by the nature of the requests for service made at intake?
- 3) Is there a need for intake workers to be used differently?

The findings indicated that, during the study period October 23, 1967 to December 16, 1967, the majority of intake contacts resulted in "No Made Cases". For most of these the service provided was information and referral. These services could have been provided by a Community Information Center. There is need for such a service so that clients' "shopping around" for service in time of crisis could be avoided. The findings indicated that approximately 33% of callers were shuffled about from agency to agency. A Community Information Center might have been helpful in counteracting such an undesirable situation. Such a service would be useful to many clients in providing information and referral services so that their needs and

requests for services could be more appropriately directed to the right agencies.

The Community Welfare Planning Council has identified the need for a Community Information Center in Winnipeg. Dorothy Eklund, Assistant Director of the Community Information Center in Minneapolis noted that such a service was established to provide information about social resources and referral services, thereby avoiding people being sent from agency to agency.²⁹ The findings of this study corroborated those of the Family Bureau's telephone intake survey during the July-August, 1967 period. At that time approximately 75% of all intake contacts resulted in "No Made Cases", a large proportion of which were information and referral services.

Although it is difficult to generalize about the image of the Family Bureau in the community, nevertheless, on the basis of callers' requests for service, the majority saw the agency as the place to turn to for almost every kind of social service. In this sense the image of the Family Bureau approximates that of a Community Information Center. With respect to this particular concern of the Family Bureau and with respect to the functioning of its intake department, this finding might justify the need for such a center in Winnipeg. The finding supported the concern of the Assistant Director of the agency that the Family Bureau is in fact providing an information and referral service which is similar to such services provided by Community Information Centers.

With respect to the question of whether or not intake workers should be used differently, the majority of information and referral service

²⁹ Dorothy Eklund, loc. cit.

provided by intake workers might suggest that non-professional intake workers could be used instead of professionally trained workers. However, if telephone counselling at the intake level were to become an integral part of the service, then professionally trained workers with the necessary skills and knowledge would be needed to provide such services. Here, workers skilled in dealing with crisis situations would be needed. Because of the long waiting lists which now exist, telephone counselling services might be necessary as a means to avoiding overloading on these waiting lists. Those persons who could benefit from short-term contacts should be able to receive such services at the time of need.

There is a need for intake workers to be more knowledgeable about community resources so that the quality of service provided at intake could be enhanced. The findings of the study supported this idea since, in 14% of the cases, intake workers expressed a lack of knowledge of available community resources to assist callers who were in need of services.

There is a need for expanded services since for 8% or 20 individuals there were no resources available. With respect to the Family Bureau's services, there is a need to examine further its present levels of service. The findings indicated that for 11% of callers requesting services these were not immediately available. In service to people where every individual has value, if only one person is in need, then this might be a sufficient indication to justify the existence of the service needed. This would be in harmony with one of the basic social work values which emphasizes the dignity and worth of the individual.

Since the nature of service provided at intake plays an important role in ongoing treatment, it is of major concern for intake workers to

indulge more actively in collaborative work with other agencies during the referral process. This is important in making services available to individuals in need at a time of great discomfort. In terms of treatment it serves to enhance motivation and hope for problem-solving. The findings indicated that only in 37 out of 120 referrals did the intake worker establish contacts with other agencies. It is essential, therefore, that greater effort be expended in this area of service so that accessibility of callers to such services could be facilitated.

This study raised a number of other questions for which answers could not be provided from the data obtained. Perhaps answers to these questions could be derived from other studies in the future. Some of these questions were as follows:

- 1) The study indicated that one of the reasons for termination was that the person declined service at intake. This accounted for 20% of terminations. It would be interesting and useful to determine the motivating factors involved in such a decision. Did socio-cultural attitude play a significant role in this process? Was the waiting list a factor? Did the workers' approach or attitude toward callers at intake influence such a decision?

- 2) The study also revealed that a total of approximately 62% of referrals were made. It would be interesting to find out how many of these actually followed up such referrals. Did the workers' contact with the agencies to which referrals were made enhance such follow up as compared to those cases in which such contacts were not initiated?

- 3) This study focused specifically on telephone intake service. It might be useful to the agency to study further the impact of telephone

intake interviews as compared with office intake interviews, on motivating and sustaining clients for ongoing problem-solving.

4) The social workers assigned to intake duties do not necessarily continue to provide services for individuals with whom initial contact has been established. Other workers are involved with such individuals in ongoing service. It would be useful to explore whether a change of workers or whether a continuity or discontinuity of workers from intake influences the treatment process in ongoing cases.

It is the hope of this writer that a more complete study of the intake process will be conducted by other agencies in Winnipeg in the near future. The findings of such studies should be utilized so that quality of intake services could be enhanced. If this study and the findings presented in this paper have stimulated greater concern in this important area of service, the effort expended here would have been useful.

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APPENDIX I

A.

SOURCE OF REFERRAL

1. Origin of call

a) Identity of caller:

- 1) person with problem ____ 2) friend or relative ____
3) other social work agency ____ 4) other professional discipline ____
specify ____
5) other ____ specify ____

If answer to a) is category 1) or 2), answer b following:

b) Source of knowledge about Family Bureau

- 1) friend or relative ____ 2) other professional discipline ____
3) mass media ____ 4) client of Family Bureau ____
specify: ____
5) other social work agency ____ 6) don't know

2. Prior Involvement with other social agencies

Is this the first social agency contacted re this problem? yes ____ no ____

If No, soecify names and total number
of agencies. _____

B.

NATURE OF PROBLEM OR REQUEST

1. Caller's Request

- 1) information re agency ____ 2) information re community resources ____
3) immediate help with problem ____

2. Nature of Problem

- a) personal: ____ marital: ____ parent-child: ____ homemaker: ____
day care: ____ other: ____ specify: ____
b) legal: ____ medical-psychiatric: ____ economic: ____
educational ____ other: ____ specify: ____

3. Service Requested

- 1) info only: ____ 2) counselling: ____ 3) financial: ____ 4) other ____

4. Is problem within function of Family Bureau? Yes: _____ No: _____
If yes, give reason for termination - 1) geographical restriction _____
2) person declined service _____
If no, was person referred elsewhere for
help with his problem? Yes: _____ No: _____
If yes, specify: _____
5. Was there a community resource to help person with his problem?
University of Virginia Yes: _____ No: _____

<u>WORKER'S ACTIVITY ON "NCM's"</u>	<u>Client</u>	<u>Other Ag.</u>	<u>Other Prof Discipline</u>	<u>In Ag.</u>	<u>Other</u>

1. Total No. of letters

Received:

Conte:

Total No. of phone calls

Received:

cont:

Total No. Conferences

- ## 2. Total Time Expended

Less than

15 to 30

Over 30

15 minutes

minutes

minutes

APPENDIX II

University of Manitoba

SCHOOL OF SOCIAL WORK

NAME _____

DATE _____

WORKER'S INITIALS _____

OLD OR NEW CASE _____

1. IDENTIFY OF CALLER IS: (check one)

- (i) person with problem or request _____
- (ii) friend or relative _____
- (iii) another social work agency (specify) _____
- (iv) another professional discipline
(specify) _____
- (v) job application _____
- (vi) other _____

2. Source of knowledge about Family Bureau.

HOW did the CALLER HEAR of Family Bureau? (check one)

- (i) from friend or relative _____
- (ii) from another social work agency _____
- (iii) from another professional discipline _____
- (iv) from a FORMER client _____
- (v) CALLER is FORMER client _____
- (vi) from mass media _____
- (vii) don't know (DK) _____

3. Prior involvement with other social work agencies
regarding this problem or request.

Has CALLER CONTACTED OTHER AGENCIES regarding this problem
or request? (check one)

- (i) yes _____
- (ii) no _____
- (iii) DK _____

If YES specify AGENCY(S)

.....
.....
.....

4. CALLER'S REQUEST is: (check one)

- (i) information about agency _____
- (ii) information about community resources _____
- (iii) immediate help with the problem
(specify) _____

5. CASEWORKER'S ASSESSMENT of the problem or request is:

(check EVERY answer which applies)

- | | |
|--------------------------|---------------------------------|
| (i) personal _____ | (vi) legal _____ |
| (ii) marital _____ | (vii) medical-psychiatric _____ |
| (iii) parent-child _____ | (viii) economic _____ |
| (iv) homemaker _____ | (ix) educational _____ |
| (v) day care _____ | (x) other (specify) _____ |

6. INITIAL SERVICE to be rendered is: (check one)

- (i) information ONLY _____
- (ii) counselling _____
- (iii) financial _____
- (iv) homemaker _____
- (v) day care _____
- (vi) other (specify) _____

7. Reason for TERMINATION: (check one)

- (i) geographical restriction _____
- (ii) person declined service _____
- (iii) service completed by phone _____
- (iv) Family Bureau resource not
immediately available _____

8. Was CALLER REFERRED elsewhere for help?

- (i) yes (specify) _____
- (ii) no _____

9. Is there a COMMUNITY RESOURCE available to help with this problem?

- (i) yes _____
- (ii) no _____
- (iii) DK _____

10. CASEWORKER'S ACTIVITY

	LETTERS		PHONE CALLS		CONFERENCES
	Received	Sent	Received	Sent	
with CLIENT					
with OTHER agency					
WITHIN agency					
with another PROFESSIONAL DISCIPLINE					
OTHER					

11. TOTAL TIME expended was:

- (i) UNDER 30 minutes _____
- (ii) 30 minutes to one hour _____
- (iii) OVER one hour _____

APPENDIX III

INSTRUCTIONS

We are looking at all activity of the INTAKE WORKER'S which does not lead to a Made Case of the Family Bureau.

Question #1: If request is for a job with the Family Bureau, check (v) rather than (i).

Question #3: In this question, the "caller" includes any of the categories under question #1. That is, if it is a social agency making a referral to Family Bureau, and Family Bureau is the first agency contacted by the referring agency, then the answer is "YES". This question indicates to us how the "caller", social agency or otherwise uses the function of the Family Bureau.

Question #8: "Elsewhere" means anywhere else.

Question #9: "Community Resource" means an established service in the community.

Question #10: "Drop-ins" or people who come into the agency without an appointment at the Intake level, are accounted for under conferences with client.

Question #11: The total time expended is to include dictation time as well.