PROGRAM REVIEW:
AN ADMINISTRATIVE INTERVENTION
WITHIN A HUMAN SERVICE ORGANIZATIONAL SYSTEM

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Bonita L. Murphy

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ABSTRACT

This practicum report describes systematic reviews of two related program components, carried out within a human service (rehabilitation) organizational setting. Included is a review of selected literature on: 1) the nature of organizations, 2) organizational change and innovation, 3) program review and development, and 4) the role of management.

In analyzing, understanding and intervening in the organization, an 'open-systems' theoretical perspective was adopted. For both review processes, data was collected from sources internal and external to the agency, using a variety of data-gathering techniques appropriate to the situation. A collaborative 'shared approach' to decision-making was incorporated into one of the reviews by developing a staff work committee to participate in the process.

Following data collection and analysis, findings were compiled and synthesized, resulting in the formulation of two reports which were submitted to the agency's management personnel. Included with one report was a lengthy administrative memo delineating a number of significant program and related issues that came to light during the course of practicum activity.

Finally, the practicum experience was evaluated using several pertinent criteria: 1) outcome/achievement of objectives, 2) utility of the projects to the organization, 3) level of administrative skills and abilities demonstrated by the student/reviewer, and 4) degree of learning and practical experience provided by this social work practicum.

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Chapter I

INTRODUCTION

The social work practicum described in this report was developed to provide an administrative experience within the context of a human service organizational system. It was proposed and arranged in the Spring of 1982 and carried out between June and October of the same year.

1.1. OBJECTIVES OF THE PRACTICUM

Practicum objectives were essentially three-fold:

i) to intervene in the organizational system for the purpose of initiating an administrative planned changed process;

ii) to systematically review two related agency program components (producing documented evidence of the same) in order to benefit and assist the organization in its on-going efforts at program development and service-delivery.

The specific targets of review activity were:

a) the current Eligibility Criteria and decision-making process for admission to all the agency's preschool services/programs;

b) the Intake Process utilized by the agency's Children's Program.

iii) to provide the student with more specialized learning and expertise in the application of organizational and management theory to practical administrative activity, within the context of a human service agency.

1.2. THE PRACTICUM REPORT

This Practicum Report is designed to relate the student/reviewer's activity and experience in accomplishing the objectives outlined above.

Following these introductory remarks, Chapter II contains a review of selected literature on: 1) the nature of organizations, 2) organizational change and innovation, 3) program review and development, and 4) the role of management.

Chapter III of the report describes the practicum experience, with specific reference to setting, the client system, practicum process and activity, and recording mechanisms.

Chapter IV provides a discussion of strategies used to evaluate this practicum, with emphasis on criteria, procedures and results. A copy of the evaluation instrument is included in Appendix C.

Chapter V contains the writer's concluding remarks which highlight several pertinent issues emerging during the course of practicum activity.

Appendices A and B contain copies of the 'Preschool Eligibility Criteria' and the 'Intake Process' reports, as submitted to the agency's management personnel following completion of the reviews.

Chapter II

A REVIEW OF SELECTED LITERATURE

2.1. THE NATURE OF ORGANIZATIONS

A review of the literature on the nature of organizations reveals the emergence of a multitude of theoretical perspectives over the course of several decades. Gilbert, Miller and Specht (1980) indicate that these represent a myriad of efforts directed at analyzing, classifying and, ultimately, comprehending the nature of organizational life from different standpoints. Davis contends that the significant point about models of organizations and organizational behaviour is that "the model which a manager holds normally determines his perception of the organizational world around him" (Davis, 1976).

Gilbert et al. (1980) suggest that the major schools of thought, or theoretical orientations, may be classified as follows:

i) the formal structure perspective (Weber, 1946, 1949, 1966), based on the principles of fixed and official jurisdictional areas, and hierarchical office authority which is functionally specific;

ii) the informal structure perspective (Page, 1946; Aiken et al., 1970; Blau, 1954, 1956), which stresses the significance of social relationship

networks, natural leadership, and group norms and values in determining organizational behaviour;

iii) the systems perspective (Katz and Kahn, 1966; Dill, 1958; Warren, 1967), which suggests that organizations function in a complex system of interdependencies that both support and challenge their existence, and that organizational behaviour must be directed at managing these interdependencies.

Charles Perrow (1972) conceptualizes the major organizational models in a slightly different, though related, fashion. He defines the following four schools of thought, each of which claims its own advocates:

i) the bureaucratic school/model (Weber, 1946, 1949, 1966), which proposes an organizational hierarchy; a systematic division of labour based on specialized training and expertise; written rules; written records; rewards for effort; and the protection of individual employee rights.

ii) the human relations school/model (Mayo, 1933; Vroom, 1964; Herzberg, 1959, 1966; Fiedler, 1965, 1967; Likert, 1961, 1967; McGregor, 1960), which suggests that good leadership fosters high employee morale and, thus, high organizational productivity; positive employee attitudes result in better performance; a positive organizational climate leads to increased

employee cooperation and contribution; employee and organizational goals must be compatible; and employee influence and participation result in organizational effectiveness and member satisfaction;

iii) the neo-Weberian school/model (Simon and March, 1958), which speaks of 'satisficing' employee behaviour; a sequential and limited search process in decision-making; rules, programs and repertories of action that limit choice in recurring situations; training the individual to make, by himself/herself, decisions which the organization would support; and reduced interdependencies between organizational programs;

iv) the institutional school/model (Selznick, 1947, 1948, 1969; Wilensky, 1957, 1967; Janowitz, 1960), which includes the concepts of natural and organic organizational systems; organizational 'drift'; organizational evolution and adaptation; and the close interaction between organizations and their environments.

The perspective adopted throughout the course of this practicum is one which views organizations as purposive, open social systems -- social units deliberately constructed and reconstructed to seek specific goals (Etzioni, 1964). The open-system theory of organizations, probably

best described by Katz and Kahn (1966), suggests that for human organizations, as for other open systems, the basic systemic processes are energic and involve the flow, transformation, and exchange of energy.

Katz and Kahn (1966) perceive the structure of social organizations as contained in their various functions -- created and maintained only as members of the organization interact in an ordered way. This, they propose, suggests a high degree of openness, i.e., a persistent and inherent vulnerability to forces in the organizational environment, as well as a continuing necessity to maintain the organizational structure against such forces or adapt it to them.

From this perspective, it follows that organizational activity begins to take on a pattern which is both observable and definable. Simply stated, input -- in the form of supplies and manpower -- is imported into the system from the environment, through the organization's permeable boundaries. Within the system or system components (generally referred to as "subsystems"), the raw input is transformed or converted through any number of processes. This results in the finished product, or output, which is exported through the system's boundaries back into the environment (Katz and Kahn, 1966).

In analyzing this model, it becomes clear that the organization's mission -- translated into its goals and objectives -- determines the nature of this transformation

or conversion process. Sheldon (1975) states that, in order to accomplish its goals, an organization essentially engages in two types of processes: 1) maintenance, and 2) task performing. While maintenance activities are concerned with the organization's survival in the present and future environments, task performing functions are the actual activities by which raw materials are transformed into finished products, or services rendered. (Sheldon, 1975).

The systems approach to understanding the nature of organizations also provides a framework from which to view agency programs and program components. A program may be seen as an accumulated set of activities or task performances which produces or contributes to the production of an end product or the delivery of a service. As this end product might well be a 'human service', the open-system perspective appears readily applicable to human service organizations -- including traditional social work agencies, health care facilities, rehabilitation agencies, etc.

Franklin and Thrasher (1976) allege that any given set of activities may be a system (the focal point at any given time), a subsystem (the constituent units of the system), or a suprasystem (the larger context of which the focal system is a constituent unit), depending upon the perspective from which it is being viewed. Thus, an agency program may be designated as a subsystem of the organization or, for the purposes of closer examination,

as a system within the larger organizational suprasystem. This would suggest that program components might also be distinguishable as separate systems or subsystems and are, therefore, amenable to discrete analysis.

Gilbert et al. (1980) consider the environments in which task performance activities occur as important points of interaction within the organizational system. This suggests a sound rationale for on-going program monitoring, review and development. If programs are, indeed the significant 'production departments' of the organization, feedback -- in the form of quality control, process review, output evaluation, etc. -- is essential for the subsystem (or program) as an entity and for individual members within the subsystem. Finch and Bushnell elaborate, stating that "a systems approach to the study of an organizational unit begins with the statement of the organization's mission and moves step by step towards a clear, explicit specification of the unit's objectives and the work which must be done by each member of the unit in order to achieve the objectives" (Finch and Bushnell, n.d.).

2.2. PROGRAM REVIEW AND DEVELOPMENT

Compton and Galaway (1979) state that a basic characteristic underlying purposive, goal-seeking mechanisms is that of feedback. Regular, planned program reviews are one means by which human service organizations can build

this vital component into their service-delivery operations.

Sheldon describes program reviews as "periodic assessments of performance and feedback of information to guide program development -- a corrective mechanism built into the program implementation process" (Sheldon, 1975). From the management perspective, evaluation and review activity can serve as a means of maintaining operational control by providing assurance that task activity (or the conversion process) is being carried out efficiently and effectively to produce the desired end product(s) (Longest, 1976; McCool and Brown, 1977).

Program review can be understood in both the narrow and the broader sense. Ciarlo (1976) advocates the narrower perspective, which limits the focus of evaluation or review activity to outcomes/outputs and, specifically, those outputs which are related to the achievement of program objectives. A broader definition (Franklin and Thrasher, 1976; Patton, 1979; Weiss, 1975) includes the analysis of effort or program input, the problems encountered in meeting program objectives, and the side effects (intended or unintended) the program is creating.

Patton's perspective is the one most closely identified with for the purposes of this practicum. Patton (1979) is a strong advocate of program reviews which consider, not only the achievement of stated goals and objectives, but also issues surrounding program implementation. He suggests

that an approach which permits the examination of: i) quantity and quality of program activity, ii) the internal dynamics of a program, i.e., its strengths and weaknesses, and iii) the processes whereby a program produces the results it does, will provide information of greater utility to program planners and service-delivery personnel. Patton contends that the more comprehensive review method can successfully avoid the 'black box' syndrome, wherein outcome results tell nothing about problems or concerns encountered in program implementation (Patton, 1979).

A variety of techniques are available to the creative program reviewer. Banerjee (1978) classifies the methods used in examining social service programs into several general groupings. These are considered to be equally applicable whether an individual component of a service program or an entire service-delivery system is being reviewed.

Banerjee's first grouping includes the traditional or experimental research methods -- such as impact evaluations, outcome measurements, and effectiveness studies -- which seek to establish cause and effect. A second type of technique she entitles the systems technique. Within this category are management by objectives, time studies, cost analyses, goal-attainment scaling, and the like.

Banerjee's final classification of methods are most readily identifiable as process techniques. They include

surveys utilizing professional judgment, observation and assessment; case studies; interactive techniques; policy analysis, etc. It is this third category of methods which she considers most appropriate to "operating agencies where the primary work of rendering services must go on" (Banerjee, 1978) despite program review activity. Banerjee also asserts that the process-oriented methods, in requiring analysis of an activity and the structure within which the activity occurs, more readily allows the reviewer to pinpoint the specific sources of difficulties -- providing meaningful feedback, while facilitating corrective action and program development to improve service delivery. These process techniques proved particularly useful during the course of this practicum experience.

Carol Weiss (1975) provides helpful insights with respect to data collection methods used in program review -- an issue of special importance to a reviewer 'external' to the organization. Weiss suggests that the traditionally employed interview approach to data-gathering is not the only one available to the program reviewer. Alternate methods, particularly those which are unobtrusive in nature, may be more appropriate and are, therefore, worthy of serious consideration during the planning stages of review activity. Such techniques include content analysis of agency/program records, the use of questionnaires, telephone surveys, group interviews and, where possible, parti-

cipant observation (Weiss, 1975). Several of these methods were incorporated into this practicum effort.

2.3. ORGANIZATIONAL CHANGE AND INNOVATION

While philosophies and strategies of organizational change differ among theorists, the need for on-going change within organizational systems is seldom disputed in the literature. It has long been recognized that all organizations, human service agencies included, tend to become preoccupied with their own maintenance and survival. Generally, this results in 'goal displacement' -- "the phenomenon wherein the avowed social purposes of public service institutions are replaced by latent goals such as the protection of organizational jurisdiction, program continuity, employment security, and a host of other self-serving and self-aggrandizing objectives" (Resnick and Patti, 1980). It is to ensure that organizations continue to serve their purpose or mission that various mechanisms of accountability, including program review, have been developed.

Resnick and Patti view organizational change as "an extension of this effort to countervail the goal-displacing tendencies of formal organizations" (Resnick and Patti, 1980). From the systems perspective, organizational change, at its best, might be described as a purposive and rational initiative or response in the continuing process of defining desired relationships between an organization and its

environment (Thompson and McEwen, 1958). But not all organizational change is purposive and planned.

Sheldon (1975) distinguishes between organizational change and adaptation. He defines organizational change as "an alteration in the state or level of some system variable" (Sheldon, 1975), and adaptation as "the adjustment which the organization subsequently makes in order to accommodate the change in the level of such a variable" (Sheldon, 1975). He contends that such changes may be: i) natural (as in size of the organization or movement of personnel) or purposive (planned by change agents), ii) intended or unintended, iii) anticipated or unanticipated (Sheldon, 1975).

An open-system approach to organizational analysis would also suggest that the forces of change may be internal or external to the organizational system. (Thompson and McEwen, 1958; Sheldon, 1975; Michael et al.,1981). Also, "because of the interdependence of subsystem variables, such changes rarely occur singly" (Sheldon, 1975). Further, the consequences produced by organizational change are not always intended or anticipated and organizational change is almost always met with some degree of resistance by members of the organization (Michael et al., 1981; Brager, 1978; Patti, 1974; Klein, 1967). Brager asserts that "how the innovator handles potential opposition is a critical element in attempting change" (Brager, 1978).

Planned purposive organizational change -- the focus of this practicum's activity -- can be implemented in a variety of ways. Greiner (1967) describes the major approaches as: 1) unilateral, 2) delegated, and 3) shared. This latter strategy generally involves group decision-making and problem-solving. Longest documents that "in an analysis of eighteen studies of organizational change, it was discovered that successful changes utilized patterns involving shared approaches" (Longest, 1976).

Gilbert et al. (1980) indicate that organizational change most commonly occurs from either the 'bottom up' or the 'top down' -- with the change agent utilizing either a collaborative or an adversarial change strategy. They also suggest that the extent of change can be visualized along a continuum from "modest adaptations of organizational functioning to those that involve fundamental alterations of organizational purposes" (Gilbert et al., 1980). Resnick and Patti (1980) identify the two key change dimensions as generality (the scope or pervasiveness of the proposed change) and depth (the degree to which the proposed change touches fundamentals of the organization).

It is interesting to consider the factors that determine when organizational change may be legitimately labelled 'innovation'. Barnett (1953) and Delbecq (1978) define organizational innovation as the development of something

qualitatively different from what exists. Rothman (1974) acknowledges that there are certain general structural and functional features of organizations that account for their readiness to innovate.

Longest views organizational changes as those "made without direct, coercive external pressure" (Longest, 1976), and innovation as the "successful utilization of processes, programs, or products that are new to an organization and are introduced as a result of decisions made within that organization" (Longest, 1976). Michael et al. write that there are, essentially, two forces at work in any organization -- bureaucratization and innovation -- which "tend to have opposite but complementary effects" (Michael et al., 1981). While they have the potential to conflict to an extent, both are aimed at reducing the effects of uncertainty on the organizational system. Bureaucratization is a reaction to uncertainty in the internal environment, innovation to uncertainty in the external environment.

Michael et al. (1981) review the factors affecting change in the organizational system or in a designated subsystem (a program or program component). Influential elements include the system's: 1) complexity, 2) centralization, 3) formalization, 4) stratification, 5) production rate, 6) efficiency, 7) morale, and 8) the relationship between an organization and its environment, described as either dynamic or static. Studies by these authors suggest that,

of the seven internal factors, five are inversely related to innovation, with only complexity and morale demonstrating a positive correlation with successful innovation attempts (Michael et al., 1981).

The implementation of purposive planned change within an organization requires an understanding of the change process and the recognition that change occurs in an evolving series of stages, not all at once (Longest, 1976). Equally important is a comprehension of the significant role played by management in organizational change efforts.

2.4. THE ROLE OF MANAGEMENT

Davis contends that management plays a key role in sustaining high organizational productivity and notes, in particular, "the capacity of [effective] managers to develop organizational systems which respond productively to the changing conditions of society" (Davis, 1976).

Henri Fayol (1916) has classified the role of management into five major functions: 1) planning, 2) organizing, 3) commanding or directing, 4) coordinating, and 5) controlling. While organizational change clearly incorporates all these functions, program review is generally seen as one aspect of the manager's 'control function' (Longest, 1976; Haiman, 1965; McCool and Brown, 1977). Longest states that, while controlling is directly linked to planning, it is a separate and distinct function which "consists of

measuring and correcting the activities of people and things in the organization to make certain that objectives and the plans made to entertain them are accomplished" (Longest, 1976).

McCool and Brown (1977) assert that the control function includes three elements -- 1) environmental, 2) process, and 3) product assessment -- which are exercised over the money, manpower, and work of the organization. This process involves a variety of specific activities aimed at ensuring that organizational goals and objectives are being accomplished. As the primary goal in human service agencies is, invariably, quality service delivery, program review and development become fundamental management activities.

Franklin and Thrasher (1976) suggest that a purposive planned organizational change process calls for successive decisions and judgments to be made in selecting among alternative change methods, strategies and options. They contend that the manager's knowledge and understanding of the system should allow him/her "to know where change will have the greatest impact ...so that steps can be taken to minimize disruption" (Franklin and Thrasher, 1976). Delbecq speaks of strategic choices available to the manager/administrator to 'simplify' change and innovation efforts (Delbecq, 1978).

Inherent in management activity directed at organizational change is his/her involvement in "a series of

activities, conscious or not, culminating in a choice among alternatives" (Thompson and McEwen, 1958). Thompson and McEwen (1958) describe this decision process in terms of the following steps: 1) recognizing an occasion for decision, i.e., a need or an opportunity, 2) analysis of the existing situation, 3) identification of alternative courses of action, 4) assessment of the probable consequences of each alternative, and 5) choice from among alternatives. Implicit in this sequence of activities is flexibility which allows for participants other than management personnel at various stages of the decision-making process -- even when the final choice is made by the manager (Tannenbaum and Massarik, 1949).

Thompson and McEwen suggest that the role of management in implementing organizational change goes beyond the decision process into the realm of public relations. In their view, the manager becomes a 'seller of ideas', whose ability "to win support for an objective may be as vital as his ability to foresee the utility of a new idea" (Thompson and McEwen, 1958). Here, communication within the organization and the education of important environmental elements become crucial functions (Thompson and McEwen, 1958).

It is important to examine the nature of the competent manager, in order to develop a better understanding of those skills and abilities which contribute to his/her success. Schein (1978) delineates three major areas of

expertise, which he labels: 1) analytical competence: the ability to identify, analyze, and solve problems under conditions of incomplete information and uncertainty, 2) interpersonal competence: the ability to influence, supervise, lead, manipulate, and control people at all levels of the organization toward more effective achievement of organizational goals, and 3) emotional competence: the capacity to be stimulated by emotional and interpersonal crises rather than exhausted or debilitated by them, the capacity to bear high levels of responsibility without becoming paralyzed and the ability to exercise power without guilt or shame (Schein, 1978).

Schein stresses that "the notion of a combination of abilities, skills, or competencies is critical to true understanding of the managerial role and the determinants of success in the role" (Schein, 1978). He also suggests that, in addition to assessing his/her status with respect to these competencies, the potential manager should perform an intensive self-analysis of his/her motives and values. Here, career goals and the criteria by which one measures degree of success become vital pieces of information. It is in relating these personal dimensions to present and future managerial job dimensions, that the individual can acquire valid and meaningful insights to assist in his/her decision re: pursuing a career path in administration (Schein, 1978).

Chapter III

INTERVENTION WITHIN AN ORGANIZATIONAL SYSTEM: THE PRACTICUM EXPERIENCE

3.1. SETTING

The interventive component of this administrative practicum was carried out at the Society for Crippled Children and Adults of Manitoba. "The Society" is a human service organization which offers a variety of rehabilitation-related services to physically disabled persons of all ages, living in the province of Manitoba. Among the services available are rehabilitation counselling, pre-school education and therapy services, psychological and vocational assessment services, medical assessments, employment counselling and job placement, as well as family counselling and educational services.

Within the agency, a number of specialized programs operate as separate, rather independent 'departments'. Although this practicum allowed for some interaction with most of the programs, review activity most closely involved three of these programs -- the Winnipeg Preschool Centre, Children's Program, and children's services at "The Society's" Brandon office.

The Preschool Centre offers multidisciplinary programming to preschoolers who are physically disabled, mentally disabled/developmentally delayed, hearing impaired, or diagnosed with a language disorder. Children's Program offers social work services, medical assessment/consultation services, psychological assessment services, some therapy services, and diagnostic services at northern/rural clinics to physically disabled children of all ages. The Program is divided into three service units, based partially on age and partially on geographic location of the clients. Children's services at the Brandon office primarily include social work services and a nursery school program offered to physically disabled children living in the Westman and Parklands regions of the province.

3.2. THE CLIENT SYSTEM

Compton and Galaway indicate that persons may be considered part of a client system when:

i) they have either asked for or sanctioned the worker's services;

ii) they are expected to benefit from these services, and

iii) they have entered into an explicit or implicit contract with the worker (Compton and Galaway, 1979).

As this practicum experience involved an examination and review of two agency program components, it seems most

appropriate to view the organization and, in particular, those management personnel associated with the designated programs, as the primary members of the client system.

However, as all change efforts have an impact beyond the specific focus of intervention, it seems logical to suggest that senior administration, staff members of the programs under review, the recipients of program services (clients) and, possibly, personnel of other agency programs are included in the client system. For they are among the indirect, but real, beneficiaries of the social worker/ change agent's activity.

3.3. PROCESS AND ACTIVITY

The interventive component of practicum activity was initiated in June of 1982 and reached completion in October of the same year. Involvement was on a full-time basis for the initial three months and part-time during the months of September and October.

In order to facilitate presentation of the practicum process, review activity will be described separately for each of the two program components. In reality, however, considerable overlap existed between the two 'projects', and various phases of the review process occurred concurrently rather than in consecutive stages, as outlined below.

3.3.1. Preschool Eligibility Criteria Review

Following a general orientation to the agency and its programs/services, the initial focus of review activity was on: i) informing those supervisors and staff, most likely to be influenced by and involved in the process, about the intended purpose of the reviews, ii) developing a logical and workable plan of action, and iii) sharing the plan with the appropriate supervisors and staff. This was accomplished through a series of individual and group meetings with key staff members, which were conducted with the goals of sharing information as well as securing staff co-operation with the projects. One of the many positive results of this introductory activity was a facilitated and highly productive data-gathering phase.

The next stage of the review process involved data collection with respect to the current eligibility criteria and decision-making structure utilized by each program offering services to preschool-aged clients. (Refer to Appendix A, Table of Contents, for a list of these programs.) Preliminary data-gathering was from sources internal to the agency. Among the various data-gathering techniques used for this purpose were content analysis of available documents (program descriptions, budget submissions, management reports, etc.), individual and group interviews with key agency personnel both in Winnipeg and in Brandon, and observation of preschool clients attending the Preschool Centre (Winnipeg).

To obtain a broader perspective and explore the criteria issue further, the student/reviewer elected to undertake some relevant data collection from sources external to the agency. This was accomplished by conducting individual, group and telephone interviews with a variety of significant individuals -- including representatives of the principal program funders (Manitoba Department of Community Services and Corrections); other government departments; agencies providing similar or related services to preschoolers; agency referral sources; several parents and other members of rehabilitation consumer groups; and representatives from a number of related support service programs. Information obtained during this phase provided the reviewer with a better understanding of how the rehabilitation system functions in Manitoba, the roles performed by various parts of this complex interrelated network, and a variety of viewpoints with respect to significant criteria issues.

During both stages of data collection, a number of such issues were revealed. At the suggestion of the Practicum Advisory Committee, these issues and concerns were delineated and shared with the agency's Executive Director in memo format. It was felt that, in this way, the organization's decision-makers would have more complete information to assist them in determining the future direction of their preschool services.

Prior to completion of the practicum, preliminary findings were shared with virtually all of the Preschool Centre staff at a group meeting, scheduled as part of a larger in-service session. (Refer to Findings in Appendix A, pp. 4-22). This semi-formal format allowed for some discussion of controversial issues, clearly demonstrating staff awareness of many fundamental criteria-related concerns.

While data analysis was an on-going process throughout the course of the review, the final phases of practicum activity involved further analysis and synthesis of the findings into a report for presentation to management personnel. (Refer to Appendix A to view the entire report.) To provide continuity in presentation of information, the report and memo re: critical issues were submitted jointly to Administration (Executive Director and Director of Services), with copies of the entire "package" distributed to the Program Heads most directly involved in the review process.

3.3.1.1. Discussion of Review Model

Early on in the review process, it became evident that determining the current eligibility criteria for preschool services might initially be addressed by accurately defining the agency's present/recent preschool population. This was greatly facilitated by:

i) an examination of the criteria utilized by Program Supervisors in a partial review of eligibility criteria for admission to the agency's Preschool Centre, carried out in January 1982.

ii) the 'discovery' of a model for defining client populations utilized by social work researchers, Berg and Wright (1980), in their study of program funding and organizational goal displacement.

3.3.1.2. The Defining Variables

The defining variables identified by these researchers include the following: 1) age, 2) sex, 3) race, 4) residence, and 5) problem of the client. By examining each agency program/service offered to preschoolers with respect to these isolated variables, it was possible to develop a rather comprehensive description of the current preschool client population. Finer points were then extracted from this broad definition for further discussion and clarification with program staff.

The process of acquiring this "descriptive client profile", in conjunction with other components of practicum activity, provided fairly reliable and detailed information as to the admission/intake decisions being made and the nature of the decision-making process involved. Finally, a comparison of client populations across various agency preschool programs/services revealed similarities and

differences -- a number of which were highlighted in the administrative memo summarizing significant issues.

3.3.2. Children's Program Intake Process Review

It is important to note that this practicum is based on the reviewer's commitment to a collaborative 'shared approach' to planned change within organizational systems. This approach necessitated the co-operation and involvement of staff, at various levels of the organization, in the review process.

Initial review activity was aimed at acquiring an understanding of the Intake Process currently utilized by program staff. Data collection, at this stage, was essentially limited to sources internal to the agency, with the reviewer employing a variety of data-gathering techniques. These included content analysis of pertinent program documents, individual interviews with key staff members, and group meetings with program personnel, as appropriate.

In order to develop a broader perspective for the analysis, the next phase of review activity consisted of data collection from selected external sources -- specifically, from five different Winnipeg human service organizations. The intent, here, was to learn of other approaches to the Intake function, analyzing their strengths and weaknesses, for purposes of comparison with the Process under review. For convenience, all data was gathered by

means of telephone interviews. The collection and preliminary assessment of data from both 'internal' and 'external' sources proceeded from early June through to approximately mid-July.

It was at this point that the need for additional staff input and involvement in the review process became crucial. Interested staff persons had been identified throughout the course of the data-gathering phase and, therefore, a work group/staff committee was formed with relative ease. Members included eight social work and psychology staff, representing all three Children's Program service units. The group consisted of both supervisors and line workers. (Refer to Appendix B, p. 2). As the agency's senior Administration were unable to remain involved with the project on a continuous basis, some administrative input was incorporated into committee discussions by the reviewer arranging individual sessions with Administration, as required, and relaying pertinent comments and viewpoints back to the group at regularly scheduled meetings.

The functions served by the staff committee, with respect to review activity, were several: 1) they acted as a sounding board to validate, clarify, and react to questions and issues presented by the reviewer, 2) they raised issues and concerns particular to the current Intake Process from the perspective of staff and clients or their advocates, 3) they considered alternatives or

modifications to improve the present Intake Process. It was anticipated that, in this way, recommendations would be both specific to program needs and reasonably workable in the view of direct service staff and supervisors. (Refer to Appendix B, pp. ii-v, for a summary of the recommendations.)

During the committee stage, the reviewer assumed the roles of Chairperson and Secretary for the meetings -- preparing agenda items, initiating discussion topics, directing the process, and documenting the minutes. A serious effort was also made to provide an objective 'external' perspective to this, essentially, internal review.

Group activity was purposely limited to a four-meeting timeframe in an attempt to expediate the process and reduce demands on staff time. Meetings were held between late July and early September, resulting in the successful completion of committee objectives.

The final phase of review activity involved the compilation of data and committee work for synthesis and incorporation into report format. (Refer to Appendix B to view the entire report.) Prior to submission of the findings to the Head of Children's Program, the report was reviewed with members of the staff committee in an effort to share 'the final product' with those most involved throughout the process. The group had agreed that copies of the report and meeting minutes should be submitted to

the agency's Executive Director and Director of Services. This served to keep them informed re: the results of practicum activity and to facilitate further discussion of recommendations following completion of the review.

3.4. RECORDING

All pertinent data collected over the course of practicum activity was recorded, maintained, and filed by the reviewer. In addition, detailed process notes were kept for later incorporation into the management reports. It was felt that, in this way, readers would be familiarized with the review approaches adopted, and documentation of activity might assist in future agency program reviews.

Following completion of the practicum all material deemed relevant and potentially helpful to staff, in their efforts at implementing program change, was given to the Children's Program Head in conjunction with the final reports. (Refer to Appendix B, pp. 10-12, for suggested change strategies re: the Intake Process.)

Chapter IV

EVALUATION OF THE PRACTICUM

An attempt was made to systematically evaluate this practicum at several levels, with continuous reference to the practicum objectives developed at the proposal stage.

As one of the major evaluation criteria is, generally, goal attainment or outcome of activity, evidence that the review projects were completed is one indication of successful performance. In this instance, the two 'Final Report' documents serve to demonstrate the accomplishment of practicum objectives at a concrete and observable level.

It was also considered important to evaluate the skills and abilities demonstrated by the student/reviewer in initiating planned organizational change. Due to the administrative nature of this practicum experience, it seemed most appropriate to focus on those skills and abilities considered fundamental to the management function.

As no standardized instrument designed to measure administrative abilities seemed quite appropriate for this situation, one was developed for the purpose at hand by incorporating ideas from Schein (1978) and Neugeboren (1977), in the area of management functions and skills.

(See Appendix C for a copy of the Practicum Evaluation Instrument). The measurement tool addresses the potential utility of the practicum to the agency/agency program, as well as three broad skill areas generally associated with the role of administration -- analytical, technical, and interactional/human relations abilities.

Each of the three categories contains five items and the student's performance on each item was rated on a five-point Likert-type scale, where the number "1" indicates the most negative response and "5" the most positive response. Space was provided for raters' comments following the 'utility' question and after each major skill area.

In order to move evaluation beyond the self-assessment level, the instrument was distributed to all members of the staff work group involved in Intake Process review activity, following completion of the Practicum. No pre-practicum or interim measures were taken as the reviewer was not known to the staff previously, and the four-meeting time-frame seemed too brief to permit meaningful "change over time" measurements to the gathered.

Seven of the eight committee members voluntarily responded to the questionnaire, and results were tabulated to determine the mean, mode, and median scores for each item. No statistical analysis was done on the written comments, but these were carefully reviewed to enhance the student's awareness.

EVALUATION RESULTS
RE: PRACTICUM UTILITY
AND STUDENT'S ADMINISTRATIVE SKILLS/ABILITIES

	Mean ($\tilde{X}$)	Median (Mdn.)	Mode (Mo.)
1. Potential utility of practicum to agency/agency program	4.1	4	4
2. Analytical Skills:			
a) Understanding organizational process & structure	4.7	5	5
b) Identifying pertinent problems/issues	4.9	5	5
c) Drawing meaningful conclusions/insights	4.4	4	4
d) Decision-making/problem solving	4.2	4	4
e) Learning quickly from experience & information	4.6	5	5
3. Interactional/Human Relations Skills:			
a) Developing open working relationships	4.7	5	5
b) Listening actively and understanding staff concerns	4.4	5	5
c) Developing a collaborative climate	4.6	5	5
d) Communicating ideas, etc., clearly	4.6	5	5
e) Eliciting open communication from staff/others	4.6	5	5
4. Technical Skills:			
a) Planning & organizing work-related activity	4.4	4	4
b) Conducting and facilitating productive work meetings	4.1	4	4&5
c) Synthesizing and recording pertinent findings/results	4.4	4	4
d) Completing tasks	4.7	5	5
e) Writing reports	4.7	5	5

Best Possible "Skills" Total = 75 x 7 = 525
Actual "Skills" Total = 474
N = 7

The final criterion used in the evaluation of this practicum experience is the resultant amount of learning, as perceived by the student. While personal growth and learning are particularly difficult to measure through self-assessment techniques, it is, perhaps, one's own evaluation of these factors which most closely approximates any 'true' measure of self-improvement.

Based on this premise, a post-practicum self-assessment of relevant learning was conducted by the student. The conclusions indicate that the total practicum experience allowed for a high degree of both learning and practice in various areas of social work administration.

Chapter V

CONCLUSIONS

Throughout the course of this practicum experience, a number of issues which are pertinent to most social service organizations emerged. Several of these warrant special mention in this report.

5.1. PROGRAM REVIEW FROM THE SYSTEMS PERSPECTIVE

While program reviews within an organizational setting may be approached in a variety of ways, systems theory provides an ideal framework for program analysis and the development of realistic change strategies. By adopting the systems perspective, the reviewer is able to visualize how agency programs interrelate and where changes or modifications in one will impact on others.

The systems approach also permits the reviewer to undertake intensive examinations of discrete program components with a clearer notion of how each aspect contributes to the program as a whole. This allows managers and other agency decision-makers to consider strategic change options with a fuller understanding of the entire organizational system. Thus, where and how to best implement organizational change in order to: 1) maximize the results, and 2) minimize

resistance and disruption, become routine considerations in agency decision-making.

Further, the impact of change efforts is more readily anticipated when the systems perspective is employed. Intended impacts can, then, be prepared for and any unintended consequences of change become less devastating to organizational members. Moving beyond agency boundaries, this approach allows the reviewer to better identify how internal program changes will affect the external environment -- from agency clients to the community at large.

In sum, the systems model has proved to be a valuable theoretical framework from which to undertake this practicum's program review activity.

5.2. THE SIGNIFICANCE OF THE INTAKE FUNCTION

Data collection from a variety of social service agencies provided the writer with a good overview of current perspectives on the Intake function. This, in conjunction with personal observations and experience, has led to the following conclusions.

When examining all the roles and functions traditionally performed by social workers, it is difficult to overemphasize the key responsibilities undertaken by the intake staff. It is generally during the Intake Process that client needs are initially assessed, eligibility for agency programs is determined, and the client first learns about

the nature of the organization and its services. Given the significance of these transactions, and the degree of professional expertise required to carry them out, it seems reasonable to suggest that:

1) the agency's Administration should devote resources to the development and support of their Intake Workers, and
2) considerable Administrative input should go into developing and regularly reviewing the agency's Intake policies and procedures.

Recent evidence suggests that human service organizations often fail to give the intake/admission aspect of service delivery the same recognition awarded to the 'therapy' components of their social work programs. This is a regrettable situation, in that intake marks the onset of the agency-client relationship, and how it is handled can substantially influence all other aspects of the therapeutic process.

By recognizing Intake staff as essential and valuable members of the service-delivery team and providing them with relevant policy and procedural guidelines, management can expect clients as well as agency personnel to benefit from a more sensitive and effective Intake Process.

5.3. THE IMPACT OF PROGRAM/SERVICE ELIGIBILITY CRITERIA

This practicum experience re-emphasized to the writer the complexities involved in determining eligibility criteria

for human service programs. In an environment of service duplication, where agencies frequently 'compete' for clients and funding, eligibility issues often play a crucial role in the survival of the organization. Further, as organizational goals and missions are seldom static, and community needs vary over time, human service providers are frequently called to respond by reviewing and revising the criteria for admission to their programs.

In analyzing eligibility issues, it becomes evident that the designation of criteria impacts on both the 'internal' organizational system and the 'external' community in which the agency functions. The nature of the program's clients obviously influences -- or essentially determines -- the type and extent of service provision, while also affecting the whole service-delivery network operating in that community.

It is, therefore, critical that agency Administration remain aware of whom their programs are serving. Of equal importance is a knowledge of those applicants deemed ineligible for agency services. Particularly in the absence of regularly conducted community-based needs assessments, this information can assist organizational decision-makers in identifying, to some degree, where unmet needs exist. Such data should be of considerable value to program managers and the funders -- both faced with issues of program expansion, development of new services, and the like.

5.4. ORGANIZATIONAL CHANGE AS A PROCESS

The literature emphasizes that organizational change is an on-going process, accomplished not all at once, but in an evolving series of stages. Though this is a reality not at all foreign to social work practitioners, it produced a greater degree of frustration in this situation (for both the student/reviewer and agency staff members) than is generally the case.

While most social work interventions -- clinical as well as administrative -- are ultimately time-limited, a practicum, of the type described in this report, focuses professional intervention primarily on the initial portions of the planned change process. Although one of the reports (submitted to agency management) does include some suggestions for facilitating the implementation of program revisions, that phase of the change process was essentially beyond the parameters of practicum activity. The resultant frustration was, then, a factor which had to be acknowledged and dealt with prior to the termination of this temporary student-agency relationship.

A further consequence of all such short-term interventions is the inability of the social worker to witness the final outcome or full impact of his/her change efforts. In these situations, the practitioner brings to bear professional skills and expertise to assist, facilitate,

advocate, mediate, enable and support. She/he endeavours to implement change strategies which will influence the target systems and, over time, produce the desired effects.

In the final analysis, however, success of the outcome(s) will often be determined by the client system's capacity to function and develop by drawing on its own resources.

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APPENDIX A

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President
Robert G. Whitmore
Executive Director

FINAL REPORT
of the
PRESCHOOL SERVICES
ELIGIBILITY CRITERIA REVIEW,
S.C.C. & A.

Prepared for:

Mr. R.G. Whitmore,
Executive Director,
S.C.C. & A.

Prepared by:

Bonnie Murphy,
M.S.W. Student

November 1982

—FUNDING—

THE ABILITY FUND UNITED WAYS EASTER SEALS

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I INTRODUCTION

The intent of this report is to describe a review of the eligibility criteria for all services to preschool clients offered by the Society for Crippled Children and Adults of Manitoba. Undertaken by a graduate student in the University of Manitoba's Social Work program, the review constitutes part of an administrative practicum, which was developed in consultation with the Society's Executive Director and carried out with the continuous assistance and cooperation of the Administration, supervisors and staff of the Agency.

As a number of major issues and concerns came to the forefront during the review process, it was determined by the student/reviewer and her Practicum Advisory Committee that these should be documented for the benefit of Agency decision-makers. The Committee's suggestion was to develop a summary of pertinent issues, which should be shared with the Executive Director in memo format. To provide continuity in presentation of information, the report and memo will be jointly submitted to Administration, with copies of the entire "package" distributed to the Senior Supervisors most directly involved with the review process.

II DESCRIPTION OF REVIEW PURPOSE AND PROCESS

A. Purpose

The purpose of the Criteria Review was determined through extensive discussion with the Society's Executive Director. From the Agency's perspective, review activity was expected to result in the following:

1) A clear delineation of the eligibility criteria currently utilized by staff in considering, accepting or rejecting preschool clients for programs/services.

2) A description of the decision-making process currently utilized in arriving at these eligibility decisions.

Findings are intended to assist the Society's decision-makers (Administration, the Board of Directors, possibly others) in their deliberations re the future direction of the Agency's preschool services.

B. Process

Review activity was initiated in June of 1982 and reached completion in October of the same year. While a description of the process is

facilitated by outlining successive stages of reviewer activity, it should be noted that various segments of the process were occurring simultaneously - as data became available, interviews could be scheduled, staff meetings were arranged, etc.

Following a general orientation to the Agency and its programs/services, the initial focus of review activity was on informing those supervisors and staff, most likely to be involved in the process, about the purpose of the review and the reviewer's proposed plan of action. This was accomplished through a series of individual and group meetings with key staff members, which were conducted with the goals of sharing information as well as securing staff cooperation with the project. One of the many positive results of this approach was a facilitated, highly productive data-gathering phase.

The next task to be addressed was data collection with respect to the current eligibility criteria; i.e., data-gathering from internal (Agency) sources. Here, a variety of techniques were utilized by the reviewer, including content analysis of available documents (eg. program descriptions, budget submissions, management reports, etc.), individual and group interviews with key staff members both in Winnipeg and in Brandon, and observation of preschool clients involved in current Agency programs (Winnipeg).

To obtain a broader perspective and explore the criteria issues further, the reviewer elected to undertake some related data collection from sources external to the Agency. This was accomplished by conducting individual, group and telephone interviews with a variety of sources, including representatives of the principal program funders (the provincial Department of Community Services and Corrections), other government departments, agencies providing similar or related services to preschoolers, referral sources, several parents and other representatives of rehabilitation consumer groups, and a number of related support services. Information obtained during this phase provided the reviewer with an understanding of how the rehabilitation system in Manitoba functions, the role performed by various parts of this complex network, and a variety of viewpoints with respect to significant issues.

Both stages of data collection revealed a number of critical issues which must be addressed by the Society's decision-makers in determining the Agency's future direction with respect to preschool services. Continuous analysis and clarification of the data with staff and Administration, has enabled the reviewer to delineate some of these issues.

The final phase of review activity involved the synthesis of both hard data and the results of analysis into a form which has led to the production of a final report. It might be noted that, throughout the course of the review, attempts were made to keep key personnel, including Administration, informed of activity and progress through individual and group meetings to discuss the project and memos highlighting "activity to date".

III DISCUSSION OF REVIEW MODEL AND APPROACH

Early on in the review process, it became evident that determining the eligibility criteria for preschool services might initially be addressed by attempting to accurately define the Agency's preschool population. This process was greatly facilitated by:

i) An examination of the criteria utilized by supervisory personnel in their earlier review of the eligibility criteria for admission to the Preschool Centre, carried out in January of 1982.

ii) The reviewer's "discovery" of a model for defining client populations utilized by social work researchers, Berg and Wright, in their study of program funding and organizational goal displacement.[1]

The Defining Variables

The defining variables used by these researchers include the following: the client's age, sex, race, residence and problem. By examining each Agency program/service which accepts preschool clients, with respect to these isolated variables, it was possible to develop a rather comprehen-

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[1] William E. Berg, and Roosevelt Wright, "Program Funding as an Organizational Dilemma: Goal Displacement in Social Work Programs", Administration in Social Work, Vol. 4(4), Winter 1980 (New York: Haworth Press, 1981), pp. 29 - 39.

sive definition of the current preschool client population. Finer points could then be extracted from this broad definition for further discussion and clarification with staff members.

The process of acquiring this "descriptive client profile", in conjunction with the other component of practicum activity (a review of the Children's Program Intake Process), provided fairly reliable and detailed information as to how eligibility decisions are currently made. Finally, a comparison of the various client populations, across programs/services, highlights similarities and descrepancies, which may be useful for decision-makers to consider. A number of these discrepancies are noted in the memo summarizing significant issues.

IV FINDINGS

Prior to a presentation of the findings, it seems important to clarify how preschool programs/services were identified. In order to isolate these components of Agency service-delivery, it was necessary to arrive at an operational definition of "preschool client".

For the purposes of this review, preschool clients have been designated as those children, between the ages of 0 - 6 years inclusive, receiving Agency service(s), whether or not they are enrolled in programs under the Department of Education's mandate.

After much discussion and deliberation, this definition was adopted for two major reasons:

i) Children, in Manitoba, are not legally required to be enrolled in a program under the jurisdiction of the Department of Education until the age of 7 years.

ii) Frequently, clients receive what the Agency considers "preschool services" (eg. services of the Preschool Centre), while simultaneously enrolled in programs under the Department of Education's mandate.

A. Eligibility Criteria for Preschool Services Offered by Children's Program, Winnipeg

Overall Program Services

Children's Program, Winnipeg offers social work services, medical assessment/consultation services, psychological assessment services, some therapy services and services at northern/rural diagnostic clinics to eligible Manitoba preschoolers.

Clearly, the largest service component within the program consists of social work services, the nature of which varies depending upon factors such as client needs/wants and geographic constraints. Professional intervention may involve coordination of required services, referral for special devices or treatment programs, counselling of clients and/or families around a variety of problem areas, school planning, or supportive/monitoring activity, involving the Rehabilitation Counsellor in any of the five traditional social work roles (broker, enabler, mediator, advocate, teacher). It is important to note that the Rehabilitation Counsellor is named as the client's case manager, which designates him/her as the referral source for other program services. Investigation revealed that social work services are provided to preschool children by all three Counselling Units, with the largest number of preschool cases carried by the Preschool Counselling Unit.

The following criteria are currently utilized by program staff in determining client eligibility. Once program eligibility is established, the client becomes eligible for the various program services, subject to referral by the Rehabilitation Counsellor/case manager.

AGE : As the program serves children of all ages, preschoolers between the ages of 0 - 6 years are eligible for service(s). Winnipeg children of 0 - 3 years are served by the Infant Program, which will be examined separately.

SEX : This variable is not a determining factor in considering eligibility for any of the preschool programs/services. No preschooler, in any Agency program, is accepted or rejected on the basis of sex. No attempt is made to balance program enrollments or caseloads with respect to sex ratios.

RACE : Race is a determining variable only with regard to Treaty Natives. Although staff acknowledged that the Society, generally, does not serve Treaty Natives, little attempt was made, until very recently, to determine whether a Native applicant (especially if living off a reserve) did possess a Treaty Number. Several program staff indicated that this was "never an issue" in Children's Program, and many reported that Treaty Natives are carried on their caseloads.

RESIDENCE: Preschoolers throughout the province of Manitoba, excluding the Westman and Parklands regions (which are served by the Society's Brandon office), are eligible for the services of this program. Occasionally, children

from neighbouring provinces (Ontario and Saskatchewan) have been accepted for services. This occurs infrequently and usually when referrals have been made by a Rehabilitation Agency in the other province or when Winnipeg is the closest major medical centre offering the necessary specialized service(s).

PROBLEM : Due to the nature of the Agency's mandate -- to provide rehabilitation services to the citizens of Manitoba -- the client's "problem" has always been defined in terms of a medical diagnosis, confirmed by medical personnel. In order to be eligible for Children's Program services, the client must:

i) Have at least one medical diagnosis (physical disability) consistent with the "List of Crippling Conditions" (1950), utilized by the Society (list includes "deafness").

OR

ii) Be enrolled in the Winnipeg Preschool Centre. Eligibility Criteria for the Preschool Centre are discussed separately.

As children with more than one disability are eligible for service and, as the other disability(ies) need not be physical in nature, many of the preschool clients registered in the program are multiply handicapped. A total count of all such preschool clients was not included in the review activity.

NOTE: Children from out of province, registered in Children's Program, are frequently referred for hearing impairment services or spina bifida clinics, are frequently Natives and, apparently, most of the funding is arranged through Medical Services.

NOTE: The "List of Crippling Conditions" has been tentatively revised by Dr. N. Goldberg, the program's Pediatric Consultant, and is included in Appendix I of this report for consideration by decision-makers.

The Decision-Making Process

The decision-making process was examined as part of both the Criteria Review and the Intake Process Review and some modifications have been suggested in the Intake Process Review Report (October 1982). At present, referrals are received from a variety of community sources, with the great majority coming from the Child Development Clinic at the Health Sciences Centre.

Referrals "cross the desk" of the program's Senior Supervisor and the Supervisor of the Preschool Counselling Unit prior to reaching their destiny - with the program's Intake Worker, who assumes responsibility for Intake functions. Theoretically, this allows three key staff

members to review and consider the referral prior to any decision-making re eligibility.

If the diagnosis indicates a physical disability, any queries re meaning of the diagnosis or its consistency with the "List of Crippling Conditions" are referred to the Pediatric Consultant, Dr. Goldberg. The Pediatric Consultant plays a strong role in the determination of eligibility based on his interpretation of the physical disabilities served by the Society. The extent of his latitude to interpret without consulting Administration re the Agency's mandate, remains unclear. The degree of independent decision-making assumed by the Intake Worker appears somewhat related to the extent the Senior and Preschool Counselling Unit Supervisors choose to become involved. This involvement possibly varies, to some degree, as circumstances affect their availability, priorities, role definition, etc.

Where the diagnosis does not reflect a physical handicap and is, therefore, relevant to Preschool Centre programs, the referral source is almost always the Child Development Clinic. Investigation revealed that these referrals are questioned only in exceptional circumstances; i.e., where the diagnosis is especially vague or where the referral source requests "assessment" services by the Preschool Centre. Further discussion of this matter will be deferred until the Preschool Centre criteria are examined.

In summary, the present decision-making process, though allowing for the involvement of two supervisors, may not have always operated as designed, in the past. At times, considerable matters of judgment and discretion were left to the Intake Worker and the staff's uncertainty re acceptable eligibility criteria is reflected in inconsistent practices. On occasion, individual Rehabilitation Counsellors have been directly consulted prior to determining eligibility. Caseload size or ability to provide specialized social work services may have been considerations in these instances. Difficult decisions were sometimes, though not always, referred to Administration for input. As a result of this process, the reviewer heard frequently that workers question the eligibility of some of the clients presently on their caseloads.

Infant Program

The Infant Program is a particular component of Children's Program, providing services to a specific group of preschoolers. Included in the program are regular physical and occupational therapy sessions which emphasize parental training for the purposes of followup activity, and social work services, as required, provided by a Rehabilitation Counsellor. Services are largely, but not exclusively, home-based.

AGE : Clients eligible for the Infant Program must be between 0 - 3 years of age. Children over age 3 years are not accepted into the program, while those slightly under 3 years of age are reviewed with the Preschool Centre staff to determine where the child's needs can best be met. Children already in the program may be "carried" beyond

their third birthday until appropriate resources are located, referral procedures instituted and follow-up completed.

SEX : N/A

RACE : Again, race is a determining factor only with respect to Treaty Natives. Until recently, no real attempt was made to identify and reject Native applicants. At present, these referrals are identified for Administrative consideration, but continue to be accepted for program services where the other eligibility criteria are met.

RESIDENCE: Only preschool clients within metro Winnipeg are eligible for program services.

PROBLEM : Children eligible for this program, must have at least one medical diagnosis (physical handicap) consistent with the Society's "List of Crippling Conditions", excluding hemophilia (served elsewhere in Children's Program). Clients may have more than one disability and the other disability(ies) need not be physical in nature (eg. mental retardation). Also, the physical diagnosis need not be listed as the primary diagnosis. Consequently, some multiply handicapped hearing impaired children are also served by this program. It might be noted that most, though not all, of the clients in Infant Program are enrolled in the Preschool Centre at about three years of age.

The Decision-Making Process

At the outset of this review, program eligibility decisions were essentially made by the program's Rehabilitation Counsellor (who handled her own Intake), in consultation with the Medical Consultant where the diagnosis was in question. At present, due to administrative changes, the decision involves the Children's Program Intake Worker, the Infant Program's Rehabilitation Counsellor (now the Supervisor of the Preschool Counselling Unit) and the Medical Consultant, where diagnosis must be verified. The Senior Supervisor is also available for consultation.

At times a referral is not eligible for Society services, but is eligible to receive Community Therapy Services. In such instances, the case is opened to Therapy Services and not to Infant Program or the Agency.

Whether a multiply handicapped hearing impaired infant is served by the Infant Program or the Deaf Program is generally determined by who receives the referral. This, in turn, often depends on which condition is diagnosed first. The client is usually registered in both programs and services are coordinated/arranged through consultation between the Rehabilitation Counsellors.

Where the diagnosis is vague or could imply either physical or mental disability, decision-making re eligibility is difficult. When therapy services are a client need, the case is generally opened to the Society rather than Community Services, Mental Retardation's Infant

Program, as therapy services seem easier to acquire through the Society. Considerable efforts were made to clarify this situation, but it still remains confused. Where a client could be eligible for either program, program staff have been encouraged to consult in order to determine where needs can best be met.

Rural/Northern Clinics

These clinics are operated as a component of Children's Program and occur in designated rural or northern communities at pre-determined times during the year. Services provided include medical assessment and diagnostic services, as well as followup and referral services by medical and social work personnel.

AGE : As children of all ages are eligible, preschoolers, aged 0 - 6 years, may be seen at these clinics.

SEX : N/A

RACE : Again, race is a determining factor only with respect to Treaty Natives. Services are being offered to this group of clients, providing they meet the other criteria requirements.

RESIDENCE: Preschoolers served at the clinics are generally from the province of Manitoba and usually from the area immediately surrounding the site of the clinic. Occasionally, children from bordering out-of-province communities (mainly Saskatchewan) are seen. This is generally where the towns are closely linked and where health-care services for the population are sought in Manitoba. It was also indicated that Manitoba fund-raising takes place in these communities, which might be related to eligibility for clinic services.

PROBLEM : To be eligible for clinic services, the child must have a disabling condition/medical diagnosis consistent with the "List of Crippling Conditions". For the most part, the problems are of an orthopedic nature, and it is felt that the northern medical personnel frequently utilize clinic services for consultation purposes (an issue of concern to some staff members). Clients do not have to be previously known to the Society, as "non-registered", "open" cases and new referrals are all eligible for service at the clinics.

The Decision-Making Process

Little actual decision-making is involved in determining eligibility for clinic services. For all, except new referrals which occur right at the clinic, a referral must be made by the client's physician. Providing the diagnosis is consistent with the list, the child becomes eligible. Pre-clinic coordination involves the Program's Intake Worker, the Rehabilitation Counsellor assigned to that geographic area and, if required, the supervisors. While a medical referral is necessary, original detection of the "problem" may have

involved any of various community sources; eg., public health nurses, schools, parents, Winnipeg specialists, etc.

B. Eligibility Criteria for Preschool Centre, Winnipeg

The Preschool Centre offers multidisciplinary programming to preschoolers who are physically handicapped, mentally handicapped, hearing impaired, or diagnosed with a language disorder. As the criteria differ somewhat for each of the four groupings, they will be delineated separately in order to enhance clarity of presentation.

When the criteria were initially examined, the Preschool Centre for the Hearing Impaired was operating apart from the Centre which serves the other groups of preschoolers. Information in this section of the report reflects the criteria used prior to the amalgamation. Eligibility criteria for hearing impaired clients also qualifies them for a variety of social work services (as described under "Children's Program"), provided by Rehabilitation Counsellors in the Deaf Program.

It should also be noted that the Preschool Centre (both, at that time) offers regular programs (sometimes called city programs) and rural programs, which will be dealt with separately as well.

i) Regular Programs

AGE : Following are the ages typically used as criteria guidelines when assessing eligibility for admission to the Centre.

i)	Physically Handicapped	—	3-6 yrs
ii)	Mentally Handicapped	—	2-6 yrs
iii)	Language Disordered	—	3-6 yrs
iv)	Hearing Impaired	—	2-6 yrs (nursery school program) 0-2 yrs (tutoring program)

Staff have emphasized the need for flexibility in interpreting the age criterion. Many of the children in the programs are ready to leave by 5 years of age, but there are exceptions. Some children, not yet having achieved readiness for a full transfer to regular or specialized school programs, continue on at the Centre beyond the age of 5 years. It was noted that one child in the hearing impaired preschool program stayed beyond age 6 years, with consent from the Department of Education. Many of these "older" children are in dual programs — ½

day at the Preschool Centre and ½ day in community nursery school, daycare or kindergarten programs.

A child who is referred for admission and who will reach his fifth birthday prior to July 1st of that year may not be eligible for admission. Determination of eligibility will depend upon the results of the child's needs assessment and the availability of alternate programming/resources.

The Centre is prepared to assess and consider children below the ages designated above. Decisions re eligibility for this younger age group are based upon professional assessments, conducted by staff, to determine;

i) the child's readiness to separate from his/her primary care-giver;

ii) the child's readiness to participate in a group program, the primary mode of instruction utilized in the preschool programs.

SEX : N/A.

No attempt is made to balance the proportions of male/female children in the Centre, or within a specific program, at any given point in time.

RACE : Again, this variable may be a determinant only with respect to Treaty Natives. While staff acknowledged the current dilemma in determining eligibility for the physically handicapped, mentally handicapped and language programs, it is my understanding that a conscious decision was made, some years ago, to offer services to hearing impaired preschool Natives. Although some confusion exists around this policy, meeting minutes dating back to the late 1970's (which discuss the issue) give some historical credibility to this practice.

It should also be noted that, while children of all races and cultures are eligible for Centre programs, the programs are offered in English only, a fact which is explained to families on referral. Interpreters may be involved, on occasion, but not as a part of regular programming.

RESIDENCE: Children who are i) physically handicapped or ii) hearing impaired are eligible for programming if they live

within the Province of Manitoba. In the past, a few children in the hearing impaired program have been from out of province (mainly northern Ontario), but this occurs infrequently and only when Winnipeg is the closest centre offering the required services. For these two client groupings, children outside metro Winnipeg are eligible for regular programming and not restricted to rural programs.

NOTE: However, as Society transportation is limited essentially to metro Winnipeg, only those few children in the surrounding area who have private transportation available, are able to attend the programs with any regularity. Some limited flexibility exists with respect to the bus route, but questions exist about the extent of the latitude and how it is determined.

Preschool Centre programming is available to iii) mentally handicapped and iv) language disordered preschoolers only if they live within the metro Winnipeg area. It is the understanding of staff that this is a funding-related criterion, not one arbitrarily imposed by the Centre or the Society. This practice seems to receive Administrative support, although no documentation was readily available to substantiate it.

PROBLEM : i) Physically Handicapped:

To be eligible for admission, the physically handicapped child must have at least one medical diagnosis consistent with the "List of Crippling Conditions".

In addition, staff have indicated that the child and family must require a combination of at least two of the following specialized services over and above the Centre's specialized nursery school program (taken from previous Preschool Centre Criteria Report, January 1982):

i) speech therapy
ii) occupational therapy
iii) physiotherapy
iv) rehabilitation counselling
v) school planning service

There has been some discussion related to whether this criterion should specify three services, to ensure that at least one "medical" therapy is required. As the child's needs change and are continuously reassessed, it is difficult to determine if this criterion applies to all clients enrolled in the Centre at all times.

NOTE: Because of this added dimension to the eligibility criteria, many individuals with conditions included on the "List of Crippling Conditions" would not qualify for admission to the Centre (eg. hemophilia clients). This appears intentional, as it has been determined, over the years, that such clients do not require this highly specialized preschool programming and function adequately by utilizing other community resources. Consequently, most of the physically handicapped clients enrolled in the Centre have been diagnosed with cerebral palsy, spina bifida, congenital abnormalities (physical in nature) or multiple handicaps.

ii) Mentally Handicapped:

It is my understanding that children with below "normal" mental development or mental retardation, due to any cause (known or unknown), are eligible for admission to the Preschool Centre.

Clearly, no attempt is made to accept or reject applicants based on any developmental quotient or "score", and this approach is strongly supported by the staff, Medical Consultants and major referral source (Child Development Clinic).

Most of the children referred are diagnosed as "developmentally delayed" to avoid stigmatizing the child and overwhelming the parents at this early stage of assessment. It is the judgment of the majority of professionals involved that any attempt to insist on a specific score - related criterion would be detrimental to all concerned.

However, budget submissions indicate that the Centre's MR program is funded to serve the educable, trainable and borderline mentally handicapped, though no other documentation was seen to support this statement. Discussions with key staff members involved in the admission process, suggest that, for the most part, children accepted into this program do fall within this general grouping.

Exceptions occur where children with physical handicaps suffer from more severe degrees of retardation or where the Centre has accepted a child, on a trial base, for assessment purposes. This happens in instances where the referral source (CDC) cannot accurately estimate the child's developmental ability/potential and requests that the Centre continue the assessment process to determine his/her level of functioning in an actual program. CDC has indicated their belief that the Society "has the experts" in this area and feels these referrals are justified. Difficulties arise when the child remains at a low level of functioning, due to his/her mental handicap, and referral opportunities out of the Centre are delayed due to "plugged" resources.

iii) Language Disordered:

The language disorder program is, possibly, the one creating the

greatest difficulty for staff involved in determining eligibility criteria. Clearly, the Classic Language Disordered child is considered eligible for service; i.e., a child "considered to be functioning within the normal range in non-verbal skills, but who evidenced a severe deficit in both expressive and receptive language" (taken from previous Preschool Criteria Report, January 1982). In diagnosing this condition, hearing impairment, mental retardation, brain damage, emotional disturbances and physical deformity of the speech apparatus (though possibly present to some degree) have been ruled out as causal factors.

Also eligible for the program, in recent years, are children with language disorders, accompanied by mild developmental delay. While this creates some programming concerns for staff, of even greater concern, are the children who have been admitted to the program with a diagnosis of "total communication problems". These children, previously diagnosed as autistic, exhibit severe behavior and emotional problems.

NOTE: It is my understanding that serious efforts have been made, recently, to refer children with "total communication problems" to other resources, and confine admission into the language disorder program to those clients with language disorders of the first two types.

NOTE: It is also my understanding that staff are aware that the Centre's programs are not designed to serve preschoolers with delays related to "cultural deprivation". At times, however, this relationship is difficult to discern and may only be detected after admission. Conversations with CDC suggest

that they are aware of the Society's position in this matter, and attempt to refer such clients elsewhere.

iv) Hearing Impairment:

To be eligible for Centre services, a hearing impaired preschooler must be diagnosed with bilateral sensorineural hearing loss (of any degree, mild to profound) which prevents the child from acquiring speech and language in a normal manner, unless highly specialized programming is provided. Discussions with Preschool Centre staff and representatives of the Office of Hearing Conservation (provincial government) revealed strong support for this functionally-oriented criterion, as opposed to one based on the measured degree of impairment as reflected by a test "score".

NOTE: It is important to note that children with one of these four diagnoses or some combination of two or all of the conditions are eligible for admission. As a result, multiply handicapped children are frequently admitted and the major concern then becomes the determination of the most appropriate programming for each child.

Other Criteria

Two other criteria were listed in the previous Criteria Report (January 1982) with respect to the PH, MR and LD programs. These are:

i) Parental consent/cooperation with admission plan, overall Centre requirements and transportation schedule.

ii) No other apparent resources in the community to accommodate the child, as confirmed through the S.C.C. & A. intake - preschool assessment process.

While parental consent remains valid due to the voluntary nature of the Agency's mandate, parental cooperation has never really been a prerequisite for eligibility, although it is encouraged. Although it has, and continues to be, the Society's policy to encourage the cooperation and involvement of both parents, service is not withheld where this is lacking. Clearly, children are admitted to the pro-

grams (and not asked to withdraw), in cases where parental cooperation with programming and transportation is suspect or variable.

Available of appropriate resources elsewhere in the community is seen by staff as a valid reason to reject/refer applicants from the community resources", however, this becomes a highly contentious issue. Specific criteria for making this judgment have not been identified and always involve, to some degree, subjective determinations.

The Decision-Making Process

i) Physically Handicapped

ii) Mentally Handicapped

iii) Language Disordered

Determination of eligibility for physically handicapped preschoolers is similar to that for Children's Program services. However, the decision-making process is expanded to include Preschool Centre supervisory staff. Where clarification of medical diagnosis is required, the Pediatric Consultant (Dr. Goldberg) is involved. While overall eligibility is somewhat of a "team" decision, programming is determined by the Centre's staff.

Where diagnosis indicates a mental handicap or language disorder, the referral source is almost always the Child Development Clinic. Investigation suggests that their judgment/referral is not frequently questioned, although they can be contacted where a concern exists or where the referral requests "assessment services". In such situations, Dr. Snyder is available for consultation and becomes involved in the decision-making process, or other physicians at the CDC might be contacted directly.

NOTE: Since the administrative separation of Children's Program and the Preschool Centre, the responsibility for final determination of eligibility for Preschool Centre services is somewhat unclear. This relates to the fact that eligibility involves services provided by two separate programs. This matter has also been addressed in my report on the Intake Process Review, as it requires some Administrative clarification.

iv) Hearing Impaired

Referrals for preschool services for the hearing impaired are made to Rehabilitation Counsellors in the Deaf Program. Referrals are generally from audiologists who indicate the applicant's diagnosis on a standardized referral form. This is now considered sufficient diagnostic confirmation to "open" a case. Previously, admission to the Centre's hearing impaired tutoring or nursery school program involved consultation between the Rehabilitation Counsellor and the Supervisor of the Hearing Impaired Preschool Centre. Since the administrative change, I would assume that the consultation now involves the Senior Supervisor of the amalgamated Centre and possibly senior teachers of the deaf.

NOTE: As no other specialized program exists in the province for hearing impaired preschoolers below the age of about 3 years, all referrals which meet the diagnostic criterion are accepted

and no attempt is made to locate alternate community resources.

NOTE: i) It is also important to note that admission to the Preschool Centre programs for physically handicapped, mentally handicapped and language disordered children is limited by the number of spaces available.

Both funding and programming issues are involved in making this determination. Intake is continuous, as spaces are available.

ii) With respect to the hearing impaired program, children had been accepted on a continuous basis as referrals were received, with no limit set on spaces available. While this caused some programming concerns, the practice was rationalized and followed at the time of the review (prior to amalgamation), in the hope that staffing would be increased.

ii) Rural Programs

Rural programs are offered for preschoolers who are diagnosed as physically handicapped or hearing impaired and cannot attend the regular Preschool Centre programs due to geographic inaccessibility.

In the past, the program for PH children was offered twice yearly and for HI children a little more frequently. Both programs are designed to provide assessment services and learning/socializing experiences for the preschoolers, and an opportunity to focus on educational and supportive services for the parents.

As a rule, clients attending the programs are previously known to the Society and on the caseload of a Rehabilitation Counsellor in Children's Program.

AGE : Physically handicapped/Hearing impaired children aged 0 - 6 years are eligible for the programs.

SEX : N/A

RACE : Physically Handicapped:

Race is only a determinant with respect to Treaty Natives. If a Native child has been accepted for Agency services, she/he becomes eligible for Rural Program if the other criteria are met.

Hearing Impaired:

N/A

Treaty Natives are considered eligible for Rural Program.

RESIDENCE: While preschoolers must live within the province of Manitoba, as a rule, occasional exceptions have been made for out-of-province children, as

addressed earlier in the report. The Westman and Parklands regions (normally served by the Brandon office) are included for both Rural Programs.

PROBLEM : Physically Handicapped:

Children with a physical handicap consistent with the "List of Crippling Conditions" are eligible to attend. Clients may have more than one diagnosis and the other disability(ies) need not be physical in nature. However, due to the emphasis on physical therapies, most of the children invited to attend the Rural Program are diagnosed with cerebral palsy, spina bifida or other orthopedic handicaps. Children are expected to be accompanied by at least one parent.

Hearing Impaired:

Children with bilateral sensorineural hearing impairment (of any degree) are eligible to attend. Those with handicapping conditions in addition to hearing impairment are eligible as well.

The Decision-Making Process

Physically Handicapped:

Decision-making for this Rural Program is left mainly with the Rehabilitation Counsellors in the Suburban-Rural Counselling Unit, Children's Program. Counsellors invite those children and parents to attend who, based on their professional judgment, could benefit from one or more of the available services. If required, assistance with transportation and accommodation is arranged.

Coordinating efforts with Preschool Centre supervisory staff are part of the preparatory activity. To date, all those interested in attending have been accommodated, but there is some concern that numbers will become an issue in the future. As a result, program modification may become necessary or priorities may have to be set. Occasionally, new referrals are made for Rural Program and, in these instances, children whose files are just opened or in the process of being opened are eligible to attend.

Hearing Impaired:

As all Manitoba hearing impaired preschoolers known to the Society were also known to the Preschool Centre program for the hearing impaired (not so with physically handicapped preschoolers), decision-making re attendance at Rural Program was a joint effort involving the Suburban-Rural Rehabilitation Counsellors and the Supervisor of the hearing impaired preschool program. As this program involves more frequent attendance at the Centre, an increased need exists for coordination. Numbers, here, are less of a concern due to the actual numbers that exist, as well as the flexibility in scheduling some of the rural visits.

C. Eligibility Criteria for Preschool Services, Brandon

Social work services and a nursery school program are offered to eligible clients by the Society's Brandon "office". Social work services, delivered by Rehabilitation Counsellors, cover the gamut of roles and functions described under "Children's Program, Winnipeg".

As expected, the Brandon nursery school program is much smaller than Winnipeg's.

Their maximum enrollment has reached 14 clients. The nursery school has been operated as one component of the overall Agency program in Brandon and, as a result, only those preschoolers who meet the general Agency eligibility criteria have been considered for admission to the nursery school. The program focuses on developmental, educational and social activities, and therapy services (not attached to the Society) are usually available in the classroom.

AGE : Children 0 - 6 years are eligible for all services, including the nursery school program. Those attending the nursery school are usually between the ages of 2 - 5 years, however, when it is determined that they are ready for group programming.

SEX : N/A

No attempt is made to balance the female/male ratio in the nursery school program.

RACE : Race is a determinant only with respect to Treaty Natives. While referrals from Natives are not frequently received, when this does occur serious efforts are made to discover whether the applicant possesses a Treaty Number. If so, program acceptance is granted only with Administrative approval (from Winnipeg).

RESIDENCE: Preschoolers in the Westman and Parklands area of Manitoba only are eligible for services provided by the Brandon office. With respect to the nursery school program, few children from the Parklands region attend with any regularity, due to geographic inaccessibility.

NOTE: Society transportation is available only to the outskirts of Brandon and, no doubt, affects attendance. Others who wish to attend must have their own transportation arranged.

NOTE: It was mentioned that, in rural areas, the school divisions always accept responsibility for handicapped children at age 5 years, while in Brandon there is no school programming generally available for these children until they are 6 years of age.

As a result, Brandon children may remain in the nursery school program longer than they would otherwise need to stay.

PROBLEM : To be eligible for any Society service, in the Brandon area, preschoolers must have at least one physical disability consistent with the "List of Crippling Conditions". This includes hearing impairment. Children may have more than one disability and the other disability(ies) need not be physical in nature. As a result, multiply handicapped children may be eligible for programs/services.

NOTE: Preschoolers who meet the above criteria are eligible for the Brandon nursery school program. However, hearing impaired preschoolers are eligible only if they are also receiving speech therapy, and parents are informed that these children are enrolled in the program mainly for socializing experiences (no teacher of the deaf available).

NOTE: It should also be noted that, due to the small enrollment, developmentally/physically "normal" children have been incorporated into the program, so that the group is integrated at least once a week. Siblings of the handicapped children are the first choice in this selection process.

Other Criteria

The importance of parental involvement and commitment to the nursery school program was strongly stressed in Brandon. Follow-up at home was indicated as necessary for program success. This philosophy is shared with parents and is, apparently, considered as a crucial factor in determining the child's continuation in the program.

The Decision-Making Process

Decisions re eligibility for overall services are made by the Senior Supervisor at the Brandon office. Where a diagnosis is unclear, the Pediatric Consultant from Winnipeg (Dr. Goldberg) is involved, whenever possible. Where this is not practical, the supervisor must rely on his own judgment. Any concerns re individual situations are discussed with Administration prior to decision-making. Referrals are accepted form various community resources - frequently, though not always, medical in nature. These include the therapy department at the hospital, local physicians and, occasionally, parents.

Eligibility for the nursery school program is determined by the Rehabilitation Counsellor assigned to the case, often in consultation with the nursery school teacher. The decision to suggest nursery school to the parents is based on the Counsellor's professional judgment with respect to the child's need for increased socialization, a change of environment with additional opportunity for peer interaction beyond the family setting, or the family's need for respite, etc. While, most of the Society's preschool clients in Brandon (city) would probably attend the nursery school, this decision is not automatic.

Often clients are referred for "assessment" and/or assistance with separation activities, toilet training, and the like, prior to enrolment in a day care or regular nursery school program. As in Winnipeg, dual programming for preschoolers is possible and not uncommon.

V CONCLUSION AND ACKNOWLEDGEMENTS

This review of the Society's Eligibility Criteria for Preschool Services proved to be a valuable learning experience for the student/reviewer.

It was made possible by the continuous cooperation of Administration, supervisors and staff of Children's Program, the Preschool Centre and the Deaf Program in Winnipeg, and the supervisor and staff at the Agency's Brandon office. I would like to acknowledge the efforts of all those involved and express my thanks for the assistance and support.

I sincerely hope that the results of this review will aid decision-makers in their determination of the Agency's future direction with respect to preschool services.

VI APPENDICES

Appendix I

Revised "Classification of Disabilities Eligible for Services, Children's Program".

CLASSIFICATION OF DISABILITIES
ELIGIBLE FOR SERVICES, CHILDREN'S PROGRAM

REVISED AUGUST 1982

by

Dr. Norman Goldberg
Pediatric Consultant, Children's Program

1. Amputation
2. Ankylosis and Arthritis
3. Birth Injury (bony)
4. Burns
5. Bony Deformities
   - Genu Varum (bow legs)
   - Club Foot
   - Flat Foot
   - Congenital dislocation of hips
   - Spinal deformity (not associated with Spina Bifida)
6. Cleft Palate
7. Deafness (Hearing Impairment) - to be further defined by Dr. Goldberg
8. Encephalitis and Meningitis
9. Endocrine Disturbances affecting physical functioning - including diabetes mellitis
10. Hemophilia
    - Classical
    - Von Willibrands
    - Other (platelet disorders)

*11. Language Disorder

*12. Mental Retardation - any cause, including:
    a) no apparent cause
    b) Down's Syndrome - includes recognized chromosomal abnormalities resulting in MR
    c) Fetal Alcohol - includes other causes of MR secondary to teratogenic agents
    d) MR secondary to metabolic derangement; i.e., PKU, hypothyroidism

13. Muscular Atrophy or Dystrophy
14. Neoplasm of Central Nervous System
15. Nervous System - Central
    a) Cerebral Palsy
       i) spastic
       ii) atoxic

iii) dyskinetic (athetoid)
iv) mixed

b) Multiple Sclerosis

c) Transverse Myelitis

16. Nervous System - Peripheral

- not congenital

17. Neural Tube Defects

- including spina bifida and congenital hydrocephalus

18. Nutritional Disease

- i.e., rickets, affecting bony - muscular movements

19. Poliomyelitis

- includes other infectious conditions resulting in weakness

20. Scoliosis

- includes kyphosis and lordosis

21. Supernumery Part

*Eligible only for services of Preschool Centre, Winnipeg

Appendix II

Selected statistics re: Preschool Clients

SELECTED STATISTICS RE PRESCHOOL CLIENTS

I Preschool Centre (Winnipeg):

Enrollment, June 1982: Total = 189 children

Percentage Breakdown by Disability:

Physically Handicapped	=	19.0%
*Mentally Handicapped	=	48.1%
Language Disordered	=	32.8%
Multiply Handicapped	=	7.4% (14 children)
% of multiply handicapped with hearing impairment	=	35.7% (5 out of 14 children)

II Preschool Centre:

Enrollment, June 1981: Total = 161 children

Percentage Breakdown by Disability:

Physically Handicapped	=	21.1%
*Mentally Handicapped	=	46.6%
Language Disordered	=	32.3%
Multiply Handicapped	=	unavailable
% increase in enrollment in 1982	=	14.8% (28 children)

III Preschool Centre Waiting List:

January - June 1982: Total = 37 children

Percentage Breakdown by Disability:

Physically Handicapped	=	2.7% (1 child)
*Mentally Handicapped	=	40.5% (15 children)
*Language Disordered	=	56.8% (21 children)

IV Infant Program Caseload:

1981 - 1982 (budget year): Total = 57
1980 - 1981 (budget year): Total = 30

% Increase in 1981 - 1982	=	47.4%
% Increase Preschool Centre plus Infants	=	22.4%

V Hearing Impaired Preschoolers:

1981 - 1982: Total = 54 children

City Program	=	43
Rural Program	=	11

VI Preschool Clients, Brandon Office:

August 1982: Total = 35 children

% Registered for Nursery School Program,

September 1982 = 11.4% (4 children)

VII Preschoolers on Preschool Counselling Unit Caseload, Children's Program Winnipeg:

July 1982: Total = 335 open cases

Preschoolers on Caseload of Others Units, Children's Program, Winnipeg:

July 1982: Total = 17 open cases

Number of Preschoolers, Children's Program:

July 1982: Total = 352

% of Open Cases in Preschool Centre,

June 1982 = 53.7%

APPENDIX B

The Society for
CRIPPLED CHILDREN and ADULTS
of Manitoba

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FINAL REPORT
of the
INTAKE PROCESS REVIEW,
CHILDREN'S PROGRAM,
S.C.C. & A.

Prepared for:

Senior Supervisor,
Children's Program,
S.C.C. & A., Winnipeg

Prepared by:

Bonnie Murphy,
M.S.W. Student

October 1982

—FUNDING—

THE ABILITY FUND UNITED WAYS EASTER SEALS

PROVINCE OF MANITOBA

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EXECUTIVE SUMMARY

From June through September of 1982, the Intake Process utilized by Children's Program at S.C.C. & A., Winnipeg was reviewed by a graduate social work student, enrolled in the M.S.W. program at the University of Manitoba. The review was intended to highlight issues and concerns related to the present Process, from the perspective of both staff and reviewer, and to result in the formulation of recommendations for change, if indicated.

Data collection was carried out by the reviewer at an internal (Agency) and external (other human service agencies) level, utilizing a variety of data-gathering techniques appropriate to the situation. Among these were individual and telephone interviews, group interviews and content analysis of available documents. A committee of interested Program staff members was, subsequently, formed to work with the reviewer in identifying concerns, formulating recommendations for change and discussing feasible strategies for recommendation implementation.

The findings revealed both strengths and weaknesses with respect to the present Intake Process. While some of the strengths are highlighted in Section III of the report, recommendations are aimed at improving the limitations and problem areas. To further assist the Program staff, the major tasks still to be addressed have been identified, grouped and described in Flowchart format (Section VII). Strategy options for implementation of the more complex recommendations have been incorporated into the report (Section IV), and a brief guideline for evaluation activity has been included (Section V).

Both the review process and the formulation of recommendations were facilitated by conceptualizing the Intake Process as a series of successive phases. For purposes of clarity and consistency, the recommendations have been summarized in this "phase" format as well.

Phase I - Referral Phase:

Recommendation 1

That Children's Program clarify the Intake Process by documenting referral procedures specific to each referral source.

Such procedures should include attention to:

a) The confirmation of client's medical diagnosis, in written form, signed by a physician;

b) the type of data most useful for meeting Intake Process objectives; i.e., assessing client need(s), determining eligibility for Program services, and negotiating/planning for initial service delivery;

c) the Agency's responsibility to insure that referral sources have informed clients/advocates of the referral.

Recommendation 2

That referral data, which is not forwarded by the referral source, be collected by the Rehabilitation Counsellor assuming responsibility for the particular Intake. The principal Intake Worker could continue to assume responsibility for compiling the file, noting missing information, etc. prior to case opening.

Recommendation 3

That a letter of acknowledgement or thanks to the referral source remain a part of the Intake Process and be adopted by all Counsellors performing the Intake role.

Phase II - Intake Interview Phase:

Recommendation 4

That Children's Program maintain the current flexibility with respect to conducting the Intake Interview, but undertake to clarify its philosophy/policy, in written form.

Recommendation 5

That each Counselling Unit review and clarify staff preferences with respect to Rehabilitation Counsellors performing their own Intake functions.

Recommendation 6

That Children's Program develop a more standardized guideline or instrument for collection of client data during the Intake Interview phase, and that this information be placed in a pre-determined location on all client files.

It is suggested:

a) That the information include documentation of parental consent for service, using some standardized format (e.g., standardized wording in the Intake Summary, notation on a social history/assessment form, parents' signatures on an application form, etc.).

b) That the extent of the data may vary for registered and non-registered cases; i.e., where a client requires one-time or sporadic rather than ongoing service(s).

c) That staff give serious consideration to the use of an application form which could reflect, at the least, client/parental consent for assessment services.

Recommendation 7

That effort be made to insure staff awareness of Agency expectations to inform clients/advocates of:

a) The voluntary nature of S.C.C. & A.'s mandate;

b) their right to accept or reject service(s), and;

c) their right and responsibility to become involved in service negotiations.

Recommendation 8

That Children's Program maintain its present policy re encouraging both parents' involvement in the child's program(s), but not withhold service where "sufficient" involvement is lacking.

Recommendation 9

That no Intake Interview be conducted where referral information clearly indicates the individual is ineligible for Program services. In such instances, the referral source should be contacted and assume responsibility for referral of the client to appropraite resources.

Recommendation 10

That Program services not be negotiated at the Intake Interview phase unless it has been determined that the client is clearly eligible for service(s).

Phase III - Case Opening/Determination of Client Eligibility Phase:

Recommendation 11

That Administration provide the Senior Supervisors with clear direction re ultimate responsibility for determining client eligibility for preschool services.

Recommendation 12

That an Intake Committee be formed, at least on a trial basis, to include all those appropriately involved in determining client eligibility for service.

Such a Committee should meet regularly to review all referrals, make decisions re case dispositions, and accumulate data on "exceptional" and rejected cases.

Recommendation 13

That Administration and the Board of Directors provide staff with an approved or revised guideline of client eligibility criteria as soon as possible.

Phase IV - Case Assignment to a Rehabilitation Counsellor Phase :

Recommendation 14

That a brief written guideline be developed to reflect the basis for case assignment to the various Counselling Units.

Recommendation 15

That written statements be developed to clarify and rationalize the basis for case assignment within each Counselling Unit.

Recommendation 16

That the Program and Agency address the issue of optional and maximum, case-load size.

Other Recommendations (not directly related to the Intake Process) :

1) That Children's Program examine and document its policies on access to client files.
2) That Children's Program review its policy on ongoing recording of professional activity.
3) That the Program (and Agency) investigate the current use of "nonregistered" client status and approve or revise, as indicated.
4) That the Program (and Agency) clarify the policy re disposition of information received concerning individuals who do not acquire client status.

I INTRODUCTION

The intent of this report is to describe a review of the Intake Process presently utilized by Children's Program, at the Winnipeg office of the Society for Crippled Children and Adults of Manitoba. Undertaken by a graduate student in the University of Manitoba's Social Work program, the review constitutes part of an administrative practicum, which was developed in consultation with the Society's Executive Director and carried out with the continuous assistance, and cooperation of the supervisors and staff of Children's Program.

II DESCRIPTION OF REVIEW PURPOSE AND PROCESS

A. Purpose

The review activity was initiated in early June of 1982 and reached completion in September of the same year. It was incorporated into the student practicum in response to a need expressed by the Senior Supervisor of Children's Program, in light of her imminent job change and the approaching retirement of the program's Intake Worker.

As understood from discussions with the supervisor and membersof Administration, the purposes of the review were:

1) to discover and delineate any issues or concerns surrounding the current Intake Process, from the perspective of both staff and reviewer;
2) to formulate recommendations for change, if indicated.

Beyond this, the report incorporates some discussion of strategies for recommendation implementation, a guideline for evaluation and a flowchart indicating stages of implementation, with suggested timeframes.

B. Process

It is important to note that this practicum was developed to reflect the reviewer's commitment to "a shared approach" to planned change within organizational systems and subsystems; i.e., programs and program components. This approach necessitated involvement by staff, at various organizational levels, in the review process.

Initial review activity was focused on the reviewer acquiring an understanding of the Intake Process currently in operation. Data collection, at this stage, was essentially from internal (Agency) sources, with the reviewer utilizing a variety of data-gathering techniques. These included content analysis of available program documents, individual interviews with key staff members, telephone interviews, and meetings with staff groups, as appropriate.

In order to develop a broader perspective for the analysis, the next stage of review activity consisted of data collection from external sources, specifically, five Winnipeg human service organizations. The intent, here, was to learn of other approaches to the Intake function and analyze their strengths and limitations, for purposes of comparison with the Process under review. For convenience, all data was gathered by means of telephone interviews. The collection and assessment of data from both "internal" and "external" sources proceeded from early June through to approximately mid-July.

It was at this point that the need for additional staff input and involvement became more crucial. Interested staff persons had been identified throughout the course of the data collection phase and, therefore, a work group or committee was formed with relative ease. The committee members included:

[redacted], Rehabilitation Counsellor
[redacted], Rehabilitation Counsellor
[redacted], Senior Supervisor, Children's Program
[redacted], Supervisor, Suburban-Rural Counselling Unit
[redacted], Rehabilitation Counsellor
[redacted], Intake Worker
[redacted], Psychologist
[redacted], Supervisor, Preschool Counselling Unit

and the reviewer. As members of senior Administration were not able to remain involved on a continuous basis, some administrative input was incorporated into the discussions by the reviewer arranging individual sessions with Administration, as required, and relaying pertinent comments/views back to the group at scheduled meetings.

The functions served by the staff committee, with respect to review activity, were several. Their role included acting as a sounding board to validate, clarify and react to questions and issues presented by the reviewer; raising issues and concerns particular to the present Intake Process from the perspec-

tive of staff and clients/advocates; and considering alternatives or modifications to improve the Process. It was anticipated that, in this way, recommendations would be specific to Program needs and reasonably "workable" in the view of both direct-service staff and supervisors.

During the committee phase, the reviewer assumed the roles of Chairperson and Secretary for the meetings - preparing the agenda items, initiating discussion topics, directing the process and documenting minutes. A serious effort was also made to provide an objective, external perspective to the, essentially, internal review.

Committee activity was limited to a four-meeting timeframe in an attempt to reduce demands on staff time. Meetings were held between late July and early September, resulting in the successful completion of the group's objectives.

The final phase of review activity involved the compilation of data and committee work for synthesis and incorporation into a report. Prior to submission of the report to the Children's Program Head, it will be reviewed with group members in order to share "the final product" with those most involved throughout the process. The committee had agreed that copies of the report and meeting minutes be submitted to the Agency's Director of Services and Executive Director, for their information and to facilitate discussion of recommendations, where indicated.

III FINDINGS AND RECOMMENDATIONS

In the early stages of committee activity, it was determined that the review would be facilitated by dividing the Intake Process into a series of successive phases. As this approach was effective in simplifying conceptual and organizational tasks, the findings are being reported in this same "phase" format.

On a more general level, the review revealed that the Program's current Intake Process has a number of significant strengths. Among these, the following seem to deserve particular mention:

1) the flexibility built into the procedures (e.g., location and timing of Intake Interview), in recognition of differing client needs;

2) the staff's commitment to following up all referrals to insure that persons in need are connected with the most appropriate community resource(s);

3) the Program's willingness to provide assessment and consultative services in situations where client eligibility is, initially, uncertain;

4) the staff's openness to adapting the Intake Process in order to better meet client/advocate needs (e.g., decision of some Rehabilitation Counsellors to perform own Intake functions to reduce repetition and the level of client/advocate anxiety and frustration).

Both personal experience and data from "external" agencies indicate that such considerations are not always priorities in developing an Intake system.

The review did reveal, however, that there are areas within the present Intake Process which might benefit from clarification and/or modification. These will be discussed, in some detail, in the following section of the report.

Phase I - Referral Phase

A number of issues and concerns emerged in reviewing the initial, or referral, phase of the Intake Process. Like many human service agencies, Children's Program at S.C.C. & A. accepts referrals from a variety of sources - including several Clinics, community physicians and directly from clients or their advocates (generally, the parents). Clearly, the major referral source is the Child Development Clinic at the Health Sciences Centre.

Of some concern to the reviewer is the considerable variation in the type, format and quality of the information provided by the referral source(s) and the lack of documented procedures specific to each referral source. While some variation is, no doubt, intentional and inevitable, written referral procedures would facilitate the process of determining where the differences are warranted in leading to improved service - delivery to clients. I would also suggest that written procedures should greatly assist the new Intake Worker in the performance of his/her role and responsibilities.

No staff consensus was sought, during the review process, with respect to the type and format of information which should be expected of each referral source. Given the complexity of this decision, such a focus seemed premature. Several suggestions were offered by staff members, however, regarding data they would consider useful in performing client assessments and interventions. These have been included for the information of decision-makers.

- the client's birth history;
- a complete listing of client's known medical diagnoses;
- the client's developmental history;
- a social history and psycho-social assessment;
- the reason for referral.

As some of this information may be necessary on referral and some not until later, it remains to be decided which pieces of data should be requested of the referral source(s) and which are more appropriately gathered by Program staff.

Recommendation 1

That Children's Program clarify the Intake Process by documenting referral procedures specific to each referral source.

Such procedures should include attention to:

a) the confirmation of client's medical diagnosis, in written form, signed by a physician;

b) the type of data most useful for meeting Intake Process objectives; i.e., assessing client need(s), determining eligibility for Program services, and negotiating/planning for initial service delivery.

c) the Agency's responsibility to insure that referral sources have informed clients/advocates of the referral.

The review also suggested a need for some clarification of responsibilities, where Rehabilitation Counsellors are assuming the Intake functions.

Recommendation 2

That referral data, which is not forwarded by the referral source, be collected by the Rehabilitation Counsellor assuming responsibility for the particular Intake. The principal Intake Worker could continue to assume responsibility for compiling the file, noting missing information, etc. prior to case opening.

Recommendation 3

That a letter of acknowledgement or thanks to the referral source remain a part of the Intake Process and be adopted by all Counsellors performing the Intake role.

Phase II - Intake Interview Phase

Discussions around the Intake Interview revealed that, as noted earlier, considerable flexibility has been intentionally built into this phase. Depending upon client need, as well as the data received from the referral source, the

interview may serve a variety of purposes, may be conducted by different personnel and may take place in different locations. A number of issues did arise in the course of reviewing this phase and since most could not be completely resolved in the designated four-meeting timeframe, their significance suggests that further staff activity should be directed at addressing them.

While the flexibility in arranging and conducting the interview is commendable, I feel that a new Intake Worker would benefit from some written guidelines which reflect the Program's general philosophy on the Interview phase. Mention should be made of the factors which determine where the interview takes place and who conducts it. If elements of client convenience and worker choice are to be considered, knowing which Counsellors prefer to perform their own Intake could alleviate confusion and uncertainty for a new Intake Worker.

Also of concern to the reviewer and some committee members is the inconsistency in information collected by the various workers involved with Intake. While differences in interview circumstances and worker styles might impact, to some degree, upon the information collected, I would suggest that increased standardization of data and format would assist all the professional staff in assessing and meeting client needs. Program planning, providing relevant information to funders and others, and future research efforts would also be facilitated by data which is more standardized in format and location within client files.

Several forms and guidelines utilized by referral sources and the Agency over the years, and some recently developed by staff members, have been collected by the reviewer and should be of assistance in implementing this recommendation.

Some mention should also be made of the suspected trend on the part of Rehabilitation Counsellors to prefer "doing their own Intake". While this preference is still evident to some degree, it does not appear to be as strong as the reviewer was given to understand. Practical considerations were often mentioned as prohibitive, especially as caseload demands increase. In view of the mixed feelings on this subject, I would suggest that staff might pursue the issue further, within the context of their particular Units, to clarify their positions on the matter.

Recommendation 4

That Children's Program maintain the current flexibility with respect to conducting the Intake Interview, but undertake to clarify its philosophy/policy, in written form.

Recommendation 5

That each Counselling Unit review and clarify staff preferences with respect to Rehabilitation Counsellors performing their own Intake functions.

Recommendation 6

That Children's Program develop a more standardized guideline or instrument for collection of client data during the Intake Interview phase, and that this information be placed in a pre-determined location on all client files.

It is suggested:

a) that the information include documentation of parental consent for service, using some standardized format (e.g., standardized wording in the Intake Summary, notation on a social history/assessment form, parents' signatures on an application form, etc.);

b) that the extent of the data may vary for registered and non-registered cases; i.e., where a client requires one-time or sporadic rather than ongoing service(s);

c) that staff give serious consideration to the use of an application form which could reflect, at the least, client/parental consent for assessment services.

Recommendation 7

That considerable effort be made to insure staff awareness of Agency expectations to inform clients/advocates of:

a) the voluntary nature of S.C.C. & A.'s mandate;

b) their right to accept or reject service(s), and;

c) their right and responsibility to become involved in service negotiations.

Recommendation 8

That Children's Program maintain its present policy re encouraging both parents' involvement in the child's program(s), but not withhold service where "sufficient" involvement is lacking.

I would suggest that an attempt to more clearly delineate what constitutes acceptable parental involvement might make staff expectations more meaningful to parents and facilitate measurement of results.

Recommendation 9

That no Intake Interview be conducted where referral information clearly indicates the individual is ineligible for Program services. In such instances, the referral source should be contacted and assume responsibility for referral of the client to appropriate resources.

Recommendation 10

That Program services not be negotiated at the Intake Interview phase unless it has been determined that the client is clearly eligible for service(s).

Phase III - Case Opening/Determination of Client Eligibility Phase

The review process indicated that, in theory, client eligibility is confirmed at the point of Case Opening. In practice, however, it appears that such decisions have frequently been made at earlier phases of the Intake Process. Feedback from staff members, both privately and in committee, revealed that decisions re case assignment to a particular Counsellor, as well as parent-worker negotiations around service delivery, have sometimes taken place prior to formal Case Opening.

While this does not always lead to difficulty, I would suggest that the potential for serious problems is inherent in this process. Where client eligibility comes into question at Case Opening, the Agency may be placed in a situation of "obligation", delivering services to clients who could be better served elsewhere. Both past and very recent Agency experience has confirmed that such situations do occur. Staff also shared instances where they have seriously questioned the appropriateness of Agency involvement with some of their clients. Lack of clarity with respect to eligibility criteria was frequently noted as a major issue.

Throughout the course of the review, considerable time was devoted to examining more appropriate methods for determining client eligibility. Given the multidisciplinary nature of the Agency's services for children, and the recent administrative separation of Children's Program and the Preschool Centre, the decision-making becomes rather complicated to orchestrate.

The following recommendations have been formulated in an attempt to address these issues and concerns.

Recommendation 11

That Administration provide the Senior Supervisors with clear direction re ultimate responsibility for determining client eligibility for preschool services.

Recommendation 12

That an Intake Committee be formed, at least on a trial basis, to include all those appropriately involved in determining client eligibility for service.

Such a Committee should meet regularly to review all referrals and make decisions re disposition of these cases. Decisions which cannot be made immediately might be deferred to the next meeting to allow for further data collection and/or consultation with Administration.

The Committee should also accumulate data on "exceptional" dispositions and rejections in order to assist in submissions to funders, program development or changes in eligibility criteria.

This Committee should attempt to be in operation prior to the introduction of a new Intake Worker in order to facilitate the transition period.

Recommendation 13

That Administration and the Board of Directors provide staff with an approved or revised guideline of client eligibility criteria as soon as possible.

Phase IV - Case Assignment to a Rehabilitation Counsellor Phase

Relatively few issues or concerns come to light with respect to case assignment. Obviously, the assignment process is more straightforward in some Units than in others; e.g., where caseloads are strictly geographically determined. There is also some necessary variation concerning when cases are assigned, with workers who perform their own Intake functions becoming involved at Phase II - the Interview stage.

Where the principal Intake Worker conducts the interview, however, I would suggest that it is more reasonable to assign cases only after eligibility has been confirmed. Unit Supervisors may wish to incorporate case assignment into Phase III and assign cases during the Intake Committee meeting, or handle it afterwards as a separate function.

As some overlap exists among the Units with respect to age and geographic location of clients served, written clarification of the criteria for case assignment to Units should assist the new Intake Worker.

In addition, some concern was expressed by various staff members with regard to Agency or Program policy re caseload size. While the difficulty in developing an appropriate "formula" is recognized, the matter warrants consideration. Data collection from "external" agencies revealed that caseload size is generally a key factor in determining acceptance and assignment of cases.

Recommendation 14

That a brief written guideline be developed to reflect the basis for case assignment to the various Counselling Units.

Recommendation 15

That written statements be developed to carlify and rationalize the basis for case assignment within each Counselling Unit.

Recommendation 16

That the Program and Agency address the issue of optional and maximum caseload size.

Other Recommendations

Several other recommendations, not directly related to the Intake Process Review, were formulated during the course of practicum activity and are mentioned separately for consideration.

1) That Children's Program examine and document its policies on access to client files.
2) That Children's Program review its policy on ongoing recording of professional activity.
3) That the Program (and Agency) investigate the current use of "non-registered" client status and approve or revise, as indicated.
4) That the Program (and Agency) clarify policy re disposition of information received concerning individuals who do not acquire client status.

IV STRATEGIES FOR IMPLEMENTATION OF RECOMMENDATIONS

To assist in conceptualizing the implementation process, the recommendations have been grouped into a series of tasks. Tasks II and III, as outlined in the Flowchart of Tasks (Section VII), involve development of written policies

and philosophies and the formation of the Intake Committee. As such, implementation is relatively straightforward and requires little comment by way of strategy suggestions.

For that reason, attention of both the reviewer and the staff committee was focused on those recommendations which appear more complex in nature. These tasks were identified, grouped and discussed in order to develop the implementation options which are outlined below.

Task I

Task I on the Flowchart involves Recommendation 7 - ensuring staff awareness of Agency expectations to inform clients of their "rights" prior to negotiating service delivery. The following implementation strategies were suggested as possible options:

a) circulation of a staff reminder in the form of a management memo;

b) discussion of these issues at a compulsory Program staff inservice;

c) discussion of the issues at Unit meetings (possibly with the Program Head in attendance);

d) discussion of issues at a Children's Program meeting.

Task IV

Task IV on the Flowchart incorporates Recommendations 1 and 6 - the development of more standardized data-gathering guidelines and referral procedures specific to each referral source. It appeared to many of us on the committee that these tasks might best be approached together, as they both deal directly with client information requirements. Once the data needed is clearly delineated, it should be easier to determine what pieces of information are more appropriately collected at each phase of the Intake Process. Implementation strategy might consist of one or more of the following options:

a) Program Supervisors, with input from the Intake Worker, assume responsibility for developing these guidelines and procedures, and determining the format for data-collection.

b) Responsibility for this task is delegated to one or more interested line workers, with appropriate allowances made for workload, etc.

c) Task is accomplished by a staff "work group". Activities might be divided among group members, such that each member is responsible for consulting all professional groups concerned and identifying their client information needs, specific to one phase of the Intake Process (i.e., one member works on Referral Phase, one on Interview Phase, etc.). The work group would then assume responsibility for developing and testing the forms or guidelines to be used for data-collection.

d) The task might begin with the circulation of an information form or forms already developed (e.g., the Psychology staff's form or Marlene Richert's research form). Staff would be asked to indicate additional information they would like incorporated into this basic form.

Several of the recommendations, particularly those listed as "Other Recommendations", require considerable input from Administration. This might be accomplished by:

a) individual meetings with Administration, as required;

b) forwarding a memo which highlights the issues/concerns and requests Administrative feedback;

c) discussions of the more general issues at a Program Head meeting in order to arrive at an Agency-wide implementation strategy, where concerns are common to several programs.

V GUIDELINES FOR EVALUATION

Program staff will wish to consider evaluation of both:

1) the process of recommendation implementation, and;

2) the results (outcome) of recommendation implementation.

The second will involve a more comprehensive evaluation of the revised Intake Process, once implemented, in order to determine its strengths, limitations and consequences (both intended and unintended). It is important to note the necessity for documentation which has been addressed throughout the recommendations, as evaluation will be lengthy and involved if policies, procedures, etc. must be solicited and clarified all over again.

I With respect to evaluation of the implementation process, the flowchart indicating tasks and timeframes should provide a guideline against which activity can be measured. The current stage of task activity might be compared with flowchart suggestions on a monthly basis and, for future reference, notations re success in meeting objectives could be made. Reasons for "lagging" activity might also be interesting to document the assist in future projects of a similar nature.

All staff who are involved in implementation tasks should be advised to report activity hold-ups to the Program Head (or her delegate), to allow for problem resolution and/or prompt strategy review.

All documents, policy revisions, forms developed, etc. should be clearly dated and noted as new or revised to facilitate future evaluation efforts.

II It seems obvious enough that results of the revised Intake Process cannot be evaluated until implementation has clearly taken place and the "new" Process has been in operation for a reasonable period of time. I would suggest that evaluation should occur not later than one year after implementation and on an annual basis thereafter. This date should be estab-

blished at the point of implementation to strengthen commitment to the evaluation process.

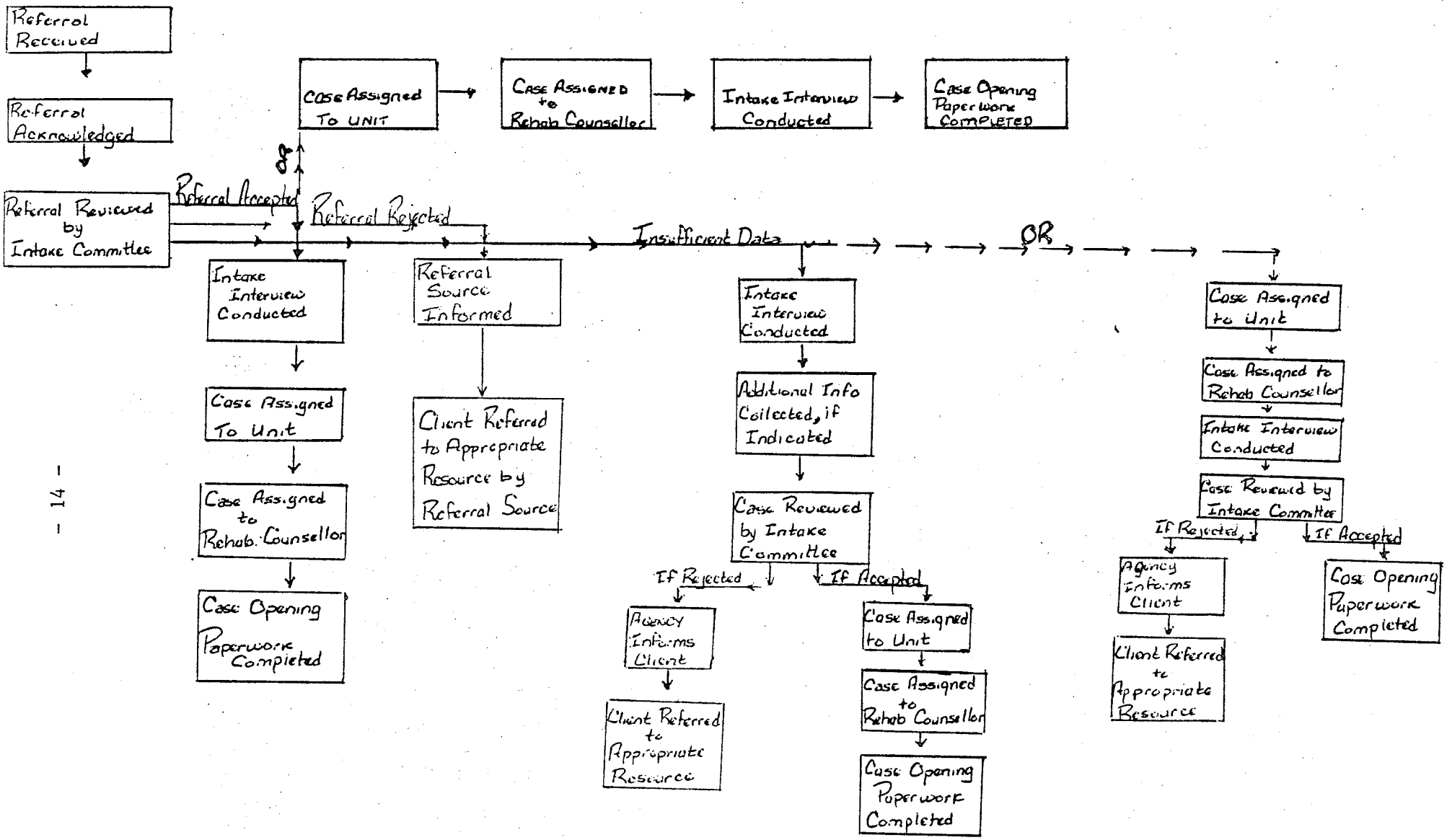
Some of the indicators which might be considered in evaluating the revised Intake Process are:

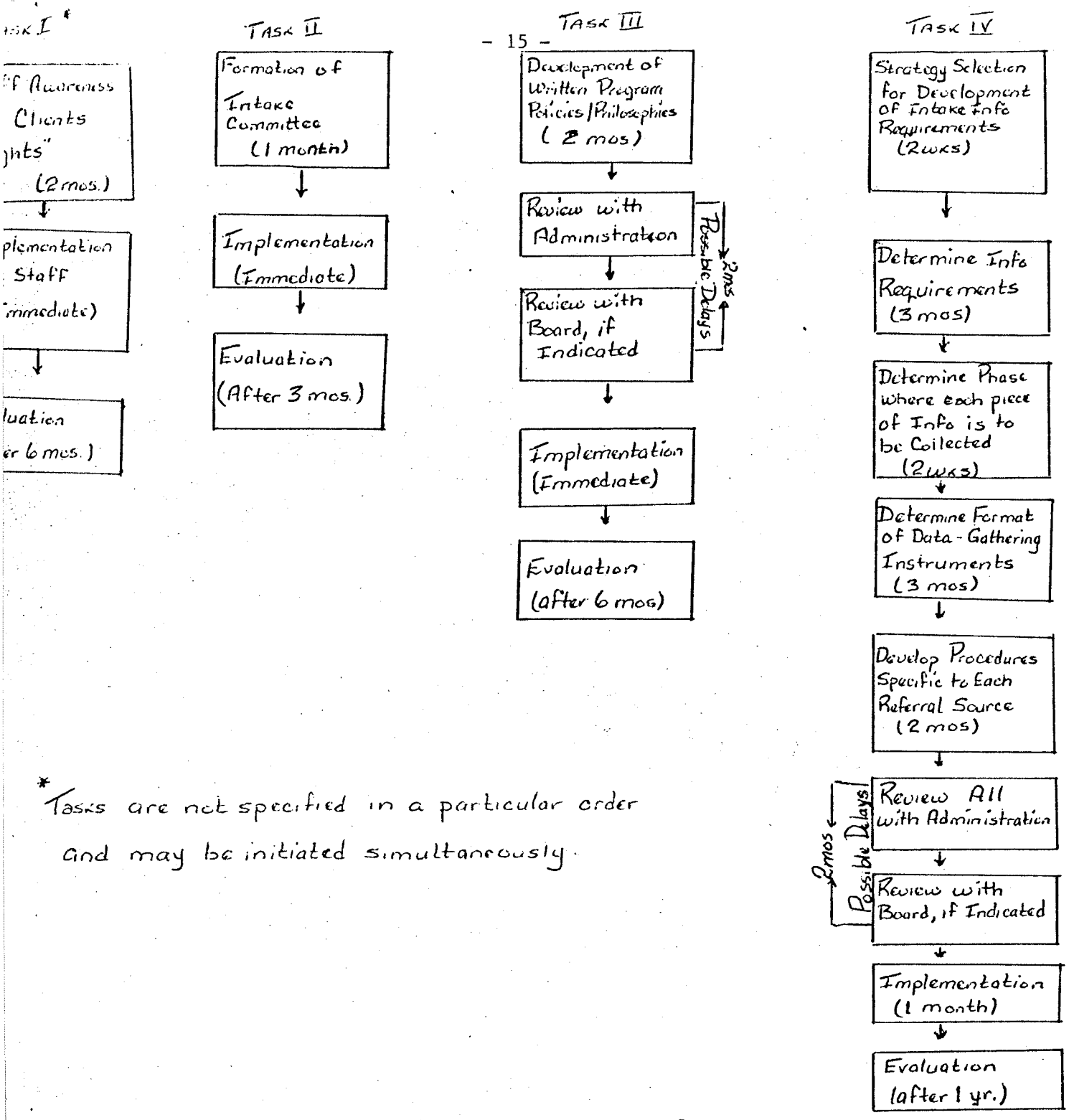
i) Is the new Intake Process being followed, as designed? If not, why not?

ii) Is the new Process accomplishing the Program's Intake objectives in an efficient and effective manner (from the perspective of staff, clients/advocates and referral sources)? If not, why not?

iii) Are there ideas or suggestions (from staff, clients/advocates, referral sources, other agencies, research) which might improve the Intake Process? If so, how can they best be implemented?

Supervisory commitment to a regular review process, which occurs whether or not problems are evident, is essential if the development, overtime, of inefficient, ineffective and unacceptable practices is to be minimized.


Referral Received
Referral Acknowledged
Referral Reviewed by Intake Committee
Referral Accepted
Referral Rejected
Insufficient Data
OR
Case Assigned To UNIT
Case Assigned to Rehab Counsellor
Intake Interview Conducted
Case Opening Paperwork Completed
Intake Interview Conducted
Case Assigned To Unit
Case Assigned to Rehab. Counsellor
Case Opening Paperwork Completed
Referral Source Informed
Client Referred to Appropriate Resource by Referral Source
Intake Interview Conducted
Additional Info Collected, if Indicated
Case Reviewed by Intake Committee
If Rejected
If Accepted
Agency Informs Client
Client Referred to Appropriate Resource
Case Assigned to Unit
Case Assigned to Rehab Counsellor
Case Opening Paperwork Completed
Case Assigned to Unit
Case Assigned to Rehab Counsellor
Intake Interview Conducted
Case Reviewed by Intake Committee
If Rejected
If Accepted
Agency Informs Client
Client Referred to Appropriate Resource
Case Opening Paperwork Completed



*Tasks are not specified in a particular order and may be initiated simultaneously.

VII Flowchart of Tasks, with Suggested Timeframes

VIII. CONCLUSION AND ACKNOWLEDGEMENTS

This Intake Process Review has proved to be both a satisfying and valuable learning experience for the student reviewer.

I would like to acknowledge, once more, the efforts of the staff group who worked with me continuously on this project and to thank members of Administration for their useful input. The level of staff involvement, throughout the review process, suggests that commitment to change already exists, and this should facilitate, to some degree, the implementation of recommendations.

The cooperation of all involved contributed to making my practicum activity enjoyable and rewarding. I sincerely hope both the process and the outcome of this review will assist Program personnel in their ongoing mission of rehabilitation service delivery.

APPENDIX C

November 1982

EVALUATION OF ADMINISTRATIVE PRACTICUM

Please circle the most appropriate number in response to each of the following:

1. I would rate the potential utility of this administrative practicum to the Agency or Agency Program as:

Low			High		Unable to Assess
1	2	3	4	5	0

Comments: _____

_____

_____

_____

2. My impression of the student's analytical skills, as demonstrated through the following:

a. Ability to understand the dynamics of the Agency's organizational process and structure

Low			High		Unable to Assess
1	2	3	4	5	0

b. Ability to identify pertinent problems/issues

Low			High		Unable to Assess
1	2	3	4	5	0

c. Ability to draw meaningful conclusions/insights

Low			High		Unable to Assess
1	2	3	4	5	0

d. Decision-making/problem-solving ability

Low			High		Unable to Assess
1	2	3	4	5	0

e. Ability to learn quickly from experience/information

Low			High		Unable to Assess
1	2	3	4	5	0

2. (cont'd)

Comments: _____

_____

_____

_____

3. My impression of the student's interactional/human relations skills, as demonstrated through the following:

a. Ability to develop open, working relationships with Agency staff

Low				High	Unable to Assess
1	2	3	4	5	0

b. Ability to actively listen to and understand staff concerns re: issues related to the practicum

Low				High	Unable to Assess
1	2	3	4	5	0

c. Ability to develop and maintain a climate of collaboration among practicum "work team"

Low				High	Unable to Assess
1	2	3	4	5	0

d. Ability to clearly communicate thoughts, ideas, preceptions and feelings

Low				High	Unable to Assess
1	2	3	4	5	0

e. Ability to elicit open communication from other team members

Low				High	Unable to Assess
1	2	3	4	5	0

Comments: _____

_____

_____

_____

4. My impression of the student's technical skills, as demonstrated through the following:

   a. Ability to plan and organize work-related tasks, e.g. develop committees, arrange interviews/meetings, etc.

Low				High	Unable to Assess
1	2	3	4	5	0

   b. Ability to conduct and facilitate productive "working" meetings

Low				High	Unable to Assess
1	2	3	4	5	0

   c. Ability to synthesize/record results of work activity, e.g. meetings, interviews, etc.

Low				High	Unable to Assess
1	2	3	4	5	0

   d. Ability to complete designated tasks

Low				High	Unable to Assess
1	2	3	4	5	0

   e. Report-writing ability

Low				High	Unable to Assess
1	2	3	4	5	0

   Comments: _____

   _____

   _____

   _____

Thanks for your co-operation.

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