2014 Canadian

ABCs

of

I&R

2014 Canadian

ABCs of I&R

An Introduction to Information and Referral

INTRODUCTION

The ABCs of I&R, as the name suggests, is an introduction to the practice of information and referral. It is primarily intended as a guide for new staff and the foundation for the initial orientation and/or training programs of Information and Referral (I&R) providers.

It is also intended as a reference tool and refresher for more experienced staff. This is especially relevant to I&R practitioners who are preparing to obtain their AIRS Certification as either an Information and Referral Specialist (CIRS) or a Resource Specialist (CRS), and who want to re-acquaint themselves with some aspects of the language/structure of I&R that they might encounter in a certification examination.

The ABCs of I&R cannot simultaneously be "all things to all people" and individual users should be aware (and tolerant!) of the fact that items they consider "too simple" or "too complex" remain useful for others.

Users of the PDF version of this publication can choose to copy portions of it into their own policies and procedures. However, any additional information must be rendered in a different font and no changes can be made to the AIRS/InformCanada text. Obviously, any such "re-engineering" must only be for internal use and must not violate overall AIRS/InformCanada copyright or the integrity of AIRS/InformCanada revenue requirements. Users with questions regarding potential copyright restrictions should contact AIRS for clarification at info@airs.org.

The intention is for the ABCs to be used by either an instructor leading a training session or by an individual working within a self-directed environment. Instructors may choose to use or ignore some of the material (e.g. scenarios and/or role-playing options) depending on the size and nature of their group, and the time allotted for training.

Most sections include:

- Learning concepts and objectives for the section.

- An outline of section components.

- Introductory exercises designed to stimulate reflection on the upcoming issues.

- Relevant references to the AIRS/InformCanada Standards ("What the AIRS Standards say").

- Core instructional material ("What you need to know").

- Issues for discussion that deal with some of the more challenging concepts.

- A scenario for review/participation.

- A role-playing option (after each role-play, an instructor can explore what was done well and what other techniques could have been employed).

- Suggested ways to speak with clients (where relevant, these are intended to be useful examples of "ways to say" certain things. These are not meant to be verbatim statements but guides for I&R practitioners to put into their own words when directly engaged with clients).

- Summary of key points.

- Test questions on objectives.

- Answers to test questions.

Note that the test questions are written in the same format (4-option multiple choice) and style as the AIRS Certification questions. These should prove useful preparation for individuals preparing for the examination but of course, success in one cannot guarantee success in the other.

In I&R, as in real life, there is not always a single "right" response to a situation. No direct guidance is provided on resolving the discussion issues and scenarios, as the "correct" response may vary from organization to organization depending on internal scope and policies. The nature of the exercises and discussion is to help people understand the context and complexity of the issues while trying to handle interactions in the way that seems best for each individual client.

The final sections of the publication address resource database issues and the specific demands that are placed upon Resource Specialists. The design/structure of those sections differs slightly from those for I&R Specialists. Although there are separate skill sets for the two positions, it is important for I&R Specialists and Resource Specialists to have a mutual appreciation for one another's challenges. We encourage everyone to study the "other" sections!

Each specialized position depends on the other and they must work together effectively to best serve individuals, families and communities.

Although I&R takes place in a number of different environments, it remains primarily a telephone-based service. For this reason, most of the scenarios and discussion issues assume that the client is seeking help via the telephone.

An update of this edition will be published around April 2015 in response to any new material/improvements requested by AIRS/InformCanada members.

The final section of this publication contains an evaluation and feedback form that encourages users to submit requests for additional material, suggestions for improvements to certain sections and corrections to any mistakes or unintentional misinformation. Please take advantage of this opportunity to make a contribution to the continual improvement of this publication for current and future I&R practitioners and agencies.

The Nature of Information & Referral

1

◎ To define and describe the meaning of Information and Referral

◎ To outline the distinct nature and characteristics of an I&R service

◎ To understand the importance of the AIRS Standards

◎ To identify the variety of roles performed by an I&R service both for individuals and within the larger community

◎ To become familiar with the Information and Referral Bill of Rights and the principles of Information and Referral

Introductory Exercises

Without an information and referral service, how would individuals go about finding the human service programs they need?

_____

How might an I&R service be able to identify community needs?

_____

_____

A family may enjoy a comfortable income, steady employment and good physical health. What are some of the reasons why they may still require the assistance of an I&R service?

_____

_____

Many people who contact an I&R service are used to calling other health and human services as well as commercial organizations. How should the experience of speaking with an I&R be different?

_____

_____

What the AIRS Standards say ...

Service Delivery • Resource Database • Reports and Measures • Disaster Preparedness • Organizational Effectiveness

The AIRS Standards for Professional Information and Referral define the parameters and expectations for quality I&R services. The following are some excerpts from the Standards that reflect the contents of this section.

The **Service Delivery standards** describe the functions that are essential for providing information and referral and assuring access for all, including an individual assessment of need; clarification of the situation; information and/or referrals, as required; crisis intervention and advocacy, when warranted; and follow-up, as necessary. The I&R service recognizes the inquirer's right to accurate, comprehensive and unbiased information provided in a confidential and/or anonymous, nonjudgmental manner; and is a non-partisan, non-ideological and impartial information source for available nonprofit, government and for-profit services that meet the I&R service's inclusion/exclusion criteria. Service is provided by trained I&R specialists and is delivered in a variety of practical ways that support the mission of the I&R program, the accessibility requirements of the community and the communication preferences of inquirers (for example, a combination of telephone, in-person, email, instant messaging (IM), text/SMS messaging, online chat, video relay/chat, responses to voicemails, social media and other methods of communication). Although the medium of service delivery may affect the nature of the interaction with inquirers, the essential elements of the I&R process remain the same.

AIRS Standards, Section I: Service Delivery

The **Resource Database standards** require that the I&R service develop, maintain, use and disseminate an accurate, up-to-date resource database that contains information about available community resources including details about the services they provide and the conditions under which services are available. The database includes resources that support the inquirer's right to accurate, comprehensive and unbiased information and the ability of the I&R service to be a non-partisan, non-ideological and impartial information source for available nonprofit, government and for-profit services that meet the organization's inclusion/exclusion criteria. The database is maintained by trained resource specialists.

AIRS Standards, Section II: Resource Database

The delivery of I&R services generates valuable information about the problems/needs of a community and the availability of resources to meet those needs. The **Reports and Measures standards** describe requirements for the collection of inquirer data, the analysis of that data and its dissemination within the community.

AIRS Standards, Section III: Reports and Measures

An I&R service must work in a collaborative fashion with other I&R services at local, regional, provincial/territorial and national levels while also participating within the broader service delivery system in their community. The **Cooperative Relationships standards** focus on the responsibilities of the I&R service to establish meaningful cooperative relationships at all relevant levels.

AIRS Standards, Section IV: Cooperative Relationships

The **Disaster Preparedness standards** describe the requirements an I&R service must meet in order to connect people to critical resources in times of disaster. The I&R service is prepared to assess and provide referrals for inquirers who are experiencing a crisis due to a disaster of natural or human origin, or who want to offer assistance and contact the I&R service for a means to do so. Preparation includes development of an emergency operations and business contingency plan that enables the I&R service to continue to provide services if its building is damaged or destroyed; and to support its ability to effectively accumulate and disseminate accurate disaster-related information, provide information and referral assistance for individuals impacted by a disaster and provide community reports regarding inquirer needs and referrals.

AIRS Standards, Section V: Disaster Preparedness

The **Organizational Effectiveness standards** describe the governance and administrative structure an I&R service needs in order to carry out its mission. Included are establishing itself as a legal entity, developing policies and procedures that guide the organization, developing an organizational code of ethics, establishing sound fiscal practices, providing a conducive physical environment, managing personnel, providing for staff training, increasing public awareness regarding the availability of information and referral services and their value to the community, and providing for ongoing program evaluation and quality assurance.

AIRS Standards, Section VI: Organizational Effectiveness

The Standards are the foundation of service delivery and the prime benchmark of quality I&R.

What is I&R?

The I&R Specialist must "be there" for each and every client.

Information and Referral (I&R) is the art, science and practice of bringing people and services together. When individuals, families and communities don't know where to turn, I&R is there for them.

I&R is an integral part of the overall human services sector. I&R organizations create and maintain databases of human services and make that information available to individuals and communities through a variety of communication channels.

These databases contain a detailed description of the programs and services provided by community, social, health and government organizations. The information is searchable using a variety of criteria and the programs are indexed according to a classification system for human services. The databases are maintained by trained Resource Specialists and may be published in directories or made available over the Internet.

Most people receive information and referral assistance via the telephone, although I&Rs may provide access via email, live chat, text, face-to-face situations and other methods. The needs of people who contact I&Rs may span the spectrum of human experience from prenatal planning to financial assistance for a funeral and all life moments, both major and minor, in between.

People talk with trained, empathetic I&R Specialists who assess their needs in a non-threatening, non-judgmental and confidential manner and help them understand their situations and make informed decisions about possible solutions. The I&R Specialist can, when necessary, assist people who are in crisis and emergency situations. I&R Specialists can also provide follow-up and advocate on behalf of individuals who need additional support.

I&R agencies may be independent nonprofit organizations or government departments. I&R may be the only service of a single agency or a separate program within a multi-service organization.

Some I&R agencies are comprehensive in nature, providing information about all human services within a geographic area; while other I&R agencies are specialized, providing in-depth information about resources for specific population groups such as older adults, children, victims of violence, persons with disabilities or people with mental health issues. Some comprehensive I&R agencies may also operate specialized I&R services and vice versa.

History of I&R

The function of directly matching real needs with available services (the essence of I&R) has been around for quite a long time.

Although the term "I&R" itself is comparatively recent.

In the late 19th century, Social Service Exchanges began in urban areas through the Charity Organization Societies and the Settlement House movement. Their primary purpose was to coordinate service agencies, promote the sharing of resources and to prevent duplication of services. And to do that they needed a sense of "who was doing what."

The world's first 2-1-1 service opened in Atlanta in 1997.

Social Service Exchanges evolved into United Community Funds which developed, in turn, into the United Way movement which has continued its role as a stakeholder, supporter and funder of I&R programs, as part of its broader work of building community capacity.

- In 1925, the Central Information Bureau was opened by the Welfare Council of New York.

- In Canada, 1934 saw the publication of "A Directory of Welfare Services in the District of Toronto."

- In Britain around the same time, volunteer-based Citizens Advice Bureaus began to emerge and have continued to flourish.

- From the 1960s, I&R services sprang up in many of communities. This development was spurred by a growth in the breadth and complexity of voluntary and government services, and demands for better access to those services.

- To further promote I&R and accessibility to services, a professional association called the Alliance of Information and Referral Systems (AIRS) was incorporated in 1973.

- In 1997, the world's first 2-1-1 service opened in Atlanta. 2-1-1 is a simple, easy-to-remember three-digit telephone number that has transformed access to comprehensive human services for people to find help and to give help. In Canada, 2-1-1 covers over half of the entire population.

- Although there had been informal connections for many years, InformCanada was incorporated in 2000 as part of the effort to secure CRTC approval of 211 in Canada. Since then InformCanada has provided networking, training and support to I&R providers in Canada.

I&R is now recognized as a separate, clearly identifiable service. And as society becomes more complicated, I&R becomes more important.

I&R Services, I&R Systems and AIRS

I&R agencies may be independent nonprofit organizations or government departments.

I&R Services

Nearly every health and human service organization performs some I&R. Whenever a client is referred to another service, that's I&R. And these "non-I&R" organizations generally use I&R products such as directories and websites to get their information on what programs are available in the community.

But some organizations and some programs within larger organizations are dedicated to providing I&R as a distinct service.

I&R providers include independent nonprofit agencies, volunteer centres, multi-service agencies, libraries, military family support centres, child care resource and referral services, hospitals, employee assistance programs, and federal, provincial/territorial and municipal offices.

I&R Systems

There are often different types of I&R services within a particular area (for example, a large regional service and a smaller neighbourhood service, or a comprehensive service serving everyone and a specialized service providing extra support to a particular group such as people who are homeless, or a number of agencies that between them serve an entire state or province).

When this occurs, I&R services are expected to work together. Working together often means agreeing not to duplicate data collection and to share resource information with each other. It often means agreeing how not to confuse the public in promotional messages and how to seamlessly transfer calls to whichever I&R service is most appropriate for the individual client, or it may even mean working off a single software and/or telecommunications platform. When this happens effectively, there is an I&R "system" rather than just a collection of I&R services.

I&R agencies should also work with the other human service providers within their community to ensure that there is accurate information on their programs within the resource databases and that the I&R agency is making good referrals to those agencies.

Finally, I&R services and systems have a larger responsibility to participate in provincial/territorial and regional initiatives, and also to participate as far as possible at the national level by contributing to projects designed to assist improving the I&R sector as a whole.

AIRS

AIRS stands for the Alliance of Information and Referral Systems. The mission of AIRS is *"to provide leadership and support to our members and affiliates to advance the capacity of a Standards-driven Information and Referral industry that brings people and services together."* AIRS offers a professional umbrella for all I&R providers in North Amercia.

InformCanada

The national organization of information and referral providers, InformCanada is the Canadian affiliate of AIRS and serves as a resource for members from coast to coast. InformCanada is dedicated to strengthening I&R across Canada and supports the development and promotion of national standards and best practices, including coordinating AIRS certification throughout Canada and assisting in the implementation of national initiatives such as 211. A membership automatically includes membership in AIRS.

The AIRS/InformCanada Standards

I&R has a history that stretches back nearly 100 years and has become more critical as society and its services have become more complex. The foundation for I&R service delivery is the AIRS/InformCanada Standards and Quality Indicators for Professional Information and Referral (which itself has nearly a 40 year history).

The 29 AIRS/InformCanada Standards address all aspects of an I&R operation. They define the I&R process in concrete terms, establishing criteria for database development, mandating support for community planning activities, incorporating a broad view of collaboration at the local, provincial/territorial and national levels, and describing the role of I&R in times of disaster.

The AIRS/InformCanada Standards underpin and bind together every aspect of I&R. The Standards are the foundation of service delivery and the prime benchmark of quality I&R. Whether the I&R service is national or local in scope, comprehensive or specialized in nature, or offered in nonprofit, for-profit or government settings, these Standards serve as indicators of service quality and effectiveness, and can be used to upgrade established services.

The AIRS/InformCanada Standards are currently in Version 7 published in March 2013, and are available in French and English.

Roles of an I&R

Information and Referral brings people and services together.

I&R provides people from all backgrounds with information about a broad range of community, social, health and government services that might otherwise be unknown to them. It opens doors into the human service delivery system and helps people obtain access to the services they need.

I&R includes the following:

ASSESSMENT
An I&R service uses a variety of communication techniques, including active listening and effective questioning, to assess the needs of clients. It is critical to thoroughly understand a client's situation before giving information and/or referrrals.

INFORMATION GIVING
An I&R service provides information in response to specific inquiries about human services. The information may range from a limited response, such as a phone number or address, to detailed descriptions of programs and services and the conditions under which they are available.

REFERRAL GIVING
An I&R service provides referrals as well as information. Referrals involve assessing the needs of a client as openly and non-obtrusively as possible, identifying appropriate resources that meet those needs, and allowing the client to choose from a variety of service options. Inquirers may be aware of their problems in a general way but may need the assistance of an I&R Specialist to define their specific needs and understand potential solutions.

ADVOCACY
An I&R service offers advocacy on behalf of an individual when, once eligibility is confirmed, services are not being adequately provided or when the individual is unable to obtain a service on their own.

CRISIS INTERVENTION

When circumstances warrant, an I&R service will also perform crisis intervention to ensure the safety of the client or others. People in crisis include individuals threatening suicide, homicide or assault; victims of domestic abuse or other forms of violence, child abuse/neglect or elder abuse/neglect; sexual assault survivors; homeless youth; people experiencing a psychiatric emergency; chemically dependent people in crisis; and others in distress.

FOLLOW-UP

An I&R service conducts follow-up to make sure that vulnerable individuals in difficult circumstances actually get the help they need. It involves contacting the client, with permission, a few days after the referral in order to check on their situation. Did they get the help that they needed? And if not, what else needs to be tried? I&R services also engage in contacting with a broader sample of clients for reasons of customer satisfaction and program evaluation (that is, to assess the quality of their service and the outcomes of the I&R provided).

RESOURCE DATABASE

In order for an I&R service to assist people who call, they must have information about organizations in the community that provide the services clients need. An I&R service develops, maintains and uses an accurate and up-to-date community resource database. An I&R service uses a standard service classification system to facilitate the indexing and retrieval of community resource information.

DATA COLLECTION, ANALYSIS AND REPORTING

An I&R service identifies both the overall problem/needs and the unmet needs within the service delivery system. In fulfilling its mission of bringing people and services together, an I&R may discover there is no service in the community that meets a particular need. By keeping track of where these gaps are and the number of people affected, an I&R can identify those areas of human need for which the community should make better provision. Thus, it can provide a flow of information from the community to the individual about what is available to help people, and from the individual to the community about what people are looking for and what might not be available. An I&R service collects and organizes aggregate information on the demographics of clients and their needs to measure performance and to further support community planning.

In order for an I&R service to assist people who call, they must have information about organizations in the community that provide the services clients need.

COOPERATIVE PROGRAM DEVELOPMENT

The individual I&R service is also a part of a broader human services system and of a wider I&R system. It develops programs related to community needs and existing resources in collaboration with other community partners. An I&R establishes and maintains formal and informal arrangements with other community services and other I&R services to minimize duplication and improve service delivery. The overall objective is to establish a seamless system that helps to assure that clients are directed to the most appropriate I&R provider for their needs.

COMMUNITY OUTREACH

An I&R service works to increase community awareness of I&R so that individuals and families will know who to contact when needs arise.

EMERGENCY PREPAREDNESS AND DISASTER RESPONSE

An I&R service provides practical assistance in pre-disaster planning, and during the disaster itself, its immediate aftermath and the disaster recovery period.

Characteristics of an I&R

The following are some of the essential characteristics that should define an I&R service:

ACCESSIBLE

Services provided by an I&R within a given area should be accessible to everyone, wherever they live, using whatever means are preferred and effective in bringing the I&R service to them. The concept of accessibility addresses many barriers to service including physical accessibility but also including language, operating hours and cultural access.

ACCOUNTABLE

An I&R service should be accountable to the community for the services it provides. It should also be accountable for reporting to and communicating with appropriate agencies, funders and planning bodies.

CONFIDENTIAL

Services provided by an I&R are confidential. Information obtained during an assessment must not be shared with others unless permission has been secured from the person to do so, the person is in danger of harming themselves or others, or when release of information is required by law.

EFFICIENT

An I&R service should be efficient. Resources must be carefully harnessed to ensure that there is an adequate number of trained staff to provide service when it is requested, to maintain resource databases, to supervise those functions and to operate as a vibrant and responsive organization.

FLEXIBLE

An I&R service should be flexible. The service needs to adapt to the needs of the community rather than the other way around and to be aware of how needs change and to respond accordingly.

FRIENDLY

I&R staff should be friendly. Friendliness can be communicated by a warm voice on the phone or a welcoming and encouraging atmosphere in a waiting room. Friendliness helps clients feel comfortable using the service and sets the stage for the remainder of the process.

NEUTRAL

An I&R service should be non-political, non-sectarian and non-judgmental. The service must be available and open to all people, regardless of background or affiliation.

OPTIMUM BREADTH AND DEPTH OF SCOPE

A comprehensive I&R service should include information about the entire spectrum of human services that address the full range of human needs in order to successfully fulfill its mission of bringing people and services together. Specialized I&R services may maintain information about a narrower subset of organizations but include greater depth of detail about each.

RELIABLE

An I&R service should be reliable. Information in the resource database should be accurate and referrals should be appropriate. Reliability is essential to maintain the community's respect for and trust in the services provided by the I&R.

RESPECTFUL

Services provided by an I&R should be respectful of the client's sense of dignity. Care should be taken not to stigmatize the client. People should not be made to feel ashamed, different or deficient because they need assistance. All people need help at some point in their lives. People have a wide range of problems for which there is an equally wide range of solutions. An I&R should be available and welcoming to all people in the community who need and/or want it.

The individual I&R service is also a part of a broader human services system and of a wider I&R system.

Sensitive/Empathetic

An I&R service should be sensitive and empathetic to the feelings and problems of all people. This means paying attention to what a person says and does, as well as to what they don't say or do. It also means being able to understand how they must feel.

Information & Referral Bill of Rights

The I&R service shall:

- maintain accurate, comprehensive, unbiased information about the health and human services available in their community.

- provide confidential and/or anonymous access to information.

- provide assessment and assistance based on the inquirer's need(s).

- provide barrier-free access to information.

- recognize the inquirer's right to self-determination.

- provide an appropriate level of support in obtaining services.

- assure that inquirers are empowered to the extent possible.

- assure that inquirers have the opportunity to access the most appropriate I&R service available in the system.

Principles of Information & Referral

Information and Referral Specialists are unique in their understanding of and sensitivity to the needs of people seeking help and information.

I&R Specialists shall:

- Attempt to understand each inquirer's situation including the origins of the difficulty, the feelings inquirers have about their circumstances, the personal resources inquirers may bring to bear on the issue, and the barriers to resolution of the problem.

- Offer immediate and appropriate response when the individual is experiencing a crisis or other emergency situation.

- Be available, not to solve inquirers' problems for them, but to empower inquirers to understand and solve their own problems.

- Help inquirers prioritize their needs and build an action plan.

- Help inquirers identify resources that can meet their needs.

- Be careful not to overwhelm inquirers with a myriad of options or provide them with too few to allow them an informed choice.

- Advocate on behalf of inquirers who require extra support to access necessary services either because they don't have the appropriate skills or because the service is difficult for the person to access.

- Follow up on all cases involving endangerment and situations in which the specialist believes that the inquirer does not have the necessary capacity to follow through and resolve his or her problem.

Summary of Key Points

What you need to know ...

I&R Services, I&R Systems and AIRS/InformCanada

- I&R brings people and services together.

- I&R is a critical part of the human services infrastructure.

- I&R services can be delivered by a variety of organizations and can be comprehensive in nature (i.e. serving everybody within a geographic community) or specialized (i.e. serving a particular target population such as older adults).

- AIRS is the organization that supports I&R throughout North America. InformCanada is the organization that partners with AIRS and brings together the I&R sector in Canada.

- AIRS/InformCanada publish the AIRS/InformCanada Standards and Quality Indicators for Professional Information and Referral.

Roles of an I&R

- Assessment
- Information giving
- Referral giving
- Advocacy
- Crisis intervention
- Follow-up
- Resource database
- Data collection, analysis and reporting
- Cooperative program development
- Community outreach
- Emergency preparedness and disaster response

Characteristics of an I&R

- Accessible
- Accountable
- Confidential
- Efficient
- Flexible
- Friendly
- Neutral
- Optimum breadth and depth of scope
- Reliable
- Respectful
- Sensitive/Empathetic
- The Information & Referral Bill of Rights outlines the rights of the public to quality I&R
- The Principles of Information & Referral describe the manner in which the needs of individuals should be addressed

Test Questions

1. *Which of the following best describes the purpose of an I&R service?*
   a. To answer as many calls as possible as quickly as possible
   b. To ensure that other agencies do not produce their own community directories or databases
   c. To bring people and services together
   d. To provide case management services to clients

2. *What are the people called who maintain I&R resource databases?*
   a. I&R Referral Specialists
   b. I&R Resource Specialists
   c. I&R Technical Specialists
   d. I&R Specialists

3. *Which of the following best reflects the client group of a specialized I&R service?*
   a. Young people in Haresville
   b. All of the population of Ayres County
   c. The Eyre Valley
   d. Children, youth, adults and older adults in Aireton

4. *What is the broadest category of people that might need an I&R service?*
   a. Everyone all of the time
   b. Older adults
   c. Everyone from time to time
   d. People on low income

5. *Which of the following best describes a desired attribute of an I&R resource database? It should be:*
   a. condensed into as few words as possible
   b. available in any language requested
   c. expanded into as much detail as possible
   d. accurate and reliable

6. *Which of the following is a characteristic of an I&R service?*
   a. Friendless
   b. Financially prosperous
   c. Friendly
   d. Fretful

7. *Which of the following is an example of a role of an I&R service?*
   a. External training
   b. Suicide prevention
   c. Legal information
   d. Community outreach

8. *Which of the following best describes 'service gaps' within the context of I&R?*
   a. The hours in which an I&R service is not available
   b. Inquiries which reflect a real need but for which no services are available
   c. The activities that take place immediately following a major disaster
   d. The difference between the amount of calls being made and the amount of staff available to answer them

9. *Which of the following is the most accurate description of "who does I&R?*
   a. Mainly 2-1-1 agencies
   b. Mainly specialized agencies
   c. Virtually all human services organizations
   d. AIRS members only

10. *Which of the following is the best description of "neutrality" within the context of I&R?*
    a. Non-political and non-judgmental
    b. Not being aligned with other human services organizations
    c. Serving both genders
    d. Not letting emotions about situations facing clients get in the way of providing quality service

Answers

1. c.	2. b.	3. c.	4. c.	5. d.	6. c.	7. d.	8. b.	9. c.	10. a.

The I&R Process
From Greeting to Closure

- ◎ To define the stages of the I&R process

- ◎ To outline the need to quickly establish empathetic contact and build rapport

- ◎ To describe the steps of the assessment process

- ◎ To identify communication techniques for establishing and clarifying client needs

- ◎ To understand the reality of sometimes not being able to meet the needs of a client and how to handle that situation

- ◎ To be able to achieve effective closure

Learning Concepts and Objectives

Introductory Exercises

When you are calling for customer service (for example, to a bank, a store or utility company), what are some of the actions or attributes that make you either feel welcome or unwelcome within the first minute of the call?

_____

_____

_____

Imagine that you are a client calling for information about financial assistance. What are some of the questions that you think you would be asked? Are there any questions that you think you should not be asked?

_____

_____

_____

How does communicating with people over the phone differ from communicating in a face-to-face situation? What are some of the factors that become more important?

_____

_____

_____

You have made a phone call to an organization with a very specific request. You expect it to be granted but are told that it is not actually possible. How would you prefer to be told this and how might you feel after being told?

_____

_____

_____

What the AIRS Standards say ...

Service Delivery • Resource Database • Reports and Measures • Disaster Preparedness • Organizational Effectiveness

The I&R service conducts an assessment in which the inquirer has one-to-one interaction with an I&R Specialist. The assessment process consists of active listening and effective questioning to determine the needs of the inquirer, clarifying the need, identifying appropriate resources, selecting appropriate delivery mode(s), making referrals to organizations capable of meeting those needs, and providing enough information about each organization to help inquirers make an informed choice. In situations where services are unavailable, the I&R service engages in problem solving to help the inquirer identify alternative strategies.

AIRS Standard 1

The I&R service ensures through training and supervision that I&R Specialists:

- Identify themselves and their program per agency guidelines
- Establish rapport with the inquirer and use active listening skills and empathy to discern the presenting problem
- Respond to each inquirer in a professional, non judgmental, culturally-appropriate and timely manner
- Use jargon-free language and an appropriate tone of voice and inflection to convey empathy and engagement with the inquirer's situation;
- Make an accurate assessment of the inquirer's problems and needs asking relevant questions to elicit information necessary for an accurate referral
- Explore whether there are specific preferences or requirements such as language needs, evening or weekend hours, low cost services, or disability access

- Clarify and confirm the inquirer's need(s) using techniques such as paraphrasing before providing referrals

- Present the inquirer with various approaches to addressing the problem that give them a range of options

- Explore the inquirer's own resources (e.g., friends, family, faith-based community)

- Effectively utilize their resource information system to identify resources to meet the inquirer's needs

- Where possible and practical, provide at least three referrals to give the inquirer a choice (and to protect the I&R service from being perceived as making a "recommendation") while being careful not to overwhelm inquirers with a myriad of options

- Suggest ways the inquirer can advocate for him or herself, when appropriate (empowerment)

- If demographic information is being collected that is not directly relevant to the assessment, e.g. if required by contract or to enhance community reports, provide an explanation to the inquirer about why the information is needed

- Encourage inquirers to call back if the information proves incorrect, inappropriate, or insufficient to link them with the needed service(s)

- Accurately record the disposition of the inquiry as well as the problems/needs that were addressed for use in reports.

AIRS Standard 1 | Quality Indicator 1

The I&R service provides information to an inquirer in response to a direct request for such information. Information can range from a limited response (such as an organization's name, telephone number and address) to a detailed description of communuity service systems (such as explaining how intake works in a particular discipline such as substance abuse services), agency policies and procedures for application. Active listening is necessary to establish a positive contact with the inquirer, understand context and provide an appropriate response.

AIRS Standard 2

I&R Communication Techniques

> The I&R Specialist must "be there" for each and every client.

An I&R Specialist or an I&R/A Specialist may answer 100 calls in a busy day. Each of those calls is usually the most important call of the day for the person who makes it. It often takes a lot of courage to make a simple call for help. The I&R Specialist must "be there" for each and every client.

The ability to communicate with all types of people in all types of situations is one of the primary strengths needed by an I&R Specialist.

There are many tools and techniques that can be learned and "stored away" to help in all of these situations.

Effective communication techniques are used throughout the I&R process. Sometimes the difference between the techniques is hard to define in a real conversation but their spirit reflects the essence of I&R.

Techniques

Active Listening

One of the most important of ways of building initial rapport and carrying that feeling throughout the I&R process is through the use of *active listening*. Active listening is a way of listening and responding to another person that improves mutual understanding.

When people talk to each other, they don't usually listen attentively. They may be distracted — half listening, half thinking about something else.

During a conversation, people are frequently too busy forming a response to what is being said by someone else that they forget to listen carefully. They assume that they have heard what the other person is saying, so rather than paying attention, they focus on how they can respond.

Active listening is a structured form of listening and response that focuses attention on the speaker and what is being said.

The ability to communicate with all types of people in all types of situations is one of the primary strengths needed by an I&R Specialist.

Minimal Encouragers

These are conversation fragments such as *"mmm"*, *"yeah"* and *"I see"* that move a conversation along and let a client know you are still listening.

They are used when one person is listening to another and doesn't want to interrupt, but feels it is important to demonstrate that they are paying attention.

It is important to avoid long silences during a phone call as there is no opportunity to use the nonverbal signals of assurance that show we are concerned and listening in face-to-face situations. With minimal encouragers, the tone of voice is very important.

Reflection

This involves repeating key phrases used by the client. Reflection is another way to let the client know you are listening. For example, if the client says *"I'm really worried about my daughter"*, the response might be *"So you are worried about your daughter? Why do you think she might need help?""*

Reflection nudges the conversation forward and helps the client focus on the most important aspects of what they have just said.

Prioritizing

Prioritizing helps the client break down a complex problem into manageable pieces in order to focus on what is most important. Use phrases like *"You seem most concerned about … so let's start with that"* or *"We can't deal with all of these issues in one day, so what would you like to start with?"*.

The client needs to establish the priorities, not the I&R Specialist. Your role is to guide the discussion, not to make the decisions.

Focus on Feelings

Focus on the client's feelings. One way to do this is to tell the client how they sound.

When you say, *"you sound angry,"* or, *"you sound sad,"* it helps clients get in touch with what they are feeling, and it also lets them know that you have heard them.

Empathy

It is important to distinguish between offering clients empathy and offering them sympathy. Sympathy is a feeling or an expression of pity or sorrow for the distress of another. Empathy means understanding the feelings of another and being able to imagine yourself in their situation.

You may never have experienced the client's actual problem, but you have probably at some time felt something similar about other circumstances in your life, and you can draw on those feelings. You generally do not need to share these with the client – but this feeling of empathy will unconsciously reveal itself in other ways throughout the interaction.

Sympathy, by contrast and however well-intentioned, can sometimes feel condescending and demeaning.

Support

Reassure the client that given the circumstances, their feelings are understandable.

For example, *"It must be very difficult for you"* or *"It sounds like you have been trying very hard to cope with this."*

The challenge is to acknowledge the feelings the person has about their situation without making a judgment about the situation itself.

Tone

Tone of voice is very important. It needs to be appropriate.

Generally, you should match your tone of voice and the pace of your words with those of the client. Although sometimes an opposite tone (for example, slower and lower) can calm a client who is in a frenzied state of emotional distress.

A lower tone of voice is one of the best ways to express the warmth and empathy needed to make effective contact.

Personable Approach

Keep the conversation personable. You do not want to share too many details of your life, but you do sometimes want to give the sense that you are a real person making a real connection to the client.

You can bring yourself into the conversation by using your first name, by giving the client your uninterrupted attention, or by briefly relating any similar life experiences with the client. For example, *"I have two young children, I know what that's like."*

What you do not want to do is "outbid" the client, by implying their situation is minor compared to what was once faced by you or someone you know.

Some agencies encourage their I&R Specialists to use their first names when answering calls, to show a willingness to be open with the client and encourage contact. You do not have to use your 'real' first name. It can be just a consistent alias used for work situations. In projects where measurable responses have been gauged, calls where the I&R Specialist shared their first name consistently scored higher than calls where a first name was not used.

At the same time, professionalism is always important. For example, never offer or accept an invitation to help a client after working hours.

Simplicity

Listen to the words the client has used. Choose your own words accordingly. Use short simple sentences whenever possible. Avoid social work jargon.

Effective Pauses

Short moments of silence are sometimes a very useful tool. There does not always have to be the sound of a voice in a conversation. Use this technique with caution as you also need to assure the client that you are listening.

There may be times when effective pauses allow the client a chance to consider something and pull their thoughts together.

Steering

As a general rule of politeness and respect, it is important to allow the client to communicate their situation in their own style and in their own time.

Don't interrupt someone if it can be avoided. However, sometimes it is necessary to steer or guide the conversation back in the right direction if no progress is being made in understanding the situation or the facts are not coming together in a logical way. For example, *"What made you decide to call today?"* or *"I wonder if we can get back to …"*

Stages of the I&R Process

> Sometimes a client has multiple problems and these have to be dealt with separately.

The I&R process can be separated into at least 5 basic stages:

1. Opening the call (contact) and establishing a rapport (connection)

2. Assessment of situation

3. Clarification to ensure an understanding of the situation

4. Providing appropriate information and/or referrals

5. Closing the call

However, it is possible to create elaborate flow charts that demonstrate dozens of sub-stages and variations within the overall process depending on the numerous paths that an I&R interaction with a client might take.

Within each stage, there are certain steps that need to be taken (or sometimes skipped) to proceed to the next stage. Sometimes a client has multiple problems and these have to be dealt with separately.

The speed with which these stages are completed and the number of steps involved is largely dictated by:

- The nature of the situation
- The ability of the client to clearly explain their situation
- The ability of the I&R Specialist to thoroughly understand that explanation
- The database search skills of the I&R Specialist

I&R Specialists sometimes talk about the "3 C's" of the process:

CONTACT
The initial part of the interaction where the objective is to establish the trust and confidence of the client before beginning the assessment.

CLARIFICATION
Occurs after the assessment and involves ensuring that you understand the client's situation in order to provide appropriate referrals.

CLOSURE
Represents the final part of the call, making sure that the client understands the referrals and is comfortable calling back if more help is needed.

Stage 1: Contact

In the early stages of a conversation, how a person feels is often more important than the problem itself.

Your first words are a greeting. And that greeting should be warm, friendly and encouraging.

This does not mean "upbeat and enthusiastic". The greeting for an I&R service should be different from the greeting of a fast food restaurant.

The greeting must be appropriate as you never know what the client wants to say. The wrong type of greeting may make someone who was about to reveal a lifetime of abuse feel uncomfortable about sharing their situation.

Most I&R services have guidelines for their staff on how to greet callers. These may involve providing the agency's name and sometimes the first name of the I&R Specialist. For example, *"Good morning, this is Anytown I&R. How can I help you?"* or *"Good evening, my name is Jane. Thanks for calling Hometown I&A. How can I help you?"*

The challenge with greetings is to maintain a good energy level throughout the day. The 80th call that you answer needs to sound as important as the first call. It might turn out be the most challenging and critical call of the day.

Stage 2: Assessment

People contact an I&R service because they need help getting the information they need to help themselves. They have a reason for contacting the I&R service and they are the ones initiating the inquiry. Your job during the assessment is to find that reason – which is often not as easy as it sounds.

Some people may be able to clearly state their situation. Others may struggle to describe why they are contacting the service, especially if their predicament is complex, serious, painful or recent.

The initial stated reason for contacting an I&R service may not even be the 'real' or 'eventual' reason for the contact, as depending on the flow of the process, the underlying reason may or may not emerge.

An I&R Specialist needs a set of skills to conduct an assessment. Some of these skills come instinctively. Others have to be learned and practised.

ASKING QUESTIONS

I&R Specialists ask lots of questions. It is important to ask questions respectfully and to avoid making clients feel like they are being interrogated.

Different types of questions are used depending on the type of information needed and the unfolding of the I&R process.

Questions can be general or specific … for example, *"What happened today?"* is a general question, whereas *"What is your postal code?"* is a specific question.

Open-ended questions are questions that <u>can't be answered</u> by either a straightforward "Yes" or "No", and will generally yield more informative answers – especially when you are trying to explore feelings or a general situation.

By contrast, close-ended questions are questions that <u>can only be answered</u> by a "Yes" or a "No." Close-ended questions are useful when needing to clearly establish a matter of fact.

When asking more personal questions, it is important to explain why you are asking them (for example, *"In order to find the right service to help you, I need to better understand..."*).

There should always be a reason why you ask the client a question.

The 80th call that you answer needs to sound as important as the first call. It might turn out to be the most challenging and critical call of the day.

During an assessment, it may be necessary to probe beyond the stated problem.

Second Questions

Sometimes it is the second question that is the key that gently unlocks the client's situation by inviting people the time and opportunity to properly tell their stories. A simple phrase like, *"Tell me more about …"*, might be all that is needed.

Types of Information Sometimes Needed

The range of personal information that you sometimes need to obtain as part of an assessment may include the client's:

- Age
- Address or general location
- Source of income or financial assistance
- Family composition
- Employment status
- Religious or cultural community
- Health circumstances
- Access to transportation
- Preferred language
- Previous attempts at getting help for the situation
- Previous use of a particular service
- Ability to pay for a particular item or service

Probing

Probing involves recognizing that there may be a larger, or underlying problem that also needs to be addressed.

For example, someone may request emergency food. You must certainly refer *for* a food program, but you might also tactfully explore *why* they need that food. Is it a temporary situation? Might there be other referrals to address that temporary situation? If the situation is long-term, a different set of referrals may be required. In other cases, the larger problem may involve relationships, addictions or abuse.

But remember, it is the client who decides whether and when to get help for the larger problem. You should probe gently to explore if there is an underlying issue but probing should stop once it becomes clear that the client does not want to go any further.

Stage 3: Clarification

Clarification within I&R is the process of ensuring you have an accurate understanding of a problem in order to identify an appropriate solution. Once rapport has been established and the initial assessment completed, it is time to ensure that you completely understand the situation (although obviously, the entire I&R process involves continual active engagement).

Paraphrasing

The main technique that an I&R Specialist uses to achieve clarification is through paraphrasing (or restating) the essence of what the client has told you.

This does two things — it lets the client know that you have been listening and it ensures that you have properly understood the reason for their call.

Paraphrasing involves providing a summary of what has been said in your own words. It lets you clarify what the client has said in order to avoid any misunderstandings or misconceptions.

For example, *"So, you think you are ready to apply for financial assistance and then look for somewhere else to live?"*

If the client meant something different, there is a chance to say *"No, what I really said was …"*

When supervisors monitor I&R calls, it is startling how often the inquiry takes a wrong turn when the I&R Specialist ignores the clarification stage.

Once the I&R Specialist has identified the type of referral required, it is necessary to retrieve that referral through a resource database search.

Stage 4: Information and referral giving

Once the assessment has been completed, it is time to provide the requested information and/or referral(s).

Even after you clarify the needs of the client, it is important to continue active listening. Communication should not stop just because the need seems to have been identified and confirmed. In order to provide appropriate information or make good referrals, you must know the basic structure of the services available in the community and be able to properly search the resource database.

Information Giving

This means providing specific information in response to a client's direct request, such as for the location of a particular service or the phone number of a program.

For example, *"Where can I get a passport application form?"* or *"What is the telephone number for Jewish Family Services?"*

Even though the need is clearly stated, if you suspect that the client may not be fully aware of what they are asking for, it never hurts to make sure.

For example, *"Jewish Family Services provides individual and family counselling. Does that sound like the place you are looking for?"*

You may also want to offer more information than the requested telephone number if it might be relevant, such as *"Just to let you know, that office is only open until 3 pm on Thursdays."*

Referral Giving

This means assessing the client's needs and directing them to one or more organizations/programs capable of meeting those needs. Inquirers present their referral situations in different ways.

Some clients have already defined their need when they call, or at least they have a general idea about what they need, such as transportation or child care.

But others think they know the type of service they need — but may not be correct. For example, someone may ask about a nursing home for an elderly parent because they don't know about the possibility of home support.

Or they may have no idea if anyone can help them, much less what form that help might take. It is not uncommon to receive requests such as *"My son is on drugs and I don't know what to do."* Or they may tell you a story about what is happening to them: *"I got home yesterday and …*

This is why making contact, conducting an assessment and getting clarification about a person's situation are imperative, prior to giving any referral.

A referral involves:

- Identifying organizations and programs capable of meeting the client's assessed needs.
- Providing enough information about each organization to help a client make an informed choice (and sometimes helping clients for whom services are unavailable to identify or explore alternative solutions).

During the "asking" part of the assessment, there may also have been information gathered that relates to specific preferences or requirements. For example, the fact that the service should be available in a particular language, that it would have to be open in the evening, or that it must be reasonably close to home.

Searching for Referrals

Once the I&R Specialist has identified the type of referral required, it is necessary to retrieve that referral through a resource database search.

Resource databases are maintained within I&R software programs – each program having a different design and interface. I&R Specialists need to know what is in their own database (i.e. understand the inclusion/exclusion criteria) and be proficient in conducting searches, evaluating eligibility requirements and carefully reading the conditions under which services are available.

These skills are best learned through practice. You must spend hours on a keyboard exploring ways of searching for a wide variety of services using multiple exercises geared to your own agency's software system.

When possible, at least 3 appropriate referrals should be provided in order to offer the client an effective choice.

The other critical issue is to carefully check the eligibility requirements of any referral being provided to a client. The program description may make the referral seem perfect but there may be just a few words within the eligibility area that would rule the referral out for that particular client.

Even when you think you understand what the client wants, and have some idea of the kind of agency that can help, you need to confirm this. Sometimes sending up "trial balloons" can be effective. For example, *"There are organizations that help parents of teens cope with problems their kids are having, like drug abuse. Would you be interested in that kind of help?"*

▶

Selecting the best referrals involves mutual problem solving. You will want to tell the client as much about each organization as is relevant, so the client can make their own informed decision.

You also need to make clear that you are providing referrals, not recommendations, endorsements, or guarantees of service. Rather than saying, *"The Acme agency will help you,"* say something like, *"The Acme agency can sometimes help with this kind of problem."* or *"This agency offers the type of program that you are looking for."*

When possible, at least 3 appropriate referrals should be provided in order to offer the client an effective choice. Too many referrals is likely to overwhelm a client although sometimes, a single referral is the only option available and it is not necessary to 'force' additional referrals that are not as relevant. Similarly, "3" is not intended to be an absolute limit. If there are 4 or 5 equally valid choices and the client would like that information, then provide it.

Saying "no" and creative problem solving
You may find that a referral is not possible. Perhaps because:

- The client isn't eligible for a service
- A service does not exist to meet their exact need
- There is a fee to pay that the client can't afford
- There is a lengthy waiting list that the client can't wait for

In these circumstances, it is always best to be honest with clients. Try to avoid saying "you" or "your" when explaining an ineligibility situation as it might sound like the blame is being placed on the client.

For example, say *"I'm really sorry but that training program is only for people who are under 45 years"*, rather than *"You don't qualify because you are too old."*

You cannot provide the client with a referral if an appropriate referral does not exist. Even if the client gets angry or insistent (and both are understandable reactions), you must clearly state the truth.

For example, *"I know this must be very frustrating for you but our information is not showing any services that can help you with this situation."*

Don't waver from this fact (but make sure that you have conducted a very thorough search before making that statement).

Do not provide referrals for programs that you know will not help, just to get rid of the client or because you feel awkward disappointing someone. This only forces another agency to tell them the truth about their lack of eligibility or the restrictions of a program.

Even when there are no referrals available, you can explore alternative solutions with the client. This type of creative problem solving involves helping clients explore their own resources, and in some cases, trying to overcome resistance to options, such as a reluctance to ask for assistance from family members or friends.

For example, *"Have you thought about contacting your brother? He might want to help if he knew you were in financial trouble. Just like I am sure that you would want to help him if the situations were reversed."*

Even when there are no referrals available, you can explore alternative solutions with the client.

Another way is to help clients identify some other sources of help. For example, *"Are you part of a local faith community? Would you be comfortable telling people about your situation and seeing whether a little bit of help could be arranged?"*

An I&R Specialist can also suggest that clients recall their own solutions to similar situations in the past. For example, "*Has anything like this happened to you before?", "Can you remember what worked for you the last time you went through something like this?"*

"How did you manage to cope back then?" The result may simply be a matter of helping them to draw on their previous mental strength, but a more concrete solution may emerge.

If a client becomes angry and criticizes you and/or your organization, it is important not to become defensive and engage or prolong the discussion. There is no reason to take personal abuse, but you should not over-react to criticism, even when it is not your "fault". Just state and if necessary, re-state the truth of the situation.

Sometimes all you can do is to appeal to the client's own sensitivity to others. For example, *"I know that you are disappointed and frustrated but there does not seem to be a service that can give you exactly what you want. I have other people trying to get through and I really should be available to take their calls."* (Your agency may have other recommended phrases to use in this situation).

When you encounter these type of "unmet needs", there should be a part of your organization's I&R software that allows you to log such service gaps. The fact that a referral could not be found to meet the legitimate needs of a client can then be aggregated with similar inquiries to measure their nature and frequency. Reports on unmet needs can provide insights to stakeholders for social planning purposes.

Stage 5: Closure

Closure occurs after contact has been made, an assessment conducted, the situation clarified, and the referrals provided. This final stage provides an opportunity to summarize and restate to the client what has occurred during the I&R process.

You will want to verify the client's understanding of the situation and the information and/or referrals you have given.

If the client isn't taking notes, you might suggest that they get a pen and paper and write down the key points.

You may want to have them read back phone numbers to make sure they are correct and to make sure they are aware of any required documents. This is particularly important for a client who is upset and may be more likely to make mistakes. Be careful not to overload the client with too much information.

Remember to keep your ego out of the situation. You can make the best referrals possible and the client may choose not to act on them. And they are free to make that choice.

Even if the client chooses to do nothing initially, your efforts may not be wasted. The client may decide the time is right to act in six weeks, or six months, and you may never know.

Just as agencies have recommended greetings, there are often approved ways of closing a call. For example, *"Thanks for calling Anytown I&R. Please call us back if the referral doesn't work out or if you need any other help in the future."*

Closure is the final stage of the I&R process ... be careful not to overload the client with too much information.

Obviously, use common sense when closing a call. Don't cheerfully invite someone to "Call again anytime", if the client has just been talking about their suicidal feelings. Wishing someone "Good luck" can also sometimes sound very hollow.

Closure is important because it is the last contact a client has with the I&R service and may determine whether they follow through with the referrals they have received, whether they call back if the referrals don't quite work out, whether they call again in the future or whether they recommend the service to their friends and family.

A good general rule is to always allow the client to hang up first and not to hang up yourself until you hear the disconnecting click.

Discussion Issues

Why does I&R prefer to stress empathy rather than sympathy?

The objective is to remain courteous and professional throughout the entire interaction with the client. What are some of the personal things that can happen to make that challenging?

What are some of the steps an I&R Specialist can take to maintain a consistent level of service quality?

Why does I&R prefer to stress empathy rather than sympathy?

What are some of the reasons why a particular service may not be available for a particular client?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A middle-aged man calls early Monday morning and says his mother, who's 86 and lives by herself in another province, fell and is in hospital with a broken hip. The hospital says she may not be able to live independently again, or she will at least need lots of help for a long time. He has never asked for help and doesn't know where to begin. He is also feeling guilty about not being there when she needed him.

What would you say to establish rapport with this inquirer?

Identify and name three specific issues that need attention during this contact, and describe the steps you would use to identify and prioritize them with the inquirer.

How would you close this interaction?

What "ending messages" would be important to share with this inquirer?

Role playing

The phone rings and the I&R Specialist answers in a friendly voice. The inquirer is calm and says she needs help to pay her electricity bill and was told this agency could help. She answers initial questions in a straightforward fashion, and the I&R Specialist responds.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

"Sure, I may be able to help. We're actually a referral agency, so I can give you some places that can assist with that."	OR	*"I'd be glad to see what I can do. We keep a database of services in the community, and I can refer you to ones that may be able to help."*
▶		
"No problem. Have you called anywhere else yet?"	OR	*"I'm glad you called—we do have information about places in the community and I'd be happy to give you some referrals."*
THEN … *"May I ask a few more questions so I can refer you to the best places?"*		

When asked if she has a shut-off notice, the inquirer's voice begins to tremble and she explains that she has a brand new baby and no money, and the electricity is going to be turned off tomorrow. She begins to cry. The I&R Specialist pauses the process of asking routine questions, changes tone and inflection, and spends a few moments building better rapport and connecting with the caller.

"Oh, tomorrow. That's very sudden."	OR	*"Getting this shut-off notice must be very frightening."*
OR … *"It must feel especially hard with the new baby and winter coming."*		

The I&R Specialist asks if there are other things going on in addition to the electricity shut-off. The inquirer provides more details. Her husband finally went back to work after a six-month layoff; all of their savings are gone but he should get his first pay cheque in two weeks. She is still crying.

"Yeah, there's a lot going on all at once, isn't there?"	OR	*"Sounds like there's some hope coming, but perhaps not quite soon enough."*
"So you've held on pretty well for a long time, but it's been pretty hard."	OR	*"It sounds like you've done a great job holding everything together. I'm really glad you felt you could reach out and ask for help."*
▶		
OR *"Well, I may be able to help with referrals for other things, too, if you'd like."*		

The inquirer begins to calm down. She agrees she could use help for other things such as food and rent. The I&R Specialist continues to use supportive and reflective language to create stronger rapport, and asks permission to ask additional questions. The inquirer agrees.

"Have you been able to manage so far, or have you asked others for help before now? This will help me know if there are resources you haven't tried yet."
"Are you involved with a church or other religious group, or is there one in your neighbourhood you've visited?"
"Have any other family members been able to help up to this point?"

As the inquirer answers the questions, the I&R Specialist assesses her readiness to prioritize her needs and receive referrals. Referrals are given, and the inquirer writes down some referrals but begins to sound confused or overwhelmed. The I&R Specialist again pauses the process.

"Sounds like maybe I'm beginning to overwhelm you a bit. Let's go back and recap what we've covered so far."	OR	*"You know, there's a lot going on for you right now. Maybe I should slow down a bit and be sure I'm giving you what you need."*
"We've covered a lot of ground, and we don't need to do everything all at once. Let's stop for a minute and review."	OR	*"You know, you first called about your electricity shut-off notice and that seemed most important at the time. Are you clear about the places you might be able to get help for that, or do I need to explain it better?"*

The I&R Specialist moves toward closure.

"When you get this cleared up, why don't you give us a call about these other issues we discussed? I can provide you with referrals to food banks or thrift stores — things you can use to tide you over until that first paycheck arrives."	OR	*""Will this be enough to get you going for now? Remember, you can call back any time."*

The I&R Specialist thanks the inquirer for calling.

Suggested ways to speak with clients

"Thanks for calling. Is there anything I can help you with today?"

"How can I help you?"

"It sounds like you've been coping with a really tough situation."

```
▶
```

"So let me see if I am understanding properly …"

```
▶
```

"There's obviously a lot going on right now. What is the part that you really want to focus on today?"

"Can you give me some more details?"

"Can you give me some more background?"

"Which part of the city do you live in?"

"Have you ever applied for this before?"

"Would you like me to go over some details about the application process?"

```
▶
```
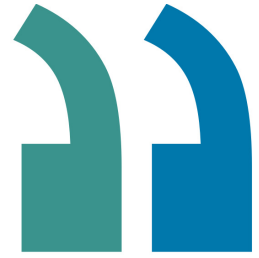
The most basic of all human needs is to understand and to be understood and the best way to understand people is to listen to them.

"Have you thought about asking your family for a little bit of help to get you through this?"

"Is there anybody you know that you'd feel comfortable talking with?"

"Thanks for calling and please give us a call if it doesn't work out or if you need help with something else."

"Please give us a call if this doesn't work out or if you need help in the future."

"It was good talking with you. Take care and call us again whenever you need to."

Summary of Key Points

What you need to know ...

I&R Communication Techniques

Active listening	Empathy
Minimal encouragers	Support
Reflection	Tone
Prioritizing	Personable approach
Focus on feelings	Simplicity
Effective pauses	Steering

Stages of the I&R process

- Stage 1: Opening the call ("contact") and establishing a rapport/connection
- Stage 2: Assessment of situation
- Stage 3: Clarification to ensure an understanding of the situation
- Stage 4: Providing appropriate information and/or referrals
- Stage 5: Closing the call

The I&R Process Stage 1: Contact

- Contact involves immediately establishing a rapport and trust with the client
- The first greeting should be warm and encouraging
- Important to maintain energy level throughout the day (the last call answered should sound as engaged as the first call answered)

The I&R Process Stage 2: Assessment

- Assessment involves understanding the nature of a client's situation
- Asking appropriate questions and "second questions" (general and specific; open and close-ended)
- Types of information that may be needed (age, address or general location, source of income or financial assistance, family composition, employment status, religious or cultural community, health circumstances, access to transportation, preferred language, previous attempts at getting help for the situation, previous use of a particular service, ability to pay for a particular item or service)
- Probing

The I&R Process Stage 3: Clarification

- Clarification is the process that ensures that you understand the client's situation
- Paraphrasing

The I&R Process Stage 4: Information and referral giving

- Information is a response to a specific question
- Referral is the provision of options in response to an assessment of a situation
- Understand the client's preferences
- Always carefully confirm eligibility
- If possible, provide three referrals in order to provide effective choice
- If you have to say "No", because no suitable referrals are available, be honest with the client. Then try to explore alternatives within the client's own networks and experiences

The I&R Process Stage 5: Closure

- Opportunity to clarify, summarize and restate
- Make sure that the client has understood the key information
- Thank client for calling
- Offer to provide more help if referrals don't work out
- Encourage future calls

Test Questions

1. *Assessment includes the process of:*
   a. Writing a full situational analysis
   b. Providing three referrals
   c. Defining the client's problem
   d. Ending a call on a positive note

2. *When making contact, what is initially more important than the problem?*
   a. The client's feelings
   b. The I&R Specialist's feelings
   c. The speed with which the problem is identified
   d. The opportunity for the client to speak their mind

3. *What is paraphrasing?*
   a. A method of ensuring that you have the legal authority to proceed with the referral
   b. A method of restating the client's general words back to them to ensure that you understood the situation
   c. A variation of conversation steering
   d. A method to prioritize the client's situation

4. *What is empathy?*
   a. The ability to see into the future
   b. An understanding of the feelings of others
   c. A feeling of genuine sorrow for the distress of others
   d. The ability to show support for another person's situation

5. *If a service is not available for a client, which of the following may be the best method of sharing this news?*
   a. "There's nothing right now but try calling back in a few weeks"
   b. "Are you sure that is really what you want?"
   c. "I can't find anything like that at the moment"
   d. "I am really sorry but that service is not available"

6. *Which of the following is an example of a close-ended question?*
   a. "What usually happens when you go to the drop in?"
   b. "How do you feel when he says that to you?"
   c. "Why do you think you've had difficulties getting a job?"
   d. "Have you previously applied for this program?"

7. *Which of the following parts of a database record should be checked closely when providing a referral?*
    a. The URL of the agency's website
    b. The location of the agency's program site
    c. The first name of the program coordinator
    d. The mailing address of the agency

8. *Which of the following is an example of a specific question?*
    a. "How are you feeling today?"
    b. "Could you please let me know your town or city?"
    c. "Could I get you to tell me more about your situation?"
    d. "Could you tell me more about what is happening?"

9. *Which of the following best describes the use of pauses as an I&R technique?*
    a. A definite requirement. There should be at least 15 seconds of pause for every two minutes of a call
    b. Something that should always be avoided
    c. An occasionally useful tool that allows the client to think through a situation
    d. A good option that allows the I&R Specialist to take a quick mental break during a call

10. *Which of the following is a reason for an I&R Specialist to ask a question?*
    a. The need to know everything about the client
    b. A healthy curiosity and genuine desire to help others
    c. The need to know something relevant to the client's situation
    d. The need to ensure that the client is paying attention

11. *What is an example of a good tone?*
    a. Loud and clear
    b. At a level that is appropriate to the client's own tone or emotional situation
    c. Soft and low
    d. About two octaves above the tone of the caller

12. *Which of the following is an AIRS Standards that relates to I&R service delivery?*
    a. Assessment and Referral Provision
    b. Inquiry Data Provision
    c. Inclusion/Exclusion Criteria
    d. Counselling

13. *Which of the following is an example of a good I&R greeting to encourage rapport?*
    a. "This is your local I&R. What do you want?"
    b. "Good morning!"
    c. "Tell me about your situation"
    d. "Thanks for calling your local I&R. How may I help you?"

14. *Which of the following is a stage of the I&R Process?*
    a. Empathy
    b. I&R Communication Techniques
    c. Concern
    d. Clarification

15. *Which of the following is an example of an I&R communication technique?*
    a. Minimal encouragers
    b. Speaking loudly to make sure you are properly heard
    c. Minimal expectations
    d. Understanding the client's situation

16. *What does active listening include?*
    a. A careful focus and attention on what you are saying
    b. Thinking carefully about what you are going to say
    c. The right question to extract the right information
    d. A careful focus on what someone else is saying

17. *What does prioritization involve?*
    a. Making sure that empathy is the first consideration
    b. Helping the client focus on the issues they find most important
    c. Repeating key phrases used by the client
    d. Ensuring that the I&R Specialist's knowledge and experience is followed closely

18. *Which of the following is a good example of closure in an I&R inquiry?*
    a. "Good luck – you're going to need it!"
    b. "It is now time to close this call. It has been a pleasure talking with you."
    c. "Thanks for calling and please call us again if these referrals don't work out or if you need help in the future."
    d. "Call us anytime."

19. *If an I&R Specialist cannot provide an appropriate referral to a client, how should this be handled?*
    a. Tell the client there is nothing available to meet their needs but to work with the individual on some alternative solutions
    b. Tell the client that no help is available
    c. Tell the client that there is nothing available today but to try again tomorrow
    d. Provide the client with a referral to a nearby organization in the hope they might have an applicable service that is not listed in the resource database

20. *What is the prime purpose of closure in an I&R inquiry?*
    a. To allow the I&R Specialist to get to the next call
    b. To summarize the referrals and encourage the client to contact the I&R service again if needed
    c. To allow I&R Specialists to deal with their feelings
    d. To conduct a final assessment

Answers

1.	c.	5.	d.	9.	c.	13.	d.	17.	b.
2.	a.	6.	d.	10.	c.	14.	d.	18.	c.
3.	b.	7.	b.	11.	b.	15.	a.	19.	a.
4.	b.	8.	b.	12.	a.	16.	d.	20.	b.

Empowerment and Advocacy

- To define the concept of empowerment within an I&R environment

- To describe the meaning of advocacy in I&R

- To identify situations in which advocacy is necessary

- To recognize the difference between individual advocacy and system advocacy

Introductory Exercises

What are some examples of professions and organizations that may provide advocacy for an individual or for a group of people? What type of advocacy are they doing and how are they doing it?

_____

_____

_____

_____

_____

It has become something of a cliché but what is the meaning behind the expression, "Give people fish and you feed them for a day. Teach people how to fish and you feed them for a lifetime"? And how might that apply within an I&R context?

_____

_____

_____

_____

_____

What type of people in what type of situations are more likely to need I&R advocacy than others?

_____

_____

_____

_____

_____

What the AIRS Standards say …

> Inquirer advocacy efforts seek to meet individual needs without attempting to change social institutions.

The I&R service ensures through training and supervision that I&R specialists:

- Explore the inquirer's own resources (e.g. friends, family, faith-based community)
- Suggest ways the inquirer can advocate for him or herself, when appropriate (empowerment)

from AIRS Standard 1, Quality Indicator 1

The I&R service offers advocacy, when necessary, to ensure that people receive the benefits and services for which they are eligible. Inquirer advocacy seeks to meet individual needs without attempting to change social institutions and, for purposes of these standards, does not include system advocacy or legislative advocacy (lobbying). All advocacy efforts shall be consistent with written policies established by the governing body of the I&R service and shall proceed only with the permission of the inquirer.

AIRS Standard 4

The I&R service has an advocacy policy that describes the circumstances under which advocacy should be undertaken, the advocacy mechanisms that are authorized and the conditions under which supervisory staff need to become involved.

AIRS Standard 4, Quality Indicator 1

The I&R service intervenes, when necessary, on behalf of individuals to help them establish eligibility for or obtain needed services.

AIRS Standard 4, Quality Indicator 2

When warranted, the I&R service makes one or more additional calls or takes other actions on the inquirer's behalf and uses an appropriate advocacy mechanism to make sure inquirers get the information and/or help they need.

AIRS Standard 4, Quality Indicator 3

The I&R service refers to an organization that specializes in providing advocacy in situations where the level of advocacy required by the inquirer exceeds the limits of the I&R service's advocacy policy or an effective use of its own resources.

AIRS Standard 4, Quality Indicator 4

The I&R service records the fact that advocacy was conducted for use in reports.

AIRS Standard 4, Quality Indicator 5

The I&R service creates reports that can be used for system advocacy, i.e., support for changes in community conditions, structures or institutions when modifications in the service delivery system are required to ensure the adequate availability of essential community services. System advocacy mechanisms include:

- Letter writing campaigns
- Visits to political representative
- Testimony at public hearings
- Mobilizing concerned members of the public
- Working through coalitions or associations to advance a cause
- Writing and disseminating issue-oriented social media content
- Holding press conferences
- Writing articles or letters to local newspapers
- Offering interviews to local radio and television stations
- Offering services as a knowledgeable public speaker

AIRS Standard 24, Quality Indicator 5

Empowerment and Advocacy

Empowerment involves helping clients understand the steps that need to be taken to obtain needed services so that they can follow through themselves.

Under perfect circumstances, I&R calls involve gathering information that allows clients to better understand their situation and all available solutions, providing appropriate referrals that offer effective choice, and then leaving individuals to take the next steps themselves. That is to say, I&R is all about empowerment.

Empowerment involves helping clients understand the steps that need to be taken to obtain needed services so that they can follow through themselves.

Empowering individuals also gives them the tools to handle similar situations or other issues that might arise in the future without assistance.

Empowerment is sometimes described as self-help or self-advocacy. It reinforces the idea that clients are capable individuals, provides basic respect for their abilities and builds their personal problem-solving skills.

Empowerment can be dressed as its own virtue, but it is also of practical value. A busy I&R service will not have the resources to provide advocacy for every caller. Neither is it necessary. Most people are fully capable of contacting health services on their own, or calling an employment office to set up an appointment.

Effective empowerment often happens around the edges of people's ability. An I&R Specialist may empower a client to apply for home support by describing how to book the initial interview and the type of questions they will be asked. The I&R Specialist could advocate directly for the client in these situations, but should they? If, in their judgment, the client can advocate for themselves once they have a better understanding of the process, then it is preferable to make an investment in empowerment. People feel good about themselves when they feel capable.

Advocacy

Advocacy is what happens when empowerment isn't enough.

Advocacy is described in the AIRS Standards as the occasional need for the I&R service to directly intervene to help a specific person in a certain situation (individual advocacy) or to inform the public and/or decision-makers of a situation affecting a larger group of people (system advocacy). System advocacy is not the same as legislative/political advocacy (or lobbying). However, a lobbying organization can often use some of the reports issued by an I&R service to strengthen their case.

Individual advocacy

Individual (or client) advocacy occurs when, with the permission of the client, one or more additional calls are made on their behalf because either the critical nature of the situation, or the circumstances of the client, means that extra help should be offered to make sure the client gets the information and/or help they need.

All advocacy efforts must be consistent with written policies established by the governing body of the I&R service and should proceed only with the permission of the client. Permission, in the case of most I&R advocacy, is more of an ethical than a formal legal requirement. It is usually obtained informally along the lines of, "Is it OK if I give them a call to make sure a space is available?" or "Would you like me to give their office a call to see whether you might be eligible?"

Advocacy calls need to be properly documented including a notation that permission was requested and granted. Depending on the agency's reporting system, there should also be a way of ensuring that each advocacy call gets logged so that the total number of advocacy calls can be calculated. Depending on the agency's policies, a supervisor may also need to review all advocacy efforts.

When to advocate

I&R advocacy occurs when the client:

- Needs help to establish eligibility or to obtain needed services.

- Has been denied benefits or services to which they should be entitled.

- Needs assistance to communicate their needs to a service provider or otherwise represent themselves.

- Has a complaint about a service.

Advocacy is most appropriately offered when an individual faces barriers to successfully accessing services. Examples of such barriers might include language, age, physical or developmental disabilities, communication impairments, emotional situations, mental health issues or poverty.

Staff in other organizations sometimes behave differently when approached by another professional (for example, an I&R Specialist) and the outcome can change for the individual when advocacy takes place.

Advocacy may also take place when there is an element of endangerment and the client or others could come to harm unless immediate advocacy is undertaken, or when the individual needs to do something that makes them feel uncomfortable, such as filing an appeal with a service provider.

Advocacy often includes directly linking people to other service providers so they can immediately receive the help they need. This includes, for example, phoning a domestic violence shelter, checking that they have space available, transferring a client directly to an intake worker and providing a short introduction of their name and situation (often called a "warm transfer"). Once a connection has been made, the I&R Specialist should be able to end their own participation in the call.

Also remember that there are agencies that specialize in providing client advocacy services. One of these organizations is probably in a better position to help clients in certain situations (such as with the legal issues surrounding an eviction). In these cases, the client is better served by a good referral than by I&R advocacy.

Advocacy in I&R does not mean case management (which involves the ongoing oversight of an individual client's situation). Advocacy does not necessarily involve collecting extensive personal information. Advocacy usually means that, at the very least, the I&R Specialist requires the first name and phone number of the client and their permission to make the call.

Examples of advocacy

Here are some examples of situations where an I&R service may provide advocacy:

- An older adult is looking for help with obtaining home support. The client has already called a few places and is upset, frustrated and confused by having to make all these phone calls to get help.

- A client is extremely depressed and while not talking about suicide, is clearly experiencing an emotional crisis. Despite having calmed the immediate situation, it is clear that more professional help is required and with the permission of the client, the I&R Specialist directly transfers the call to a crisis intervention service.

- The client's daughter has died and she can't afford the costs of a funeral. There are programs that will help her but she is clearly not in an emotional state to make any more calls. The I&R Specialist offers to call the relevant program and find out the procedures and confirm basic eligibility.

- The office party of a large company has ended. They have a lot of food left over but do not want to throw it away. They want to know where they can donate it. The I&R Specialist provides the names of a couple of possible agencies and the caller says that they have already called them and were told that they were not interested. The client gets a bit exasperated because they are trying to be helpful but the "system" does not seem to be geared towards accepting help. Without making promises that they will succeed and explaining that there may be reasons why some agencies can't accept food donations, the I&R Specialist offers to quickly call a couple of homeless shelters to see if they can take the donation.

- An Arabic-speaking client is looking for help to deal with a legal problems. The I&R Specialist also speaks Arabic and realizes that the caller's English will make it more difficult for them to explain their situation in anything other than their own language. As the I&R Specialist is not certain whether the appropriate agency has an Arabic-speaking staff person, a call is made directly to the agency to confirm eligibility and whether the caller will be able to receive service in their own language.

Conducting advocacy often involves a promise to call people back. Always give some specific idea of how long that might take. Make sure it is a realistic promise and make your own note of that time. If you said tomorrow afternoon and you still have not obtained a clear answer, call anyway to explain the situation to the client.

SYSTEM ADVOCACY

An I&R service creates, maintains and disseminates human services information. Besides the resource database of services located within a community, the I&R is in a unique position to develop a wealth of detailed and insightful information about the needs of individuals and communities.

An I&R service can keep track of how many people are calling from particular areas about particular issues (for example, the number of clients from Southtown needing help with food and/or rent). It can track changes in needs from one year to another. It can identify unmet needs within a community. It can also, with permission, highlight the circumstances of individuals in especially difficult situations.

All of this information is derived from the call reporting procedures practised by front-line I&R Specialists.

An I&R service is expected to gather information for community planning and other purposes, including system advocacy. This may not always be conducted directly by the I&R agency itself, but can be carried out by another organization using information obtained and distributed by the I&R service.

The I&R is in a unique position to develop a wealth of insightful information about the needs of individuals and communities.

Here are some hypothetical examples of system advocacy:

- Writing a letter to the local newspaper detailing an increase in the number of calls relating to food bank and hunger issues over the past 12 months, and the fact that a high percentage of those calls were from families with young children.

- Producing an annual report that describes the needs of young people in the community and the number of calls asking about evening recreational and social activities for which very few referrals were possible.

- Attending a local government social services committee and sharing some composite stories of families who have had difficulty securing safe and affordable housing.

Discussion Issues

What ways are there to best present the situation of the client?

When calling an agency to advocate on behalf of a client, what are likely to be the first reactions of the professional staff in the organization that you are calling? What ways are there to best present the situation of the client? What ways might you want to avoid?

What are some of the possible consequences of having an I&R Specialist who often advocates for clients and an I&R Specialist in the same organization who seldom advocates? And if deemed a problem, how can these consequences be addressed?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A young woman calls and says that when she was six years old she was the victim of a crime. Her aunt told her some money was put in a local bank for her, but she doesn't know what bank. She is now eighteen years old and wants her money.

The I&R Specialist refers the caller to the local Victim Assistance Service, but the caller has already tried them and says they couldn't help. She says they asked for some kind of number. The I&R Specialist asks what kind of number, and the caller does not know. The Specialist recognizes the caller may not be able to effectively advocate for herself, and asks if the caller is willing to have the Specialist make some calls on her behalf. The caller agrees.

The I&R Specialist gathers more information from the caller. The Specialist then calls the Victim Assistance Service and presses for additional information on behalf of the caller. After a few days, Victim Assistance calls the I&R Specialist with the name of the attorney who now manages the trust fund. The Specialist calls the attorney and explains the situation, including that the client has difficulty articulating her needs, and the attorney agrees to call the young woman.

Should the I&R Specialist have provided advocacy in this situation? What are some other referrals that might have been made? Could the I&R Specialist have done more to empower the caller? Or should the I&R Specialist have simply given the caller the attorney's number?

What kinds of additional information do you think the I&R Specialist gathered in order to help this caller?

What kinds of questions should the I&R Specialist have omitted in order to respect the client's dignity (in other words, what information is not needed in order to effectively advocate in this situation)?

Discuss how the I&R Specialist determined where to draw that line, and how you would make the same decision.

Identify the range of issues that may be involved in the initial conversation with the young woman, including those not verbalized by the caller.

Discuss ways the I&R Specialist should address each of them. If you feel some issues do not need attention during this call, discuss the reasons why not.
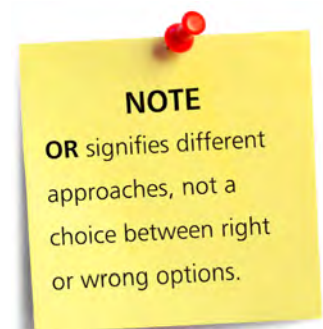
Role playing

An elderly woman calls and in a halting voice explains that she has no food in her apartment. She seems very embarrassed by this fact. She appears reluctant to share additional information. The I&R Specialist attempts to ease her apprehension by thanking the woman for calling and establishes a comfortable rapport with her.

The caller explains that she was just released from hospital after hip surgery for a fall. While in the hospital there was a lengthy power outage due to an ice storm and all of her food was spoiled. The I&R Specialist begins to gather information by asking clarifying questions and learns that the caller is on a fixed income and has no relatives near her to assist. The woman states that she is expecting a follow-up visit from her home care worker next week.

The I&R Specialist senses that the woman is of sound mind and capable of acting on her own behalf. He attempts to empower the caller by suggesting ways she might advocate for herself.

You seem very determined and capable. I know that this is not an easy time for you. There may be some agencies that can assist you with your problem.	OR	*There is nothing to be embarrassed about. Your situation is a result of occurrences beyond your control. I am wondering if the home care worker knows about your situation? If they were aware of the urgency, they may be able to speed up the home visit.*

The woman replies that the coordinator of the home care services said that next week was the earliest they could come out as they were short staffed and had other priority cases. The caller indicates that she does not "want to be a burden" and appears resigned to the fact that little help is available. The I&R Specialist recognizes that direct advocacy may be needed to help the caller.

NOTE
OR signifies different approaches, not a choice between right or wrong options.

	OR	
There may be some food banks that might be able to deliver you some food. I can't make any promises, but with your permission I would be happy to call some agencies on your behalf to see if we could make arrangements for some food to be delivered. Would that be okay?	OR	*Do you think it might help if I called the home care agency on your behalf and spoke with them about your situation? They may be willing to assist you if they knew your predicament and I would be happy to explain this to them.*

The caller reluctantly agrees, not believing it will do much good. The I&R Specialist gets verbal permission from the caller and promises to call her back within 90 minutes. The I&R Specialist then contacts the home care services agency.

	OR	
Hi. My name is Steve and I am an Information & Referral Specialist with City I&R Services. I am calling on behalf of one of your clients, Ms. Andrews. As you may know, Ms. Andrews was just released from hospital. She has spoken with your staff but I am not sure that she has shared all of the details of her situation. Could I spare a few minutes of your time to explain the situation and see how we can best help Ms. Andrews?	OR	*Hi, this is Steve and I am calling from City I&R Services on behalf of an elderly homebound client. I know that in the past you and the ACME Food Bank have been very good about delivering food to people's homes in exceptional circumstances. This is an unusual circumstance. The client has just been released from hospital after hip surgery and lost all of her food due to the ice storm. I didn't promise the client anything except that I would call on her behalf and see if some food could be delivered.*

Suggested ways to speak with clients

"If you like, I can call them on your behalf and see what might be possible, although I can't promise that this will be successful."

"Would you like me to call on your behalf?"

"If I have your permission to call, I am going to have to ask you for some personal details so I can properly explain your situation and get back to you."

"I promise to get back to you by the end of tomorrow but it'll depend a bit on getting through to someone at X. But I will call you anyway to let you know what is happening."

"I am going to go over the details of what should happen and the stages involved."

"I am going to put you on hold for a minute while I dial out on another line and talk with someone at X. I will then patch you into the conversation and introduce you, and we'll see if the three of us can figure something out. Would that be OK?"

"I am calling from Acme I&R and my name is Y. I am calling on behalf of X, who gave me permission to call on his behalf. He spoke to someone at your agency yesterday and was told ..."

"I am calling from Acme I&R and I have a client on hold who needs Y. The client's name is X and basically the situation is that ... Would it be OK if I let her speak with you directly?"

"My name is Z and I work at Acme I&R. I was speaking with a client earlier today and I just want to get a better understanding of how your eligibility works. I want to make sure that our information is correct ... Well, in that case, maybe my client wasn't able to properly explain the situation but it seems like he should be eligible based upon ..."

Always operate under the assumption that the client can advocate on their own behalf, until you know otherwise.

Summary of Key Points

What you need to know ...

Empowerment and Advocacy

- Empowerment is the act of allowing an individual the opportunity to better understand their own situation and to act on their own behalf.

- Advocacy is what happens when empowerment isn't enough.

- Individual advocacy occurs when, with the permission of the client, one or more additional calls are made on their behalf because the importance of the situation, or the circumstances of the client, means that extra help should be offered to make sure they get the information and/or help they need.

- System advocacy involves directly trying to inform the public and/or decision-makers of a situation affecting a part of the community or some specific individuals within the community. The objective is to address the overall concern and improve the situation in the future.

Test Questions

1. *Which of the following inquiries is more likely to receive advocacy from an I&R service?*
    a. Someone needing information on obtaining employment insurance
    b. Someone needing to find a job
    c. Someone needing to find a bed in a homeless shelter
    d. Someone needing the opening hours of the nearest food bank

2. *For an I&R Specialist to advocate for an individual, which of the following is required?*
    a. The supervisor's permission
    b. A signed statement from the client
    c. The client's verbal permission
    d. A prior agreement with the agency that would be contacted

3. *Which of the following best describes individual advocacy within an I&R?*
    a. Providing three or more referrals
    b. Reporting statistics on unmet needs for the local United Way
    c. Writing full case histories of the client interaction
    d. Directly contacting a referral agency on the client's behalf once their permission has been secured

4. *Which of the following best describes empowerment?*
    a. Self-help
    b. Helplessness
    c. Receiving help
    d. Advocacy

5. *When contacting an agency in order to conduct advocacy, what is the most likely first reaction of the staff person at the agency you are contacting?*
    a. Complete agreement
    b. Initial defensiveness
    c. A request to speak with your supervisor
    d. Outrage

6. *One of the main advantages of empowerment within I&R is that it:*
    a. Helps people learn how to help themselves
    b. Means that the client will be more reliant on the I&R service in the future

   c. Means that the client will not contact the I&R service in the future
   d. Means less work for the I&R Specialist

7. *The language, age and physical health of a client may be considered as:*
   a. Possible barriers to accessing services that may suggest advocacy is required
   b. Signs of empowerment
   c. Statistical anomalies
   d. Barriers to services that make advocacy mandatory in every instance

8. *Which of the following is an example of system advocacy?*
   a. A letter to a government office appealing a decision of a claim for disability benefits
   b. A letter to a newspaper describing the difficulties people have claiming disability benefits even when they are eligible
   c. A call to an agency that advocates for persons with disabilities on behalf of a client needing additional assistance
   d. Advice to a client with disabilities on how to draw attention to their situation

9. *What enables an I&R service to provide report information that contributes to credible system advocacy?*
   a. Eye-catching graphics in agency reports
   b. A phone system that dramatically shows call waiting availability and abandonment statistics in real time
   c. Reporting protocols that systematically gathers information on callers, their needs and their unmet needs
   d. The solid memories of I&R Specialists on the type of calls they are answering

10. *Which of the following best describes I&R system advocacy?*
   a. Lobbying
   b. Helping an individual
   c. Empowerment
   d. Bringing attention to an issue or situation that affects a group of individuals contacting your service

Answers

1. c.	2. c.	3. d.	4. c.	5. b.	6. a.	7. a.	8. b.	9. c.	10. d.

Crisis Intervention

- To describe the role of I&R in a crisis situation

- To outline the types of crises that are encountered in an I&R service

- To be able to assess the nature of a crisis

- To identify techniques for defusing and handling a crisis

- To describe the components of a crisis intervention model

- To define the basic elements of a suicide risk assessment

Introductory Exercises

What are some of the crises that will affect virtually everyone at some point of their lives? What are some of the crises that are only likely to affect people who are already living in vulnerable situations?

_____

_____

_____

_____

_____

Are there examples of situations that might constitute crises for some individuals but not for others?

_____

_____

_____

_____

What are some examples of situations that might constitute a permanent life crisis?

_____

_____

_____

_____

What the AIRS Standards say ...

What is the likely timeframe for a life-threatening event — the next few minutes or hours or longer?

The I&R service is prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing a crisis and contact the I&R service for assistance. Included is assistance for individuals threatening suicide, homicide or assault; suicide survivors; victims of domestic abuse or other forms of violence, child abuse/neglect or elder/dependent adult abuse/neglect; sexual assault survivors; homeless youth; people experiencing a psychiatric emergency; chemically dependent people in crisis; survivors of a traumatic death; and others in distress.

AIRS Standard 5

The I&R service has written crisis intervention policies and procedures that provide call handling protocols for specific types of emergencies. Included are lethality assessment procedures, protective measures relating to inquiries from individuals in endangerment situations, protocols that address inquirers who wish to remain anonymous yet require rescue and the organization's crisis protocols.

AIRS Standard 5, Quality Indicator 1

If the I&R service does not itself provide a formal crisis intervention service, it has a prearranged agreement and documented protocol with an appropriate crisis centre that does.

AIRS Standard 5, Quality Indicator 2

The I&R service ensures through training and supervision that I&R specialists have the skills to recognize when an inquirer is experiencing a crisis, and that they determine whether the individual is in immediate danger and take steps to ensure that s/he is safe before continuing with an assessment. In assault and sexual assault cases, for example, the specialist ensures that the assailant has left the vicinity and determines whether the individual needs emergency medical treatment. In domestic violence situations, the specialist ensures that the abusive person is not present and threatening the inquirer. The specialist follows the I&R service's protocol for when to access 911 or other emergency rescue services.

AIRS Standard 5, Quality Indicator 3

The I&R service ensures through training and supervision that I&R specialists have the intervention skills to:

- De-escalate and stabilize the individual and help him/her remain calm;
- Help the inquirer talk about and work through his/her feelings as part of the assessment and problem solving stages of the interview; and
- Keep the inquirer on the telephone pending referral or rescue.

AIRS Standard 5, Quality Indicator 4

The I&R service ensures through training and supervision that I&R specialists have the skills to recognize the warning signs of people at imminent risk of suicide, violence or victimization (including signs of abuse/neglect, domestic violence and risk of homicide or self-harm) whether the risk issues are explicitly stated or implicit; and to recognize when an inquirer is in immediate need of intervention (e.g., when a person is in medical crisis due to alcohol or drug intoxication, has taken steps to end his or her life, is experiencing violence or is experiencing a psychiatric emergency). When warranted, staff follow the I&R service's rescue protocol for when to access 911 or other emergency personnel to intervene. In these circumstances, inquirer safety overrides confidentiality concerns.

AIRS Standard 5, Quality Indicator 5

In situations involving suicide or homicide, the specialist shall understand the circumstances under which a lethality assessment is required and shall conduct an appropriate assessment when necessary. Lethality assessments shall be recorded in writing and shall include a description of specific actions taken in response to the situation. (A lethality assessment is an evaluation based on research of how dangerous a situation is and addresses issues such as the person's intention, method, timing and state of mind. Questions include: Has the person already taken steps toward committing suicide by swallowing pills, slashing their wrists? Have there been previous attempts? Does the person have a specific plan? Are the means to carry out the plan readily available? What is the likely timeframe for a life threatening event – the next few minutes or hours or longer? Has the individual had psychiatric help in the past and how do they feel about it? Are there other risk indicators such as depression, hopelessness, feelings of isolation, intoxication, significant recent loss?)

AIRS Standard 5, Quality Indicator 7

When feasible, the I&R service connects inquirers in crisis situations to a formal crisis intervention service in their community for assistance and support once the inquirer's immediate, short-term needs have been assessed. The connection is made by direct transfer, when possible, and the specialist follows the protocol established by agreement with the crisis centre.

AIRS Standard 5, Quality Indicator 10

Nature of Crisis

There are problems, crises and emergencies ... some problems grow into crises.

A **problem** may create stress and be difficult to solve but an individual can find a solution either on their own or with the help of immediate family or friends.

A **crisis** is a state of acute emotional distress in which an individual experiences a temporary inability to cope with a situation by means of their usual problem-solving behaviours.

An **emergency** is a sudden, pressing necessity, such as when a life is in danger because of an accident, a suicide attempt, or an act of violence. An emergency requires immediate attention by professionals trained to respond to life-threatening events. If a situation can wait 24 to 72 hours for a response, without placing an individual or a family in jeopardy, it is a crisis and not an emergency.

Some problems grow into crises.

In many ways, every I&R inquiry is an exercise in crisis prevention as it helps people solve problems at an early stage.

Everyone experiences crises at some points of their life.

People in crisis describe themselves as feeling hopeless and overwhelmed. They have difficulty coping with even the simplest of things because of the stress of their situation. The cause of some crises can be clearly linked to a traumatic event such as:

- Death of a close family member
- Relationship problems
- Financial/debt problems
- Changes in employment
- Problems with the law
- Experiencing a disaster
- A real or potential loss of housing
- Serious health concerns

In some circumstances, if someone is already in a vulnerable condition (for example, someone with a mental illness), a relatively small life incident may be enough to trigger a crisis.

You may also encounter in a person's description of their crisis, some situations that require *mandatory reporting* such as instances of child abuse. In these cases, the I&R Specialist has a legal responsibility to report suspicions of abuse to the relevant authority (such as a child protection agency), regardless of confidentiality concerns.

The same situation may have a different impact for different individuals.

For example, one person may suddenly lose their job and be plunged into an immediate crisis — they may have been doing that job for 20 years and it carried a heavy emotional investment and sense of self-fulfillment; or the job enabled the family to pay for a home and save for their children to go to college, and now all that is at risk.

For another person, the sudden job loss is taken as a disappointment and a temporary problem that will require a few adjustments until a new position is found. Still others treat it as an opportunity to make positive changes in their lives — the incentive they needed to move on.

But this does not diminish one person's feelings of severe crisis.

Other crises may be more in the mind of the individual and might not even constitute a problem for another person – but that self-perception (that "feeling" of crisis) is very real to the individual and it cannot be rationalized away or downplayed by an I&R Specialist.

For an I&R Specialist to offer variations of *"Actually, you don't have any reason to stress yourself out about this"* or *"Don't worry, there are a lot of people worse off than yourself and things will get better soon"* or *"It could be much worse"*, is usually counter-productive.

If people say that they are in a crisis, or act and speak as if they are in a crisis, then the fact that they *consider themselves* in crisis must be respected.

Crises and coping mechanisms

When things go wrong, everyone has their own ways of problem-solving (or coping).

When people contact an I&R agency for help, they are using our service as a supportive resource.

In working with clients, an I&R Specialist needs to understand and accept that there are limitations to what you can do to help. You cannot change who people are. You cannot change their current situation or the past actions that have brought them to this point.

However, you can work with a client to address the person's thoughts, feelings and behaviours to try and change them. These are things that the client does have control over and can sometimes change or adapt.

When someone is in a "normal" state, there is a homeostatic balance among those three components (their thoughts, feelings and behaviours). In a crisis state, there is imbalance.

The crisis intervention process is designed to restore that balance and foster a return to whatever is "normal" for any particular individual.

An individual has three levels of resources to respond to and alleviate stress:

Primary Resources
These are an individual's own interpersonal skills and experiences that are used to negotiate their everyday lives. Primary resources also include immediate family members and close friends.

Secondary Resources
These are less familiar but an individual may be capable of drawing upon them in difficult circumstances. Secondary resources may include relatives, clergy, teachers and employee assistance programs.

Tertiary Resources
These are resources an individual turns to when they feel they lack sufficient primary and secondary resources or those resources have not proved helpful in resolving their situation.

However, resources can also be "adaptive" or "maladaptive" (i.e. who or what you turn to might not be truly helpful).

Adaptive resources are those that a person may never have used before but will assist the individual in addressing a crisis situation. They might include calling a hotline, going to a crisis centre or hospitalization.

Maladaptive resources are what people use to mask or ignore the impact of a developing crisis. Maladaptive resources and behaviours ultimately harm an individual. Turning to substance abuse or contemplating suicide would be examples of maladaptive resources. Their use traps the client in a state of crisis that continues until they choose to use adaptive resources. For those people who do not attempt to use adaptive resources, crisis then becomes their new "normal" state and their situation will often become chronic.

The crisis intervention process is designed to restore balance and foster a return to whatever is "normal" for any particular individual.

Crisis intervention in I&R

People who work in an I&R service may not be crisis professionals, but they will receive crisis calls. Many of the reasons/situations that cause people to contact I&R services are also potential triggers for crisis feelings.

Some I&R services also operate distinct crisis services, but in most instances, I&R services should work in partnership with a separate agency that specializes in crisis intervention. Contact with a person in crisis often ends with a direct connection or a referral to the specialized crisis service that will provide more appropriate ongoing assistance.

However, the immediate short-term needs of someone in crisis can be alleviated by the active listening skills that are already an integral part of the I&R Specialist's communication tools.

Crisis intervention is a means of providing brief and immediate assistance to people who are experiencing a situation that overwhelms their ability to cope.

The goal is to help individuals cope and return to their normal level of physical or emotional functioning without being at risk of endangering themselves or others.

The objectives of crisis intervention within an I&R environment are:

- To immediately assess the situation to ensure the person's safety and the safety of those around them.

- To defuse the current emotional trauma.

- To offer options and resources which may assist the individual in addressing the situation that triggered the crisis.

- To provide appropriate referrals either for now or for the future and/or to help them recognize their own abilities to cope with a crisis.

Crisis intervention also encourages the development and recognition of new coping skills to help the individual function more effectively in future situations.

Crisis intervention is not counselling or a substitute for counselling.

Immediate risk assessment

An I&R Specialist must always remember that the next inquiry could be a crisis situation, and should be prepared to think and act accordingly.

The first sign that an inquiry involves a crisis is usually conveyed through the voice of the caller. It might be either a very fast delivery of information spoken in a rapid panic or a very hesitant and disjointed explanation uttered in an emotional hush.

As in other I&R situations, it is very important at the beginning of a crisis call to quickly make contact and establish rapport.

Again, the general steps of I&R are a good guide:

- Focus on and validate feelings

- Be calm, supportive and reassuring

- Maintain a warm and personal tone

When dealing with a crisis situation, the immediate priority is to establish whether the individual is currently in danger and to assess their safety and the safety of those around them.

A suicide risk (or lethality) assessment is an evaluation based on determining how dangerous a situation is and addressing issues such as the person's intent, possible method, timing and state of mind. Such an assessment is directly related but not limited to assisting individuals who are:

- Threatening suicide, homicide or assault.

- Victims of domestic abuse or other forms of violence.

- Child, adult or elder/dependent victims of abuse or neglect.

- People experiencing a psychiatric emergency.

- Chemically dependent people in crisis.

For example, if a client says that she has just taken some pills, ask short, direct and close-ended questions.

These are the type of questions that lead to "Yes" or "No" answers such as, *"What type of pills?"*, *"When did you take them?"*, *"How many did you take?"*

Depending on their answers, it might be necessary to send the police and/or emergency medical services directly to the client. If this is the case, you should ask the person's permission, their name and their exact address. Tell the client that you will put them on hold for a few moments while you make the call to 911 on another line (depending on your situation, sometimes a colleague can do this for you if you write down the details. This allows you to stay on the line with the caller).

If the caller does not give their permission, you must judge whether the person really is in potential danger. Obviously, this is not an easy situation for the I&R Specialist to handle. Perhaps it is possible to consult a colleague or have a supervisor listen in on the call. **Always err on the side of potentially saving someone from serious harm, even if that means not protecting their confidentiality.**

In these situations, you need to be familiar with your agency's 911 protocols. If the client refuses to reveal their address, you must initiate a call trace. Sometimes, an I&R service can call the telephone company themselves to request the trace but usually you need to go through the 911 service. Remember that even if the I&R telephone system displays the incoming number of the client, that number still needs to be traced to establish an exact address. Cell phones further complicate matters.

If you do not have call display, it is important to know exactly which of your service's telephone lines the call is on when requesting a trace. Most I&R services have a single public telephone number that is the advertised number but with three or more individual telephone lines feeding in from that number – with each line being a distinct "phone" number. For call tracing, it is important to know the 10-digit number of the specific line that the call is on and to keep the client on the phone. This is much easier to achieve if you have a colleague available to make the outgoing calls.

Your agency should establish a means to identify the individual telephone numbers on your internal phone system.

Crisis assessment and referral

Remember to be patient, and allow the client the time they need to tell their own story in their own way. This may be the first time the client has ever spoken of a situation such as abuse.

Your job places you in a position of trust and you must respond accordingly.

Once contact has been made and immediate safety confirmed, you can begin to explore the problem that brought on the crisis. Clarify the meaning the problem has for the person in crisis. Remember, the meaning may be more important than the event.

What sometimes helps is to share your name and ask for their name in return: *"My name is Jennifer, what's your name?"*, and then use the person's name frequently during the call. (For agencies that have protocols prohibiting their staff giving names, it does not have to be your real name.) It really does break barriers.

Use all of your I&R communication techniques to make sure the client knows you are listening.

Continuing to listen and using an appropriate tone of voice, will eventually de-escalate the situation and allow the process to move forward.

Once the client has calmed down and the immediate emotional crisis is defused, the interaction can be taken to the next level:

Explore existing supports: Does the client seem to have support from family or friends readily available?

Assess coping skills: Has the client faced crises in the past? If so, how did they manage to cope before? Coping mechanisms used in the past will often work again. Maybe somebody will say, "but this has never

happened to me before," but you can still reply, *"I know but what have you done before in other difficult situations when you've felt really upset?"*

Prioritize: Some crises are precipitated by more than one event or are a reaction to a mounting series of problems. Work with the client to identify the different aspects of their situation and help them decide which issues need to be addressed immediately and/or are easiest to solve, so that the entire situation does not appear overwhelming. For example, *"You seem most concerned with … so let's start with that,"* and *"Let's try to deal with one problem to begin with. Which one shall we start with?"*

Referral searching: Only start this process once the situation has been defused. Look for the most relevant resources and try to give a number of options, so they can choose which they feel best meets their needs. Be aware not just of referrals which might address the immediate situation but also of referrals that might be part of a long-term plan such as a survivor support group or specific counselling.

If you are connecting someone to a specialized service (for example, to a shelter or a mental health crisis line), ask the client's permission before making the transfer and stay on the line in order to introduce the client to the staff person at the other agency and explain the general situation.

People in a state of emotional turmoil do not always perform normal tasks well. The I&R Specialist should get a client to read back any referral phone numbers that are provided.

If the client is going to be making another important call, suggest that they write down the questions that they want to ask beforehand, and if necessary help them decide what those questions should be.

Go over details about steps that may need to be taken. For example, if a woman is fleeing home to escape domestic abuse, it is important that she packs clothes for herself and her children, takes any favourite toys, her bank cards, and as much money as possible, along with her own and her children's identity information. Generally, after being at a shelter for a few days, arrangements can be made for her to re-enter her family home at a time when it is empty and with the protection of a police officer, to take other things she might need.

Most agencies have protocols that deal with various aspects of crisis calls. For example, a supervisor may need to be involved in certain decisions. You must ensure that you are completely familiar with those protocols. And – just as an individual often becomes flustered in a crisis situation – an I&R Specialist should have those protocols close at hand as a reminder of the internal policies involved in a crisis situation.
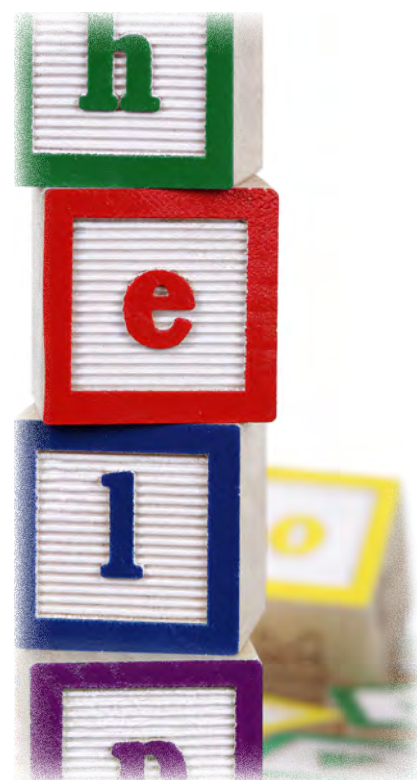
Depending on the circumstances, an I&R Specialist may decide to follow-up with the client in a few days time to make sure they are now coping better with their situation.

A crisis intervention model

(Adapted from material developed by John Plonski, Covenant House)

Crisis intervention accomplishes resolution through a focused process based on:

- 3 Basic Rules

- 4 Fundamental Principles, and

- 5 Stages of a Crisis Intervention

All of these components are wrapped around the same active listening and other I&R communication tools constantly used by an I&R Specialist.

3 Basic Rules

- The I&R Specialist and the client are equals.

- The client determines the pace of the interaction and makes their own choices and decisions.

- The I&R Specialist "mirrors" the client through active listening techniques.

4 Fundamental Principles

Acceptance
- Regardless of what you think or feel about the client, do not judge their situation, their actions or their ability to help themselves. In a non-judgmental environment, people feel safe and are able to communicate more freely.

Respect
- Once you accept the need to be non-judgmental, you can then embrace the idea of respect. Acceptance allows you to respect each person's unique individuality.

Empathy
- When we accept and respect the client, we can then communicate with real empathy. When a person experiences this type of communication within the safety of an accepting and respectful environment, a bond is developed which permits open interaction and effective problem solving.

Hope
- The fundamental concept of hope maintains that each person has within themselves, the power to change and regain control of their life.

5 Stages of a Crisis Intervention

The 3 rules and 4 principles allows for the creation of a 5-step model to guide the crisis intervention process.

1. Defining The Problem

2. Exploring Goals

3. Generating Alternatives

4. Planning

5. Closure

1. Defining The Problem

- Use all the elements of active listening
- Reflect feelings, making contact at an emotional level
- Identify the main issue. Why is the client calling right now?
- Use restating, paraphrasing, and summarizing as appropriate
- Clarify anything that is unclear

2. Exploring Goals

- What are the client's immediate goals or needs?
- What are the client's long-term goals or needs?
- Help the client make their own decisions. Respect the fact that the client may not want to do what you feel is best for them

3. Generating Alternatives

- Acknowledge the client's personal strengths
- Explore past coping strategies
- Identify primary and secondary resources
- What has the client already tried and what were the results?
- Allow clients to generate their own options
- Alternatives provided by the I&R Specialist should not be stated as, *"I think you should … ",* but rather, *"Would this be a possible option …?"* or *"Perhaps you could consider …"*
- Provide information and referral when appropriate

4. Planning

- Help the client select their own preferred option(s)
- Make the plan manageable. Break it down into small steps
- Prioritize goals and steps
- Encourage the client to take action
- Remind the client about available resources

5. Closure

- Summarize the plan, the action steps and the timelines
- Offer encouragement
- Remind client that help is always available if they need to call again
- Validate hope rather than hopelessness
- Try to end crisis calls on a positive but realistic note. *"Everything is going to be fine,"* is probably not going to be true. Let the client know that it might be a long process but they have started off the right way by asking for some assistance. And that there will always be people willing to help.

Elements of a suicide risk assessment

An I&R service is not a specialized suicide hotline.

However, either because a community lacks such a service, or the service is busy or the client does not know about the service – an I&R will occasionally receive suicide calls and I&R Specialists must be prepared to respond to them.

The prime objectives, as with other crisis calls, are:

- To assess any immediate danger

- To take action to ensure that no one hurts themselves or others

- To work with the client to defuse/calm the situation, and then

- To transfer them to a specialized service.

The critical nature of a suicide call means that there are some special considerations to remember.

Expressed bluntly, suicide is a permanent solution to a temporary situation.

Even if "temporary" may mean several years of intense anguish, in the context of prematurely ending an entire lifetime, suicide is never a solution.

People considering suicide in response to an unhappy life situation need assistance with living, not with dying.

The fact that they have made a phone call means that they have already reached out and that at least a part of them still wants to live. And this is the part that the I&R Specialist must speak to.

In talking with a suicidal client, you can operate under the assumption that the client is ambivalent about their decision to suicide -- otherwise they would not have called you.

Suicidal clients may present themselves in a variety of ways, ranging from vague allusions to death, to specific verbal threats, to actual suicide-in-progress calls.

A suicidal person – like any person in crisis – is faced with an intolerable life issue for which they are seeking a solution. The suicidal activity is not, in itself, a crisis. In essence, it is a maladaptive coping response to a feeling of despair and hopelessness.

Expressed bluntly, suicide is a permanent solution to a temporary situation.

In this context, suicidal activity is both a means of resolving a situation and a method of communicating the intense feelings of helplessness surrounding the crisis.

When the client is indirect in expressing their thoughts of suicide, it is the task of an I&R Specialist to recognize the intent behind the hints and clues they are hearing and to bring up the issue of suicide for discussion.

If the client shares anything that gives the impression they are considering suicide, then **ask them directly if they are feeling suicidal**.

Directly asking a client if they are thinking about committing suicide will not cause them to do so. The asking of the question establishes an atmosphere of openness and honesty that will encourage a true exploration of the feelings they are experiencing.

Clues to look for include:

- Direct hints: *"I just can't take it anymore", "I want to escape", "I want to go to sleep forever", "They'll be sorry when I'm gone."*
- Tone of voice – very soft, weak, long pauses, sighs.
- Situations – Important losses.
- Behaviours – Extreme changes.
- Previous knowledge of suicide – if people have family or friends who have committed suicide, or have made past suicide attempts themselves they are statistically more likely to themselves commit suicide.
- Feelings – Intense or long lasting painful emotions, feeling depressed, alone, hopeless, scared, confused, helpless.

If you are hearing a combination of any of these clues or identify the client as feeling particularly hopeless about their situation, **ask directly if they are thinking about suicide.**

Do NOT substitute *"Are you thinking about hurting yourself?"* for *"Are you thinking about killing yourself?"* These are totally different questions. Be very clear in the language that you use.

Once the client makes mention of ending their life, the I&R Specialist must undertake a basic suicide risk assessment.

There are three possible scenarios in working with a suicidal individual:

- A suicide is actively in progress

- A suicide attempt has not been initiated but there is a high lethality risk

- A suicide attempt has not been initiated but there is a low lethality risk

The primary questions to ask revolve around:

Has the person already taken the first steps towards committing suicide?

What might they have already done? Have they already swallowed pills? Have they wounded themselves? Have they walked to a train station or a bridge? Find out as much as you can. The person may resist giving you this information. Remind them that unless they get help at once, they may not get a second chance. They could always decide to kill themselves at a later date, but if they have already done something, they may not be able to change their mind and decide to live.

Does the person have a specific plan?

Do they just have the idea of committing suicide, or have they thought it out in detail in terms of how they would do it and when? If they already have a plan, then that increases the possibility that they will go through with it.

Do they have the means to carry out that plan?

If the person is planning to take pills, have they already purchased what they need? If they are planning to shoot themselves, do they have access to a loaded gun? If they have the means at hand, try to convince them to remove those means (for example, put the pills back in the cabinet or the gun back in the drawer), so they can focus on their conversation with you.

If someone has a plan and the means to carry out that plan and they refuse to remove those means (either temporarily or permanently), or if they have already embarked on that plan (such as taken pills before they called), then you must try to find out exactly where the person is located. Try to find out whether they are calling from a cell phone or a land line. It is easier to get a call trace through 911 if they are using a land line from their own home.

Once the client makes mention of ending their life, the I&R Specialist must undertake a basic suicide risk assessment.

Although the emphasis should be on what you **should do** in these situations, here are some examples of things that you **should not do**:

- Don't debate whether suicide is right or wrong, or whether suicidal feelings are good or bad.

- Don't moralize or judge the person's feelings or situation. In doing so you may add to their feelings of guilt.

- Don't allow yourself to be sworn to secrecy.

- Don't give advice.

- Don't dare the person to do it.

- Don't minimize their pain or situation.

- Don't take responsibility for "saving" the client. You are responsible to the client, not for the client.

- Don't avoid talking about suicide.

If your agency is not also a crisis centre, the preference is to transfer the call at the earliest possible stage (i.e. when it is safe to do so and when the caller will not feel that you are trying to get rid of them) to your local crisis centre. This transfer has to be to a "live" person through a warm transfer. If you cannot link directly to a crisis worker, continue to handle the call and make sure that, when the call has come to a safe conclusion that the person knows the number of the crisis centre for future use.

Your agency should have an Memorandum of Understanding (MOU) with the local crisis agency, internal protocols on transferring calls and training on how and when to complete those transfers.

Discussion Issues

Follow-ups on crisis calls

What might be some of the difficulties with doing follow-ups on crisis calls?

As an I&R Specialist, how might you feel after taking a couple of complex and emotional crisis calls? What might be some needed strategies and supports?

Generally, an I&R Specialist should not talk about their own experiences with a client. But might there be relevant situations during a crisis call when a genuine admission of something you went through could be relevant, helpful and appropriate. What would be an example of that? And is there an example of an instance when it would definitely not be appropriate?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A man calls and says he needs to talk to a counsellor. Speaking in a quiet voice, he falters as he says he was raped last week by someone he met at a gay bar. He didn't do anything about it at the time because he hasn't come out to his parents yet, and he consented to going home with the attacker. He thought he'd get over it if he just kept trying to live normally. But he hasn't been able to sleep since the attack, and says now he's beginning to "have crazy thoughts."

The I&R Specialist expresses compassion about the situation and acknowledges the caller's emotional challenges in light of the attack. She is reassuring and affirms the difficulty of trying to figure out what to do next. She asks what he means by "crazy thoughts." He says he wonders if he can keep going.

The Specialist asks if he is feeling suicidal or if he is thinking about suicide. He says it hurt so much last night, he wondered what it would be like to just end the pain. She asks if he has thought about how he would end the pain, and he says he really wouldn't do anything … but having that thought scared him.

The Specialist affirms that when something traumatic happens it turns everything upside down, and that he's made a good choice in calling to find help. She assures him that asking for help is a sign of strength and of a determination to go on. The caller agrees that he needs to get help. She asks if he's talked with anyone else about the attack, and he says no. She explains the services available through her database and gives referrals to the caller.

Before ending the call, she moves back from the practical to the "feeling" dynamic of the call to check in with the caller to see how he's feeling now. The caller says it helped to talk to someone about it, and thanks her for listening. She asks whether he has anyone else in his life he can talk with until he can get in to see a counsellor, and suggests he confide in a trusted friend so he isn't carrying the burden alone. She assures him he can call back at any time.

This caller is emotionally fragile. Why would it be good to check in on the emotional level again before ending the call?

There are a number of safety dynamics at play in this situation. The Specialist did not choose to explore the option of reporting the attack to law enforcement, and she did not address the possible physical health complications that might result from the attack. Do you agree with her decision? Why or why not? How might you handle it differently?

The Specialist proceeded with the call as though the caller was not genuinely at risk of attempting suicide. Do you agree with her assessment? If you disagree, how would you handle it differently?

Role playing

A woman calls and is crying. Her doctor called and wants to see her about lab tests she had done yesterday. She's afraid he's going to tell her she has cancer. She nursed her husband during his illness and death from colon cancer five years ago, and she is very scared.

The I&R Specialist spends a few moments listening carefully and reflecting empathetic responses in an effort to calm the woman and build rapport with her.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

Yes, it is scary. I'm glad you called. I'm here to listen. Sometimes the hardest part of getting a call like this is that you don't know what's coming, and you can't get any answers for a while.	OR	*You've just received a very frightening call, and it's especially difficult for you because of what you've been through with your husband.*

The woman says she can't believe how fragile she's feeling. She can't get in to see the doctor for three more hours, and she thinks she's going to go crazy before then. She says doctors tell you good news over the phone, but they make you come in for bad news, so it has to be bad news, doesn't it?

You know, that's a good question. It's impossible to know what he wants to tell you.	OR	*That's the hard part—you just don't know yet. You mentioned feeling fragile. Can you describe what that feels like?*

The woman says she got light-headed and had to sit down after she hung up. Then she went into her bedroom and curled up on the bed and hugged her pillow and started crying.

| *I'm not a medical professional, but it sounds like you're experiencing some real anxiety. Are you still feeling light-headed?* | OR | *That kind of reaction can be frightening by itself. How are you feeling now?"* |

The caller says she isn't light-headed anymore and doesn't think she needs an ambulance. Now she's just feeling scared.

| *Do you have someone that could come and be with you? Will you have someone going with you to your doctor's appointment?* | OR | *Sometimes our bodies can have a very physical reaction to an emotional shock. It's normal even if it is frightening. I'm really glad you felt OK calling me.* |

| *Good, I'm glad she's coming. It sounds like she's someone you rely on.* | OR | *You might find it helpful to call us again after you've visited with the doctor and found out what the news is. We have information about a wide range of support groups that can help people with a lot of different kinds of health conditions.* |

The woman says yes, she's feeling a little calmer now. It has helped to talk. Her sister is coming over and should be there within the hour. The I&R Specialist feels the caller is ready to talk about next steps.

The caller thanks the Specialist for listening and says she will call again. The I&R Specialist and the caller exchange a few more comments and the call ends.

"People don't care how much you know, until they know how much you care"

Suggested ways to speak with clients

"Where exactly are you right now?"

"Is there anyone with you in the house?"

"How are you feeling? Are you hurt? How badly?"

"Do you feel safe?"

"Has this happened before?"

"It does not matter if they are angry or if they are drunk. No one is allowed to hurt you like that."

"What would you like to do?"

"My name is X. What's your name? Why don't you just let me know a little about what you're feeling right now?"

"Is there a place that you would like to go to right now?"

"Are you thinking of killing yourself? Have you ever attempted to kill yourself?

"Have you hurt yourself in any way?"

"I am really concerned about you and I want to send someone over to make sure that you are OK. Would that be all right?"

"Have you thought about how you might do this?"

"Are you certain that you won't harm yourself? Can you promise me that?"

"My name is X and I work at Acme I&R. I have a caller on the line who is threatening suicide. She does not want anyone to come but I think she might be in danger. She won't give me her address but she is currently dialed into the following phone number ..."

Summary of Key Points

Nature of a crisis

- A crisis is a state of acute emotional distress in which an individual experiences a temporary inability to cope with a situation by means of their usual problem-solving behaviours.

- A crisis is not the same as a problem or an emergency. Although some problems grow into crises.

- In many ways, a standard I&R inquiry is an exercise in crisis prevention as it helps people solve problems at an early stage.

- Everyone experiences crises at some points of their life.

- Some situations require mandatory reporting such as instances of child abuse. In these cases, the I&R Specialist has a legal responsibility to report suspicions of abuse to the relevant authority (such as a child protection agency), regardless of confidentiality concerns.

- If people say that they are in a crisis, or act and speak as if they are in a crisis, then the fact that they consider themselves in crisis must be respected.

Crises and coping mechanisms

Everyone has their own ways of problem-solving or coping. When an individual is in crisis, they may no longer be able to draw upon their normal internal and/or external supports. They may also engage in behaviour that is a maladaptive coping mechanism that makes the situation worse. When working with a client in crisis, the objective after the immediate risk assessment, is to address their thoughts, feelings and behaviours to try and bring them back into a balanced, coping state.

Crisis intervention in I&R

People who work in an I&R service may not be crisis professionals, but they will receive crisis calls.

However, the immediate short-term needs of someone in crisis can be alleviated by the active listening skills that are already an integral part of the I&R Specialist's communication tools.

Crisis intervention is a means of providing brief and immediate assistance to people who are experiencing a situation that overwhelms their ability to cope. The goal is to help individuals cope and return to their normal level of physical or emotional functioning without being at risk of endangering themselves or others.

The objectives of crisis intervention within an I&R environment are:

- To immediately assess the situation to ensure the person's safety and the safety of those around them.

- To defuse the current emotional trauma.

- To offer options and resources which may assist the individual in addressing the situation that triggered the crisis.

- To provide appropriate referrals either for now or for the future and/or to help them recognize their own abilities to cope with a crisis.

Immediate risk assessment

When dealing with a crisis situation, the immediate priority is to establish whether the individual is currently in danger and to assess their safety.

A suicide risk assessment (immediacy/lethality assessment) is an evaluation based on determining how dangerous a situation is and addressing issues such as the person's intent, method, timing and state of mind. Such an assessment is directly related, but not limited to assisting individuals who are:

- Threatening suicide, homicide or assault.

- Victims of domestic abuse or other forms of violence.

- Child, adult or elder/dependent victims of abuse or neglect.

- People experiencing a psychiatric emergency.

Crisis assessment and referral

Once the client has calmed down and the immediate emotional crisis is defused, the interaction can be taken to the next level:

- Explore existing supports

- Assess coping skills

- Prioritize

- Referral searching

A crisis intervention model

3 BASIC RULES

- The I&R Specialist and the client are equals.

- The client determines the pace of the interaction and makes their own choices and decisions.

- The I&R Specialist "mirrors" the client through active listening techniques.

4 FUNDAMENTAL PRINCIPLES

- Acceptance

- Respect

- Empathy

- Hope

5 STAGES OF A CRISIS INTERVENTION

- Defining The Problem

- Exploring Goals

- Generating Alternatives

- Planning

- Closure

Elements of a suicide risk assessment

Suicide is a permanent solution to a temporary situation. People considering suicide in response to an unhappy life situation need assistance with living, not with dying.

Assess any immediate danger, take action to ensure that no one hurts themselves or others, work with the individual to defuse/calm the situation, and then transfer them to a specialized service.

- Has the person already taken the first steps towards committing suicide?

- Does the person have a specific plan?

- Does the person have the means to carry out that plan?

Test Questions

1. *What is the first thing an I&R Specialist should do when talking with someone in crisis?*
   a. Call for a supervisor to provide advice
   b. Make contact and assess if there is an immediate danger
   c. Provide some personal anecdotes to make the client feel better
   d. Refer the client as soon as possible to a specialized agency

2. *Which of the following is the best way to find out if someone is considering taking their own life?*
   a. "Are you thinking of committing suicide?"
   b. "Are you thinking of hurting yourself?"
   c. "Are you thinking of doing something that you may not live to regret later?"
   d. "Are you considering committing the ultimate sin?"

3. *Which of the following is an immediate crisis that may have an element of endangerment?*
   a. A woman wants to go to a shelter to escape a violent situation
   b. A family has just received an eviction notice
   c. An emotional client is concerned about the possible addiction of a family member
   d. A recently bereaved older adult is feeling lonely and depressed

4. *What is the most helpful information you can provide when requesting a call trace through 911?*
   a. The name of the caller
   b. The I&R Specialist's name
   c. The main public number of the I&R service
   d. The number of the telephone line that is receiving the call or where the call originates

5. *Which of the following situations requires mandatory reporting to the relevant authorities?*
   a. Sexual assault
   b. Child abuse
   c. Spousal abuse
   d. Suicide threats

6. *Once an immediate crisis has been stabilized, what is the most appropriate way of linking an individual to a specialized crisis service?*
   a. Providing the phone number so they can be empowered to make the contact themselves
   b. Asking them to call the I&R agency back if they ever find themselves in a similar situation
   c. With their permission, calling the crisis agency directly on another line, briefly explaining the situation to the crisis worker and then introducing everyone before leaving the call
   d. With their permission, calling the crisis agency directly on another line before leaving the call

7. *Which of the following is part of a suicide risk assessment?*
   a. Does the person feel sad?
   b. Does the person come from a dysfunctional family?
   c. Has the person written a will?
   d. Does the person have a specific plan to commit suicide?

8. *If someone says that they have a plan to commit suicide, what is the next step of a suicide risk assessment?*
   a. Discovering whether the plan is written down
   b. Finding out whether they have shared the plan with their social worker
   c. Finding out whether they have the means to carry out that plan
   d. Discovering whether that plan contains enough detail to be valid

9. *What is an example of the type of life crisis that anyone might probably experience at some time?*
   a. Loss of a job
   b. Serious feelings of suicide
   c. Being a victim of violence
   d. Psychotic disorder

10. *What is the first priority in assessing a crisis call?*
    a. Establishing rapport
    b. Assessing immediate safety
    c. Earning trust of the caller
    d. Being non-judgmental

Answers

1.	b.	3.	a.	5.	b.	7.	d.	9.	a.
2.	a.	4.	d.	6.	c.	8.	c.	10.	b.

Follow-up

5

OUTCOMES

HELP

satisfaction

- ◎ To outline the meaning of follow-up within I&R

- ◎ To describe the different reasons why follow-up is undertaken

- ◎ To describe some methods for conducting follow-up

Introductory Exercises

Have you ever been contacted without permission by a company after buying one of their products or services just because they wanted to make sure you were satisfied? How did that make you feel about their attitude to customer service?

_____

_____

_____

_____

_____

When you are at home and you receive (those often annoying) marketing or market research calls, what are some of the characteristics of those calls? How might avoiding those characteristics translate into possible best practices for an I&R agency conducting follow-up calls?

_____

_____

_____

_____

_____

What are some of the reasons why people who have received referrals from an I&R agency might not follow through with those referrals?

_____

_____

_____

_____

What the AIRS Standards say ...

The primary purpose of follow-up is for the benefit of inquirers to see if their needs were met.

The I&R service has a policy that addresses the conditions under which follow-up must be conducted. The policy mandates follow-up, when feasible, with inquirers who are at risk and/or vulnerable and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. Additional assistance in locating or accessing services may be necessary.

AIRS Standard 6

The primary purpose of follow-up is for the benefit of inquirers to see if their needs were met.

AIRS Standard 6, Quality Indicator 1

Follow-up is conducted, when possible, with the permission of the inquirer and never compromises inquirer safety.

AIRS Standard 6, Quality Indicator 2

The follow-up policy of the I&R service includes examples of situations in which follow-up might occur if the inquirer is at risk and/or vulnerable. These may include:

- Vulnerable households that are without heat during the winter
- Older adults having trouble expressing their needs
- Families with young children needing food
- Individuals with disabilities who have received an eviction order
- People with no health insurance who need health care
- Individuals needing emergency shelter
- Individuals needing detoxification or withdrawal management

AIRS Standard 6, Quality Indicator 3

Follow-up consists of successfully contacting the inquirer to find out if their need was met and if not, why. Follow-up is generally conducted within one to three days of the original inquiry in cases of endangerment and within 7-14 days in other situations.

AIRS Standard 6, Quality Indicator 4

If the inquirer has not received services or the need has not been met, the I&R service determines whether there is still a need and makes additional appropriate referrals. The I&R service also determines whether the inquirer has additional, new needs and makes appropriate referrals prior to completing the contact.

AIRS Standard 6, Quality Indicator 5

The I&R service documents the follow-up results (whether service was received or there was an unmet need) for use in reports.

AIRS Standard 6, Quality Indicator 6

Information gathered during follow-up relating to information in the resource database that may be incorrect is submitted to resource database staff for verification and correction.

AIRS Standard 6, Quality Indicator 7

Information gathered during the follow-up process is also used as a further means of evaluating the effectiveness of existing community service providers and for identifying gaps in community services.

AIRS Standard 6, Quality Indicator 8

The I&R service conducts regular customer satisfaction/quality assurance surveys with a specified percentage of inquirers to assess overall service performance and I&R service outcomes. The surveys may occur during the original contact with an inquirer (if done for customer satisfaction purposes only), or in conjunction with follow-up (after determining whether the inquirer's needs have been met or in a separate call made for quality assurance purposes).

Survey questions typically encompass the following:

Customer Satisfaction Questions

- Was the I&R service polite and helpful?

- Did inquirers feel like they were listened to?

- Did inquirers receive a choice of referrals where appropriate?

- Would the inquirer contact the I&R service again?

- Would the inquirer recommend the I&R service to family and friends?

Service Outcome Questions

- Did inquirers follow through and contact the referrals provided?

- Was the information about those referrals accurate?

- As a result of the referrals, did inquirers get the help they needed?

- If not, why not? Reasons include: the referral was inaccurate, there wasn't enough information for a proper eligibility assessment, the waiting list was too lengthy, the service was too expensive, there were transportation issues, etc.

If during the course of conducting client satisfaction/quality assurance surveys, it is determined that the original need of the inquirer has not been met or that the inquirer has new needs, procedures are in place to provide additional information, referrals or advocacy.

Information regarding service outcomes obtained during the course of customer satisfaction/quality assurance surveys is included in reports of follow-up activity.

AIRS Standard 29, Quality Indicator 5

Follow-up

The primary reason for follow-up is to benefit vulnerable clients.

Within I&R, follow-up is the process of contacting clients in order to determine whether their needs have been met as a result of the earlier referrals provided and if not, why not.

Depending on the circumstances of the situation and the client, an I&R Specialist may choose to follow-up with the client to ensure that the need of the individual was met. This follow-up is not conducted for every caller but is at the discretion of the I&R Specialist.

The primary reason for follow-up is to benefit vulnerable clients.

It is often undertaken when there may be valid doubts that a client would/could take action after their initial inquiry and contact the referrals provided or properly express their situation. It is sometimes the case that follow-up in these situations results in a further action of advocacy.

There is also another type of after-call contact that is conducted in order to evaluate the overall customer satisfaction and service outcomes of the I&R program as a major part of an I&R's quality assurance activities. In these cases, although there is usually a benefit for clients, the primary purpose is to gain insight into the performance and effectiveness of the I&R service. And clients in these cases are more likely to be selected for contact as part of a random sample.

Potentional reasons for follow-up

Safety check on crisis calls
Follow-up is a means to establish the current safety of clients who may have called in situations of crisis or endangerment.

MAKE SURE CLIENT'S NEEDS HAVE BEEN MET

Follow-up is a means to make sure that vulnerable people in vulnerable situations get the help that they need. An older adult having trouble expressing their needs, a family with young children needing food or a person with a disability who has received an eviction order may all warrant a follow-up to make sure that the referrals provided were successful or else to look at other possible solutions.

PROVIDE ADDITIONAL ASSISTANCE

The follow-up call often results in the provision of additional assistance in developing alternatives if the original referral did not meet the need or if the client is now ready to take the next step in their situation or requires help with new needs.

INCREASE STAFF SATISFACTION

One of the aspects of I&R is that historically, staff never knew "the rest of the story" – that is, what happened as a result of the referral. Follow-up provides feedback and reward to staff on the quality of their service, the appreciation of the client and the value of their contribution.

SERVICE OUTCOME MEASUREMENTS

Follow-up helps measure the effectiveness of an I&R service. Funders are becoming less interested by the fact that you answered 15,000 calls last year (*"So what?"*) but are more impressed by learning tangible and measurable outcomes such as *"82% of callers followed up on the referrals provided and of those, 71% found the help that they needed. Most of the remainder encountered waiting lists or found that they did not fully meet the eligibility criteria."*

INQUIRER SATISFACTION

Follow-up helps gauge the satisfaction of the client with the quality of the service. It is one thing to believe that you are doing a great job. It is another thing to be able to report that *"86% of callers would call us again"* or *"91% of callers say they were treated with respect and dignity."*

VERIFY RESOURCE DATABASE ACCURACY

The client is the person who is actually using the referral information. Sometimes, follow-up results in feedback regarding the accuracy of information in the database that needs to be provided to a Resource Specialist for further research. For example, if the client was told by the program she was referred to that she did not live in their area of service, then the database needs to be adjusted to ensure that other clients do not receive information that is now out-of-date.

Collect information on unmet needs

One type of unmet need is determined during the initial call if an I&R Specialist cannot find a service or program to meet the client's situation. The follow-up process provides another opportunity to identify a possible unmet need. Perhaps the client followed up with the referrals provided but was told that the waiting list was 4 months long, or the fee attached proved too large, or the eligibility criteria were being applied very rigidly and they were not accepted. This information provides insights into the realities of access. Your initial statistics may indicate that your service referred 760 people to family counselling services over the course of the year. But your follow-ups may reveal that maybe 40% of those people did not receive family counselling because of a lengthy waiting list that reflects inadequate resources for that community need relative to the demand for it. This is the type of information that can be used for system advocacy.

Assert uniqueness of I&R

Providing follow-up is also an effective way of further distinguishing the I&R service from many other human services.

Types of follow-up

To reiterate, there are two main forms of follow-up.

- One is initiated by the I&R Specialist either because of a serious situation, or because the circumstances of the client suggest they might have difficulty accessing the required service themselves. In both cases, the responsible action is to make sure that the need has been met.

- The other type of after-call contact refers to a sample or selection of "normal" calls to review as an ongoing element of the quality assurance measures of an I&R service.

Within I&R, the phrase "follow-up" is best used specifically for those instances where a call is made because of a concern for a particular individual. The 'other type' of follow-up is generally referred to as a quality assurance contact.

Follow-up outcomes

Follow-up answers the "*What happened next?*" question of an I&R inquiry. Here are some of the possibilities:

INQUIRER FOLLOWED UP ON REFERRAL AND NEED WAS MET
This means that following the initial call, the client contacted the relevant program or agency, and as a result of the referral, was successful in meeting their needs.

INQUIRER DID NOT FOLLOW UP ON THE REFERRAL
This means that the client has not yet or will not be following up on the referrals provided by the I&R service. There may be several reasons for this. Depending on the time between the referral and the follow-up, it is possible that the client is still thinking about the next steps, discussing it with family members or has been busy with other issues. With respect to self-determination, it is up to the client whether or not they decide to follow up. Sometimes, the initial inquiry provided the client with the information required to better understand their problem and that, in itself, reduced the tension of the situation. Or even just being able to discuss the situation, led to the client finding another way to resolve their issue.

INQUIRER FOLLOWED UP ON REFERRAL BUT NEED WAS NOT MET
This means that following the initial call, the client contacted the relevant program or agency but was not able to meet their initial need. It is important to understand the reasons why this happened.

Basically, either the I&R service did everything correctly but the referral was still not successful, or the I&R service provided incorrect information.

The referral may have been correct but not successful because:

- Although the client was within the general eligibility requirements for the program, they were denied service following a more detailed assessment (for example, financial eligibility based on a series of calculations relating to family size and monthly income).

- The client was eligible for the service but found that there was a waiting list that was too lengthy to meet their needs.

- Although the client knew that a fee was involved, it turned out to be too expensive.

Providing follow-up is also an effective way of further distinguishing the I&R service from many other human services.

On the other hand, the referral may have been unsuitable because the information contained in the resource database is no longer correct, and the service either no longer exists or its nature has changed. There may have been other information that turned out to be incorrect (for example, the client was told that the office was open until 5 pm but it turned out that it closed at 4 pm).

Finally, it is always possible that the I&R Specialist made a mistake. In which case, it needs to be acknowledged, apologized for and if possible, rectified.

ADDITIONAL I&R IS REQUIRED

Regardless of the variations outlined above, a follow-up conversation between the I&R Specialist and the original client often results in additional service being provided. Either the client is ready to take some next steps now that the first need was achieved, alternative solutions have to be explored because an original referral did not work out, or a new need has arisen since the first call.

Follow-up methods and processes

Follow-up protocols tend to vary from agency to agency.

I&R agencies should have existing forms or protocols that deal with documenting decisions for follow-up, including the securing of oral permission. (*"Is it OK if I call you in a couple of days to make sure everything is going well?"*)

As with advocacy, follow-up should be a one-time event and does not constitute case management.

Follow-ups must also be done with discretion – the I&R Specialist does not want to call the home of someone living in an abusive situation in case the abuser answers the phone.

Note that some specialized I&R services may have a policy to follow-up on all clients facing particular situations.

Before conducting any type of follow-up, secure the client's permission and obtain advice about who to ask for and what to do if someone other than the client answers. A safe policy is to never leave a voice message.

When selecting individuals for a customer satisfaction/quality assurance contact, it is important to avoid selecting only "easy" calls and ignoring the calls which are more difficult. However, the I&R Specialist must be given some discretion in the decision about whether to conduct follow up. If, in their judgment, it is not appropriate given the circumstances of the caller (e.g. they are recently bereaved or there seem to be mental health issues), they should not make the request.

Most I&R software programs include a follow-up scheduling and tracking mechanism within their inquiry handling system and this can be customized to reflect your organization's own approach.

Remember that it is always important to include key information concerning the nature of the call itself to remind the caller about the circumstances of their original call.

Your agency may develop a script or sample phrasing to use if you place a call and the person who answers is not the person you need to speak to about the follow-up.

Outline for potential follow-up

The request to follow up with an inquiry should take place after the referrals have been provided.

The essential question is *"Would you mind if someone from our agency called you back next week to check with you about the service you received?"*

There is no agreed upon ideal "best time" to conduct a follow-up. The goal is that elusive balance between "not too soon after the initial call" (as some clients may not have acted on the referrals yet) and "not too long after the initial call" (as some clients will have forgotten that they called the I&R service and why) – seven to ten days seems to work best for inquiries that do not involve crisis situations, but agencies may establish their own preferences. For example, the length may reflect the type of call as the success of a referral for food will be apparent within 3-4 days whereby a referral to a training program may involve a couple of weeks while an application is assessed.
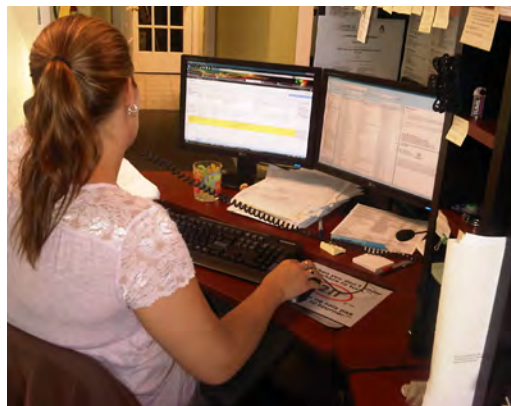
If the client gives permission, you may need to document:

- Client's name
- Telephone number
- Best time to call
- Date of initial call
- Name of I&R Specialist who handled inquiry
- What do to if someone else answers or the call goes to voicemail
- Inquirer's reasons for calling
- Referrals provided

It is important to detail the reasons for the call as the client sometimes needs reminding and does not always associate your name or your organization's name with their initial call. Clear documentation is very important, especially if the follow-up is performed by a different I&R Specialist than the one who took the initial call.

Getting hold of individuals can be difficult. Besides voicemail and constant ringing, there will be disconnected numbers and wrong numbers. If you reached voicemail, should you leave a message? The safe thing to do, regardless of how innocent the client's call, is to respect confidentiality by not leaving a message. The I&R Specialist cannot know who will pick up the message and should never make assumptions about the client's desire for privacy.

It is not unusual to successfully complete follow-up with only one in three of those clients who provide permission, so expectations should be set accordingly. It is useful to set a limit on how often to attempt connecting (for example, three calls made at different times and spaced over a week).

And when you do get through:

> "Good afternoon. My name is Y and I'm calling from Acme I&R Service. Is this X? You called us last week asking for some information about … and you agreed to have someone call you back to see how things went and to ask about the service you received. Would you mind if I asked you a few questions? It will only take 2-3 minutes. Is now a good time?"

In addition to finding out whether the referrals were successful, some agencies also ask some questions about satisfaction with the I&R service, and whether people would call again and/or recommend the service to their family and friends

Discussion Issues

Are you talking to the right person?

How can you make sure that you are talking with the right person on a follow-up? And how can you be sure there is no one listening to the conversation in the same room as the client?

_____

_____

_____

_____

_____

What are some of the advantages of an I&R Specialist following up on their own calls as opposed to the follow-up being undertaken by another staff person? What are some of the disadvantages?

_____

_____

_____

_____

_____

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A woman calls concerned about a young man who lives next door. The man is partially blind and uses a wheelchair but lives independently. The caller and her neighbour are friendly, and the caller occasionally stops in to visit. She knows someone cleans his home each week and that he has other supports, but she thinks his health is deteriorating and she's not sure anyone else notices. She does not believe he has family in the area.

After assuring there is no immediate endangerment, the I&R Specialist provides some possible referrals then asks if she may follow up with the caller in a few days. The caller agrees. When the Specialist places the follow-up call three days later, she reminds the woman of the original call and asks about the situation next door. The woman reports that she called one number and had to leave a message but has heard nothing back. She felt uncomfortable making other calls without speaking with her neighbour, but was embarrassed about talking with him about her observations and making him feel awkward.

Specifically, what questions should the I&R Specialist ask during this follow-up?

What guidance should the I&R Specialist offer to the caller at this point?

Might this be a situation where direct advocacy by the I&R Specialist would be appropriate? What circumstances would indicate that the I&R Specialist should take this additional step? Are there new questions to ask? Describe how the I&R Specialist would suggest that level of intervention.

Role playing

The I&R Specialist places a follow-up call to a young woman who phoned a week earlier looking for job training programs. The woman had been a stay-at-home mom for four years and was depressed about her ability to even get a minimum wage job. The Specialist had referred her to the community college's Displaced Workers program, the Division of Social Services to apply for child care support, and the Child Care Resource & Referral line to locate licensed child care that accepts government subsidies.

Hi, this is (name) from the All-Help Referral Line. We spoke last week when you called looking for job training programs.	OR	*Hi, this is (name).... You may remember that we spoke last week when you called about job training programs.*

NOTE
OR signifies different approaches, not a choice between right or wrong options.

The caller says she remembers but seems unclear, so the I&R Specialist provides more context.

When we spoke, I suggested you might call City College about their Displaced Workers program, then we talked about getting some help for your child care needs.	OR	I know it's been a few days — we talked about City College's Displaced Worker program, and the Child Care Referral Line?

The caller now remembers the original call and seems open to continuing the conversation. The I&R Specialist continues.

Is this a good time to talk? I wanted to follow up and make sure you got the help you needed, and see if there's anything else I can help with at this point.	OR	Is this a good time to talk? I'd mentioned that I'd call back to check in and see how things went for you
OR		
Have you got a couple of minutes? I'd like to ask three or four questions about whether you got help, and see if there's anything else I can help with.		

The caller agrees to continue the follow-up call. The I&R Specialist thanks the caller then asks the standard follow-up questions identified by agency protocol. The caller indicates she did make the calls and has an appointment at City College tomorrow. She called the Division of Social Services but got lost in the phone menu and didn't connect with anyone there.

Yes, it can be difficult to get through there; they are usually very busy. Can I give you some suggestions about the best times to call them?	OR	Getting reliable child care can be hard. Do you have any other possible options — perhaps your own parents or a friend who is staying home with her own baby?

<blockquote>
OR

As I said earlier, I can't guarantee you'll qualify for their assistance, but from what you described it seems like you might fit their criteria, and this service can really make a difference in helping you succeed. Why don't you try them again?
</blockquote>

<blockquote>
AND

Is there anything else I can help you with at this point?
</blockquote>

The caller says she doesn't need anything else right now, but thanks the Specialist for the reminder to call them again. The I&R Specialist senses that the caller is not interested in further help or conversation.

Great, it sounds like you've got what you need. Thanks for speaking with me, and please don't hesitate to call again.	OR	*OK, that sounds good. I appreciate you taking the time to talk and wish you the best.*
OR *Wonderful — I won't take any more of your time. Thanks so much.*		

Callers call you for what you can do, not for what you can't do

Suggested ways to speak with clients

"Is it OK for someone from our agency to give you a call in about 2 weeks to see how everything went?"

"If we're going to call, I do need to ask you for some contact information. Could I just get your first name and telephone number? And what would be the best time to call?"

"If someone else answers the phone, is it OK to ask if you are there?"

"Good evening. Am I speaking with X? My name is Y and I work at Acme I&R. You called us about 2 weeks ago to ask about … and we referred you to Z and W. You said it would be OK for us to give you a follow-up call and I was just calling to see how things worked out."

"Were you able to contact those programs we told you about?"

"What happened when you called those places?"

"What was the problem when you called?"

"How do you feel things stand now?"

"Was all the information that we gave you correct or was there anything we should check up on?"

"I do have a few questions that I would like to ask you about our overall service. It won't take 2 minutes."

Summary of Key Points
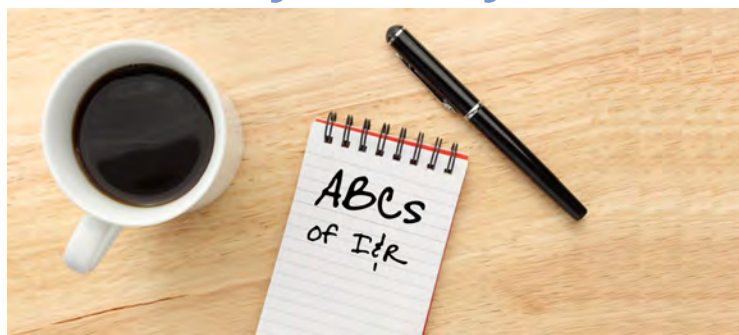
Reasons for follow-up

- Safety check on endangerment calls.
- Make sure client's needs have been met.
- Service outcome measurements.
- Client satisfaction.
- Verify resource database accuracy.
- Collect information on unmet needs.
- Provide additional assistance.
- Assert uniqueness of I&R.
- Increase staff satisfaction.
- Crisis or concern about ability of client to obtain service.
- Need for general quality assurance within I&R service.

Follow-up outcomes

- Inquirer followed up on referral and need met.
- Inquirer did not follow up on referral.
- Inquirer followed up on referral but need not met.
- Additional I&R is required.

Follow-up methods and processes

- Follow agency protocols.
- Use discretion.
- Always obtain client's permission.
- Document all relevant details.
- Give client enough time to contact referrals.

Test Questions

1. *Which of the following is a reason for an unsuccessful referral?*
   a. Inquirer did not meet the program's eligibility criteria
   b. Inquirer became too busy with other things to contact the agency
   c. Before contacting the referral agency, the inquirer decided that it wasn't quite what was wanted after all
   d. Inquirer received the needed help at the agency referred to

2. *Which of the following is a measurable outcome for the I&R service?*
   a. Individual's phone number appears to be disconnected
   b. Individual followed up on the referral but their need was not met
   c. Individual did not remember contacting the I&R service
   d. Individual was going to contact the referral agency tomorrow

3. *How does follow-up measure service outcomes?*
   a. Follow-up provides additional I&R interaction with clients
   b. A large number of follow-ups proves that a much larger number of calls are being answered
   c. Follow-ups make sure that the resource database is as accurate as possible
   d. Follow-ups provide information on how people are helped as a result of the I&R service

4. *Follow-up within I&R is designed to:*
   a. Make sure that the I&R Specialist stays engaged
   b. Make sure that clients keep the commitments that they agreed to
   c. Discourage clients from solving problems on their own
   d. Make sure an individual receives the services they need

5. *What information is needed to conduct a follow-up?*
   a. The home address of the client
   b. The employment status of the client
   c. The permission of the client
   d. The client's cell phone number as a back-up

6. *As a result of the follow-up, the client points out that some of the information provided by the I&R was not correct. What should be the response of the I&R Specialist?*
   a. To email the Resource Specialist to let them know there is a mistake
   b. To take down the information and send it to the Resource Specialist to be verified
   c. To immediately change the information on the database
   d. To defend the integrity of the database

7. *What action may be required due to a follow-up?*
   a. I&R service stops making referrals to a particular agency because a client stated that the service was inadequate and disrespectful
   b. Resource database is updated to reflect recently learned information
   c. I&R Specialist agrees to meet the client in person after-hours to go over the situation again
   d. Inquirer is advised not to contact the service again unless there is a clear promise to follow up on the referrals

8. *What is the best time to conduct a follow-up?*
   a. A year later in order to see the full impact of the referral
   b. The next day as it forces the client to take action on the referral
   c. About a week later to give the client time to contact the provided referral
   d. Saturday morning because this is when the I&R staff have more time on their hands

9. *Who should primarily benefit from an I&R follow-up?*
   a. The individual client
   b. The I&R Specialist
   c. The I&R service
   d. The human services system

10. *Who should primarily benefit from a customer service/quality assurance follow-up?*
    a. The individual client
    b. The I&R Specialist
    c. The I&R service
    d. The human services system

Answers

1.	a.	2.	b.	3.	d.	4.	d.	5.	c.	6.	b.	7.	b.	8.	c.	9.	a.	10.	c.

Confidentiality

- ◎ To describe the meaning of confidentiality within I&R

- ◎ To outline the ethical and practical reasons to maintain client confidentiality

- ◎ To understand the requirement for obtaining permission before disclosing personal information about a client to another agency

- ◎ To identify the occasions when confidentiality takes second place to a statutory requirement to report abuse, or to intervene to prevent someone from seriously harming themselves or others

Introductory Exercises

What are some examples of interactions where you expect your own confidentiality to be honoured?

_____

_____

_____

_____

You are at a party or a large family gathering and want to tell an amusing (or heartbreaking) story about a client that you recently helped. What are some of the considerations involved? What are some of the dangers?

_____

_____

_____

_____

If you are ordering a product over the phone, what details about yourself would you believe are relevant for the transaction? Are there questions that you would not answer? If you are only asking for information about pricing, would you provide your address and phone number if asked?

_____

_____

_____

_____

What the AIRS Standards say ...

> The I&R service has a policy to ensure that the confidentiality of inquirers is preserved.

The I&R service has a policy to ensure that the privacy, confidentiality and security of personal inquirer information is preserved and has agreement forms that staff and others with access to confidential information sign to document their compliance. Identifying information about inquirers, their requests and the information given to them are not communicated to others unless:

- Release of information is required by law or court order;

- Careful consideration indicates the presence or risk of serious harm to the inquirer or another person, and then communication may be only to those who must be informed in order to reduce harm or risk; or

- The inquirer has given explicit permission for the information to be disclosed to another person or agency. The inquirer specifies what information may be given and to whom.

AIRS Standard 1, Quality Indicator 10

The I&R service has a process to field and resolve complaints about inquirer privacy and confidentiality, provides training and ensures that related policies and procedures are in place.

AIRS Standard 1, Quality Indicator 12

The I&R service shall establish and use a secure, computerized system for collecting and organizing inquirer data and related management information ... The primary goal of data collection is to garner enough information about inquirers to help them address and/or resolve their problems. Inquirer data must always be made available in aggregated form to protect the confidentiality of individual inquirers.

AIRS Standard 13

Confidentiality in I&R

Confidentiality in I&R is more than a courtesy – it is an all-encompassing ethical expectation.

Confidentiality means that an I&R service should not disclose information about the personal identity of individual clients, their situations or the resources provided to them unless:

- The client has provided explicit permission.

- There is a legal reporting requirement in certain situations such as child abuse.

- There is a strong likelihood that the client may seriously harm themselves or someone else.

Confidentiality in I&R is more than a courtesy – it is an all-encompassing ethical expectation.

An effective I&R service is based on trust. If a service is not trusted, people will avoid using it.

Asking for and receiving personal, and often sensitive, information about the circumstances of clients places the I&R Specialist and the I&R service in a position of trust.

Violating confidentiality destroys the trust that people and communities build for an I&R service. Sometimes, violating confidentiality can also endanger a client who is in an abusive situation (for example, following up and leaving a message on voicemail that anyone in the house might hear).

A service bound by confidentiality ensures that the gathering of personal information is minimal and only available to those who are authorized to have access to that information.

And that authorization (or access) should only be granted on the basis of a clear "need to know".

In the same way that an agency's internal personnel files should not be accessible to all staff members, documentation on individual clients should not be openly available to anyone with a streak of curiosity. Such information should only be viewed by staff who have that clear "need to know".

There may also be legal requirements that an agency must meet regarding the safe storage and eventual destruction of personal information whether it is maintained on paper or on computers.

If personal information is being shared electronically with another organization, then there are additional federal stipulations that require compliance.

Client files should be maintained in locked cabinets and/or storage areas. Files should be retained for a period of time mandated by the funding source and/or the law. Unnecessary documents should be shredded or disposed of in a way that does not risk client identification.

One complication is that I&R agencies sometimes operate a variety of specialized programs in addition to their core functions – all handled by the same staff. It is often the case that these programs may acquire additional information on clients that is not needed for the core I&R service. It is important to ensure that these client information databases/files remain separate and are subject to distinct confidentiality protocols.

Remember that when asking for personal information, the client always has the right to refuse and that right should be made clear to them.

If personal information is being stored, those individuals have a right to obtain that information upon request. The exact requirements will vary between jurisdictions. It is important for the I&R organization to be aware of the privacy and confidentiality legislation that applies to them.

Confidentiality policies and practices

I&R services should have confidentiality policies that are signed by all staff and volunteers. All I&R staff need to understand these policies very clearly. Here's an example of a basic confidentiality policy:

SAMPLE CONFIDENTIALITY POLICY

Our agency adheres to a strict confidentiality policy recognizing the importance of client confidentiality and will institute sanctions against persons who violate confidentiality procedures.

The policy includes the following practices:

- Information about contacts and clients will be shared only with relevant staff.

- All staff will receive training about the confidentiality policy and annual in-service reviews.

- When necessary, I&R Specialists are encouraged to discuss clients with colleagues for support and suggestions. However, such discussions must be held quietly, be relevant to the situation and never within earshot of anyone who does not have a need to know.

- No contact will be made, either by phone or in-person with a client outside of the agency.

- No information will be provided about a client to any person (e.g. family, police, medical personnel) without the client's prior verbal and informed consent. The only exception is, when careful consideration indicates the presence of a clear and present danger to an individual or to others, and then only to those who must be informed in order to reduce that danger.

- All outside visitors to the contact centre will be required to sign a confidentiality agreement. Even if they are not scheduled to listen to calls, they may overhear something while walking through the contact centre. This is another reason why staff should use discretion when conferring about situations.

- It is unprofessional to make negative comments about other agencies, especially when you are presented with only one side of the story – so resist the impulse to talk about another organization based on the feedback of a client.

- A confidentiality warning sign will be prominently displayed at the entrance to the contact centre.

- Staff will remain respectful of the confidentiality policy after they resign, by never discussing specific callers or details of conversations outside an agency context.

Here are some examples of potential operating practices:

- Information about clients may be discussed only with others concerned with the situation or in a position to provide guidance.

- Assure that appropriate provisions are made for the maintenance of confidentiality in the storage, retrieval, use, and ultimate disposition of records of individual clients – whether those records are on paper or maintained electronically.

- Written and oral reports should contain only information relevant to the report.

Explicit permission

If an I&R Specialist needs a client's name and personal information (usually to arrange for advocacy and/or follow-up), explicit permission must be provided to acquire and/or share that information.

Whenever you need to ask personal information, always explain the reasons to the client.

"Explicit permission" does not necessarily mean written and/or signed permission.

It means that you have clearly asked the client for permission to share personal details under specified circumstances and are certain that they understand the request (the principle of "informed consent").

It is the difference between:

"*Give me your name and phone number*" and

"*Is it OK to for me have your name and phone number so that I can call the agency, discuss your situation and then call you back?*"

It is a good practice for an I&R Specialist to maintain notes whenever permission has been requested and granted. For example, "I asked Ms. X for permission to share her name and phone number with Y. (Feb 23)" This documentation requirement is often included in agency confidentiality policies and is a technical feature (or prompt) within some I&R software systems.

Reporting abuse

An agency's overall confidentiality policy must include any and all legal reporting requirements mandated within the jurisdiction.

Generally, people working within human services have a legal responsibility to report any situation where there is a suspicion of child abuse to the relevant child protection services. In some states, the report must be made directly to the police.

In other jurisdictions, mandatory reporting may also extend to elder abuse including the abuse of dependent adults (such as persons with developmental and/or severe physical disabilities).

In some cases, the decision to report is very straightforward.

For example, if a neighbour calls after seeing a child being physically mistreated and are unsure what to do about it, you must refer the neighbour to children's protective services in order to provide the information that will allow the situation to be properly investigated. If the neighbour is reluctant to make the call, ask them to provide the name and address, so you can make the call directly.

In other cases, the situation is more complex and/or reporting is more difficult. For example, a father calls from a public telephone to get help because he has been hitting his youngest child. He knows that it is wrong but can't control it and wants counselling help. You do not know whether he will follow up with the referrals you provide and he will not tell you personal information.

These are serious situations and in most I&R services, decisions regarding action/inaction must only be taken after discussion with a senior staff member, supervisor or other manager.

Confidentiality and endangerment

An I&R Specialist may learn of situations where there may not be a legal requirement to report, but if the individual is in immediate and serious danger or has threatened to harm another, then there is an ethical responsibility to protect the person's safety even if it means ignoring confidentiality.

For example, if someone says they are going to commit suicide and they have a plan and the means to carry out that plan, then an I&R Specialist needs to ensure that the police and/or emergency medical services are dispatched.

Confidential information may be revealed after careful consideration indicates a clear and present danger to one or more individuals. That information should be shared only with those who must be informed in order to reduce that danger.

There may be moments in your career when the complexity and immediacy of a situation means that you will have to make a judgment call. Any decision that places priority on someone's life is the safest option.

Relevance of information

Generally in I&R, you should only ask the questions that are needed to complete an assessment and provide accurate referrals.

If someone is calling about the nearest recreation centre, it should not be necessary to ask them their age, their exact address and their source of income … just their city or neighbourhood or general location should be enough.

Many I&R services are not just confidential but largely anonymous as the only time a name, phone number or other personal details such as family income may be required is for cases where advocacy and/or follow-up are necessary.

However, some agencies have policies and software that involve taking the name, address and phone numbers of all clients, providing permission is granted. The philosophy behind this is to allow staff to better understand the individual's previous circumstances and provide consistent service when answering inquiries – and sometimes this is a contractual requirement with a funder.

Sometimes even agencies that operate an anonymous I&R service need to acquire additional information on the background and needs of their callers. This allows the agency to develop important insights about their clients and the community being served.

On these occasions, a sample of callers may be asked, with permission, for in-depth information about their demographic profiles and situations. Even though this might not involve asking for someone's name, this still involves requesting permission and stating the reasons behind the request.

This aggregate reporting of referrals and situations ("We received 23 calls from Greentown about child nutrition in February") is encouraged within the AIRS/InformCanada Standards as it helps communities better understand the needs of their residents. This includes information about client characteristics ("We received 85 calls from young people following the previous week's outreach campaign"). Confidential information is not necessary for this type of data reporting.

Case examples used for promotional purposes should never be capable of being traced back to the unique situation of an individual but should be written and described as composites.

Call monitoring/recording

It takes several weeks before a new I&R Specialist begins to gain basic proficiency.

The best way for someone to learn the job is to listen to the calls of experienced staff to provide insight into the subtleties of establishing rapport, conducting assessment, retrieving referrals, clarifying priorities and closing calls.

Most I&R agencies have the technical ability for staff to listen to both sides of the interaction between the client and the I&R Specialist. For this to happen, new staff must understand and sign their internal confidentiality policy and receive training on confidentiality issues.

As new staff begin to take calls themselves, the roles become reversed as the more experienced I&R Specialist listens in to ensure that the client is receiving quality service.

I&R supervisors should also regularly (for example, 5 times a month) monitor the calls of all I&R Specialists in order to provide detailed feedback and support.

The touchstone here is how much should the client know about this activity?

In some instances, agencies have a voice message at the start of each call stating that some calls are monitored for training purposes.

Another viewpoint is that such a statement may create unnecessary anxiety in the client's mind (especially if a service rarely asks for personal information) and that as the call monitoring is only for training purposes and all staff are bound by the agency's confidentiality policy – then no disclosure is needed.

Some agencies are also able to record calls. Typically, this practice is legal providing at least one of the parties (in this case, the I&R Specialist) knows that the taping is taking place.

Call recording is an excellent training tool as it allows the I&R Specialist to hear their own tone and inflection. Often, an I&R Specialist may say the right things but not be aware that they are not using an empathetic tone or pace of speaking. ("*I didn't realize I sounded that … abrupt!*")

If an agency is using call recording and/or call monitoring, these practices should be covered in their confidentiality policies and measures taken to ensure that access to the technology is restricted and recordings are deleted after an appropriate period.

Discussion Issues

Confidentiality and anonymity

What is the difference between confidentiality and anonymity? And how does the client experience this distinction?

How does the I&R Specialist establish permission to obtain a name and phone number for the purposes of advocacy? What is a reasonable protocol?

Can you discuss or share the story of a particularly interesting inquiry with a friend or family member providing you are careful not to reveal any identifying information?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A woman calls and in a quiet, nervous voice explains that she needs furniture and someone said maybe this agency could help. The I&R Specialist explains that he might be able to give her some referrals. The caller says she's never asked for help before and is embarrassed now, but her niece is coming to live with her and she needs another bed.

The I&R Specialist says he may need to ask her some personal questions in order to give her the best referrals. The woman asks what kind of information he needs, and he assures her that he will only ask questions to help give her the best referral. He explains that anything she shares will remain confidential and that he won't record any identifying information. He also tells her she doesn't need to answer any question she doesn't want to answer, and it won't prevent him from helping.

The caller agrees and the Specialist asks the necessary questions. He discovers an agency that provides free furniture, but they only accept calls from other service providers and not directly from clients. He explains the situation and asks for permission to call them on her behalf. The caller does not want him to mention the niece. The Specialist agrees the agency does not need that information, just that this is a client who needs a bed. He asks if she would share her name and phone number with him so he can call her back after he learns whether a bed is available. She gives him just her first name.

The Specialist calls the referral agency and determines a bed is available. He calls the woman and gives her the information, then asks for permission to share the woman's name, phone number, and address so the agency can make arrangements directly with her to deliver the bed. The caller agrees and the Specialist calls the referral agency back and completes the transaction.

In some situations — such as this one — it may be more important to explain confidentiality than at other times. Why did the I&R Specialist explain it during this call? Describe a similar scenario where this level of detail would not be necessary.

What other assurances might the I&R Specialist offer this caller?

In this situation, the I&R Specialist decided not to probe to see if the situation regarding the niece also required support. Why might this decision have been made? And if the Specialist did want to explore the issue, how might that question be framed?

Role playing

A teenage girl calls and says she thinks her neighbors may be abusing their child, who is about three years old. She used to babysit for them but they stopped asking her about six months ago, and she's been hearing a lot of yelling and crying over there the past couple of weeks. She says she doesn't want them to know she's "turning them in." The I&R Specialist responds.

I'm glad you called. It sounds like you're very concerned about this child. May I ask a few questions about the situation so we can explore what steps should be taken?	OR	*You're describing a situation that sounds very much like child abuse. Is that what you think is going on? Are you comfortable telling the authorities what you told me?*

NOTE

OR signifies different approaches, not a choice between right or wrong options.

The caller is a little reluctant. She says she doesn't know anything for sure and doesn't want to get anyone in trouble.

The caller understands and agrees to share information as long as she can remain anonymous. She describes that she heard the mother yelling at the child last night, and thought maybe she heard a scream. The child cried harder after that. The mother yelled some more, then the caller heard a door slam. The child cried for a while longer, then apparently fell asleep.

It sounds like the child may be experiencing physical abuse as you indicated. I know that you don't want to call the authorities, but you are right to be concerned. You don't need to tell me your name or anything about you, but can you tell me the name and address of this family so I can make that report?	OR	*I do need to let someone know since this may be an abusive situation, but more importantly, it sounds like you've called because you're worried about her safety, too. You've done the right thing. It will be up to the child protection authority to take the next steps. I'll also give you their number so you can call them directly.*

AND

Other people may have called the authorities about this and your call may give them have the additional information they need to help protect this child. I'm glad you decided to call us today.

The caller shares the neighbour's information and agrees to call again if she sees or hears anything else. The Specialist then calls the authorities and reports the situation.

Hi, my name is (name) and I'm calling from All-Help Referral Line. I just received a call from someone who wanted to report a possible child abuse situation, and I want to pass this information on to you.	OR	*Hi, I'm (name) from All-Help Referral Line. I'd like to report a possible child abuse situation.*

The caseworker asks for information and the I&R Specialist relays the story. The caseworker asks the Specialist for the contact information or the person making the original report.

I'm sorry, but my caller was unwilling to share any personal information, saying only that she knew the family. The details I was told, however, describe a situation where there may indeed be abuse going on.	OR	*I'm afraid I don't have that information. I asked if my caller would be willing to call you directly, but she was reluctant to get involved at that level. I did give her your number and encouraged her to phone you directly.*

The caseworker and the Specialist conclude their conversation.

Always operate under the assumption that the client can advocate on their own behalf, until you know otherwise

Suggested ways to speak with clients

"Confidentiality is very important to us, so everything you say will be kept private."

"You don't need to tell me any information you feel uncomfortable providing."

"Just to remind you that we are a confidential service. I will ask you only what I need to know to provide you with some suggestions and those details will not be shared with anyone else."

"I am just going to ask for some personal information in order to better understand your situation – both now and if you call us again in the future. This is kept confidential. If you are not comfortable answering any of these questions, then that's OK."

"If you think it would help, I would be pleased to contact the service on your behalf, but I will need to let them know your full name and address in order to do so, would that be OK?"

"With your permission, I would like to follow up with you in a few days to find out if everything worked out or if you need more referrals. Could you give me your first name and phone number?"

"Confidentiality is very important to our program. Our staff all respect your right to privacy and takes it very seriously but we will break confidentiality in cases where someone's life might be at risk."

Summary of Key Points

What you need to know ...
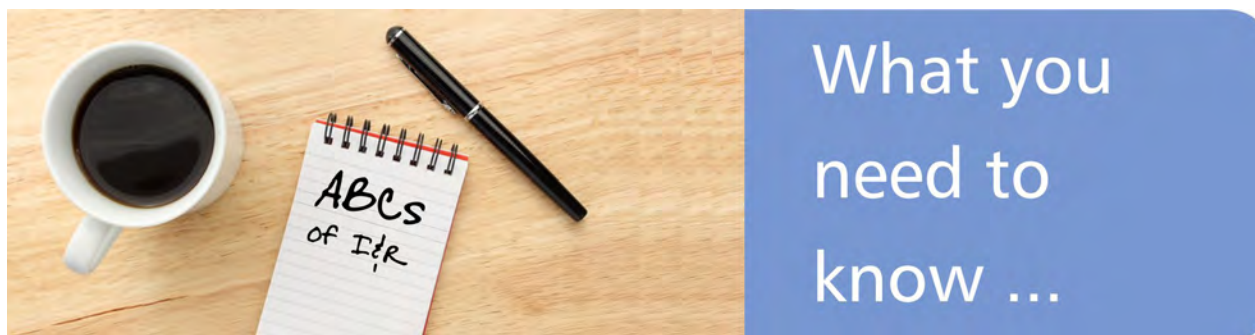
Confidentiality is crucial to trust which is critical for good I&R.
A confidential and an anonymous service are not the same.

There will be circumstances when confidentiality must be broken in order to protect the client or others. Those circumstances include:

- Protecting the client or others from serious harm.

- Providing advocacy when there is explicit permission from the client to share personal information.

- Meet a legal obligation to report child abuse.

- Paper files on clients should be contained in locked cabinets and electronically stored information must be password protected.

- Clients always have a right to refuse to provide personal information.

- When conducting an I&R assessment, you should only ask questions that are relevant.

Test Questions

1. *The confidentiality of a client:*
    a. Should not get in the way of the most appropriate referral.
    b. Is a basic expectation of an I&R service.
    c. Is only relevant for certain types of calls.
    d. Depends upon the policies of individual I&R agencies.

2. *Which of the following most closely describes confidentiality within I&R?*
    a. Privacy
    b. Anonymity
    c. Advocacy
    d. Self-determination

3. *What is the best response when a client refuses to answer a question during an assessment?*
    a. "If you don't answer these questions, I won't be able to help."
    b. "This is a confidential service but I respect your right to privacy."
    c. "Just whisper the answer quietly and I won't tell anyone."
    d. "This is a confidential service, so you can tell me anything."

4. *Which of the following reflects the obtaining of explicit permission from a client to share confidential information?*
    a. "Actually, our system automatically reads your phone number and I already have your personal details on the screen."
    b. "If you like I could call the agency on your behalf, but I would need to know a few personal details. Would that be OK?"
    c. "Don't worry, we are a confidential service, just answer the following questions."
    d. "We're gathering some statistics for our funders. I need to know your name, address and annual income."

5. *In which situation can confidentiality be overridden?*
    a. When the client has already given permission on another matter a few months ago
    b. When there is a reasonable suspicion that illegal drugs are involved
    c. When there is a suspicion of child abuse
    d. When the client does not fully understand the concept of confidentiality (for example, because of a language difficulty)

6. *Which of the following is the most relevant information to ask from someone asking about health services in their area?*
    a. Their current health condition
    b. Their exact street address
    c. Their social security number
    d. Their city/town

7. *Within I&R, which of the following best describes the importance of confidentiality?*
    a. A valid option
    b. A requirement under the AIRS/InformCanada Standards
    c. Irrelevant except in extreme cases
    d. Database dependent

8. *Which of the following is an example of aggregate reporting data that should be collected?*
    a. Mr. Smith called 3 times last month to get help with his bills
    b. Our service received 26 calls last month for family counselling
    c. Our service is confidential and does not generate statistics
    d. We answered 700 important calls last month

9. *Which of the following best describes how an agency should handle its confidentiality policy?*
    a. It should be carefully secured inside a locked filing cabinet within the personnel department
    b. It should be available, upon request, to all staff
    c. It should be read, understood and signed by all staff
    d. It should be signed by all Board members

10. *Which of the following most closely describes the importance of confidentiality within I&R?*
   a. A central part of our ethics
   b. A courtesy extended to clients
   c. A best practice amongst AIRS accredited I&R agencies
   d. A counterpart to an empowerment philosophy

Answers

1.	b.	3.	b.	5.	c.	7.	b.	9.	c.
2.	a.	4.	b.	6.	d.	8.	b.	10.	a.

Values, Self-Awareness and Self-Determination

7

◎ To describe the meaning of values and perceptions

◎ To outline how values and perceptions can affect the delivery of I&R

◎ To be aware of personal values and to respect the values of others

◎ To identity the meaning and importance of self-determination

◎ To understand the difficulties, yet importance, of withholding judgment

Introductory Exercises

What are some of the ways you think people might perceive you and how might they be wrong? Are there any aspects of your personality or background that you sometimes feel other people might be judgmental about?

_____

_____

_____

_____

_____

Can you provide some examples of social and/or business interactions in which you are conscious of altering your presentation of yourself in order to play a role or handle an encounter?

_____

_____

_____

_____

What type of person do you find most difficult to deal with in your everyday professional and/or personal life?

_____

_____

_____

_____

What the AIRS Standards say ...

I&R specialists establish rapport with the inquirer.

The I&R service ensures through training and supervision that I&R specialists:

- Identify themselves and their program per agency guidelines.

- Establish rapport with the inquirer and use active listening skills and empathy to discern the presenting problem.

- Respond to each inquirer in a professional, nonjudgmental, culturally-appropriate and timely manner.

- Use jargon-free language and an appropriate tone of voice and inflection to convey empathy and engagement with the inquirer's situation.

AIRS Standard 1, Quality Indicator 1

Values and Perceptions

Values and
perceptions impact
our attitudes about
life and others.

Our values and perceptions affect our interactions with others, including our clients.

As people experience life, they initially draw heavily from their immediate family environment. As they continue to grow and learn, more experiences are gathered. Out of these experiences emerge individual guidelines for behaviour. These guidelines tend to give direction to life and are called "values". Values also condition our expectations regarding the behaviour of others.

Perception can be defined as how we see the world and how we see other people, and also how others see us and one another.

Values and perceptions impact our attitudes about life and others. We need to be aware of our values and our potential to be judgmental (which is being critical of the values of others). It is also important to know the impact our values and perceptions can have on other people.

Values and perceptions affect how we handle our interactions with others. For example, if someone believes that everyone who works for the government is "lazy", they have a "mind set" that influences how they interact with government employees in both formal and informal surroundings.

A mind set sometimes preconditions us to see what we expect to see and to ignore contradictory information.

Self-awareness

In dealing with clients, it is essential to be aware of any personal "preconditioned" feelings we may have about people and to put those feelings aside. Sometimes these feelings can result in over-identifying with certain people while not having the same empathy for others. People in this situation have a "bias".

Some things to think about when dealing with clients:

- What am I feeling inside when I am talking with this person?

- If I were to release my most impulsive responses, what would they be?

- Does this person resemble someone in my life?

- What role do I find myself playing with this person?

- Why did I respond the way I did?

Because they have access to information the client needs, the I&R Specialist is placed in a position of power. I&R Specialists should be aware of this power imbalance and not unconsciously "reward or punish" the client for their behaviour during the interaction.

Self-determination

Self-determination is the right of clients to make their own choices and decisions at each step in the I&R process.

Everyone is different – different in personality, physiology, life experiences, family circumstances, values and goals. Within I&R, each client must be approached and respected as an individual. Clients are all unique people, not "cases" or "problems".

Acknowledging the individuality of clients means recognizing their rights, including their need to make their own choices and decisions. That right is called self-determination.

An I&R Specialist should never tell a client what to do. Instead, the I&R Specialist should help the client explore the variety of resources available within the community and within their own lives.

As far as possible, choice is provided through referrals to different agencies or by suggesting a variety of alternative approaches. There are often many different ways to solve a problem. Following an assessment, the I&R Specialist helps the client to identify options. Clients can then determine their own personal preferences.

Clients are all unique people, not "cases" or "problems".

Respect is a crucial component in I&R professionalism and must be accorded to each and every client.

Sometimes the I&R Specialist may believe (often correctly) that the client's choice of action is not the best one. But the final decision lies with the client. It is important to make them feel supported, whatever they decide, and to ensure that they feel comfortable calling back if they need future assistance.

Withholding judgment

Clients should make choices that reflect their own preferences and value system.

Be careful not to impose your own attitudes and values in problem solving. Listening and reacting impartially demonstrates your respect for clients and their values. Inquirers reflect the socio-economic and ethnic diversity of the community as well as their own particular individual personalities, so it is important to shed (or at least, acknowledge) personal biases and values before talking with clients.

Respect is a crucial component in I&R professionalism and must be accorded to each and every client.

Discussion Issues

Does the client have the right to make "bad" decisions?

What are some of the circumstances and attitudes of clients that you personally find most difficult to handle?

What strategies can you use to take your own feelings and values out of an interaction in order to withhold judgment?

Does the client have the right to make "bad" decisions? And what are some of the ways that you can take away self-determination while trying to provide helpful I&R?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A mother calls to ask whether there is a "boot camp" where she can send her teenage son. She is speaking in a loud voice and is clearly angry. Before the I&R Specialist has a chance to answer, she says she is sick and tired of his lies, and she doesn't want to deal with it any more. The I&R Specialist acknowledges the caller's frustration and, hoping to gradually calm her down, encourages her to say more.

The woman continues to vent for a few minutes. She notes that the school just called to report his truancy again, and she's sure he's stealing from her purse, and he disrespects her when she tells him to do any chores. She is a single mother and shouldn't have to put up with this when she's doing her best to put food on the table for him and the expensive clothes he wants.

The I&R Specialist attempts to respond reflectively and asks if she would like some referrals to counselling programs. She flashes back that they've tried counselling and it doesn't do any good; and she adds a derogatory remark about counselling professionals. She repeats that she wants a boot camp. The Specialist looks in the database and identifies a residential facility that may be appropriate. The woman then explains she doesn't have money for that kind of thing.

The I&R Specialist again attempts to defuse the intensity of the call and gently probes for other options to be explored. The woman continues to vent and does not seem to be interested in exploring options.

Identify some phrases that should not be used while the I&R Specialist works to build rapport with this caller.

What are some elements of this call that could be triggers, or hot buttons, for the I&R Specialist? What self-awareness must the I&R Specialist have in order to effectively respond to this caller's true needs?

What would you consider an ideal outcome of this I&R contact? What do you suspect will be the actual outcome? What would you need to tell yourself after the call has ended, so you can reconcile the differences and be ready for the next caller?

Role playing

A young woman calls and asks for a referral to a clinic. The I&R Specialist says they have several clinics in their database, and she would be glad to make that referral. She asks the young woman what kind of clinic she needs, and the young woman says she needs a health clinic. She is clearly reluctant to share any information, but the I&R Specialist needs more information to make the proper referral.

NOTE
OR signifies different approaches, not a choice between right or wrong options.

	OR	
Well, let's see. We have different kinds of clinics for different types of situations. We have clinics if you need to see a doctor for the flu, or clinics that can help with substance abuse, or with pregnancy, or for sexually transmitted diseases. Do you need something like one of these?		*Most clinics specialize in one area such as general health, birth control, or drugs or alcohol. What kind of clinic are you looking for right now?*

The caller says she thinks she might be pregnant.

> *OK, well, I can give you several options. I can explain what each of them does. Are you looking for help to understand your options?*

The caller says yes, she wants to think things through. The I&R Specialist continues to provide the full range of options, carefully explaining each one so the caller can make an informed decision.

> *Have you spoken with anyone else about your situation? Are you able to talk with your parents or other family members?*

The caller says she'd like the phone number for a youth health clinic. The I&R Specialist provides the referral information, and adds that it says that they can also provide counselling and other services. She begins to wrap up the conversation.

Does this give you what you're looking for today? Would you like any other numbers or information?	OR	*Will this help you get started? You know, you may find that you will have lots of difficult moments over the next few months, and I just want to encourage you that you can always call us back at any time, even if you just want to talk.*

The caller sounds reluctant to engage any further with the Specialist, and the call ends.

Every accomplishment starts with the decision to try.

Suggested ways to speak with clients

"What sort of services do you think might be able to best help you?"

"What are your preferences?"

"Well, you know that you can always try that approach and call us back later."

"I can offer you suggestions of things that have worked for people in similar situations to yourself but you need to make the choice that you are most comfortable with."

"Unfortunately, these are the only programs we know about that could meet your needs. Might there be any family or friends that can help?"

"It's not what I think that is important. It's what feels best for you."

"Remember you can always think about it for a while and you are always welcome to call us back."

Summary of Key Points

What you need to know ...

- Values reflect an individual's way of looking at themselves and others.

- People perceive others through the filter of their own values.

- Self-awareness means knowing your own value system, which allows you to respect the value systems of others and not impose your own value system on the client.

- Do not allow judgment of the client to affect service quality, even if (or especially if) the client's values differ from your own.

- An I&R Specialist should never tell clients what to do. Inquirers have the right to make their own decisions.

Test Questions

1. *Self-determination is:*
    a. Extreme concentration
    b. Genetically pre-ordained
    c. The right to make your own choices
    d. The right to determine what is in the best interests of others

2. *A client does not like the referrals provided even though they are the most appropriate for the situation and their reasons for rejecting them make no logical sense. What should be the response of the I&R Specialist?*
    a. Indifference because it is the decision of the client
    b. Explain that these are the best options available and should be followed if the client really wants to be helped
    c. Recognize client's preferences and try to find alternate referrals. And if none exists, to share that honestly with the client
    d. Provide two referrals which are not really relevant but the client seems more happy with

3. *Which of the following best describes the nature of I&R clients?*
    a. Inquirers are essentially the same
    b. Inquirers are all different individuals
    c. Inquirers are made up of predictable patterns based on socio-economic status and personality type
    d. Inquirers are different people with the same predictable range of problems

4. *To withhold judgment is:*
    a. To respect the individuality of others except when it conflicts with common standards of decency, reason and morality
    b. A reflection of an inability to make a decision
    c. To demonstrate your professional wisdom and self-respect
    d. To respect the individuality of others even when it conflicts with your own values

5. An I&R Specialist who has strong religious convictions answers
    a call from a client asking about a facility that provides free
    HIV tests. The client admits to using drugs, and jokes about his
    gay lifestyle. Within this context, it is permissible for the I&R
    Specialist to:
    a. Provide the referral and then tell the client that he needs to take
       a closer look at his life
    b. Provide the referral and then ask the client if he is happy with
       his lifestyle
    c. Provide the referral and thank the client for calling
    d. Ask the client if he would mind speaking with another I&R
       Specialist

6. What are values within I&R?
    a. Sets of core beliefs that govern an individual's world view and
       interactions
    b. The amount of money that someone would pay for a good
       referral if the service was not free
    c. Self-awareness and a lack of bias
    d. The right to make judgments when warranted

7. How do people tend to perceive others?
    a. Solely as unique individuals
    b. Through the filter of their own values
    c. In a naturally nonjudgmental sense
    d. Through the filter of self-determination

8. Who decides on the course of action following an I&R contact?
    a. The preconceptions of society
    b. The I&R Specialist
    c. The overall human services system
    d. The client

Answers

1.	c.	3.	b.	5.	c.	7.	b.
2.	c.	4.	d.	6.	a.	8.	d.

Responding Effectively to Challenging Inquirers
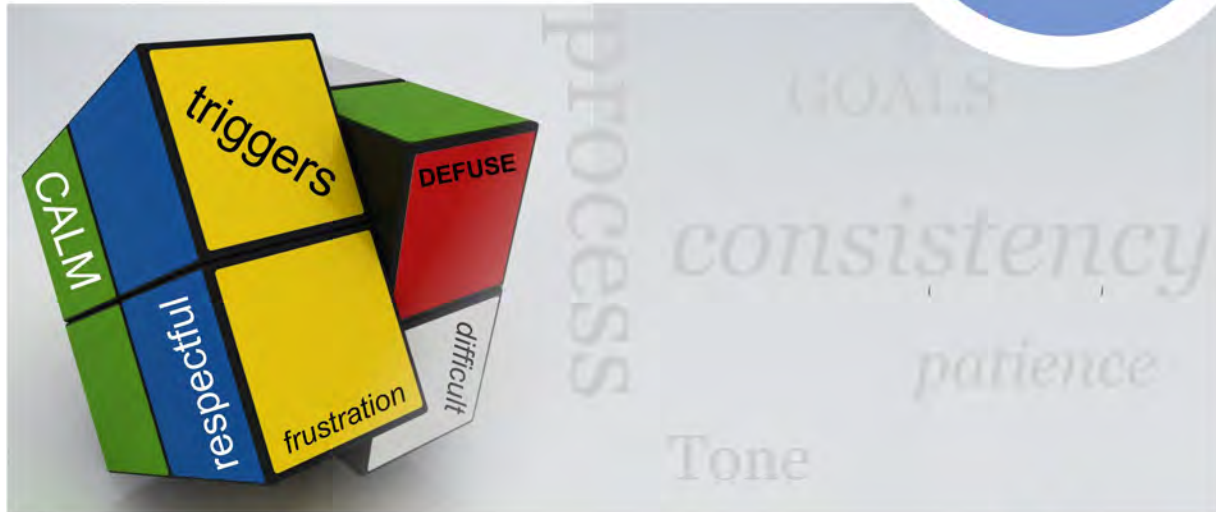
- To be familiar with the range of clients who may be described as "challenging" for reasons other than the nature of their call

- To learn some techniques to defuse anger and hostility

- To identify when your own feelings are being "triggered" and you become at risk of losing control of the inquiry

- To outline alternative ways of coping with challenging clients

Learning Concepts and Objectives

Introductory Exercises

In a family situation, when someone is arguing loudly with you, are you more inclined to shout back or to stay quiet and wait for it to be over (or either, depending on the circumstances)? How do you normally respond when "provoked"? And has this changed over the years?

_____

_____

_____

_____

What would you expect to be the client's "state of mind" when they are already feeling vulnerable and have talked to 6 or 7 different people who all pass them on to someone else? Is their state of mind understandable?

_____

_____

_____

_____

When necessary, are you able to calmly confront someone and take control of a situation? Do you have any personal experiences that you can draw on?

_____

_____

_____

_____

What the AIRS Standards say ...

The I&R service has procedures for managing challenging inquriers

The I&R service has procedures for managing challenging inquirers that recognize the right of inquirers to access, respect, privacy, confidentiality and treatment that is professional, nonjudgmental and culturally appropriate while protecting the I&R service from an unreasonable level of offensive behaviour.

The procedures define inquirer behaviours that are potentially offensive; describe acceptable options for managing contacts that are disruptive and criteria for implementation; and mandate review of actions taken regarding specific individuals on a regular basis to determine if a change is required.

AIRS Standard 1, Quality Indicator 11

Challenging People

> The goal in I&R is to approach and understand the behavior of each client objectively.

An I&R Specialist will have to deal with many difficult and challenging situations.

There are people who are a joy to serve. They are polite, respectful and very thankful for your help. Certainly most people fall into this category.

But then there are other people who are difficult to serve. They may be impolite, disrespectful, rude, belligerent, manipulative, racist, sexist or homophobic and they may condemn every effort you make to help as insulting and inadequate.

Sometimes, there are very good reasons why some people are 'difficult' – either because of a lifetime of experiences that you cannot address or because of a single incredibly frustrating day.

Sometimes, there are no good reasons – that's just how some people are. And it is your job to cope with it.

Unfortunately, the behaviour of some people can make it difficult for them to use the help that an I&R or anyone else can offer, and it can cause us to resent them. The goal in I&R is to approach and understand the behaviour of each client objectively. People who are in a stressful situation are often difficult to deal with because of that situation and may not normally be that way. People who are difficult to serve may need the assistance of an I&R Specialist the most.

The I&R Specialist should strive to provide equal service to everyone – within acceptable limits.

There is no need to take personal abuse, particularly if it has a racist or sexist element. Different people have different limits of tolerance. Your organization should have internal policies that balance the need to provide service to individuals with the need to protect staff from offensive behaviours.

Techniques to defuse anger

Sometimes clients are already angry by the time they contact the I&R service. Maybe they are always angry or on the verge of anger. Maybe they are in the type of situation when anger would be the normal response of anyone.

Taking time with the client and responding to their situation with honest empathy and a genuine attempt to help may eventually defuse the situation. At the very least, it will not make the situation worse.

Let the client know that you will spend the time that it takes and that you will try your best to help them (do not guarantee that you will help them – that might not be possible depending on the situation).

- Remain calm and engage the client.
- Lower your tone of voice and slow the speed of your words.
- Try to demonstrate warmth.
- Repeat an important phrase that the client uses.
- Remain non-judgmental.
- Define your role as best you can in terms of what you can do and what you can't do.

If the client becomes more angry, your challenge is to avoid deepening the divide. Here are some reactions to avoid:

- Do not match their emotions.
- Do not try to counter their anger with a long, logical argument – people who have lost their temper are not going to listen.
- Do not offer weak platitudes such as how you are sure things will work out better with time. These are likely to inflame them further.
- Do not get overly defensive. The reason the client is angry is probably not your fault. But the client does not want to hear you say, "Well, that isn't my fault."
- Do not respond with your own anger, however unjust the accusations.

An I&R service receives calls from people with mental health issues who are not really looking for information or referrals. Some of these people are simply lonely ...

Distancing yourself is an important step in retaining objectivity. The client does not know you. Their anger stems from many other causes.

Do not expect the person will change or suddenly become reasonable. This is not likely to happen.

Redefine your idea of "success" regarding these calls. Just trying to do your best and staying calm may constitute "success" in certain circumstances.

There is a long-standing commercial sales technique that might sometimes be successful in these circumstances. It is called <u>Feel – Felt – Found</u>, and attempts to begin with empathy (*"I can understand how you <u>feel</u> when…"*), before moving on to a broader context of their situation (*"We have had other clients who <u>felt</u> the same way…"*), and then exploring an openness to a possible solution (*"… but they <u>found</u> that…"*).

Finally, refrain from "dumping" difficult clients on other agencies just to get rid of them. This is particularly important with people who have a serious mental health problem and are calling to unleash a stream of anger and emotions on you.

Mental health calls and "constant callers"

An I&R service receives calls from people with mental health issues who are not really looking for information or referrals. Some of these people are simply lonely and when they find they cannot get through to their normal service, they look for another number in order to talk with someone.

Sometimes that "talk" is not a two-way conversation and might just be a deluge of inappropriate language.

An I&R service is not a befriending service but at the same time, here is a person who wants and/or needs some attention. There may be a genuine need for referrals within the call. If not, there may be the possibility of an appropriate call in the future. It is necessary to ensure that the client has some trust in the service.

Sometimes, "regular" callers do not have serious mental health problems but are simply lonely. It is not unusual for agencies to have a small number of "frequent callers" who have been calling virtually every day for a decade or more.

Some of these callers are extremely manipulative and agencies run the danger of having telephone lines blocked by inappropriate calls, unless limits are established and maintained.

These limits must reflect internal policies and be communicated to the caller in a clear and dispassionate manner. Your statements should run along the lines of "*I would like to help you but I am not allowed to continue calls with anyone who ...*", or "*I would like to help you but I am required to end a call, if you continue to ...*".

Setting boundaries

It is critical for the health and efficiencies of the overall I&R service and its individual I&R Specialists to impose clear boundaries (or limits) when clients are being abusive, manipulative, over-demanding or seriously inappropriate.

This applies to both angry callers and constant callers who may not be angry but are *"over-using"* the service in an inappropriate fashion. (Examples of "over-using" would be individuals calling 5 to 25 times or more a day.)

Calmness, tolerance and striving to be non-judgmental are not the same as passivity. Passivity is not effective. It can even be counter-productive as it provides a client with implied permission to become more angry and abusive on this and future calls. Passive I&R Specialists communicate that they are willing to "take it".

When necessary, take action such as setting boundaries, but remain calmly in control. Retain a polite but professional manner. When boundaries are set, they must be easily understood and enforceable.

Boundaries should be explained in a positive manner whenever possible. For example, *"If you stop shouting, I will stay on the line and talk with you"* rather than *"If you don't stop shouting, I will hang up."*

Consequences should also be clear. For example, *"If you continue to use that type of language, I will have no choice but to end the call"*, or *"I will talk with you for the next 5 minutes, but you have to agree that this will be your only call to us today."* This should be stated in a courteous and professional manner.

The single most important thing at this stage is to be consistent and follow through with any consequences that were outlined. These limits (particularly on specific constant callers) need to be shared with others in the agency as management decisions that must be followed by all the I&R Specialists.

Face-to-face interviews

When someone is angry while on the phone, there is an element of immediate safety. But when someone is angry while in the physical presence of an I&R Specialist, there is a potential for the situation to escalate into violence.

In these circumstances, the need to remain calm and take steps to defuse the client's hostility becomes even more important. The general guidelines remain the same, but there are additional issues to consider in terms of body language, physical space and communication with colleagues.

If you are expecting a confrontation, let a colleague know what is happening so they can be ready to assist you or call for more help should it be required.

- Do not touch the person. A reassuring hand on the client's arm may not have the intended soothing effect.

- Do not stand over the client while they are sitting down.

- Remain calm but observant. Is the client gradually calming down or becoming more agitated?

- Do not get too close to the client. Respect their physical space.

- Look out for signs of increasing tension such as clenched fists and tightened facial muscles.

- Stay at an angle to the client, not directly in front of them.

- If you are in a room with the client, make sure that you are closer to the door and have a clear exit path.

- If the situation is not improving and may escalate further, make an excuse to leave for a few moments and get help.

Your agency should have clear written procedures for staff to follow and training exercises to practise. Always follow safety plans established by your organization.

Discussion Issues

What are the options in this situation?

A client tells an I&R Specialist that they want to talk to someone else who doesn't have an "accent". What are the options in this situation?

Note that this is an example where there is no real "right" response and it may differ among agencies and individuals, if clear policies do not exist.

When callers are lonely and are calling frequently, what are some of the ways to control the amount of time spent on their calls?

What would be the consequences if different I&R Specialists within the same service apply different rules on abusive callers and constant callers?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A woman calls and says she needs to speak to her doctor right now. Using a calm and low voice, the I&R Specialist says this is an information and referral line and he will try to help the caller find her doctor. She interrupts and demands to be "put through" to his office right now. The I&R Specialist further slows his speech and explains that this isn't the doctor's office but he can try to find that number for her. He asks what the doctor's name is. The caller's voice gets louder and she accuses the Specialist of being a liar.

The Specialist tries to redirect the caller by asking why she needs to speak with her doctor. The caller replies that the pharmacy refused to refill her prescription, so she needs to tell her doctor to call the pharmacy. The Specialist asks if the caller is about to run out of medication, and she confirms she ran out two days ago and that's why she needs to talk to the doctor right now. The Specialist affirms it is important to get in touch with her doctor and he will try to help, but he needs her help in trying to find the doctor. He asks if she's willing to let him help her. The caller agrees and begins to calm down.

The Specialist says this is not the doctor's office but he can help her get in touch with her doctor. He asks if she understands, and she curtly says "Of course, I understand." He asks if the woman has anyone else who sometimes helps get her medications. She says sometimes Sally helps. The Specialist asks if Sally is a family member or a friend, and the woman says no. He asks how she knows Sally and she says Sally is the caseworker over at the Mental Health Cooperative. The Specialist clarifies that the doctor is part of the Mental Health Cooperative, and the caller confirms.

The Specialist looks up the number for Mental Health Cooperative and asks the caller if she'd like to write down the number. She says she doesn't have a pencil or paper – she just needs to talk to the doctor. She sounds like her anxiety is beginning to escalate again, so the Specialist suggests that he call the doctor's office while she's on the phone. The caller agrees.

The Specialist completes a warm transfer once he has connected the caller with Sally.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

The Specialist spent a lot of time assuring the caller understood what was being said to her. Is this important? Were there other ways of confirming the caller's understanding?

The Specialist did not tell the client, "We don't have that information in our database" (i.e., that they don't list private physicians). Why didn't he give the caller this information?

Are there other strategies the Specialist might have used with this caller?

Role Playing

A man calls and says he wants to file a complaint against this agency. He doesn't offer any more information, so the I&R Specialist attempts to draw him out.

Alright, perhaps I can help. May I ask what happened?"	OR	*"OK. Would you like to speak with a supervisor, or is this something I can help with?*

The caller begins to escalate. He says the Specialist sounds like the woman he talked with earlier who gave him "stupid advice," so he doesn't know if she can help or not. He says he was told he could go to a church all the way across town for a food box. He got stuck in traffic and when he got there they were just closing their doors. They refused to give him any food after he'd driven all that way. He'd called back and been told about another place, so he'd driven there but they aren't even open today. As he speaks, he gets angrier and angrier. Then he asks if she's the woman he spoke with earlier.

The Specialist attempts to empathize with the caller and tries to move the caller toward a solution.

I'm sorry that happened, sir. What would you like me to do now?	OR	*I can understand how that would make you angry. I'm sorry if someone here gave you wrong information. Would you like me to look for something else?*

AND

Can I get the name of the place that was closed so we can make sure we don't send anyone else there on Tuesdays?

The caller isn't ready to move on to a solution; he's still very angry. He demands that she answer his question — was she the person he spoke with earlier?

Sir, I'm sorry this happened. I don't know if we spoke earlier or if you spoke with someone else. Could I try to help you, or would you like to speak with a supervisor?	OR	*I can appreciate your frustration. You may have spoken with someone else here. Would you like me to see if there are any other resources available for you?*
I do recall talking with you earlier, and I am so sorry you didn't get the help you needed. Would you like to speak with my supervisor?	OR	*I'm not sure who you spoke with, but right now I'd like to see if there's something I can do to help. It sounds like you still haven't been able to get a food box.*

The caller says no, he doesn't want to speak with a supervisor, he wants food.

The caller says he wants the Specialist to either give him food or money since she's already caused him so much trouble.

Sir, I can understand that you're angry and that this shouldn't have happened. But I'm not able to give you food or money.	OR	*I can appreciate your situation, but this is not something we're able to do here.*

The caller says that's not good enough. He begins to rant, and he uses strong language that the I&R Specialist finds objectionable.

Sir, I can appreciate that you are angry, but if you continue using that language I will need to end our call.	OR	*You have a right to be frustrated, but in order for me to stay on the line with you I need you to stop shouting.*

The caller says, "Oh, just forget it," and hangs up.

Suggested ways to speak with clients

"I can understand why you are feeling angry. I promise that I will try my best to help you. Perhaps we can start with the original situation?"

"I am really sorry that you had to wait so long. Please let me know how we can help."

"You've been calling quite a bit lately and it has been making it difficult for other people to get through. So I can talk with you for the next 5 minutes but you have to agree that this will be your last call today."

"You have every right to be angry but you need to stop shouting or I will have to end the conversation."

"I would be happy to continue the call, once you stop using that type of language."

Summary of Key Points

What you need to know …

- Some clients are difficult to serve. They may be angry and abusive, they may be manipulative and/or they may call frequently.

- An I&R Specialist should strive to serve everyone in a non-judgmental manner – but there is no need to accept personal abuse.

- Remain calm and in control in the face of any hostility.

- Try to defuse the situation, not further inflame it.

- Boundaries may need to be set in situations where lonely and/or constant callers affect the availability of service for other clients. Those limits need to reflect internal policies and be applied consistently in order to be effective.

- In face-to-face situations, consider personal safety and plan accordingly. Your organization should have set protocols in place.

Test Questions

1. *Which of the following is a helpful way of defusing a client's anger?*
   a. Empathize with their feelings and promise to listen to their situation
   b. Inform them that other people are in much worse situations and have not reacted so angrily
   c. Refuse to respond and remain calmly silent until the client regains control
   d. Try to turn the situation around with some humour

2. *Which of the following may be helpful in defusing anger?*
   a. Lowering your tone of voice but talking faster
   b. Carefully pointing out the logical flaws in the client's arguments to convince them about the true nature of their situation
   c. Telling the client not to worry and that everything will be fine
   d. Lowering your tone of voice and talking slower

3. *A client is starting to call the I&R agency nearly every hour to complain about the service and sometimes just to talk about themselves. Staff are getting more frustrated and annoyed. What is a reasonable response?*
   a. Tell the person to stop calling and say that all staff will hang up the moment they speak
   b. Tell the person to call a crisis service as they would be better able to help them
   c. Tell the person that they are limited to 2 calls a day and that each call will not last longer than 10 minutes
   d. Tell the person that this service cares about them and that they can call whenever they feel the need

4. *A client is being abusive and using racist terms. What is an appropriate response?*
   a. Hang up immediately
   b. Remain non-judgmental, ignore the ranting and try to help
   c. Transfer the call to another I&R Specialist
   d. Inform the caller that you will be pleased to help them providing they stop using that language, otherwise the call will be disconnected

5. **When an I&R Specialist is confronted by abuse from a client, what is the preferred response?**
    a. Infinite patience even as the abuse increases
    b. Acknowledge the anger and re-direct the conversation
    c. Some well-directed words back at the client in order not to portray any weakness that could be exploited in the future
    d. An attempt to speed up the I&R process to end the conversation

6. **When you are dealing with an angry client in a face-to-face situation, which of the following is a good technique to use?**
    a. Sit close to the client and pat them reassuringly on the arm
    b. Direct the client to sit but remain standing yourself in order to provide a sense of control
    c. Let a colleague know what may be happening so assistance can come quickly if required
    d. Make sure the client is closer to the door so the person can leave quickly

7. **If an I&R Specialist feels they are being abused by a client, at what stage should they warn the client that the call will not continue unless the abusive language stops?**
    a. At the first moment of abuse
    b. At the point when it no longer feels tolerable
    c. When a supervisor provides permission
    d. Until it becomes absolutely intolerable and the I&R Specialist feels close to responding in anger

8. **If an I&R Specialist decides to impose limitations on the number and length of calls from a particularly challenging client, how should this be implemented?**
    a. Consistently and for all staff
    b. Applicable to all staff that the client tends to ask for
    c. For all supervisory staff only so their time is not compromised
    d. On a week-on and week-off basis

Answers

1.	a.	3.	c.	5.	b.	7.	b.
2.	d.	4.	d.	6.	c.	8.	a.

Using the Resource Database for I&R Referrals

9

- To describe the basic structure of a resource database

- To define the purpose of indexing and how to search using an index

- To outline the basic types of resource database searches and some searching strategies

- To identify additional information resources when required

Introductory Exercises

How is the Yellow Pages telephone directory organized? What might you look under if you wanted to buy a used car?

_____

_____

_____

_____

How are the books in a public library organized? What is the difference in the way the public finds the type of books they are interested in and the way library staff locate a specific book?

_____

_____

_____

_____

Review the "government services" section of your local telephone directory. What are some of the difficulties you experienced finding information you may need?

_____

_____

_____

_____

What the AIRS Standards say ...

Where possible and practical, provide at least three referrals

The I&R service ensures through training and supervision that I&R specialists:

- Effectively use the resource information system to identify resources to meet the inquirer's needs

- Where possible and practical, provide at least three referrals to give the inquirer a choice (and to protect the I&R service from being perceived as making a "recommendation") while being careful not to overwhelm inquirers with a myriad of options

AIRS Standard 1, Quality Indicator 1

Please note that the following section is not intended to be, and cannot adequately serve as, a comprehensive instructional module on how to use a resource database.

Databases have different designs and are maintained within different software programs that offer capabilities other than those described below and/or impose significant limitations. Whatever the structure and contents of the database or the software in which it is contained, I&R Specialists need to know what is in the database (i.e. understand the inclusion/exclusion criteria) and be proficient in conducting searches, evaluating eligibility requirements and carefully reading the conditions under which services are available.

These skills are best learned through practice. Closely followed by more practice. I&R Specialists must be willing to spend hours on the I&R's software system, exploring ways of searching using multiple exercises. The material in this section is only intended as a basic primer. If you want a deeper understanding of this material, please review the Resource Database sections.

Nature of a Resource Database

The resource database is the foundation of an I&R service and the means by which people and services are brought together.

A resource database is a computerized body of information about community resources maintained by the I&R service. This database can be accessed in a variety of ways.

The resource database should describe what you need to know about organizations in the community in order to make good referrals, by answering the following basic questions:

- What does the agency do?

- Who does it serve?

- When and how can people apply?

- What does it cost and how do people pay?

- Is the service accessible to people with special needs?

- Who provides the service?

The resource database is the foundation of an I&R service and the means by which people and services are brought together. It supports the I&R process and also serves as an inventory of human services for the community.

When a client calls an I&R service, walks in to see an I&R Specialist, searches an online I&R database, reviews a human services directory or reads information brochures, they are accessing information contained in the resource database, either independently (when they do their own searches) or through the mediation of the I&R Specialist.

A fairly small resource database may contain about 1,000 programs and services operated by about 300 organizations. A metropolitan database may comprise 5,000 services delivered by more than 1,000 organizations from 1,500 separate locations. The actual size of the database is determined by the mission of the I&R, its geographic area and its staffing capability.

During the early days of I&R, the details about a community program would be written or typed onto a recipe card and then kept in a shoebox. Imagine the time involved if the I&R Specialist had to rummage through 1,000 random recipe cards every time a referral was required. In order to ease the burden of searching, the recipe cards were themselves organized in alphabetical order by agency name and/or in sub-categories of need such as services for older adults or services for youth.

I&R databases today are embedded in customized software programs that allow the resource data to be sorted and viewed in a variety of ways. Essentially, the I&R software program fulfills the same role as the recipe cards and shoeboxes – it makes it possible for accurate community information to be collected, maintained and easily retrieved.

Once the I&R Specialist has identified the need of the client through the assessment process, the next task is to search for and retrieve information about organizations that provide the services that address that need.

Structure of a resource database

Virtually all I&R resource databases are structured in terms of:

- The organization that operates the program or service (the "agency")
- The locations from which those services are available (the "sites")
- And the details of what they do (the "services")

A database consists of records – a record contains details about either the agency itself, the site on which it is located and each program that it provides (i.e. agency records, site records and service records). The word "agency" is used as a shorthand for an organization regardless of the type of organization. The agency record is the highest level of data with the site and service records branching down from that level. There is one record for each agency (or service provider).

Each record consists of fields – each field consists of specific pieces of information about the agency, its sites or its services.

The database might contain 1,000 agency records with 1,200 site records and perhaps 4,000 service records, and each record might have 25 or more separate fields such as a field for the name of the agency, another field for the address, another field for the telephone number, a set of fields that describe the services, yet another set for the languages in which each service is available, and fields that contain the terms under which the services are indexed.

These index terms are generally drawn from a prearranged list to ensure consistency, preferably from the classification system called the AIRS/211 LA County Taxonomy of Human Services (or more commonly, just "the Taxonomy"). Some organizations use a separate keyword index as an auxiliary search tool.

Here's a condensed example of a database record:

Organization name:	Anytown Community Services Agency
Address:	18 Main Street, Anytown
Services description:	Saturday lunch program for single women and their children
Taxonomy indexing:	Meals ~ Single Mothers

If the I&R Specialist is looking for a place where a single mother can get a nutritious, affordable meal, the agency in the previous example would meet the specifications.

If the I&R Specialist chooses to do a service search, then it would be correct to search the resource database using the Taxonomy term: "Meals".

That search for records indexed with the word "Meals" (type of service) might produce 25 agencies that offer this service including the one described above.

A separate search for the Taxonomy target term "Single Mothers" (the target population) may produce the above program contained within a different list of 8 completely different types of services aimed at single mothers. Whereas a combined search of the two Taxonomy terms (i.e. Meals and Single Mothers), will produce a shorter, more focused list of maybe only 3 or 4 applicable services.

While reviewing additional information about agencies on that shorter list, the I&R Specialist might discover other relevant resources: for example, a similar program in Anytown which is nearer to the client; or another program offered on Mondays and Wednesdays which is a more convenient time. Yet another option may be a program that also offers parenting classes and a children's reading club – a richer set of services.

As information is retrieved and reviewed, the client is able to develop a broader knowledge base, see possible solutions and identify choices – what good I&R is all about.

Searching a resource database

The type of search required depends on the outcome of the assessment process in correctly framing the needs of the client.

I&R Specialists often receive calls in which clients are requesting specific information about a particular organization. For example, *"What is the phone number for the Red Cross?", "What's the address of Anytown Community Services?"* or *"What's the name of the church on Main Street that runs the food bank?"*

These types of requests generally involve searching for the organizational name, program name or street location. Typing "Red Cross", "Anytown Community Services" or "Main Street" in the correct search box should bring up the relevant record or at least a list to scroll through that includes the desired record.

In other cases, the client will ask for a particular type of service. The meal program described in the previous section is an example of a fairly straightforward service search. A search that involves looking for a particular service, or a service for a particular type of person, can involve more complex considerations.

Indexing terms in the Taxonomy reflect one of the following "facets" or concepts:

- The <u>type of place or facility</u> (for example, the terms Elder Abuse Shelters or Children's Hospitals): What the organization IS.

- The <u>type of service</u> that is provided (for example, the terms Clothing or Personal Loans): What the organization DOES.

- The <u>way in which a service is delivered</u> (for example, the terms Legal Counselling and Adlerian Therapy): HOW the service is delivered.

- The <u>type of person the service is targeted to</u> (for example, the terms Teenage Parents or Immigrant Communities): WHO the service is for (i.e. the target).

The ability to take advantage of the above facets when searching is very dependent on the functionality available in an I&R Specialist's software and the indexing choices made by the agency's own Resource Specialists. Training in both is obviously critical for I&R Specialists. That being said, there are some basic options to consider when searching.

Most searches involve service concepts with or without one or more target terms.

For example, in a search involving shelter for a homeless man, the I&R Specialist may want to qualify the search with the Taxonomy terms: Homeless Shelter ~ Men.

It is important to remember that a combined search of two Taxonomy terms (for example, Meals and Single Mothers) may produce a short, more focused list of maybe 3 or 4 applicable programs; whereas a single mother may be eligible for many of the general meal programs in the database. But these specialized programs may be more attuned to her specific needs (for example, there may be a supervised play area for her child).

Sometimes, a single indexing Taxonomy term for a service will include an explicit reference to the target (for example, Homeless Drop In Centres or Adult Residential Care Homes). In these cases, it is not necessary to combine a target term when conducting a search.

If the request is for a particular type of service or organization, (for example, an adult education program or a library), then using a facility type term often provides the best results.

One of the most effective ways to search through the Taxonomy for the most appropriate term is to focus on the most unique aspect of the concept that you want to find.

For example, if you are looking for a homeless drop in centre, you may not know the exact wording for the Taxonomy term. If you type in "Centres", you may retrieve more than 200 Taxonomy terms that include the word "Centres" (such as Aquatic Centres and Arthritis Treatment Centres), most of which are irrelevant to this situation.

Typing "Homeless" or "Drop" retrieves a much more manageable number of terms to review. Typing "Homeless Drop" may produce exactly one term. The principle works equally well when you are searching for a particular agency by its organizational name.

It is important to be clear about what you are searching for and to have some initial strategy on how best to search.

Learning to search and understanding the most effective way of retrieving relevant information from the resource database does not come quickly. It involves lengthy practice and much initial frustration (*"How come when I type in the phrase Help with Electricity Bills nothing happens?!?!?" "Well, that's because the correct term is Utility Payment Assistance." "How am I supposed to know that?" "You're not supposed to know that. You will just gradually learn it."*).

You need to maintain a flexible mindset and to always try concepts and phrases that have a similar meaning. In the above example, for instance, the key is that "electricity" is a "utility" and if you just enter the word "utility", you should get the right result.

It is important to be clear about what you are searching for and to have some initial strategy on how best to search.

Sharing information with clients

The client is a young mother who wants a better job when she returns to the workforce. With the help of the I&R Specialist during the assessment process, she decides that she needs additional training. The search using the Taxonomy indexing terms Job Training and Mothers produces the following program:

Organization Name:	Anytown Employment Services
Address:	55 Main Street, Anytown
Area of Service:	Anytown
Website:	www.anytownemployment.org
Program name:	Mother's Next Step
Taxonomy Indexing Terms:	Job Training ~ Mothers
Service Description:	Voluntary employment program for financially eligible mothers with young children. Six month program includes skills training, job readiness, child care and parenting education.
Eligibility:	Mothers on low incomes with children up to 3 years
Application Procedures/Intake:	Call to arrange an interview to confirm eligibility
Documentation	Call for details
Fees:	Nominal fees for materials
Hours:	Mon-Fri 9 am-5 pm
Telephone	(123) 123-1234

At first glance, this looks like a helpful resource. But always check the details to make sure a resource really meets the client's needs and then review it with the client. In particular, read the service description and the eligibility details carefully to make sure you give the client all the relevant information to confirm its suitability.

For example:

- The agency is located in Anytown. Is that where the client lives?

- The eligibility is for mothers with children up to 3 years of age. How old are the client's children? If the youngest is 4, she may not be eligible.

- Are the operating hours suitable or is the client only able to attend evening classes?

- Read the program description to the client. Does she think it might a good option for her and worth learning more about?

- Does the client have access to the Internet? If so, would she be interested in checking out the agency's website?

Additional considerations when working with resource databases

- *Narrow the Search*
  When your search retrieves a long list of database records, try revising or narrowing your original search to produce a shorter, more relevant list. For example, Job Training may retrieve 200 records, a revised search for Job Training combined with the target term Youth may retrieve only 20 records – all of which are relevant to the client.

- *Look at All Options*
  If you still have a long list, try to look beyond the first 2-3 entries to avoid places consistently receiving more referrals than agencies that happen to begin with a different letter of the alphabet. However, some I&R softwares will display records in order of their proximity to the client's home, making the search for appropriate referrals easier.

- *Confirm Service Area*
  Remember that there is a difference between the location of an agency and the area that it serves. An agency could be located within a certain town but also provide programs for several other towns. Similarly, an agency can be located within a city but only serve a certain neighbourhood.

- *Provide Multiple Referrals*
  The preference is to provide at least three referrals. The reality is, that depending on the request, there may only be one or two real options (although sometimes there may be four good options to share).

■ *Check See Also Terms*
When looking at what seems an appropriate Taxonomy term, it is always a good idea to check whether that term has any "See Also" terms that might be even more applicable. See Alsos are similar but distinct concepts. For example, you may have found Homeless Financial Assistance Programs but then notice a See Also for Rental Deposit Assistance that would be more helpful to your client.

■ *Develop Chat Skills*
When you are just starting out, it takes a long time before you become efficient at searching. Some new I&R Specialists become nervous at this stage and tell the client, *"I am just going to put you on hold for a few minutes while I search for some services."* This then becomes a habit that cuts off the client. Better to develop the "chat skills" that let you search while still continuing your contact with the client.

■ *Keep Inquirer Engaged*
When searching, let the client know what you are doing (*"I am just going to search our database to try and find a few services"*). If you don't share this information, all the client hears is the clatter of keys and for all they know, you might be e-mailing messages to friends.

■ *Use Search Terms, Not Memory*
When you do get fast at searching, another pitfall looms – being too fast and taking searching shortcuts straight to an agency that you know has a suitable program. The agency might indeed have the program you recall, but maybe since you learned about it, two or three similar programs may also have opened, and some might be even better options. In other cases, the program you remember may no longer be available or may have slightly changed its requirements and the client is no longer eligible. Try not to anticipate the referral. Listen, assess and undertake a proper search.

Other information resources

The benefit of using your own resource database is that you can be confident that all the information has been collected and is being maintained through a standards-driven process. Furthermore, you can see exactly when a record was last updated or modified (depending upon your software).

And there are times when you might need to check some other resources in order to better serve a client.

Obviously, the Internet opens up oceans of information. Government websites are often very helpful in providing detailed information that could not be maintained within an I&R database. Individual agency websites are also helpful – although they are not always up-to-date. You may also have to wade through a variety of promotional material to find the facts, and crucial pieces of information may be omitted.

Be cautious when using external websites and always let the client know the source of the information. It might be helpful to also work with your resource department to better identify "good" websites.

Another type of auxiliary resource is the local telephone directory. There will be times when a client asks about something that is outside of the I&R's scope and can be easily found in the phone book or online. Most I&R services treat such inquiries at face value and provide the information requested (for example, the phone number for a particular plumber) while explaining to the client the real focus of the I&R service and the type of calls usually answered.

The danger in not providing that minute or so of polite help might result in individuals not contacting the I&R when a real situation develops as they had not felt "helped" before.

Sometimes those telephone directory inquiries may be made by older adults who have trouble reading the small print of the phone book, and call the I&R service because they have been very helpful before. And yes, sometimes those calls are from people wanting to avoid paying the cost of a 411 call!

Discussion Issues

Additional considerations when working with resource databases

What are the critical pieces of information that a client generally needs before deciding to accept a referral?

_____

_____

_____

_____

Develop a sample list that reflects the type of services available within a resource database that includes four distinct facilities or places that a type of service may operate from (such as a library), four distinct types of services (such as clothing) and four service target groups (such as women).

_____

_____

_____

_____

If you just typed the word "Abuse" into the database, what type of services would you likely retrieve?

_____

_____

_____

Suggested ways to speak with clients

"I am just going to search our database to try and find some services that can help."

"I have about 10 agencies that may be possibilities. I am just going to scan through them and see if there are any that match what you need."

"This agency is located in Sometown. Is that a place you can get to OK?"

"I'll give you the phone numbers now. Do you have a pen and paper?"

"Just to let you know that I got this information from a booklet published by Public Health dated March of last year. It is our most recent publication from them and I can't be certain if it is still correct, but you can phone them and find out."

"I'll look that up for you but just to let you know, our service is designed to help people needing community, health or social services. And if you ever need help with anything like that in the future, please give us a call."

Act as if
what you do
makes a difference.
It does.

Summary of Key Points

What you need to know ...

- Human services information is contained within an I&R resource database.

- The database can be searched in a number of ways to respond to the needs of clients.

- I&R resource databases are organized into records and fields, and are indexed using the AIRS/211 LA County Taxonomy of Human Services – a classification system.

- Learning how to search the database, especially using the Taxonomy, requires many hours of practice.

- After finding a possible program, review the details with the client to make sure that it meets their needs and they understand what they should do to obtain the service they need.

- Always read description narratives carefully to make sure that the details match the summary.

- Try to provide three referrals.

- If providing information from other sources, let the client know where the information is from.

Test Questions

1. *Which of the following provides the best advice on how to search an I&R resource database?*
   a. Consider the most distinctive aspect of the type of service you are looking for and how it is most probably indexed
   b. Remember the last time a client asked the same question and try to remember the agency name
   c. Search for all of the agencies within the client's area and slowly scroll through the list
   d. Try the most likely sounding search term and if that doesn't work, use the hard-copy directory so as not to waste the client's time

2. *Which of the following is a type of Taxonomy term?*
   a. A facility term
   b. A faculty term
   c. A tangential term
   d. An advocacy term

3. *Which of the following best describes the structure of an I&R database?*
   a. Fields, fences and records
   b. Head offices and branches
   c. Programs and participants
   d. Agencies, sites and services

4. *Which of the following is an example of an external information resource that an I&R Specialist might occasionally use?*
   a. A government building
   b. A government website
   c. A television guide
   d. A well-known Weblog

5. *When searching for a referral which of the following geographical issues must be addressed?*
   a. That the program is located on the same street as the client
   b. That the program is located in the same town as the client
   c. That the program serves the area in which the client lives
   d. That the program's postal code is an exact match with the client

6. *Which of the following pieces of information from a database record may be the most important for a client to know?*
    a. Address of program
    b. E-mail address of program
    c. Fax number of program
    d. Name of Executive Director

7. *If an I&R Specialist conducts a database search and retrieves over 100 records, what is the best response?*
    a. Slowly check all of the records in order to locate the exact one needed
    b. Narrow the search terms in order to retrieve a more precise and relevant list
    c. Provide the first three referrals on the list in order not to waste the time of the client
    d. Provide three referrals at random in order not to show any favoritism to particular agencies

8. *Once an I&R Specialist has retrieved a relevant record, what is the next step?*
    a. Review the record carefully to ensure that it meets the needs of the client
    b. Email the key information to the client immediately
    c. Provide the phone number to the client
    d. Check one field at random to make sure it is correct

Answers

1.	a.	3.	d.	5.	c.	7.	b.
2.	a.	4.	b.	6.	a.	8.	a.

Disaster and the I&R Specialist

10

- To describe the stages of a disaster and the I&R role at each stage

- To recognize barriers to making referrals during a disaster and ways of overcoming those barriers

- To outline the impact of disaster I&R on the I&R Specialist and methods for addressing this impact

Introductory Exercises

What are the types of disaster that could occur in your area?

_____

_____

How prepared are you and your family?

_____

_____

_____

What kind of immediate needs might you have?

_____

_____

_____

Imagine that you have lost your home, all your belongings, your wallet and credit cards and are now in your car trying to find a place to take shelter, how would you be reacting?

_____

_____

_____

Which agencies would you assume would be available to provide services during and after a disaster? What kind of services would be needed?

_____

_____

_____

What the AIRS Standards say …

I&R specialists have the skills to respond effectively to people in crisis.

The I&R service provides information and referral services to the community during (when appropriate) and following a disaster or other emergency. This service may be provided under circumstances that are more challenging and stressful than normal operations; and includes assessing the needs of the inquirer, evaluating appropriate resources, indicating organizations capable of meeting those needs, helping inquirers for whom services are unavailable by locating alternative resources and actively participating in linking inquirers to needed services or volunteer opportunities.

AIRS Standard 20

I&R specialists have the skills to respond effectively to people in crisis, work cooperatively with other organizations, remain flexible in a rapidly changing environment, are willing to work under adverse conditions (e.g., long hours, uncomfortable surroundings), are aware of their own stress level and coping mechanisms, respond appropriately in face-to-face communications and work within the boundaries of their I&R role.

AIRS Standard 20, Quality Indicator 4

I&R specialists understand the government emergency response service delivery system, the types of services people typically need following a disaster, the organizations that generally provide them, the types of organizations that may be closed or otherwise unable to deliver services due to the emergency (e.g., government offices, the courts), atypical services people may need to access (e.g., open hardware stores, functioning ATM machines), and the structure and contents of the disaster database and/or other approved sources of disaster-related information.

AIRS Standard 20, Quality Indicator 5

The I&R service has a written plan for providing disaster stress debriefing for all staff.

AIRS Standard 20, Quality Indicator 6

The I&R service tracks inquirer requests for service and referrals; collects demographic information from inquirers and is prepared to produce reports regarding requests for disaster-related services and referral activity.

AIRS Standard 21

The I&R service collects and organizes inquirer data that facilitates appropriate referrals and provides a basis for describing requests for disaster-related service and identifying gaps and overlaps in service.

AIRS Standard 21, Quality Indicator 1

The I&R service produces timely reports to the community regarding disaster-related referrals, access to services, service availability and unmet needs.

AIRS Standard 21, Quality Indicator 2

Following all emergencies that necessitate implementation of the provisions of the Disaster Preparedness standards, the I&R service produces an after action report that documents the special activities of the agency with a focus on what worked well and what needs to be improved through revisions of the agency's disaster plan and/or additional training for staff.

AIRS Standard 21, Quality Indicator 3

The Stages of a Disaster

Disasters are described by professionals as occurring in stages.

These stages correspond to the type of personnel and resources deployed by a primary responding organization. Understanding these stages and the corresponding activities will help I&R staff prepare their organization to best serve the community.

Disaster mitigation stage

Mitigation is the stage that attempts to prevent hazards from developing into disasters altogether, or to reduce their effects when they do occur.

Disaster preparedness stage

Preparedness is the stage to develop plans of action for when a disaster strikes.

It is the time when an individual, an organization and/or a community is surveying their circumstances and risks in order to prepare a response (for example, stocking a home with water and canned foods), while also addressing potential problems (such as repairing levees or boarding up windows).

Disaster response stage

The disaster strikes.

This is the time during and immediately following a disaster when emergency personnel are responding to the most critical needs of the community.

The most important thing to remember during a disaster is the basic training of I&R.

During the response stage, clients may be seeking information that an I&R would not usually handle, such as whether specific roads are still open. They may also be seeking advice – such as should they evacuate or stay put?

The most important thing to remember is that during a disaster, the responsibilities of the I&R staff go beyond the usual scope of I&R, while still drawing on the same core competencies. Many of the techniques for managing a 'non-disaster' crisis call are still relevant during a disaster.

I&R Specialists will be providing resource information not normally carried in the I&R database, but only give information that has been verified and approved.

Use your crisis handling skills to de-escalate callers. Once calm and/or focused, they will be better able to take in the available information and make better decisions for themselves and their families.

The interaction between I&R Specialists and Resource Specialists becomes key to the success of providing accurate information to inquirers.

- Resource Specialists may not be able to enter all the new resource information into the database.
- The call volume may be increasing to the point where I&R Specialists may not be able to track all data on all inquirers.
- The computers, databases and telephones may not be working at optimum levels and all I&R staff will need to be flexible in how they perform their daily work.

Eventually, the acute phase of a disaster winds down and the community can assess the damage and begin to come to terms with the overall situation.

In many cases, food and shelter are the immediate needs. This relief effort can last for a few days to several months, depending on the extent of the disaster. During this time, the I&R service will be referring clients to rapidly changing resources. Shelters open and close based on local needs, mass feeding sites and other key resources can be mobile and change quickly.

Again, the basic priniciples of I&R will provide the foundation for effective I&R provision during the response stage. A key issue will be to determine if the caller has their basic needs met (safety, food, shelter, clothing). It is also important to alert a supervisor if you begin to see patterns of calls for a specific need that has no resources available. The I&R can be one of the first organizations to become aware of unmet needs in the immediate aftermath of a disaster. Prompt reporting of these situations can assist relief agencies in getting their services to where they are most needed.

Recovery stage

This is the stage when government scales back their relief services and the community begins the process of returning to "normal".

Depending on the extent of the disaster, this stage can last from a month to several years. During this stage, inquirers will be seeking a variety of services to aid their return to "normality". Unfortunately in large-scale disasters, for many families life will never return to normal.

This is also the stage where inquirers and I&R staff begin to experience the emotional impact of a disaster. People begin to recognize their lives will never be the same and the I&R staff begin to experience the impact of the work they have already done and the enormity of the work ahead.

The experience of I&R agencies in all major disasters has proven the need for timely debriefing during a disaster. The natural reaction of staff tends to run along the lines of "I don't need this," "Not now, maybe later" and "There are people out there who are *really* suffering." However, on all the occasions when debriefing has not been made available and accepted by staff, the eventual consequences have been more severe and long-lasting.

Resources will continue to change during this stage, as community organizations begin to provide non-traditional services and national agencies may come into the community to provide some of the long-term recovery services (such as helping to clean or rebuild homes).

Changes in the nature of I&R during a disaster

I&R organizations are flexible and are generally experienced in adjusting to changing circumstances.

What makes a disaster response challenging is that some or all of the following circumstances can occur at the same time, placing a strain on the I&R organization and its staff/volunteers.

- There may be a dramatic increase in call volume. This may result in the I&R organization quickly adding new staff or volunteers to respond to this call volume. Some of these staff may not have been able to receive much training which can create other stresses for the more experienced staff. Current staff/volunteers may be asked to work extended hours. The I&R organization may be asked to deploy staff/volunteers to community service sites.

- There may be increases in crisis calls and an increase in the number of clients presenting multiple survival needs. While calls for food and financial assistance may be common for most I&R organizations, disaster clients can be requesting these services simultaneously and many more clients will be requesting them.

- There may be more non-traditional clients – clients from all socio-economic classes, including persons who are not used to seeking help, as well as clients with unrealistic expectations of how organizations should be assisting them.

- Resources may change frequently, may be time-limited, and can have very rigid or very flexible eligibility requirements.

- Equipment may not work as accustomed. Computers, including online resource databases, may not be available and resources may be researched using directories and call tracking notes will be written on paper. Telephone connections may be sporadic, interrupted or not working at all for periods. I&R organizations may experience an increase in walk-in services or be asked to provide alternative site services.

- The organization's location may change if extensive damage occurs.

Resources in disasters

The resources available in a disaster are determined by the severity of the disaster.

If it is a locally contained disaster, generally only local resources will be used in response. If the disaster is greater than a local government's ability to respond, the Province may declare the event as a provincial disaster and the greater resources of the provincial government can be deployed. This generally means that additional help such as food assistance, child care services and mental health counselling would be available to those directly affected.

If a disaster is greater than the provincial government's ability to respond, a federal declaration will bring national resources to the affected area.

Tracking caller demographics, needs and referrals

Even in a disaster (actually especially in a disaster), the I&R service must still track caller demographics and referrals, including the charting of both met and unmet needs.

The I&R organization is where the need for services confronts the available resources to meet that need. The agency is in a unique position to determine what the community is needing, where they need it delivered, and who is requesting it.

Let your supervisor know if trends seem to be developing that can be verified by the reporting structure.

The I&R service must also be prepared to report to the community about the disaster response. The organization should be able to separate out which calls were disaster related and which were not. Correct tracking of caller needs is essential to the organization's ability to report its efforts, as well as to recoup the costs of the response.

I&R before, during and after the disaster

Before a disaster, the I&R organization should have annual training specific to the types of disasters that are most likely to occur in their community.

I&R staff should ask what will be expected of them in reporting to work and contingency plans (such as emergency telephone numbers). Each staff member and volunteer should have a personal and family disaster plan in place before a disaster occurs.

During the disaster, most I&R organizations will expect staff and volunteers to make sure their families are safe before reporting to work. You cannot effectively help other families if you are worried about your own.

It is essential to follow your organization's training for reporting in, coming to work and contingency plans if the service is relocated. I&R Specialists are expected to remember what services they agreed to provide and to contact their agency if the impact of the disaster does not allow them to come to work or carry out their employment responsibilities.

As the disaster response winds down and the long term recovery process winds up, the I&R Specialist will probably be asked to work fewer hours and things may appear to go back to normal.

The I&R organization must be alert to incidents of post-traumatic stress disorder. This is normal with staff of agencies who have worked long hours in high volume crisis situations. Warning signs include employees becoming easily angered or depressed; not being able to cut back on hours (can't get them to go home); there may also be in-fighting among staff. THIS IS ALL A COMMON REACTION TO AN UNCOMMON SERIES OF EVENTS.

Agencies should make arrangements for staff to have access to debriefing to assist them with recognizing and managing symptoms. These symptoms increase if staff were directly affected by the disaster and lost home, belongings or family. While it is not required at most agencies, many expect their employees to complete a professional debriefing before resuming regularly scheduled work hours.

Discussion Issues

Why would resources not be available after a disaster?

Why do you think a disaster has been broken into stages? How does this benefit those responding to a disaster?

What are some reasons that resources may not be available following a disaster?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A major river flows through this city, and two days ago a levee broke causing dangerous levels of summer flood waters to spill into a middle-class residential neighbourhood. Emergency response personnel issued mandatory evacuation orders. Local media publicized this I&R as a place to call for help, and the agency has been overwhelmed.

An elderly woman calls to say she needs help picking up her medications. She didn't evacuate because her home sits on a small hill and flood waters have never reached her before. Her home didn't get flooded this time either, but the neighbour that normally drives her to the store evacuated and she doesn't have a way to get to the pharmacy.

The I&R Specialist asks whether the woman has run out of her medications yet, and the woman said she's getting pretty low on her insulin — maybe has a day left. The I&R Specialist also knows electricity and gas were shut off for this neighbourhood before the river banks overflowed, and she expresses concern about this situation. The woman dismisses the problem, saying the city does it every time there's a little flooding; she's used to it and knows they'll turn it back on pretty soon. She's got plenty of food in the pantry and always keeps a gallon or two of water on hand.

The I&R Specialist expresses concern about the woman's safety. She says this flood is the worst in over 75 years and it's taking much longer for services to be restored. She asks if the woman will reconsider and let someone rescue her. The woman says she's fine and doesn't want to leave her home. She has her cat to look after and feels safer here than she would anywhere else.

The I&R Specialist asks if the woman would allow her to send a rescue team just to come and check on her, and says they might be able to bring the medications to her. The woman says that's what she needs, someone to bring her medications. The I&R Specialist collects the woman's information, and says she will call back after she gets hold of the people who can come and visit.

The I&R Specialist calls the emergency operations centre and reports the woman's situation. They agree to send someone to the woman and check on her, and try to coax her into coming with them to safety. She calls the woman back to let her know when help will arrive.

Are there any issues in this scenario that the I&R Specialist must address without necessarily bringing them up directly with the caller?

Should the I&R Specialist do any additional follow-up or action with this caller?

What other questions do you think the I&R Specialist should have asked but didn't? Why do you think she failed to ask them? Might she have deliberately not asked them?

Role Playing

A new strain of the flu virus has emerged and the government has declared a provincial emergency. In this community, the health authorities have announced significant outbreaks at 15% of area schools — some of which are closing to reduce the spread of the flu.

A woman calls and is highly agitated. She says her young son has a fever and is throwing up and she's afraid he's got this new flu. She doesn't know what to do.

I'm glad you called. Let's see if I can give you some information. Have you spoken with your son's doctor yet?	OR	*You sound very worried. What has your doctor told you?*

The woman says she's spoken to the nurse about his symptoms, and he said to have her son drink lots of fluids and take medicine to reduce the fever. She feels like her son has never been sick like this before, and she's very worried.

I can understand that it's hard to see him be so sick. How old is he?	OR	*It's scary when this new flu is in the news so much. Does he attend school?*
OR *Well, of course, it is the season for the regular flu, too. It sounds like the nurse determined your son didn't need to be seen by the doctor right now. Do you feel he is still the same as when you talked with the nurse, or does he seem sicker?*		

The woman says he hasn't really changed, but his temperature is 102 and the nurse said that's not a danger for someone who is six years old. She said the nurse didn't want to risk exposing him to other kids who might have the new flu, but she can't help wondering how to tell it's not dangerous. Her son's school is one of the ones that's been closed.

Well, I'm not a medical professional and I can't really give you any medical advice. I can tell you what Public Health has said you should watch for.	OR	*I can tell you what we've been told, and what we've been encouraged to share with our callers who have questions like you do.*
OR *Would you like me to read you the latest information that the Ministry of Health sent to us this morning?*		

The woman asks to hear the information, and the Specialist shares it.

Does that help at all? Does this sound like what you're seeing in your son?	OR	*Do you have any other questions? Would you like to speak to a county health professional that I could refer you to?*
It's important to keep in touch with your doctor's office if you notice any changes.	OR	*Would you like a website where you could get information that's updated every day? That might help you monitor your son's symptoms so you can decide whether you need to have him seen.*

NOTE

OR signifies different approaches, not a choice between right or wrong options.

The woman is now calmer and ready to accept referrals. The Specialist encourages her to call back if needed.

Summary of Key Points

What you need to know ...

The 4 Stages of a Disaster

MITIGATION

PREPAREDNESS

RESPONSE

RECOVERY

The basic steps of managing an I&R inquiry during a disaster are the same as during "normal" times. It is the environment and circumstances that are dramatically different. The disaster brings higher volumes of calls, increased stress levels with clients and changes in resources. There may also be an increase in non-traditional clients.

Equipment may be different or may not work consistently.

Resources will change rapidly and will require flexibility from the I&R Specialist.

The I&R operation will be stressful and I&R Specialists will need to monitor their own well-being and seek regular debriefing through the relief and recovery stages

On-going documentation of clients' met and unmet needs is essential to determining where resources need to be dispatched, and also for reimbursement purposes

Test Questions

1. *Which of the following is one of the stages of a disaster?*
    a. Resolution
    b. Recovery
    c. Post-disaster activities
    d. Rehabilitation

2. *Which of the following is the most likely source of new resources that come into a community following a nationally declared disaster?*
    a. Red Cross
    b. Volunteer centres
    c. Food pantries
    d. I&R services

3. *Which of the following is an example of a disaster?*
    a. 50% of the I&R staff calling in sick on the same day
    b. Huge job layoffs in a community
    c. Falling literacy levels for children and youth
    d. An influenza pandemic

4. *How are callers likely to communicate during a disaster?*
    a. With a range of extreme emotions
    b. With a strange serenity
    c. In the exact same way as with non-disaster calls
    d. With patience, politeness and the gratitude that comes with the reassurance of having someone there to help them

5. *What should be available for an I&R Specialist during the recovery stage of a disaster?*
    a. Debriefing and support
    b. An abundance of coffee and snacks
    c. Brief professional psychiatric assessment
    d. A clear message that compared to many others, their situation is tolerable

6. *Why is it important to immediately document caller needs during a disaster?*
    a. To ensure that an I&R agency's statistics are properly gathered
    b. To quickly identify changing needs so authorities can be alerted
    c. To reduce stress on I&R Specialists by continuing to process calls as normally as possible
    d. To accurately measure which I&R Specialists are handling the most calls

7. *What is the recovery stage of a disaster?*
    a. The disaster itself is winding down and immediate needs must be assessed and met
    b. The feeling that occurs when a disaster has been diverted at the last minute
    c. The period when services are scaled back and the community begins to move on
    d. The time when extra staffing is available to support the work of the I&R

8. *During a disaster, what is the situation with resources (i.e. services and programs)?*
    a. Proper planning has ensured that everything is in place
    b. Once the disaster has occurred, service availability returns to normal
    c. Resources change frequently and may be time-limited
    d. Resources simply don't exist

9. *In what ways is I&R service delivery similar to service delivery in normal times?*
    a. It is actually different in every way
    b. The referrals are the same but the skills needed are different
    c. It is actually the same in every way
    d. The core I&R skills needed are the same

10. *What tends to happen during a disaster in terms of programs and services?*
    a. Programs are the same as in normal times, although less available
    b. Programs are different and availability changes frequently
    c. Programs are different but their details are clear and unlikely to change
    d. Programs are basically unavailable

Answers

| 1. | b. | 2. | a. | 3. | d. | 4. | a. | 5. | a. | 6. | b. | 7. | a. | 8. | c. | 9. | d. | 10. | b. |

Serving Diverse Communities

11

◎ To outline the nature and range of diversity

◎ To describe stereotypes and preconceptions about people from other cultures

◎ To gain awareness of our own conscious and unconscious views of other people

Learning Concepts and Objectives

Introductory Exercises

List 3 different examples of each of the following: linguistic groups, sexual orientations, types of physical disabilities, religious affiliations and ethno-cultural groups. Would it be unusual for some people to identify with two or more of these groups? How many of these groups have characteristics that you think you would notice during a face-to-face meeting? What about when talking with them on the telephone?

_____

_____

_____

_____

Provide an example of a "positive" stereotype (for example, gay men have tidy apartments). Is it still offensive and a reflection of prejudice, even if it is not giving a "negative" portrayal?

_____

_____

_____

_____

Consider your own heritage. What was the cultural influence of your parents and grandparents? Are they all the same? Does your name have cultural relevance? Do you identify yourself with one or more different groups within society?

_____

_____

_____

_____

What the AIRS Standards say ...

I&R specialists have the skills to respond effectively to people in crisis.

The I&R service ensures through training and supervision that I&R specialists respond to each inquirer in a professional, nonjudgmental, culturally-appropriate and timely manner

AIRS Standard 1, Quality Indicator 1

Code of Ethics: The organization/I&R service has a Code of Ethics that establishes fundamental values and professional standards of conduct for staff in their relationships with their colleagues, their employers, the people they serve, the human service professionals with whom they interact and the community as a whole. The Code of Ethics is approved by the governing body of the organization and included in written policies that all staff receive and agree to follow.

AIRS Standard 24, Quality Indicator 7

Nondiscrimination Statement: The organization/I&R service has in place a statement approved by the organization's governing body prohibiting discrimination in all of its forms and documenting its intention to comply with all laws, orders and regulations addressing this issue.

AIRS Standard 24, Quality Indicator 8

The Meaning of Diversity

Information and referral is all about people.

I&R agencies aim to serve everyone and aim to serve everyone equally.

Some people face ongoing systemic barriers to accessing services that relate to a multicultural background which creates additional vulnerability. They may sometimes require more help because of that vulnerability.

It is essential to act with positive respect toward people from all backgrounds and circumstances. Nothing less is acceptable. Here are some general definitions:

- **Cultural sensitivity** is an awareness about one's own cultural assumptions, behaviours, beliefs and unconscious biases. Awareness brings an ability to interact with and understand people from other cultures without imposing one's own cultural values.

- **Stereotypes** are oversimplified or exaggerated depictions of individuals based on some assumed characteristics stemming from their belonging to a particular societal group.

- **Discrimination** is the conscious or unconscious act of dealing with people on the basis of prejudicial and predisposed attitudes rather than individual merit. The denial of equal treatment with respect to issues such as public accommodation, education, employment and housing is a crime.

- **Racism** reflects a set of attitudes that defines people based purely on their race, colour, religion, origin or ancestry and contends the supposed superiority of one race above another. Whereas discrimination relates to an act, that act usually stems from racist outlooks.

- **Diversity** refers to the recognition and acknowledgement of individual differences, and all the ways that we are unique and different from each other. Diversity recognizes differences, respects differences and strives to celebrate them.

Diversity awareness

There are many ways in which people define others as different from themselves in a manner that may result in prejudice and discrimination.

People may divide other individuals into preconceived "packages" based on attributes such as:

- Religion
- Political affiliation
- Marital status
- Mental health condition
- Gender
- Ethno-cultural background
- Skin colour
- Nationality
- Physical disability
- Education
- Sexual orientation
- Age
- Job
- Income
- Developmental disability
- Language
- Parental status

Sometimes one's reaction may be inherently sympathetic to an individual based on a combination of any of these characteristics, and although the outcome is not discriminatory, it is not the same thing as respecting the individual as an equal person.

Awareness of one's self is the first step to understanding others. People who are secure in their own identity can act with freedom, flexibility and openness toward people from different backgrounds.

Knowing this means knowing that you always have to work at it.

It is essential to act with positive respect toward people from all backgrounds and circumstances.

Responding to a diverse group of clients with respect and appreciation is a key component of excellence in I&R.

Serving people from diverse communities

Diversity is about respecting individuals from different backgrounds who may have potentially different values.

What services and programs do people from diverse communities need? Essentially, the same services as everyone else because they share the same basic needs. Obviously, they may have specific requirements and sensitivities that result from their special circumstances. For example, a community may have an influx of immigrants from a particular culture. Those immigrants will need to deal with the general settlement issues that confront all new arrivals, such as securing employment. But the barriers to employment may involve distinct needs such as language training or acquiring equivalences for professional and/or academic qualifications gained in other countries.

Often it is useful to be able to refer people to organizations that specialize in serving a particular ethno-cultural community, or language group; especially if, for whatever reason, the individual did not previously know that such services existed. However, sometimes individuals specifically want to contact services outside of their own community, particularly to discuss problems that might be regarded negatively within their own community. This need for anonymity might be difficult to achieve within their own community.

Most I&R services have a contract with a telephone interpretation service for those situations when a language barrier makes it very difficult to understand what a client is saying and no one else at the I&R service speaks that language. The process involves placing the client on hold while calling out on another line to the interpretation service. Once your contract is verified, and a connection is made to someone who speaks the language of your client, the client can be brought back into the call and the I&R process can be conducted with the assistance of the third party. This can be very effective although there is a fee involved.

Remember there is a difference between barely being able to understand someone and having to work hard to understand someone. Just because someone has a strong accent does not mean that they cannot be understood with patience and concentration. (Just as, to the ears of that same client, the I&R Specialist may also have a strong accent and be hard to understand.)

It is not just accents that require understanding. Sometimes differences in body language, eye contact, forms of address and methods of conveying respect can create communication barriers in face-to-face interviews. For example, the idea of *"looking someone straight in the eye"* as an expression of respect is not considered respectful in some cultures and would make individuals extremely uncomfortable and unlikely to share their stories.

Amongst different cultures, there may be differing degrees of trust and suspicion for civil institutions such as governments. If you have arrived from a country where family members were taken away by police for questioning and never seen again, then that will create an elemental fear that might never go away. There may also be cases where an individual is living illegally and would be naturally reluctant to interact with officialdom.

One of the most difficult things an I&R Specialist has to sometimes ask is a question about the ethno-cultural background of the client. This is not a comfortable or natural question. There are at least two circumstances when the question is necessary. One reason is related to the need to track whether your service is reaching out into all areas of your community. The only way to clearly find out whether you are answering calls from a particular community is to ask people (if the community is under-represented in the number of calls, then additional outreach can be conducted). Most people do not mind the question providing there is an explanation, for example, "Our agency needs to survey our callers to find out who we are serving. Could I ask you whether you identify yourself as a member of any particular ethno-cultural group?"

The other reason is for referral purposes. If the I&R Specialist thinks that the client may be a member of a particular group, and if there are specific services within a resource database that could meet the caller's need, then you sometimes have to ask. Try not to guess, as in "Are you Chinese, by any chance?" Again, it is better to explain the reason and then cast a wide net, for example, "I am finding services here that match your need but there are also some that are targeted to specific people. For example, there is one aimed at helping people in the Filipino community on this issue. Can you tell me whether you identify with any particular ethno-cultural group?"

Many people may be eligible for other services based on an ethnicity or disability that you will not detect over the phone. Many people have no "ethnic" accent and you cannot "hear" that a person uses a wheelchair.

An I&R Specialist should be familiar with the composition of their own community and should know some basic information about those cultures (for example, that people originally from Haiti may speak Creole or French, that people from China generally speak one of the distinct dialects of Chinese – the most prominent being Mandarin and Cantonese – and that most people from Iran speak Farsi. They should know that people originally from India may be Hindu, Muslim, Sikh or Christian, and may speak any of India's 22 official languages).

Responding to a diverse group of clients with respect and appreciation is a key component of excellence in I&R. **Celebrate diversity!**

Discussion Issues

Confidentiality and anonymity

A client is looking for health care for their young child. After a few questions, the client admits that the family is living in the country illegally. To what extent is this relevant to the issue and in what ways might this affect an I&R Specialist's responses?

A female client is having problems finding affordable child care that meets the work schedules of her family. In trying to problem-solve, the I&R Specialist asks whether she or her husband has any flexibility in their working hours. The client says that she is a lesbian, "and guess what? So is my partner." How should the I&R Specialist handle this "moment" and how can future misunderstandings be avoided?

A female client is having problems finding affordable child care that meets the work schedules of her family. In trying to problem-solve, the I&R Specialist asks whether she or her partner has any flexibility in their working hours. The client is quite offended, saying that she is happily married and "why would you think I was living with someone?" How should the I&R Specialist handle this "moment" and how can future misunderstandings be avoided? (Note: sometimes no matter how hard you try to avoid it, you are going to accidentally offend people!)

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A young woman calls and says, "Spanish?" The I&R Specialist replies, "Un momento, por favor," and as there is no Spanish-speaking colleague available, secures a telephone interpreter to assist with the call. Through the interpreter, the caller says she is new to the city and needs to find a food box for herself and her three children.

The I&R Specialist asks for the caller's postal code and searches for food banks in the area. The database reveals three organizations within two miles of the caller. One is located in a Catholic church. They are open today. Another is located at a family resource centre connected with the local elementary school; they will be open tomorrow. The third is part of a comprehensive multi-service agency, but their food program is only open one day a week, four days from now. The information for all three says that they have Spanish-speaking staff or volunteers available.

The Specialist tells the caller there are three food banks near her. She explains that each one is a little different, and that she would like to explain all three to the caller and then have the caller tell her which ones she'd like to get more information about. The caller says she understands.

The Specialist describes the comprehensive social service agency first, the family resource centre next, and the church-based food bank last. She asks whether any of these sounds like a place the woman would like to visit, or would she like to hear about others that are further away?

The woman says she would like to have the number for the comprehensive agency, but needs something sooner than four days, so is there anything else that's further away? The Specialist describes two other agencies similar to the comprehensive agency. The woman responds that she would like information for those two as well, and the Specialist shares it.

The Specialist encourages her to call again if she needs anything in the future.

Why do you think the caller did not want the numbers for the other two that were closer and open sooner? Could these options have been presented in a different way that might have changed that?

What additional information might the I&R Specialist have gathered from the caller that could have helped her make referrals? Why didn't she ask those questions?

Role playing

A woman calls and says she wants to donate some furniture to a poor white family. She says she has a bed, kitchen table and chairs, a couch and a refrigerator from rental property she is selling. She asks the I&R Specialist to give her the name of a poor white family that needs furniture.

We're a referral agency. We work with other organizations to get people the help they need, but we don't directly link people who have donations with people in need. I can tell you about some of those organizations if you'd like. You should know, however, that those agencies are prevented from discriminating against who they help based on race or ethnicity.	OR	*We have a database of organizations that help people in need, and our role is to link those people with the appropriate organizations. We don't discriminate in who we help.*

NOTE

OR signifies different approaches, not a choice between right or wrong options.
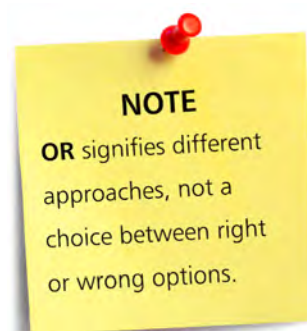
The woman asks if the Specialist could take her name and number, then if someone needs furniture, the Specialist could screen them and call her with their information.

It would be nice if we could offer that service, but our role is to serve as a referral agency between people in need and other agencies. This protects us, our callers, and organizations providing help.	OR	*That's not a service we're able to provide. We refer people to other community agencies. In any case, we also have a policy that we will not discriminate based on anyone's race.*

AND

Would you like me to give you the names of some agencies that accept furniture donations?

The woman presses the Specialist, saying she knows that some people don't deserve help because they haven't helped themselves.

The Specialist repeats the offer to provide the referrals to the agencies that accept furniture donations.

The caller tries to make her point again before hanging up on the Specialist.

Diversity is not about how we differ. Diversity is about embracing one another's uniqueness.

Suggested ways to speak with clients

"We've been asked to gather some additional information about our callers, so we can make sure that we're reaching all the members of our community. Would you mind telling me what racial or ethnic background you identify yourself with?"

"There are some programs that are designed to serve people from different community groups. Just to check whether you might be eligible, can I ask you if you identify yourself as a member of any particular ethno-cultural group?"

Summary of Key Points

An I&R serves all people in a positive, respectful manner.

- People tend to divide others into different groups and have preconceived ideas about individuals who are members of those groups.

- Awareness of your own possible stereotypes is necessary in order to help ensure you have no unconscious attitudes about particular groups.

- People from diverse groups have the same needs as everyone else but may have more complex barriers to effectively accessing services.

- Sometimes people want to be referred to services within their own ethno-cultural community they might not have been aware of, and other times people may prefer to be referred to services outside their own community.

- If you are having trouble understanding someone's accent, they are probably also having trouble understanding yours. Patience is needed from both sides.

Test Questions

1. *Which of the following is a useful description of stereotypes?*
   a. A shortcut to understanding the basic differences between people from different backgrounds
   b. Views of groups of people that contain an element of truth
   c. Assumed characteristics of members of a group
   d. Acceptable providing that the stereotype is positive

2. *During an assessment, a client tells you that they are living in the country illegally. What should be your response?*
   a. Regretfully inform the client that the I&R service cannot continue the conversation
   b. Include that issue as part of your assessment as it might exclude several possible referrals
   c. Suggest that the client contact the authorities as soon as possible in the hope that this might cause their case to be looked on more kindly
   d. Gather as much personal information as possible about the client and then pass the information to the police

3. *Which of the following reflects the needs of persons with physical disabilities?*
   a. They need a special set of services because of their disabilities
   b. They require the same services as everyone else but may need some additional considerations because of their disability
   c. They share the same basic set of services as each other due to the basic similarity between different types of disabilities
   d. They should always be directed to their own referral services

4. *What is one reason why an I&R Specialist might ask a client for their ethno-cultural background?*
   a. To check whether the client is eligible for a particular referral
   b. To see whether the two share any common background that might help in the creation of rapport
   c. To see whether the client is similar to other people who seem to need those particular services
   d. To see whether the client's address matched the background of the other people who mainly lived in that neighbourhood

5. *Which of the following describes discrimination?*
    a. The viewing of different types of people as having different characteristics
    b. The unfair and unequal treatment of people based on their perceived membership of a societal group
    c. The belief that one race is superior to others
    d. The realization that everyone has conscious and/or unconscious attitudes towards others

6. *If a client has an accent that makes their speech difficult to understand, what should be the response of the I&R Specialist?*
    a. Refer then to a local West Indian community service who would be able to provide more specialized assistance
    b. Politely ask the client to use English
    c. Assume the client is also having trouble understanding the I&R Specialist and speak louder
    d. Focus carefully, tell the client that you are having some trouble understanding and ask for key words to be repeated. Also paraphrase to ensure understanding

7. *Which of the following best describes the preferred attitude to handling of diversity within I&R?*
    a. An I&R program serves all people in a positive, respectful manner
    b. An I&R program has to be careful about complaints from cultural groups
    c. An I&R program serves people from diverse cultural groups in a positive, respectful manner
    d. People from different backgrounds need to be treated with extra sensitivity

8. *Which of the following is one of the first steps in better understanding diverse communities?*
    a. Recognizing that other communities have positive attributes
    b. Recognizing that other communities have negative attributes but being determined not to be affected by that knowledge
    c. Understanding your own attitudes
    d. Understanding how other people think

Answers

1.	c.	3.	b.	5.	b.	7.	a.
2.	b.	4.	a.	6.	d.	8.	c.

Serving People with Addictions

12

◎ To identify some of the types and characteristics of addictions

◎ To describe some of the challenges of serving people with addictions

◎ To outline the types of programs available for people with addictions

Learning Concepts and Objectives

Introductory Exercises

What is meant by an "addiction"? For example, what is the difference between someone who drinks alcohol and someone who is an alcoholic? Could the same analogy hold for someone who takes cocaine and someone who is a cocaine addict?

_____

_____

_____

_____

What are some of the possible issues that are faced by the families of individuals with substance addictions?

_____

_____

_____

_____

What are some of the possible differences and similarities between someone who has a drug addiction and someone who has a gambling addiction?

_____

_____

_____

_____

Characteristics of Substance Abuse

The role of an I&R Specialist should pertain to the process of I&R and not to the clinical assessment of an addiction or appropriate treatment regimens.

Someone with a drug or alcohol problem has crossed the line that divides use from abuse and has reached a stage where an addiction controls their lives.

People who have addictions come from all walks of life and all ages. However, people who have long term addictions often end up struggling to maintain the basics of life amidst the need to feed their addiction.

People may call an I&R service at a time when they are feeling self-pity and shame after an intense period of drinking or drug-taking. They are possibly still under the chemical influence of their addiction. It is important to be supportive. It takes an act of courage to call and ask for help, and the client should be reminded of this.

It is also important to be realistic, as many people may try literally dozens of times before they are successful in overcoming an addiction. Some may never succeed or even get beyond a recurring desire to try.

There should, however, always be a sense of hope for addicted clients to encourage their continued attempts to overcome their addiction, even in the face of repeated failure. There is always a chance that the next time is going to be the time when they finally succeed in regaining some control over their lives.

When talking with a client who has a substance abuse problem, be prepared for ambivalence towards the addiction (simultaneously held opposing attitudes such as a love and hate of the substance), denial (the refusal to accept that the situation is no longer under control) and manipulation (shrewd and devious behaviour patterns that can allow the abuse to continue with the minimal knowledge of others).

The role of an I&R Specialist should pertain to the process of I&R and not to the clinical assessment of an addiction or appropriate treatment regimens.

Alcoholism and drug addictions

Most alcohol-related illnesses, social problems, accidents and deaths are caused by "problem drinking". This term describes alcohol use that causes problems in a person's life but does not include physical dependence. Problem drinking is four times more common than severe alcohol dependence.

Physical dependence involves a tolerance to alcohol's effects and withdrawal symptoms when drinking is stopped. As people develop tolerance, they need more and more alcohol to produce the same desired effect. People who are physically dependent on alcohol can develop withdrawal symptoms such as sleeplessness, tremors, nausea and seizures within a few hours of their last drink. These symptoms can last from two to seven days and range from mild to severe, depending on the amount of alcohol consumed and the period of time over which it was used. Some people experience delirium tremens ("DTs") five to six days after drinking stops. This dangerous syndrome consists of frightening hallucinations, extreme confusion, fever and a racing heart.

Addictive drugs include amphetamines, benzodiazepines, cannabis, cocaine, crystal meth, ecstasy, heroin, inhalants, LSD, and methamphetamine. In addition, new synthetic drugs are regularly being developed. Each drug has different effects that attract initial usage, along with varying patterns and methods of usage. Physical symptoms are experienced during withdrawal from some drugs.

Drug issues are not strictly an urban problem. Youth in rural communities often develop addiction levels significantly higher than in urban centres. The actions taken to obtain the drugs of choice, and the activities after taking the drugs, will nearly always bring individuals into conflict with the law.

Effects of addictions on families

Alcohol and other drug problems create difficulties for the entire family – not just the person with the problem. Everyone affected needs support. At the same time, the family can encourage the person with the problem to get the help that is needed.

Here are some suggestions to offer family members:

- Discuss concerns with someone trusted and respected, such as another family member or a friend, teacher, counsellor, doctor or faith community leader.

- If a decision is made to talk to the family member who has the problem, consider who else to involve, and when and where to hold the discussion.

■ Encourage and assist the person with the problem to get help but don't try to force anybody to get treatment – the final decision, if it is to be successful, lies with the person who has the problem.

■ Be persistent but patient. It takes time for a person to admit the problem exists and to do something about it.

■ Remember that related issues may have to be dealt with in addition to the alcohol or drug problem, such as marital, emotional, financial, legal or health situations.

■ Don't accept physically or emotionally abusive behaviour. It's never acceptable to be mistreated by anyone, even when the family member is under the influence at the time.

■ Consider contacting a self-help (or mutual) group such as Al-Anon to obtain advice and support from people who are in the same position. In the case of a young person, a youth-focussed service may provide the best advice on possible approaches.

Addictive drugs include amphetamines, benzodiazepines, cannabis, cocaine, crystal meth, ecstasy, heroin, inhalants, LSD, methamphetamine and more.

Referral options for people with addictions

Treatment for alcohol and/or drug dependence usually begins with overcoming physical withdrawal symptoms, but most people will need additional treatment to help them stop permanently. Even after long periods of abstinence, a person may continue to crave addictive substances, and resume earlier patterns of abuse.

Referrals may include:

■ Emergency admittance to a hospital if the person is in a life-threatening situation.

■ Specialized information and referral services staffed by professional addiction counsellors. Many of these services may also undertake program eligibility assessments and registrations.

■ Addiction intake and assessment services that work with the individual to fully understand the nature of the addiction and its surrounding circumstances in order to develop a mutually agreed upon treatment program.

It is not unusual for someone with an addiction to also have other related problems that make successful treatment even more difficult.

- Community-based day/evening treatment that involves attending structured programs that generally operate for 3 to 4 hours a day for 4 or 5 days a week. These programs allow an individual to remain at home and/or in the workplace while engaged in treatment. Some programs are built around the specific needs of a particular group (such as women or youth).

- Self-help or mutual support groups, such as Alcoholics Anonymous (A.A.) or Cocaine Anonymous. Even a medium-sized town will often have A.A. meetings held every evening of the week in a variety of locations. A.A. can function in a number of ways for a person experiencing alcohol problems – as the main resource used for recovery, as part of a formal treatment plan, or as an aid in sustaining the recovery achieved through formal treatment. (Note that these are sometimes known as "12-Step Programs" because of the stages of their recommended process.)

- Detoxification programs provide support for people who are dependent on alcohol or other drugs during the withdrawal period. Detox is nearly always a precondition of residential treatment.

- Residential treatment involves a structured, scheduled program of treatment and/or rehabilitation activities provided while the person stays in a specialized facility.

- Community aftercare might involve a variety of recovery/support services such as lifestyle counselling, coaching for activities of daily living, community reintegration, vocational counselling and mutual aid, housing assistance, and participation in day/evening treatment sessions and/or self-help meetings. It may also involve prescribed medication that can reduce cravings.

Some people respond well to one form of treatment, while others do not. There is no single most effective treatment approach.

Concurrent disorders, co-occurring disorders and dual diagnosis

It is not unusual for someone with an addiction to also have other related problems that make successful treatment even more difficult. The terms "concurrent disorders", "co-occurring disorders" and "dual diagnosis" are sometimes used to describe situations in which a person experiences a psychiatric disorder and an addiction. MICA (Mentally Ill Chemically Addicted) is another description that may be encountered.

For example, a person living with schizophrenia may also have problems with cocaine use or a person who has problems with alcohol may also live with clinical depression. Many people who are homeless have both substance abuse problems and mental illness.

Problem gambling/gambling addictions

Many people may gamble without ever encountering a problem and accept the cost of a visit to a casino or racetrack, or the purchase of lottery tickets, as the price for entertainment. But for other people, gambling develops into an addiction that destroys their lives and those of their families. People with an addiction to gambling are driven by psychological rather than chemical cravings.

Here are some signs that a person may have a gambling problem:

- Spends large amounts of time gambling, allowing little time for family, friends or other interests.

- Begins to place larger, more frequent bets to get the same level of excitement.

- Has growing debts, is secretive or defensive about money, and may borrow from family members or friends.

- Promises to quit after one large win as believes that only a big win will solve financial or other problems.

- Promises to cut back but is unable to reduce or stop gambling.

- Refuses to explain or lies about behaviour.

- Feels frequent highs and lows. If unable to gamble, misses the thrill of the action and may be bad-tempered, withdrawn, depressed or restless.

- Boasts about winning and loves to relive a win but will make light of losses when others express their concern..

Discussion Issues

What are the options in this situation?

Someone calls experiencing intense physical reactions to a drug that has an exotic name that is unfamiliar to you. What are some of the questions that must be asked? What are some of the possible actions that an I&R Specialist may need to take?

A client regularly calls following a session of drinking, describing life as miserable and stating that alcohol will no longer be a part of their life. The client then tends to become more emotional and incoherent before hanging up. How should these calls be handled?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A man calls asking for help for his adult son who is addicted to crystal meth.

The Specialist thanks the caller and commends him for seeking help. She acknowledges it can be difficult to ask for help, but he's done the right thing by calling her.

The father says he can't stand to see his son suffering, but his son is withdrawing more and more. The son refuses to admit there is a problem, gets angry and leaves. The Specialist acknowledges that it's hard to watch someone you love who is hurting themselves, and it's especially hard because the son has to be willing to make changes himself; the father can't make him change.

The father understands that it's up to his son, but wonders if there's anything he can do anyway. The Specialist says there are several support groups for family members of people with addictions, and she'd be happy to provide him with information on what's available.

The father agrees to accept those referrals and the Specialist provides them. She asks whether there's anything else going on in his own life. The father doesn't think there's any other problem, but returns to focusing on his son's problem by stating that his son's behaviour seems to have gone out of control after his mother (the caller's wife) died of cancer two years ago.

The Specialist expresses compassion for the caller's loss, and tells him that sometimes something like a catastrophic loss can trigger or escalate problem behaviours. She asks if he personally is managing alright, or if she could refer him to a bereavement support group for his own needs. He breaks down and says yes, he misses her and maybe needs help too.

The Specialist continues to express compassion and care, and provides referral information to a local support group. She says the son might be willing to participate in that group too, and that it might be a way for the two of them to connect again. She suggests that he attend the group alone first and begin to address his own needs, then seek support from the group for how best to approach the son.

The caller has composed himself while the Specialist has been talking, and thanks her for all her help.

The father understands that he can't force his son to change. Discuss what the Specialist might have said if the father was asking for a way to make his son get help.

What else is going on for the son? Could/should the Specialist have addressed this in more detail with the caller? Why or why not?

Do you agree or disagree with the Specialist's decision to be more directive in how the father should handle inviting his son to the bereavement group? Why did she suggest it then seem to backtrack on her suggestion? Discuss.

Role playing

A man calls and says he'd like information about alcohol abuse.

OK, thanks for calling. Can I get a little more information from you?	OR	Sure, I can help with that. Are you looking for a support group, or a treatment group, or something different?
OR		
I'm glad you called. Could you tell me what kind of information you're looking for?		

NOTE

OR signifies different approaches, not a choice between right or wrong options.

The caller says he isn't an alcoholic, but he thinks he might have a problem. He's noticing it's getting harder and harder to get through the day without having at least four or five beers, and sometimes another drink.

It sounds like you're seeing a problem, and that's a good first step — to recognize it yourself. And I understand it's hard to make this call — I'm glad you did.	OR	What you've described sounds like it's interfering in your life, and that you think your drinking has become more than just social drinking.

The caller says his wife and kids are getting angry with him and he resents that and doesn't feel like stopping. But at the same time, he thinks they might be right.

I have the numbers for some specialized helplines for people who think they might have a problem with alcohol. They would have information about the whole range of services, as well as some AA groups. Would you like those numbers?	OR	Would you like me to describe the different kinds of help that are available?

The caller says he really wants to talk with someone who can get him signed up for help right away. The Specialist provides information about the local alcohol abuse helpline. The caller says he works during the day, but he's heard about a clinic that's open in the evenings. The Specialist locates the service in the database and provides the referral.

	OR	
Either of these might be a good place to start. They will probably recommend that you connect with an AA group too, and I have information about where some meetings are held. Would you like that now, or would you like to call back for that later?	OR	*Is there anything else going on that I can help with, anything that may have triggered your drinking to suddenly become a problem? Is there anything going on with your family?*

The man says there's been a lot going on, but right now this is what he needs to deal with. He says he's glad he made the call. He says he'll call later for the AA groups and thanks the Specialist.

	OR	
You're welcome. I'm glad you called — you've taken a good first step.	OR	*You're welcome — and again, thanks for calling and please know you can call us at any time.*

Suggested ways to speak with clients

"It takes a lot of courage to make this call. It can't have been easy but wanting to stop is an important step."

"Do you think that your family is worried about you? They might need some help themselves."

"How are you feeling right now? What's happening to your body?"

"Have you told anyone about your gambling?"

"There are different types of treatment available and you might find that some work better than others for you."

"Have you ever thought of going to an AA meeting?"

When everything seems like an uphill struggle, just think of the view from the top.

Summary of Key Points

What you need to know ...

- Substance abuse occurs when an individual's use of drugs or alcohol threatens their physical and social health.

- Addiction is when the substance begins to control the person's life and there is an ongoing physical and/or psychological need for the substance.

- Addictions are hard to conquer, often requiring several sessions and levels of treatment and support over a long period of time.

- There are a variety of services available for persons with addictions. Some types of programs work better for some individuals than others. There is no single guaranteed "cure".

- Addiction can cause havoc for family members, who often need their own supports.

- Individuals may be addicted to gambling with devastating consequences for themselves and their families.

- It is important to withhold judgment when a person with an addiction contacts the I&R service, to recognize that it takes courage to call and ask for help.

Test Questions

1. *A client who is undergoing a life-threatening situation resulting from crystal meth abuse may need:*
   a. To immediately go to a hospital emergency department
   b. To call a residential addiction facility
   c. To attend an A.A. meeting
   d. To discuss this problem with their family

2. *Which of the following is a potential referral for a family member of an alcoholic?*
   a. Alcoholics Anonymous
   b. Al-Anon
   c. Family crisis shelter
   d. Financial counselling

3. *What may a client who has recently consumed a large amount of alcohol and/or drugs need to do as a first step before starting a structured treatment program?*
   a. Complete a reconciliation process and apologize to family and friends
   b. Complete a supervised detoxification process to ensure a safe withdrawal
   c. Attend 10 self-help meetings
   d. Complete a form that officially registers the person as an addict

4. *There is more likelihood of alcoholism if the client admits to:*
   a. Having a few drinks every other day
   b. Drinking regularly
   c. Drinking in front of their children
   d. Needing more drinks to achieve the same effect and needing to start drinking earlier and continue drinking longer than everyone else

5. *Which of the following is a possible sign of a gambling addiction?*
    a. The purchase of more than 10 lottery tickets
    b. A visit to an off-track betting facility
    c. Growing debts leading to larger bets
    d. Excessive drinking

6. *Which of the following is the best description of a 12-step program?*
    a. A structured community aftercare program
    b. A detoxification process
    c. A residential program with 12 stages
    d. A mutual support group

Answers

1.	a.	3.	b.	5.	c.
2.	b.	4.	d.	6.	d.

Serving Older Adults

13

◎ To describe issues related to the aging process

◎ To outline some common misunderstandings in serving older adults

◎ To identify and overcome barriers to communication with older adults

Learning Concepts and Objectives

Introductory Exercises

What do you imagine are some of the physical and mental changes that may occur as people get older?

_____

_____

_____

_____

What types of programs, services and supports may be specially required by older adults?

_____

_____

_____

_____

_____

What do you think are some of the things that an older adult may feel when being served by a younger person?

_____

_____

_____

_____

Definitions of "Older" and "Elderly"

One's chronological age doesn't tell as much about someone as their physiological health and psychological strength.

How old is an "older" adult? How much older than that is an "elderly" person?

The answer is partly legal but mainly relative, as age has different meanings and is seen in different ways.

There are legal definitions, usually age 60 or 65, which apply to the eligibility for certain benefits ranging from government pensions to reduced fares on public transport. There are other program opportunities that sometimes begin as "young" as age 55. Commercial enterprises and retirement organizations may target people beginning at age 50.

There are also cultural values that are conferred upon older individuals – for example, two people may both be 50 years old but one is a grandparent, and may therefore be "thought of" as "older".

"Frail" is a word that is sometimes used to describe a physical state that may or may not be linked to advanced age. "Frail elderly" is a common term.

It is now not unusual for a 70-year-old to be looking after an aged parent. There are also circumstances where an older adult has become the legal guardian and/or main caregiver to grandchildren.

Not only do the definitions of old age vary, but there is also a great deal of variance in abilities and lifestyles. There are people beyond age 65 who are at the height of their powers and presiding over nations, whereas others are dependent on other people for their care. There are retired people who are thriving on the freedom of their "golden years" and there are others whose health seems to rapidly deteriorate and who may die within a few years of retirement.

One's chronological age doesn't tell as much about someone as their physiological health and psychological strength.

Aging is a natural process that occurs at different rates for different people, depending upon a host of internal and external factors.

With older adults, as with other groups, the stereotypes don't match the realities.

The Aging Process

Body temperature

An older person may have a harder time adjusting body temperature and is more susceptible to hypothermia, heat stroke and heat exhaustion.

Dementia

Senile dementia is a form of general intellectual impairment observed in elderly people. Approximately 10% of all people over age 65 may have some level of intellectual impairment. Alzheimer's disease is the most commonly known example of dementia. It begins with failing attention and memory, loss of mathematical ability, "fixed" facial expressions, increased irritability and agitation, and poor orientation regarding time and place. Alzheimer's disease is progressive and there is no known cure.

Depression

For some people, there is an onset of depression as they age. Aging is accompanied by so many losses or fear of losses – of other people, of good health, of independence. This is important because some of the symptoms of clinical depression are similar to those of dementia with which it is sometimes confused. When someone seems confused or seems to have suddenly lost their memory, it is important to arrange for an evaluation to see whether depression (which is treatable) is the problem.

Falls

As older adults become more frail, falls become much more of a danger as they become more likely to fall and also more likely to suffer a serious injury as a result of a fall.

Fear of death

Fear of death declines with aging. Older people talk more about death because many of their friends and other acquaintances have died or are dying but that doesn't mean they are preoccupied with it.

HEARING IMPAIRMENT

There is a gradual likelihood of hearing loss with age. This can, in itself, lead to social isolation. Some of the signs of hearing loss include speaking too loudly or too softly, positioning the body so that the "good ear" is towards the other person, accusing others of mumbling, getting upset by what they think others may be saying and responding inappropriately to conversation.

Many older people find hearing aids difficult, and quickly become annoyed with the increase in background sounds. Some older people are able to use a hearing aid satisfactorily after a period of adjustment and possibly additional visits to an audiologist to get the sound range modified. It is helpful to encourage an older adult with an impairment to wear a hearing aid during a quiet time of day for maybe 15 minutes at first, before gradually increasing the usage.

INTELLIGENCE

There seems to be some gradual intellectual decline typically beginning between the ages of 70 and 80. When that begins suddenly, there may be either psychological or physical reasons. A decline that is simply related to normal aging may not interfere with an individual's ability to function in the world, particularly in familiar surroundings. However, there may also be a loss in the ability to make decisions and increased worry and fret about previously straightforward situations such as how to handle a bill payment.

Memory

It is a myth that all older people have poor memory. However, it may take longer and requires more effort to recall things.

Sex

Sexual activity does not end at age 60 or 70.

Skeletal changes

In aging, there is a decrease in bone and muscle mass, which results in an increase in falls and a longer recovery time from accidents and injuries. In addition, many older people suffer from arthritis. This can be very disabling as previously simple tasks such as holding cutlery become very difficult. Osteoporosis, which involves a progressive degeneration of bone integrity, is another disease that makes life difficult for older men and women.

Sleep patterns

Sleep patterns gradually change. It used to be said that older people do not need as much sleep. However, research indicates that it is probably truer to say that older people actually have more trouble achieving a good night's sleep.

Slowing down

Another physiological change is slowing down. Older people may move at a slower pace due to stiffness in the joints and challenges with balance.

Societal expectations

Older adults often feel freed of some of the expectations that once accompanied their working lives and family roles, and in some instances can now express themselves and act in a manner that is more natural for them, though they may surprise others by their "new" behaviour. At the same time, there are expectations of appropriate behaviour for older adults that impose other restrictions.

Taste and smell

With advancing age, there is a decline in the senses of taste and smell, which are important to our enjoyment of food. That is one reason for poor nutrition among some older adults, which is further complicated by bland health-related food restrictions such as low-salt diets.

TOUCH

There appears to be some decline in the sensitivity of touch, particularly in the legs and feet. Pain thresholds increase, so an older person may not quickly recognize pain from internal organs or burning from a very hot bath.

VISION

There are people who retain good vision into their 80's but statistically, for most people, there is a decline in visual acuity (or sharpness) with age. By age 65, 50% of all persons have a visual acuity of 20/70 which means they can see at 20 feet what a person with perfect vision can see at 70 feet. The ability to see things "up close" declines. There is a need for increased bright lighting. Brightness of illumination should be increased by 50% at age 50, by an additional 100% at age 60, and by another 35% at age 80 to allow someone to read as well as they did at age 20. Gradual vision impairment, together with a slowing of reflexes, results in older adults feeling uncomfortable driving at night.

Aging is a natural process that occurs at different rates for different people, depending upon a host of internal and external factors.

Overcoming barriers to communication

I&R inquiries with older adults may take a longer time than with younger people. As people get older, it takes longer to process information and to sort out what is relevant from what is not. It is sometimes appropriate to intervene when an older client appears to wander from the point, by using the same techniques as in other circumstances such as "It certainly seems like there is a lot going on, but exactly what made you decide to call us today?" Many older adults engage in a process known as life review, which includes a tendency to reminisce. This process may seem time consuming, but actually helps them integrate their knowledge in a meaningful way.

The gradual hearing impairment experienced by all older adults has obvious repercussions for an I&R service that depends on careful supportive listening. Here are some ways of alleviating these issues:

- Minimize background noise as much as possible.

- Resist the urge to shout.

- Lower the tone (pitch) of your voice.

- Speak distinctly and a little slower than usual.

- Pause briefly between sentences.

- If not being understood, try saying the same thing using different words.

The older client may also be lonely. What opportunities for socialization could be explored? In most communities, there are congregate meals and other social/recreational activities available at senior centres. However, some older adults may resist being "over-helped" and don't want to feel that they are being pushed into something.

Make sure communication is culturally appropriate. Major differences may exist between generations and cultures. For example, an elderly person may resent the automatic use of their first name or they may expect to open with some general "small talk" before discussing more relevant matters. It may also feel extremely difficult and even shameful for older people to ask for help outside of their own family and culture, particularly if they are asking about financial assistance.

At all times, it is proper to show respect and patience.

Specific services for older adults

These include but are not limited to the following:

- Adult day programs/day health care
- Alzheimer's disease support
- Assisted living and other supportive living options
- Bereavement/grief counselling or support groups
- Caregiver support programs
- Congregate/home delivered meals
- Consumer protection and fraud
- Counselling
- Elder abuse/adult protective services
- Eldercare concerns
- Energy assistance/weatherization
- Entitlement programs
- Estate planning
- Financial management
- Grandparents raising grandchildren
- Hearing impairment services
- Home health care services
- Hospice services

- Housekeeping/home maintenance
- Income security programs
- Independent living
- Information and referral
- Intergenerational programs
- Long-term care ombudsman
- Nursing facilities
- Older worker programs
- Pension benefits and pension counselling
- Personal care
- Prescription drug assistance
- Respite care
- Retirement, survivor and burial programs
- Senior centres/recreation centres
- Senior discount programs
- Subsidized rental housing
- Tax preparation
- Transportation services
- Visual impairments support
- Volunteer programs

Elder abuse

Elder abuse is the least recognized form of family violence.

In some jurisdictions, human services professionals are required by law to report suspected elder abuse in the same manner as child abuse. However, even if this is not a mandatory requirement, the I&R Specialist should be prepared to take suspicions of elder abuse very seriously and report matters to police or the appropriate adult protective services agency.

In many areas, there are legislated bodies that have specific authority to investigate elder abuse allegations in long term care facilities and/or senior's residential homes.

Research indicates that around 5% of people age 60 and older are subjected to some form of mistreatment.

Elder abuse takes many forms and in most cases victims are subjected to more than one type of mistreatment.

Instances of elder abuse may include one or more of the following:

- Physical abuse – the infliction of physical pain or injury upon an older adult.

- Sexual abuse – touching, fondling or any other sexual activity with an older adult, when the person is unable to understand, unwilling to consent, threatened or physically forced.

- Emotional abuse – verbal assaults, threats of abuse, harassment or intimidation. Emotional abuse is often coupled with other forms of abuse.

- Confinement – restraining or isolating an older person, other than for medical reasons.

- Passive neglect – the caregiver's failure to provide an older person with life's necessities, including but not limited to food, clothing, shelter or medical care.

- Willful deprivation – deliberately denying an older person medication, medical care, food, a therapeutic device or other physical assistance, thereby exposing that person to the risk of physical, mental or emotional harm.

- Financial exploitation – the misuse or withholding of an older person's financial resources, or instances of specific fraud.

The abuser is most often a family member who lives with the victim but could also be a non–related caregiver. The abuser may have lost control due to the stress associated with being a caregiver, may have their own problems such as alcohol or substance abuse, may be frustrated or isolated, or may just see the elder relative as a means or an impediment to improving their own lives.

Victims of elder abuse are generally older than 75 and may suffer from some form of dementia or physical impairment, tend to be isolated and may be reluctant to admit that a loved one is also an abuser. There may also be the fear that reporting the abuse could lead to further harm, a nursing home placement or total abandonment.

Self-neglect — which can result from an inability to look after themselves and/or to seek outside help — is a serious problem among frail older adults responsible for their own care.

Discussion Issues

Confidentiality and anonymity

What are some of the difficulties that are faced by caregivers of aging relatives? What types of supports might help them?

_____

_____

_____

_____

What might cause an I&R service to recognize possible elder abuse? What questions might the I&R Specialist need to ask?

_____

_____

_____

_____

What are some of the difficulties faced by older adults who need assistance with transportation and various options for "getting around"? How might these affect the referrals they receive for programs and services?

_____

_____

_____

_____

Scenario

The scenario is a tool to stimulate discussion and practise skills.

A woman calls and, in a frail voice, says she saw an ad about Meals on Wheels and she'd like it to come to her house. The Specialist says she'd be glad to help and describes the way the programs work. She asks if the woman feels she's not eating like she should. The woman tells her that her daughter brings food to her home every day — or at least most days; sometimes she forgets or gets too busy at work. She thinks Meals on Wheels could make things easier on her daughter.

The Specialist asks if the woman lives alone and she says yes. The Specialist asks if her daughter lives nearby and provides other kinds of help. The woman says her daughter lives about five miles away. She cleans for her and pays her bills for her, but she has two teenage children that keep her busy. The Specialist says it must feel nice to know she has someone she can rely on, and the woman agrees. The Specialist repeats that sometimes the daughter "forgets," and asks if this happens very often. The woman says it doesn't happen more than once or twice each week.

The Specialist is concerned about the woman's well-being and safety. She asks about her health, whether she has any particular illnesses. The caller says she has some arthritis that makes it difficult for her to move around like she used to, but otherwise she's pretty healthy.

The Specialist thanks her for sharing the information, and says she can help connect her with the agency who arranges for Meals on Wheels. She says that they may first want to come and visit in her home, and asks if that would be alright. The caller agrees. The Specialist tells the caller that this agency can sometimes help with other things like housekeeping.

The Specialist asks for permission to put the woman on hold and get the agency on the phone so she can speak with them directly. She tells the woman to just hold on for a moment, and then she'll bring the other person into the call.

The woman agrees, and the Specialist establishes a conference call.

What is the Specialist concerned about? It sounds like the woman has a loving daughter who cares about her. Even with involved family, what were the triggers that raised concern? Might the concern turn out to be unwarranted?

Was it appropriate for the Specialist to ask about the caller's health? Why or why not?

If the Specialist works at an I&R service that provides specialized services to older adults and persons with disabilities, how might this call end differently? What additional rapport may be developed? What additional information might be gathered?

Suggested ways to speak with clients

"It can't be easy, looking after your dad as he gets older. Have you talked with him about how he thinks things are going and what help he might need?"

"There are some services that can help your parents and take a bit of the pressure off you."

"It sounds like you are being abused by this person. Even if they are related to you and even if they are looking after you – it doesn't mean they can treat you in that way. I would like to make a call to someone who can come to see you and help stop this happening." (For possible use when, after a discussion with the client in which abuse was identified but where the client seemed frightened by the term and reluctant to accept it.)

"It may not be Alzheimer's. Your friend may be depressed or there could be other things happening. It would be really good if you can get them to a memory disorder clinic to get a better idea of the problem, can I give you the number? The Doctors and staff there specialize in helping people with these problems."

"There are some services that can help you stay in your own home by providing you with a bit more help."

From caring
comes courage.

Summary of Key Points

- Definitions of "older adult" often differ according to particular programs and services.

- The aging process affects different aspects of an individual's functioning at different rates for different people depending on overall physiological and psychological health ("you are as old as you feel").

- Older adults experience a gradual hearing loss that becomes a barrier to communication and an I&R Specialist should be sensitive to this potential difficulty.

- In some areas, there is mandatory reporting of elder abuse. Even where there isn't, possible incidents must be taken very seriously.

Test Questions

1. *Elder abuse is:*
   a. An unfortunate but understandable reaction to the stresses of family caregiving
   b. A crime that needs to be reported
   c. Often the result of the paranoia of an older adult with the onset of dementia
   d. More a reflection of accidental neglect than deliberate physical harm

2. *How old is an "older" adult?*
   a. 60 years of age
   b. There are various definitions but 63 is generally considered to be the turning point
   c. As people's health and longevity improves, people these days do not start to become older adults until age 70
   d. There are various definitions depending on the circumstances

3. *Which of the following could be a normal part of the aging process?*
   a. Gradual hearing impairment
   b. Sudden loss of memory
   c. The need for long periods of sleep
   d. Compensatory enhancements to other senses such as taste and smell

4. *Which of the following programs may be particularly relevant for older adults?*
   a. Mental health programs
   b. Gene therapy programs
   c. Intergenerational programs
   d. General counselling programs

5.   *When talking with an older adult, which of the following is an effective technique?*
     a. To shout very loudly and clearly
     b. To raise the tone/pitch of your voice
     c. To suggest that a hearing aid would be helpful and that modern ones work very well
     d. To speak distinctly and a little slower than usual

6.   *What is senile dementia?*
     a. A type of depression that occurs in older adults
     b. A general decline in sexual impulses felt by older adults
     c. A series of memory dysfunctions
     d. A form of general intellectual impairment observed in some elderly people that affects memory and gradually all other activities

7.   *Which of the following might be a service that is particularly helpful for caregivers of older adults?*
     a. Meals on wheels
     b. Respite care
     c. Weatherization programs
     d. Prescription drug assistance

8.   *Which of the following communication techniques may be potentially helpful when conducting I&R with older adults?*
     a. Patience
     b. Anticipation
     c. Imagining yourself to be older
     d. Adopting a "take charge" manner

Answers

1.	b.	3.	a.	5.	d.	7.	b.
2.	d.	4.	c.	6.	d.	8.	a.

Serving Young People

14

- To describe the range of issues facing young people

- To identify the possible signals that a youth may be at risk

- To develop a basic understanding of specific issues regarding runaway/homeless youth

Learning Concepts and Objectives

Introductory Exercises

What are some of the range of reasons why a 15-year-old might run away from their home?

_____

_____

_____

_____

_____

What are some of the attractions of drugs for young people?

_____

_____

_____

_____

_____

What might be some of the characteristics of young people that make it harder to provide services for them?

_____

_____

_____

_____

_____

Serving Young People

Young people face a wide variety of feelings, pressures and stresses at a vulnerable time in their lives.

Young people are served by a variety of frontline agencies, services and programs that are geared to the needs of youth, are familiar with the issues facing young people and experienced in communicating effectively with them.

In most cases, the I&R service should provide referrals to an appropriate youth services agency after first going through the standard stages of handling an I&R inquiry. This includes establishing rapport and conducting an assessment. It also includes drawing on crisis intervention skills when necessary.

An I&R service will also receive calls from concerned parents/guardians worried about their child's situation or behaviour.

The definition of "youth" is often a flexible one. An inner-city youth shelter may serve people in their early 20's. Youth employment programs may provide eligibility for people up to age 26. However, "youth" generally means people under the legal age of majority (18 years).

Youth issues

Young people face a wide variety of feelings, pressures and stresses at a vulnerable time in their lives. Any of these may be the direct cause of a crisis or a contributing element to an accumulation of factors that lead to a crisis.

It is important to remember that what might be "minor things" to adults can be sources of genuine emotional turmoil for a young person. These feelings must be taken seriously when shared.

During a developmental stage of life that is already fraught with difficulties, many adolescents face dilemmas alone. It is always possible for unaddressed situations to escalate into complex crises.

Here are just some of the issues that may affect young people:

- Being cut off from family
- Being gay or lesbian, or questioning their sexuality
- Blended families
- Bullying (including online bullying)
- Curfews
- Dating
- Dealing with the illness of others or death
- Depression
- Divorce/separation of parents
- Doing chores
- Drug use and/or alcoholism of parents
- Eating disorders
- Emotional abuse
- Experimenting with drugs/ alcohol
- Fights with friends
- Fights with parents
- Gang involvement
- Getting arrested
- Getting expelled
- HIV/AIDS
- Hurting self or others
- Learning disabilities
- Neglect
- Obtaining and keeping a job
- Parent remarrying
- Peer pressure
- Physical abuse
- Pregnancy
- Pressures to be sexually active
- Pressures to stay and do well in school
- Problems at school
- Running away
- Sexual abuse
- Sexually transmitted diseases
- Stealing
- Substance abuse
- Suicidal feelings
- Trouble with police
- Wanting more freedom/ independence
- Wanting to fit in
- Witnessing domestic violence

At-risk youth

Any of the situations outlined on the previous page, either individually or in combination with other factors, can lead to a previously well-adjusted and "normal" young person becoming vulnerable to involvement with even more serious issues.

Here are some of the things that a parent/guardian should be aware of:

- Behaviour changes – sleeping all day or seldom sleeping, hardly eating or over-eating, spending all their time outside or never leaving their room, sudden mood swings.

- Rebellious behaviour – breaking rules at home, truancy and dropping grades at school, fighting with family members.

- Hints or threats of running away – talking about running away from home either in conversations with friends or in arguments with family members.

- Saving money and gathering possessions – preparing to run away by not spending money and packing a bag with clothes and important personal possessions.

If there might be an emerging problem, a parent should be encouraged to quickly confront suspicions, by clearly and calmly sharing their fear that their child might run away from home or become involved in substance abuse. The parent should also be encouraged to find positive ways of dealing with the situation, to listen without judgment or reaction, and to let their child know that she or he is loved and wanted. Remember that a referral to a specialized service is always more appropriate but sometimes the natural arc of your conversation with a parent may veer towards providing some general guidance.

The parent/guardian should be supportive of finding positive ways of dealing with the situation.

Here are some things that young people could be asked to consider:
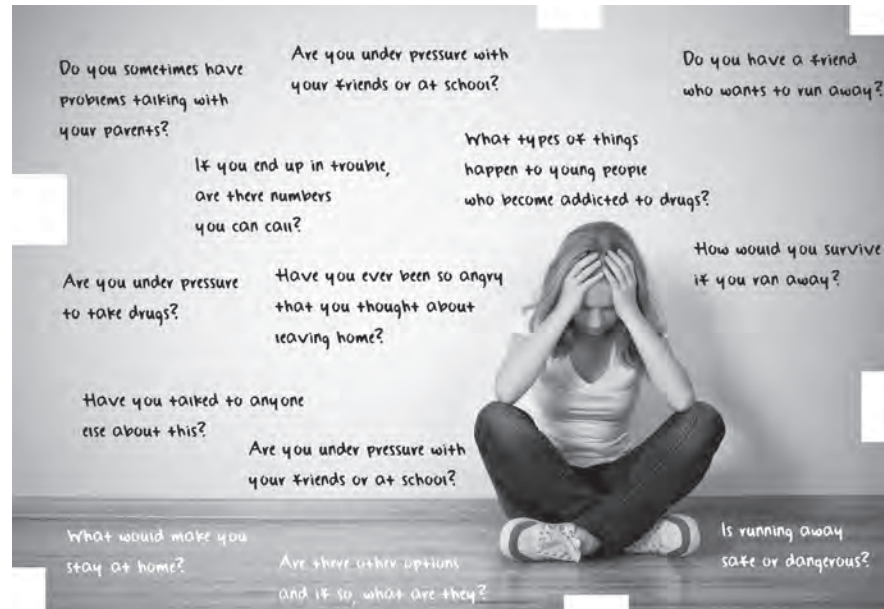
Young people who are abusing addictive substances may need intervention. Adolescents generally cannot access counselling or treatment facilities without a parent's approval. Young people needing and wanting treatment will probably have to tell their parents. However, there is a good chance that the parents are already aware of the problem and will be tremendously relieved that their child is seeking help.

If telling parents is not an option that a young person is willing to consider, then discuss some changes that could occur. This could include encouraging them to talk with friends or other people they might trust (for example, school counsellors, teachers, family doctors, other relations, faith community leaders) as well as avoiding situations where alcohol and drugs are available. There are also many community-based addiction programs that are specifically geared towards the needs and circumstances of young people.

In cases of physical or other abuse, the steps are identical to other crisis intervention situations. Assess immediate safety and, if necessary, take action to ensure the safety of the young person.

If safety is not a factor, gather the necessary information during the assessment. Remember that it is mandatory to report abuse of someone younger than age 18 to the local children's protective services agency.

Homeless youth

In dealing with homeless youth, the priority is to get kids off the street and into safe living situations. It is important that young people get connected with help quickly before they get connected with something dangerous. Living on society's margins, homeless youth are more vulnerable to alcohol and drug addictions, crime, HIV/AIDS, homicide, sexual exploitation and suicide.

Kids don't run away simply for adventure. They're running from what they feel are unbearable or unsolvable situations. They're running because they just don't know what else to do – but they feel they have to do something.

"Situational runaways" describe young people who leave home for a day or two after an argument with their parents. Although they may stay in a shelter or spend a brief time on the street, they usually return home within a few days. Sometimes they go to the home of a relative or friend, and this "neutral space" allows for a cooling off period where the precipitating issue is resolved or at least improved and the youth either returns home or another place is found for them.

A small percentage may repeat this behaviour and remain away for longer periods if nothing changes within their personal or family dynamic when they do return home.

Eventually, these young people may become chronic street youth who do not return home at all, but live in friends' rooms, shelters, cheap boarding houses, abandoned buildings ("squats") or underneath bridges.

These young people are frequent victims of the numerous dangers of the streets. For example, homeless youth have few legal means to earn an income and many young people are forced into exchanging sex for food, clothing, shelter and drugs, as a means of survival.

A runaway is defined as anyone younger than age 18 who leaves their home for one or more nights without the permission of their parents or legal guardians.

The word "throwaways" or "lockouts" is sometimes used to describe youth who have left home because their parents have abandoned them, told them to leave, or subjected them to abuse or neglect. Many of these kids may have spent time with relatives or had periods of residence in foster care.

The following is one possible outline of a call from an actual or potential homeless youth:

Establish rapport

- Let the youth know the conversation is confidential.
- Speak with a gentle tone.
- Provide support and assurance that you are there to help.
- Praise the client's courage in calling.
- Assess for physical safety if it sounds like this is an emergency or a crisis.

EXPLORE FACTS AND FEELINGS

- Ask open-ended questions to get a more narrative response about the situation and why they are calling.

- Ask where the youth is calling from.

- Ask how they feel about the situation.

- Spend most of your time listening.

- Paraphrase and clarify to make sure you have a clear idea of the situation.

FOCUS ON THE MAIN ISSUES

- Have the youth tell you what type of help they want.

EXPLORE OPTIONS

- Let the youth tell you what they would like to do.

- Help the youth explore options and their own resources.

- If you give suggestions, offer them openly and not in a "directing" or "lecturing" manner.

ESTABLISH A PLAN OF ACTION

- Have the youth develop their own action plan.

- Discuss alternatives.

- If they don't already know, make sure they are aware of the support that can be provided by the Kids Help Phone

- Reassure and support. Remind the youth that they can always call back if something doesn't work out as expected, new problems emerge or more or additional help is needed.

Remember that going to a shelter or phoning a helpline is not usually the first thing that a young person does when they have a problem. It is the action they take when all else fails. A young person would not be calling if everything was fine.

Running away is a coping mechanism that youth use when they feel none of their usual coping skills are working to resolve a given situation.

When street life does not provide the solution, they may decide to go to a shelter, call or text a specialized youth service or – if they don't know how to connect with the other resources – an I&R service.

Discussion Issues

What are the options in this situation?

What do you think are some of the things that a young person may feel when being served by an adult (even someone who may only be a few years older)?

If a youth calls and asks whether he could go to a shelter without his parents finding out, how might that question be handled? Is there a possibility that the person may decide not to go after all? How might they be persuaded that this is the best course of action in the long run?

If you have taken drugs yourself years ago or maybe even still continue to occasionally use marijuana, how does this affect your ability to direct young people to avoid drugs?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A girl calls and says she needs a place to stay tonight. She's heard she might be able to get a voucher to stay in a motel. The Specialist thinks her voice sounds young and tells the girl he's glad she called and will see what he can do to help. He explains that usually motel vouchers are available only when there are no other options, so he'd like to talk with the girl about the other options first. The girl agrees.

The Specialist first assures the girl that anything she tells him will remain confidential, and that his main concern is for her safety and protection. He repeats that he's glad the girl called. He asks where the girl is right now and is told she's "downtown". The Specialist asks where the girl slept last night, and the girl says she's been crashing with friends for about a week. The Specialist asks the girl how old she is and about the circumstances of why she's not at home.

The girl says she's 16 years old. Her father beats on her and her mother doesn't do anything to stop it. The last time he did it she packed some clothes, took cash from her mom's purse and left. One of her friends said her parents have been calling around looking for her, but it sounds like they haven't called the police.

The Specialist re-states that the girl has spent some time with friends and asks if that is no longer an option, or if there are other friends she can stay with. The girl says she can't stay there anymore; the parents wanted her to call her own parents and she won't do that. She doesn't have anyone else.

The Specialist tells the girl there are agencies in town that provide shelter for young people.

The Specialist says the shelter's goal is to offer safety and protection for young people.

He encourages the girl that the shelter will be a safe place for her to stay and to begin to figure out what she's going to do next.

The girl reluctantly agrees and asks for the number. The Specialist says he can connect her directly and will stay on the phone with her while they speak with the counsellor at the shelter, so the girl can ask questions about the shelter and see if she's comfortable going there.

The girl says OK and the Specialist places the conference call. He remains on the line while the girl gets information, and when he feels the girl trusts the shelter he excuses himself from the call, encouraging the girl to call again if she ever needs help.

The girl has demonstrated she's capable of calling and asking for help. Why did the Specialist do a conference call instead of just giving her the number?

Should the Specialist have called Child Protective Services? Why or why not? Discuss.

Role playing

A boy calls and says his older brother is using drugs and his parents don't know. He doesn't want to turn him in, but his brother keeps making him tell lies for him and he doesn't want to do it anymore. He sounds afraid.

You know, I'm glad you called. Maybe I can help you figure out what to do about this.	OR	*You obviously care about your brother but it sound like he is putting you in a tough position.*

The boy says he thinks his brother may be stealing from his parents and he's really scared about what his dad will do when he figures it out. He sees his brother in the halls at school and knows he's hanging around with a different crowd.

You know, my name is _____. Could I ask what your name is?

The boy tells her his name.

Thanks, _____. Before we go any further, I want you to know that what you tell me will remain confidential. I'm not going to tell anyone else. The only time I might tell someone is if I think you or someone else might be in real danger, but that's not what you're describing right now.

The boy says he doesn't want anyone to know he called, but he didn't know what else to do. He says he knows his brother really needs help. He says his brother even said something like that yesterday, that he knows his life is really messed up.

So it sounds like your brother may be open to getting some help, but you're not sure. But it might mean he's willing to listen to you a little bit.	OR	*Is there another adult that he trusts who might talk with him? Is there someone you trust that your brother would listen to? They may need to talk with your parents, too.*

The boy mentions a teacher that everyone respects.

That sounds like a really good option. I think you could tell him the same things you told me—you're worried about your brother but you don't want to get him in trouble.	OR	Do you feel comfortable talking with him? Maybe you could just say you're worried about someone that you know is doing drugs, and see how he reacts. Then you can tell him more.

The boy says, yes, he can do that.

Now, let's think of what you're going to say the next time your brother asks you to lie for him. Do you feel like you could say, "I don't want to do that anymore"?	OR	I wonder whether you could talk to your brother sometime when he's around and say, "You know what? I hate it when you ask me to lie for you, and I don't want to do it anymore." How does that feel?

The boy says he thinks he can probably do that.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

It's a pretty hard thing to do, but you're really respecting him when you do that, and you're taking care of yourself.	OR	Give that a try. And remember, you can call us back any time, OK?

The boy says OK and they end the call.

Suggested ways to speak with clients

"Is it OK if I ask how old you are?"

"There are some agencies that are really experienced in handling the type of issues that affect young people, and many of their staff have gone through some of the things you are going through right now. Can I give you a couple of phone numbers to try?"

"What type of things have been happening that make you worried about your daughter?"

"Has her behaviour changed recently?"

"Have you thought about talking with one of her teachers at school to see what might be happening there?"

"Has he talked about running away? Perhaps in a middle of an argument?"

"What type of pressures are you under when you are with your friends?"

"Have you ever thought about leaving home?"

"Do you think that running away will help? Maybe there are some other things that can be done or at least tried?"

"Is there a house of a friend or relative that you can go to?"

"Would you consider calling your parents so they will know you are OK? They must be really worried about you. And they might have already called the police or will soon. They need to know you are safe and that you will come back in a day or so when everybody has had a chance to calm down and think about things."

Children are the world's most valuable resource and its best hope for the future.

"I can see if there is a youth shelter that has a bed available. You'll be safe there."

"If you are being abused then the children's protective service needs to be told. You need to be safe. Running away is not safe."

"I can give you a number where you can learn more about the effects of certain drugs."

"I am really glad that you called."

"Where are you calling from? Is there anything happening nearby that is worrying you?"

"What's been going on today?"

"What would you like to do now?"

"Well, I think that calling here has been an important step. Maybe we can talk about some of the possible options and you can make your mind up on what you want to do."

Summary of Key Points

What you need to know ...

- Generally, a youth is someone who is younger than age 18.

- Young people face a wide range of feelings, pressures and stresses at a vulnerable time of their lives.

- What might seem a "minor" problem to an adult may be the source of genuine emotional turmoil for a young person and those feelings must be respected.

- Young people may become "at risk" if their behaviour changes and they become more rebellious and possibly talk about running away from home.

- Parents should be encouraged to discuss things openly and calmly at the earliest possible stages.

- Many kids will run away to a friend's or relative's home for a couple of days.

- Staying out on the streets is full of dangers.

- Calling for help takes place when there is already some desire to return home or seek assistance.

- Abuse of young people must be reported to the appropriate authorities.

Test Questions

1. *What might an I&R Specialist say to a parent concerned about whether their child may be thinking of running away from home?*
   a. Have there been any abrupt changes in his behaviour that make you think something is wrong?
   b. What have you been saying to him that is making him feel that way?
   c. Have you considered making sure he is kept at home as much as possible to be on the safe side?
   d. Would you like some numbers for youth shelters that he might go to just in case?

2. *What is the age of a "young" person?*
   a. Age 19 or younger
   b. Between 12 and 20 years
   c. There are a variety of definitions depending on the context but generally it refers to people 18 years and younger
   d. From birth of 25 years

3. *What are the circumstances of most situational runaways?*
   a. They are attracted to the bright lights and excitement of the big city
   b. They have had arguments at home and feel that they just can't stay there anymore
   c. They were being physically abused at home
   d. They are trying to impress their friends

4. *If an emotional young person tells an I&R Specialist that they are being physically abused by their parents, what should be the response?*
   a. Telling the person that the I&R Specialist has a legal obligation to contact child protection who must be informed and why this must be done to help them
   b. Carefully questioning the person to assess whether their story appears to be true
   c. Assuring the person that their confidentiality will be respected
   d. Assuming that the person is probably exaggerating because of their youth and emotional condition

5. *What would be a helpful thing to say to a young person who has been enjoying what she describes as "soft" drugs but whose friends are experimenting with other drugs that she is scared of?*
   a. All drugs are bad for you – just say "No"
   b. Stick with the weed, it's safer
   c. Would you like a referral to a drug information line that can better explain the effects and dangers of different drugs?
   d. The only right thing to do is tell your parents and get them to phone the police to make sure your friends get the help they need before it is too late

6. *Why might a young person experience an emotional crisis?*
   a. Because young people are emotionally immature
   b. Because young people have a tendency to over-dramatize situations
   c. For the exact same reasons as any other person might experience a crisis
   d. Because there are many pressures experienced by young people at a difficult time of their personal development

7. *Which of the following is an example of an issue that might be especially relevant for young people?*
   a. Addictions
   b. Online bullying
   c. Domestic violence
   d. Employment

Answers

1.	a.	2.	c.	3.	b.	4.	a.	5.	c.	6.	d.	7.	b.

Serving People with Mental Illness

15

hope

HEALING

◎ To outline the nature and types of mental illnesses

◎ To understand the basic structure of services available to persons with mental illnesses

Learning Concepts and Objectives

Introductory Exercises

What are the names of the different types of mental illnesses you are familiar with? How confident are you that you understand the differences between them?

_____

_____

_____

_____

What are some of the "non-medical" terms that you have heard used to describe people who may be mentally ill?

_____

_____

_____

How does mental illness differ from physical illness in terms of societal attitudes and understanding?

_____

_____

_____

_____

What are some of the challenges faced by families of a person with mental illness?

_____

_____

_____

_____

Nature and Types of Mental Illnesses

Mental illness is common … statistics show that one in every five individuals will have a mental health problem at some point in their lives.

Mental illness refers to a variety of mental health disorders. These are diagnosed health conditions that are characterized by changes in thoughts, moods and/or behaviours.

A mental illness is a mental health condition that is "abnormal" (or "maladaptive") and creates a distress or disability that has an adverse effect on the individual and the people coming into contact with the individual.

A mentally ill person is not inherently a physical danger to themselves or to others, although some forms of severe mental illness are dangerous to have and sometimes dangerous to be around.

Mental illness is still a condition that bears a stigma – particularly within some traditional cultures where it is a matter of shame that is seen to taint the entire family.

Mental illness is common. Statistics show that one in every five individuals will have a mental health problem at some point in their lives.

Different types of mental illnesses may be caused by the following factors:

- Biological: linked with disturbances in the brain or other internal body chemistry (including genetic factors).

- Psychological: linked with disturbances in thought or emotions (including experiences of abuse).

- Social: linked with difficult life events and stresses.

The most common serious mental illnesses are depression, bipolar disorder and schizophrenia. In general, the major mental illnesses tend to be "episodic" as the symptoms come and go, leaving periods in between when people can lead relatively normal lives.

There are treatment protocols for all mental illnesses within a continuum of:

- Identification: The initial awareness that there might be a mental health problem.

- Diagnosis: Following a professional evaluation, the confirmation of the type of mental illness involved and the approximate degree of its progression.

- Treatment: The implementation of the required activities and/or medication regimen that is required to halt the progression of the problem.

- Management: A process that is followed to ensure that the problem does not re-emerge and that all professional after-care is being pursued.

- Recovery: The awareness that a mental health problem has been either resolved permanently or there is a controlled period of remission.

Mental health calls are situations that can be addressed by an I&R Specialist, especially if a basic assessment can provide a sense of where the client is within the continuum, to enable an appropriate referral.

However, there are limits to community-based I&R when dealing with mental health. An I&R Specialist cannot diagnose a mental illness – not even in terms of whether or not someone has one – let alone what type and the degree of that type. Any referral must be to a mental health professional.

If a client wants to know whether or not they have a mental illness – an I&R Specialist has no professional expertise to make that judgment.

Depression

Depression (or clinical depression) is a type of mood disorder (sometimes called an affective disorder).

Problems and misfortunes are a part of life. Everyone experiences unhappiness, and anyone may become temporarily depressed when things don't go well. Experiences of failure often result in feelings of worthlessness and self-blame, while personal loss causes feelings of sadness and disappointment. Such feelings are normal and usually pass after a short time.

Depression becomes an illness when those feelings are severe, last for several weeks, and begin to interfere with work and life.

Symptoms of clinical depression may include:

- Feeling worthless, helpless or hopeless.
- Sleeping more or less than usual.
- Eating more or less than usual.
- Having difficulty concentrating or making decisions.
- Losing interest in activities that were previously enjoyed.
- Avoiding other people.
- Overwhelming feelings of sadness or grief.
- Loss of energy, tiredness.
- Thoughts of death or suicide.

Clinical depression may last for short or long periods. Without professional treatment, it may end naturally after several weeks or months. With treatment, including medication, it may end more quickly.

Bipolar disorder

Bipolar disorder (also called manic depression) is another type of mood or affective disorder.

People with bipolar disorder go through mood swings between depression and mania in between periods of relative normalcy. The most obvious sign of mania is an outgoing "elated" mood. People in manic phases appear sociable, talkative, very energetic and full of self-confidence. The "highs" sometimes get out of hand, and the manic person can behave in a reckless manner.

Depression becomes an illness when those feelings are severe, last for several weeks, and begin to interfere with work and life.

It is not known what causes bipolar disorder. It may have a genetic disposition. It does tend to run in families. Drug abuse and stressful or traumatic events may contribute to or trigger episodes.

Symptoms of the manic phase include:

- Feelings of euphoria, extreme optimism and exaggerated self-esteem
- Rapid speech, racing thoughts
- Decreased need for sleep
- Impulsive and potentially reckless behaviour

Symptoms of the depressive phase are the same as in clinical depression.

Schizophrenia

Schizophrenia often starts slowly.

When symptoms first appear, usually in adolescence or early adulthood, they may seem more bewildering than serious.

But then work or school begins to suffer, and so does personal life. During this time, there may be episodes when the person is difficult to understand and/or starts having unusual perceptions.

Once it has taken hold, schizophrenia tends to appear in cycles of remission and relapse.

When in remission, a person with schizophrenia may seem relatively unaffected and can more or less function in society. During relapse, it is a different story. People with schizophrenia may experience one or a combination of the following:

- Delusions
- Hallucinations
- Depression
- Extreme anxiety
- Lack of motivation
- Social withdrawal
- Thought disorders

Delusions are false beliefs that have no basis in reality. People with schizophrenia may think, for example, that someone is spying on them, listening to their thoughts, or placing thoughts in their minds.

Hallucinations most often consist of hearing voices. People with schizophrenia may see or feel things that aren't there.

Symptoms of schizophrenia vary greatly from person to person, from mild to severe.

There are a number of medications that help bring biochemical imbalances in many people with schizophrenia closer to normal. These medications can help a great deal in reducing hallucinations and delusions, and in maintaining coherent thoughts.

Anxiety disorders

Anxiety disorders include phobias (unreasonable fears) and panic disorders (intense episodes of sudden fear). Panic attacks can occur in the context of many of these disorders.

Everyone feels anxious at times. Challenges such as workplace pressures or facing an uncomfortable personal situation can lead to a sense of worry, even fear. These sensations, however uncomfortable, are different from the ones associated with an anxiety disorder. People suffering from an anxiety disorder are subject to intense and prolonged feelings of fright and distress.

It is common for people to suffer from more than one anxiety disorder, and for an anxiety disorder to be accompanied by depression, an eating disorder or substance abuse.

The following are examples of some of the more common types of phobias and anxiety disorders.

SOCIAL PHOBIA
People with social phobia feel a paralyzing, irrational self-consciousness about social situations. They have an intense fear of being observed or of doing something terribly wrong in front of other people. These feelings are so extreme that people with social phobia tend to avoid any social situations, which dramatically reduces their ability to lead a normal life.

SPECIFIC PHOBIAS
Fear of flying, fear of heights and fear of open spaces are typical specific phobias. People suffering from a specific phobia are overwhelmed by unreasonable fears which they are unable to control. Exposure to these situations can cause extreme anxiety and panic, even if they recognize these fears as illogical.

Post-traumatic stress disorder (PTSD)

A terrifying experience in which serious harm occurred or was threatened can cause post-traumatic stress disorder. Survivors of sexual assault, child abuse, torture, war or a natural disaster may develop post-traumatic stress disorder. Common symptoms include flashbacks, during which the person re-lives the terrifying experience, nightmares, depression or feelings of anger.

Obsessive-compulsive disorder (OCD)

This is a condition in which people suffer from persistent unwanted thoughts (obsessions) and/or rituals (compulsions) which they find impossible to control. Typically, obsessions concern contamination and disturbing sexual or religious thoughts. Compulsions include washing, checking, organizing and counting.

Services available for people with mental illnesses

Mental health evaluations

These are programs that provide screening, diagnostic and treatment planning services for people who may be experiencing acute mental disorders. If a client thinks that they may be severely depressed or have a mental illness that has not been diagnosed, this type of service may be an appropriate referral. These types of assessment are often provided by structured intake centres that act as gatekeepers to the mental health system.

Counselling

This single word can mean a great many different things. Most counselling is geared towards helping people cope with situations and/or relationships. Generally, it is not appropriate to refer someone with a severe mental illness to an agency that provides general counselling services, but it could be a good referral for someone who is emotionally upset about a particular situation. With any type of mental health issues, the client deserves to be recognized for their courage in seeking help, bearing in mind the stigma of mental illness. Examples of specialized counselling include youth counselling, anger management, bereavement counselling, family violence counselling, geriatric counselling, marriage counselling and terminal illness counselling.

HELPLINES / DISTRESS LINES / CRISIS LINES

These are telephone-based (including text-based) services that allow people who are troubled to talk confidentially about their problems with an empathetic listener. These programs are often staffed by volunteers. Some of these services may specialize in handling suicide and/or other crisis calls. (Note that many I&R services also operate separate crisis lines.) There are also peer-based "warmlines" that are focused on supporting people with a particular disorder such as schizophrenia. Many of the mental health calls received by an I&R service are made by people who feel a need to talk but who, for whatever reason, can't get through to their local helpline. If these are calls from socially isolated individuals, an I&R Specialist may engage in some supportive and empathetic listening. But always remind the person of the more appropriate number to call. If these are crisis calls, then the I&R Specialist must engage their crisis intervention skills.

PSYCHIATRIC HOSPITALS

These are institutions whose primary function is to provide diagnostic and treatment services for persons who have acute disorders and require hospitalization for proper treatment, and/or who may be a threat to themselves or others. Psychiatric hospitals may also offer a range of outpatient mental health services. There are also general acute care hospitals that may have specific psychiatric beds that provide the same functions as a psychiatric hospital on a short-term basis. Placement in any of these settings generally requires a professional referral. However, both psychiatric hospitals and acute care hospitals may also have 24-hour walk-in emergency facilities to care for and assess people who may be having a serious mental health crisis.

OUTPATIENT MENTAL HEALTH SERVICES

These are programs that provide walk-in diagnostic and treatment services for people who have acute or chronic disorders but do not or no longer need 24-hour care. Assessments and referrals for other treatment may also be provided. These services may be located in community mental health agencies that offer a variety of other programs or through mental health drop-ins centres that provide a more informal atmosphere.

CRISIS INTERVENTION SERVICES

Crisis services also include mobile emergency teams whose members are professional mental health workers who can intervene in situations where a person's mental or emotional condition results in behaviours that create a danger to the person or to others. The objective of crisis intervention is to defuse the critical nature of the situation, ensure the person's safety, and return the individual to a state of equilibrium. Psychiatric mobile response teams generally have the authority to issue an order to authorize involuntary hospitalization for a period of observation.

PSYCHIATRIC CASE MANAGEMENT

These are programs that develop, coordinate, monitor and evaluate case plans for the treatment and care of individuals who have serious mental disorders.

SUPPORTIVE THERAPIES

These are activities that are used primarily as auxiliary forms of treatment to improve the adjustment of individuals who have mental, emotional or social problems. Examples of supportive therapies include art therapy, music therapy and pet-assisted therapy.

PSYCHIATRIC MEDICATION SERVICES

These are programs that prescribe medications to control the symptoms associated with specific forms of mental illness. There are also services that engage in monitoring psychiatric medications for people who may otherwise find it difficult to follow their medication regimen.

FAMILY SUPPORT SERVICES

There are support groups in many areas for relatives and friends of people with mental illnesses.

COMMUNICATING WITH PEOPLE CONCERNING MENTAL ILLNESS

There are times when you might need to ask whether a client is currently receiving treatment or has previously received treatment. Their current situation may have been caused by a failure to take their medication or a negative reaction to the medication itself. In some cases, there may also be an opportunity to help the client reconnect with ways they have managed to deal with similar situations in the past.

An I&R Specialist is not in a position and does not have the expertise to make a mental health diagnosis. It might sometimes be appropriate to suggest seeking help or an assessment, but it is wrong to suggest that somebody needs to "get counselling".

Remember that someone "sounding" mentally ill (whatever that supposedly sounds like) may have unrelated physical conditions that create that impression.

Remember that someone "sounding" mentally ill (whatever that supposedly sounds like) may have unrelated physical conditions that create that impression.

People who have mental illness also have the same needs as everyone else. They may not always be calling about their mental illness. An I&R Specialist may have to work harder to identify the need but the client could be looking for employment or child care.

When a client calls about a serious diagnosed mental health problem experienced by a family member, remember that the family itself needs support. Explore whether they are being involved in the treatment plan and/or have looked for support for themselves as caregivers. Remember that it is also difficult for families, often for cultural reasons, to acknowledge or talk about mental illness within their own family.

Sometimes people with mental illness may "self-medicate" themselves with drugs and/or alcohol, and engage in a cycle of non-compliance with the treatment they have been given.

A client with a mental illness who is frightened by bizarre thoughts to the extent of threatening their own life is clearly experiencing a psychiatric emergency that must be taken seriously. Do not argue about whether the voices are real. They are real to the client.

Consumer/survivors

This is a phrase that may be encountered when dealing with mental health services and programs that are peer-based or which adopt an approach that involves the individual as much as possible in decisions about their own treatment. The mental health consumer/survivor movement began in the 1970's when many people with mental illnesses argued that the treatments they involuntarily received were more debilitating than their actual disorders. Support groups for people living with long-term mental illnesses are sometimes described as targeting consumer/survivors.

Discussion Issues

Connecting with mental illness

What are some of the difficulties in asking clients who you think may be mentally ill, whether they are currently receiving treatment or medication? What are some of the ways this can be explored?

What might be some of the differences between someone who is feeling depressed, and someone who might have fallen into a clinical depression?

What information might an I&R Specialist need to gather before alerting a mobile crisis service? Who judges whether an actual visit to the person is needed? How should the call transfer be performed?

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A woman calls and tells the I&R Specialist she needs help because her landlord is going to evict her today. The I&R Specialist asks if the caller has received an eviction notice, and the caller says no, she hasn't received any notice; she just knows he's going to throw her out today.

The I&R Specialist asks why the woman believes she will be evicted, and the woman says the landlord hates her and has been trying to get rid of her for years. The Specialist asks if the woman is behind in her rent and the woman says she's never behind. She's got a friend who pays her bills for her and she knows everything is current.

The Specialist asks if something happened recently that is causing the landlord to want to evict her now. The woman says she hasn't done anything wrong. The Specialist asks what happened that caused the woman to call today. She says she went out to dump her garbage and saw the landlord walking across the parking lot, and he looked right at her and didn't wave or say hi or anything. She said he almost ran back into his office, so she knows he's getting ready to evict her.

The Specialist re-confirms that there haven't been any incidents or complaints or damages that the landlord might be concerned about. He asks if the landlord said anything to her directly about needing to move, and the caller says he asked her once if she was happy living there. She knows it was his way of signaling he wanted her out.

The Specialist asks about the caller's friend who pays the bills, and asks if she has spoken with this friend today. The caller says she has not. The Specialist asks if the friend is a family member or neighbour, or someone she knows who works in an office. The caller names a local mental health agency and says the person works there. The Specialist asks how long it's been since the caller talked with this friend, and the caller says she can't remember—maybe a month or two.

The Specialist asks if the caller has the friend's phone number handy. The caller says she keeps it on her bulletin board. The Specialist asks her to read the number to her (to verify she has it in front of her) and asks if she could call her friend now to ask about this, since the friend also knows the landlord. The Specialist asks if the caller would like him to call the friend directly on her behalf, or if the caller is comfortable making that call.

The caller says she'll call; since she hasn't talked with the friend in a while maybe she can help. The Specialist encourages the caller to hang up and make the call now, and the caller agrees. The Specialist thanks the woman for calling and encourages her to call again any time she may need help.

When do you think the Specialist realized that the caller may potentially have a mental health issue? What were the clues? Might there be any clues in the actual voice of the individual that are not transmitted through the narrative?

The I&R Specialist never confirmed if the caller had a mental health problem. Why not? Discuss.

Do you feel there is an endangerment situation here? Why or why not? If not, what additional circumstances might trigger a call by the Specialist to a protective services unit or an emergency response unit?

Should there be a possible follow-up to this call?

Role playing

A young woman calls and says she needs to see a counsellor. She is crying and the I&R Specialist has difficulty understanding what she is saying.

It sounds like you're really upset. I'm sorry, but I didn't understand what you said. Could you repeat it?	OR	*Hi. Thank you for calling. I'm _____ and I'm sorry, but I didn't catch what you said.*

OR

I'm glad you called — you sound pretty upset. Could you go over what you said you need?

The woman repeats that she needs a counsellor.

OK, thanks. I do have some counsellors in my database and I'd be happy to give you a couple of referrals. Could I ask what's going on? Are you OK right now?

The caller says, no, she's not OK. She says she hasn't been out of her apartment in a week, and could barely get out of bed this morning. She just looked in her fridge and realized she has practically no food, and she starts crying.

You know, that may be what's going on. You've described things that sound a lot like what people say when they're depressed.	OR	*That's a scary thing to say out loud, isn't it? I'm so glad you called, because we can look for some options that can help you feel better.*

The caller agrees. She says, "I think I may be depressed."

OR

It's really hard to admit that to yourself and to someone else, but you just did the best thing you could do for yourself — you called us and asked for help.

The caller says she just didn't want to keep on feeling so bad.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

| Well, there are services that have helped others with depression. Do you have a family doctor? They might be able to help too. | OR | Let's see what we can do to get you connected with some help. |

The caller agrees. The Specialist begins by asking non-threatening demographic and general questions, then probes a bit deeper.

| Can you tell me if you've ever been treated for depression before? | OR | Have you experienced these kind of feelings before? |

AND

Have you been thinking about suicide at all, or about hurting yourself?

The caller says she's never felt this way before and hasn't considered suicide. She thinks her grandmother had depression her whole life, but nobody ever talked about it.

| Well, it's not uncommon for depression to run in families. Here's some information about services in our community. | OR | It must have been hard for your family at times. The good news is that we're much more aware of things now; you don't need to suffer like she did. Here are some referrals you could consider. |

The Specialist shares the referral information, and the caller writes it down. She has calmed down and is no longer crying.

Do you feel comfortable making the calls yourself after we're done talking, or would you like me to do a conference call with you and get you connected directly?	OR	*Do these sound like places that might be able to help? Do you think you've got what you're looking for?*

OR

How do these sound? Are you able to go ahead and give them a call right now?

The caller replies that she will definitely make those calls right now, and thanks the Specialist for listening and for pointing her in the right direction. The Specialist encourages the woman to call again at any time.

Mental illness is nothing to be ashamed of, but stigma and bias shame us all.

Suggested ways to speak with clients

"Thank you for calling. This isn't an easy subject to talk about and I know that it takes a lot of courage to make this call."

"One thing you need to know is that there are many effective forms of treatment for mental illness. The first step is seeking help and wanting to get better."

"In our job, we talk to a lot of different people about different things and sometimes we need to ask certain questions just to double-check and make sure we are giving you the help you need. So I am just going to ask whether you ever had treatment for a mental health problem?"

"It seems like you have had a really difficult time. Do you think you might want to talk with someone who is really experienced in these matters and who could perhaps help you deal with this a bit better?"

Summary of Key Points

What you need to know ...

- Mental illness refers to a variety of diagnosed mental health disorders.

- Major mental illnesses tend to be episodic in nature.

- There are effective treatments for mental illnesses.

- Bipolar disorder (also called manic depression) and clinical depression are serious mental illnesses that are types of mood disorders.

- Persons with schizophrenia may suffer from delusions and hallucinations. The condition tends to appear in cycles of remission and relapse.

- Anxiety disorders include phobias (unreasonable fears) and panic disorders (intense episodes of sudden fear).

- Services for people with mental illnesses may include mental health evaluations, psychiatric hospitals, emergency departments, community mental health centres, mental health drop-ins, self-help support groups, counselling, therapies, community aftercare, helplines, crisis intervention services, outpatient programs and care/case management.

- Some mental health calls may just involve supportive listening, others may need crisis intervention.

- Families of persons with mental illness need to be supported as caregivers.

Test Questions

1. *Which of the following is an example of a diagnosed mental illness?*
    a. Mood disorder
    b. General disorder
    c. Moodiness
    d. Mood phobia

2. *What would be a helpful referral for a client concerned about whether a family member may have a mental illness?*
    a. Residential treatment to ensure early intervention
    b. Crisis intervention so the person can get immediate help
    c. Mental health assessment service to get some specialized insights and maybe an evaluation
    d. Self-help group in order to meet other families in the same situation

3. *Which of the following is an example of an anxiety disorder?*
    a. Post-traumatic stress disorder
    b. Bipolar disease
    c. Schizophrenia
    d. Depression

4. *Which of the following best describes the nature of mental illness?*
    a. Mental illness encompasses a variety of mental health disorders
    b. Mental illness is a disease of the brain
    c. Mental illness is a self-imposed situation that can be overcome by learning techniques of mental strength
    d. Mental illness is a reaction to difficult life events

5. *What is a mental illness?*
    a. A mental health condition that creates an adverse effect on either individuals or the people coming into contact with them
    b. A physical condition that creates an adverse effect on either individuals or the people coming into contact with them
    c. A mental health condition that creates a feeling of well-being and self-confidence
    d. A label given to anyone who does not conform to society's ideals

6.   *What is clinical depression?*
   a. An obsessive-compulsive disorder
   b. A mood disorder
   c. A feeling of sadness
   d. A form of schizophrenia

7.   *A client feels that they have a mental illness. What should be the response of the I&R Specialist?*
   a. Engage in a psychiatric analysis to established the type of mental illness and a recommended treatment
   b. Refer the client to a mental health evaluation service
   c. Contact a mobile crisis unit to intervene immediately
   d. Ask the client to describe some early experiences from their childhood

8.   *Which of the following most accurately describes the treatment of mental illness?*
   a. Most mental illnesses can be controlled with medication
   b. Treatment only works if the client shows a willingness to overcome their problems
   c. Some illnesses can be dramatically cured after just a few psychotherapy sessions
   d. All mental illnesses have treatment protocols

Answers

1.	a.	3.	a.	5.	a.	7.	b.
2.	c.	4.	a.	6.	b.	8.	d.

Serving Military Personnel and their Families

16

- ◎ To describe the unique issues facing military personnel and their families

- ◎ To outline specific needs and pressures relating to deployment and the emotional cycle of separation and reunion

Learning Concepts and Objectives

Introductory Exercises

What do you imagine might be some of the feelings that are experienced by families before deployment, during separation and following reunion?

_____

_____

_____

_____

What are some of the reasons that military personnel may contact an external I&R service rather than a military-based service?

_____

_____

_____

_____

_____

I&R and the Military

I&R programs have a history of providing services for military personnel in both peace time and during war.

Needs of military personnel and their families

In addition to having the same needs as anyone else in the community, military personnel and their families face some very specific and difficult issues. These include the family pressures of preparing for deployment; experiencing separation and return; the uncertainties caused by regular relocation; the possibility of death and serious physical injury; and the need to obtain military-specific benefits.

The deployment of active duty and reserve military personnel has a significant and immediate impact on individuals, families and communities. In times of overseas conflict and dangerous peace-keeping duties, the mobilization of reservists and deployment of troops creates an increase in demand for local social services in areas with a large military population.

I&R programs have a history of providing services for military personnel in both peace time and during war. Although many of their needs can be met by the military community, it is likely that they may also require access to additional community resources. In some cases, individuals may also feel more comfortable talking with people from outside the military. Community-based I&R services should prepare to respond to these requests.

Deployment issues

Deployment is a natural part of military life. It is what people train for.

Military personnel must maintain a state of personal readiness for deployment or extended temporary duty, and families must always be prepared for deployment. Being adequately prepared can reduce stress, minimize financial and legal problems, and ensure smooth transitions for individuals and families.

Deployment readiness issues include:

COMMON EVERYDAY TASKS

These involve a vast array of seemingly mundane matters that might be the cause of later anxiety if not addressed beforehand. How will the kids get to conflicting after-school activities when there is only one parent to drive them? What about mowing the grass or handling the banking? Are there any house repairs that need completion?

CONTACT INFORMATION

Who does what on the base? It is very important that the family knows who to contact, and is aware of emergency phone numbers and notification procedures, and knows where to turn for anticipated as well as unplanned needs.

IMPORTANT PERSONAL AND FAMILY INFORMATION

Personal and family information needs to be up-to-date and accessible. There may be military papers, ID cards, and emergency data cards. Family members who are left behind need to access documents such as car ownership and registration. Other important papers include insurance policies, powers of attorney, a will, marriage and birth certificates, ATM access numbers, online banking passwords, tax forms and mortgage papers.

FINANCIAL PLANNING

A budget is essential. Families need to consider changes that will occur with deployment and the need to cover additional expenditures such as phone bills and travel. Is there access to all bank accounts? Is everyone familiar with the cycle of bill payments? How will credit card bills be managed? Is it clear how much to expect in allotments? Emergency funds are also essential in case something unexpected arises.

EMOTIONAL SUPPORT

Deployment is never easy on families. During times of conflict, the emotional stress is understandably higher and may not be fully recognized while individuals focus on day-to-day preparedness.

Deployment can also create different demands for unmarried members of the military. They experience all of the emotions and relationship stresses of departure, but have the added challenge of finding a reliable individual to handle their personal affairs during their absence. The importance of understanding separation issues, having a will and addressing other life issues is also critical for single members as well as their married counterparts. In addition, some single personnel may be responsible for the care of a child or a parent.

Emotional cycle of separation and reunion

Some people feel overwhelmed, some pumped up, and others indifferent or numb. There is no 'right way' to feel at any stage.

However, there is a generally recognized "emotional cycle of separation and deployment".

DEPLOYMENT PREPARATION

STAGE 1: ANTICIPATION OF DEPARTURE
(TYPICALLY 1 TO 6 WEEKS BEFORE DEPARTURE)
Before deployment, it is not unusual for spouses to protest, to feel tense, to be frustrated and to avoid the reality of departure. People may unexpectedly find themselves being emotional at what may seem to be little things. There is also tension as couples cram a multitude of activities into a reduced timeframe. There are tasks to complete, things to do, and people to see. It can be a hectic and frustrating time.

The deployment of active duty and reserve military personnel has a significant and immediate impact on individuals, families and communities.

Stage 2: Detachment and Withdrawal
(typically the last week before departure)

Detachment may begin before the actual departure. There may be anger and emotional break-offs as people prepare for separation. Detachment will also be a part of the whole separation time. It can be a time of mixed feelings, as people attempt to protect themselves by distancing, yet want to make the most of the available time. At the beginning of this stage, a spouse may experience the grief of loss.

During Deployment

Stage 3: Emotional Disorganization
(typically 1 to 6 weeks into deployment)

Emotional disorganization can occur when the family attempts to create new routines and carry out their new responsibilities. Many spouses become depressed and withdraw from friends and neighbors, especially if other families are not experiencing deployment. They often feel overwhelmed as they face total responsibility for family affairs. The disorganization soon passes, however, as the family adapts.

Although there may be family contact through emails and phone/video calls, this availability can be dependent on the individual's posting. It is often difficult for children to understand why their friend regularly hears from their father but they seldom do.

Stage 4: Recovery and Stabilization
(variable, between weeks 3 and 5)

Recovery and stabilization occurs as the family establishes new routines and realizes they are doing fine. It is a time of increased confidence. A subconscious move from "we" to "me" has taken place to some degree. The spouse often refers to "my house," "my car," and "my kids." Many spouses have a new sense of independence and freedom and take pride in their ability to cope.

Return and Readjustment (Homecoming)

Stage 5: Anticipation of Return
(starts typically about 6 weeks before return)

This is the "Oh great! They're almost home," stage. With it comes excitement and anxiety. Some spouses become frenzied, as they rush around trying to make everything perfect for the return.

An important note to remember for this stage is to not expect things to be perfect immediately after the reunion. Families should consider setting aside quiet time during the first few days. Avoid planning a busy schedule of events. Even though reunion is exciting, it can also be stressful. Changes may have occurred and everyone will need time to adjust.

Stage 6: Return Adjustment and Renegotiation
(about 6 weeks after return)

After returning home, the relationship begins a phase of adjustment and renegotiation. Assumptions and expectations need to be recognized and re-evaluated to account for the changes that have occurred during the separation. It may be a time of tension and sometimes arguments. There may be visible injuries to deal with or invisible ones that no one yet fully understands. This is, however, normal and to be expected. Open and honest communication can solve many problems or conflicts.

Stage 7: Reintegration and Stabilization
(typically 6-12 weeks after return)

The last stage is when reintegration has occurred and there is a return to stability in family relationships. "Normal" life resumes for all.

A common expectation is that the family will be exactly the same as it was before the deployment. However, during deployment families naturally change. Children grow and spouses take on new responsibilities. New friendships are formed. War zone exposure is a life changing experience for those deployed.

The emotions experienced during the cycles of deployment are a normal reaction to an abnormal situation unique to the military. To cope with the overall stress of the situation, a family should consciously try to stay healthy and happy, and as busy as needed.

Service-related injuries and disorders

Families long to be safely united. But the reality is that this is not the always the case.

Military members sometimes do not return home. Or they return with serious physical injuries. Or with mental illnesses – not all of which are always immediately apparent.

One of the experiences from the current conflicts is that because of new body armour and advances in military medicine, the numbers of those killed as a percentage of overall casualties is considerably lower than in previous campaigns – but the number of people returning with serious disabling injuries is much higher. Obviously, this is "good news" but it bears its own consequences.

Traumatic Brain Injury (TBI)

Another emerging factor is the increased exposure to high explosives on a frequent basis. These repeated blasts cause damage, even though there may be no outward sign of injury. Over 90% of combat-related TBIs are what are called "closed" brain injuries that are not immediately obvious or directly caused by combat wounds but which can result in significant cognitive, physical and/or psychological impairment.

Symptoms experienced as a result of a closed brain blast injury may include decreased memory and a reduced ability to concentrate, headaches, irritability, depression, and/or sleep disturbances.

Combat Stress Reaction

Some service members report feeling upset or "keyed up" even after they return home. Some may continue to think about events that occurred in combat, sometimes even acting as if back in a combat situation. These are common "combat stress reactions" (also called acute stress reactions) that can last for days or weeks and are a normal reaction to combat experiences. The use of the term "combat stress reaction" is preferred to previous descriptions such as battle fatigue as it helps reduce any perceived stigma.

Most service members who experience combat stress reactions will recover naturally over time. Others continue to struggle with memories of their combat experiences.

Re-experiencing

Sometimes after people have returned from combat, they may continue to think about things that happened. They may have nightmares about events they have witnessed. Sometimes, these images are "triggered" by reminders, such as sights or sounds or smells that remind them of their combat experience.

Avoiding reminders and numbing of emotions

It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals sometimes go to great lengths to prevent recalling memories or discussing their past experiences. They may appear to withdraw emotionally or physically from family and friends and be numb and detached. They may resist or even become angry when asked to talk about their feelings or behaviours. They may use alcohol, illegal drugs, or prescription medications to avoid these thoughts and feelings.

AROUSAL

Sometimes service members describe feeling jumpy or easily startled or unable to ever "let their guard down". They may drive aggressively. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for their child's safety. Feeling keyed up can also make it harder for them to sleep and can cause irritability.

DEPRESSION

Depression can vary from person to person, but generally, depression involves feeling down or sad more days than not, and losing interest in their family or activities that used to be central to their life. The service member may feel low in energy and be overly tired. Depression also involves a feeling of hopelessness or despair, or the feeling that things are never going to get better. Depression may be especially likely when a person has had personal losses connected with their deployment such as the death of close friends. Remember that depression responds to treatment.

SUBSTANCE ABUSE

"Self-medicating" by drinking or abusing drugs is a common way for some people to cope with stress reactions. Usually this is related to other readjustment concerns, as a person tries to deal with the difficult thoughts, feelings, and memories related to their war zone experiences. When a person wants to avoid the memories or feelings related to combat, alcohol or drugs may seem to offer a quick solution, but they actually lead to more problems.

Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress involves a normal set of reactions to a trauma. Sometimes it grows into a disorder when feelings or issues related to the trauma are not dealt with and are suppressed by the individual. This can result in problems readjusting to community life following the trauma.

Combat veterans are at higher risk for psychiatric problems than military personnel serving in non-combat locations, and more frequent and more intensive combat is associated with higher risk.

PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years.

Suicide

War experiences and combat stress reactions, especially personal loss, can lead a depressed person to think about hurting or killing themselves. If someone may be feeling suicidal, you should directly ask them. You will NOT be putting the idea in their head. It is critical to address suicidal thoughts directly. Please refer to the section on Crisis Intervention in this publication.

Many returnees hesitate to receive mental health treatment for fear that it will hurt their image or even ruin their military careers. Effective treatments exist and early treatment can prevent worse problems from developing. Encouraging veterans to seek help is a benefit for all concerned.

Role-playing Exercise

The role-playing exercise is a tool to stimulate discussion and practise skills.

A woman calls an I&R service which has a high proportion of military families in its area, and says she needs to see about getting some counselling help for her husband. The I&R Specialist establishes some rapport with the caller by gathering generic information, and in the course of this learns that sometimes he's moody, then suddenly he gets very angry, but other times he's just fine and she never knows what's coming next. She says the children are crying more, and then he gets angry when they're upset, and everyone's completely stressed out.

	OR	
It sounds like everyone feels like they're walking on egg-shells. Has something happened recently?		*It's hard when you don't know what to expect. Has this been going on for a while?*

The caller says she thinks it started a couple of months ago. When he got back from his last deployment he was fine, and everybody was glad he was home safe. It was tough at first since he'd been gone for six months, but they got used to each other again. Now he comes home from work and she never knows what kind of mood he'll be in. She figured he'd be happy to be home. Now they fight all the time because he just sits around and doesn't help.

	OR	
It was hard on you while he was gone, but it's still hard even though he's back.		*Sounds like it's been harder than anyone thought it would be.*

The caller agrees that she's sick of it and has told him he'd better get some help or she's leaving. She says she can't take it anymore and starts crying. She said it wasn't easy when he was gone, but they figured out how to get by. But now it's almost worse than when he was away.

It really has been rough on you, and it sounds like it's been rough on him, too. I do have information about some places that might be able to help.	OR	*You figured out how to cope while he was gone, and now you've tried hard to adjust again. But it sounds like something else is going on now. It does sound like perhaps both of you could use someone to talk to.*

The caller says yes, she guesses she could probably talk to someone but she's worried about him.

You know, it's not uncommon for people who've been deployed to have some significant emotional struggles when they come back home, and it's not unusual for it to remain hidden for a while.	OR	*Well, we're learning that people who return from war do have some unique problems that they may not be able to talk about right away. What you're describing actually sounds like the kinds of things other military families are dealing with right now.*

The caller seems surprised and says she didn't think anyone else was having this problem.

Would you be comfortable calling the on-base family support service and talking with someone there? I'm sure they've spoken with many military families who're going through the same thing, and they would know the benefits and support your husband and your family are entitled to receive.	OR	*There are a lot of community supports for people who may need counselling, but there are also some good services within the military community. Can I share those with you?*

The caller says she would appreciate the information about the military family support service, and the I&R Specialist gives the appropriate referrals.

I want to assure you that the family support service will keep your information confidential, but I also want you to know you can call us back at any time.	OR	*The family support service is staffed by experienced people who understand what you're going through, but they also know it's important to keep your information private and confidential.*
OR *Please don't hesitate to call again if you want any additional referrals.*		

The caller thanks the Specialist and hangs up.

It's hard when you don't know what to expect.

Suggested ways to speak with clients

"You should know that what you are feeling is exactly what thousands of people in your position have felt before and are feeling right now. It is a very difficult situation and even when you understand the reasons for your emotional response, it is hard to ignore it."

"Have you talked about this as a family, so that you are prepared for what is going to happen over the next few days and the next few months, and also for the readjustments everybody will have to make when the family is all back together again?"

"The military has family support services that can really help you sort things out. Would you like the local number?"

Summary of Key Points

Needs of military personnel and their families

- Same as everyone but also unique to military
- Deployment stresses
- Financial challenges
- Regular relocation
- Family pressures

Deployment issues

- Common everyday tasks
- Contact information
- Important personal and family information
- Financial planning
- Emotional support

Emotional cycle of separation and reunion

- Deployment preparation
  Stage 1: Anticipation of departure
  (typically 1 to 6 weeks before departure)

  Stage 2: Detachment and withdrawal
  (typically the last week before departure)

- During deployment
  Stage 3: Emotional disorganization
  (typically 1 to 6 weeks into deployment)

  Stage 4: Recovery and stabilization
  (variable, between weeks 3 and 5)

- Return and readjustment (Homecoming)
  Stage 5: Anticipation of return
  (starts typically about 6 weeks before return)

  Stage 6: Return adjustment and renegotiation
  (typically about 6 weeks after return)

  Stage 7: Reintegration and stabilization
  (typically 6-12 weeks after return)

Service related-injuries and disabilities

- Traumatic Brain Injury (TBI)
- Combat stress reaction
- Depression
- Substance abuse
- Post-Traumatic Stress Disorder (PTSD)
- Suicidal thoughts

Test Questions

1. *Which of the following is an example of a concern that might be more specific to military families?*
   a. Mortgage payments
   b. Regular relocations
   c. Moving costs
   d. Depression

2. *Which of the following feelings might be experienced during pre-deployment?*
   a. Anticipation of homecoming
   b. Withdrawal of financial assistance
   c. An emotional cycle of separation
   d. Detachment and withdrawal

3. *Which of the following might be part of pre-deployment preparation?*
   a. Organization of financial information
   b. Placing a hold on any household matters
   c. Arrangement of a farewell party
   d. Marriage and family counselling

4. *Which of the following is an example of an emotion that is most likely to occur during the pre-deployment period?*
   a. A sense of relief
   b. A gradual increase in tension
   c. A sense of grief
   d. A gradual increase in hope

5. *Which of the following most accurately describes the nature of military families?*
   a. They face the same range of life challenges as everyone else plus situations unique to military life.
   b. They face completely different challenges from everyone else.
   c. They face exactly the same life challenges as everyone else.
   d. All military families face different challenges in the same manner as non-military families.

6. *Which of the following is the closest definition of a Post-Traumatic Stress Disorder?*
    a. A series of self-induced psychotic episodes.
    b. A severe anxiety disorder developed after terrifying experiences.
    c. A Traumatic Brain Injury (TBI).
    d. The consequences of exposure to toxic chemicals.

7. *Which of the following best describes the emotional cycle that is experienced when a family member returns home?*
    a. Initial frustration followed by a period of further hesitation as the family readjusts to being together
    b. Instant integration as the family slots straight back to normal
    c. Initial excitement followed by a period of renegotiation as the family readjusts to being together
    d. Initial hesitation followed by a period of excitement as the family readjusts to being together

8. *Which of the following is an example of an emotion that is most likely to occur during homecoming?*
    a. Withdrawal and detachment
    b. Apprehension and excitement
    c. Feelings of denial
    d. Sense of abandonment

9. *Which of the following is a possible example of a combat stress reaction?*
    a. Suppressing
    b. Re-assessing
    c. Stabilization
    d. Re-experiencing

Answers

3.	a.	6.	b.	9.	d.
2.	d.	5.	a.	8.	b.
1.	b.	4.	b.	7.	c.

Serving People with Disabilities

17

◎ To define what a disability is and the major types of disabilities

◎ To outline the basic services and support systems available for people with disabilities

◎ To understand how to effectively communicate with people with disabilities in a way that promotes self-reliance and empowerment

Learning Concepts and Objectives

Introductory Exercises

How would you define a 'disability'? What do you think are the main types of disabilities?

_____

_____

_____

_____

_____

You are told that your child may have intellectual disabilities. What questions would you ask a doctor?

_____

_____

_____

_____

_____

What types of programs or services might be of most interest to a person with a disability?

_____

_____

_____

_____

_____

See the Person, not the Disability

It is estimated that up to 18% of the population has an impairment.

"Disability is the most equal opportunity minority: *anyone can join at any time, and with time, most people will.*"

A person with a significant disability, Ed Roberts, was told by a vocational rehabilitation counsellor that he would never be able to work. After a successful career in human services, Ed later became the Director of the California Department of Vocational Rehabilitation where that VR counsellor worked.

It is estimated that up to 18% of the population has an impairment that is a substantial limitation to one or more daily life activities, and can consider themselves 'persons with disabilities'.

There are many ways to classify and define the different types of disabilities:

- People with Cognitive or Intellectual Disabilities: impairments that affect thinking, learning, and remembering

- People with Mental/Emotional Disabilities: impairments that affect moods and feelings

- People with Physical Disabilities: impairments that affect mobility, manual dexterity, and purposeful movement

- People with Hearing Disabilities: impairments that affect the ability to hear

- People with Vision Disabilities: impairments that affect the ability to see

- People with Multiple Disabilities: impairments listed above that co-occur

These types may, in turn, limit the lives of individuals in terms of 'major life activities' such as:

- caring for oneself
- performing manual tasks
- seeing
- hearing
- eating
- sleeping
- walking
- standing
- lifting

- bending
- speaking
- breathing
- learning
- reading
- concentrating
- thinking
- communicating
- working

A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system; normal cell growth; or digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Attitudes towards disabilities: A brief overview

Disabilities of all types have been part of humankind since the dawn of time.

While some societies welcomed and cared for their family members who needed additional help, many did not. Until the early 1800s, some people with disabilities lived with their families in the community, but many were abandoned to a life of begging on the streets, or even euthanasia.

Because of such attitudes, but also out of a desire for more relatively humane treatment and living conditions, institutions for "the disabled" were established towards the late-nineteen century. Work farms, residential homes and insane asylums proliferated in many countries by the 1960s. By that time, many had degenerated into human warehouses with abominable conditions, with unregulated human experiments, forced sterilization, and other medical procedures.

Prior to the mid-1970s, educational institutions were free to ban individuals with disabilities from attending schools. Very few public buildings had any provision for accessibility, and it was extremely rare to find an accessible public transportation system. Employers could base employment decisions based on disability alone, without regard to competence or ability. Landlords could reject potential tenants simply because the person had a disability.

By the 1970s, the movement toward deinstitutionalizing people with disabilities began with many of the most deplorable institutions being closed.

Societal attitudes toward disability have changed a great deal over the last 30 years, along with the introduction of legislation that provides protection against discrimination and requirements for public accommodation. However, it remains necessary to monitor and advocate in order to ensure that legislation is consistently being followed.

These changes in attitudes and legislation were brought about by a broad movement in which people with disabilities themselves led the way.

The disability rights and independent living movements emphasize consumer control – the idea that people with disabilities are the best experts on their own needs, having crucial and valuable perspectives and deserving of equal opportunity to decide how to live, work, and take part in their communities, particularly in reference to services that powerfully affect their day-to-day lives and access to independence.

Now people with even the most significant disabilities are able to live independent lives and be active participants in their communities, just like anyone else.

Perceptions of Disability

Select whether each statement is either True or False (answers on page 365)	TRUE	FALSE
1. Wheelchair users are paralyzed and, therefore, are confined to their chairs.		
2. Some deaf people can speak.		
3. People with disabilities live very different lives than non-disabled people.		
4. Blind people have exceptional hearing.		
5. Disabled people can raise non-disabled kids.		
6. Many hearing impaired people can read lips.		
7. Deaf persons do not appreciate music, theatre, movies, etc., because they cannot hear.		
8. People with disabilities experience a wide range of emotions and feelings.		
9. The only way we communicate with one another is through talking and listening.		

Specific services for people with disabilities

Different areas of the country have the same or similar resources available, but they often vary by location, name, which agency provides them, eligibility requirements, etc. I&R specialists need to know the types of resources commonly accessed by people with disabilities, and then take on the responsibility of finding the equivalent resources available in a given area.

Most people with disabilities who use I&R services have goals related to increased independence in a significant life area. The most common are: Self-Advocacy and Empowerment, Communication, Mobility/Transportation, Community-Based Living, Educational and Vocational Services, Self-Care, Information Access/Technology, Personal Resource Management, Relocation from a Nursing Home or Other Institution, Community/Social Participation, Health Care, and Assistance in Applying for Social Security and Other Financial Resources.

Specific resources that people with disabilities commonly access through I&R Services to meet these goals include:

- Sources for **financial and medical assistance** such as assistance in paying for medications, living expenses

- Sources for **in-home assistance** such as personal care services, chore services, homemaker services, cleaning

- Sources for obtaining **assistive technology and IT** such as accessible vehicle sales; repair, modification, loan or purchase of durable medical equipment; hearing and vision resources; prosthetics; vision and hearing services

- Sources for **case management assistance**, counselling, peer support groups, developmental centres, domestic violence

- Sources relating to **legal and advocacy assistance** such as adult or child protection, nursing home ombudsmen, protection and advocacy systems

- Sources related to **housing** such as low-income housing programs, energy assistance, accessibility modifications, utility assistance

- Sources for **crisis assistance**, including emergency hotlines, mental health services, substance abuse treatment

Now people with even the most significant disabilities are able to live independent lives and be active participants in their communities, just like anyone else.

CILs are highly skilled at helping people with disabilities navigate the complicated, confusing and sometimes contradictory service systems.

■ **Transportation** services, both medical and non-medical

and organizations and agencies that specifically provide services to people with disabilities, such as vocational rehabilitation, services for people who are deaf or blind or both, programs that serve individuals with developmental disabilities and mental health issues, and **Centres for Independent Living**.

Centres for Independent Living

Often referred to as CILs, Centres for Independent Living are found throughout Canada and the United States. A CIL is a consumer controlled, community based, cross disability, nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

(Consumer-controlled means that at least 51% of staff members are persons with disabilities; and at least 51% of each CIL's Board of Directors are also persons with disabilities. Cross-disability means that a CIL provides services to people with any type of a disability.)

In addition, many CILs also offer assistance in obtaining assistive technology, transportation services, personal assistance services, housing and home modifications, recreation, vocational programs, and other individualized services designed to increase and maintain independence, such as relocating from a nursing home to a residence in the community.

Disability Etiquette

- Relax. If you don't know what to do or say, allow the person who has the disability to help put you at ease. They have more experience with this situation.

- Speak directly to the person with the disability.

- If it seems like help may be required, offer assistance by introducing yourself and asking in a matter-of-fact manner ("Hi, my name is _____. May I help in any way?") Don't insist on helping. Providing assistance before it is needed is considered rude and can sometimes be dangerous.

- Accept the fact that the disability exists.

- Appreciate what the person can do.

- Do not call people without a disability "normal".

- Explore your mutual interests in a friendly way.

- Watch for architectural barriers and hazards such as ramps which are too steep, inadequate lighting, overhanging branches, or slippery walking surfaces.

- Don't forget to laugh together.

Remember, if you have a negative experience with a person with a disability, do not generalize it to everyone else with a disability because people have very different attitudes about their disabilities. That person may be reacting to a certain situation, the mood of the day, or to something else entirely, other than you. Don't be discouraged. Just try again next time!

Discussion Issues

What are the options in this situation?

*If someone has their life impacted by a new physical disability (for example, if a car accident drastically reduces mobility), what changes might the person need assistance with? What open-ended and close-ended questions should an I&R Specialist ask?*

What might be some of the direct and indirect benefits of referring someone with disabilities to a peer-based service such as a Centre for Independent Living (CIL)?

Summary of Key Points

What you need to know ...
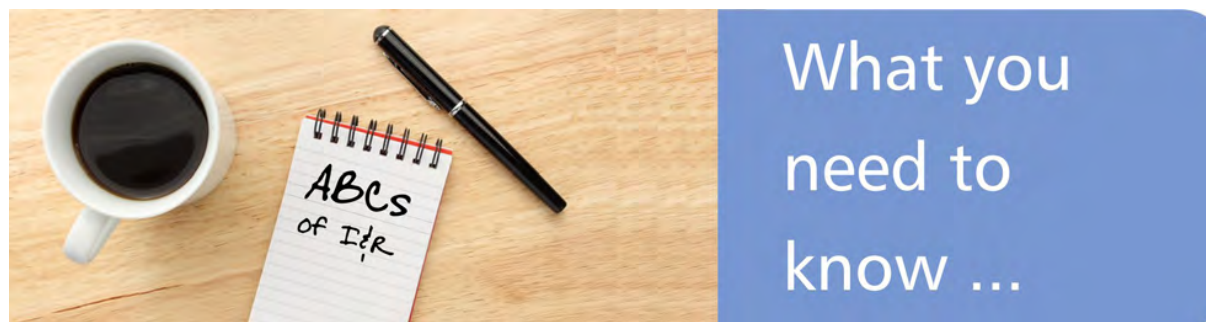
A "disability" is a physical or mental impairment that substantially limits one or more major life activities of an individual. It is estimated that up to 18% of the population has an impairment that is a substantial limitation and that can be termed a "disability".

- The various different types of disabilities can be divided in different ways. Here is one example:

  - Cognitive or intellectual disabilities
  - Mental/emotional disabilities
  - Physical disabilities
  - Hearing disabilities
  - Vision disabilities
  - Multiple disabilities

- Many of the limitations imposed on people with disabilities are due to perceptions and barriers in the environment, and with access to effective services, supports and technology, people with disabilities can live independent, productive lives.

- People with disabilities are not "broken" and do not need to be "fixed", but rather are the experts regarding their unique life situations, and every effort would be made to ensure self-determination and self-direction in the services and supports they require.

- Like other minority groups, people with disabilities can face intentional and unintentional discrimination in their daily lives, and it is important to understand the basics of the laws that prohibit discrimination on the basis of disability.

- The disability rights and independent living movements emphasize consumer control – the idea that people with disabilities are the best experts on their own needs. Given the proper resources and information, people with disabilities can be empowered to be effective self-advocates.

- Centres for Independent Living (CILs) are non-profit organizations run by people with disabilities for people with disabilities, and can be viewed as the primary resource for accessing services and navigating complex service systems.

- "Person-first" language in terms of disabilities emphasizes who a person is, not what a person has. People with disabilities are people first, and should not be defined solely by the presence of an impairment and/or health condition.

Test Questions

1. *Which of the following may be termed a cognitive disability?*
    a. An impairment which inhibits the ability to remember
    b. A disability that reduces mobility
    c. A problem that impacts the ability to hear
    d. One of a variety of mental illnesses

2. *Independent living refers to when people with disabilities are able to:*
    a. think for themselves.
    b. seek their own funding opportunities.
    c. live on their own as single people.
    d. make their own decisions about how they live their lives.

3. *Which of the following may be a service particularly needed by someone with a severe disability to support independent living?*
    a. Utility assistance
    b. Attendant care
    c. Health services
    d. Training programs

4. *A consumer-controlled agency such as a Centre for Independent Living means that:*
    a. all of the staff are persons with disabilities.
    b. the majority of the clients are people with disabilities.
    c. 51% of staff and 51% of Board members are persons with disabilities.
    d. the agency receives no government funding.

5. *If you are in a public place and see a person with a disability who may need some assistance, what is the best approach?*
    a. To take the initiative without asking
    b. To ask the person if they are having problems
    c. To introduce yourself and ask if you can help in any way
    d. To assure the person that you have a family member who is disabled

6. *Persons with disabilities:*
   a. are the exact same as everyone else and therefore need the same services.
   b. have the same needs as everyone else and in some instances need special services to attain them.
   c. have unique needs related to their specific disabilities and require all their own special services.
   d. live independently from the requirement to need additional services.

Answers

2.	d.	4.	c.	6.	b.
1.	a.	3.	b.	5.	c.

Answers to earlier True or False quiz:					
1.	FALSE	4.	FALSE	7.	FALSE
2.	TRUE	5.	TRUE	8.	TRUE
3.	FALSE	6.	FALSE	9.	FALSE

I&R Via Live Chat

18
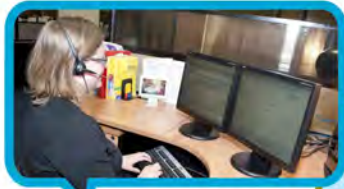
questions

Connect

help

answers

◎ To describe the reasons why an I&R program might offer a chat service

◎ To understand the skills required to be an effective chat specialist

◎ To identify the differences between service via chat and via phone

◎ To engage the client in the I&R process using the medium of chat

◎ To describe difficult situations that can arise during the chat process

◎ To outline the methods of supervision for a chat service

Introductory Exercises

Have you ever used a chat feature on the website of a company/organization you needed to contact? Why did you choose chat over another means of contacting the service? What were your expectations regarding the chat? What were some of the factors that played into your feeling of whether or not the chat was successful?

_____

_____

_____

_____

What type of people do you think are most likely to use an I&R's chat service?

_____

_____

_____

_____

How does communicating via the written word differ from communicating verbally? What are some of the factors that are important to consider?

_____

_____

_____

_____

What the AIRS Standards say ...

The I&R service uses technology that improves access to service and enhances its ability to serve inquirers.

If the I&R service provides access via email, instant messaging (IM), text/SMS messaging, online chat, video relay/chat, responses to voicemail contacts, social media or other alternative access methods, it has defined guidelines regarding the timeliness for response.

AIRS Standard 1, Quality Indicator 7

When handling transations via IM/chat, text/SMS messaging or other forms of social media that lend themselves to multitasking, they understand the types of situations that require their undivided attention and handle simultaneous contacts (e.g. two live chats) only in appropriate cirucumstances.

AIRS Standard 1, Quality Indicator 8

The I&R service provides access to community resource information in a variety of ways that include supported access through an I&R specialist and options for independent access by end users.

AIRS Standard 3

Supported Access Methods: The I&R service makes its information and/or services available by:

- Telephone

In addition, the I&R service may make informaton and/or services available by:

- Email, instant messaging (IM), text/SMS messaging, online chat, video relay/chat, voicemail contact responses, social media or other methods of communication.

AIRS Standard 3, Quality Indicator 1

The I&R service uses technology that improves access to information and enhances its ability to serve inquirers efficiently and effectively. The main role of technology is to enhance and strengthen information sharing while accommodating people's communication preferences. "Technology" includes telephone systems, telecommunications, computer systems and applications, instant messaging (IM), text/SMS messaging, online chat, video relay/chat, social media, I&R software platforms, electronic directories and self-service mechanisms such as automated attendants/interactive voice response systems, video relay services, community kiosks and searchable I&R databases on the Internet.

AIRS Standard 25

Why provide Live Chat?

Offering services via Live Chat increases access for a variety of people who may have limited ability to contact I&R services through traditional means.

Communication is migrating from voice to other channels.

More and more, clients want to access I&R services through means other than traditional face-to-face or telephone-based services. This tendency will continue to grow as today's younger generation, more accustomed to texting than to phoning, moves into adulthood.

I&R programs must provide services through the channels preferred by their community in order to optimize genuine access. The most common alternate channel for I&R providers is Live Chat, also known as Instant Messaging (IM).

Offering services via Live Chat also increases access for a variety of people who may have limited ability to contact I&R services through traditional means. These include clients who:

- are deaf/hearing impaired
- have a speech impairment
- are uncomfortable or fearful of seeking help via the phone or face-to-face services
- do not have access to a phone but do have access to the Internet

Chat specialist skills

Every I&R professional providing Live Chat should be a trained I&R Specialist, but not all I&R Specialists should be trained on providing Live Chat.

Verbal communication and written communication are very different skills. Some I&R Specialists may find themselves unable to effectively translate their skills to the chat medium, while others may excel.

Some of the tools needed for a chat specialist to succeed include:

- the ability to multi-task
- strong written communication skills
- strong typing skills (speed is helpful but accuracy even more so)

Previous experience using IM or other chat services will also help an I&R Specialist adapt more quickly to the medium.

General chat guidelines

I&R chat is still a developing practice as different I&R programs are implementing a variety of policies to guide their staff. The essence of good I&R remains the same as outlined in the I&R process. However, the following are some general suggestions to consider when conducting chat:

- Maintain professionalism. Interactions should always be professional, yet friendly, safe and welcoming. Always imagine that your words will be reviewed.

- Don't use abbreviations. Just because you know what something means, does not mean you can assume that all clients will know.

- Keep spelling errors to a minimum. Some chat software will allow you to conduct a spellcheck before you send something to the client. If your software does not do that, give your entry a quick scan before sending. Some typos will inevitably occur but if there are a string of mistakes, a client may question your professionalism and therefore, the information you are providing.

- Do not use emoticons or chat lingo.

- Do not type in ALL CAPITALS – it is called "shouting" and is considered rude.

- No joking (you are not chatting/IMing with a friend, so there is no way for a client to tell if you are kidding, tongue-in-cheek, serious or sarcastic, etc.). Jokes and irrelevant comments are not appropriate.

Important differences between chat services and traditional telephone services

When engaging in chat, both you and the client lose the advantage of hearing each other's tone of voice and/or vocal inflections. This is a barrier to both building empathy and sensing feelings. It makes the use of clear, concise language even more critical and provides additional reasons to discourage the use of slang or humour.

You can't easily discern the personality or background of a client through the medium of chat. Although a younger demographic tends to prefer chat, people of all ages and experience levels are now also using chat. You can't make assumptions about a client's age based on the fact they are using chat.

A chat inquiry is broken up into what are called "Chat Segments". These are the individual portions of text that are typed into the chat window and "sent" by either the client or the I&R Specialist.

Individual chat segments tend to be briefer than spoken conversation (for the very good reason that we can't type as fast as we can talk), so we need to be mindful of how we interpret and manage interactions. For the client, these segments can come across as abrupt if they are too rapid-fire. On the other hand, typing long responses can make the client feel that you've disappeared while they are waiting to hear from you.

Generally, it is better to send messages sentence-by-sentence or in short sentence groups so that the client knows you are still there and interacting. However, this may not be an issue for a chat specialist who is a very fast typist. There is no one style that will work for every situation. The progress of the chat and the client's familiarity with the medium should also help guide the interaction.

The nature of chat

Chats often take on a very non-linear quality with overlapping segments that are not always directly in response to the comments immediately above it. This can feel confusing and overwhelming to some clients. If they seem overwhelmed by short segments coming at them in quick succession, you might want to slow the chat down, make one statement or ask one question and then wait for a response before chiming in with another thought or question.

It takes longer to type than to talk, and chat conversations in their entirety can often take much longer than the average phone conversation.

It takes longer to type than to talk, and chat conversations in their entirety can often take much longer than the average phone conversation. Clients may also choose to do other things in addition to chatting with you, such as engage in other chat conversations with friends, play online games, surf the web, watch TV or engage in household tasks. This can be true even in a chat that relates to a potential crisis situation.

Depending on the software that your agency uses, you can usually see when a client is typing in the chat window before they hit send (as they usually can with you), which may help you feel assured that your client is still there and is composing a chat segment. But again, because people tend to chat while simultaneously doing other things, long pauses between chat segments without seeing activity on the part of the client are not an automatic cause for worry. As with other types of I&R interactions, it is important for the Specialist to accept this reality and remain non-judgmental – don't let it upset and/or frustrate you.

There should be as little lag time as possible on the part of the chat specialist between chat segments (i.e. adequate typing speed is important). You don't want to give responses just to be fast (they may be of poor quality), but you do want to be able to type fast enough to convey your engagement.

Chat interactions also provide an easier way to seek support and guidance from I&R colleagues since the client cannot overhear your discussions. Some chat software even allows other chat specialists to observe the chat live as it unfolds, allowing for consultation and feedback from peers and supervisors.

Chat interactions can often end abruptly and you might not know or understand why. There are several reasons why this can happen. For example:

- the client's Internet connection dropped
- a friend/roommate walked in and they needed to end the chat quickly
- their cell phone connection dropped or battery died
- the client did not like how the specialist was responding
- an emergency occurred (accident, suicidal action)

These suddenly ending chats can provoke anxiety for the chat specialist – in much the same way as when a phone contact is suddenly cut off.

The chat process

The chat process to all intents and purposes is identical to the conventional I&R process – establish rapport, use good communication techniques to conduct an assessment, clarify if necessary, provide the informaton and/or referrals, then close effectively.

Here are some general guidelines for the chat process:

The greeting
Create a good first impression, show interest and establish a connection with the client.

Listen to the problem/issue presented by the client
Active listening skills such as paraphrasing and reflection of feelings are still critical to good chat contact. As you cannot hear the client's tone of voice, clarification is important to ensure a good understanding of the situation. However, be alert for the easy pitfall of simply peppering the person with questions. Ask one question at a time or the client is likely to miss that you were asking multiple things and move on after answering the first one. They may also start to feel overwhelmed and pressured. Offer statements in between questions that demonstrate empathy with the problem that the chat client is facing.

Assess needs and gather relevant information
Follow general I&R practices for a good needs assessment. Gather any additional demographic data that you are normally required to collect by your agency/program. It might also be good to find out if the client is alone, and can chat candidly. If someone else is around it could result in an abrupt disconnect.

Locating referrals

During the referral process, the chat specialist might have a unique opportunity to assist the client with the navigation of your program's online database. Some clients will have chosen the chat option on your website following an unsuccessful search of your online database. In addition to providing the information that will help the client, you can also explain how they might find it using the online database.

When searching in response to an inquiry, it can be helpful to use statements such as, "One moment while I research some programs that might be able to help," etc., as you would if you were on the phone and wanted to let the person know there would be a pause in your interaction.

When you provide referrals via chat, one of the simplest ways of conveying the information quickly and accurately is to copy and paste referral data from your database into the chat window. Do not copy and paste entire agency/program profiles into the chat window all at once. Only copy and paste the information from the relevant elements of the database listing using explanatory phrases as you would on the phone. For example: "Their office hours are…." (paste hours); "They ask that you bring the following identification…." (paste list of ID required).

Developing an action plan

Just like on the phone, it is important to help the client work towards creating their own action plan that includes contacting referrals and possible coping strategies, and reviews their ability to move forward with those referrals while addressing any potential barriers to their plan.

Closing

Confirm that you have met the client's needs: "Is there anything else I can help you with today?"

End the chat: "Thank you for contacting I&R Chat. You can also call or text us 24 hours a day, 7 days a week."

Documenting your chat

While most chat software will maintain a chat history and the ability for a supervisor to run reports on the total numbers of chats and some other types of data, it is also important to document your chat in your I&R software in the usual way so that the client's problems/needs and the referrals you offered (or any unmet needs) can be tracked for reporting purposes.

CHAT TECHNOLOGY

There are many different providers of chat software, each one with different features and user interfaces. A chat specialist will want to handle many practice chats prior to going live with real clients in order to learn how to navigate all of the software features.

Specialized chat software may provide some of the following features:

PRE-CHAT SURVEY

Most chat software programs allow you to customize a set of questions that a chat client is asked prior to entering the chat. The information collected can be optional or made mandatory for a client to complete before they are connected. Typical information requested in a pre-chat survey would include:

- Name or pseudonym – this allows the chat specialist to use the client's name to establish a better connection.

- Email address and/or phone number – this allows the chat specialist to reach out to the client if there is technical difficulty and a chat drops suddenly.

- Presenting issue – this allows the client to share the type of help they are seeking and gives the chat specialist a place to start the assessment.

- Client's location.

CANNED RESPONSES

These allow the I&R to save frequently used phrases such as a common greeting or closing statements. Be careful when using canned responses since they can come across to the client as stiff and scripted.

Possible chat dilemmas

HANDLING MULTIPLE CHATS (NOT AS UNMANAGEABLE AS YOU MIGHT THINK!)

Each I&R service will need to determine how many chats they will allow one chat specialist to handle. Your agency's decision should factor in the capabilities of your chat specialists in terms of typing speed and ability to multi-task as well as whether your chat specialists are also simultaneously answering phone calls. The general guideline is that if a chat specialist accepts any chat (even just one),they should no longer be available to accept a phone call until they have completed their chat. It is possible to process two or more chats at the same time, but not possible to give proper attention to both a chat and a call simultaneously.

For someone used to Instant Messaging, taking multiple chats should be quite similar to the experience of messaging with multiple friends. Specialists not accustomed to IM programs may feel comfortable only taking one chat at a time, until they get used to the medium. This is generally acceptable, as the prime focus should always be on the quality of service.

Handling crisis and emergency situations via chat

I&R services often come into contact with people in crisis who are also seeking information about community resources. Crisis intervention skills work via chat in the same way as on the phone. Please refer to the relevant section in this manual to recall those skills. If the situation crosses the line from crisis to emergency (that is, a medical emergency, suicide attempt in progress, or a risk of imminent danger to self or others), chat specialists must use all of their abilities to get a client to share identifying information in order to dispatch emergency services. Most chat software provides the IP address for a chat client, and some self-reported information may also be available if your service uses a pre-chat survey, but this information is rarely enough to allow for emergency response without the client's consent.

Prank contacts/sex gratification contacts

If clients are inappropriate, notify your supervisor and disengage from the chat following your normal program guidelines for those types of contacts.

Linking to Internet resources

Be wary of clicking on a link suggested to you by a client. Do not visit that website, no matter how harmless its URL name seems – this includes links to videos, blogs, or social networking profiles. While it may be something totally harmless, you have no way of knowing if this is a link to a virus, pornography, or any other number of things that could endanger your organization's computer network.

As chat specialists however, you can direct clients to websites that you know are secure and have been approved by your resource specialists.

The supervision of chat

As with telephone-based I&R service delivery, supervision of chat specialists is required for quality assurance purposes and to help staff develop their skills. The medium of chat lends itself well to supervision since there is usually a transcript of the entire transaction between the I&R Specialist and the client. Here are some ways that a chat specialist can receive feedback and coaching:

SELF-EVALUATION

The chat specialist can access transcripts of their chats to review on their own time. After the chat is over, the chat specialist can benefit from reviewing their conversation with the client and can often clearly see what worked and what did not work in interacting effectively.

MONITORING OF CHATS IN REAL-TIME

In most chat software, a supervisor can monitor and/or coach the chat specialist from within the software as the chat is taking place. This is similar to the ability of I&R services to have a supervisor listen to a live call and provide immediate feedback or complete a call monitoring form. Real-time monitoring is especially helpful when a specialist is new to chat, and can benefit from in-the-moment coaching.

SUPERVISOR REVIEW OF CHAT TRANSCRIPTS

A supervisor should review transcripts of chats that have already taken place and are stored within the chat software. Supervisors often report enjoying working with chat transcripts as a feedback tool because it provides such a clear view of the chat specialist's skills and gives the supervisor very direct examples to reference in coaching.

POST-CHAT FEEDBACK SURVEY

Most chat software also allows the administrator to set up a post-chat survey, asking the client for feedback after their chat session has ended. This feedback can also be used as part of the supervision process. Many chat specialists report finding it very helpful and encouraging to be able to read the reflections of clients on their experience with the chat service.

Scenario

The scenario is a tool to stimulate discussion and practise skills.

A client using the name "Anon" enters the chat.

Following the greeting by the chat specialist, "Anon" asks for assistance with a rental deposit. After being asked for additional information, the client reveals that she and her family (husband and two kids) have been living with her parents for the past three years and are desperately trying to find their own place. They have the money to pay the monthly rent, but don't have enough saved to pay a security deposit.

The specialist expresses empathy for their frustration and asks what resources the client has already tried. It turns out that the client has already tried the first three referrals that the specialist was planning to suggest.

The specialist asks about any special circumstances in their home and the client reveals that both her children have special needs. The specialist is able to offer a referral that provides support and assistance with rent and utilities for families with special needs children.

The specialist then explores some alternative options, such as asking for help from their church.

The specialist encourages the client to use the service again in the future and asks for consent for a follow-up call to see if they were able to find the services that would help them.

In what ways was this scenario the same or different from a phone call?

What skills would be needed to handle this scenario via the written word?

What are some of the considerations involved in engaging a chat client for follow-up services?

Suggested ways to chat with clients

*"Welcome to Ourtown I&R's Chat. My name is _____.
How may I help you today?"*

*"It sounds like you have lots of concerns right now. I want
to make sure I understood what you are asking for, can you
clarify that you are looking for emergency housing tonight?"*

*"I can search for some referrals that can help you. I just need
to check our database to find some options. I will be back to
our chat in a couple of minutes."*

*"You mentioned you had trouble finding these food banks
when searching on our website. If you ever come back and
want to try searching again, you can click on Basic Needs, then
Emergency Food and then Food Banks to find these services. "*

*"Are you still there [Client's Name]? I am happy to wait a few
minutes for you to return and complete our chat, but if I don't
hear from you soon, I may have to disconnect so that I can
serve other clients."*

*"Thank you for contacting us today. If you ever need assistance
in the future, please feel free to contact us again via chat or by
calling us at 555-3333."*

Summary of Key Points

I&R programs must provide services in the ways preferred by their clients. Increasingly, this involves providing service via Live Chat in addition to phone.

Essentially, the practice of good I&R remains the same no matter the medium in which it is performed.

Good chat skills include the ability to multi-task, together with strong written communications skills and an accurate typing style.

General chat guidelines include:

- Maintain professionalism

- Refrain from using abbreviations, emoticons and chat lingo

- Type accurately and scan your chat segment before it is sent

- Chat segments should be short and precise

If you are searching for resources, let the client know that you won't be sending anything for a few minutes.

Some chat softwares allow for a pre-chat survey that can clarify the client's situation and also for some canned responses, so frequently used phrases and/or comments can be pasted into the chatbox. However, do not overuse canned responses or send them too quickly, otherwise chat visitors might not feel a genuine connection and may feel you are not listening to their needs.

Generally, once trained and comfortable you can simultaneously handle two or sometimes three chats but not a phone call and a chat.

Test Questions

1. *Live Chat is also known as:*
   a. E-mail
   b. Instant messaging
   c. Facebook
   d. Texting

2. *Which of the following is an important skill for a chat specialist?*
   a. Good inflection
   b. Advanced design skills
   c. A preference to focus on a single item
   d. Accurate typing

3. *A Live Chat is broken into sections called:*
   a. Chat segments
   b. Paragraphs
   c. IM patterns
   d. Active listening

4. *Which of the following is the best way to advance the dialog when engaged in an I&R chat?*
   a. By gathering up all your questions into a single section
   b. By sending a few short sentences at a time
   c. By using canned responses to ensure consistency
   d. By asking whether the client would prefer to use the phone

5. *Which of the following best describes the relationship between an I&R chat and a telephone-based I&R transaction?*
   a. They all take around the same amount of time
   b. They are completely different because of the mediums involved
   c. They both draw on the same elements of the I&R process
   d. The I&R chat is best performed by a resource specialist

6. *What is a canned response?*
   a. A frequently used phrase that can be pasted into a chat
   b. A sentence that you withdraw at the last moment because it is inappropriate
   c. A method to record the interaction for the purposes of supervision
   d. A frank assessment of the client's situation.

Answers

1. b.	3. a.	5. c.
2. d.	4. b.	6. a.

Stress Management and the Limits of I&R

19

- ◎ To describe the nature and implications of stress

- ◎ To outline some of the particular stresses within I&R

- ◎ To identify the limits (or boundaries) of an I&R service, in terms of what you are responsible for and what you are not

- ◎ To identify some techniques to manage stress

Introductory Exercises

What are the moments and situations in a workplace that may give you the most stress?

_____

_____

_____

_____

What might be some of the differences between stress in the workplace and stress at home?

_____

_____

_____

_____

_____

When you are faced with a stressful situation (either at home or in the workplace), do you have any ways of managing it that have worked for you in the past?

_____

_____

_____

_____

_____

What the AIRS Standards say ...

I&R specialists are aware of their own stress level and coping mechanisms.

I&R specialists have the skills to respond effectively to people in crisis, work cooperatively with other organizations, remain flexible in a rapidly changing environment, are willing to work under adverse conditions (e.g. long hours, uncomfortable surroundings), are aware of their own stress level and coping mechanisms, respond appropriately in face-to-face communications and work within the boundaries of their I&R role.

AIRS Standard 20, Quality Indicator 4

Nature and Implications of Stress

From an I&R agency viewpoint, stressed staff do not provide quality service.

Sometimes ways have to be found to help the people who are helping other people.

However, the reality of many situations is that I&R staff have to be capable of helping themselves and to shine the same insight and resourcefulness into their own situations as they do for clients. In essence, an I&R Specialist has to be capable of engaging in self-assessment and self-referral – if not to a program, then at least to a course of active self-help.

From an I&R agency viewpoint, stressed staff do not provide quality service.

Stress is something that is much mentioned but not always fully understood. It is not just a mental health issue. Stress also brings physiological changes. The things that cause stress for one person may not be a problem for another.

Stressful events can be:

- Major life changes such as getting married, starting a new job or coping with the death of a loved one.
- Long-term worries such as concerns about the future, financial or economic problems, or an ongoing illness.
- Daily hassles such as traffic jams, rude people, computers and other technologies that refuse to work properly, forgetting to buy groceries on the way home, tensions between colleagues, etc.

During a stressful period, the body experiences a series of changes called the stress response:

STAGE 1: MOBILIZING ENERGY

At first, the body releases adrenaline, the heart beats faster and breathing becomes more rapid. Both positive and negative events can trigger this reaction.

STAGE 2: CONSUMING ENERGY STORES

If the stress continues, the body begins to release stored sugars and fats. A person now feels more pressured and tired. Increases in caffeine and alcohol consumption, smoking, and eating junk food may occur at this stage — which only worsens the situation. There may also be anxiety and memory loss, along with an increased likelihood of catching a cold or the flu as the body's overall resistance diminishes.

STAGE 3: DRAINING ENERGY STORES

If the stress is still not resolved, the body's need for energy becomes greater than its ability to produce it, and a person will become chronically stressed. This stage may be marked by insomnia, errors in judgment, and personality changes.

It is impossible to have a completely stress-free life. The goal should be to avoid reaching the final stages of stress where a person's overall physical and mental health become at risk.

There is no single best way to cope with a stressful situation. Everyone sees situations differently and different people have different coping mechanisms. Each person must decide what works best for them. And what works best will partly depend on individual coping styles. One of the first steps in learning to cope is to recognize your preferred style or response. There are three basic categories:

Task-oriented: the person feels most comfortable analyzing a situation and taking direct action to deal with it.

Emotion-oriented: the person prefers to deal with feelings and find social supports.

Distraction-oriented: the person uses non-related activities to take their mind off the situation.

None of these styles is better than the other and some people may use a mixture of them.

There is no single best way to cope with a stressful situation.

Stress within an I&R environment

An I&R Specialist never knows what the next call is going to bring. And some days are tougher than others.

For example, if a colleague is off sick, everyone else will need to take more calls and speak with more clients, all of whom have had to wait longer than usual, and who may themselves now be more stressed and impatient.

An I&R Specialist needs to be aware of compassion fatigue and to maintain a professional aptitude and attitude in often difficult circumstances.

I&R Specialists usually sit within close sight and earshot of one another in a closed environment. They are all handling the same random selection of straightforward calls, complex calls and extremely distressing calls.

They are also the natural supports for one another. Each is a prime resource for those perplexing calls that require advice (*"I've got a caller here who's … Has anyone ever had anything like that before? Any ideas?"*). On the flip side, they are generally unable to take their lunch until another person returns from theirs.

The nature of these interdependent relationships requires mutual responsibility and support. There is always the possibility of a little thing that affects one person escalating into major stress for everyone.

Here are some examples of I&R workplace behaviours that are characteristic of responsibility and collegiality:

- Arrive on time for the beginning of each shift.
- Make sure to take full breaks and full lunches (your mind and body need it) but always return on time, so that others do not have to wait or be forced into taking a shorter break.
- Encourage colleagues to "go outside and take a walk" when they have just finished a long and upsetting call, and might benefit from a mental break.
- Be kind and thoughtful.
- Stay until your shift ends.

Eventually, it all boils down to the obvious – treat your colleagues as you want them to treat you – and hope that everyone keeps their side of the bargain.

There is also the constant stress of dealing with clients in difficult and often depressing situations, including people who respond with anger to genuine attempts to help. It is not always going to feel like an easy job – nor is it.

Every workplace contains potential stresses and frustrations such as supervisor issues, perceived lack of recognition, tense interactions with colleagues, too much work and not enough time, and difficult deadlines.

However, the positions of both Resource Specialists and I&R Specialists contain their own challenges and their own unique stressors. The I&R Specialist, for example, may also have those "standard" difficulties, together with the additional stress of dealing with clients in an environment where there is no way to avoid a phone that just keeps ringing with need.

Boundaries of I&R

The I&R Specialist must clearly understand the boundaries of I&R, what they can reasonably expect themselves to accomplish and what is beyond their control.

Feelings of helplessness often result when certain types of calls occur over and over and over again, together with a sinking feeling that there is never going to be a long-term solution for certain clients. And that whatever you do, it is not going to be enough and that the client is never going to feel it is enough.

I&R Specialists must accept that there is not an ideal solution for every problem, and some problems may have no solution.

I&R Specialists have no control over whether a client follows through or whether they will eventually receive the help they need from an agency that they do contact. It is important for I&R Specialists to set reasonable expectations for themselves, and that those expectations relate to the aspects of their work that are under their control – making accurate assessments and providing appropriate referrals.

I&R Specialists must always be aware of their personal triggers – the types of problems and the types of clients that cause stress that may be out of proportion to the situation.

Debriefing with colleagues and/or supervisors is an important mechanism in dealing with potential burn-out.

An I&R service cannot "*turn people's lives around*" though it may help people take the first steps in this direction. An I&R service listens to people, sometimes for the first time, and directs them to agencies that can turn their lives around. An I&R program is a critical part of a system of services – but it is not the entire human services system.

Every day in every I&R, there are numerous inquiries to feel very good about. With the help of the I&R team, people are being helped. And that is the feeling in which to frame the memory of every working day.

Stress management techniques

Everyone is different.

There is no single "correct" way to cope with stress. You must determine the most effective strategies that reflect your personality and interests. However, there are a number of different things that can be helpful:

Become aware of stressors and your emotional and physical reactions

- Notice your distress.
- Don't ignore it.

Recognize what can change

- Devote the time and energy to create change when change is possible and learn to live with things that cannot be changed.

Reduce the intensity of your emotional reaction to stress

- Put the situation into perspective.
- Don't focus on the negatives and the "what-ifs".

Maintain emotional reserves

- Develop mutually supportive relationships.
- Pursue realistic goals.
- Expect some frustrations and failures.
- Celebrate successes.

Identify problems

- Are seemingly unimportant, surface problems masking real, deeper ones? Once you are fairly sure you know what the problem is, you may be able to do something about it.

Solve problems

- Think about solutions. Think of yourself as a client needing an assessment and possibly some referrals, or at least self-help advice. What can you do, and what will be the consequences? What will happen if you do nothing?

Talk about problems

- It may be helpful to talk about the stress. Friends and family members may not realize you are having a hard time. They may be helpful by just listening to you vent your feelings or by suggesting solutions to your problems.

Learn about stress management

- There are many helpful information sources that provide advice about coping with stress.

Reduce tension

- You may find it helpful to learn some relaxation exercises. These can be as simple as deep breathing – slowly inhale a full breath through your nose, and then exhale through your mouth. Another simple exercise is stretching – stretch and relax each part of your body, starting from your neck and working downward; exhale as you stretch and inhale as you release the tension.

Increase balance

- Strive for a better balance between work, family and leisure.

Better health and nutrition

- Practise good nutrition. Eating fresh fruit and vegetables will make you feel better. Going for a regular walk will make you feel better.

Create a plan

- Write down some goals and be accountable for achieving them. Sharing that plan with someone important in your life increases the chances of you sustaining your commitment.

The following are general suggestions for stress management outside of work:

- Recognize your symptoms of stress.

- Look at your lifestyle and see what can be changed – in your work situation, your family situation or your schedule.

- Use relaxation techniques – yoga, meditation, deep breathing or massage.

- Exercise – physical activity is one of the most effective stress remedies around. And it can be as simple as walking.

- Time management – do essential tasks and prioritize others.

- Watch your diet – alcohol, caffeine, sugar, fats and tobacco all put a strain on the body's ability to cope with stress. A diet with a balance of fruits, vegetables, whole grains and high protein/low fat foods will help create optimum health.

- Get enough rest and sleep.

- Talk with people you can trust.

- Get away for a while – take a long weekend or go on vacation.

- Save time for yourself – read a book, watch a movie or listen to music.

- Work off anger – get physically active, dig in the garden, start a project, get your spring cleaning done.

- Tackle one thing at a time – don't try to do too much at once.

- Don't try to be perfect.

- Ease up on criticism of others.

- Don't be too competitive.

- Have some fun!! Laugh and be with people you enjoy!

Scenario

The scenario is a tool to stimulate discussion and practise skills.

It is Monday, December 22 and there's a winter storm on the way. The call centre is being slammed with calls from people looking for last-minute holiday assistance baskets, people wanting to volunteer somewhere, people needing help paying their heating bills, and people still wanting to get a flu shot. The I&R Specialist answers a call from a woman who is in tears because she has called every holiday assistance agency she knows and can't get toys for her children.

The Specialist expresses empathy for the caller's situation, and regrets that she doesn't know of any agencies still accepting names. The caller gets angry as she cries, and demands the Specialist give her all those agency names and numbers. The Specialist verifies the caller has indeed contacted all the agencies in the database, and begins to problem-solve about what other options the caller might have.

The caller interrupts and yells that she doesn't have any other options. She accuses the Specialist of not caring about the caller's children, saying the Specialist probably has plenty of presents for her family since she's got a job. Her husband just got fired and the boss didn't give him his last pay cheque, and that's what they were going to use to buy presents for their kids. She asks the Specialist what she's supposed to tell her seven-year-old son about Santa Claus now?

The Specialist listens and when the caller pauses, the Specialist tries to respond in a calm voice with compassionate, reflective language. She repeats that she'd like to explore the possibility of other options, but the caller again interrupts her and screams abusive language at her. Then she hangs up.

Discuss how you would react to this caller if you were the I&R Specialist. Are there other things you might have said or done?

What does the I&R Specialist need to do right now to take care of herself? Given the circumstances in the rest of the call centre at this time, does that change the Specialist's options for self-care? Discuss how she can balance her needs with the needs of the call centre.

Summary of Key Points

What you need to know ...

- The I&R environment, especially the role of an I&R Specialist, can be very stressful.

- Stressful situations are a normal part of everyday life.

- I&R professionals and volunteers need to deal with stress.

- Stressed staff may provide inferior service.

- Different things stress different people to different degrees.

- Individuals need to recognize the ways of dealing with stress that work best for them.

- It is better to deal with stress than to ignore it.

- Interpersonal relationships at work can cause stress – treat colleagues as you want to be treated yourself.

- The role of I&R has limits or boundaries – understand what you are responsible for and what is beyond your control.

- The delivery of good I&R helps people – celebrate your successes.

- There are techniques to help prevent stress and to help overcome stress when it occurs – be responsible for taking care of yourself.

Test Questions

1. *Which of the following is a typical response to a stressful situation?*
    a. Severe depression
    b. Lowered anxiety
    c. Heightened anxiety
    d. A potential heart attack

2. *Which of the following best describes stress?*
    a. It is an unavoidable part of life
    b. It should never happen
    c. It can never be alleviated
    d. It is something that should be celebrated as it proves you care about things that matter

3. *What is a good example of the boundaries of I&R?*
    a. The moment when the needs of clients are fully met
    b. The moment when clients better understand their situation and have been given referrals and other options
    c. The moment when a client is empowered to effectively complain to agencies about their service provision
    d. There are no true limits as I&R is a constant process

4. *What is a useful response to a stressful situation?*
    a. Indulge yourself in unhealthy but enjoyable snacks until you feel better
    b. Avoid thinking about the situation until it goes away on its own accord
    c. Recognize the situation for what it is and draw upon your own coping mechanisms
    d. Identify the person most responsible and make sure they understand how you feel to ensure it won't happen again

5. *Which of the following is a good stress management technique?*
    a. Rapid, shallow breathing
    b. Ignoring the stress until it disappears
    c. Physical activity
    d. Trying to quickly solve all of the problems and issues in your life

6. *Which of the following helps reduce the possibility of stress developing within an I&R call centre?*
   a. Taking long therapeutic lunches and remembering to say "Sorry" to co-workers when coming back to work
   b. Being quick to offer plenty of constructive comments on how your colleagues could do a better job
   c. Eating cheese nachos at your desk between calls and offering some to your colleagues
   d. Arriving for your shift on time and returning from scheduled breaks on time

7. *How does stress affect the quality of customer service being provided by an I&R Specialist?*
   a. It results in inferior service. Stressed staff do not perform well
   b. It results in improved service because staff have an adrenalin edge
   c. It has neither a positive or a negative impact
   d. It varies depending on the individual

8. *Who is primarily responsible for making efforts to reduce the impact of stress?*
   a. The I&R supervisor
   b. The I&R specialist
   c. The I&R agency
   d. The individual clients

Answers

1.	c.	3.	b.	5.	c.	7.	a.
2.	a.	4.	c.	6.	d.	8.	b.

Working in an I&R Call/Contact Centre

20

- ◎ To define the main technical components of an I&R call/contact centre

- ◎ To describe the features of a call/contact centre that can be "measured" and what those measurements mean in an I&R environment

- ◎ To understand the need for a "balanced scorecard" that recognizes that human interaction is the prime service element in an I&R call/contact centre

Learning Concepts and Objectives

Introductory Exercises

When you are calling an organization, how do you know that you have reached a "call centre"? What are some of the things that you will encounter as a result? Which of those features are helpful and which can feel aggravating?

_____

_____

_____

_____

_____

_____

If you are working in a call/contact centre, what do you think might be some of the ways that your performance might be measured and/or monitored? And which of these ways might provide the most important information?

_____

_____

_____

_____

_____

_____

What the AIRS Standards say …

Human interaction is the prime service element in an I&R call/contact centre.

Staff Supervision: The I&R service provides for the ongoing supervision and annual evaluation of employees and volunteers by qualified I&R managers. The organization has a written supervision plan for staff and uses standardized observation and performance appraisal forms. When performance problems are identified, they are documented and addressed in an individual performance improvement plan. Staff evaluations address specific responsibilities and job functions outlined in the individual job descriptions.

Quality indicators for I&R specialists may include:

- Call Monitoring/Remote Listening: Live or recorded calls that are randomly selected for review and feedback on a regular basis.

- Mentoring/Coaching: The use of individual sessions, team discussions, role playing and other techniques to mentor and coach I&R specialists to ensure quality service delivery.

- Call Management System Reports, Measures and Metrics: The call management component of the telephone system produces weekly and monthly reports that provide the following figures which may be analyzed to assess individual and departmental efficiency and productivity:

  - Calls received
  - Calls answered
  - Calls abandoned
  - Service level
  - Average speed of answer
  - Average abandonment time
  - Average call handling time
  - Occupancy rates

- Schedule Adherence/Compliance: The percentage of time I&R specialists follow their assigned work schedules. Work schedules specify the times specialists are expected to be on the phones versus engaging in other specified activities such as taking breaks, going to lunch, attending meetings or participating in training/coaching sessions. Specialists are expected to begin and end scheduled activities on time a targeted percentage of the time.

AIRS Standard 26, Quality Indicator 7

To support management information needs, the I&R service has a method for tracking call volume, average speed of answer, abandoned calls, average call handling time and incoming call patterns.

AIRS Standard 29, Quality Indicator 2

The I&R service creates internal reports to assess operational effectiveness, enhance decision making, improve accountability, set meaningful goals and strategic objectives and articulate outcomes in key areas of its operation. Standardized measurements are used to evaluate the effectiveness of the organization's planning efforts, target the allocation of staff and other resources, improve performance against operational targets and take other steps to achieve success in the areas of service delivery, resource database management, inquirer data collection and community reporting, cooperative relationships, disaster preparedness and other aspects of its operation.

AIRS Standard 29, Quality Indicator 3

Call Centres in the World of I&R

The majority of I&R service delivery is provided within call centres.

The majority of I&R service delivery is provided within call/contact centres. "Agents" log in to the call distribution system within their permitted groups, automated messages guide callers through the queuing and distribution system, while the monitor warns of impending call spikes and supervisors pore over screens of data detailing performance statistics.

"Call/Contact Centre" is an umbrella term that in the wider world generally refers to help desks, information lines or customer service centres, regardless of how they are organized or what types of transactions they handle. The traditional definition of a call/contact centre was a physical place where clients, customers and other telephone calls are handled by an organization.

But that is no longer technically true as "calls" are now just one type of transaction and the word "centre" doesn't accurately depict the range of possible multi-site environments that are all linked into the same system.

Call/contact centres have become a fundamental part of I&R and even small agencies with 3-4 staff are operating under the main characteristics of a call/contact centre.

And we all need to better understand the nature, impacts, challenges and benefits of call/contact centre technologies in order to better serve our clients.

The challenge of any call/contact center, and especially an I&R one, is to avoid the temptation of measuring everything quantifiable just because you can.

Call/contact centre metrics

One of the most critical consequences of working in a call/contact centre is that a vast amount of statistical information becomes instantly available. Even a basic call/contact centre phone system automatically generates realms of statistical reports.

This is particularly relevant because within the social services sector, there is a great desire to measure goals and activities but there are usually few accurate methods of doing so. And when "real numbers" become available, they take on an importance that sometimes exceeds their actual relevance …

… which brings us to metrics.

A metric is a measure of activity or performance that enables the assessment of outcomes.

Call/contact centre metrics can help to answer key questions about operational effectiveness such as:

- How much call volume is being handled?
- How much demand is not being handled (that is, the number of unanswered calls)?
- How long are people waiting to be served or how quickly are they choosing not to wait (that is, abandoning their call)?
- How effectively are individual I&R Specialists performing?
- Are overall goals and objectives being achieved?

The challenge of any call/contact centre, and especially an I&R one, is to avoid the temptation of measuring everything quantifiable just because you can – but instead to focus on the most meaningful information that must, in turn, be combined with an appreciation that assessment and problem-solving depends on real human interaction.

Boards, stakeholders and funders appreciate receiving aggregate data and demonstrable performance outcomes. In many cases, I&R agencies have Service Level Agreements (SLAs) with funders that require the achievement of certain statistical targets in terms of call/contact centre performance.

If an agency has an SLA that stipulates that no more than 10% of calls can be abandoned in queue, then the agency must ensure that the target is realistic and staff need to know what is required to reach that target.

Within the non-profit sector, we

tend to assume that commercial call/contact centres function under completely different philosophies than our own I&R operations and that the emphasis is on answering as many calls as possible as quickly as possible and as cheaply as possible.

But this ignores the reality that the better commercial call/contact centres are driven by a broader recognition of goals and outcomes. Taking the appropriate time with incoming callers can reduce the requirement for costly re-work, can result in "up-selling" for higher profit margins and can build longer-term loyalty through creating a superior customer experience.

If this means increasing costs by hiring more staff and providing more time off the lines for training and team-building, if it means a higher cost per call and longer call handling times – then the results can prove that this is a worthwhile investment.

The trend within commercial call/contact centres is toward reflecting a "balanced scorecard" of key performance indicators.

I&R call/contact centres need the same awareness.

It is the recognition of the often conflicting balance between quantity (how many calls are handled) and quality (how well are those calls handled in terms of the goals of good I&R).

The science of call/contact centres

The challenge of call/contact centre management is to have the right number of skilled people and supporting resources in place at the right times to handle an accurately forecasted workload, at the required service level and in a quality fashion.

Fortunately, there exists reliable mathematical models that assist you in doing this. Even more fortunately, these complex equations are built into automatic calculators – and there are free online versions available. (Conduct a Google search for Call Centre Calculators.)

Basically, if you know how many calls you will receive in a certain time period and how long it takes your staff, on average, to handle each call, you can find answers to questions such as how many staff are needed to achieve certain levels of service. As I&R call/contact centres are typically under-funded, it is unusual to have all the staff you need but at least you can gauge the level of service that can be provided at various staffing options.

The seminal figure in the science of call/contact centres is the Danish mathematician Agner Krarup Erlang (1878-1929). Working for the Danish Post Office, Erlang calculated how waiting times in any queuing situation can be predicted based on the mathematical relationships

between the number of people in the queue, the number of people serving the queue and the average time it takes to serve each person.

Queuing is the complex relationship between incoming calls, agent supply, intervening technology, customer patience, desired service levels, available resources and the mathematical laws of probability.

The formula "Erlang C" still remains the foundation of telephone networks and call/contact centre calculations. Basically, to calculate how many staff you need in your call/contact centre, you need to know the average time it takes to handle your incoming calls, and the number of calls you can expect at various times.

Theory of call traffic

Within a call/contact centre, the amount of "traffic" (or incoming calls) is both predictable and random.

It is predictable in so far as patterns remain consistent – Monday morning is busier than Friday morning, 10 am is busier than 5 pm. Analyzing trends will demonstrate that a particular I&R service may expect to receive about 15 calls between 3 pm and 4 pm every Tuesday.

An analysis of historical data can establish generally predictable patterns for incoming calls but how those calls arrive is totally random. Those 15 calls between 3 pm and 4 pm are certainly not going to arrive in an orderly fashion of one call every 4 minutes. Six calls might arrive within a 2 minute period, referred to as a call spike, while in the same hour, 8 minutes might elapse when no calls at all come in.

Even in the best planned, best resourced call/contact centre, call traffic will still randomly converge at any given time to overwhelm call-taking ability. It is important to have a mechanism for real-time responses to these call spikes.

Forecasting call volumes

In order to know how many staff are needed, you need to first know how many calls to expect.

The fact that the actual totals will never quite match the forecast in any given week should not be a cause for surprise. The fact remains that unless demand increases because of external reasons (e.g. more promotion), call patterns will remain generally consistent over the long-term.

Similarly within each day, those calls are going to arrive in a pattern that is predictable over the long-term but can fluctuate on any given day and any given hour.

Legend:
- % of total calls for week coming on that day
- Number of calls forecasted on that day
- Example of actual calls that arrived on those days – Week 1
- Example of actual calls that arrived on those days – Week 2

Day	% of total calls	Forecasted	Actual Week 1	Actual Week 2
Monday	20	200	191	212
Tuesday	18	180	195	186
Wednesday	17	170	172	181
Thursday	16	160	149	158
Friday	14	140	132	144
Saturday	9	90	101	76
Sunday	6	60	39	58

However, if the numbers begin to fluctuate to a new "mean" (average) and that holds consistent over a few weeks, then the forecast needs to be re-calculated and staffing adjusted.

9 am-9.30 am — 11, 16, 3
9.30 am-10 am — 18, 13, 3
10 am-10.30 am — 15, 14, 3
10.30 am-11 am — 22, 17, 4
11 am-11.30 am — 21, 24, 4
11.30 am-12 noon — 18, 14, 3

■ Forecast for call traffic on a Monday morning

■ Actual calls on any particular Monday

■ Projected staff needed based on forecast
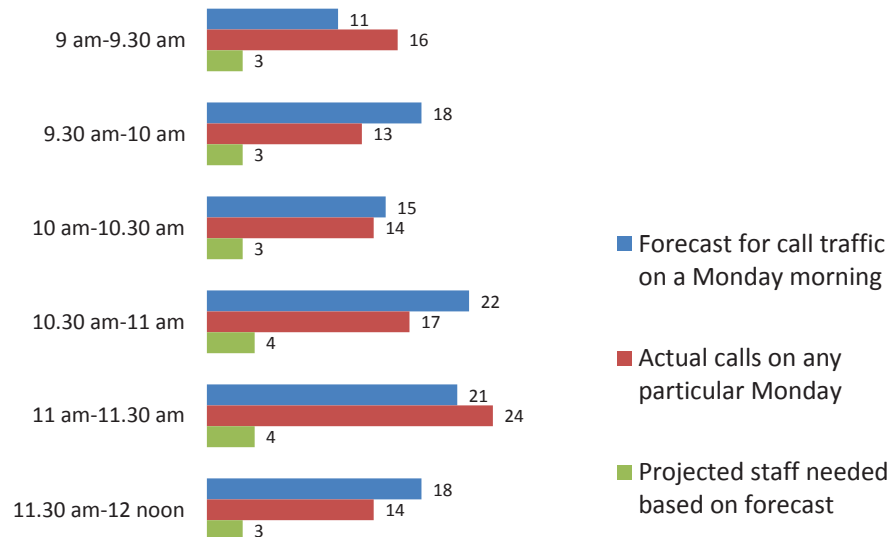
To summarize: Calls come in predictable overall patterns but the peaks within those patterns are unpredictable.

Incoming lines

The chances of getting into a queue, hearing a busy signal or having your call answered also depends on the number of lines that are available.

A phone system can tell you how often all of your incoming lines are simultaneously busy (i.e. calls are being either handled or held in queue). At these times, no other calls can come through.

For example, assume that your service has four incoming lines and three staff. If all three staff are speaking with a caller, the 4th line is still available and if someone else calls, their call will be "held" in a queue, waiting until one of those three staff finish their call. Until this happens, if a 5th caller dials the number, because there are only four lines and they are all in use, that person will hear a busy signal.

If the agency adds a 5th line, then two callers could remain in queue simultaneously and the 6th caller would receive a busy signal.

Logically, an agency could have 20, 30 or 40 lines to ensure that no one ever heard a busy signal – but besides the added cost of that capacity, the main effect would be to create a "stacking" of calls in

queue with people waiting on hold, usually unaware that there may be 20 other calls in the queue and only 3 people answering calls. In these circumstances, it is probably better for people to hear a busy signal rather than accessing a queue that only crawls forward. (Note that there are call systems that can provide messages on the person's position in the queue and/or probable waiting times. Another feature allows callers to leave their phone number for a callback.)

As a very rough guide, you should have 1.5 lines open for every agent logged in (e.g. 4 staff = 6 lines) although as the staffing grows, the proportion of lines increases slightly (for example, 10 staff = 18 lines).

However, these calculations vary according to the average call handling time and the number of incoming calls (check the automatic calculators that can run these numbers. These can be found by conducting a Google search for "Erlang Calculators" or "Call Centre Calculators"). Also remember that in times of disaster, whatever patterns once existed will probably change completely.

Key Performance Indicators

KPIs are leading performance metrics or benchmarks.

Key Performance Indicators (or KPIs) are leading performance metrics or benchmarks. Here are some of the most relevant:

- Total Calls Answered
- Service Level
- Occupancy Rate
- Schedule Adherence
- Average Speed of Answer
- Average Call Handling Time
- Abandonment Rate
- Call Monitoring
- Quality Assurance Calls

Total calls answered

An I&R call is an incoming telephone call to an I&R service. Some of the most elementary call/contact centre statistics are – how many calls did you receive and how many calls did you answer?

Once calls are offered (or "presented") to the phone system of the I&R service, they are held in a queue until eventually one of two things happen … either (i) the call is answered by an I&R Specialist or (ii) the call is abandoned by the caller (i.e. the caller hangs up and ends the call before it is answered).

Sometimes a third thing can occur (depending on the capability of the call system) which is basically a compromise between the events listed above … in that a caller in queue can be offered and choose to take another option such as listening to a recorded message on a particular topic or leaving a voicemail for callback.

Calls that are answered by an I&R Specialist can be broken down into two categories:

a. *Transactional* (or "productive") calls in which an I&R activity takes place
b. *Non-transactional* calls which may include hang-ups, wrong numbers, phantom calls, personal calls and call transfers within an organization.

Service level

Service Level is the percentage of calls answered within a specified time. For example, over the course of the year "80% of answered calls were answered within 30 seconds" or "75% of answered calls were answered within 20 seconds."

Service Level is the most common method of describing a call/contact centre's service in terms of its ability to answer calls.

There is a common and inaccurate observation that there exists a "business standard" of "80/20" – which means that over a period of time, 80% of calls should be answered within 20 seconds. And although 80/20 is an excellent and easily remembered goal – it is not a business standard. In all call/contact centres, business standards vary according to the needs of each business!

It is important to set targets that are ambitious but still achievable within *given resources*. It is irrelevant to set a goal that can only be achieved by doubling your staff when you lack the funding to even employ one extra person. *Start by understanding your current service level and see how that can be improved.*

Occupancy rate

Occupancy Rate is the percentage of logged in and available time that an agent or team spends actually handling calls.

The time taken to answer a call might include the time spent talking with the client ("talk time"), the time when the client was put on hold during the call ("hold time") and the time after the call reserved for reporting and documenting, during which time other calls are blocked ("after-call work time" or sometimes "wrap time").

The Occupancy Rate is a measurement that shows you the "busy-ness" of a call/contact centre.

Occupancy Rate =

Total Call Handling Time
(Talk Time + Hold Time + After-Call Work Time)

_____

Total Time Available to Answer Calls

For example, assume there are 3 staff members on duty. Over the course of a 7 hour shift, they are logged in and available to take calls for a total of 950 minutes. During this time, they answer 200 calls at an average call handling time of 4 minutes.

Total Call Handling Time = 200 calls x 4 minutes each = 800 minutes

_____

Total Time Available to Answer Calls = 950 minutes

In this situation, the overall occupancy rate is 84%.

While it might seem a good idea to have a high Occupancy Rate with staff taking calls every moment they are available, this is not an idea that is sustainable. If staff are taking calls for 90% of their time, it tends to mean that callers are waiting lengthy periods, calls are being abandoned, and staff are stressed and prone to providing inferior service.

Similarly, Occupancy Rate should not be so low that it ceases to be an efficient use of resources. An Occupancy Rate of 20% means that staff are only answering calls 20% of the time they are available – which means you have too many staff for the existing demand.

The ideal balance between being busy and being economical is an occupancy rate of around 75%-80% (e.g. if you are logged in for 300 minutes, you would ideally be handling calls for about 220 minutes).

Nearly everything within call/contact centres is inter-related. Changing one thing, changes another thing. For example, the higher the Occupancy Rate, the lower the Service Level and vice versa.

The following table demonstrates this relationship:

Result of having one more or one fewer staff during an hour when 80 calls are answered with an average talk time of 180 seconds and 30 seconds of after-call work time			
# of staff logged on	Average answer time	Service Level at 30 seconds	Occupancy Rate
5	228 secs	26%	93%
6	74 secs	70%	78%
7	22 secs	94%	67%
8	7 secs	97%	58%

Basically, for each staff person added, Service Level improves. However, at a certain point, the law of diminishing returns sets in and the next additional I&R Specialist hardly makes any difference.

In the above example, when 5 people are logged in, they are all very busy with a 93% Occupancy Rate. This essentially means that as soon as they become available to take the next call, the phone rings and they are again "occupied".

Yet despite everyone working so hard, clients are waiting for an average of 4 minutes to speak with someone. And only 26% of calls are being answered within 30 seconds.

But as one more person logs in, the situation changes dramatically. The addition of a 7th person provides even better service. But the addition of an 8th person produces only a marginal effect.

Within call/contact centres, this "Power of One" principle means that the absence or presence of one single agent can make a very significant difference to the Service Level during busy times. And the smaller the call/contact centre, the more dramatic the difference.

Here's another example:

Result of having one more or one fewer staff during an hour when 40 calls are answered with an average talk time of 180 seconds and 30 seconds of after-call work time			
# of staff logged on	Average answer time	Service Level at 30 seconds	Occupancy Rate
3	126 secs	53%	93%
4	33 secs	86%	78%
5	8 secs	96%	67%
6	4 secs	99%	39%

This example shows a similar pattern where 4 or 5 staff represent the optimum but the difference between having 5 and having 6 people on the lines is negligible.

Schedule adherence

If Occupancy Rate is the amount of time that an individual I&R Specialist or an entire I&R team spends answering calls based on all the times they are logged in and available, Schedule Adherence (or schedule compliance) is the amount of work time that an agent is either logged in and available to answer calls or actually handling calls.

$$\text{Schedule Adherence} = \frac{\text{Total Hours Worked}}{\text{Total Call Handling Time + Total Logged in and Available Time}}$$

For example, an I&R agency has 3 I&R Specialists who each work a 5 day x 7 hour shift. Out of that time, they are handling calls for a total of 45 hours and spending another 28 hours logged in and available to take calls. In which case:

$$\frac{\text{Total Hours Worked (3 x 7 x 5 = 105 hours)}}{\text{Call Handling Time + Logged in/Available Time (45 = 28 = 73 hours)}}$$

Schedule Adherence = 70%

The remaining 30% of their time was not necessarily wasted. But each working week contains a mixture of planned off-line activities and natural "shrinkage" such as team meetings, scheduled breaks, washroom visits, informal meetings, training sessions, reading memos, responding to emails, outreach, administrative requests, etc.

This is another example where the desired result should neither be too much or too little. If Schedule Adherence is consistently over 90%, then (especially if the Occupancy Rate is also high), staff are going to burn out. On the other hand, if Schedule Adherence is 60% and the Service Level is registering that only 60% of calls are being answered in 30 seconds, then maybe people should be spending more time doing their prime job of providing I&R.

A final example is when Schedule Adherence is high but Service Level is also reasonable. In which case, maybe it is OK to give more people time off the line for other worthwhile activities such as follow-up calls, training or outreach visits.

Another item for awareness should be the comparative Schedule Adherence for individual I&R Specialists.

For example:

Stats for week	Total Hours Worked	Total Call Handling Time	Total Time Logged in and Available	Schedule Adherence
Staff #1	35	18	12	86%
Staff #2	35	17	11	80%
Staff #3	35	10	5	42%
Overall Totals	105	45	28	70%

In this example, it is possible that Staff #3 has additional responsibilities that requires more time off the lines or else their time needs to be better accounted for.

In summary, some reasonable time off the lines is important for service quality, too much time off the lines affects Service Levels.

Average speed of answer (ASA)

The Average Speed of Answer (sometimes referred to as Average Delay) is the average time that it takes for a call to be answered.

For example, one call might be picked up the very second it rings, while the next call might get moved into a queue and take 4 minutes before it is answered. But taken over a period of time, these events produce performance indicators such as "our Average Speed of Answer in August was 23 seconds."

The more staff available to answer calls, the lower the ASA. When there are not enough staff to handle the number of incoming calls, the ASA will be higher. A high ASA tends to accompany high Occupancy Rates and high Abandonment Rates.

Average call handling time

This is the average amount of time that I&R Specialists take to handle calls (Call Handling Time = Talk Time + Hold Time + After-Call Work Time). For example, "last year, our average call handling time for all I&R Specialists was 193 seconds."

In creating schedules based on call forecasts and preferred Service Levels, *knowing the Average Call Handling Time is absolutely critical.*

If you know the average call handling time for your I&R service, you can use a call/contact centre calculator to predict your Service Level, Occupancy Rates and staff requirements for various levels of incoming calls.

Each single I&R call and each single I&R caller is different. There is no pre-determined "perfect" call handling time. However, the collective average call handling time within an agency is an expression of the average for each individual I&R Specialist.

For example:

Stats for Month	Average Call Handling Time
Staff #1	224 seconds
Staff #2	182 seconds
Staff #3	166 seconds
Overall	193 seconds

In a busy call/contact centre, over a period of time, each I&R Specialist tends to answer the same range of calls. The example above is not unusual – the style of one person is about 30 seconds above the average

while the style of another person is about 30 seconds under the average.

Sometimes these figures reflect experience as newer staff tend to take a longer time to find resources which increases the average call handling time.

The issue here is not the time per se. The issue is whether each I&R Specialist is providing quality service. And the only way to do that is through consistent call monitoring and supportive feedback.

The statistics do not prove anything but they do show things that a supervisor might want to check into … Does Staff #1 have a higher than average time because of difficulties searching the resource database or is extra time being spent asking questions that have no direct relevance? Does Staff #3 not take the time to establish rapport or is only a single referral being given?

But the fact is that Staff #2, even though their time may be "normal", could still be the person who has the most trouble searching the database, asking only relevant questions and failing to take the time to establish rapport – *the stats don't tell the full story, only listening to the calls does.*

Abandonment rate

When an incoming call enters the phone system of the I&R service but is not immediately answered by an I&R Specialist, the caller hears a delay announcement ("Your call is very important and will be answered by the next available …") and must wait until an I&R Specialist becomes available to answer their call.

But if they hang up before their call is answered by a Specialist then that's known as an abandoned call.

Note that delay announcements are sometimes called "comfort" or "wait" messages and can often be used as an important source of information themselves. These announcements may also direct people in the queue to other sources of information such as pre-recorded messages on particular topics. Technically, a call may be abandoned at various stages within the phone system and agencies may differ on what constitutes an abandoned call.

Abandoned call rates are expressed as a percentage of total calls offered. For example, if an agency receives 1,000 calls in a week, of which 880 are answered and 120 are abandoned, the Abandoned Rate is 12%.

Abandoned rates are an important gauge of a call/contact centre's effectiveness. However, they are not within the direct control of the call/contact centre. They are essentially a function of how long a caller is

willing to wait on a line to have their call answered – be that 2 seconds or 20 minutes.

Theoretically, a call/contact centre could have a 0% Abandonment Rate if every caller is willing to wait as long as it takes to get an answer. Similarly, a service could have a 20% Abandonment Rate if everyone hangs up the moment they hear a delay message – even if their call might actually be answered within the next 10 seconds.

There are several factors that influence the willingness of callers to wait in queue (also known as "caller tolerance to waiting"). Nearly all of these suggest that callers to an I&R service are more likely than not to wait longer in queue.

- Degree of motivation (How important is the subject of the call to the caller?)

- Availability of substitutes (Are there other places that the caller can contact in order to get the same information/assistance?)

- Response time of competition (If there are other places, are they more likely to have a better or worse service in terms of wait time?)

- Level of expectations (Are callers expecting their call to be answered quickly or are they expecting to have to wait? If you are expecting to wait, you are going to be more tolerant when you find that your expectations are proven correct …)

- Time available (How much time does the caller have to get their call answered? Maybe someone at home has more time than someone calling from work)

- Who is paying for the final service (If the service provided is free, then a caller is more likely to wait for it. If someone is calling a place as a potential paying customer, they will expect their call to be answered quickly)

- Random nature of human behaviour (For example, weather, mood, etc. – some people may stay on the phone and wait for 10 minutes even when all the other factors show that they should hang up – while others may hang up immediately even when all the other factors suggest they should be patient)

Abandonment Rates should be looked at in concert with another statistic, "Average Abandon Time" that depicts the length of time people wait before hanging up. For example, "our abandonment rate is 8% and the average time of abandonment is 47 seconds" shows that people are waiting in queue for a while before ending their call whereas "our abandonment rate is 15% and the average time of abandonment is 11 seconds" indicates an abandonment rate that is double the first example but is mitigated by the relative impatience of the callers.

Call monitoring

Call monitoring is the most important means of achieving a balanced scorecard that recognizes service quality.

Call monitoring is the process of listening to the calls of an I&R Specialist for the purpose of assuring that a quality service is being delivered. It involves an experienced supervisor/mentor listening to both sides of the call and providing detailed feedback and support.

Monitoring can be: (a) silent, where I&R Specialists don't know when they are being monitored (for example, where a supervisor listens in on a remote phone programmed for that purpose), (b) side by side, where the supervisor sits next to the I&R Specialist and listens to calls (and which also allows for the monitoring of database searching and call reporting) or (c) record and review, where calls are recorded and then later played back and assessed.

An I&R service should have goals on how many calls are monitored for each I&R Specialist over the course of the year and at what regularity.

On the next page is a sample of what might be covered during a call monitoring session (note that many I&R agencies use more detailed forms that include weighted scores for the most important quality elements).

Sample call monitoring form

I&R Specialist:

Date:

Time:

Contact/Introduction

	YES	NO	N/A
Greeting including agency name, personal first name and appropriate tone			
Establishes rapport/non-judgmental manner			
Additional comments:			

Assessment and Call Handling Techniques

	YES	NO	N/A
Uses appropriate questions (i.e. open-ended questions, closed-ended questions, avoids "why" questions)			
Avoids interrupting the caller			
Paraphrases the situation			
Reflects feelings back to caller			
Controls and maintains proper pace			
Uses simple explanations			
Avoids giving personal information and advice/opinions			
Refrains making comments that can be perceived as judgmental			

Speaks clearly			
Exercises patience with caller			
Portrays a courteous manner and helpful tone			
Identifies the problem and helps caller prioritize multiple needs			
Explores options			
Offers appropriate referrals			
Offers referrals without false reassurances			
Explores creative options when resources are unavailable			
Additional Comments:			

Closing the Call

	YES	NO	N/A
Asks "May I help you with anything else?"			
Encourages re-contact with I&R service if issue persists or new issue arises			
Thanks caller for contacting I&R service, if appropriate			
Additional comments:			

Logging the Call

County located in	
Problem/need covered	
Type of I&R service provided	
Referrals provided	
Additional comments:	

Referral Information (if a referral call)

Agency	Did the Specialist include relevant inforamtion (e.g. hours of operation, phone number, eligibilty issues, fees, etc.)
Comments on overall quality of service:	
Total score: _____ out of _____ possible points (if all areas applicable)	

Customer Service/Quality Assurance Calls

> Often the simplest way of finding out whether we are doing our jobs probperly is to ask the people we are trying to help.

I&R services are here to help people.

And often the simplest way of finding out whether we are doing our jobs properly is to ask the people we are trying to help.

Contacting a random sample of callers in order to find out what happened to them as a result of their encounter with an I&R service can measure two important issues:

- Inquirer satisfaction (Did the caller feel they were listened to in a respectful fashion? Was the I&R Specialist polite? Would callers contact the I&R again? Would they recommend the service to family and friends?)

- Service outcomes (Are people using the referrals provided and finding the services they need to help them? And if those referrals are not providing the right help, why not?)

Strategies for improving service levels

It is possible for an I&R agency to have to endure providing a service that is inadequate in terms of meeting acceptable service levels because of an environment of rising call volumes and insufficient funding.

But in some instances, there might be some things that can help if only in small degrees. Here are some examples:

- Develop processes for handling call spikes (for example, being able to identify them early in real time and having trained staff who can log in for short periods of time).

- Use part-timers to provide extra coverage during the busiest times and to cover the lunch period (e.g. from 10am to 2pm).

- Stagger shifts to meet demand (for example, maybe only 1 person has to be on from 8 am until 8.30 am, with 1 person coming in at 8.30 am and 2 at 9 am).

- On-call options (for example, having someone available in case someone calls in sick).

- Schedule adherence monitoring to make sure that I&R Specialists are in place when they are most needed.

- Monitor calls to make sure that the average call handling time of all I&R Specialists is optimum in terms of providing a quality service to callers. (For example, does someone need more training in database searching? Does someone else need more support in how to effectively close a call?)

- Ensure that team meetings and administrative activities are not being arranged during the busiest times. (For example, maybe the team meeting should be on Thursday afternoon rather than Tuesday morning.)

- Possibly reduce the number of available incoming lines. (Is it better for people to receive a busy signal and try later or wait in queue for 40 minutes?) If possible, move to a phone system that includes a "visible queue" (i.e. one where the caller is told their position in the queue and can understand how long they might need to wait).

- Explore call overflow arrangements with other agencies. (This refers to the power of pooling as, mathematically, the more you combine smaller call/contact centres together, the more service improves. Two linked call/contact centres each with 9 staff will answer more total calls than two stand-alone call/contact centres each with 10 staff.)

But again, the prime driver is making sure that the calls that are being answered are being answered in a quality fashion that makes you proud.

The language of call/contact centres

Many of the key concepts have already been covered in detail but the following are some additional terms that you might encounter:

ACD

An Automatic Call Distributor is the specialized telephone system used in call/contact centres. It is a programmable device that automatically answers calls, queues calls, distributes calls to I&R Specialists, plays announcements to callers, and provides real-time and historical reports on these activities.

After-Call Work

After-call work generally includes completing documentation requirements. While engaged in after-call work, an I&R Specialist will not receive another call until that work is finished. ACD systems can be programmed to block incoming calls for a set period of time (for example, 30 seconds or 40 seconds) after a call ends. After-call work also gives the I&R Specialist some time to mentally "freshen up" before the next call. After-call work is also sometimes called "post-call processing".

Agent

In call/contact centre parlance, this is the generic word for the person who handles incoming or outgoing calls. In our world, it means the I&R Specialist.

All Trunks Busy (ATB)

This denotes times when all the trunks (think "phone lines") are busy in a specified group. Generally, ATB reports indicate how many times all trunks were busy, the times this arises and how much total time all trunks were busy. What they don't reveal is how many callers got busy signals when all trunks were busy. If a service registers many ATBs, they may choose to add another phone line providing they have enough staff to answer the resulting increase in calls.

Announcements

Recorded voice messages played to callers. Examples would be a message right at the beginning that asks the caller to make a choice of language of service, a message that is given when the service is closed or a message that is given when the caller is in queue (known as a delay announcement, and which might be repeated at various times, for example, every 40 seconds while in queue). Delay announcements are sometimes called "comfort messages" or "wait messages".

Answered Call

This is a call that is answered by an I&R Specialist. Even if it turns out to be a wrong number, a phantom call or a caller hanging up as soon as the I&R Specialist says "Hello", the call has still been answered.

ATB (see All Trunks Busy)

Automatic Call Distributor (see ACD)

Availability

The time that I&R Specialists are logged on and available to answer calls.

Average Hold Time

This is the average amount of time that an I&R Specialist puts a caller on hold. There is a tendency for newer staff to more frequently put callers on hold because it takes them longer to search for referrals. Callers should only be placed on hold after being asked for permission ("Is it OK to put you on hold for a minute while I check something?").

Average Time of Abandonment

The average time that callers wait in queue before abandoning their call (e.g. hanging up).

Computer Telephony Integration (CTI)

The software, hardware and programming necessary to integrate computers and telephones so they can work together seamlessly. An example of CTI is a system whereby a screen push automatically pops up on the computer of an I&R Specialist showing the profile of a client based on the caller ID.

CTI (see Computer Telephony Integration)

Delay Announcements (see Announcements)

Display Boards (see Real-Time Displays)

Hold Time (see Average Hold Time)

Interactive Voice Response

An application that is part of a phone system and which directs callers to respond to a pre-defined set of choices (e.g. "Press 1 for this and Press 2 for that"). Callers normally make those choices using the number pad on the telephone but they can also operate through voice recognition (i.e. the caller says "Yes" or "One").

Internet Phone (see Voice Over Internet Protocol)

Invisible Queue
This is the normal situation within most I&R call/contact centres where callers do not know how long the queue is or how fast it is moving. All they tend to hear is music interspaced every 30 seconds or so by a message telling them that their call is important and will be answered by the next available I&R Specialist. Callers have no way of knowing whether that will take 10 seconds or 10 minutes.

IVR (see Interactive Voice Response)

Logged On
A state in which I&R Specialists have signed on to a phone system (e.g. an ACD) and may or may not be available to receive calls. There are usually 2 modes, (1) you are logged on and (2) you make yourself available to answer calls (i.e. you can be logged on and unavailable).

Longest Available Agent
A method of distributing calls to the agent who has been available the longest.

Longest Delay
The longest time a caller has waited in queue before abandoning or reaching an agent.

Off-site Agents
These are I&R Specialists who are logged into the phone system but may not be physically present within the call/contact centre (for example, they may be working from home or based in another agency).

PBX
A telephone system (a "private branch exchange") located at an organization's site that handles incoming and outgoing calls.

Phantom Calls
Phantom calls only affect 2-1-1 services and are caused by lines that have marginally faulty cable pairs which intermittently produce valid dial pulse signals. Those pulses randomly transmit the digits "2-1-1" and the call is routed to the service. This phenomenon occurs most frequently in rainy and windy weather. When the call is answered, the I&R Specialist hears only static or dead air. This situation blocks the lines, creates high abandon rates and is very frustrating for I&R Specialists. Phantom calls can be reduced by inserting a call delay into the system, or they can be virtually eliminated by having the caller conduct an IVR action (e.g. "Press 3 for English").

Private Branch Exchange (see PBX)

Queue
This refers to the part of the telephone system that holds callers until an I&R Specialist becomes available. Callers who have waited the longest, are generally the ones who get their calls answered first.

Reader boards (see Real-Time Displays)

Real-Time Displays
A large visual display, usually mounted on the wall or hanging down from a ceiling, that provides real-time information on queue conditions, I&R Specialist status and call/contact centre performance (for example, "3 calls in queue. 4 agents available. Today's service level 63%").

Remote Agents (see Off-site Agents)

Rostered Staffing Factor (RSF)
RSF is a numerical factor (usually 1.3) that establishes the minimum staff needed to achieve your service level objective. It is calculated after base staffing is determined and accounts for items such as breaks, sick days, meetings and ongoing training. For example, if your Erlang calculator shows that you need 10 staff scheduled for Mondays, you should actually schedule 13 people because generally 1 person will be sick and, at any given time someone will be on break or in the washroom, while someone else will be called to a meeting. This is sometimes referred to as the Shrinkage Factor.

RSF (see Rostered Staffing Factor)

Scheduling
The process of arranging individual work shifts in such a way as to meet call forecasts and achieve the best possible service level.

Shrinkage Factor (see Rostered Staffing Factor)

Skill-Based Routing
An ACD capability that matches a caller's specific needs with an I&R Specialist who has the skills to handle that call, on a real-time basis. (For example, if a caller makes an IVR selection to speak to a Spanish-speaking I&R Specialist, then the caller would only go through to the staff person who has that ability.)

Talk Time

The time an I&R Specialist spends with a caller from the second the call is picked up, to the second it is disconnected.

Trunk

A telephone circuit (think of it as a telephone "line") linking two switching systems.

Unavailable

This describes a time when an I&R Specialist is not available to handle calls. It can either refer to the time when (1) they are not logged into the system or when (2) they are logged in but have made themselves "unavailable" through pressing a particular button or code.

Visible Queue

When callers know the length of a queue and how fast it is moving (e.g., they hear a system announcement that relays the expected wait time such as "You are the 4th caller in line, your call should be answered within the next 5 minutes."). This is not a feature available in all call handling systems.

Voice Over Internet Protocol (VoIP)

A technology that enables users to place and answer voice telephone calls through the Internet, thus by-passing the traditional telephone networks (including long distance charges). Skype is an example of VoIP as are "cloud-based" telephone systems.

VoIP (see Voice Over Internet Protocol)

Wallboards (see Real-Time Displays)

Wrap Time (see After-Call Work)

Discussion Issues

Follow-up on crisis calls

What is more important – the number of calls answered or the time spent on each call? Is it possible to spend too much time on a call?

What are the characteristics of a call that may be taking longer than necessary? And what are the characteristics of an I&R call that is conducted too quickly?

When supervisors are monitoring I&R calls, what are some of the most important things that they should be listening for?

Summary of Key Points

What you need to know ...

The majority of I&R service delivery is now provided within call/ contact centres.

Call/contact centres can generate computerized reports which detail every facet of the operation. Analyzing these reports correctly helps answer many key questions about operational effectiveness.

Beyond statistics, a "balanced scorecard" is required to recognize the conflict between quantity (how many calls are handled) and quality (how well are those calls handled in terms of the goals of good I&R).

Call/contact centre management involves having the right number of skilled people and supporting resources in place at the right times to handle an accurately forecasted workload, at the required service level and in a quality fashion.

Within call/contact centres, the flow of incoming calls is both predictable and random. Accurate call forecasting handles the predictable patterns while flexible processes can address the random elements.

Key Performance Indicators (or KPIs) are leading performance metrics or benchmarks. The most relevant KPIs include:

- Total Calls Answered
- Service Level
- Occupancy Rate
- Schedule Adherence
- Average Speed of Answer
- Average Call Handling Time
- Abandonment Rate
- Call Monitoring
- Quality Assurance Calls

Test Questions

1. *Which of the following is an example of a description of Service Level?*
   a. 75% of answered calls were answered within 30 seconds
   b. 16% of calls were abandoned
   c. Staff were available to provide service during 80% of the day
   d. The quality service of each I&R Specialist was monitored for 5 calls each month

2. *Which of the following best describes how call forecasts are developed?*
   a. Call forecasts are derived from an examination of incoming call patterns
   b. Call forecasts are provided by call/contact centre calculators obtained through the Internet
   c. Call forecasts represent occupancy rates divided by total call handling times
   d. Call forecasts are impossible to develop because of the random nature of incoming calls and the irrationality of human behaviour patterns

3. *Within call/contact centres, what is a queue?*
   a. The total abandoned calls over any given period
   b. A call that is answered but does not result in the transaction of any I&R service activity
   c. A place/process that holds calls until they are either answered by an agent or abandoned by a caller
   d. A repository for phantom calls

4. *Which of the following is an example of how service levels might be improved?*
   a. Increase average call handling times
   b. Increase schedule adherence
   c. Increase call monitoring activities
   d. Increase average speed of answer

5. *Which of the following is an example of a non-transactional call within an I&R call/contact centre?*
    a. A call requesting "information only"
    b. An abandoned call
    c. A personal call
    d. A crisis call

6. *Which of the following is an example of a key performance indicator?*
    a. Average Speed of Adherence
    b. KPIs per I&R Specialist
    c. Monthly Shift Schedules
    d. Average Speed of Answer

7. *What should be the goal for an agency's occupancy rate?*
    a. A level that provides a good service level while allowing staff to receive regular training and remain mentally fresh
    b. 80% or greater
    c. There is no accepted standard but generally speaking, the lower the better
    d. It is completely dependent on the ratio of Schedule Adherence to Call Forecasts

8. *How is average call handling time determined?*
    a. Average speed of answer divided by total hours worked
    b. Total calls as a percentage of occupancy rate
    c. Service level x Available staff time (i.e. logged in and available)
    d. Total call handling time divided by total calls

9. *Which of the following is an example of why someone might wait in queue for a long time to have their call answered?*
    a. They have a high level of expectation
    b. They are highly motivated
    c. They are busy at work
    d. There are a high number of alternatives available with better service level ratios

10. *Which of the following best describes a balanced scorecard?*
    a. A system that ensures that all relevant metrics are thoroughly assessed
    b. An intensive focus on systematic call monitoring
    c. A system that measures both the quantity of the service and its quality
    d. Any system that produces an 80/30 or better Service Level

11. *Which of the following is the most important measurement of I&R call/contact centre quality?*
    a. Call monitoring
    b. Abandonment rates
    c. Schedule adherence
    d. Average speed of answer

12. *What is an example of something that might be assessed during a call monitoring session?*
    a. Service outcomes
    b. Waiting times of caller in queue
    c. Establishment of rapport
    d. Erlang percentage of I&R Specialist

Answers

1.	a.	5.	c.	9.	b.
2.	a.	6.	d.	10.	c.
3.	c.	7.	a.	11.	a.
4.	b.	8.	d.	12.	c.

OVERVIEW

- ◎ To describe the purposes of the resource database

- ◎ To identify the primary activities and attributes of an I&R Resource Specialist

Introductory Exercises

What are the differences and similarities in the needs and expectations for users of an online directory and of a hard-copy directory?

_____

_____

_____

_____

What are some important skills that a Resource Specialist should possess that differ from those needed by an I&R Specialist?

_____

_____

_____

_____

Why are external quality standards important?

_____

_____

_____

_____

_____

_____

What the AIRS Standards say ...

The database is maintained by trained Resource Specialists.

The Resource Database standards require that the I&R service develop, maintain, use and disseminate an accurate, up-to-date resource database that contains information about available community resources including details about the services they provide and the conditions under which services are available. The database includes resources that support the inquirer's right to accurate, comprehensive and unbiased information and the ability of the I&R service to be a non-partisan, non-ideological and impartial information source for available nonprofit, government and for-profit services that meet the organization's inclusion/exclusion criteria. The database is maintained by trained Resource Specialists.

AIRS Standards, Section II

Function and Contents of an I&R Resource Database

The resource database is a computerized body of information about community resources.

The resource database is the focal point of an I&R service and the means by which people and services are brought together.

When a client calls a telephone-based I&R service, walks in to see an I&R Specialist, searches an online I&R database, reviews a human services directory or reads information brochures, they are accessing information contained in the resource database, either independently (when they do their own searches) or through the mediation of an I&R Specialist.

The resource database is a computerized body of information about community resources for a defined population within a specified geographic area that is maintained by an I&R service. Resource Specialists ensure that the information is accurate, up-to-date and organized into a system that allows people to search for the services they need.

A "defined population" can mean everybody within that "defined geographic area" (which may be a city, a county or a country), or a particular population group such as young people or persons with disabilities.

The size, scope and content of the resource database, and the number of staff necessary to ensure its reliability, will partially depend upon the goals of the I&R service and the financial resources available to meet those goals.

Ideally, the staff size needed to maintain the database will depend upon the size of the database. This, in turn, will depend upon the needs of the community. However, in the real world, sometimes the size of the database depends on the size of the available staff. For example, to properly meet its mission, an agency may need three full-time people to maintain its I&R resource database. If it can only afford to hire two

people, then it should consider reducing the size of its database (for example, by excluding some service sectors or geographic areas) to ensure the accuracy of the information that is being collected.

Database users

The resource database is used in multiple ways and has a variety of users. These may include:

- The agency's own I&R Specialists.
- Individuals and families seeking assistance either via a Website or by speaking to I&R Specialists in person or over the phone.
- Professionals and volunteers working for other human services organizations within the community.
- I&R services in other communities.
- Government departments and divisions.
- Public libraries and schools.
- Researchers and students.
- Planners, funders and policy makers.
- Businesses, especially departments of human resources.

Resource Specialists ensure that the information is accurate, up-to-date and organized into a system that allows people to search for the services they need.

Database products

The contents of a resource database can be made available to the community through a number of products that may include:

- Print directories.
- Online databases hosted on searchable websites.
- Specialized directories for specific target populations or geographic areas.
- Brochures and flyers containing lists of services.
- Facebook pages, Twitter feeds and other social media vehicles.
- Asset/GIS maps (for example, maps indicating the locations of food banks that planners can overlay with service request information and/or demographic data on low income families, to illustrate gaps or overlaps in service).

Functions of a resource specialist

Within an I&R organization, there may only be one person who performs all of the duties relating to database maintenance, or there may be a team of individuals who work together on various database tasks.

Regardless of the staffing structure, the basic functions include:

- Developing and reviewing the inclusion/exclusion policy for the resource database.
- Researching and collecting the information.
- Writing and editing the information.
- Organizing and indexing the information.
- Entering the data in an accurate and consistent manner.
- Proofing the material.
- Modifying the information as new details become available throughout the year.
- Verifying the accuracy of all data records at least once a year.
- Generating reports and products according to organizational and community needs.
- Serving as the liaison between the I&R organization and the community.

Skills of a resource specialist

Successful Resource Specialists possess the following:

- An understanding of and respect for the needs of database users.
- An interest and knowledge about the human services delivery system.
- The ability to write, edit and proof written material.
- The oral communication skills needed to interview service providers to clarify details and answer questions.
- The networking skills to develop good working relationships with service providers to acquire changing information in the community.
- Analytical skills and the ability to interpret a wide variety of written material such as newsletters, brochures and press releases.
- Stress and time management skills.
- The ability to create short written abstracts that can quickly convey essential concepts.

- Technical proficiency with the software that is used to maintain the database and create database products such as directories.

- Understanding of social media as a tool for acquiring new information and also disseminating resource information.

- A tolerance, and preferably a passion, for detail and for getting it right.

- An understanding of the principles and structure of database organization for human services.

- A commitment to update and improve the database on an ongoing basis using all of the above abilities.

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

A social worker calls the resurce department of Bluetown I&R and says someone just called her asking for a service that her organization does not provide. That caller told the social worker she had been referred to them by Bluetown I&R, and the social worker indicated that she was not familiar with this service.

The Resource Specialist tells the social worker that Bluetown I&R is a free helpline for people in need, and that as part of the service, the agency maintains a database of the social services available in the community. He thanks the social worker for calling, and tells her he will look up her agency and service to make sure the information listed is accurate, or make changes if needed. He asks if she is the program manager and if she's willing to review the information with him. The caller says she is the new program manager and is happy to help.

The Resource Specialist has pulled up the listing for the service and reads the description to the social worker. The social worker verifies that most of the information is accurate but confirms that the service in question is no longer available. The Resource Specialist asks the extent of the unavailability of the service and removes the information from public view. The Resource Specialist also asks if the caller would be willing to confirm other information, then reviews the address, phone numbers, additional programs, hours of availability, eligibility, etc. and makes adjustments as needed.

The caller asks where All-Referral gets its information. The Specialist explains that the agency has been providing this service for twenty-five years and has gathered information

over that time, but more importantly, the agency contacts all services in the database at least once a year to verify that the information they have is accurate. The Specialist says that the agency receives announcements about new programs that are developed and they add that information to the database.

The Specialist confirms that Bluetown I&R is committed to maintaining accurate information and encourages the social worker to call again if anything changes.

The Resource Specialist asked if the social worker was the program manager in order to determine whether the caller had the authority to update the database. Why is it important to know the person's title? What other information about the call should be documented?

Resource Specialists occasionally hear that information in the database is "wrong," and this caller came close to suggesting it. Discuss whether hearing this from a caller would trigger a negative response from you. How would you handle being told that information you manage is wrong? Is there any other information that the Resource Specialist should have shared with the social worker? What might that be?

Role playing

The Resource Specialist calls ABC Agency and asks to speak with the person in charge of the food outreach program, and he is connected with the program manager.

NOTE

OR signifies different approaches, not a choice between right or wrong options.

Hi, I'm _____ with All-Help Referral Line. We maintain a database of social service programs that helps people in need connect with local community services. We'd like to include your Mobile Food Pantry service.	OR	*Hi, my name is _____ and I'm a Resource Specialist with All-Help Referral Line. We've recently learned about your program that provides a mobile food bank to rural residents. It sounds like a great program, and we'd like to include it in our database so we can refer people in your area who call us looking for help.*

The program manager agrees but asks for clarification about the Referral Line; he's never heard of it.

Sure. We're a community service that helps connect people in need with nonprofit, government, faith-based and other social services. There's no cost to you or to the caller.	OR	*We're a helpline for social services. People who need help finding basic things such as food, shelter, and clothing call and we refer them to the services that are available in their communities.*

The program manager asks how they're funded, and how to get included. The Specialist shares some information about their funding sources, then takes the next step.

Well, if you have a few minutes I'd like to ask a few initial questions, then I'll send you some forms to complete.	OR	*We have some standard information we gather and ask you to complete an information form so we make sure to get all the information needed to make accurate referrals. I can send those out to you.*

The Resource Specialist asks a few questions (according to agency procedures) to determine eligibility. The program manager relays his address and contact information and the call ends.

Summary of Key Points

What you need to know ...

- The prime function of an I&R database is to collect accurate and up-to-date human services information for a defined population within a defined geographic area, and to organize and maintain this information on a searchable system that links people to services.

- People can access an I&R resource database in a variety of ways (e.g. via telephone calls with an I&R Specialist, online web searches, hard-copy directories, etc.).

- A resource database has a variety of users.

- Resource Specialists require particular skill sets in order to properly fulfill their functions and responsibilities.

Test Questions

1. *Which of the following is a good example of a defined population within a defined geographic area for a specific resource database?*
    a. Services for women within a specific city
    b. Services for women
    c. Services within a specific county
    d. Services for everyone

2. *Which of the following is an example of a responsibility of a Resource Specialist?*
    a. Organizing a shelving system for resources
    b. Creating an indexing system
    c. Indexing human services information
    d. Supervising I&R Specialists

3. *Which of the following accurately describes the number of agencies that should be in a resource database?*
    a. Every agency and program known within the community
    b. At least 150
    c. No more than 2,000
    d. A reflection of the needs of the target community/population and the resources of the agency to properly maintain that information

4. *Which of the following is the most probable example of a product derived from a resource database?*
    a. Publications aimed at older adults
    b. Brochures listing services for older adults
    c. Website about older adults
    d. Telephone directory

5. *How many Resource Specialists does it take to maintain a resource database?*
    a. It depends on the size of the database (as defined by the inclusion/exclusion criteria) that can be maintained according to the AIRS Standards
    b. A minimum of three
    c. None if you can train I&R Specialists to handle the database maintenance chores between calls
    d. The formula is one Resource Specialist for every 750 database records

6. *What is a good example of a skill typically needed by a Resource Specialist?*
    a. Excellent oral communication skills for interviewing agencies
    b. Crisis intervention skills
    c. Ability to configure a network server
    d. Creation of fundraising proposals

7. *Which of the following is the most important aspect of a resource database?*
    a. Its mapping capability
    b. Its sound grammatical construction
    c. Its accuracy
    d. Its size

8. *What is a good example of an aspect of the work of a Resource Specialist?*
    a. Programming I&R software
    b. Editing directory information
    c. Editing promotional information
    d. Developing advocacy reports

Answers

1.	a.	3.	d.	5.	a.	7.	c.
2.	c.	4.	b.	6.	a.	8.	b.

Inclusion and Exclusion Policy

22

- ◎ To describe why an inclusion/exclusion policy is necessary

- ◎ To identify the factors and sensitivities involved in making decisions about what to include and what to exclude

- ◎ To define some of the services / programs / organizations whose inclusion or exclusion are frequently among the "most debated" within an I&R organization

Learning Concepts and Objectives

Introductory Exercises

What are some of the services that you imagine would be almost automatically included in or excluded from most I&R resource databases?

_____

_____

_____

_____

_____

What are some services that might be included in a specialized resource database but might be excluded from a comprehensive one?

_____

_____

_____

_____

_____

What are some services that might be included in a rural resource database that might be excluded from a metropolitan one?

_____

_____

_____

_____

What the AIRS Standards say ...

The I&R service shall develop criteria for the inclusion or exclusion of agencies and programs in the resource database.

To ensure that the needs of the community are met, the I&R service develops criteria for the inclusion or exclusion of agencies and programs in the resource database. These criteria are uniformly applied and published so that staff and the public are aware of the scope and limitations of the database.

AIRS Standard 7

The I&R service has a policy that describes inclusion/exclusion criteria for the resource database.

- If the I&R service is comprehensive, the inclusion/exclusion criteria address the human services needs of all groups in the community; including government, nonprofit and relevant for-profit organizations; and may include entities such as support groups that are not incorporated as organizations.

- If the I&R service is specialized, the inclusion/exclusion criteria adequately address the needs of its target population and have referral points for the types of services that are excluded.

- If the I&R service includes political cause and issue-oriented action groups in its resource database, the policy mandates that it strive for balance, i.e., that it include organizations that represent all sides of the issue.

AIRS Standard 7, Quality Indicator 1

The organization's inclusion/exclusion criteria are reviewed and updated on a regular basis (at a minimum, every two years) to ensure that they continue to meet the changing needs of the community.

AIRS Standard 7, Quality Indicator 2

If the I&R service charges a fee for the inclusion of organizations in its database, that practice is published as a part of its inclusion/exclusion criteria.

AIRS Standard 7, Quality Indicator 3

Nature of Inclusion and Exclusion Criteria

What to include and what to exclude from a human services database must reflect the needs of the community and the resources of the I&R program.

An inclusion/exclusion policy provides the guidelines an I&R organization needs to define the contents of its resource database.

An essential first step for a resource database department (or a Resource Specialist if working alone) is to develop written criteria that objectively describes the types of agencies/services that will be included in the resource database and those that will be excluded.

The resulting criteria document should be publicly available and uniformly applied, so that all users are aware of the scope and limitations of the database, and the criteria factors for inclusion.

An inclusion/exclusion policy is needed by both comprehensive and specialized I&R services. Criteria may differ from organization to organization.

For example, one I&R service may decide to include all of the pharmacies within a community, while another I&R service may only include those that provide a 24-hour service and yet another may choose to exclude them all.

The decisions about what to include and what to exclude from a human services database must reflect the needs of the community and the resources of the I&R program.

If the I&R service only has the resources to properly maintain a certain amount of information, then the primary focus should be on the information that details critical services for the most vulnerable people.

For example, if resources are limited, rent assistance programs would definitely be included while recreation centres might be excluded.

The final policy should be formally approved by the organization's governing body.

The following questions help determine the elements of the inclusion/exclusion policy:

- Who does the I&R organization serve?

- What are the geographic boundaries?

- What are the needs of specific communities and neighborhoods?

- What are some of the demographic trends? (For example, is there a large homeless population? Is unemployment on the rise? Has there been an increase in the immigrant population?

- What are clients calling the I&R service about? (For example, are they getting calls about youth issues or health care insurance?)

- Are there specialized agencies (such as for child care, the aging population or persons with disabilities) within the community with whom to discuss data sharing arrangements, or call transfer protocols to enhance collaboration and reduce duplication of data collection?

- If existing staff cannot properly maintain all of the required data, what are the priority areas?

The policy should also contain some general information relating to liability issues such as "Inclusion in this database does not imply endorsement of an organization or its individual programs or services, nor does omission reflect disapproval."

The final policy should be formally approved by the organization's governing body.

Advantages of a formally documented inclusion/ exclusion policy

A formal policy:

- Assures consistency of database content.

- Legitimizes decisions. (The availability of written criteria makes it possible to demonstrate that objective decisions have been made in cases where there are complaints from agencies that have been excluded, or protests from those who object to the fact that a particular organization has been included.)

- Eases the assessment of case-by-case decision-making on the part of Resource Specialists as they can check against written criteria.

- Provides a framework for determining the scope of service and scale of resources that can be maintained by the resource department to meet AIRS Standards.

An inclusion/exclusion policy is very important. It should be presented to and discussed by the governing body of the I&R organization. They must understand it and approve it.

Once developed, the policy should be reviewed on a regular basis, at least every 2-3 years, to ensure that it continues to meet the changing needs of the community.

There should also be some creative attempts to assess/ measure the community's needs through the consultation and involvement of other agencies and/or the population being served.

One method is to examine the "unmet needs" documented through the reports of your I&R Specialists. Are people asking for legitimate resources that exist but are not yet part of the current inclusion criteria? It's possible the I&R organization's criteria may need to be expanded to meet the community's need.

Another idea is to attend networking meetings of local agencies and learn about the needs of their clients and any demographic changes within the community.

Inclusion

An I&R resource database should generally include:

- Organizations that address the fundamental needs of all the people in the target community.

- For-profit organizations that are either providing important human services or are licensed by a government authority to provide a particular service.

- Organizations that serve the geographic area covered by the database (even though not all of them will be located within the geographic area).

- Government and nonprofit agencies that provide human services relevant to individuals and families in the target population.

- Mutual support groups (self-help groups) that may not always be incorporated but serve a valuable purpose.

In addition to the TYPE of service, there also needs to be some assessment of the *reliability* and *relevance* of the service. Many policies detail these additional considerations such as:

- Services that meet the previous criteria and are provided for free or for a low cost or according to a sliding scale geared to income.

- Services that meet the previous criteria and have demonstrated some stability within the community (for example, they recently received government or United Way funding, are accountable to the community through a volunteer Board of Directors and have been in operation for at least 1 year). There may be some exceptions to this for critical services, such as a new volunteer group that opens an emergency shelter during the middle of winter. Those exceptions should be monitored closely, and possibly entered on a "trial" basis.

Exclusion

An I&R resource database should exclude:

- Organizations that engage in fraudulent, discriminatory or illegal activities.

- Organizations that misrepresent their services in any way (for example, an organization may claim to be providing youth counselling, but on closer examination it is discovered they are primarily concerned with securing members for cult-like purposes).

An I&R resource database might exclude:

- Organizations that are not licensed in areas where licensing standards exist (for example, if an I&R decides to include licensed private home health care agencies, it might – or might not – exclude ones that are not licensed).

- Practitioners who are too numerous (for example, an I&R organization may decide to exclude lawyers and doctors, particularly if there is a lawyer referral service or a physician referral service available).

- Organizations that provide services only to their own members (for example, a faith community that only provides food or clothing to its own congregation).

- Organizations that do not expressly meet the inclusion criteria (this may sound obvious but probably needs to be explicitly stated in the policy in terms of "If a program does not meet the inclusion criteria, it is therefore excluded").

The policy should also have a blanket declaration such as the fact that the I&R service *"reserves the right to exclude from its database any organization that it has adequate reason to believe may spread hatred or have a philosophy that could be hurtful to the well-being of individuals, groups or the community as a whole"* and that *"potential grounds for exclusion or removal from the database may include, but is not limited to, service non-delivery, fraud, misrepresentation, discrimination, or criminal activities."*

The grey areas

The inclusion/exclusion criteria should be primarily black and white, but there are invariably some grey areas that are often problematic for many I&R services and are sometimes handled differently by different agencies.

In some of these instances, the best solution is to identify a specialized referral program that might serve as a gateway to all of the other programs. For example, instead of listing all doctors, it is enough to list a single physician referral service.

Here are some services that often fall into the grey areas and the issues that come up:

Schools
Issue: Should all schools be listed or is it enough to refer clients to the relevant school district office or board of education?

Political representatives
Issue: Should they be all included and if so, should there also be records for candidates or local political parties?

Advocacy and issue-oriented groups
Issue: Should local environmental advocacy groups or neighbourhood associations be included?

Umbrella, coordinating and networking groups
Issue: Because they do not engage in direct services, they may not be useful to list for the general public but some of them may be important for professional users. And if yes, which ones?

Places of worship
Issue: Should they all be included or only ones that operate programs that are open to the public? And what about ones that also offer programs but only to their own congregation?

Specialized services
Issue: Should child care or services for older adults be included if there is already a specialized I&R collecting that information? Or should just some of that information be collected at a less detailed level and if so, what information?

Private counselling

Issue: Should private counsellors be included? If so, are you looking at a certain professional qualification, or is anyone promoting themselves a counsellor deserving of equal listing?

Private professionals

Issue: Should professionals such as chiropractors, licensed therapists, dentists, paralegals, etc. be included?

Rural considerations

Issue: Different communities have differing needs. Within a rural community, services such as plumbing and veterinary services may be few in number but could be the solution to a possible emergency situation.

Service clubs

Issue: Should the local Knights of Columbus and Rotary Club be included? Then, what about the Friends of Italy, the Elks, the Moose Lodge and the Sons of Hibernia? What about the Legion?

General infrastructure services

Issue: Should programs that do not provide direct human services, but who are likely to be the subject of some general inquiries (for example, the local tourism office or the Chamber of Commerce) and whose inclusion may be helpful to some clients though not strictly within the criteria, be included?

Recreation programs

Issue: Should these be listed individually and in as much detail as possible (for example, the Southside Recreation Centre offers volleyball for youth from 9-12 years on Wednesday evenings at 6 pm) or should only those programs aimed at vulnerable groups (for example, an exercise class for adults with developmental disabilities) be listed? Or should only the local recreation centres be listed?

The inclusion/ exclusion criteria should be primarily black and white, but there are invariably some gray areas.

Managing an inclusion/exclusion policy

The I&R organization should establish a procedure for notifying agencies who have requested inclusion that the agency will be included or excluded based on the previously written inclusion/exclusion criteria, and should reference the policy. It should also provide information about an appeal process to ensure fairness.

The I&R organization should also establish a procedure for handling complaints from the community regarding specific organizations listed in the resource database.

A complainant can still disagree with the policy and appeal that aspect, but the original inclusion/exclusion decision should be a clear application of the policy.

Appeals should be reviewed by the governing body or a committee under their auspices. The same staff members who interpreted the policy should not be directly involved in deciding the appeal, except to provide background and contextual information.

The appeal process should be invoked only after a reasonable attempt has been made to resolve the issue at a staff level.

Whatever is included in your inclusion/exclusion policy, it will not make everyone happy, but keep in mind it governs your database and the information provided to your community.

One of the ironies of life as a Resource Specialist is that although much of the work involves using extreme patience and tenacity to painstakingly persuade organizations to provide details for inclusion within the resource database, there are invariably organizations excluded from the resource database who really want to be in the database and give you all the details you could ever want.

And they will call you. And write to you. And then sometimes complain about their exclusion and appeal to your Board.

Resource Specialists need to acquire some of the listening skills of their I&R Specialist counterparts. They also need to be tactful, diplomatic, patient, empathetic … yet firm.

When any organization wishes to be included, it is a good policy to inform them (regardless of who they are), that there are criteria for inclusion (which you can send them if needed) and to allow them to send in their information so that you can assess it against the criteria.

Once reviewed, if they meet the criteria, create their initial record and send it to them for approval and validation.

If they do not meet the criteria, send them a standard letter to let them know the decision and the reason for it, referring to the policy (for example, that they could obtain a copy from your website) and their options for appeal. It is helpful if the standard letter mirrors the inclusion/exclusion criteria. For example, include checkboxes of your exclusion criteria that can be selected explaining why an agency was excluded.

When handling a verbal complaint:

- Explain the reasons why there is an inclusion/exclusion policy that is approved by your governing body.

- Empathize with the caller's situation but do not concede because your decision was objectively made against the published criteria.

- If they continue to press, explain the appeal process and allow the organization to make their own decisions about taking the issue further. Also suggest that they can re-apply if their situation changes and they believe that they now meet the criteria.

Note that in these instances, the Resource Specialist should document the discussion and share this with a supervisor. There may be instances when the conversation may have repercussions but it can also lead to an inclusion/exclusion policy being re-assessed if an earlier decision no longer seems to meet community needs or provide logical consistency.

Resource Specialists need to acquire some of the listening skills of their I&R Specialist counterparts. They also need to be tactful, diplomatic, patient, empathetic … yet firm.

Collaboration between comprehensive and specialized I&Rs

When following your organization's inclusion/exclusion policy, it's important to know and develop relationships with other I&R providers in your community.

If you are a comprehensive I&R, have good working relationships with specialized aging, disability and child care I&R organizations. All types of I&R have an important role in connecting your community to resources. A comprehensive I&R and specialized I&R will have a different target population and different inclusion/exclusion criteria. From knowing the other I&R services in your community, you could refer an agency that doesn't fit your inclusion criteria to the more appropriate I&R if available.

Along with directing agencies to one another for inclusion, they can also refer callers to one another and share maintenance of any agency records that they both include. This collaboration enhances the relationship between service providers and ensures the best information is given across the community, no matter what I&R provides it.

Scenario

The scenario is a tool to stimulate discussion and practise skills.

A Resource Specialist at a comprehensive I&R service speaks with a woman who would like to have her program listed in this agency's database. The Resource Specialist says he would be happy to speak with her about how the I&R database works and see if her program could be included. The woman says she runs a family owned "equine-therapy" group for children with disabilities. Children come and ride once or twice a week in a supervised environment and it gives them a chance to get outdoors.

The Resource Specialist asks the caller how children find out about her program. She says she runs ads in the paper and in the Yellow Pages, and she has a sign out on the highway in front of their home. She calls it, "Everyone Rides." The Resource Specialist asks if the program is open to all children, and how her fees are structured. The woman says anyone can come. The cost is $45 an hour, and if the family brings a second child that child just pays $30 an hour. She and her daughter teach the kids horse riding safety and take them on a ride around the farm.

The Resource Specialist explains that the I&R organization provides referrals primarily to nonprofit and government services that can help people meet their basic needs. He explains that the agency has a policy to include some for-profit services, but only when the service provides a critical need that isn't being offered by a nonprofit or government service and when the fees are offered on a sliding scale. He believes that her service, while valuable and important for the children who participate, would not meet the criteria for inclusion in their database.

The woman seems surprised and asks what kind of people call this line. The Resource Specialist gives examples of the types of needs people have when they call, and the kinds of "therapy" that they do include. He offers to mail her a copy of their written Inclusion/Exclusion Policy, and also tells her that they do have an appeals process and she is certainly welcome to appeal his decision.

She says she'd like to receive the Policy, and the Resource Specialist says he will enclose the protocol describing the appeals process as well. She also asks how they get their funding and whether it is from small businesses like hers and the Resource Specialist outlines their main funding sources. She thanks him and the call is ended.

Do you agree with this Resource Specialist's decision to exclude this program? Why or why not? Would a program like this meet your agency's inclusion/exclusion policy?

Based on the description this caller provided, is this program providing a social service? Discuss how this activity may or may not be therapeutic.

This woman may choose to appeal the Resource Specialist's decision. Discuss the procedures your organization would follow in the event of an appeal, and the likely outcome of that appeal. If the Resource Specialist understood this likely outcome, would it change his decision?

Summary of Key Points

What you need to know ...

- An I&R resource database requires clear written criteria regarding what is included in the database and what is excluded. This criteria policy allows Resource Specialists to objectively apply the criteria in evaluating new agency surveys.

- The inclusion/exclusion criteria must reflect community needs and be regularly assessed to ensure the changing needs in the community are being addressed.

- The inclusion/exclusion criteria should be documented and publicly accessible.

- There are some basic inclusion/exclusion categories that tend to be very similar within all I&R resource databases. There are also some grey areas that are handled very differently by different I&R organizations.

- Collaboration between comprehensive and specialized I&R organizations helps ensure the community is provided with the most comprehensive information, no matter what type of I&R provides it.

- The complete inclusion/exclusion criteria policy should be approved by the governing body and include a right to appeal and a documented appeal process.

- There should also be statements that provide the I&R with some flexibility and protection regarding the overall scope of the database and its various products, and also the ability to react to exceptional circumstances.

Test Questions

1. *Which of the following is a valid reason for excluding organizations from a resource database?*
    a. The organization serves a small population
    b. The organization serves a large population
    c. The organization did not fully complete all of the survey
    d. The organization misrepresented themselves and their service

2. *What is the purpose of an inclusion/exclusion policy?*
    a. To define which services are included in the resource database and which services are excluded
    b. To meet the needs of funders
    c. To meet the AIRS/InformCanada Standards
    d. To ensure the resource database operates according to the principles of self-determination

3. *Inclusion/exclusion criteria ...*
    a. Are determined by the decisions of the community
    b. Should never number more than eight separate factors
    c. Reflect the needs of each individual community and the resources of each I&R organization
    d. Are identical amongst all I&R organizations

4. *The inclusion/exclusion criteria for the resource database should be:*
    a. Told to everyone who contacts the I&R organization
    b. Published in relevant documents that are shared with the public
    c. Known only to the Board of Directors to ensure confidentiality
    d. Flexible so that the Resource Specialist can use discretion

5. *Which of the following is a single valid reason for including an agency within a resource database?*
    a. The agency fully completes all of the questions in the survey
    b. The agency provides relevant human services within the defined geographic area
    c. The agency is a nonprofit
    d. The agency is fully licensed

6. Which of the following best describes how self-help groups should be handled within a resource database?
    a. Included on a 50-50 basis to ensure fairness
    b. Included if their services meets the inclusion criteria
    c. Excluded unless they are legally incorporated
    d. Included only if they are serving people with mental illness

7. Which of the following agencies may be problematic within the inclusion/exclusion criteria of most I&R organizations?
    a. Hospitals
    b. Individual lawyers
    c. Individual recreation centres
    d. Legal assistance programs

8. Who should have the final approval on an I&R organization's inclusion/exclusion criteria?
    a. The I&R organizations' management staff
    b. The Resource Specialists
    c. The agency's governing body
    d. An association of local community-based agencies

9. Which of the following best describes how the office of a political representative should be considered for inclusion?
    a. Should be assessed by the criteria and a judgment made based on value and resources
    b. Must be excluded
    c. In 50-50 situations, a coin toss is the only fair and objective method of making such a decision
    d. Must be included

10. What type of I&R organizations need inclusion/exclusion policies for their resource databases?
    a. Specialized I&Rs only
    b. All I&Rs that maintain resource databases except for those that are blended crisis centres because of confidentiality issues
    c. All I&Rs that maintain resource databases
    d. Comprehensive I&Rs only

Answers

1.	d.	3.	b.	5.	b.	7.	b.	9.	a.
2.	a.	4.	b.	6.	b.	8.	c.	10.	c.

Data Structure

- To outline the typical structure of an I&R resource database

- To describe the differences between an agency, a site location and a service/program in terms of data structure

- To identify the differences between required and recommended database elements within the AIRS/InformCanada Standards

- To define the importance of consistent style within a resource database

Learning Concepts and Objectives

Introductory Exercises

An agency has 3 sites. One of the sites is the head office while sites 2 and 3 provide direct services to the public. The agency operates 8 programs. Programs 1, 2 and 3 are available at both service locations; programs 4 and 5 are available only at location 2, while the remaining programs operate exclusively out of the third location.
Could you draw a diagram that illustrates those relationships?

Using a range of abbreviations and punctuations, how many ways can the address "100 North King Street, Suite 200" be written?

If more than one person is entering information into the resource database, how can an I&R service ensure that each person is not entering information in totally different ways? And if not, why would it matter?

What the AIRS Standards say ...

> The resource database shall contain standardized information about organizations that meet criteria for inclusion

The resource database contains standardized information about organizations that meet criteria for inclusion, the services provided by each organization, and the locations (sites) where those services are available. The standardized entry contains all required data elements, where applicable (e.g. a mailing address is included if one exists). However, the specific data elements that are seen by a particular group of users (e.g. resource specialists, I&R specialists, the general public) may vary.

AIRS Standard 8

Agency/Main site Data Elements

Required

Unique ID Number

Record Ownership Code

Agency Name

AKA (Also Known As) Names

Street/Physical Address

Mailing Address

Website(s)/URL(s)

E-mail Address(es)

Phone Number(s) including extensions, Phone Types
(e.g. Voice, TTY/TDD), and Phone Functions (Administration, Intake)

Name and Title of the Direcor or Administrator

Agency Description: A brief narrative describing the agency's main
purpose or role

Main Site Description

Administrative Hours/Days of Operation

Legal Status

Access for People with Disabilities

Date of Last Complete Update

Date of Last Interim Modification/Partial Update

Contact for Updating Purposes

Recommended

Year of Incorporation

Licences or Accreditations

Travel Information

Social Media URLS, if applicable

Other Addresses

AIRS Standard 8, Quality Indicator 1

ADDITIONAL SITES (LOCATIONS/BRANCHES) DATA ELEMENTS

REQUIRED

Unique ID Number

Site Name

AKA Names (Also Known As)

Street/Physical Address

Mailing Address

Phone Number(s) including extensions, Phone Types
(e.g. Voice, TTY/TDD), and Phone Functions (Administration, Intake)

Site Description

Access for People with Disabilities

RECOMMENDED

Travel Information

Other Addresses

Website(s)/URL(s)

E-mail Address(es)

Administrative Hours/Days of Operation

Name and Title of the Site Manager

AIRS Standard 8, Quality Indicator 2

Service/Service Group and Service Site Data Elements

Required

Program Name(s) for the Service Group

AKA (Also Known As) Names for Program Names

Service Group Name

Service Group Description

Phone Number(s) including extensions, Phone Types (e.g. Voice, TTY/TDD), and Phone Functions (Administration, Intake) for specific services in the service group

Eligibility

Target Populations

Geographic Area Served

Documents Required

Application/Intake Process

Fee Structure

Languages other than English

Hours of Service

Taxonomy Term(s)

Recommended

Website(s)/URL(s)

E-mail Address(es)

Title of the Service Contact Person

Service Capacity and Type

Method of Payment Accepted

AIRS Standard 8, Quality Indicator 3

The I&R service develops and uses a style guide that establishes rules for structuring, writing and indexing resource database records; and ensures that information within database records is clear, concise, consistent, relevant and user friendly.

AIRS Standard 10, Quality Indicator 4

Structure of a Resource Database

The resource database is the focal point of an I&R service.

The resource database is the focal point of an I&R service. It tells us what we need to know about the human services available in the community in order to make good referrals. It answers questions such as:

- What does an organization provide?

- For whom is it targeted?

- When and how can one apply?

- What does it cost?

- Is the service accessible to people with special needs?

- Where is the service provided?

- What type of agency is it?

A fairly small resource database may contain about 1,000 programs and services operated by about 300 organizations. A large metropolitan database may comprise over 5,000 programs operated by over 1,000 organizations from 1,500 separate locations.

Information in the database is structured into records (one record for each service provider) with separate fields for separate pieces of information about the organization, its sites and its services. For example, there may be separate fields for the name of the agency, the address and the telephone number. A separate set of fields may be used to describe the services, the languages in which each service is available and other service parameters, and that contain the Taxonomy terms under which the services are indexed.

For example:

	Record 1	Record 2	Record 3
Agency name field	Anytown Community Solutions	Sometown Youth Centre	Ourtown Seniors Day Centre
City address field	Anytown	Sometown	Ourtown
Hours of operation field	8am-5pm Mon-Fri	11 am-8 am Mon-Thur, 11 am-10 pm Fri	10am-5pm Mon-Fri

Some fields may only accept a limited amount or specific type of information (for example, a 6-character postal code or a 10-digit telephone number). Other fields may be able to handle strings of text of various lengths.

The "data elements" listed in the AIRS Standards are usually contained in distinct fields or groups of fields within a database record.

For example, the data element for the administrator/director of an agency may comprise 4 separate database fields:

- Title field (for example, Dr. or Ms.)
- First name field
- Last name field
- Job title field (for example, Executive Director or Chief Administrative Officer)

Organizations, sites and services/programs

Virtually all I&R resource databases distinguish between:

The organization or agency that operates the program or service

- Within I&R, an "agency" is an organization that delivers services. Technically, not all organizations are "agencies" per se but agency is the word generally used in the field.

- An agency can be incorporated (either as a nonprofit or a commercial entity) or a division of government. It can also be an unincorporated group (with no official legal status) that provides, for example, a caregiver support group.

- The agency reflects the main location where the organization's administrative functions and executive staff are generally based and where it is licensed for operations. An agency may or may not deliver direct services from this main location.

- I&R services may also choose to designate a middle level of a larger organization as the "agency". For example, a county government may offer dozens of services but a Resource Specialist may often choose to create several separate "agency" records such as Green City Department of Social Services or Green City Public Health Department. This makes the database easier to search.

- It is acceptable to use those components as "agencies" as long as their relationship to the larger governmental entity is detailed in the description or reflected in the naming structure.

- The agency record tends to feature information regarding the overall structure of the organization such as its name, address, phone number, website, hours of operation and legal status.

The site(s) from which services and/or programs operate

- Sites are the physical locations (sometimes called branches) from which clients access the services provided by an agency. There must be at least one site but there could be several.

- If there is just a single site, it must be, by definition, also the agency's administrative office and service delivery location.

- Some of the data elements that reflect the site may be the same as their counterpart elements within the "agency" record (for example, the mailing address). However, *the content must be specific to that location* (for example, the "Hours" must be the hours of that specific site and not of the main agency if different).

The distinct programs/services provided and the details about their operation

- A service (or program) record describes the types of assistance an agency delivers to its clients.

- Operationally, services are specific activities that can be classified using distinct Taxonomy terms. Specific types of services should be essentially the same no matter what organization is providing them.

- Sometimes agencies will provide a group of services and organize them as a program. Programs may be considered as groups of services under a specific title (which could be a well-established national name such as Employment Insurance, or a name locally created by the agency itself). For example, a job training program may be made up of a number of services such as vocational assessment, a resume preparation class and job placement assistance. While services are essentially the same across organizations, the definitions of programs may differ significantly.

- Service/program records include a narrative that offers a summary of what is provided, in addition to other key data elements such as eligibility information application procedures, required documentation, fees, etc.

Primary and secondary services

A database must also differentiate between "primary" and "secondary" services.

A primary service is one that an individual can obtain without being required to enrol in other services, whereas a secondary service is available only to individuals already receiving a primary service. Primary services warrant a referral, secondary services support the primary service. For example, a domestic violence shelter offers a support group for survivors as well as child care and transportation to participants. The primary service is the support group, secondary services are child care and transportation. The participant can't utilize child care or transportation without attending the support group.

Typical secondary services include:

- Case management.

- Job counselling, search and placement when part of job training programs.

- Child care services when offered by adult schools for parents attending classes.

- Living stipends when offered to job training participants.

- Transportation to and from senior centres when offered by the provider.

- Recreation services as adjuncts to therapy programs or as part of socialization programs.

Most organizations do not consider the distinction between primary and secondary services – all are activities that they provide. A good way to help them give you the correct information is to ask whether they want separate referrals for each service. Primary services should be indexed; secondary ones should not be indexed. Both should be described in the narrative with a clearly drawn distinction between them. In many cases secondary services can make the difference of whether or not a client may use the service. If in the example above, the participant was a single parent without a job, it is very unlikely that they could participate in the support group without child care and transportation being available.

AIRS required data elements

Required data elements reflect information that must be included within each organization's record (or profile) if that information exists (for example, not every agency will have a URL).

Required AIRS Data Element	Context (if required)
Unique ID number (Agency Level)	Each database record must have a unique identification number (e.g. 1024). Although the agency's name might change, their unique number will remain the same.
Record Ownership Code (Agency Level)	A record's unique identifying number may also include the I&R's distinct code that outlines responsibility for data maintenance. For example, all of the records maintained by Anytown I&R might have "ANY" as a constant prefix, so that one record may be uniquely numbered as ANY4567, another as ANY4568, etc.
Agency Name; AKA (Also Known As) Names (Agency Level)	For example, Saint Joseph's Shelter for Homeless Youth may be the legal name but St Joe's Shelter may be the popular name (an "aka" or an "also known as"), while SHY could also be a familiar acronym. The Shelter for Wayward Youth might be a former name that could also be noted.

Required AIRS Data Element	Context (if required)
Street/Physical Address; Mailing addresses (Agency Level and Site Level)	Street addresses reflect the actual location (e.g. 100 Main Street). Some agencies have separate mailing addresses (e.g. PO Box 100). The addresses of all locations should be entered as separate addresses. In certain situations (for example, a domestic violence shelter or a home address of someone who runs a self-help group), only a mailing address will be listed or perhaps no address will be publicly listed. An organization may have a single street and/or mailing address, or two or more street and/or mailing addresses if it operates from additional locations.
Website URLs (Agency Level. Also recommended at Site Level and Program Level)	A URL (Universal or Uniform Resource Locator) is a way of specifying the location of a website. In the resource database, the agency URL should be the main website for the agency or site. Occasionally, there may be a separate URL for a site or a program, or for a social media outlet.
E-mail addresses (Agency Level. Also recommended at Site Level and Program Level)	An e-mail address for the organization or one of its sites is the one that the public can use to direct correspondence. Whenever possible, the agency e-mail should be the official e-mail address for the agency or site rather than for a specific person within the organization (for example info@anytown. org).

Required AIRS Data Element	Context (if required)
Phone number(s) including Phone Types (e.g. voice, TDD/TTY) and Phone Functions (Agency Level, Site Level and Program Level)	Most records include a general agency phone number as well as specific ones for certain programs. A TTY is a teletype machine for communicating with people who are deaf or have speech impairments. The phone number may also indicate the specific function for the number (for example, Admin or Intake).
Agency Description (Agency Level); Site Description (Site Level)	A brief narrative (usually 1-3 sentences) describing the organization's main purpose or role; or a description of a particular site.
Name and Title of the Director or Administrator; Site Manager; Service Contact Person (Agency Level, Site Level, Program Level)	The top administrator for the organization; the person who is responsible for the overall operation of the organization; or the main director of a particular site; or the main contact for a particular program
Administrative Hours/Days of Operation (Agency Level. Also recommended at Site Level)	The office hours/days or general hours/days of operation for the administrative component of the agency or one of its sites. This may or may not reflect the hours during which services of the agency are delivered.

Required AIRS Data Element	Context (if required)
Access for People with Disabilities	The features of the facility that either support or hinder access to the site/location for people with physical disabilities. Agencies tend to provide sketchy information on this issue. It is often best to ask them to check against some specific options such as "wheelchair accessible main entrance and restrooms" and "Braille elevators with lowered buttons". Stating that an agency is simply "Accessible" is more likely to confuse than to clarify, as accessibility means different things to different people. Some I&R agencies list specific barriers to access rather than try to provide an exhaustive list of types of access.
Legal Status (Agency Level)	A designation indicating the type of organization or conditions under which the organization is operating, i.e., a private nonprofit, a for-profit corporation, a government (public) organization, or a grass roots entity such as a support group that is not incorporated and has no formal status as an organization.

Required AIRS Data Element	Context (if required)
Date of Last Complete Update; Date of Last Interim Modification/Partial Update; Contact for Updating Purposes (Agency Level)	A "complete update" is the formal annual verification of the entire record as required by the AIRS/InformCanada Standards. This is generally done in conjunction with a survey process. (A record may have no actual changes but the "update" confirms this fact.) An "interim modification" is a recent data change that occurs between "updates". The contact is the person at the organization who provided/verified the accuracy of their organization's record.
Program Names; Service Group Names (Program Level)	Distinctly named programs operated by the organization. These must be entered into a searchable field. Sometimes inquirers will ask for the program name but not know the agency name. Some programs are offered by more than one organization. A service group name is a generic name for a service/group of services created by the I&R service rather than by the agency. It is used as a label which encompasses all services contained within the service group.

Required AIRS Data Element	Context (if required)
Service Group Description (Program Level)	A description of the services represented within the service group (for example, "a professionally facilitated support group for people with cancer. Transportation provided for participants"). The description should distinguish between primary and secondary services and be written in specific enough terms to enable users to determine whether this resource is an appropriate referral to meet the assessed needs of a particular inquirer. The description must reference and describe all of the services indexed using the Taxonomy.
Eligibility (Program Level)	The criteria that determines whether or not an inquirer can receive particular services. For example, "for women age 45 and older." Eligibility requirements are specific and concrete, either an inquirer meets or does not meet the criteria. It is important to distinguish between eligibility requirements/exclusions and targets for service.

Required AIRS Data Element	Context (if required)
Target Populations (Program Level)	The individuals for whom a particular service or group of services is intended or designed. For example: a shelter might target gay men, but if they also accept others, being gay is not an eligibility criterion, but a target population. Target populations are generally described in narrative form in the eligibility or description fields. Target populations can also be pinpointed when indexing by choosing a Target Population term from the Taxonomy to append to the selected service term(s).
Geographic Area Served (Program Level)	The area a program serves. A program may be located outside of the I&R's boundaries but still serve the people within it. Similarly, an agency can be inside the area but only serve a distinct district/neighbourhood within it.

Required AIRS Data Element	Context (if required)
Documents Required (Program Level)	A narrative list of the documents necessary to enrol in/apply for a service. A frequently requested example is photo identification for the head of the household (or all family members). Other types of required documentation include: ■ Proof of residency ■ Proof of age ■ Proof of income ■ Proof of disability ■ Proof of citizenship ■ Proof of family size ■ Birth certificate ■ Eviction notice
Application/Intake Process (Program Level)	This describes how someone accesses the service; whether people need to call for an appointment, if they can just walk in, or they need a professional to refer them. Emergency intake procedures are also described here.
Fee Structure (Program Level)	A description of the cost associated with the service. Fees can be a barrier to accessing services. Try to get more specific information rather than just "low" or "nominal" fees.
Languages (Program Level)	Language is often a barrier to access. Distinguish between services available through bilingual staff and those covered by an interpreter service.

| Required AIRS Data Element	Context (if required)
Hours of Service (Program Level)	The hours in which a particular service is delivered. Note that this may be different than the Agency/Site hours. After-hours arrangements, if important, may also be described.
Taxonomy Term(s) (Program Level)	The Taxonomy term (or combination of terms) selected to retrieve the service(s) in the service group.

AIRS recommended data elements

Recommended data elements reflect information that should be included within each agency's (or each organization's) record or profile but is not mandatory:

Recommended AIRS Data Element	Context (if required)
Year of Incorporation (Agency Level)	This provides some insight into the agency's stability of service.
Licensing/accrediting bodies and type of licensing (Agency Level)	Indicate if the agency operates in an area that requires (or offers) specific government or association licensing. It is important to include the nature or name of the organization's licence and licensing agency..
Travel Information (Agency Level and Site Level)	A narrative describing major cross streets, landmarks, bus routes or other information to help people get to the location.

Recommended AIRS Data Element	Context (if required)
Other Addresses (Agency Level and Site Level)	Addresses other than the official mailing or street address for the site. An address to which update correspondence for the agency should be directed (such as the home address of a support group leader).
Service Type and Capacity (Program Level)	This can provide useful information but care must be taken not to include numbers that change frequently. Agencies providing information about capacity often provide numbers that lack context (such as 8,000 people "served" which could mean anything). A "63-bed hospital" or a "27-bed shelter" are more reliable figures.
Method of Payment Accepted (Program Level)	This is the type of payment that is accepted for a particular service.

In addition to the data elements indicated, there may be others that are included either because they are contained within the I&R software or have proven helpful to individual I&R services.
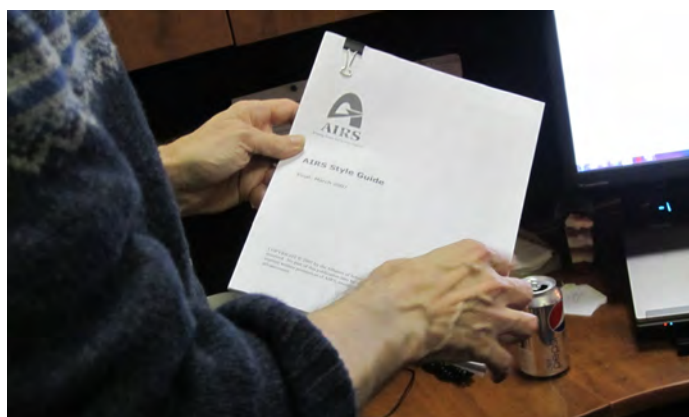
Types of data elements

To provide consistency within the database, a standardized profile is developed for each organization describing the agency's programs, sites, and services. Data elements are cells of information that are maintained within each record or profile.

There are four basic types of data elements:

1. Narrative descriptions

These are text fields which describe the agency and its services. The service narrative should be objective and brief, indicating only necessary information about primary and secondary services (if applicable). Writing a good I&R description is an art in itself – clarity, relevance and concision are the goals. Agencies tend to provide more information than is necessary and their own description is often designed more to promote the agency's view of itself than to clearly state exactly what it does.

2. Searchable fields

These are standardized fields or data elements that can be used to search the database. Search keys vary among software systems but usually include items such as:

- Agency and/or program name or alternate names
- Type of services provided
- Specific target populations
- Age and gender of persons served
- Geographic location
- Geographic area served
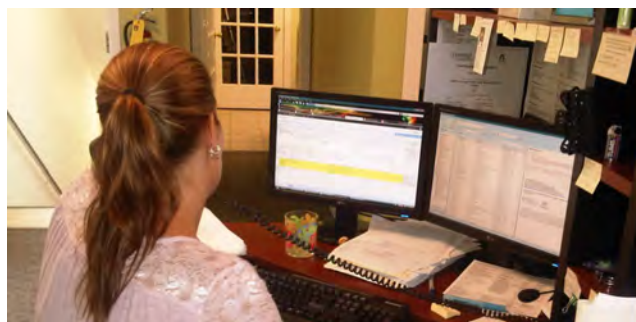
3. Factual information

This generally relates to specific identifying information about the agency, its locations and its programs (such as website, e-mail address, fax number). Often these fields have fixed lengths and rules to prevent inaccurate data entry.

4. Resource Specialist or internal information

This refers to administrative details which are relevant to the maintenance of the database record and are generally only seen by the I&R resource team. Examples include: date of record creation, date of last survey, name and phone number of agency contact person for updating purposes.

Advantages of Consistent I&R Style

The way data is entered should be guided by the interal rules (style) estabished for each data element.

The job of an I&R Resource Specialist is not just to collect and maintain community information, but to do so in such a way that ensures the information is easily and clearly understood by both human service professionals and the general public.

The way data is entered should be guided by the internal rules (style) established for each data element. For example, how will you write the agency's name? All caps? Title case? Will you abbreviate at all? And if so, which words? Will you ignore all instances where the agency's name begins with the word "The"? (Hint for last question – Yes!)

"I&R style" is the term used to describe the organizing, writing and editing of the information contained within a community resource database.

Style can be a subjective matter.

There is often no inherently "right" way to style a certain piece of information. There is, however, a right way to apply good decisions, once made, as consistently as possible.

The objective is for human services information to be easily and quickly understood.

The ability for professionals and the general public to effectively search online databases is extremely important. Variations in style make databases appear disorganized and confusing. Even if the information is correct, the overall look can diminish its credibility for public use.

This is accomplished by making sure that data entry is <u>clear</u>, <u>consistent</u>, <u>concise</u> and <u>relevant</u>.

Clear

Information must be immediately understood and leave no room for ambiguity or uncertainty of meaning. A resource specialist should aim for plain and natural language.

Try to use words that are part of everyday speech. Resource information should be understood by as broad of a section of the public as possible. It is important not to use professional jargon or long words when a simple one will do (for example, "uses" rather than "utilizes").

Consistent

Once an I&R organization decides on its data entry rules, all Resource Specialists must follow those rules.

Sometimes information can be clearly written but lack consistency. Within a single I&R organization staffed by two Resource Specialists, you would not want to have 50% of your service descriptions written one way and the other 50% written differently. Either style may be fine but a consistent approach is needed.

Similarly, when databases from different agencies are merged in a consolidated province/territory wide database, users do not want to be confronted with a mish-mash of styles – all of which might be good in and of themselves, but blended together appear to make the database confusing.

Consistency is crucial when a data element is also a search key. For example, if "Address" is a search key in your database, everyone entering data must follow the same rules for entering all aspects of an address. Otherwise, a search for agencies or sites located on "Main Street" will not yield complete results if some addresses are written as "Main Street" while others are entered as "Main St." or Main St".

For another example, here are a variety of ways of informing a user of a program's hours of operation:

- Mon-Wed 9am-5pm, Thu 9am-7pm, Fri 9am-1 pm

- 9-5 except on Thursday (9-7) and Friday (9-1)

- M-W 9:00 am – 5:00 pm, Thu 9:00 am – 5:00 pm,
  F 9:00 am – 5:00 pm

- Mon-Wed 9 am-5 pm; Thu 9 am-5 pm; Fri 9 am-5 pm

There are probably about 20 other variations but the point is to identify one style that users find clear and understandable, and then follow that style in every instance.

Concise

Information should be succinct. Neither professionals nor members of the public want to wade through dense paragraphs to discover the key points.

But while it is important to be as brief as possible – it cannot be at the expense of accuracy. There must be enough breadth and depth of information to allow for an informed decision. It is possible to be too concise!

The ability to edit information down to its essence is a particular challenge because agencies often provide program details from material that is primarily promotional rather than narrowly factual.

Relevant

Only information that is needed should be included. A user does not need a detailed description of every aspect of a service/program.

If you are only picking out the key points (in order to be concise) – make sure that they are the right key points!

A national AIRS Style Guide is available from the AIRS website as a free resource that can be adapted for local use.

This style guide is a collection of recommended best practices rather than a set of prescriptive (or absolute) requirements. It is "here's one way of doing this" as opposed to "this is how it must be done."

Resource Specialist Exercise

Summarize the following information received from a fictitious substance abuse agency into concise program descriptions, possibly breaking some of the information into distinct fields:

Our agency operates an empowering program that provides seamless, comprehensive, and effective harm reduction services, and a full range of addiction treatment services that are amenable to the needs and goals of individuals and their families. Our services are offered through community-based facilities with an ongoing focus on street and community outreach. The Stop Now program uses both medical and non-medical interventions. Our team believes that inquirers are best served in a friendly, compassionate and mutually respectful environment. We offer a comprehensive program working from a harm reduction philosophy, medical services that include Methadone and Buprenorphine treatments, nursing care, physician appointments and on-site drug screening. We also offer one-on-one, couple, group and family counseling; intake, assessment, health education, resources and referral; a facilitated drop-in center including recreation, food programs, computer access, art and daily opportunities for mutual support; yoga, meditation and acupuncture; case management and advocacy with housing, employment, and social assistance. Referrals can be made by professionals, schools, self or family members. Waiting periods will fluctuate but you will be notified at time of intake. No age restrictions. Most insurance is accepted but a sliding scale is available when necessary.

Scenario

The scenario is a tool to stimulate discussion and practise skills.

The Resource Specialist receives a voicemail message from a local agency stating that the caller would like to speak with her about their listing in the I&R's online database. The Resource Specialist opens the database for the entire organization, reviews the most recent formal update survey information from the agency's files and returns the call.

The program manager at the agency says the information is not accurate. He says the program description he sent in with the last update was taken from their brochure and that is the language they want to appear in the listing.

The Resource Specialist says she has the written information in front of her and also has the database open to their listing so she can review the differences with him. She explains that they use a style guide so information in the database is standardized for ease of use by the public and I&R Specialists. She asks if there is anything inaccurate in the database listing.

The program manager says nothing is technically inaccurate except that information is missing. For example, they want the community to know that all their staff hold a Masters of Social Work (MSW).

The Resource Specialist shares their policy of not using language that may be seen as recommending one program over another. She says the I&R does not recommend services to its callers, but simply provides impartial information about appropriate referrals based on the caller's needs, and then lets the caller make the decision about who to contact.

The Resource Specialist notes that the agency's website is listed in the database, and tells the program manager that the I&R Specialist can share that additional information with the caller, who can then do additional research on their own. The caller says he understands the distinction and accepts the change the Resource Specialist has made. They thank each other and the call ends.

Discuss whether including the MSW reference could be problematic. Wouldn't it be important information for the public?

Is there any benefit in sharing with the caller that, in addition to the standardized style guide, the agency also adheres to a national set of standards for information and referral? Discuss why or why not, and explore ways that this information might have been included in this conversation.

Summary of Key Points

- A resource database consists of records that contain fields of information.

- The AIRS/InformCanada Standards describe the data information elements that must be included in the resource database (required), and those that should be included (recommended).

- A data element is usually a separate field or collection of related fields (for example, hours of operation).

- The resource database is structured in terms of human services organizations, their sites and the programs/services that are provided.

- A primary service is available to all eligible individuals. A secondary service is available only to an individual who is receiving the primary service.

- A style guide is an internal document that outlines how Resource Specialists should enter each data element to ensure consistency, more accurate searching and professional appearance.

Test Questions

1. *A description of an agency's programs should:*
    a. exactly reflect the information provided by the agency
    b. be between 10 and 100 words
    c. concisely summarize the key information
    d. be written following interviews with actual users to learn how the program really operates

2. *What does a data field contain?*
    a. Records
    b. One or more data elements
    c. More databases
    d. I&R inquiries

3. *Which of the following most accurately describes recommended data elements?*
    a. Information that should be included in an organization's database record
    b. Information that must be included in an organization's database record
    c. Information that should be consigned to memory
    d. Information that should never be included in an organization's database record

4. *How do the AIRS/InformCanada Standards differentiate between data elements?*
    a. Included, Excluded
    b. Recommended, Rejected
    c. Created, Modified, Updated, Mandated
    d. Required, Recommended

5. *Which of the following is most likely a required data element within the AIRS/InformCanada Standards?*
    a. Degree of longitude of the program site
    b. Program eligibility requirements
    c. Email address of agency staff person who serves as the prime contact for the database updating process
    d. Available publications in French and other languages

6. *Which of the following most accurately describes the meaning of "program" within an I&R resource database?*
   a. The software program that the database operates under
   b. The locations from which the agencies delivers its services
   c. The other names by which an organization is also known within the community
   d. A collection of services that the agency provides to inquirers

7. *What are the main advantages of a style guide?*
   a. Defines inclusion/exclusion criteria
   b. Documents indexing decisions
   c. Documents rules for consistent data entry
   d. Supervises Resource Specialist staff

8. *Which of the following best describes a secondary service?*
   a. A service that is provided by another agency
   b. A service that is only available on a seasonal basis
   c. A service for which someone has to apply directly
   d. A service that is only available to someone accessing the primary service

Answers

1.	c.	3.	a.	5.	b.	7.	c.
2.	b.	4.	d.	6.	d.	8.	d.

Taxonomy and Taxonomy Indexing

- ⊚ To outline the reasons for organizing and indexing resource databases

- ⊚ To identify the structure of the AIRS/211 LA County Taxonomy

- ⊚ To describe the basic principles of indexing with the Taxonomy

- ⊚ To define the purposes and processes for customizing the Taxonomy

Learning Concepts and Objectives

Introductory Exercises

A youth employment program helps young people with disabilities assess their skills, develop and print resumes, identify job opportunities that fit their qualifications, and arranges work placements. How many distinct terms or phrases can you develop that might be used to summarize the program and all its activities? Is there a single indexing term that encapsulates the entire program?

What are some of the ways in which 'physical life' (i.e. animals, plants) is classified?

A 50-year-old woman leaves home to escape abuse. The resource database lists the following facilities – a domestic violence shelter, an elder abuse shelter, a family crisis shelter, an emergency shelter, a homeless shelter, a sexual assault shelter and a crisis shelter. Which of these would be the most appropriate referral? What are some other options that might be valuable? What are the differences among all of these facilities? Write a single sentence description for each one.

What the AIRS Standards say ...

> The structure and contents of the Taxonomy are constantly changing in response to changes in the services it encompasses.

The I&R service uses the AIRS/211 LA County Taxonomy of Human Services (formally titled *A Taxonomy of Human Services: A Conceptual Framework with Standardized Terminology and Definitions for the Field*) to index and facilitate retrieval of resource information, increase the reliability of planning data, make evaluation processes consistent and reliable, and facilitate national aggregations and comparisons of data. Additional classification structures such as keywords may supplement the Taxonomy, but are connected to the Taxonomy rather than functioning as independent indexing systems.

AIRS Standard 9

The I&R service customizes the AIRS/211 LA County Taxonomy to adapt it to the community's size, nature, and organizational needs; and documents the customization rules to ensure ongoing consistency in customization decisions. These adaptations are made using nationally recognized principles for customization so as not to change the basic structure of the Taxonomy or the related service definitions. Customization can be "high tech" (accomplished using a software utility) or "low tech" (e.g., the I&R service develops an abbreviated outline of terms that is used to guide indexing decisions).

AIRS Standard 9, Quality Indicator 2

The structure and contents of the Taxonomy are constantly changing in response to changes in the services it encompasses. The I&R service has procedures in place to update and integrate Taxonomy additions and changes according to a regular schedule, and completely updates their version of the Taxonomy at least once every 12 months.

AIRS Standard 9, Quality Indicator 5

The I&R service uses I&R software that supports the AIRS/211 LA County Taxonomy of Human Services and the functionality needed for the Taxonomy to meet the needs of I&R staff. This functionality includes incorporating the complete field structure of a Taxonomy record (including definitions, use references, see also references and related concepts), the ability to search and display Taxonomy records in a variety of ways, and the ability to customize the Taxonomy to meet internal needs.

AIRS Standard 9, Quality Indicator 6

Resource Specialists develop rules for indexing database records using the AIRS/211 LA County Taxonomy of Human Services, and consistently apply the rules when indexing. They:

- Index all relevant services.
- Choose Taxonomy terms within their customized list that accurately reflect the type of service.
- Choose Taxonomy terms within their customized list that accurately reflect targets for service, when applicable.
- Use target terms to modify service terms, never as stand alone concepts representing a service.
- Consistently use the same Taxonomy terms to index the same services and the same target populations.
- Avoid using terms from multiple levels on the same Taxonomy branch.
- Avoid "double indexing", i.e. avoid using multiple service terms within the Taxonomy to index the same service offered by a particular agency.
- Only index primary services.
- Avoid indexing secondary, ancillary, phantom and indirect services.

AIRS Standard 10, Quality Indicator 11

Information in the resource database is accessible in ways that support the I&R process including search and retrieval by organization, site and program name and by the type of service available. It is possible to narrow service searches by target population, geographic area served, proximity to the inquirer's location and other filters such as age, gender or languages that are relevant in a particular community.

AIRS Standard 11

Organizing and Indexing Resource Databases
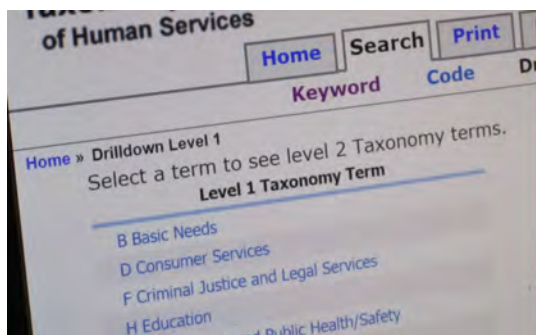
Indexing is an applied art and sometimes experienced Resource Specialists from different agencies make different decisions about how to index particular services.

A resource database is a wealth of information about human services agencies and services, compiled into separate records. Each record consists of a number of fields, and within each field reside distinct pieces of information (data elements) – all wrapped up with varying degrees of neatness inside a computer software package.

Users find what they are looking for by searching for specific information (words/phrases and numbers or codes) called search keys within specific fields. It is the responsibility of the Resource Specialist to organize the material in a way that facilitates the searching process – rather like embedding strategic signposts in the database for users to find and follow.

Indexing a database is the process by which search keys (or "ways of searching") are associated with certain data elements, making those data elements searchable. Data elements that are not search keys, such as narratives, provide added information that is important, but not always easily searchable.

Data elements that are designated to function as search keys can be retrieved, sorted, and organized. Search keys can be used in combinations to further refine a search. For example, a service search key used in combination with a geographical search key displays services that are associated with a specific area (for example, Child Care in Anytown).

The most important search key relates to the type of services an organization provides.

The AIRS Standards requires the availability of the following search keys:

- Alphabetical searches by *organization name* including related acronyms or abbreviations.

- *Service searches* including preferred terms, synonyms (use references) and key words.

- *Target populations* when applicable.

- *Geographic areas* or political sub-divisions served.

- *Geographic locations*.

Indexing by organization name

If an I&R Specialist wants information about the Red Cross, then typing just those two words into the main search field of the database software should retrieve the matching record. Typing just "Red" may also bring up local agencies such as Red River Community Care and the Nice Red Child Care Service. Typing just "Cross" may also bring up Crossroads Assisted Living Centre. The I&R Specialist should also be able to undertake similar searches within the same software area for organizational acronyms, former names and popular names (the latter are sometimes called "AKAs" for "also known as"). Software should be configured to automatically also search AKAs when a name search is run.

For an I&R Specialist to be able to search and find that information, a Resource Specialist has to enter the names of agencies, their sites and their alternative names in a consistent format. It is also essential for the Resource Specialist to consider "how people might search for this" to ensure that logical variations of abbreviations and shortened forms are included, for example, St. or Saint.

Indexing by geographic area

There are two types of geographic indexing and searching: (1) by the area in which an agency is located (for example, in a particular town or on a particular street) and (2) by the area that an agency serves, which might be a particular postal code, a town or city, an entire region or an entire province or country.

If an I&R Specialist wants information about programs that serve the area in which an inquirer resides, then either the postal code or the name of their neighbourhood, their town or their county might be entered to retrieve records that serve the inquirer's location.

It is the responsibility of the Resource Specialist to understand the structure of geographic search options within their software and to accurately reflect the service area for particular services using the software's geographic system.

Service indexing

But the most important search key relates to the type of services an organization provides. This search key allows for the retrieval of organizations that can provide the solution to the inquirer's need, whether it is food, employment, housing, counselling, support, legal advice, health services, financial assistance, education or volunteering.

Service indexing is the process of assigning distinct and descriptive terminology to database records that identifies what organizations do and facilitates their retrieval.

In order to ensure consistency, indexing terms are drawn from a prearranged list of concepts called a service classification system or taxonomy. A taxonomy distinguishes concepts, gives them distinct names, and organizes them in a logical structure that illustrates the relationships between them. Used as an indexing tool, a taxonomy makes it possible to categorize information in a systematic and unambiguous way.

When established as a standard, a common taxonomy provides the framework for a shared language that enables users to communicate clearly with one another.

Structure and strengths of the AIRS/211 LA County Taxonomy

Most I&R agencies index according to a classification system called the AIRS/211 LA County Taxonomy of Human Services (or more commonly, just "the Taxonomy"). A Canadian version was created in 2007.

The Taxonomy is a powerful tool that:

- Is comprehensive, with a logical niche for every human service concept.
- Incorporates terminology accepted in the field.
- Contains terms that are clearly named, clearly defined and clearly cross-referenced.
- Differentiates between the services agencies provide and the target populations they serve.
- Begins from the perspective of how services are delivered rather than the funding streams they follow.
- Structures terms in a hierarchical arrangement with mutually exclusive categories.
- Has a flexible structure which permits growth and change as the human services delivery system evolves.
- Is constantly updated as human services themselves change.
- Can be customized to meet the unique needs of communities.

The Taxonomy is divided into 10 service categories:

- Basic Needs
- Consumer Services
- Criminal Justice and Legal Services
- Education
- Environmental Quality and Public Health/Safety
- Health Care
- Income Support and Employment
- Individual and Family Life
- Mental Health Care and Substance Abuse Services
- Organizational/Community/International Services

Plus a special 11th category called:

- Target Populations

Every one of the 9,000+ Taxonomy terms has a full definition and an alphanumeric code that positions it within the hierarchy. There are six potential levels of hierarchy including the broadest category level.

A search of the Taxonomy for a term including the single word "Shelters" finds no less than 24 options – some possibly relevant to a particular use, some obviously not. Here are just some of the terms from that list:

> Animal Shelters
> Bus Stop Shelters
> Cold Weather Shelters/Warming Centres
> Community Shelters
> Day Shelters
> Disaster Related Animal Shelters
> Domestic Violence Shelters
> Environmental Hazards Shelters
> Mass Care Shelters
> Special Needs Shelters
> Wildlife Shelters

Note that the way the results of a word/phrase search are produced is software-dependent.

The above is an example of a display of Taxonomy terms drawn from several areas of the overall classification system (for example, Animal Shelters are part of the Individual and Family Life category while Day Shelters are part of the Basic Needs catgory). Their common thread is that they all contain the word "shelters".

Note that the way the results of a word/phrase search are produced is software-dependent. There are two basic ways a computer can conduct this type of search: word by word and letter by letter.

- Word by word searches look for entire words in terms. A search for "abuse" retrieves terms that contain only the word "abuse", but would not include terms with "abused" or "abuser".

- Letter by letter searches look for terms that begin with the letters entered or contain those letters anywhere within a word. A search using the letters "a-b-u-s-e" retrieves terms that contain the word "abuse", but also "abused" (as in Abused Children) or "abuser" (as in Child Abusers). You can also enter a combination of letters such as "abu" and retrieve "abusing" (as in Abusing Parents). This is very handy when you are unsure about how to spell a word such as "Alzheimers", allowing you to only enter the letters "alz". A search on "abu" or "alz" in a system using word by word searching produces nothing because neither "abu" or "alz" are full words.

Using another example, if "aging" is entered as the search text, a letter by letter search that looks for those letters anywhere within a term name would also select terms with the words "Imaging" or "Managing" as well as "Aging" itself. (Try these examples in your software and see what happens.)

Returning to the initial example, to illustrate the levels and their associated coding, this is how the term "Domestic Violence Shelters" is organized within the Taxonomy hierarchy:

B   Basic Needs (*1st level term*)
BH   Housing/Shelter (*2nd level term*)
BH-1800   Emergency Shelter (*3rd level term*)
BH-1800.1500   Crisis Shelter (*4th level term*)
BH-1800.1500-050   Crisis Nurseries/Child Care (*5th level terms*)
BH-1800.1500-100   Domestic Violence Shelters
BH-1800.1500-140   Elder Abuse Shelters
BH-1800.1500-200   Family Crisis Shelters
BH-1800.1500-300   Hospital Safe Rooms
BH-1800.1500-330   Immigrant/Refugee Shelters
BH-1800.1500-700   Juvenile/Youth Shelters
BH-1800.1500-750   Safe Houses
BH-1800.1500-800   Sexual Assault Shelters
BH-1800.1500-850   Temporary Shelters for Wandering Adults
BH-1800.3500   Homeless Drop In Centres
BH-1800.8500   Homeless Shelter
BH-1800-8500-150   Community Shelters
BH-1800-8500-170   Day Shelters
BH-1800-8500-330   Homeless Safe Parking Programs
BH-1800-8500-500   Missions
BH-1800-8500-900   Urban Campsites
BH-1800-8500-950   Wet Shelters
BH-1800.8550   Homeless Shelter Pick Up Sites

(Note that although there are six levels in the Taxonomy, there are only five levels illustrated in this particular example.)

And here are the specific details concerning that term:

Term Name:	Domestic Violence Shelters
Code:	BH-1800.1500-100
Definition:	Programs that provide temporary emergency shelter for women who have experienced domestic violence/abuse, and for their children. Such facilities usually provide in-house individual, group and family counselling and the full range of secondary services related to domestic violence including referral to appropriate resources. Also included are similar facilities for battered men and those that can accommodate both men and women.

Use References:	Abused Women's Shelters
	Assaulted Women's Shelters
	Battered Men's Shelter
	Battered Men's Shelters
	Battered Women's Shelter
	Battered Women's Shelters
	Domestic Abuse Shelters
	Domestic Violence Shelter
	Intimate Partner Abuse Shelters
	Intimate Partner Violence Shelters
See Also References:	Confidential Address Protection Programs (FN-1900.0400)
	Domestic/Family Violence Legal Services (FT-3000.1750)
	Domestic Violence Hotlines (RP-1500.1400-200)
	Domestic Violence Support Groups (PN-8100.0200-180)
Related Concepts :	Domestic Violence
	Emergency and Crisis Services
	Organization/Facility Type
Facet :	Organization/Facility Type

Here is an explanation of the components of a Taxonomy term:

Term Names

These indicate the preferred wording for the concept or facet being described (i.e. the service, facility, program or modality that is being indexed). An effort is made to select clear, unambiguous wording that accurately describes the concept each term represents.

Codes

Alphanumeric codes mark the place and level of terms within the hierarchy. The computer program has no way of knowing that the words "Emergency Shelter" have anything to do with the words "Basic Needs". But it can readily tell that BH-1800 is a subset of BH and that BH is, in turn, a subset of B. The codes, not the term names, create the software logic of the hierarchy.

Definitions

There is a definition for every term. This helps ensure that different people use the same terms the same way. Definitions are not a substitute for service narratives or descriptions written by Resource Specialists as different organizations may offer the same service in slightly different ways.

Use References

These are synonyms for the hierarchy's preferred Term Names. They are alternatives to the Term Names that might be used by someone looking for the same concept. For example, the preferred term is Soft Drinks, though some may say Pop and others may say Soda. Each term means the same thing, though one term must be chosen as the preferred term.

See Also References

These identify related terms in other parts of the Taxonomy. They help to ensure that users find the most appropriate term. For example, there is a See Also reference from Emergency Food in the Basic Needs section to Christmas Baskets and Thanksgiving Baskets which are in the Holiday Programs section. The See Also reference points to other possibilities.

Related Concepts

These are broader sets of target groups/problems that are connected to relevant Taxonomy terms. For example, many Taxonomy terms relating to services for people who are homeless do not include the word "homeless". Related concepts allow users to look at the Taxonomy through a different lens (although not all I&R software packages have incorporated this feature).

Facets

The Taxonomy indexing terms tend to reflect one or more of the following "facets" or concepts:

- The type of place or facility (for example, a library or a hospital)

  Organization/Facility type terms allow users to index the general nature of an organization rather than the specific activities it engages in. Facility terms work as indexing elements because certain services are associated with a particular facility. These terms are the best option when developing a list of particular facilities such as hospitals.

- The type of service that is provided (for example, clothing or financial assistance)

  Service terms represent the most common type of human services indexing concepts. These terms may be broad (Food, Employment) or narrow (Food Banks, Congregate Dining, Job Retraining, Work Permits).

- A type of program that is well-established and quickly-recognized (for example, Special Olympics)

  Named Program terms provide direct access to widely known, usually government-funded programs, such as EI and Canada Corps. Many of these programs involve a package of individual services that the I&R can index with just the single program term, while including further details within the record's narrative description. This allows for more intuitive searching.

- The "modality" or way in which a service is delivered (for example, mediation)

  Modality/Delivery Format terms reflect the manner in which a service is delivered. Modalities are intended to be used in conjunction with service terms to modify their meaning. For example, the terms Landlord/Tenant Assistance and Discrimination Assistance may be combined with various legal assistance modalities, such as Advocacy or Legal Representation, to make important distinctions between the manner in which the specific legal aid is being provided.

- The type of person the service is targeted to (for example, children or immigrants)

Target terms refer to the people that a particular service is aimed towards. Target populations are grouped by shared characteristics such as age, gender, ethnicity and health condition. Target terms, which make up the final "Y" category of the Taxonomy, are intended to be used in conjunction with service or facility type terms to enhance their meaning. For example, the term Social Clubs/Events is fairly broad, but by combining it with a target group, such as Single Parents or Older Adults, the focus is sharpened considerably. Within this category, the final set of terms, coded as YZ, are really topical identifiers/issues, such as Drug Abuse Issues and Legal Issues. These can be used with very general types of services such as Directory/Resource List Publication or Speakers/Speakers Bureaus to clarify the focus.

Organization/facility terms, service terms, program terms and modality terms are found within each of the 10 main Taxonomy categories. Target terms (sometimes called "Y terms" because of their coding) can only be found in their own distinct category.

The best way to learn the Taxonomy is to explore it. There are more than 9,000 terms with new ones continually being added.

Use the copy of the Taxonomy that is contained within your I&R software or else the one that is available at www.211taxonomy.org. The library section of this website provides additional information about the structure and contents of the Taxonomy, guidelines for correct usage and additional educational resources. Conduct word searches for specific terms, observe hierarchical relationships, check out the related terms, try other words and continue to witness the Taxonomy in action.

Basic Principles of Taxonomy Indexing
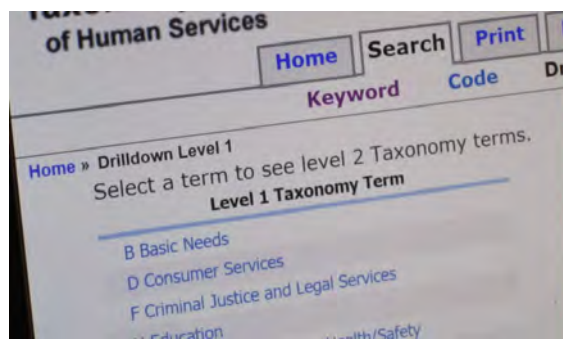
> Indexing is an applied art and sometimes experienced Resource Specialists from different agencies make different decisions about how to index particular services.

Accuracy

The primary, if somewhat obvious, principle of Taxonomy indexing is a quest for accuracy. When deciding which indexing term to use, always read the term's definition to confirm its precise meaning. Review other terms within its hierarchical display. Look at any related terms that suggest a closer connection with what is being indexed. The final selected indexing term must be the one that most accurately reflects the service or entity that is being described.

Once the decision is made about what term to use, this term must be used for all agencies that provide the same type of service. Consistency in indexing is vital – Resource Specialists need to carefully develop, document, and follow their own internal policies on indexing decisions.

Indexing is an applied art and sometimes experienced Resource Specialists from different agencies make different decisions about how to index particular services. However, regardless of the decisions they make internally, they must then be applied in a consistent way throughout their respective resource databases.

Primary vs. secondary, ancillary, "phantom" and indirect services

Index only primary services, and avoid indexing secondary, ancillary, phantom or indirect services.

Primary services are entry point services which an eligible person can directly access without being involved in other agency services.

Secondary services are agency services that are offered only to people who are already involved in one of the agency's primary services.

Ancillary services are agency activities that are not core services and are not worth spending the time and effort to index, for example, an agency newsletter.

Phantom services are services that the agency says they offer, but probably does not have the resources to actually provide in a sustained way.

Indirect services are services to which an agency may facilitate access, but not a service that the agency provides itself.

An easy way to tell the difference between primary and secondary services is to ask whether a client can obtain this service directly and without needing to be a part of any other program. If talking to the agency, ask whether they want referrals for a particular service. (If the answer is yes, it is a primary service.) Or whether this is a service that clients can only access after they are enrolled in another service? (If the answer is yes, it is a secondary service.)

Only primary services should be indexed, in order to avoid making referrals for services that are not directly available to the public. For example, if a nutritionist is available to older adults who are enrolled in a congregate meal program, it is only the meal program that should be indexed, not the nutrition counselling because that is only available to the people who are there for the meals. However, information about those secondary services should be included within the narrative description of the record as it provides more information and choice to inquirers.

Indexing with target terms

With every indexing decision, the Resource Specialist should ask the question, *"Who is this service for?"*

Sometimes the target is implicitly or explicitly part of the indexing term itself (for example, the terms Homeless Drop In Centres or Adult Residential Care Homes combine the notion of both the facility and the service target). In those cases, a target term does not generally need to be added.

If a service is potentially for everybody (for example, Hospitals), then there is no need to add target terms to the main indexing term. Remember: as far as indexing is concerned, most services are untargeted.

But if the service is for a specific group of people, it is often necessary to add a target term to the main indexing term in order to qualify or enhance the meaning.

For example, an agency offers a parenting class for which the correct Taxonomy term is Parenting Skills Classes. If the class is open to all parents, then there is no need to add a target term. If the class particularly focuses on mothers, then this needs to be expressed with the aid of a target term and the program would then be indexed as:

> Parenting Skills Classes ~ Mothers (think of it as Parenting Skills Classes for Mothers)

The I&R software is generally programmed to tackle this task and connect the terms in this fashion.

Similarly, a parenting class configured for teenage parents would be indexed as:

> Parenting Skills Classes ~ Teenage Parents

Occasionally, two target terms are needed to fully illustrate the program. For example, a parenting class that specializes in helping fathers of at-risk families is indexed as:

> Parenting Skills Classes ~ At Risk Families ~ Fathers

Target terms can only be used in conjunction with another term. A target term cannot be used on its own. A Resource Specialist cannot only use the term At Risk Families as it must be combined with a non-target term, otherwise it only describes who the service is for, not what it does.

Only primary services should be indexed, in order to avoid making referrals for services that are not directly available to the public.

Avoiding double indexing

Double (or redundant) indexing is the practice of indexing the same service concept using two or more service terms. *Double indexing is not a recommended practice.*

Double indexing involves using terms from either the same branch of the Taxonomy ("vertical" or "intrabranch" double-indexing) or from different areas of the Taxonomy ("horizontal" or "interbranch" double-indexing) to index the same activity.

The basic rule to avoid double indexing is to think in terms of *"one activity equals one service term"*.

Ostensibly, double indexing is an attempt to ease searching for end users. In reality, the practice:

- increases the workload of maintaining the resource database
- produces inconsistent search results
- provides an inaccurate picture of resources available in the community; and
- confuses the documentation of problem/needs when a single call concerning a single issue may be documented as reflecting multiple different indexing terms.

Example of vertical double-indexing

Having accurately indexed a program under Job Banks (ND-3500.3500-340), a Resource Specialist decides to also assign higher-level terms on the same branch of the Taxonomy such as Job Information (ND-3500.3500) and Job Finding Assistance (ND-3500). Thus, indexing the program with three different service terms within the same area of the Taxonomy:

<div align="center">

Job Finding Assistance (ND-3500)

Job Information (ND-3500.3500)

Job Banks (ND-3500.3500-340)

</div>

The problem is that Job Information is a broader term than Job Banks, and Job Finding Assistance is an even broader term and they are all being used to represent the same activity provided by the organization.

The recommended practice is to always index a resource using the most specific service term available (within the customized version of the Taxonomy used by that particular I&R) that most accurately represents the service being offered.

Example of horizontal double-indexing

A local library offers a children's reading program during the summer. The Resource Specialist indexes with the most appropriate term available:

> Children's Reading Clubs (TJ-4500.1500-450)

Thinking that people might also search for the program using the words "literacy" and "books", the Resource Specialist also indexes the program with additional service terms from other branches of the Taxonomy:

> Book Readings (TA-3000.0900)
> Literacy Programs (HH-4500)

Unfortunately, reading the definitions of the two new terms reveals that they don't reflect the program that's being indexed. Only the term originally chosen accurately reflects it, and only that term should be used to index it.

What double indexing is NOT

Note that double indexing only happens when multiple service terms are being used to index a specific service concept. It's not considered to be double indexing when:

- one or more target terms are linked to a service term to focus the indexing
- a modality term is linked to a service term to focus the indexing
- both an organization/facility type term and a service term are used to index the same database record.

All three of those are acceptable indexing practices.

Example of using a facility term and a service term

A Resource Specialist indexing a community clinic that provides immunizations (among other services) uses the organization/facility type term Community Health Centres LN-1500 ("Community-based outpatient clinics that provide comprehensive primary health care... with services that include physical examinations, immunizations...").

However, there are other programs in the resource database that specifically offer immunizations but not the other services typically offered by community clinics. Those service records have already been indexed using the term Immunizations (LT-3400). So while searching the resource database under the Immunizations term would retrieve those latter records, it wouldn't retrieve the program records indexed under the organization/facility type term Community Health Centres.

Consequently, it would be entirely appropriate to index the new community clinic program under both the service term and the organization/facility type term:

> Immunizations (LT-3400)
> Community Health Centres (LN-1500)

Finally, it should be recognized that in many cases, a Resource Specialist can avoid the temptation of double indexing by requesting that an additional Use Reference or See Also Reference be added to the service term, and/or that a term definition be clarified or enhanced.

Consistency of usage

Once an indexing term has been accurately used, it must be used throughout the resource database in every similar situation. Consistent indexing ensures that users always get all of the results that are associated with a particular term. For example, when indexing with the facility term Voluntary Health Organizations (TD-1200.6600-900), a Resource Specialist may logically decide that the service term Disease/Disability Information (LH-2700.1700) is not needed because most users would assume that a Voluntary Health Organization provides this service, so the additional indexing term is probably not necessary. But if another agency in the database which is not a Voluntary Health Organization, provides a service that can only be accurately indexed as Disease/Disability Information, then once this term has been used for one record, it must be used for all records where the concept applies. The logic is simple – when users look at a list of the organizations that provide Disease/Disability Information, the list should be complete.

Because terms in a hierarchical system are related, every indexing decision that is made affects the availability of other terms in that section of the hierarchy.

Customizing the Taxonomy

Resource Specialists familiar with the Taxonomy and general indexing principles should customize the system to meet their own needs. The objective is to strike a balance between the level of indexing people need and the level of indexing that is feasible for the I&R program to maintain. Most Taxonomy users will index with only a small percentage of the terms that are available to them, and the combination of terms they select will be unique to their organization.

At a simple level, 1st and 2nd level terms are very rarely used for indexing because they are so broad. Following an internal assessment process, an I&R organization may create an internal guide regarding which of the terms within the Taxonomy to use, thus making the other terms unavailable.

In the following Taxonomy sub-section, the shaded terms are, for a variety of reasons, being omitted from this particular internal working version (or customization) of the Taxonomy:

B	Basic Needs (*1st level term*)
BH	Housing/Shelter (*2nd level term*)
BH-1800	Emergency Shelter (*3rd level term*)
BH-1800.1500	Crisis Shelter (*4th level term*)
BH-1800.1500-050	Crisis Nurseries/Child Care (*5th level terms*)
BH-1800.1500-100	Domestic Violence Shelters
BH-1800.1500-140	Elder Abuse Shelters
BH-1800.1500-200	Family Crisis Shelters
BH-1800.1500-300	Hospital Safe Rooms
BH-1800.1500-650	Immigrant/Refugee Shelters
BH-1800.1500-700	Juvenile/Youth Shelters
BH-1800.1500-750	Safe Houses
BH-1800.1500-800	Sexual Assault Shelters
BH-1800.1500-850	Temporary Shelters for Wandering Adults
BH-1800.3500	Homeless Drop In Centres
BH-1800.8500	Homeless Shelter
BH-1800-8500-150	Community Shelters
BH-1800-8500-170	Day Shelters
BH-1800-8500-330	Homeless Safe Parking Programs
BH-1800-8500-500	Missions
BH-1800-8500-900	Urban Campsites
BH-1800-8500-950	Wet Shelters
BH-1800.8550	Homeless Shelter Pick Up Sites

In this example, any homeless shelter has to be indexed with the 4th level term Homeless Shelter. If there are four services indexed under that term, and a decision is made to re-index one of them under Missions, then the other three would also have to be re-indexed to the 5th level. On the other hand, Crisis Shelter cannot be used because the decision has been made to index all of those types of crisis shelters to the 5th level. Again, if a decision is made to re-index one of those as Crisis Shelters, then the others must all be moved up to that next level.

The reason for this is to ensure consistency of search and retrieval.

When determining if there are terms in the Taxonomy that can be eliminated altogether, consider the following:

- What types of resources are available in the community? If there are no resources in a particular category, Taxonomy terms in that area can be eliminated with a fairly high degree of confidence.

- What are the inclusion/exclusion criteria for the resource database? There may be some types of services that will not be listed even though they are available. For example, most I&R resource databases do not list restaurants, but there are Taxonomy terms that cover these. Categories that are not covered by the criteria can be eliminated.

What are the priorities of the resource database? Is detailed indexing more important in some areas than in others? Priority areas should be indexed in detail from the beginning. Less important records can be indexed at a higher level initially and re-indexed more specifically later.

One of the strengths of the Taxonomy is that it is continuously under development, with new terms and references regularly added in order to stay current. One of the consequent challenges for Resource Specialists is to ensure that their version of the Taxonomy is as up-to-date as possible. New terms and definitions need to be reviewed to make sure that there are no implications within the resource database that affect existing indexing practices.

If you are part of a database collaborative that is sharing data among different I&R services, then collective decisions are needed to ensure that the same levels and sections of the Taxonomy are being used by all the partners.

Resource Specialist Exercise

Read this scenario, and identify which of the listed services are primary, secondary, ancillary, phantom and indirect. Then use the Taxonomy to choose terms that could be used for indexing this program.

The South End Workforce Program provides career counseling, job training, child care for preschool aged children of training program participants, and transportation to job interviews upon completion of training. Services for residents of the South End community include referrals to St. Mark's Clothing Closet, Internet access for job searches, a newsletter to inform the community about agency activities, and the distribution of computers to area residents when local businesses donate equipment they no longer need.

Summary of Key Points

What you need to know ...

The Resource Specialist must ensure that the human services within the resource database can be accurately and easily retrieved.

- Organizational names, geographic areas and the indexing terms that best describe the essence of services/programs are the most critical search keys.

- The AIRS/211 LA County Taxonomy of Human Services is a hierarchical classification system.

- The Taxonomy has more than 9,000 terms divided into 10 service categories with an 11th category that comprises target terms.

- The Taxonomy can be searched and viewed by key words or hierarchical displays. Each term has an alphanumeric code, a full definition, and often a selection of Use References and/or See Also References. Specific search capabilities are software dependent.

- Taxonomy terms relate to human services facilities, services, programs, modalities and targets.

- When indexing with the Taxonomy, use the most specific term available within your agency's customized list that most clearly reflects the service being described. Read definitions to ensure the intended meaning is correct.

■ Index only on primary services and not secondary ones, but describe secondary services in the narrative. Avoid double indexing.

■ Index consistently. Always index the same concept at the same level. An indexing change in one area may lead to changes in other areas.

■ Target terms clarify or refine other terms. Target terms can only be indexed in conjunction with other terms. Most services are untargeted.

■ Agencies can customize the Taxonomy to make it more internally manageable and to reflect their own community needs. The Taxonomy needs to be regularly updated but this requirement usually involves a re-examination of your agency's previous customizing decisions.

Test Questions

1. *Which of the following best describes a hierarchical classification system?*
    a. An alphabetical listing of keywords that would occur to most people
    b. A structured set of concepts that illustrates the relationships between listings
    c. A computer system that searches for any and all strings of words
    d. A collection of detailed definitions of various human services

2. *Which of the following is an example of a type of Taxonomy term?*
    a. Target term
    b. Delivery term
    c. Standard terminology
    d. Keyword term

3. *What is a "Use Reference"?*
    a. An alternative term name with virtually the same meaning
    b. An alternative term name with the opposite meaning
    c. A term that suggests a related but separate concept to the given term
    d. A direction that a specific term should be selected

4. *Which of the following Taxonomy terms is a possible Use Reference for Birth Control Counselling?*
    a. Family Planning Counselling
    b. Birth Control
    c. Contraception
    d. Control and Signaling Aids

5. *Which of the following is the most probable example of a broader term and a narrower term within the same Taxonomy section?*
    a. Car Sharing Programs and Taxi Services
    b. Consumer Complaints and Preschool Age Children
    c. Burial Services and Cremation Services
    d. Transportation and Taxi Services

6. *Which of the following is an example of a Taxonomy facility term?*
    a. Developmental Disabilities
    b. Children's Hospitals
    c. Financial Management Workshops
    d. Homeless Family Reunification Programs

7. *Which is the following is an example of a 1st level Taxonomy category?*
    a. Environment and Pubic Health/Safety
    b. Financial Assistance
    c. Health Care Targets
    d. Criminal Services

8. *How many levels are contained within the AIRS/211 LA County Taxonomy?*
    a. No actual levels so much as free floating concepts
    b. Five
    c. Six
    d. An infinite number depending on the specific needs of the community

9. *Which of the following is a helpful principle for good Taxonomy indexing?*
    a. Approximation
    b. "Compound" (or triple) indexing
    c. Individuality
    d. Consistency

10. *Read the following Taxonomy definition: "Programs that provide an alternative, nonresidential environment for people who have mental, emotional or social problems and which may offer recreational activities, socialization, individual or group counselling, mutual support group meetings, information and referral or other similar services. Included are centres that are staffed by consumers of psychiatric services as well as centres that are managed by professional staff." Which of the Taxonomy terms listed below seems the closest match to this definition?*
    a. Mental Health Drop In Centres
    b. Drop in Centres ~ Mental Health Issues
    c. Psychiatric Day Treatment
    d. Home Based Mental Health Services ~ Families/Friends of Mentally Ill

11. *Which of the following list of Taxonomy codes and terms is an example of a 4th level term?*
    a. PH-1400 Companionship
    b. PH Individual and Family Support Services
    c. PH-1400.5000 Mentoring Programs
    d. PH-1400.5000-650 Peer Role Model Programs

12. *Which of the following is an example of a Taxonomy service term?*
    a. Children's Hospitals
    b. Utility Payment Assistance
    c. Haitian Community
    d. Juvenile/Youth Shelters

13. *What is a "See Also" reference?*
    a. A term that has the exact opposite meaning of the given term
    b. A term that has a very close meaning to the given term
    c. A term that has the same coding as the given term
    d. A term that suggests a related yet distinct concept to the given term

14. *Which of the following is an example of a target term?*
    a. Workers Compensation Recipients
    b. Workers Compensation Fraud Reporting
    c. Crime Victim Compensation
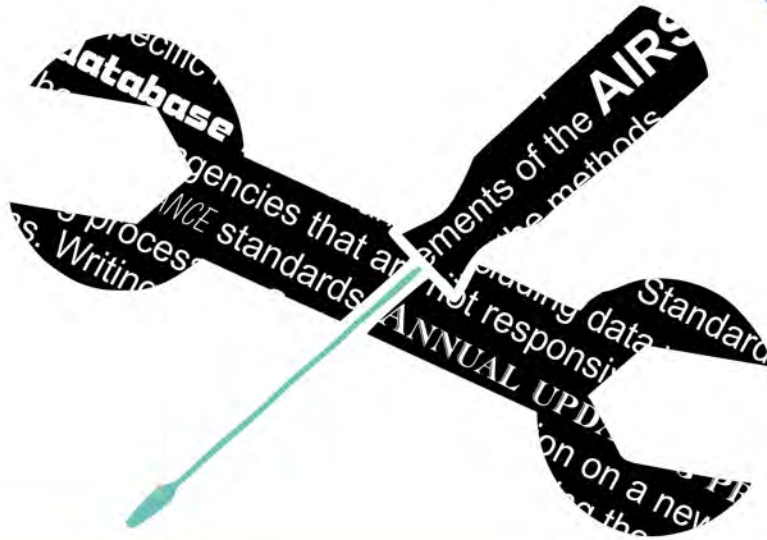   d. Community Services Work Programs

Answers

7.	a.	14.	a.
6.	b.	13.	d.
5.	d.	12.	b.
4.	a.	11.	c.
3.	a.	10.	a.
2.	a.	9.	d.
1.	b.	8.	c.

Database Maintenance

- ◎ To describe the database maintenance process and the specific requirements of the AIRS Standards

- ◎ To outline the methods of database maintenance, including data verification

- ◎ To identify ways of handling agencies that are not responsive to requests for information

Learning Concepts and Objectives

Introductory Exercises

Imagine you are a staff person at a large agency who has just received a lengthy survey from the local I&R organization asking for extensive details on every program and service you provide. This will take hours of work and will involve checking with a number of other managers and coordinators. How are you likely to feel about this request? How might you try and simplify this task? What sort of questions might you ask the I&R organization about the purpose of the data?

_____

_____

_____

If your I&R organization is asked to create a database for an adjoining community that has long lacked such a resource, what would be some of the initial information sources that could be examined to start to uncover the human services within that community?

_____

_____

_____

A community agency is very late in verifying its database record. The I&R Specialist has visited the agency's website and Facebook page, and there appear to be no changes in the agency's profile. Should this information be used to verify the database record? What are the possible dangers? Are there any alternative solutions to consider?

_____

_____

_____

What the AIRS Standards say …

The I&R service has a documented process for updating the resource database either annually or on a continuing basis throughout the year.

The I&R service has procedures to ensure that information in the resource database is accurate and complete. At a minimum this involves an annual survey of all organizations in the database and interim updates of records throughout the year as new information becomes available.

AIRS Standard 12

In order to collect information/data elements uniformly across organizations, the I&R service develops and uses a standardized profile ("survey") for new organizations to be included in the resource database.

AIRS Standard 12, Quality Indicator 1

The I&R service has a documented process for updating the resource database either annually or on a continuing basis throughout the year that involves multiple attempts to achieve a 100% update rate within a 12-month cycle. There is a mechanism in place for tracking the response rate and a way of evaluating the success of the methods used (e.g. mail/electronic survey, fax, telephone, site visits, follow-up correspondence). Information that cannot be verified is considered for removal from the database. The I&R service is able to generate a report that lists resource records according to date.

AIRS Standard 12, Quality Indicator 2

Documented procedures are in place for integrating interim information changes (i.e. changes that occur between annual updates).

AIRS Standard 12, Quality Indicator 3

Documented procedures are in place for identifying new agencies, acquiring required information about them and, upon inclusion in the database, verification by the agency.

AIRS Standard 12, Quality Indicator 4

Update verification procedures to ensure accuracy including the name of the individual authorizing the update and the date of authorization. Changes and additions submitted by staff in the organization being surveyed or I&R specialists reporting a change are reviewed by a Resource Specialist prior to posting. Update records are retained until a more recent version is received.

AIRS Standard 12, Quality Indicator 6

The update form or the accompanying cover letter has a statement that the I&R service reserves the right to edit information for brevity, clarity and content; and to publish the information in a variety of media, subject to confidentiality issues.

AIRS Standard 12, Quality Indicator 9

The I&R service has backup policies and practices that safeguard critical data and systems. The policies include provisions for the storage, retrieval, use and ultimate disposition of all records; and address security arrangements for inquirer data, the resource database and critical operational records such as payroll, personnel, reports, legal documents and email. If the backup solution for records is cloud-based, the I&R service has more than one way of accessing the cloud in emergencies. If another type of archival system is used, backups are kept in a secure, off-site location where they will be protected from destruction or theft. As a final insurance for resource database records, the I&R service has a recent version of its resource data available either on an internal computer, a data sotrage device or in a printed format.

AIRS Standard 25, Quality Indicator 4

Database Maintenance Standards

Every record in an I&R resource database should be completely updated on an annual basis.

Every record in an I&R resource database should be completely updated on an annual basis, sometimes called the "formal update". This means a pro-active verification of all the details contained within an organization's record (i.e. so that even if there have been no changes, this lack of change has been verified).

This is generally achieved through an annual survey process conducted by mail, fax or an online submission generated by email. Site visits and telephone interviews are among the acceptable "back-up" methods.

Documentation should be collected from organizations in the database verifying that they have received and reviewed their listing … and that it is correct, subject to any changes they have indicated.

This annual survey process generally uncovers a variety of changes that need to be made in database records.

Sometimes the information provided in the existing record is accurate and complete as written. A record that goes through the annual updating process with absolutely no changes is still considered "updated" because the organization involved has confirmed that no changes were needed.

There are also database changes that must be made throughout the year (known as interim updates or data modifications) as they come to light, often through information supplied by an I&R Specialist who is dealing directly with the public.

If members of the public have received information that is later proven incorrect (for example, they were told a service closed at 6pm but found that it actually closed at 4pm), they will often call the I&R back and complain. This is a very good thing as it alerts I&R staff that an agency's information might have changed and that they need to contact the agency directly to find out. It is important to verify changes with the agency to confirm that these are permanent changes.

The traditional method of updating resource databases is by mail, though e-mail is a very popular (and inexpensive) method as well.

There are other activities that allow Resource Specialists to increase their chances of learning about any required interim information changes. Attending community meetings, receiving agency newsletters and press releases, following agency Twitter feeds and Facebook updates, participating in listservs, etc. are all avenues of learning about new information (for example, new eligibility criteria, new hours of operation or a new address).

Agencies sometimes directly contact an I&R service with information about important changes, but it certainly cannot be assumed that this will happen. Building a good relationship with your agency contact person will really help make sure the agency thinks of you when changes happen.

Finally, there should be a process to ensure that new agencies or programs are added to the resource database as appropriate.

Annual updating process

The annual updating and validation process can be managed in ways which may vary according to the:

- Number of records in the database
- Comprehensiveness of the database
- Size of the resource staff

There are two basic methods for conducting an annual survey to update the entire resource database:

- Intensive validation involves surveying all of the organizations in the database over the same time period, often at the beginning of the year or during a quiet period of time when there are no special projects to manage. Returned surveys are processed as they are received, generally over a period of three to four months.

- Rolling validation involves dividing the resource database into sections according to a number of possible criteria of an I&R organization's own choosing and then updating records continuously throughout the year. Options include: surveying 1/12 of the database every month, 1/4 of the database every three months, surveying the database according to sectors such as youth agencies in March and employment agencies in April, or surveying records according to the anniversary date of their creation.

An I&R organization can choose whatever annual survey method best meets their needs and preferences. The AIRS/InformCanada Standards direct that each agency record must be formally updated at least once within a 12 month period. Whichever method is chosen, the I&R resource staff must be able to process changes in a timely manner. If a Resource Specialist receives a large response and it takes 3 or 4 months to process a returned survey, the information is possibly already outdated. Processing updated surveys should take only a few weeks from the date they were returned.

It is best to begin the process a few weeks before the annual update is due. A copy of each database record should be printed/electronically exported and sent via mail, e-mail or fax, along with an explanatory cover letter to the listed contact person of every organization in the database. You may also find it helpful to include a blank new program form so agencies can provide the necessary details of recently added services. This form should ask for information regarding the required program data elements. The organization is asked to review the information, make any needed updates, sign their approval (electronically or otherwise, this remains an important quality assurance measure) and return the completed survey.

If there are "no changes", they must clearly indicate that this is the case before signing and returning the record.

The next step is to wait for completed surveys to be returned – with plenty of regular reminders along the way.

It is not unusual for Resource Specialists to have to contact organizations multiple times to persuade them to review and return their listing.

Documentation of attempts to reach an agency is extremely important. The internal draft profile of an agency's record or external spreadsheet may have a succession of contact notes along the lines of:

"*Sept 25th* – spoke to X who said it should be done in 4 days"

"*Sept 30th* – left voice message for X and mentioned the 4 day promise"

"*Oct 3rd* – sent another e-mail"

"*Oct 12th* – left another voicemail"

When the profile is returned and after it's processed, it is a good idea to file it rather than dispose of it or delete it. Occasionally, questions arise months later about whether specific changes were requested. All experienced Resource Specialists can recall times when the ability to produce a document showing the handwritten signature of a staff person at another agency helped to 'protect' the integrity of the I&R service.

Original documents may be retained for 2-3 years.

Most I&R software systems now offer ways for agencies to update their information directly via the Internet. Generally, this involves an e-mail being sent to an agency's contact person. The e-mail contains a copy of or a link to the agency's database profile and a message requesting review. Changes can be entered within the copy of the record and returned by e-mail to the Resource Specialist.

Agencies should never be allowed to make permanent changes directly to the resource database.

Instead, they should submit changes in a review format and Resource Specialists, knowledgeable in indexing and style, should be responsible for assessing, questioning, confirming, editing and proofing the information before transferring it to the database. This includes assessing whether the submission was provided by someone authorized by the organization. This independent review of submitted changes is critical.

Even with online updating, it is still normal for a Resource Specialist to make multiple requests before some organizations will return validated information profiles.

Here are some strategies that might improve the survey return rate:

- Send update requests to key contacts that are continuously nurtured and thanked. For very large agencies, call ahead to talk to the key contact, so that they can expect the updating request.

- For large, complex agencies like hospitals and city government, it may be helpful to divide the annual survey document into smaller sections (by site, department or program).

- Conduct a site visit with agencies that are important but have been difficult in previous years in responding.

- In the cover letter, specify a date for profiles to be returned.

- Include information about the I&R's role in compiling a community resource database and encourage the agency to call directly if they have any questions.

- If possible, include the number of referrals made to the particular agency in the past year.

- Include an explanation of how the information will be used, and that you want to be able to give the public the most accurate information about the agency so that the agency's time is not wasted by inappropriate referrals.

- Inform agencies that their information is going to be available either online and/or in a published directory.

- Consider an incentive – such as a prize draw for a free community directory for agencies that return their profiles by the deadline date.

Even with online updating, it is still normal for a Resource Specialist to make multiple requests before some organizations will return validated information profiles.

None of these methods completely solve the problem, but they all provide some help. Strategies that work best with certain types of agencies may differ for other agencies.

Anecdotally, agencies that are late responding tend to be either very large or very small.

For the very large ones, updating represents a great deal of work or coordination for one individual who may not be familiar with the entire operation and may assume that "everyone knows about us" … and for very small agencies (which are often 100% volunteer driven), updating represents a difficult request that may not seem relevant to their work.

Telephone updates are often the next step after a few unsuccessful mailings, faxes or e-mails. This is not a preferred method but is acceptable, especially for smaller, volunteer-based agencies that have no desire to complete long written surveys.

When undertaking a telephone update, it is important to document all aspects of the telephone conversation. Write down the date and time of day, the full name of the person providing the information and their title, and finish with the addition of your own initials. It is important to have a record of the changes that happened during that telephone interview.

It is also important not just to read over the existing details to the agency contact but to gently probe for programs and services that may not be on the current record. Ask about "other" services rather than "new" services – there might be a long-standing program that never made it on the original record. Don't be afraid to ask as many clarifying questions as needed to make sure you fully understand the agency's services and can accurately reflect the service in the database.

Once the contact has provided you with their information, it is a good idea to read it back to them to confirm the details, especially if telephone numbers are involved.

It is possible that agencies that haven't responded to updating attempts may need to be deleted from the database. Obviously, this is not a decision to be taken lightly and will sometimes depend on the nature of the organization. A small agency that cannot be reached despite multiple attempts is probably going to be equally impossible for the public to contact. In these circumstances, deletion may be the responsible action. It is best to send a formal letter stating that deletion will occur if an update is not received before the "final" final deadline.

However, a large and prominent agency often has to be included in the resource database or the database has no credibility. Equally, the AIRS Standards clearly require that all included agencies should be updated annually.

Last-ditch efforts could include personal visits or asking the I&R organization's Executive Director or equivalent to make calls to their counterpart at the other agency. A call by a volunteer board member may also provide results, especially to a member of the agency's board. Another final gambit might include contacting the agency's key funders and politely asking them to "encourage" the agency to do their duty.

In some jurisdictions, the I&R organization has succeeded in making the provision of a database update a condition of municipal and/or local United Way funding.

If time is running short, visit the agency's website or Facebook page to assess whether the information seems recently updated. If they are not reliable in contacting you, they may be no more reliable in updating their own website.

Occasionally, an agency may ask to be excluded from the resource database, even though they are still delivering services. Reasons may include concerns about increasingly long waiting lists, a lack of capacity, a narrow target population, or a perceived lack of time to provide the information.

When an agency asks to be excluded, but are still offering an important service, here are some strategies that might prove effective:

- If the agency receives public funding, remind them that they may have an obligation to inform the public about their services.

- Explain that the resource database is a comprehensive listing of human services in the community, and that they are an integral part of that larger picture.

- Remind them that the database is used by major stakeholders for community planning, and that their absence will hinder data analysis.

- Explain that their database record can be very specific about their capacity limitations or their eligibility restrictions, which can help to control their volume of referrals.

- Invite them to tour the I&R service and see how agency information is maintained and resource searching is performed on the call side. Especially for organizations with specific service areas, it may be reassuring to know you really can reflect their preferences for describing their service in your database.

- If necessary, a small agency can be included in your internal database but excluded from public listings such as on the Internet or in directories.

Once an agency's record has been updated, that fact should be recorded within the I&R's software system. This allows an accurate search to be made to identify any and all records that have not been updated within the past 12 months. The date of the last update should also appear in the record when it is retrieved in searches by I&R Specialists and others who use the database.

When undertaking a telephone update, it is important to document all aspects of the telephone conversation.

Updating a resource database is a never-ending commitment for Resource Specialists. Persistence is a key element in the challenging task of database maintenance.

Interim updating process

Information changes constantly in human services organizations.

Annual updates alone are not enough to keep a resource database accurate and up-to-date. In addition to the annual survey, an ongoing proactive search for interim information changes should be part of the data maintenance process.

Changes made throughout the year in response to new information are sometimes known as *data modifications*.

These are not the same as annual updates in that they generally involve only a change in a few pieces of information within a record, not a comprehensive review and validation of the entire record.

The date of the last interim update is different from the date of the last formal update. For example, the record may have been updated in April but modified in October. However, the date for its next complete update remains the next upcoming April.

One key method of obtaining interim changes is to include a question in the annual updating profile asking whether the agency is planning any significant changes during the next 12 months (for example, a new program or a move to a new location). It is also helpful to know when key funders (such as the United Way) disburse their funds, as this hints at possible program changes.

Gathering information on a new agency

The I&R organization should develop a standard agency questionnaire/ survey that can be used to gather information about agencies being considered for inclusion in the resource database for the first time.

The questionnaire should have a logical flow, include the minimum data fields required by the AIRS/InformCanada Standards and be as easy as possible for the agency to understand and complete.

Whenever practical, agencies should be given some clearly written choices to guide them – the written equivalent of close-ended questions. For example, when asking about their legal status, guide their choices by providing a sample of alternatives that they can check off, such as:

nonprofit agency, government organization, unincorporated group, faith-based service, commercial business, individual practitioner and "other".

Provide a separate form that can be used to describe additional sites and individual services and/or programs the agency offers. Suggest that the agency make as many copies of that form as they need, so that there is one questionnaire for each program or separate service they provide.

Here is an example of the type of information that should be requested:

- Organization's legal name.
- Organization's legal status.
- Other names that the organization may be known by, such as acronyms and former names.
- Street address – and mailing address if different. Include address of all locations.
- Telephone numbers (both administrative and contacts for specific programs), toll-free number, fax number, TTY number.
- Website address and general e-mail address. Any social media addresses.
- Description of each service and/or program provided by the organization. (Ask for a narrative description and supporting material.) Do not allow agency to select Taxonomy terms.
- Program names if applicable.
- Target populations served.
- Eligibility requirements and exclusions.
- Application process: How can people apply? Do they have to call first? Can they just walk in? If a referral is required, from where are referrals accepted?
- Documents required for application.
- Languages in which a service is consistently available.
- Fee structure for service: What type of fees are charged? No fee? Sliding scale? Set fee?

To check whether the agency may have omitted relevant information, request copies of any published materials such as brochures, annual reports and newsletters. Visit the agency's website if they have one. If it looks like something was omitted, check directly with the agency to make sure it is still available.

With a new agency that is unfamiliar with the work of the I&R, there may be a number of gaps and incomplete sections. Contact the agency by phone to fill in the blanks and/or ask clarifying questions.

If the agency is nearby and you have the time to visit, the personal touch is always useful (but first make an appointment). This allows you to take the time to explain the role that the I&R serves in the community, and show how keeping their agency's information accurate and up-to-date is not only beneficial for the people who need their services, but also beneficial to their own work because their time will not be wasted by inappropriate requests for services.

Once you have finished adding the new agency's profile to your database, send a copy back to the agency's contact person for verification. Otherwise it will be 12 months before their annual update is due, and that is too long to wait if there are incorrect details.

Reviewing returns

When a database profile is returned, the Resource Specialist must carefully read over any changes made in the record.

> *Does the information make sense?*

> *Are the changes clear?* (Don't guess if you are unsure whether a telephone number is a "3" or an "8".)

You may often need to follow up with an agency to confirm a detail or collect an important piece of additional information. (For example, "Is the new program available from all of your locations?")

Review the returned information from the viewpoint of an I&R Specialist or a member of the public – "If I needed this service, does the description and the other details clearly tell me what it does and everything that I would need to know in order to access it?"

Writing service descriptions

Most of the key information provided should be entered into designated fields within the agency's record (for example, phone number, eligibility and application process). Be sure to use the various data fields as they are intended.

The service description is the place to provide contextual information (for example, on secondary and ancillary services). It is also a place where other data elements (such as appropriate licensing information or affiliations) can be added if there are no specific fields for those elements and their inclusion would be helpful.

A service description provides an opportunity to more fully describe the nature of a service in order to help someone make an informed decision on a referral.

Service descriptions are tough to write because the agency tends to provide more detail than is relevant to the needs of someone seeking a referral. The challenge for the Resource Specialist is how to distill the information provided into a succinct summary of the essence of a service:

Here's some examples of service descriptions:

- Support for casual labour, providing a safe place for workers to wait to be picked up for daily jobs. Light breakfast available for participants.

- Local branch of national organization, offering one-to-one meetings to assist patients and families with free advice to help solve problems related to finances, employment and costs resulting from a cancer diagnosis.

- Food, clothing, shelter and other basic necessities for victims of disasters such as house fires and floods.
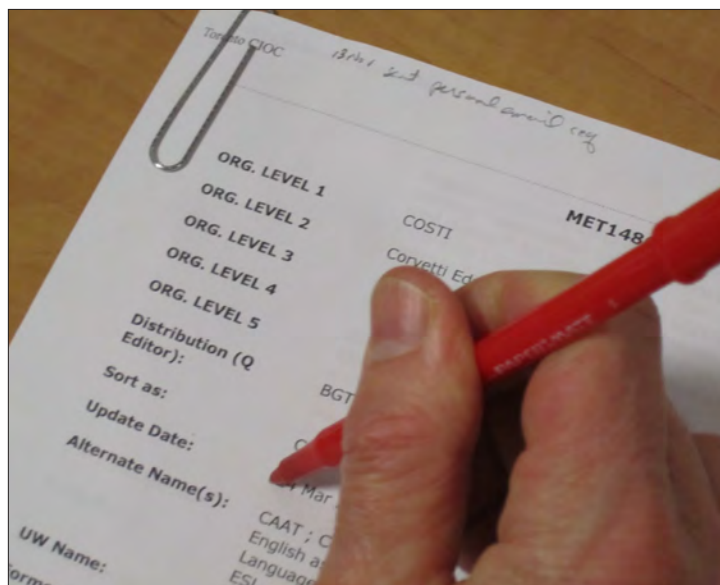
The more eyes and ears attuned to changes in human services and feeding that information back to the Resource Specialist, the more reliable the resource database.

And here are some tips on how to write a good service description:

- Service descriptions should be precise but also meaningful. They should anticipate any questions that an inquirer might reasonably ask that have not been addressed in other fields. However, it should not include every conceivable piece of detail – these issues are best addressed by the inquirer contacting the program directly.

- Avoid using full sentences such as "This program provides peer counselling within a supportive environment …" if "Peer counselling available" gets to the point quicker and is easier for the I&R Specialist to read.

- Point form is often easier to read on the computer screen. Asterisks or bullets are easier still to pick out and helpful in listing multiple eligibility requirements and required documentation. For example, "Anytown County residents • eligible every 90 days".

- Avoid over-elaborate phrases (usually supplied by the agencies themselves in their completed surveys) such as "Provides a family-focused model based on empowerment and individualized expression." Ask yourself, "What are they actually doing and what would a potential inquirer really want to know?"

- As a very general rule, adjectives and adverbs can be eliminated.

- Avoid subjective language (such as "highly qualified staff") and social service jargon.

- Within your own database, try and standardize your descriptions for common services as much as possible.

- Write in third person or avoid pronouns as possible. Avoid using "our" or "we" to help write objective narratives.

- Strive for active verbs and clear language.

Keeping the information flowing

Many people in the I&R organization and in the broader community have a stake in the scope and quality of the information contained in the resource database. The more eyes and ears attuned to changes in human services and feeding that information back to the Resource Specialist, the more reliable the resource database.

Here are some of the ways to keep that information flowing:

- Keep lines of communication open between Resource Specialists and I&R Specialists. People who use the database every day have excellent opportunities to spot inaccuracies and inconsistencies. Provide a resource correction form that I&R Specialists can easily complete and forward to the Resource Specialist.

- Provide an easy way for people using the database online to suggest additions and changes.

- Enlist the support of community liaisons and advisors to help keep track of important changes to agencies, services or programs.

- Subscribe to as many agency print and electronic newsletters as possible. These are usually free and an excellent way to learn about changes in that agency.

- Subscribe to local newspapers that cover the service area, including (and maybe especially) smaller community and neighbourhood publications. Agencies will often notify the local press of a new program or a change to their services – and the more local the newspaper, the more likely that it will be published.

- When I&R agency staff attend a health fair, conference or external workshop, make sure they bring back as many brochures and leaflets as they can find. Get in the habit of picking up brochures displayed in libraries and agency waiting rooms.

- Sign on for Twitter feeds and Facebook updates of listed organizations as this is increasingly a good source of new program information.

- Learn how the human services delivery system works. Who licenses nursing homes? Who maintains lists of assisted living facilities? Use this knowledge to develop contact points for getting answers to questions, and for requesting lists of providers.

- Keep track of major community service funders. Learn when your local government announces grants and when the United Way makes funding allocation decisions. But remember that a funding announcement does not mean a new program is available in the community. It may take several months to open operations. Develop a "bring forward" system to contact a service if a future change is going to occur.

- Develop contacts in government agencies and in the local human services community. When you find someone who is helpful and informative, keep that person's name, number and information about their area of expertise.

- Ask umbrella or advocacy agencies for their membership lists. For example, homeless coalitions have lists of shelters, the local mental health association will have a list of support groups, and the regional food bank will have a listing of all the meal programs they supply.

Creating a functional, professional database that reflects the AIRS/ InformCanada Standards takes a lot of work. Once the I&R organization has established its inclusion criteria, database structure, indexing decisions, a style guide for database contents, and data collection and maintenance processes, it is important to develop database maintenance documentation that can be used by current staff and as a training and reference tool for new personnel.

If more than one person is maintaining the resource database, then these tools become even more critical. It is difficult to achieve consistency when several people are working on the same database. The "how to" documentation needs to be very clear and concise.

It is very helpful to have one consistent person serving as the "final reviewer" or "editor" for the team. This person oversees adherence to procedures, appropriate style usage and accuracy in indexing.

Good habits are also important.

Skepticism can be a virtue. Get into the habit of checking and double-checking. A brochure from a well-known agency promoting their new program is not enough information to trigger a database change. Perhaps the program is being promoted now but will not be actually available to the public for several months. Always check directly.

There is no downside to confirming information.

Agencies may sometimes get exasperated with requests for information and follow-up questions about the specific details of program delivery. But in the long run, these are the actions that will build respect for the integrity of the resource database throughout the community.

Database security

An I&R organization must develop back-up procedures to safeguard the contents of the resource database. Daily computerized back-ups or mirrored cloud-based backups are recommended. A separate back-up should be taken off-site at least on a weekly basis.

Periodically, test the back-up to ensure that if there ever is a problem, the correct material is being recorded and the resource database can be extracted from the back-up. Also regularly change the tape/CD that is being used to record the back-up.

Make sure that there is a print directory and/or a print copy of the entire database available. This is useful for I&R Specialists when the power goes out or the network is down. It also constitutes the ultimate back-up in case a "Plan D" is ever needed.

There may also be a paper file for each organization contained within the resource database. This should generally contain their original survey as a new agency, plus their updates for the past 2-3 years, along with perhaps their most recent brochure and/or annual report. Resource Specialists can refer to information about the organization's update history in situations where the accuracy of an entry is being questioned.

It is also useful to have some measure of legal security regarding the use of information received from organizations listed in the resource database. For this reason, many I&R agencies include within their annual updating form and/or new agency survey, a statement along the lines of: "This information is being collected for inclusion in a resource database for the purposes of community information and referral. The Anytown I&R organization reserves the right to make editing and coding changes in addition to publishing the information in directory and online formats."

Resource Specialist Exercise

Write a persuasive paragraph to serve as the cover letter for an agency update that explains what the resource database is used for, and why it is important that an agency keep its information accurate and up-to-date.

Scenario and Role-playing Exercise

The scenario and role-playing exercise are tools to stimulate discussion and practise skills.

The Resource Specialist is updating a large agency in the community that provides several critical services. There is a different contact person for each service, and the Specialist has received updated information for all but three of the services. She has called the agency office and left messages twice with each of the three program managers, in addition to sending four e-mails and two letters. The Resource Team has agreed that these services need to be in the database even though their agency policy states that services that do not respond to three update requests will be deleted. The Resource Specialist is directed to try again.

The Resource Specialist gathers statistical data about call volume to each service then calls on Friday afternoon at 3:00 pm and reaches one of the program managers. She explains what she needs and the manager, sounding frustrated, says he is about to leave for the weekend and asks if he could call back on Monday.

The Resource Specialist says if the program manager is willing, she'd prefer to complete the update now. She says it will only take about three or four minutes. She tells the program manager about the number of people that call the I&R service and are referred to his program, and that it's vital that the I&R Specialists give the callers accurate information so they're not wasting his time with inappropriate calls.

While still sounding impatient, the program manager agrees to listen to the information as she reads it. The Resource Specialist proceeds through the listing information, pausing periodically to ask, "Is that still correct?" When the call has been completed, she thanks him and says she'll call him again in about a year, but encourages him to contact them directly if anything changes in the meantime.

What other techniques might the Resource Specialist have used to keep the program manager on the line with her? Discuss the difficulty (and importance) of maintaining a polite and respectful attitude while still getting the information that's needed for the update.

The Resource Specialist did not reference her earlier messages in order to avoid embarrassing the program manager with his previous failures to follow through. Might there be a situation where this kind of reminder could be useful?
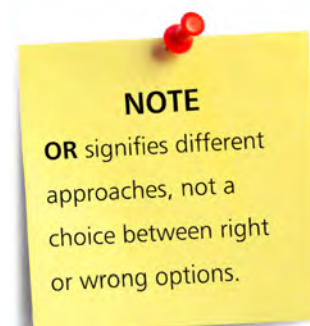
Having completed the call, what type of details should the Resource Specialist document about the contact, if any?

Role playing

A Resource Specialist has contacted a furniture re-distribution program after a report from an I&R Specialist indicated the agency may no longer be providing delivery service. The Specialist reaches a program manager.

Hi, my name is _____ from All-Help Referral Line. I was hoping to check some information with you. Have you got a moment?	OR	*This is _____ from All-Help Referral Line. I need to check information in our database for the Community Furniture program. Are you the manager of that program?*

The program manager expresses frustration that she just sent an update a few weeks ago.

Yes, you did, and I want to thank you for helping us stay current. I'm calling today because one of our callers reported that you're no longer providing delivery service, and I wanted to check with you before I made any changes in our database.	OR	*I really appreciate that you did that. You're right, I don't need to do a full update, but I do have one question. We had a caller with a question I just need to clarify. Do you have a moment?*

The manager becomes a bit more relaxed and agrees, asking what the question is.

Our description says you're able to deliver furniture to people's homes. Is that still true?	OR	*It says you can provide delivery service if people need it. Are you still doing that?*

The manager says yes, they do.

NOTE
OR signifies different approaches, not a choice between right or wrong options.

That's great. Are there some circumstances when you might not be able to make a delivery?	OR	*I'm glad to hear that; I know it helps a lot of people. Do you do that for everyone?*

The manager says there are some certain situations where it isn't possible for them to make a delivery.

You know, I bet that our caller had one of those situations, and didn't hear the explanation properly and just assumed you'd stopped doing it. Perhaps I should include a phrase that says, "In most cases" just before the notice about the delivery service.	OR	*That certainly makes sense. I wonder if we reworded that section to say, "In most cases, delivery service is available." Would that be alright with you?*

The manager agrees that this new wording more accurately reflects the situation.

That's great — I'll make the change. That's all I needed. Thanks for your time.	OR	*OK, I think that will help our callers get a clearer picture. I appreciate you taking a moment with me.*

The call is ended.

Suggested ways to speak with clients

"My name is Jo and I work at the Acme I&R service. You may be familiar with our Purple Directory or our 211Anytown website. We are in the process of updating our human services database. Your agency is an extremely important part of that database. We recently sent you a copy of the current information that we have on your agency, and I was just calling to make sure that you had received it and ask whether you had any questions about it."

"The information in our resource database is used by our own I&R Specialists who provide referrals to X thousands of members of the public every year, in addition to professionals who use our website. Funders and community planners also rely heavily on our information."

"If it helps, I can go over the information with you by phone. Would that be OK? Well, to start with, can I just get your full name and your title?"

"We received your completed form. Thank you so much for doing taking the time. There are just a couple of things that I need to double-check to make sure I correctly understand the information ..."

"You have been extremely helpful. We can't do our work properly without people like you who really understand the importance of sharing accurate information with the public."

Your agency is an extremely important part of the database. Funders and community partners rely heavily on our information.

Summary of Key Points

What you need to know ...

- Every record in the resource database must be updated annually.

- The annual update involves the organization receiving the latest version of their information or else confirming that no changes are required, reviewing it, making changes if required, signing it and returning it to the I&R organization.

- Every effort must be made to encourage agencies to review their updates.

- All information provided by an agency must be assessed, verified and edited by the Resource Specialist. Contact the agency directly to check anything that is uncertain.

- The resource database must also include new information that becomes available between the annual updates. These changes are known as data modifications or interim updates.

- An I&R organization should be as proactive as possible in increasing the likelihood of learning about changes to human services information.

- Agencies that are new to the database should receive a detailed survey to complete their initial profile, and confirm the accuracy of their first completed entry.

- The resource database needs a documented security policy regarding back-ups, including off-site copies.

Test Questions

1. *When should an I&R resource database be comprehensively updated?*
   a. Two months before the publication of a new directory
   b. Annually
   c. Monthly
   d. Continuously

2. *Who is the best person to edit a resource database record?*
   a. The agency whose services are being described
   b. The Resource Specialist
   c. A professional editor
   d. The I&R Specialist who provides the referrals

3. *Which of the following best describes the relevance of database security issues?*
   a. An essential part of the AIRS Standards and an agency's operations
   b. The responsibility of the agency's IT department
   c. Optional
   d. Not required due to improvements in firewall programs and server functionality

4. *Which of the following is an acceptable method of collecting information from a human services agency?*
   a. Making an appointment and visiting them directly
   b. Having a friend visit them and interviewing the person about their experience
   c. Checking their Website and copying the information
   d. Writing to their funders for information about the programs they are being paid to deliver

5. *After receiving a brochure found pinned to a library notice board, a Resource Specialist discovers that an agency has a new phone number. What action should be taken?*
   a. The database modification should be made as soon as possible
   b. The database change should wait until the annual update begins
   c. The database does not need to be changed as fax numbers are not very important
   d. The potential change should be verified by calling the agency directly and if confirmed, the modification should be made as soon as possible

6. *If the agency does not respond to their initial updating questionnaire, what should be the response of the I&R organization?*
   a. Immediate exclusion from the resource database
   b. Letters of complaint to the local newspapers on the lack of cooperation
   c. Further proactive attempts to encourage verification
   d. Use last year's information but change the dates

7. *What is the name for a database change completed between annual updates?*
   a. A database change
   b. A database modification
   c. A modified database
   d. A mini-update

8. *Which of the following is a good example of a method of learning about possible local database modifications?*
   a. Subscriptions to neighborhood newspapers
   b. Subscription to national cable TV news
   c. Web blogs
   d. Old telephone directories

Answers

1.	b.	3.	a.	5.	d.	7.	b.
2.	b.	4.	a.	6.	c.	8.	a.

Disaster and the Resource Specialist

26

- To describe the stages of a disaster and the appropriate I&R response at each stage

- To outline the responsibilities of the Resource Specialist in supporting the I&R organization's response to a disaster

- To understand the reasons for the development and maintenance of a pre and post disaster database with a comprehensive use of the AIRS/211 LA County Taxonomy

- To ensure accurate tracking of inquirer information, needs and referrals for community reporting, during and following a disaster

- To understand the limitations and strengths of the organization's inclusion/exclusion policy during a disaster response

Learning Concepts and Objectives

Introductory Exercises

What are the types of disaster that could occur in your area?

_____

_____

_____

How prepared are you and your family?

_____

_____

What technological challenges may occur during and following a disaster that could affect how resource data is collected and entered?

_____

_____

_____

What are some alternate methods for disseminating disaster resource information to people who are affected by disasters in your area?

_____

_____

_____

Which agencies would you assume would be available to provide services during and after a disaster? What kind of services might be needed?

_____

_____

_____

What the AIRS Standards say ...

> The I&R service shall develop a database with information about resources that provide services in times of disaster.

The I&R service develops, maintains, and/or uses an accurate, up-to-date computerized resource database that contains information about available community resources that provide services in times of disaster. Database records include descriptions of the services organizations provide and the conditions under which services are available; and are indexed and accessed using the Disaster Services section of the AIRS/211 LA County Taxonomy of Human Services.

AIRS Standard 19

The I&R service's resource database includes information about permanent local, provincial/territorial and federal disaster-related resources, i.e., organizations with a formal role in emergency response, a clearly defined disaster mission and/or a history of providing services during previous incidents.

AIRS Standard 19, Quality Indicator 1

The I&R service adds information about organizations that have no formal role in emergency response but emerge in the context of a particular disaster, specific relief and recovery services that come to life in response to the specific needs of the community, and information about specific services (and their locations) offered by agencies in the permanent disaster database (such as Red Cross Service Centres). The I&R also monitors social media and mass media to keep abreast of information about new resources and changing situations.

AIRS Standard 19, Quality Indicator 2

The I&R service enables staff from other agencies to use the resource database to provide service delivery or resource database maintenance support by using the Disaster Services section of the AIRS/211 LA County Taxonomy of Human Services to index disaster-related services. Additional classification structures such as keywords may supplement the Taxonomy, but must be connected to the Taxonomy rather than functioning as independent indexing systems.

AIRS Standard 19, Quality Indicator 3

The I&R service updates disaster resources annually, immediately prior to an anticipated disaster and throughout the response, relief and recovery periods.

AIRS Standard 19, Quality Indicator 4

During a disaster, the I&R service verifies all information before sharing it with others. A streamlined verification process must still provide a sufficient level of data validation to ensure accuracy.

AIRS Standard 19, Quality Indicator 5

The I&R service disseminates disaster-related information per pre-existing agreements with other organizations in the community.

AIRS Standard 19, Quality Indicator 6

The Stages of Disaster

Understanding the disaster stages and the corresponding activities will help Resource Specialists to prepare their organization to best serve the community.

Disasters are described by professionals as occurring in stages.

These stages correspond to the type of personnel and resources deployed by a primary responding organization. Understanding these stages and the corresponding activities will help Resource Specialists to prepare their organization to best serve the community.

Disaster mitigation stage

Mitigation is the stage that attempts to prevent hazards from developing into disasters altogether, or to reduce their effects when they occur.

Disaster preparedness stage

Preparedness is the stage to develop action plans for when a disaster strikes.

It is the time when an individual, an organization and/or a community is surveying their circumstances and risks in order to prepare a response (for example, stocking a home with water and canned foods), while also addressing potential problems (such as repairing levees or boarding up windows).

It is important that Resource Specialists take the time to prepare for a disaster as much as they can before a disaster strikes by preparing a disaster database. Incorporate the major disaster response agencies in your existing database and make connections/establish relationships with the staff at those agencies. Also helpful is participation in emergency management/preparedness training provided by local and regional organizations.

Disaster response stage

The disaster strikes.

This is the time during and immediately following a disaster when emergency personnel are responding to the most critical needs of the community.

Disaster response has historically been the responsibility of government personnel such as police, firefighters and emergency medical workers. In the past, I&R organizations did not actively participate in this stage of a disaster. However, I&R services are now playing a more active role in this process by managing non-emergency phone calls and thus freeing the 9-1-1 system to deal with the true emergency calls.

During the response stage, clients may be seeking information that is not within the usual role of the I&R, such as whether specific roads are still open. They may also be seeking advice, such as "Should we evacuate?"

The most important thing to remember is that during a disaster the responsibilities of the I&R staff go beyond the usual scope of I&R while still drawing on the same core competencies. The I&R Specialists will be needing resource information not normally carried in the I&R database.

The interaction between I&R Specialists and Resource Specialists is key to the provision of accurate information to inquirers. Resource Specialists may not be able to enter all resource information into the database. The call volume may be increasing to the point that I&R Specialists may not be able to track all data on all inquirers. The computers, databases and telephones may not be working at optimum levels and all I&R staff will need to be flexible in how they perform their work.

Eventually, the acute phase of a disaster winds down and the community can assess the damage and begin to come to terms with the overall situation.

This relief effort stage can last for a few days to several months, depending on the extent of the disaster. During this time, the I&R service will be referring inquirers to rapidly changing resources. Shelters open and close based on local needs, mass feeding sites and other key resources can be mobile and change quickly.

Recovery stage

This is the stage when government and agencies scale back their relief services and the community begins the process of returning to "normal".

Depending on the extent of the disaster, this stage can last from a month to several years. During this stage, inquirers will be seeking a variety of services to aid their return to "normality". Unfortunately in large-scale disasters, for many families life will never return to normal.

This is also the stage where inquirers and I&R staff (including Resource Specialists) begin to experience the emotional impact of the disaster. People begin to recognize their lives will never be the same and the I&R staff begin to experience the impact of the work they have already done and the enormity of the work ahead.

Resources will continue to change during this stage, as community organizations begin to provide non-traditional services and national organizations may come into the community to provide some of the long-term recovery services (such as helping to clean or rebuild).

The most important thing to remember is that during a disaster, the responsibilities of the I&R staff go beyond the usual scope of I&R.

Role of the Resource Specialist During a Disaster

I&R organizations are traditionally flexible and experienced in adjusting to changing circumstances.

Resource Specialists are accustomed to building comprehensive, detailed records in their I&R database, though in a disaster this may not be possible. I&R organizations are traditionally flexible and experienced in adjusting to changing circumstances. But what makes a disaster response so challenging is that some or all of the following circumstances can occur at the same time, placing an immense strain on the I&R organization and its staff.

- Resources may change frequently, be time-limited, and can have very rigid or very flexible eligibility requirements. The inclusion/exclusion policy may need to be adjusted in response to community needs.

- Equipment may not work as accustomed. Computers, including access to resource databases, may not be available. Resources may need to be listed using whiteboards. Call tracking notes may need to be written on paper. Telephone connections may be sporadic, interrupted or not working at all.

- The organization's location may change if extensive damage occurs.

Resource Specialists must be flexible, rely on other staff to help enter information and keep I&R Specialists as up-to-date as possible in a variety of formats once a disaster strikes. Resource Specialists may not have time to create a comprehensive disaster database, which is why it is important to prepare pre-disaster and post-disaster databases.

Pre-disaster and post-disaster database and the use of the Taxonomy

The AIRS/InformCanada Standards state that the resource database should be populated with permanent local, provincial/territorial and federal disaster-related resources and this data should be updated annually and indexed according to the disaster section of the AIRS/211 LA County Taxonomy.

Steps for populating the pre-disaster database may include:

- During the preparedness/mitigation stage, review the disaster section of the Taxonomy and identify the organizations providing the key services.

- Contact the agencies and request information on their plan of service for a disaster.

- Ask the I&R organization's representative to the community disaster response coalition to take the Taxonomy terms list to a meeting and ask the representatives at the table to name the known agencies that will be providing those services.

- It also may be helpful to create a provisional dataset listing of grocery stores, banks, pharmacies, etc. as the public may be calling to identify open services not typically included in the I&R database. Having these services already listed will save time and the Resource Specialist can focus on identifying open and available services.

- Pre-disaster databases should contain organizations that provide disaster preparedness services such as disaster kits, disaster preparedness materials, community disaster education, or emergency management training.

- It should also contain organizations that provide mitigation services, such as government-sponsored relocation or insurance programs, and organizations such as local fire departments or emergency management offices and sources that provide sandbags, plywood, plastic sheeting or other protective materials as a means of preparing for an imminent disaster.

Note that many Taxonomy terms will not necessarily have a known provider for the service. These resources are spontaneously delivered by the organization most able to respond following the disaster. This is one of the many reasons being a Resource Specialist during a disaster can be challenging.

Resource Specialists must be flexible, rely on other staff to help input information and keep I&R Specialists as up-to-date as possible in a variety of formats once a disaster strikes.

The disaster database during a disaster

If I&R Specialists are not accustomed to using the Taxonomy to search for referrals, a disaster may be a difficult transition for them unless the Resource Specialist has already developed keyword terms to link a program with the Taxonomy term. This is especially true for disasters when a large number of volunteers may be mobilized to handle calls after just a few hours of training.

Resources will change rapidly during a disaster. Resource Specialists should be prepared to develop procedures to determine which resources are added to the database and which will be provided to the I&R Specialists in a written form – perhaps on a whiteboard in the room where phones are being answered.

Be certain to verify all information from any source. During the hectic atmosphere following a disaster, verification may be difficult but it is essential. If a piece of information is received from television or the radio, it is important to do follow-up to determine if the information is accurate. I&R organizations cannot ignore the necessity of accuracy. There will be instances of rumours and false information being circulated by social and/or mass media — make sure that the I&R maintains its credibility by verifying directly from the relevant sources.

During disasters, I&R organizations need to have more flexible inclusion criteria as the public may now need to know about resources such as open grocery stores, banks, insurance companies, gas stations and hardware stores. Temporary resources such as mobile canteens need to be checked each day.

Make sure to obtain the names, agencies, titles and contact numbers and the time of a call when someone contacts the I&R service to provide resource information. It is essential that the original source of the information can be identified if some details turn out to be incorrect.

The I&R organization should provide interim reports during the relief and recovery stages that can keep the community abreast of the most pressing needs, as well as critical unmet needs. Single page "at-a-glance" resource documents have proven useful in these circumstances.

Post-disaster database resources

Following a disaster, Resource Specialists need to go through the database and determine which resources can be marked as inactive. There are many services that may never be used again, but should not be deleted from the system. Most software packages allow for records to be deactivated.

Resources in disasters

The resources available in a disaster are determined by the severity of the disaster.

If it is a locally contained disaster, generally only local resources will be used in response.

If the disaster is greater than a local government's ability to respond, the event may be declared as a provincial disaster. This generally means that additional help such as food assistance, employment benefits, child care services, and mental health counselling would be available to those directly affected.

If a disaster is greater than the provincial government's ability to respond, there may be a federal declaration to bring national resources to the affected area. Following a federally declared disaster, resources are offered through the federal government that are not traditionally available.

Before a disaster, the I&R organization should have annual training specific to the types of disasters that are most likely to occur in their community.

Resource Specialists should ask what will be expected of them in reporting to work and contingency plans (such as emergency reporting telephone numbers). Each staff member and volunteer should have a personal and family disaster plan in place before a disaster occurs.

During the disaster, most I&R organizations will expect staff and volunteers to make sure their families are safe before reporting to work. You cannot effectively help other families if you are worried about your own.

It is essential to follow your organization's procedures for reporting in, coming to work and knowing contingency plans if the service is relocated. Resource Specialists must contact the organization if the impact of the disaster does not allow them to come to work or carry out their employment responsibilities.

As the disaster response winds down and the long term recovery process moves into a higher gear, the Resource Specialist will probably return to his/her regular work schedule, and things may appear to go back to normal. However, the I&R organization must be alert to incidents of post-traumatic stress disorder. This is common with staff of agencies who have worked long hours in high volume crisis situations.

Common signs include: employees may begin to become easily angered or depressed; may cry easily; may not be able to cut back on hours (can't get them to go home); in-office arguing among staff. All these are common reactions to an uncommon series of events.

Agencies should make arrangements for staff to debrief to assist them with recognizing and managing symptoms. These symptoms can be greatly exaggerated if staff were directly affected by the disaster and lost their home, belongings or family. While it is not required at most agencies, many expect their employees to complete a professional debriefing before resuming regularly scheduled work hours.

Discussion Issues

Why is a disaster broken into stages?

Why do you think a disaster has been broken into stages? How does this benefit those responding to a disaster?

What are some reasons that resources may not be available following a disaster?

Name two resources/providers that may not normally fall within your organization's inclusion/exclusion policy and how those exceptions might be handled.

Scenario

The scenario is a tool to stimulate discussion and practise skills.

It is the day after a tornado has come through your community. It has wiped out the main downtown destroying four neighborhoods, two shopping malls, three churches and nine apartment buildings. Close to 1,500 people are without a place to call home.

Should you go to work that day? What if your own home was damaged?

Only three I&R Specialists showed up for work and the phones are ringing non-stop … they need to know where to refer people. How should you begin?

What kind of resources do you think clients are going to need when they call the I&R service?

Summary of Key Points

- The 4 Stages of a Disaster:

    Mitigation

    Preparedness

    Response

    Recovery

- Development of a pre-disaster database will provide a valuable platform for responding to a disaster. It also meets the AIRS Standards for disaster databases.

- Normal technology may not be reliable. The Resource Specialist will need to be prepared to provide resources in alternative ways, including offsite, web-based and on paper.

- Resources will change rapidly and will require flexibility from the Resource Specialist. However, it is still essential to confirm sources.

- The I&R operation will be stressful and Resource Specialists will need to monitor their own well-being and seek debriefing through the relief and recovery stages.

Test Questions

1.   *Which of the following is one of the stages of a disaster?*
     a. Disaster Preparedness/Migration
     b. Disaster Preparedness/Mitigation
     c. Post-disaster activities
     d. Rehabilitation

2.   *What resources may come into a community following a nationally declared disaster?*
     a. Local churches
     b. Volunteer centres
     c. Canadian Armed Forces
     d. I&R services

3.   *Following a disaster, how should a Resource Specialist handle the temporary database records that were created during the disaster and are no longer open or relevant?*
     a. Delete them to avoid confusion
     b. Mark them as inactive and then delete them
     c. Mark them as inactive so they can be restored if needed in future disasters
     d. Keep them within the database as a reminder to everyone of what happened

4.   *During a disaster, what is the key challenge with resources (i.e. services and programs)?*
     a. Proper planning has ensured that everything is in place
     b. Once the disaster has occurred, service availability returns to normal
     c. Resources simply don't exist
     d. Resources change frequently and may be time-limited

5.   *What is the key reason for developing a pre-disaster database?*
     a. To save time when the I&R organization is experiencing a disaster
     b. To have additional programs in the database
     c. To support the disaster relief agencies in the community
     d. To provide a strong foundation for the I&R organization's response to a disaster

6. *When should work begin on a disaster database?*
    a. Before a disaster is even likely to occur
    b. Just before a disaster occurs
    c. When the disaster is underway
    d. During the recovery stage when there is more time and clarity

7. *What tends to happen during a disaster in terms of programs and services?*
    a. Programs are the same as in normal times, although less available
    b. Programs are different and availability changes frequently
    c. Programs are different but their details are clear and unlikely to change
    d. Programs are basically unavailable

Answers

1.	2.	3.	4.	5.	6.	7.
b.	c.	c.	d.	b.	a.	b.

ACKNOWLEDGEMENTS

The original version of The ABCs of I&R was published in September 1993. It was a series of 10 volumes that brought together the collective experience of practitioners in the field and was edited by Ann Jacobson, LCSW. A second edition was completed by Karen Colquhoun from INFO Line of Los Angeles in 1997. The third edition was overseen by Sarah Hamilton and was published in 2002.

The fourth major edition was published in January 2006 with the assistance of the following review team: Carol Davis, 2-1-1 Connecticut | Clive Jones, Hamilton, Ontario | Faed Hendry, Findhelp Information Services, Toronto | Faezeh Andrews, 2-1-1 Charlotte, Florida | Georgia Sales, 211 LA County | Janice Dibble, Oshkosh Public Library, Wisconsin | Linda Daily, New York State AIRS | Mary Maxwell, Volunteer Action Centre, Parkersburg | West Virginia; Penni Belcher, 2-1-1 North Sound, Washington | Sharon Doner, Jewish Information and Referral of Greater Washington | Shye Louis, Finger Lakes 2-1-1, New York | Tim Sylvia, First Call for Help, Daytona Beach, Florida.

Since 2006, new editions have been published annually, featuring new sections and expanded information. The core of the material was drawn from the earlier editions and some new original sources.

This current publication, published in June 2014, is the first Canadian edition of The ABCs of I&R, with special thanks to Clive Jones for preparing the manuscript.

The following comprises the complete list of sourced material:

- Alberta Alcohol and Drug Abuse Commission (www.aadac.com, information from their ABC's of problem gambling)
- American Association of Retired Persons (A Profile of Older Americans)
- Ann Jacobson & Associates (Training Materials)
- Beth Pline (I&R, Military Deployment and War: A Guide to Supporting Individuals, Families and Communities)
- Boys Town International Hotline, Nebraska (Training Materials)
- Canadian Mental Health Association (www.cmha.ca, extensive contribution to Mental Health and Stress sections)
- Cathy Vaisvil and Martha Love, United Way of Greater St Louis (review of Disaster and Resource Specialist section)

- Centre for Addiction and Mental Health, Toronto (www.cmha.net, contribution to Addictions section)
- Dick Manikowski of Detroit Public Library (Setting Inclusion/Exclusion Criteria – Determining the Scope of a Resource File and definition of double-indexing)
- Findhelp Information Services, Toronto (Training Manual)
- Gary Strickland, Mountain Home Air Force Base, Idaho (Conference Workshop Presentation and review of Military section)
- Georgia Sales of 211 LA County (Updating the Resource File and extensive contributions to all sections)
- Heart of America United Way, Kansas City (Training Materials)
- Illinois Department of Aging

(www.state.il.us/aging, information on elder abuse in Older Adults section)

- 211 LA County (Community Training Program)

- 211 LA County (Conference Workshop by Maribel Marin and Amy Latzer on Call Centre Metrics)

- 211 San Diego (Training Manual)

- Institute of Applied Gerontology, Temple University, Philadelphia (Training Manual for Agencies Serving Older Adults)

- Jackie Andrews and John Allec, Findhelp Information Services (Format and graphic design)

- Jennifer L. Hochlan, Navy Lifelines Service Network (The 7 Cycles of Deployment)

- Jennifer Pollak (editorial revision of Resource Database sections)

- Jeri Shumate (update of scenarios and role-playing situations for all sections)

- John Plonski (contributions on Crisis Intervention and Young People sections)

- Linda Daily (Resource Database section)

- Margaret Gillis Bruni of Detroit Public Library and Georgia Sales of 211 LA County (indexing material)

- Marv Erisman, Ph.D. (C's Model)

- Mile High United Way, Denver (Information and Referral Training Manual)

- National Association of State Units for Aging and Disabilities

- National Council for Independent Living (Serving People with Disabilities section)

- National Runaway Switchboard (www.nrscrisisline.org, extensive use of the Runaway Prevention Curriculum in the Young People section)

- Patricia Alpaugh and Margaret Haney, University of Southern California (Counselling the Older Adult – A Training Manual)

- Sarah Hamilton (AIRS Training Manager)

- Sharon Doner (Asking Questions)

- Shye Louis, 2-1-1 Finger Lakes, Rochester, New York (I&R via Live Chat section, also contributions on I&R Process, Crisis Intervention and Serving Military Personnel sections)

- United Way of Connecticut/2-1-1 Connecticut (Resource Database section)

- United Way of Bay Area, San Francisco (Information & Referral Training Manual)

- United Way of Greater Houston (Training Materials)

- Washington Information Network (Advocacy and Follow-up Material)

- Yvonne Simpson, Crisis Clinic of Seattle (Stress Management material)

FEEDBACK FORM

Thank you for helping us improve.

The ABCs of I&R is a work in perpetual revision and its future development is very much dependent on the direction and recommendations provided by its users. AIRS/InformCanada needs to know which elements worked very well, which sections were not so helpful and if there was any content that contained obvious mistakes or unintentional misinformation.

Please e-mail your responses to info@findhelp.ca or fax to 416-392-4404.

How would you rate the overall publication?	
☐ Excellent	Specific comments:
☐ Good	
☐ Acceptable	
☐ Less than Acceptable	
How could the publication be improved?	
Was there any material that was not covered within the ABCs that you would like to see developed as separate modules in future editions?	

Are you interested in joining a consulting team to further develop a second Canadian edition? If so, please contact info@findhelp.ca.

We thank you for taking the time to improve The 2014 Canadian ABCs of I&R!

ABCs of Information and Referral

PAGE 562 | AIRS/InformCanada 2014