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## **QUALITY ASSURANCE PROGRAM**

### **OUTLINE OF THE INITIAL INTAKE PROCEDURE**

*NOTE: Although the QAP Steering Committee has not had an opportunity to review in detail the Outline of Initial Intake Procedure, it agrees in principle with this better practice, recognizing that it may not apply to all situations.*

This outline will address the initial intake of callers and walk-in clients to the clinic. “Initial intake” is the procedure that sets out when and how people seeking legal assistance can contact the clinic, be screened for eligibility, and speak to a caseworker or intake worker. The issues set out below are intended to provide a clinic with some principles with which to design an effective intake procedure that suits the specific clinic and the clinic’s client community. This outline does not cover any aspect of the clinic’s work beyond initial intake, such as classification of intake into summary advice, brief services and referrals, file openings, supervision of intake, etc.

#### **Designing an Accessible Intake System**

An effective intake procedure is one that is as accessible to clients as much as possible. Many legal matters can be resolved on intake. As well, the initial contact with the clinic provides clients with that all-important first impression of the clinic.

However, accessibility to summary legal advice for callers and walk-in clients must be balanced with the caseworkers’ other demands, such as existing case file and outreach work (i.e. law reform, community development, and public legal education projects). Clinics must safeguard the time for outreach work carefully as it is very easy to allow casework demands to gradually consume clinic staff’s entire time.

#### **Intake Procedure**

The Clinic will have to decide how and when initial intake will occur, who in the clinic will perform the initial intake, and what information will be collected from clients on initial intake. An accessible initial intake procedure includes intake over the telephone, in person by appointment and in person to walk-in clients.

Existing clinics employ a variety of intake methods. For many clinics, the intake system is reviewed and reworked a number of times before a method is found to accommodate both accessibility for clients and the other work pressures of clinic staff. As well, intake

procedures are modified if casework and outreach work demands change, or if the numbers of clinic staff change. Modifications to the intake procedure can help balance the needs of both staff and clients and may help prevent burn-out of intake staff.

The following intake methods or procedures are described in the attached excerpt from the Statistics User Guide, along with a step-by-step guide on how to use the statistics program with each method. The following methods are not the only ways in which clinics provide intake, only the most common. It is up to the staff and board of each clinic to design a method that best suits the clinic's community and staff:

- 1) The most accessible intake procedure for new clients is when the clinic is open for intake for all of the hours that the clinic is open to the public. People who call the clinic or attend in person are able to speak to a caseworker immediately to obtain summary advice, referrals or brief service. The disadvantage of this procedure is that caseworkers can be overwhelmed with intake and have little time left to work on existing case files and outreach projects.
- 2) Some clinics employ full-time intake workers, who perform initial intake and provide summary advice, referrals and brief services either during all of the hours the clinic is open to the public, or limited to certain days, such as Monday, Wednesday and Friday. They are responsible for referring clients to caseworkers, who book their own appointments and determine whether to open a case file for the client's matter. This is a very effective intake procedure, since it catches short limitation periods and the intake worker can provide brief services such as internal appeals in social assistance, disputes to eviction applications in landlord and tenant matters, etc. However, it is usually only large clinics (more than five staff) who can employ full-time intake workers.

Some small clinics try to combine the receptionist position with an intake worker position. Several problems can result from this arrangement:

- a) the clinic must have a receptionist who is also qualified to perform intake and is compensated accordingly;
- b) the receptionist is responsible for answering the telephone and has other work pressures; and,
- c) there are confidentiality concerns if the receptionist is performing intake in the reception area and providing legal information to clients.

If a support person is doing intake, it is important that the clinic provide them with very clear instructions on what legal information they can provide, what the difference is between legal information and legal advice and at what stage questions must be referred to a caseworker.

Summary legal advice delivered in person at intake should be done in private to ensure the client's right to confidentiality.

- 3) Many clinics employ a call-back procedure for intake, where callers contact the clinic and initial screening is done by the receptionist. The caller is given a date and a time-line by which a caseworker will call back. QAP dissuades clinics from asking

people to call the clinic back on an intake day, if the call is received on a day other than intake. The clinic ought to take a message and indicate the **intake day** on which the call will be returned. As well, if people call on intake day and no caseworker is available, a message should be taken and the caller advised that the call back will be later the same day.

The advantage of this call-back procedure is that it provides caseworkers with more control over the amount of time they spend doing intake so that they can attend to existing casework and outreach work.

The disadvantage to this system is that it is inconvenient for callers and people who walk into the clinic for advice. It can be frustrating for callers to have to wait for a call-back when they consider their matter to be urgent. If the call-back procedure is used by a clinic, it is imperative that call-backs occur on the day and during the time specified by the receptionist. A maximum time for call-backs should be incorporated into the intake procedure, and caseworkers should strictly adhere to it. To be an accessible intake system, call-backs should be done as soon as possible and in any event, no more than 48 hours from the time the person contacted the clinic.

### **Walk-in Clients**

Some clinics discourage walk-in clients. However, many clinics recognize the importance of a walk-in system, in addition to the telephone intake system. One clinic's intake procedure sets out why a walk-in intake system is important:

- It is most convenient for the public who can simply drop in during our office hours, which are designed to promote accessibility.
- This open-door policy communicates our Clinic's desire to be accessible and to meet the needs of the public.
- It eliminates the time-consuming activities of appointment scheduling and other features of the appointment system.

It is recognized that this system requires a special effort to manage, and it will be subject to periodic review.

It is important that the clinic accommodate walk-in clients and preferably provide initial intake and summary advice/referrals/brief service when the client comes to the clinic. Some clinics that use the call-back intake procedure may be concerned that walk-in clients would be "jumping the queue" when a walk-in client is served before a caller who already has a call-back appointment. However, walk-in clients may have more urgent matters than people who call the clinic, or they may have language difficulties or other problems using the telephone, or have no telephone access. Accessibility is limited if walk-in clients are told to call back or are given telephone appointments.

## **Specializing in Certain Areas of Clinic Law and the Impact on the Intake System**

Some clinic caseworkers specialize in one or two areas of the clinic's practice. The problem with this specialization is that it can make the intake system less accessible because clients have to wait until the specialist caseworker is available. As well, it is easier to balance the intake and case file workloads if the caseworkers have experience and expertise in all areas of the clinic's practice.

## **Initial Screening of Callers and People who Walk-in for Advice**

Initial intake involves screening callers or people who walk-in to the clinic to see if they live in the catchment area of the clinic, if their legal problem falls within an area of law practiced by the clinic, and in some situations, if they qualify financially for the clinic's services. Some clinics also do a conflict of interest check at this stage, which QAP recommends.

An intake manual or intake protocol should include the following documents so that the receptionist, intake worker, or caseworker has them readily available in order to perform initial intake and provide appropriate referrals:

- The clinic's geographic guidelines, including a map of the catchment area, if one exists;
- The clinic's mission statement;
- The clinic's case selection criteria;
- The clinic's financial eligibility guidelines and financial screening form, if this screening is done during initial intake rather than by the intake worker or caseworkers;
- A referral list of community agencies, lawyers, government offices, neighbouring legal clinics and specialty clinics, etc. in the community;
- The telephone number, location, hours of operation of the legal aid office in the area, as well as up-to-date details about what kinds of legal matters qualify for legal aid certificates, and what information the caller should take to the legal aid office when applying for a legal aid certificate.

Most clinics provide summary advice to callers and walk-in clients without regard to financial eligibility criteria. However, some clinics do not provide summary advice or brief services to people who do not qualify financially for the clinic's service. This helps control the demand for service and ensures that the clinic's time and resources are spent assisting low-income people.

Every intake procedure, but in particular the call-back method, must have a written procedure to deal with client emergencies. The call-back procedure means the receptionist must assess each matter on initial intake to determine whether it is an urgent matter that requires immediate referral to a clinic caseworker. Clinics should include a detailed description of what matters are considered urgent and a procedure to deal with urgent matters so that the receptionist will know what to do in these cases.

An intake procedure should also cover the following situations:

- how to deal with abusive callers/walk-ins;
- how to deal with very distraught or suicidal callers/walk-ins;
- how to deal with callers/walk-in clients who refuse to disclose their names;
- how to deal with callers/walk-in clients requesting legal advice on behalf of someone else.

### **Conflict of Interest Checks**

Rule 2.04 of the Law Society's *Rules of Professional Conduct* states in part as follows:

2.04 (1) In this rule,

a "conflict of interest" or a "conflicting interest" means an interest

(a) that would be likely to affect adversely a lawyer's judgment on behalf of, or loyalty to, a client or prospective client, or

(b) that a lawyer might be prompted to prefer to the interests of a client or prospective client.

Clinics should conduct a conflict of interest check prior to providing any summary advice to a caller or a person who attends in person. In some clinics, the person who conducts the initial intake conducts a conflict of interest check, and in other clinics, this is left to the caseworkers. The result of the conflict check should be noted on the intake sheet.

There is no simple method of performing conflict of interest checks in clinics. There are a number of options available to clinics to meet the requirements of Rule 2.04. For example, some clinics use the stats program conflict check system, despite its limitations. Other clinics use a manual system. Another option would be to set up an alphabetical list of all clients in a Word document and add all new client names to it. As well, all caseworkers would have to complete the adverse party section of the intake sheet and have this information inputted into the alphabetical list. Each caseworker would have to check the list prior to giving any summary advice or providing representation. This

search can be done by clicking on “Edit” on the Word toolbar, then on “Find” on the drop-down menu, (or Ctrl +f) and typing in the name of the new client, then the name of the new adverse party or parties. Word will automatically search for those names on the list.

### **Use of Stats Database to Input Information Gathered on Initial Intake**

Clinics should use the stats database to its fullest capacity, rather than a paper-based system for initial intake. This is important for a number of reasons:

- a) to avoid the duplication of work and time inefficiencies resulting from the transference of written intake sheets to the computer data base;
- b) to enable conflict checks to be conducted using the Stats conflict check;
- c) to ensure comprehensive, efficient electronic supervision; and,
- d) to enable quick access to clinic summary advice stats. It’s also useful so that caseworkers/reception know what efforts have been made to reach a caller. The attached excerpt from the Statistics User Guide provides a step-by-step stats database guide for various initial intake procedures.