

USE OF THE CASEWORK RELATIONSHIP

Introduction

The task of helping abusive or neglectful families is the core of child welfare services. It is a task which requires a specialized use of the casework relationship "to prevent further neglect and/or abuse of the child and to alleviate or correct those problems that have led to the situation. The ultimate aim is to preserve the home so that the child's needs can be met adequately by his own natural family. The situation is unique in child welfare practice in that it requires a blending of the use of authority with the helping process. It demands that the social worker be firm and clear about her or his role and expectations while at the same time being supportive, compassionate and patient. Following are some guidelines for the helping process.

The casework process focuses on changing the situation which places children in danger.

The social worker provides clear limits and expectations in the form of a case plan or contract which becomes the ground rules for the process.

The social worker focuses on the needs of the parents, understands and acknowledges the feelings (e.g., fear, anxiety, guilt, and/or hostility) of parents in their position.

The social worker expects resistance. The nature of the work is intrusive, especially where non-interference is valued.

The social worker provides concrete steps which help parents meet the needs of their children whether a child is in foster care or at home.

The social worker provides interventions which are consistent with the cultural context in which they are provided.

The overall goals of the process are that the child receive adequate care, that parents be able to fulfil their role, that separation be prevented if possible and that the strengths of the parent-child relationship be preserved. Though specific goals depend on the situation, the social worker's goals include helping the parents:

- * recognize and accept the reality of the situation;
- * develop realistic expectations of themselves and their children;
- * develop motivation to change the situation;
- * mobilize their strengths and resources to cope with environmental stress; and participate in making decisions which affect their lives and the lives of their children.

Helping Approaches

A variety of helping approaches may be called for and used in child welfare services. Casework is the most frequently employed. While relationships, trust building, and communication are essential, they are not enough. The social worker's role includes casework, parent education, and case management. The roles of advisor, enabler, teacher, intervenor, coordinator, supporter, and advocate all are important in helping parents. Families often need help in building or reconstructing a sense of family or extended family including support networks. In this process the social worker uses the cultural strengths of the family and community.

There are several types of services. The following alternatives, organized by type of need, are by no means all-inclusive, but they do suggest alternatives.

To develop self-esteem and self-nurturance:

- * Structured activity in which to build a sense of success in various work tasks, for examples instruction in recreational activities.
- * Group experiences in which to identify with others experiencing the same problems and needs.
- * Work or volunteer activities in which to experience a sense of contribution and self-esteem.
- * One-to-one treatment relationship with a professional to begin to understand personal needs and desires and their validity, and to deal with personal problems of anger, frustration, fear and depression.
- * One-to-one or group treatment in which to learn to ask for and receive constructive attention, and validation of personal needs and desires.

To overcome Isolation and fear of relationships:

- * A professional or Paraprofessional to act as a friend, to be interested in the parent's needs, to take the parent to lunch, to baby sit with the children, to model for the parent what a friendship can consist of.
- * Structured social activity through which the parents can test out and begin to build relationships with peers.
- * Respite from child care to enable parents to pursue their own interests and friendships more freely.

To develop support systems:

- * A professional, paraprofessional, or extended family member available on a daily basis to deal with routine daily activities.
- * A professional, paraprofessional, or extended family member to model housekeeping and/or child rearing.
- * A professional, paraprofessional, or extended family member available to the parent by phone twenty-four hours a day to talk to in times of stress.
- * A professional, paraprofessional or extended family member available as a friend to visit with weekly or biweekly who might also be available by phone in time of crisis.
- * A group of parents to socialize with, through which to begin to develop personal support systems.

To deal with marital problems:

- * Marital counselling or family therapy to begin to deal with problems in the marriage or family unit.
- * Structured group or one-to-one experiences in which to learn to ask for and receive nurturing and support from spouse.
- * Help in solving environmental and life crises.

To help with life crises:

- * Basic necessities--food, clothing, shelter, employment, legal assistance, or medical services.
- * Advocacy or professional intervention to secure services.
- * Training in how to operate within the healthy social service, and legal systems.
- * Counselling focused on developing vocational interests, finding a job, and job training.
- * Counselling on dealing with daily pressures and demands.

To learn how to care for and protect the child:

- *One-to-one and/or group counselling to learn what role the child plays in the parent's life, or what the child means to the parent.
- * Counselling or role modelling in how to deal with the special child--the child who is handicapped, developmentally delayed, hyperactive.
- * Role model in how to properly care for and protect a child.
- *One-to-one or group counselling to learn new ways of getting nurturance and support from sources other than the child.
- * Supportive educational intervention which helps families recognize, prepare for, and deal with relapses.

The Social worker and the Child

While the social worker should avoid supplanting the parent by paying too much attention to the child the social worker often must directly help the child. The social worker's role with the child is one of clarifier, confidante, and supporter. The social worker's role with the child becomes more intense when placement is necessary. Depending on the child's age and ability to understand, the social worker helps the child to understand the situation, deal with resulting feelings, and adjust to new surroundings. In all cases the social worker must be careful to recognize and support the relationship of the child with his or her parents. It is essential in placement that visitation be encouraged to maintain the child-parent relationship.

Cultural Issues

The helping process with Native clients is influenced by the cultural values, local norms and community standards which make up the environment in which the helping takes place. When developing case plans or providing specific interventions, the social worker should be aware of how the situation is affected by cultural issues. The social worker also should be aware of how the intervention used will impact the client's cultural identity and orientation. Native People are a diverse group of people because of tribal differences and degree of assimilation. When providing a service, the social worker must be aware of the identity and orientation of the client and how the work may impact that. For example, a social worker using assertiveness training as an intervention technique may be teaching skills which will help the client but at the same time may be contrary to cultural values against assertiveness. This is not to say assertiveness training is inappropriate. However, as with any intervention, it should be evaluated for the specific situation and context within which it is provided. The social worker's understanding of her or his own values and norms becomes an important aspect of choosing methods of helping

which are appropriate to the situation.

CASE MANAGEMENT

Introduction

The term "case management" has been used in many different ways to describe a variety of helping styles. For the purpose of this training, case management refers to the process of making sure that appropriate services are provided in a timely fashion directed to resolution of the situation. Case management begins at intake and continues through termination. It involves assessment, planning, linking, coordinating, providing services, documenting progress, and reviewing cases. The process of managing what needs to be done and who is going to do it when, ensures accountability to the client, agency, and courts.

Child welfare clients often present a variety of problems, and it becomes clear through the assessment process that no one worker or agency can meet the client's needs. It becomes the role of the Child Protection Social Worker to link the client with the complex service delivery systems and then make sure that services are provided. The case management function of the worker combines planfulness, coordination, and service delivery to maintain focus on the purpose of the case and continuity in achieving that purpose.

Principles of Case Management

There are several principles which provide a rationale for the case management in Child Welfare. These principles guide the worker through the process and provide an understanding of why case management is an important and effective skill. The underlying principles of case management are:

- Each child and family deserves to have their situation dealt within a timely fashion, working toward a permanent plan.
- Families and children have a right to be included in planning which affects their lives and to understand what is expected of them.
- The problems of the family are the focus of the case planning. Case planning is directed toward preservation of the family.
- Each family, child or individual deserves to have one stable helping relationship through the helping process.

Tapping the Resources

In order to provide case management services, the worker must know the resources in the community. They must also know the procedures and protocol for tapping these services. One way in which workers can develop this knowledge is to develop a road map of resources.

Making personal contacts and establishing working relationships are helpful. Whether workers are in an urban or rural setting the service delivery system is complex. In the rural settings, new workers in particular, are faced with the challenge of learning about the community and, at the same time, establishing their credibility. This is best accomplished through a sensitive approach. Credibility is established through a respectful attitude and concrete helping.

Elements and Process

Case management is made up of several elements, each with its own process, which contributes to a planful and timely approach. The elements are discussed here with a suggested process for each.

Assessment

As discussed in the previous section, the assessment process gives the worker an understanding of the strengths, weaknesses, resources, and liabilities of the client. By determining these, the worker is able to plan which areas need to be addressed. Assessment is an integral part of case management, because it enables the worker to develop a meaningful plan with a defined purpose. The process of assessment has already been discussed.

Case Planning

The case plan is drawn directly from the assessment. The assessment defines the areas which need work. The worker, in conjunction with the client, then defines where the client will be at the end of the process. The desired conditions which need to be achieved by the client could be for a family to be reunited. The specific steps which the client needs to achieve the desired goal are stated as objectives.

The worker determines what the goals are and what the steps or objectives will be in each area of functioning.

The next step in the process is to determine what needs to be done to achieve the objective and who will do what, when. Who does what, when, is referred to as the methodology. What the client agrees to do in this process is often called a contract. A contract may be written or verbal, as the situation demands. It ensures client involvement, lets the client know what is expected of her or him and provides criteria to assess progress.

Linking

As previously stated, the needs of the client often must be addressed by several different resources. The worker's task is to know the resources and the procedures and contacts to

mobilize the services. The worker refers the client to services which the worker cannot realistically provide. Such services might include day care, health services, mental health, employment services, social security, alcohol treatment, and a variety of others. They may also be informal services such as natural helpers or extended family. In making a referral to another helping resource, it is important to follow through. Making contact with the resource and making sure that the client actually receives a services are important.

The worker's role, then, is to coordinate and monitor those services to make sure the service is delivered and is useful. The worker must consider how the client will get to the services and how the client will pay. A worker must also make it clear to the client how the services will help. Often appropriate services are not available and the worker must acknowledge this and fill the gap, if possible.

One mechanism which is often used to monitor and coordinate is interdisciplinary team staffing. At regular intervals the worker draws together those professionals involved in the case to reassess and check progress. The client is often involved in this process.

On occasion, the worker is called on to serve as advocate for a client. The role of advocate is an extremely important function. This involves holding agencies accountable for meeting the client's needs. The worker is a broker, coordinator, and advocate in the linking process. By fulfilling this role the worker provides one stable relationship throughout the process.

Direct Services

The case plan defines which services will be provided by the child protection worker. Services may include protective supervision, counselling, parent training, family life education, budget counselling, child placement, or a range of other services. In any case the activities of the worker are defined by the case plan,

communicated to the client and directed toward achievement of the desired outcome.

Recording and Documentation

The recording of the case plan and documentation of progress are an indispensable part of case management. The case plan is recorded showing goals, objectives, methodology, and evaluation. Time lines are helpful. Plans ensure accountability and give the worker the information necessary in the court process. Suggested guidelines for documentation of progress are presented here as a guide.

The following can be helpful in documenting case activity and improving case records and reports.

Appointment book - a record of all appointments made, of whether they were kept, and of explanations provided for any appointments missed.

Chronological notebook - a running, handwritten record of all contacts, personal and otherwise. Documents when and with whom contacts occurred and the important points of the conversation.

Correspondence - copies of all correspondence should be placed in the case file. Important telephone calls, meetings, and interviews should also be memorialized by letters reiterating salient information and sent to appropriate individuals.

Tickler files - calendar entries or other reminders of upcoming court dates, case reviews, and other significant events.

Case Review

Case reviews are a mechanism to ensure that the case plan is appropriate and is actually being carried out. There are many styles of case review. Some agencies conduct in-house reviews, others use community committees. Whatever style the agency chooses, the case review is part of the case management process. (This will be discussed in subsequent modules.)

Summary

From beginning to end, attention to purpose, planful activity conducted in a timely fashion, coordination of services, and documentation are essential to proper management of the process. The roles of the worker are many. The worker fulfills the roles of broker, advocate, counsellor, teacher, recorder, coordinator, monitor, and evaluator. Through this process a working relationship develops with the client which increasingly facilitates the process.

ASSESSMENTS

Introduction:

Assessment, like interviewing, is a process which is employed in every case work encounter. It is the process of gaining an understanding of what the problem is, why it exists, and what the barriers to and resources for change are. The assessment allows the social worker and client to determine what plan will best meet the need.

Every aspect of the client and of the environment in which the client exists has impact on or is affected by the client's problems. The person and the environment are interdependent. Both internal and external influences play a part in each situation and so must be examined in the evaluation process. Native people have traditionally believed in the influence of external forces on human behaviour and placed value on awareness of the relationship between self and environment. Assessment in Native child welfare is consistent with these traditions. This ecological perspective of the individual requires knowledge of the environment, both immediate and histories social and cultural situations, adaptive patterns psychological adjustments, attitudes, and roles.

Assessment is an on-going process. Often the social worker needs to make an immediate assessment of a situation and act accordingly. The process does not stop there. As new information and understanding come to the social workers the assessment grows and evolves. From the beginning the assessment is a professional opinion and must be open to change and criticism as both the client and social worker grow in their understanding of the situation.

Issues In Assessment

By necessity the assessment is governed by the situation. It is an attempt to answer the question, 'What is the matter?' Each new situation requires knowledge about the situation. An assessment of abuse or neglect will present different challenges from the assessment of a child with behaviour problems. The social worker begins the assessment 'where the client is', responding to the problem and finding the meaning of the problem in the larger context.

Assessment is based on the concept of causality. Each Situation has a cause or multiple causes which bring it about. Like the tip of an iceberg, the part of the problem that is immediately visible is only part of a larger situation. The history of the client becomes important in understanding the situation because the past is part of the present structure. Experience is part of our existence. The social history gathered by the social worker helps give an overall picture of the client in relationship to the situation and can contribute to a more meaningful plan of action.

The Problem

The history of the problem is also important. The social worker must remain focused on the

situation, remembering that the client brings both an objective view of the situation and subjective feelings about the situation. Both are equally important to the process and can help the social worker gain understanding.

The social worker will want to know what is troubling the client and if it fits within the scope of the agency. Next, how long it's been a problem, the intensity or seriousness, who believes there is a problem, and who has the problem are examined. Further, the social worker finds out what has already been done to try and solve the problem what has gotten in the way and how things would be if the problems were solved. (Social workers often find that multiple problems exist or that the problem presented by the client may not be the one that really caused them to need help.) In a formulation, the social worker forms a professional opinion about the client's readiness to accept help, how reasonable the client's view of the problem is and whether there are any mental health concerns which might indicate a need for other professional services.

The Client

The social worker must piece together a meaningful picture of the client and the situation. To do this, the social worker examines many areas of functioning. Social, emotional, economic, family, self-help, intellectual and physical functioning are all areas of interest to the social worker.

The assessment examines each area for strengths, weaknesses resources,, and liabilities and constructive and destructive behaviour, When a social worker makes judgments with regard to strengths and weaknesses,etc. These judgments are based on personal and professional knowledge but also are highly determined by the cultural values and community standards. Since the cultural values of Native people vary greatly from family to family the social worker needs to consider the cultural issues early in the assessment.

Cultural Issues

A culturally relevant assessment is based on an understanding that culture influences beliefs, behaviours, and choices. Second, it reflects the awareness that Native people today do not adhere to a fixed set of values or expectations but rather that Native people exhibit a wide range of values and behaviour. Because the experience of being Native depends on tribal affiliation, family history, and degree of assimilation, each individual must be assessed in the context of her or his own experience and identity.

A continuum of identity from traditional to very assimilated people exists. The clients from very traditional families may view their situation differently from more assimilated clients. A behaviour viewed by one as a problem may not be a problem for another. Resources available to the traditional person such as natural helpers may not be considered by the assimilated. Furthermore, families may have values anywhere between these two extremes. Native child welfare social workers are most effective when they are aware of their own cultural identity. They can then assess each client in the context of that person's cultural experience. Social

emotional and family functioning take on new meaning in light of clients' different cultural values and experience. An expansion of these ideas are presented later on in this assessment section.

A useful and relevant assessment process should provide, in varying degrees of detail, categorized information which can be presented in a logical flow:

- problem identification
- information gathering
- information integration
- ranking and matching of services to needs
- plan for assistance

The process should be communicable to others in a familiar and recognizable form, such as:

- identifying data
- referral source
- presenting problems
- informants
- history of current difficulties
- history of previous difficulties
- family development
- personal development
- observations of child
- observations of family
- specialized observations
- formulation
- classification of achievements
- deficits
- needs
- planning and brokerage for service
- prognosis

One suggestion for a detailed outline follows, and a working model from an agency is provided during workshop time for greater scrutiny due to the importance of this aspect of training.

OUTLINE FOR PSYCHO SOCIAL ASSESSMENT

1) Identifying Data -

"This is the family"

- names, birthdates of each family member
- legal status of children e.g. natural child, adopted, foster, temporary ward, permanent ward
- present whereabouts of all the children if not living at home
- family residence, address

2) Referral Source -

"This is how the child/family came to our attention"

- who referred the matter; date; time

3) Presenting Problem -

"This is why the child/family was referred"

- what was the referring problem - be specific!

4) Sources of Information -

"These people contributed information to assist in the assessment"

- list those persons who were interviewed or who contributed written reports, e.g. child, parents,, relatives, neighbours, teachers., doctors, probation workers., etc.

5) History of Current Difficulties -

"This is what has been happening in the child's/family's life recently that has led to this referral"

- description of problems,duration, how were the problems identified, for whom do they create difficulties, what precipitates them, where, when, what makes them better or worse
- what does each family member identify as problems and how do they explain the causes
- what attempts have the family made to resolve the problems
- what would the family like to do about the problems

6) History of Previous Difficulties -

"These are the problems which the child/family members have experienced in the past."

- a review of historical problems as derived from interviews, previous reports, closed files

7) Family Development -

"This is how this family began and how it evolved."

-for each parent in a two-parent family) - the composition and style of their families of origin, deaths of parents or siblings, separation or divorce of parents, separation from family as a result of death, illness, abandonment, incarceration, was the parent in C.A.S. care during own childhood, was there a history of alcoholism or drug abuse. *Problem for a good early nurturing experience versus early deprivation.

- how was the parent disciplined as a child, how does the parent feel about those methods of discipline

- parents' education, present employment and feelings about working

- courtship and marriage - how did the parents meet, how long were they acquainted before marrying or cohabiting, duration of marriage

- arrival of children - were pregnancies planned, accidental,, unwanted, how did the parent feel about each child at birth, how does the parent presently feel about each child e.g, does the parent express positive feelings about each child, how does the parent describe each child e.g. moody, happy, trouble maker

- current marital and family functioning - quality of marital relationship e.g. partners' satisfaction with the relationship, are parenting responsibilities shared

- living conditions, economic factors, source of income, culture/ ethnic factors, legal issues, family's social network or absence of support systems e.g. relationship neighbours and extended family

- chronic stresses and long standing conditions versus situational stresses

8) Child Development-

"This is how the child has coped with the normal biological, psychological and social tasks from birth to present" (assess each child)

- problems during pregnancy, during delivery, prematurity, jaundice, significant illness, injuries, emotional stress or separations experienced since birth
- developmental milestones - walking, talking, toilet training
- school history,, academic performance, hobbies, sports, special talents, peer groups, does the child enjoy school
- child's involvement with the community., police, other agencies e.g. has child been in care previously, lived outside of the family for extended periods
- unusual, past or present health problems which make the child difficult to handle or care for
- is current level of health care adequate
- birth defects, physical anomalies,
- underweight or overweight, evidence of poor nutrition
- does child have any immediate medical or dental needs
- behaviour problems - lying, stealing, temper tantrums, truancy enuresis, encopresis, nightmares, severe aggressiveness or withdrawal
- developmental lags
- speech., language, gross and fine motor

9) Observation of child -

"This is...a) what I saw in the child and...b)what he told me about himself, his family, other aspects of his life"

- a) Appearance and Relationship to Social worker - physical appearance, dress, grooming, posture, mannerisms facial expressions, eye contact, tone of voice - social worker's reaction to child, nature of relationship formed and the "working alliance"
- b) Behaviour and Activity Level - energy, persistence, impulsiveness.# aimlessness, compulsiveness, organization versus messiness, personality and disposition e.g, happy, quiet, outgoing, shy, etc.
- c) Emotional Tone and Behaviour-type of emotion displayed in interview variation, intensity, appropriateness, awareness and control of feelings

d) Attitude to Self and Others - ability to see self as individual goals, aspirations, self-esteem, feelings of belonging and being loved, ability to trust, major relationships

10) Observations of the Family -

"This Is what the family is like, how it feels to be among them, how the members relate to one another, how they view me and other outsiders, their strengths and weaknesses."

a) Structure and organization - power hierarchy, cohesiveness and interdependency, degree of individuality, clarity of boundaries, alliances, coalitions, clarity of roles and functions, rigidity or flexibility of systems

b) Communication - content, themes, preoccupations verbal expression and its congruence with spoken word; do family members have positive things to say about one another (e.g, child does well in school, child helps with chores,, mom is understanding) or mention negative characteristics (e.g. child is evil), body language

c) Emotional Tone and Expression - mood, intensity, variation, openness, concealment, responsiveness, e.g. do members speak civilly or yell and become angry and upset

d) Physical Contact - normal physical contact with one another (e.g. mom cuddles infant, holds toddler affectionately, child seeks and gets comfort from parent, child stays close to parent), or is parent physically rough with child, does child flinch, does parent or child avoid physical contact.

e) Contact and Decision Making - leadership style, flexibility, consistency, type and efficacy of reinforcement conflict resolution cooperation and resistance, attitudes to feedback and help

f) Developmental Aspects - age appropriateness of expectations roles, etc. Management of autonomy and individuation, parental and marital development level, intergenerational issues, extended family, dependency, intrusiveness, support. Does parent understand child's developmental needs, is there a lack of knowledge about basic child care and child development?

g) Quality of Interaction - is parent able to protect and manage the child e.g. Keep child from climbing atop counter, prevent child from touching hot stove. Do members engage in appropriate activities together e.g. parent reads to child, plays doll house, helps child get dressed or tie shoes, etc,

11) Specialized observations -

"This is how particular experts understand certain aspects of the child and family. This is also

how I understand this family"

- tests, evaluations, reports, earlier assessments e.g. psychological, educational, medical

12) Formulation

"This is an attempt to select and synthesize significant factors from the above information in order to develop working hypotheses about the family, It is speculative at times and cannot be regarded as absolute truth but it aims to combine facts, observations and subjective reactions with generally accepted theories and knowledge of biological, psychological, and social development. It should lead us to an understanding of the families major area of functioning."

- a) Selection and Synthesis - are the areas essential operations in formulation. From the mass of data are selected those factors considered as significant in the development of the problems. Then, in a sequential and logical manner a synthesis is attempted which shows the significance of each other. **A MERE LISTING OF THE FACTORS IS NOT A FORMULATION; THE CONNECTIONS BETWEEN THEM MUST BE SHOWN***
- b) Formulation is a Highly Subjective Process - it represents an opinion of the case and should be able to stand on its own, even apart from the material from which it is derived. It should point the way to appropriate management by identifying specific areas of need.
- c) The Model Formulation - suggested here classifies significant factors in major areas of functioning (biological, familial, social cultural, psychological) and also in a sequential dimension (predisposing, precipitating, perpetuating, protecting).
- d) Biological Factors - should include basic family constitutional and temperamental characteristics of the family members as well as health and physical development. Familial factors can be very easily separated out, as can socio-cultural factors. Psychological factors are those pertaining to individual emotional and cognitive functions.

13) Planning For Provision of Services -

These are the services/resources/treatment modalities recommended for the family,

14) Prognosis -

"This is an educated guess about the outcome of the plan. It requires a predictive statement

which speculates about each family member's potential for healthy development and functioning, as well as their commitment to the plan.

AN ASSESSMENT GRID MODEL FOR CHILD WELFARE

An Alternative Model for looking at Areas of Functioning

Given a cultural understanding of the family, the social worker can look at several areas of functioning to get an overall picture of the client in relation to the situation.

Family Functioning

The assessment of families is a field in itself. It is the process of learning what the relationships are within the family, between both individuals and groups of Individual it is a complex process, complicated in Native child welfare by the importance of the extended family. No assessment of family functioning is complete without some understanding of the extended family and its influence. While an in-depth discussion of family dynamics is not possible here, it is important to discuss some basis of understanding the family. Family functioning involves the roles which members play, the roles of the family, the relationships within the family and the ways in which the family works together to cope with stress. It is important for the social worker to know where individuals fit in the family and how they feel about their family. Social workers must also consider the dynamics of tribally mixed or racially mixed families. Marital status and tribal affiliation must be understood with regard to custom and tradition. And as in all assessment, the attitudes and values of the family must be examined within the context of the local community. Some pertinent questions which the social worker needs to address are

- * Who constitutes the family?
- * What is the role of each member in the family, e.g., decision maker, disciplinarian, manager, problem solver, caretaker, etc.?
- * What are the influences of the extended family? What roles do members play? When do they become involved?
- * Who makes decisions? How are they made? Who is responsible for solving problems?
- * What does the family do with problems? Is someone identified as the problem? Who relates to whom in the family? Do members talk to one another? Do they rely on one another?
- * Does the family do things together e.g. meals, recreation work?

- * What is the quality of relationships in the family--close, turbulent, etc.? Do members avoid one another?

While these are only a few questions which might be addressed, they provide the social worker with a base on which to build. The social worker intending to engage the family in family counselling will carry this process further, relying on family systems theory to provide guidelines.

Social Functioning

The study of social functioning involves finding out how the client or family relates to those outside the family. The social worker's task is to find the strengths, weaknesses, resources, liabilities, and constructive and destructive behaviours that the client exhibits in dealing with the world. Through observation and interviewing the social worker answers several questions:

- * What is the client's ability to make friends?
- * Does the client have a support network?
- * Where are the client's most successful relationships, eg., work, school neighbourhood activities, etc.?
- * How does the client respond to helpers or authority figures?
- * What are the problem areas in relating to others? What are the positive areas? Is the client isolated from the community or a part of it?
- * How rigid, flexible, controlling or vulnerable is the client in social situations?
- * What influences do social relationships have on behaviour or the problem?

These questions are suggested areas. They may or may not apply to each situation, and there may be others the social worker may need to answer.

In the area of emotional functioning the social worker forms an understanding of the major theories with regard to how the client deals with feelings. Strengths and weaknesses are assessed, giving the social worker an idea of how much of the client's problem results from her or his personality. This part of the assessment gives the social worker direction in planning, helping to determine the need for work on psychological issues versus environmental ones. A more in-depth psychological evaluation may be called for. In such cases referral to appropriate professionals is indicated. Questions the social worker seeks to answer:

- * How does the client feel about herself or himself, i.e. what is the self-concept? ..

- * Does the client exhibit anxiety, fear, depression, happiness, anger, sadness? How is it shown? What is the major theme?
- * Can the client express feelings? Are feelings expressed with an intensity appropriate to the situation?
- * What level of self-control does the client have? Does she or he act on impulse? How does she or he deal with frustration?
- * Does the client make sense when relating to the social worker? Is she or he in touch with reality? Does she or he have unrealistic fears?
- * Is the client sensitive to the needs of others or able to empathize?
- * What are the major coping mechanisms which the client uses to survive? Are they positive or negative?
- * Is the client able to trust?

The answers to these and other questions form an understanding of the client's emotional state. They guide the social worker with regard to what kinds of interventions are needed. It should be noted that in the assessment of children, developmental issues play a large role in emotional functioning;

Physical functioning:

Physical functioning includes such things as health and health history, physical conditions or handicaps, eyesight, hearing, speech, and fine and gross motor skills, in some cases physical functioning will have a profound influence on the total situation; in others it will have only minor significance. Contact with appropriate health care professionals may aid in the assessment process. Questions which the social worker seeks to answer are:

- * Does the client have a significant health problem which complicates the situation?
- * Are there handicapping conditions? What role do they play in the problem, if any?

Is there alcoholism in the family? Has it been treated? What is the result?

NOTE: The assessment of alcoholism is a specialized field and should be referred to the appropriate agency. Is the physical development of the client appropriate for the age? If not, why not?

Intellectual Functioning

In the area of intellectual functioning the social worker looks for the client's ability to understand and process information. Only psychological testing can reign IQ scores. But these tests are not always appropriate or useful. The social worker's assessment of intellectual strengths and weaknesses are general and subjective but guide the social worker to request testing when necessary. Intellectual functioning is affected by learning styles, organic factors, nutrition, and environment. Questions of concern to the social worker are:

- * Is the client of averages above average or below average intelligence? Who says so? Is it a factor?
- * Can the client read functionally, i.e., understand for instance his/her rights or court-related papers?
- * Are there learning disabilities? Who says so? Are they being dealt with?
- * Are there organic factors which affect their functioning? Who says so? Is it a factor?
- * Does the client use thinking in ways appropriate to her or his age? (This question is particularly important with regard to children, as intellectual abilities are closely tied to development.)

Answering these questions will help the social worker determine if a referral for specific testing is indicated. It can also save the social worker from imposing unrealistic expectations on the client.

Economic Situation:

The social worker looks at the economic situation of the client to determine what impact it has on the problem. The financial realities of poverty or simply being over-extended can have a substantial effect on the client's functioning. Clients are often sensitive about these issues, and the social worker needs to be careful not to pry. Questions which the social worker needs to consider are:

- * What is the client's economic situation? What impact does it have on the problem?
- * How well does the client manage the resources available?
- * How does the client cope with economic problems?
- * What factors affect the client's economic situation?

Self-help functioning:

In assessing self-help skills, the social worker is concerned with the client's strengths and weaknesses with regard to managing day-to-day life. Questions to consider are:

- * How does the client manage the day-to-day demands of her or his family, household jobs community?
- * How does the client deal with problems? Does she or he seek out help or mobilize resources?
- * Does the client have a support network? Who are they?
- * Is the client reliable? Responsible? Able to take risks? Reckless?
- * Does the client make decisions and act on them?

Strengths in self-help often compensate for other weaknesses and can be taught. The social worker's awareness of the client's self-help skills will facilitate the helping process.

CONTENTS

Predisposing factors are those whose presence, whether early or recent has helped to set the stage for the development of difficulties.

Precipitating factors are likely to be those events or changes both within and outside the child which can be closely linked to the difficulties.

Perpetuating factors are these which tend to block the resolution of problems, often in a circular way.

Protecting factors are particular elements which by their presence have compensated and prevented even greater difficulties. The availability of a nurturing grandparent to compensate for parental inadequacies, or good intelligence and desire to learn are examples

The application of the grid is useful in all cases and can help to develop clarity in thinking the case through, but only those factors considered significant should be included.

In a schematic format the ideas expressed above can form the basis of a table:

<u>FACTORS</u>	<u>BIOLOGICAL</u>	<u>FAMILIAL</u>	<u>SOCIAL-CULTURAL</u>	<u>PSYCHOLO GICAL</u>
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PREDISPOSING

PRECIPITATING

PERPETUATING

PROTECTING

CASE PLANNING

DETERMINING NEEDS AND SERVICE ALTERNATIVES

Conducting a thorough assessment and developing a measurable service plan with families is the foundation for client-centred, goal-oriented service delivery. Although these processes may seem time consuming at first, they result in improved and focused services, often reducing the length of time a family remains on a child welfare caseload. In addition, if assessment and planning are not adequately carried out, there are no means for evaluating the effectiveness of the intervention and services.

THE SERVICE PLAN

Following the assessment, an individualized service plan must be developed with each family and each family member. When developing service plans there are two basic issues which must be addressed. The first focuses on establishing priorities, that is, determining services to meet the needs of the family to prevent further abuse and/or neglect of the child(ren). The second concerns the needs of individual family members which have resulted in or contributed to the abuse/neglect. Following from the abuse/neglect, or are incidently discovered during the investigation or assessment. To be effective, a service plan must fit the needs of the individual, the individual must find it acceptable and view it as having a tangible benefit, and the individual's strengths must be highlighted and incorporated.

The tasks of the case management worker at this stage are dependent on whether the service plan was initiated during the intake/investigation process. If the service plan was initiated by the intake social worker, the case management social worker should review -with the family both the areas of need and the family, agency, and community resources being used to meet those needs. If, on the other hand, the case management social worker is responsible for developing the service plan, he or she should consider the following factors:

The social worker must relate to the family in a way that will engage the family's cooperation and commitment to change by being sensitive to the family's fears of seeking and receiving help, by conveying therapeutic authority, confidence and hope.

The family members should be encouraged to verbalize their strengths, problems, and needs along with the resources they believe may be appropriate to meet their needs and ameliorate their problems.

The social worker should help the family members identify the problem areas, divide them into workable components, and set priorities for change; emphasize existing family strengths; and identify intervention/service alternatives.

Goals should be established with the family; they can be developed for any or all of the problems identified in the assessment. They should be specific, measurable, and feasible and

should restate the problem in a way that suggests a solution. Initial goals also should be those that have a high likelihood of success within a relatively short time span (three to six weeks).

Objectives should be formulated with the family; they should be measurable and observable, reflect a level of acceptable performance and contain a time frame for completion. It is advisable to use words that are not open to various interpretations, such as to attend, to obtain, to apply. Each objective should indicate the behaviour that will be accepted as evidence that the client has achieved that objective.

The plan should not only specify what is expected of the client but also delineate what is expected of the worker and set forth the responsibilities of other service providers.

The initial plan should focus on the family's immediate needs. The social worker may determine that the family needs therapy, but the family may have recently received an eviction notice. In this situation, the priority is to find housing. By helping the family alleviate this immediate stress, the worker is encouraging the development of trust and allowing the family to view him or her as a person who really wants to help.

It is important to remember that goals should be achieved in small increments. For example, a long range goal may be that the parents use more appropriate methods of disciplining their children. The first step or objective to obtain this goal might be that the parents attend a four-session parent education course offered through a local adult education program.

Service/Treatment Contracts*

The treatment contract is a structured way of forming the service plan; it may be a verbal agreement between the worker and family or it may be a written agreement which requires the family's and worker's signatures. Many agencies and programs are using written treatment agreements with parents, older children and adolescents; it is believed that they have the following advantages:

They are concrete, visible, and require direct client input.

They assist in the selection of the most pressing problems to be solved first, and in helping the family deal with problems in small steps.

They provide direction and clarification for family members and for workers.

They specify conditions and tasks for family members and workers and thus assist in building family trust.

They establish in writing expectations which at a later date might be distorted, denied or confused.

They provide a baseline for evaluating the family's progress and the worker's efforts.

It is preferable to write the contract in simple, understandable language. The following are suggestions for developing the contract.

It should state the related case goal.

It should be concise.

It should be flexible, that is, subject to additions, changes, and deletions that are mutually agreed upon by worker and client.

It should meet the number of family member obligations to avoid overwhelming of defeating the family.

It should set a time limit (usually 90 days) for the agreement.

It should state the consequences (if any) of non-compliance.

It can also specify who will have access to information and who will not (confidentiality), which helps build client trust.

The exhibit following this page provides a proposed format for service\ treatment contracts. It should be noted that the contract, whether verbal or written, is successful only when the worker and client act in accordance with it. Although some family members may be resistant to entering written service contracts, workers also must be helped to work through their own resistance to using a tool which documents specific worker tasks and target dates.

It is important to note that contracting is not appropriate for all clients. Contracts do not work well with individuals who do not recognize or admit to their problems; with persons who are extremely resistant, with persons who are not competent to share in the process (such as individuals severely disturbed or retarded, or in situations where the worker-client relationship has not been established. Contracts are most effective when the problems to be solved are within the combined capacity of the worker and client. A contract works best with:

persons who are motivated and capable of sharing and selecting problems to be addressed

persons who are capable and willing to make and follow through with modifications needed

persons who are overwhelmed and/or hysterical, because it helps them focus on one problem at a time

persons who have low self-esteem, because it allows them to see in "black and white" that they have achieved a goal

persons who are distrustful, because it enables them to know what they can expect and because they can hold the worker accountable

In addition to holding clients accountable, contracts also hold workers accountable. Contracts provide workers with self-account-ability; that is, contracts allow workers to monitor themselves. Contracts allow clients the opportunity to confront workers and to talk with the workers' supervisor when clients believe workers have not followed through with their designated tasks. Finally, contracts also hold workers accountable through administrative and possible court review of cases.

SPECIFIC SERVICE CONTRACT TRAINING INFORMATION **BASED ON HALTON CAS MATERIAL**

Numerous case management models exist to assist the social worker in formulating and focusing the treatment approach. One concept that repeatedly appears as an essential treatment tool is the process of contracting. Contracting happens at numerous levels and in many different ways. Informally, even in the casual conversations, a contract exists, usually unstated but nevertheless understood, as to what the mutual expectations of the participants are. On the other hand, the contract may be formal written documentation of every detail, duly notarized.

Contracts between clients and social workers can fall anywhere along a continuum. The treatment dilemma occurs when the contract is vague and both social worker and client are uncertain about what is being undertaken. Consequently, it is preferable for contracts to be written and signed by both client and social worker. Ideally, the whole family is involved and thereby all would be expected to sign.

Contracting is important in achieving the following:

1. Parents and children are brought together and recognized as integral parts of the treatment process.
2. Goals are mutually determined, unless they are non-negotiable. This is because the change in behaviour must be made if it involves the safety and well being of the child as defined by the C.F.S.A.
3. Demands and consequences are clarified. For example, exact changes required of the family if the children are to remain in home are specified, as well as the requirements by the family of the agency's services and resources, and the agency's responsibility for their delivery is agreed upon.
4. Expectations regarding meetings, time limits to meet goals and the-family's commitment to be active participants in the treatment process are specified.

It is crucial that you build into your agreement some problems/goals/tasks which can be very quickly and successfully resolved. Nothing will encourage and motivate the client-and the

worker - like a bit of success near the beginning of the process!

Like many other techniques which you will use in your work, this one requires practice to perfect. Once you have mastered the basic requirements of the task-centred approach, you will learn how to adapt it to suit how to adapt it to suit the needs of the wide variety of client families which you are likely to encounter during your career in Child Welfare.

1. Goal planning is the process by which an agreement is reached between consumer and practitioner that each will perform certain tasks.
2. A Behaviourial Contract is a contract which is written in behavioural terms and has, as its goals, specific consumer behavioural changes.
3. Contracts may be of short or long duration.
4. A series of behavioral contracts and their evaluations provides a specific and measurable record of client progress.

Writing the Contract

1. Involve the consumer from the beginning. By involving the consumer in selecting the goals, he/she feels that you are working with him and this will increase his/her motivation.
2. Use the consumer's strengths to set goals which help with his/her needs. Attention, praise ~ and the feeling of success in accomplishing the goals will help to maintain the consumer's motivation. These should be part of any goal planning procedure.
3. Use small steps to reach the goal. Small, attainable steps bring rapid success.
4. State clearly who will do what and when. Formal signing strengthens the commitment of all involved.

Contractual agreements clarify and specify just exactly who is responsible for what, by when. One approach to identify the need for contracting is to survey participants regarding the following:

- | Questions for Client | Questions for Social Worker |
|--|--|
| 1. Why were you first in contact with this agency? | 1. What was the presenting problem? |
| 2. Has the agency been of any | 2. What has been accomplished to date? |

assistance?

- | | |
|---|--|
| 3. What are you presently working on with your social worker? Be as specific as possible. | 3. Specify your current term goals. |
| 4. What do you hope to accomplish before concluding your involvement with this agency? | 4. What long term goals are necessary for termination? |

Ideally, the correlation between the two responses would be high, indicating a clear process of communication and a successful contracting of the working relationships. If the correlation is low, the need for a more formal written contract is indicated.

Two important additional features of contractual agreements are that they facilitate decisions regarding alternate plans, as well as substantiate the agency's cases which may result in court action.

Errors to Avoid in Contracting:

Some common errors which can predispose to lack of success include:

setting goals which are vague, general, and unmeasurable.

setting goals which are not clearly related to specific identified problems.

setting goals which are not realistically attainable by the client.

failing to "partialize" the large problem manageable pieces.

making statements which place the client in a negative light.

using language/format inappropriate to the client's education or intellectual level.

Contracting Guide

When formulating a behavioural contract, it is helpful to go through the following steps:

1. Identify the goals that must be achieved in terms of safety and those that are not negotiable.
2. Identify what behaviours have to change to achieve this (these) non-negotiable goal(s).
3. Identify the additional behaviours you and the client wish to bring about.
4. Describe all identified behaviours, both negotiable and non-negotiable, so that they may be observed.
5. Write the contract so that everyone can understand.
6. Measure success by observing the behaviour.
7. Troubleshoot (review and revise) the system if measurement does not show improvement. (Don't be afraid to check everything).
8. Continue to monitor, troubleshoot and, if necessary, rewrite the contract until the objectives are met.
9. Select another need to work on.

There are Five Basic Steps in Goal Planning

FIRST Actively involve the client, Initiate an assessment of the person's strengths and needs.

- A. Clients should participate in the development of Goal Plans as much as possible. Plan with the person, not at or for him/her.
- B. Number each need.
- C. Respect the client. Treat the person the way you would like to be treated. Be certain you understand what he or she is feeling and saying.
- D. Encourage other significant individuals to participate in the planning.
- E. Start where the client is NOW.

SECOND Select a reasonable, achievable goal.

- A. Initial goals should be meaningful to the person and achievable in two to four

weeks.

- B. With the person, select several needs which appear to be meaningful. Explain the consequences of each need, including achievement and non-achievement of the goal.
- C. Help the person select any one need to work on. He or she is more likely to be committed to the goal if involved in making the choice.
- D. State a behavioural goal for this need and reference the goal by number from the index.

For example: NEEDS

- 1. Friendships
- 2. Housing
- 3. Home-maker Service
- 4. Employment
- 5. Tutor for Child

Need Number 3. Home-maker Service

Goal: Obtain Home-maker's service by 9/1/96

ROADBLOCKS TO GOAL PLANNING

Goal Planning seems to be a very simple and obvious idea, yet many of us do not consistently use the five steps outlined. We have identified four basic reasons for this:

FIRST: We pay attention only to problems. Dealing with problems takes so much of our energy that we do not have time to set goals and to pay attention to what can be done.

There are some clients who will not improve regardless of the services provided and some who will improve without our help. Studies have found these two groups to represent between four percent of most caseloads. The majority of clients we work with will make some improvement when help is provided.

Client Ability to Change

Will not change
regardless of
help given.
2% - 7%

Will not change regardless
of help given.
2% - 7%

Studies have shown that the majority of worker time is spent on these two groups of clients, while a minimum amount of time is given to the group most likely to use the services. You may want to check your own caseload and time use, to see if this is true for you.

SECOND: We often do too much for clients. Many of the things we do for people, they could do for themselves. By doing for them, we often support their beliefs that they are inadequate and unable to take care of themselves. This happens primarily because workers want to be helpful to clients, and clients often present themselves as very passive and unable to do thing. Also, when we are busy it is often easier to do something for another.

THIRD: We label people as hopeless or unable to change. Labels can be useful to help understand a particular diagnosis or condition. However, many times we label someone and assume that with that label they will never improve. For example, labels such as 'poorly motivated', 'inadequate parents' or 'child abuser' tell us little about what a person's potential is. When people are described by their behaviour, then we can more easily identify the steps necessary to make small, measurable changes, which may lead to larger, more obvious improvements. You may want to review some of your case records to identify common 'labels' used by your agency and staff.

FOURTH: We often choose goals for the client not with the client. The goals we choose may be too difficult, too large, or take much too long to achieve.

FIFTH: We often fail to check for the client's "fit" with his or her environment. Are there people or circumstances external to the client preventing achievement?

SIXTH: We often use vague language to define casework plans. Many of the terms we use to describe people and their needs are vague; they can mean many different things to different people. The result is that clients don't know what is expected of the, workers are unsure when they have achieved a goal, and casework records provide very weak evidence for court.

For example: the goal "needs to improve Parenting Skills" could apply to anything from a need to spend one hour of play time with a child to a need to provide clothing and meals on a regular basis.

CLEAR LANGUAGE EXERCISE

DIRECTIONS: For each vague statement write a possible goal. Remember that the best way to state an objective is to say what the person will be doing when the objective is achieved

STATE OBJECTIVES POSITIVELY.

Vague Language

Clear Language - Behavioral Terms

1. Improve family relationships

1.

- | | | |
|-------------------------------|-----|--|
| 2. Improve parenting skills | 2. | |
| 3. Find adequate housing | 3. | |
| 4. Dress appropriately | 4. | |
| 5. Increase motivation | 5. | Make appt at family doctor by Fri. |
| 6. Show interest | 6. | Read for 3 min. Mon., Wed., Fri. |
| 7. Respond appropriately | 7. | Good news from school, praise child
Notice 2 things child did this week |
| 8. Improve self concept | 8. | Write down 2 strengths & 1 thing that
needs to change. Treat self. |
| 9. Appropriate peer relations | 9. | |
| 10. Decrease hostile attitude | 10. | |

TO SUMMARIZE TREATMENT/CASE PLANNING AND CONTRACTING:

1. Goals must be attainable.
2. Goals must be specific and concise vs. vague and unclear.
3. Goals must be stated in terms of specific behaviours that the client is expected to perform.
4. Goals must be clearly and directly related to a problem or behaviour that is to be changed or corrected.
5. The goals of the treatment/case plan must reflect the client's perception of the problem(s) and the client's sense of priority.
6. Goals must be measurable.
7. The consequences of what will occur if the goals are not met must be made clear to the client during the initial phase of negotiating a plan for treatment with the family members.
8. The treatment/case management plan must be flexible.

PROVIDING DIRECT SERVICES

Traditionally, the social worker has been the primary (and often the only) professional responsible for providing direct services to families experiencing abuse and neglect problems. Frequently, this resulted in social workers taking on a number of the tasks of other disciplines,-- for example, evaluating and advising the family in matters of law, medicine and psychiatry, resulting in workers becoming less certain about their own direct service tasks.

Social workers as well as professionals in other disciplines now recognize that each has a unique responsibility for and role in working with abused and neglected children and their families, Although the primary responsibility for families' welfare remains with social (as mandated in Ontario law), social workers can now share the responsibility for direct services with other disciplines and at the same time refine and enhance their own unique direct service skills.

In many situations, the family can benefit most when child welfare provides direct services in conjunction with services from other professionals* There are times, however, when child welfare social workers provide direct services alone, including situations in which:

* The legal authority of child welfare is the only reason which prompts families' acceptance of services*

* The family resists seeking or securing assistance from other professionals*

* The child welfare social worker's intervention has resulted in a therapeutic relationship with the family, which could be jeopardized by referral of the family elsewhere.

* The family's problems and worker availability and skills are such that there is no need for other professional involvement.

Regardless of whether child welfare social workers have responsibility for direct services or are providing direct services single-handed each child welfare contact with the family is an opportunity for family growth and positive changes. Treatment begins with the very first contact; it is the task of child welfare social workers to make each contact as therapeutic as possible by using the knowledge and skills of their own profession.

CASE REVIEW/EVALUATION

Introduction

Evaluation is a necessary and critical component of the case process. Evaluation is a continual process in which you repeatedly ask "how are we doing" and after asking the question, make the necessary adjustments to your case plan.

No case plan is absolute. As circumstances and issues change in your families' lives, their priorities and objectives initially identified may no longer be applicable or appropriate. In this regard it is important to assess both what has been gained and what goals have been achieved. More importantly, evaluation helps you to determine if the treatment plan is working or failing, and why.

Your Role and Responsibilities as the Evaluator

You are the individual who is primarily accountable to see that the treatment activities work because the ultimate responsibility for the case rests with the child welfare service agency. As the person who is most familiar with the case or client, you have information about the client's progress, potential problems, and the need for revision of the existing treatment/case plan. Other professionals involved in the treatment plan are dependent on you for information and rely on your continual, objective evaluation.

Although you will confer with the client/family, professionals involved with the case regularly, primary judge of whether the treatment plan should be followed, modified, or revamped.... or in other words, you ultimately decide when it is safe to return the child(ren) home and/or to phase out treatment and terminate intervention.

Evaluation Process

Essential Considerations

1. The case plan always reflects the client's priorities because the problems are his and, accordingly, the goals are for his benefit. Therefore, it follows that the client must be an active participant in the evaluation process. Your assessment of the client's perception of the case plan is critical:

- a) Does the client seem committed to the plan?
- b) Express anger?
- c) Does the client express cynicism and pessimism about intervention being beneficial.?
- d) Seem disgusted

- e) Enthusiastic?
- f) Frustrated?
- g) Does the client appear apathetic and/or indifferent?
- h) The criteria that will be used to assess the degree to which each goal is attained.
- i) when and how you will decide when each goal has been reached,
- j) alternative methods and services Licit may be utilized if original plans do not work,
- k) the criteria for terminating the case plan and/or child welfare service intervention.

TERMINATING THE CASEWORK PROCESS

Termination is the seventh and final step in the process. You have been preparing for-@ final beginning because, after all, it was the ultimate intervention. As you contemplate termination of the casework process, it is important to keep in mind that the client/family may not have achieved the level of change that you sought at the case opening but it be sufficient enough to warrant intervention. Often, the very most we can hope for is acceptable level of child care. In other wards, it may not be as good as we had hoped it would be, but it is better than it was.

Specific criteria for Phasing Out Treatment and Closing the Case

The criteria for termination was formulated in the goals of your treatment/case plan, and ongoing evaluation throughout thE casework process has provided you with indicators of the level of progress that has occurred. To further assist you in assessing the appropriateness of termination, the following criteria shall be considered:

1. There has been a reduction in the social and environmental stress experienced by the family.
2. There have been changes in the parents' individual functioning; the parents derive greater satisfaction and pleasure in their lives both in, and apart, from their role as parents.
3. The family is less socially isolated, responsive lifelines have been established, the family has demonstrated that they are able to reach out for help in times of need.
4. The parents are self-initiating; they utilize available resources.
5. Changes in the parents' interchange, relationships and functioning have been evident. For example; a stressful relationship may have been terminated, an abusive partner may longer reside in the house, or an improvement in the quality of the marital relationship is evidenced in their ability to handle conflicts constructively, and in their support and positive recognition of one another.
6. The parents see the child as an individual with needs, rights, and desires.
7. The parents expectations of the child are age-appropriate.
8. The parents enjoy the positive affects too.
9. The Parent have the ability to deal with negative behaviour; they can tolerate the child's expression of negative feelings towards them without personalizing it.
10. The parents have demonstrated impulse control.

11. There has been a reduction in the child's provocative behaviour; the child responds to the parent without fear and has the ability to elicit positive parental responses.
12. The parents can allow the child to receive emotional rewards from people outside the family.
13. An acceptable form of relief from the child is available to the parent.
14. The family recognizes that some/all of its leaders may require further ongoing treatment and they are committed to continuing treatment as may be prescribed, without child welfare service intervention.

These are just a few of the areas that must be assessed when you are considering terminating child welfare service intervention with a client family. Other areas requiring careful assessment will be reflected in the goals of your case/treatment plan. Of importance however, is your thorough assessment of changes that have or have not occurred which initially warranted child welfare service intervention.

While a family may no longer require child welfare intervention, they may very well need continuing services from other service providers. The anticipated duration of additional services must be fully negotiated between the client-family, and the service providers and documented in your closing summary.

A REVIEW OF THE TOTAL CASE PROCESS

Because child welfare service situations often are multi-problem, no one worker or agency can realistically meet all the needs of the client. Case management deals with this by linking the client with services and then making sure that those services are provided.

To review briefly:

1. Case management refers to the process of making sure that appropriate services are provided in a timely fashion and directed to the resolution of the situation. Case management begins at Intake and continues through termination. It involves assessment, planning, linking, coordinating, providing services, documenting progress, and reviewing cases. It is the process of managing what needs to be done and who is going to do it when. Case management is made up of several elements, each with its own process.
2. Assessment is an integral part of case management because it enables the worker to develop a meaningful plan with a defined purpose.
3. Case Planning: The case plan is drawn directly from the assessment. The worker in conjunction with the client defines where the client will be at the end of the process. The plan is clearly stated in terms of goals and objectives. Each objective has criteria to measure progress and a time limit.
4. Linking: The worker's role is to know the resources mobilize services, and to coordinate and monitor those services to make sure the service is delivered and is useful.

To learn nurturing child-rearing practices:

- * Counselling or parent group participation to learn components and stages of normal child development to help restructure expectations.
- * Counselling from elders and extended family to learn about traditional child-rearing practices and values.
- * Counselling or parent group participation to learn alternative methods of discipline that avoid corporal punishment.
- * Counselling or parent group participation to learn alternative methods of receiving nurturance and feelings of self-esteem that do not include burdening the child with these needs.

Support and nurturing for the child..

- * Structured experiences-day care, new school, play group-for the child, with other children and adults, to learn other systems of relationships; to learn to get support and nurturing from

others besides the parents; for socialization with peers; and for the development of motor skills and Intellectual skill.

- * One-to-one or group therapy for the child to deal with fees, anger, frustration or offensive behaviours-therapeutic day care, play therapy, or traditional psychotherapy.
- * Foster care to protect the child, at least temporarily, until some resolution is achieved concerning his or her family or home situation.
- * Culture classes which promote a positive identity and self-esteem.

To help with substance abuse:

- * Individual and family counselling directed toward getting the client Into treatment.
- * Individual and family counselling which help the family function after treatment.

Direct Services: The case plan defines which services will be provided by the Native child welfare worker.

Recording and Documentation: The recording of the case plan and documentation of progress are an Indispensable part of case management.

Case Review: Case reviews are a mechanism to ensure that the case plan Is appropriate and Is actually being carried out.

Summary

The Native child welfare social worker provides helping which prevents and alleviates abusive situations. The work is aimed at preserving families and strengthening the community. Through careful case planning and blending the role of authority with helping, the worker is able to deliver services which are consistent with the needs of the client. This includes the cultural needs. By using basic skills and self-awareness, the worker delivers a service which is compassionate, respectful, and culturally appropriate.

