

CHILDREN AND FAMILY RESEARCH CENTER

Parents' Expectations of Caseworkers

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INTRODUCTION

This document is designed to provide a bridge between research and practice. It takes the results of a research project and reports the findings to the practice community.

The study was an assessment of service satisfaction of parents with children in the care of the Illinois Department of Children and Family Services (DCFS). A questionnaire was distributed to a random sample of 693 families of children in care (Poertner, Harris, and Joe, 1998)¹. The study resulted in the identification of a core set of 24 items that as a scale demonstrated very good reliability and reasonable validity. The individual scale items can be thought of as caseworker behaviors that are important to parents in their work with the Department.

Once research implications were identified and distributed, a collaborative effort between CFRC, the Education Partnership, SSW, UIUC, and the Illinois Department of Children and Family Services (DCFS), resulted in the creation of this document. It is designed to highlight the 24 caseworker behaviors identified as important to parents, the clinical implications of these behaviors, and specific casework interventions which can be implemented to address each identified issue.

¹ The full report is available from the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign 1207 W. Oregon Urbana, IL 61801

PARENTS' EXPECTATIONS OF CASEWORKERS

Caseworker Behavior 1: My caseworker encourages me to discuss when things were better in my family.

Clinical Implications: Encouraging clients to discuss times when things were better in their family offers them the opportunity to identify and acknowledge family strengths and resources. Through recognition of sequences of positive patterns, families can begin to make conscious use of their strengths and resources to work toward a desired future.

Casework Interventions:

1. Ask the client to discuss the positive patterns they observe in them-selves and their families.
2. Tell clients about the positive patterns observed in the client and/or their family.
3. Ask the client how they will know when things are better.
4. Discuss with the client what changes DCFS is wanting to see to ensure their child's safety.

These activities can be done periodically throughout the life of the case.

Caseworker Behavior 2: When my caseworker makes a mistake, she/he admits it and tries to correct the situation.

Clinical Implications: Taking responsibility for one's actions models genuineness, dignity, respect, and the ability to admit responsibility for error. Through this behavior caseworkers show their clients that everyone makes mistakes, that admitting mistakes is a strength, and that individuals can learn from them.

Casework Interventions:

1. Admit errors to clients. Example: When I went back to the Office after we met last week, I realized I told you the process incorrectly. Could we take out a few minutes and talk about the specifics of this again?

Caseworker Behaviors 3 and 22: My caseworker tells me what she plans to say in court about my family and me – both negative and positive.

And

My caseworker explains to me what will happen in court.

Clinical Implications: Parents are profoundly effected by what occurs in court. In order to make decisions, they need to know what to expect in court, what is expected by them, the options available to them, and the consequences they face if they choose not to participate in services.

Court can be an overwhelming experience for someone who is anxious, upset, and under stress. When the worker keeps the client informed about what to expect, this reduces anxiety, and helps create a safe and trusting atmosphere.

Casework Interventions:

1. Discuss the content of court reports (both positive and negative).
2. Ask the client if they have questions about the information in the report, or if they disagree with any of the information in it. Attach a separate page with client comments if the client believes there are errors in the report.
3. Describe what will happen in court at every stage of the process.
4. Identify who will attend the court hearing and what each person's role will be.
5. Discuss the results of the court hearing with the client to ensure they understand the proceedings and orders of the court.

Caseworker Behavior 4: My caseworker tells me whom I can contact for help when she is gone for more than a day or two.

Clinical Implications: Through the establishment of consistent availability an atmosphere of predictability is established and resultant trust can emerge. This can help set the stage for families to create the same predictability in their own lives. Unfortunately, overdependence on an individual worker can occur if a communication system in which back-up plans for alternative contacts are not created. Through the communication of absences and development of alternative connections, clients receive a sense of continuity of services. Additionally, this demonstrates that caseworkers are members of teams that have support and do not work in a vacuum. Team members are resources and should be viewed as such. By using team members as resources, workers model a team approach for families as well.

Casework Interventions:

1. Give the client the name and phone number of your supervisor. Explain the supervisor's role to the parent.
2. Describe the types of problems/issues that supervisors can address.
3. Provide the client with a reminder about other service providers who are available to them during this time.
4. Inform your supervisor and other service providers the dates of your absence and the client's name.

Caseworker Behavior 5: My caseworker informs me about the help that is available to complete my case.

Clinical Implications: By keeping parents informed about case activity a worker can help reduce family members' anxiety and tension. In order to do this, workers need to be knowledgeable about effective interventions and the resources that are available. Parents need to be kept informed about what they have to do to accomplish their service goals and have their children returned home. Workers need to tell family members about the various decision-makers involved in the case and each individual's role in the decision-making

process. When workers are unsure, they need to obtain the information and communicate it to the family.

By providing family members with the information they need and searching out information they don't have, caseworkers model for parents the process of gathering all of the information necessary to complete an activity (the learning process), and self-advocacy.

Casework Interventions:

1. Provide the client with a copy of the service plan they participated in developing.
2. Provide specific information about each service provider (name of individual or agency, address, phone number, contact person).
3. Make available to clients any additional resources that might serve them whether or not it is a part of the plan.

Caseworker Behaviors 6 and 8: My caseworker devotes enough time to my case.

And

My caseworker gets me necessary services in a timely manner.

Clinical Implications: By creating an atmosphere in which family members feel as though they are receiving enough attention, they feel supported in their attempt to reach their goals. This is accomplished through clear communication, timely service requests, and advocacy. Frequently, the worker's job is to advocate for services to be started quickly and to teach and empower clients to do the same for themselves.

Casework Interventions:

1. Prioritize your work load by:
 - a) Intensity – Which cases require more frequent contact and/or more intensive intervention?

- b) Time priority – Which cases have an ACR family meeting, supervisory review or court hearing coming up?
 - c) Severity – Which case poses the greatest potential for crisis?
2. Follow through with all commitments in a timely manner.
- a) Referrals for service
 - b) Promised information

Caseworker Behavior 9: My caseworker cares about my kids.

Clinical Implications: Workers who demonstrate that they care about the children demonstrate empathy. Parents who can observe that workers care about the children may feel that the worker cares about them. By demonstrating concern and empathy for children a caseworker also models for parents how to care for their children.

Casework Interventions:

1. Ask parent(s) how they feel the visits with their child are going.
2. Report information about their child's well-being in school, their adjustment to foster care (good and bad).
3. If a child is having a difficulty adjusting, ask parents for their ideas about what might work – or what has worked for them in the past. Make use of parent's ideas and let them know the progress in their child's behavior.
4. Ask the parent about their concerns regarding their child.
5. Provide information, support, and/or reassurance to the parent regarding their relationship with their child.

Caseworker Behavior 10: My right to make decisions about my children has been respected during the time they have been in care.

Clinical Implications: Respect is critical to the engagement process. By including parents in decisions regarding their children, they remain active participants in their child's life and feel they are a part of the decision-making process. This helps parents to feel respected and provides caseworkers with an opportunity to model appropriate decision-making.

Casework Interventions:

1. Ask parents for their help in addressing a problem the child is having.
2. Make use of parents' ideas and report back on their child's progress.
3. Make sure the parent is aware of all doctors' appointments, school activities, and teacher's conferences, etc. about their child.
4. Allow the parent to participate in all decisions that any parent (whether or not they are involved with DCFS) would make within the guidelines of DCFS and the limits of the law.

Caseworker Behavior 11: My caseworker helps me talk to my child often.

Clinical Implications: Children need to remain connected to their parents. Additionally, when a worker intervenes to ensure frequent parent/child contact, the family members feels supported by the worker. They can also feel that the worker cares about them. This can help family members feel secure in the relationship they have with the worker, and becomes an important building block in the development and maintenance of trust.

Casework Interventions:

1. Ensure that all parent-child visits take place or that an alternate visit is planned.

2. Inform parents of interrupted visits as soon as possible once the visit is scheduled.
3. Arrange for the parent to speak to their child by telephone, especially if the visit is cancelled for the week/day.
4. Share parent-child observations during visits to coach the parent on positive interactions between themselves and the child, and make suggestions about improving interactions when appropriate.

Caseworker Behavior 12: My caseworker calms my fears about what the agency can do to my children and me.

Clinical Implications: Parents who fully understand their options can make better choices. It is important for workers to exercise full disclosure; to talk with parents about their fears regarding their experiences with DCFS and possible outcomes and address fears openly and directly.

Casework Interventions:

1. Use empathy and engagement skills to discuss and alleviate parents' fears about DCFS involvement.
2. Discuss the reasons for DCFS involvement (specific allegations/risk and safety factors that brought the family to the agency's attention).
3. Make a list of the expectations of DCFS for reunification.
4. Emphasize the importance of the client being involved in the service planning process that will lead to the achievement of reunification goals.
5. Discuss with the client how they can take control of achieving identified goals.

Caseworker Behavior 13: My caseworker speaks up for me with other professionals involved in my case.

Clinical Implications: Many clients do not know how to advocate for themselves. When the worker advocates with parents, this demonstrates the necessary behaviors. Additionally, through acts of advocacy the client feels supported and understood.

Casework Interventions:

1. Ask the client about the services they are receiving from other professionals. Note any problems, concerns, misunderstandings, and faulty assumptions the client and/or other professional appear to have with/about each other.
2. Offer to discuss any difficulties/problems identified by the client with the other professional on behalf of the client or with the client (if you feel the client needs assistance).
3. Report back to the client the outcome of any discussions you have on their behalf with the other service provider.
4. Use the Family Meeting with service providers in attendance to address problems, etc. (be sure to discuss with the client and other professional your wish to use a portion of the Family Meeting for this purpose).

Caseworker Behavior 14: My caseworker has experience dealing with the kinds of problems my family and I are experiencing.

Clinical Implications: Parents need to be assured that workers have the expertise to be of assistance. Workers also need to learn from their experiences, and be able to evaluate their actions and motives when working with clients. This requires honesty, empathy, respect, and treating the client with dignity.

Casework Interventions:

1. While maintaining strict confidentiality, inform the client about your experience with cases such as theirs (e.g. positive and negative outcomes and the factors that had some effect on DCFS' and/or the court's decision).
2. Inform the client of your years of experience in DCFS or the years of experience of your supervisor (if you are new to DCFS). Describe the type of supervision you get and how you get it.

Caseworker Behaviors 15 and 21: My caseworker's expectations of me are reasonable.

And

My caseworker is clear about what she/he expects from me.

Clinical Implications: A participatory process includes the clients' perspective and expectations that are reasonable. If the worker sets goals which the parent views as unattainable, they are likely to become discouraged and stop cooperating. Workers need to assist family members to honestly evaluate their capacity and to encourage parents to maximize their potential. Parents need to feel a sense of accomplishment to be encouraged to continue to do very difficult work. Additionally, expectations need to be communicated openly between worker and parents to eliminate assumptions and misunderstandings.

Casework Interventions:

1. Make sure the goals on the service plan relate to the assessment (reasons the family came to DCFS' attention).
2. Ensure that the time frames for completion of goals are consistent with the client's problem (e.g. do not pile on goals in the interest of proving "comprehensive" services).
3. Make sure the goals that are set are within the emotional, psychological, and intellectual capabilities of the client.

4. Short term goals may be more reasonable than long term goals. Accomplishment of short term goals helps the client demonstrate their ability to make changes and builds relationships with workers.

Caseworker Behavior 16: When my caseworker says she will do something, she does it.

Clinical Implications: Making promises that you can keep, and following through on those promises shows clients consistency and predictability. This leads to the development of trust as well as modeling predictability and consistency for the parents to use themselves with their children.

Casework Interventions:

1. Think before you make promises to your client to make sure that they are realistic. Evaluate not only what you are promising, but also the time frames that you create. Disappointing clients now by indicating something will take longer will cause less damage than making a promise that you cannot keep.
2. Follow through with all promises and commitments made to parents. If you later find that promises can not be kept, exercise honesty. Do not string clients along.

Caseworker Behavior 17: Meetings with my caseworker occur at least once a month.

Clinical Implications: *The development of a schedule for contact with clients should be done with the clients (at least as often as indicated by their service plan) and always kept by the worker, despite the client's attendance. This shows the client consistency and predictability and helps them see that the worker is aware of their situation. This will assist in the development of a trusting relationship with the client.*

Casework Interventions:

1. The frequency of client-caseworker meetings is dependent upon the stage of the case and the needs of the client and their family.

2. Frequency of client visits should be based on the severity of the case, the intensity of intervention needed, and the case's priority.

Caseworker Behavior 18: My caseworker listens to my side of the story.

Clinical Implications: When a parent feels as though their caseworker has heard what they have said without being judgmental, trust can begin to be developed. Workers need to listen and be non-judgmental, demonstrating genuineness and respect.

Casework Interventions:

1. Use listening skills to clarify your understanding of the client's point of view.
2. Include the client's point of view in documentation including, but not limited to social histories, court reports and case notes.
3. When listening to the client's side of the story obtain information regarding the client's style of coping (some examples include denial, minimizing and catastrophizing).

Caseworker Behavior 19: My caseworker respects my right to privacy.

Clinical Implications: Direct communication between the worker and the parent regarding privacy establishes the limits of confidentiality within DCFS and helps to build trust as they are told clearly where the boundaries of privacy lie. It is essential that this style of communication begins at case opening and continues throughout the life of the case. Respecting the privacy rights of clients is one aspect of treating clients with dignity.

Casework Interventions:

1. Explain client confidentiality and its limits at the beginning of the case, and repeat this conversation whenever you think that the parent may not understand the implications of the limits of confidentiality.

2. Discuss with the client any plans or the need to share information about the client's case with another profession. Include who the information will be shared with, why it will be shared with them and exactly what will be shared with them.
3. Report back to the client the information shared, who you shared it with and any information the individual shared with you about the client (if appropriate).
4. Only share information with other professionals that is important for them to have.

Caseworker Behavior 20: My caseworker returns my calls

Clinical Implications: Returning telephone calls tells the family that the worker is attending to their needs. This shows respect and models responsibility. Clients whose needs and desires extend beyond the limits of what is reasonable need to be helped to find appropriate ways to try to get their needs met. This will help those clients who need boundaries and limits.

Casework Interventions:

1. Return all telephone calls within one business day, or within the time frame you previously told the client.
2. Leave word with the receptionist in your office to inform clients if you know you will not be able to respond promptly.
3. Instruct the client that they can contact your supervisor or another member of your team if there is an emergency or if they are not sure if you have received their message.

Caseworker Behavior 23: I am involved in decisions made about my case.

Clinical Implications: Parents need to be included in the decisions that are made in their cases to ensure that they can take ownership of their lives, and the changes that they are required to make.

Casework Interventions:

1. Encourage the client to evaluate their own progress in achieving the goals necessary for reunification.
2. Discuss any differences of opinion about the progress of a case, and give examples of the behavior this opinion is based on.
3. Note any differences of opinion about the progress of a case in the case record.

Caseworker Behavior 24: My caseworker respects my social/cultural background.

Clinical Implications: When workers demonstrate the ability to understand the social and cultural ties within client's families, they often develop a level of comfort in the relationship. This is one element in the development of a trusting relationship. Demonstrating this behavior is showing respect for the family's heritage and individual uniqueness. Demonstrating respect for clients' cultural background also helps identify family resources that are part of their community.

Casework Interventions:

1. Ask the client to tell you about their culture rather than making assumptions or basing judgments on previous experiences with clients you believe are from similar cultures. Example: "Can you tell me about things you feel are important to know about your cultural background?"
2. Ask the client about possible connections between their cultural background and their current situation.
3. Ask the client to tell you if you do or say anything that offends them. Example: "I realize I may not know everything I need to know so I won't offend you. Please let me know if I do or say anything wrong."

GLOSSARY OF CLINICAL TERMS

ADVOCACY: Activity performed to obtain something for someone. This can be in the form of services, or things that a person has a right to, but is not currently getting. An intervention that caseworkers often engage in, advocacy helps family members to feel supported and respected, teaches client how to advocate for themselves, and can empower them to do so.

CASEWORK APPROACH: How a caseworker approaches his or her work. Clinical practice requires that workers engage in strength based practice based on family systems.

CLINICAL: The quality of interaction promoted by the child welfare caseworker toward family members with the worker acting as an agent of change. This is the result of analysis and understanding of needs and strengths of the client system, based upon professional social work values, principles and skills. (Illinois Best Practice Committee, Assessment and Planning work group, 1998.)

ENGAGEMENT: The first step in the case work process during which the caseworker begins to establish a relationship with his or her client. A caseworker makes use of empathy, genuineness, and respect, and treatment with dignity as foundations to the development of a trusting relationship.

FULL DISCLOSURE AS A THERAPEUTIC INTERVENTION: When working with clients, it is important to provide them with all of the information available regarding their case so that they have the ability to make well-informed decisions. Known as

full disclosure, this therapeutic intervention models honesty and strength, reduces anxiety and frustration for family members , and creates an atmosphere of trust and safety.

LISTENING TO THE FAMILY: A clinical intervention which builds the working relationship between the worker and the family members, listening to the family helps family members feel heard, respected, supported, and treated with dignity;

PARALLEL PROCESS: A clinical dynamic which refers to a natural pattern of behaviors that flows from one level of a system to another. Behaviors of staff at all levels are powerful influences in the functioning of a system, and on the impact on the children and families that are served. It is critical that behaviors that one would like others within the system to emulate are practiced. Some of these behaviors include those that demonstrate genuineness empathy and respect, consistency, predictability, honesty, acceptance of responsibility for one's actions, and treatment with dignity. Parallel process occurs whether one makes conscious efforts to create a particular environment or not.

PARTICIPATORY PROCESS: Work with all families within the DCFS system should include their participation as active members on the planning team. As such, family members should be encouraged to be involved in all stages of the intervention process. Additionally, involved providers are encouraged to take an active role in decision-making.

VARIABLES INFLUENCING CHANGE (IDCFS Model of Practice)

vision of preferred future
efficacy
present discomfort
emotional security
internalization of responsibility