Handout 1 - Overview of Casework

Defining Case Work

Casework is one of the oldest professional forms of community service practice. Its form and focus has changed over time in response to the environment but its fundamentals remain the same.

Casework is that part of community service practice, which is concerned with assisting individuals. Within the case management model it is the component of practice which offers a direct service to individuals. In the case management model this is called counselling. However unlike therapeutic counselling, the service of casework includes everything from practical assistance, resolving a resource issue, through to interpersonal interventions to assist with an emotional or personal problem.

While casework is an old form of practice and while the fundamentals remain the same, it continues to emerge and develop. In 1937, Gordon Hamilton wrote:

"When we think of fundamental concepts we are inclined to imagine a static practice. The truth is that casework concepts are dynamic. They change, grow and develop as they are shaped by new experience and knowledge" (Roberts and Nee 1970: 35)

This statement while written some seventy years ago remains true today.

How is Casework different from Case Management?

This is not a simple question to answer. The lines between case management and casework are very blurred. Perhaps a better analogy is that of overlapping circles. However for our purposes here, we have defined them in the following way:

- Both Case Management and Casework are similar in that they are both viewed as approaches from the human services/community services areas to working with complex individual or family cases.
- Where they differ is that Case Management provides a managed approach to linking services with the needs of the client; operating like a coordinating system in order to achieve outcomes for the client/s. Casework is essentially a problem solving approach, using specific strategies to provide services for the client. At the client level, Casework can be defined as client centred and goal orientated directly linked to the needs of the individual.
- To simplify; Case Management is the plan for providing services/support to a client/s whereas Casework is the implementation or actual doing of that plan.
Values Underpinning Casework

1. Genuine concern for the person receiving assistance
2. A belief that it is possible for a person to change their lives
3. A willingness to work cooperatively with the person needing assistance
4. Respect for the client regardless of their culture, class, gender and history
5. Commitment to "best practice" - this includes a commitment to supervision and participating in professional development activities
6. Willingness to operate in an open and sincere way with the client
7. A belief that the cultivation of self reliance is better than rescuing the client
8. A belief that the client has the right to make their own choices and determine their own life path according to their own value system
9. A client must take responsibility for their own actions
10. Maintenance of client confidentiality

Goals

- To help people to create a meaningful life for themselves fashioned from their own value system
- To resource people in a way that enables them to take responsibility for their own lives, that is to become self reliant
- To build a person self efficacy

Skills of the Case Worker

The skills of an effective Case Worker include:

- The ability to establish a relationship - engagement.
- Empathy, or the ability to see the issues from the point of view of another person.
- The ability to help others to obtain new perspectives on themselves, and their problems.
- Effective listening skills - this includes responding in a way that lets the client know that their problems, and feelings about these problems, have been understood. This allows the client to process their own problems without becoming reliant upon the Case Worker.
- Effective questioning skills which can assist the person to explore the things that interest them and concern them.
• Needs assessment skills or the ability to analyse the client within their environment and to identify the external and internal resources need by the person to improve their lives. External resources refer to the material and social resources that must to be mobilised to meet a need or to help a client fulfil a goal. Internal resources are the personal, social and emotional skills needed by a person to become self reliant and empowered in their interactions with their environment.

• A practical understanding of the community services sector and where resources can be located and how these can be obtained.

• A conceptual understanding or a way of interpreting the issues faced by the clients using sound psychological, sociological, and political theory.

• Exploration skills - to help the client to explore all the possible options for resolving their problems and the consequences of choosing these options.

• Reflection and evaluation skills to assist in monitoring and reviewing the progress of the client within their case plan.

Knowledge of the Case Worker

• **Human systems:** It is critical to have a comprehensive understanding of the systems that the client interacts with, particularly the family system. This allows the Case Worker to assess the needs of the client within their environment; to locate potential resources from within the client's own system; and to identify targets of change within the client's system.

A target of change is the area within the client's social system that needs to be developed or adapted in a different way to enable the client to have their needs met and to become more effective in their interactions with their environment. Sometimes it is the client who is the target of change, sometimes it is another part of the system e.g. the family.

• **Child protection:** The Case Worker must have a sound understanding of the relevant Child Protection Act in their State or Territory and their obligations under the Act. In most community service agencies, even where the law does not require mandatory reporting, the rights of a child to safety and protection are considered a duty of the community service worker.

This duty is reflected in the policies of most organisations, which stipulate that where a child is suspected of being harmed or at risk of harm, a notification must be made to the relevant child protection agency. This obligation overrides the obligation to maintain the confidentiality of clients.

• **Cultural awareness:** Australia is a multicultural society with a range of diverse language and cultural groups. While many human experiences are shared, the interpretations of these events can vary between cultures.

It is critical that the Case Worker is able to accept and respect diverse perspectives on life's events. It is also critical that they are able to demonstrate cultural empathy.

• **Community services:** A practical understanding of the community services sector and where resources can be located and how these can be obtained.
• **Human behaviour:** A sound understanding of the lifecycle of people and the inevitable crises that occur during different phases of life and the impact that these crises have upon the individual and their families, is necessary if a Case Worker is to appreciate the appropriate context to understand the presenting problems of the client.

• **Sociology:** no person exists in isolation. Many problems encountered by clients of the community services system are shared with many other people. No matter how great the contribution of the individual to their problems, caseworkers must always keep an eye out for situations that the clients, as individuals, cannot change. When an individual's private problems are a public issue, the caseworker may need to work with community workers, advocates and activists to achieve wider social reform. In order to recognise and understand the causes of social injustice the worker must be aware of social processes and the way the society organises itself.

**Source:**

- Slattery, Peter 2002 *Youth Works - A very practical book about working with young people* Peter Slattery, Dulwich Hill.

**Handout 2 - The Problem Solving Model**

One way of assisting a client is by using a problem solving approach.

The problem solving model can provide the Case Worker with a means of finding and using whatever is useful within the different therapeutic models. Many Case Workers operate using an "eclectic " approach to helping people. To work effectively as an eclectic Case Worker it is better to be systematic and thoughtful about the ideas, methods and techniques that are borrowed from other therapeutic models rather than to randomly and thoughtlessly apply different theories. (Egan: 1994) The problem solving model assists with the effective application of an eclectic approach to casework.

The problem solving model contains 7 stages:

**Stage 1: Initial Contact**

**Key Activities of the Case Worker include:**

Listening, and engaging. Listening Skills include:
• Appropriate non verbal responses
• Body leaning forward
• Open body posture
• Eye contact
• Non verbal encouragers e.g. nod head
• Minimal verbal encouragers e.g. "ahhh" or "mmm"
• Appropriate arrangement of the room so that the client feel comfortable and safe

Engaging or establishing a trusting and open relationship. To do this the Worker needs to:
• Tell the client their name
• Ask the client what they prefer to be called
• Show interest in the client i.e., find out about hobbies, interests, friends etc
• Demonstrate a friendly attitude
• Demonstrate a non-judgemental attitude
• Show a capacity for honesty
• Ask appropriate and relevant questions
• Ask the right amount of questions
• Offer direction and leadership where needed

**Common Client Reactions:**

• Anxiety
• Fear
• Anger
• Attitude to Case Worker is strongly influenced by past experiences and what client has been told about community service practitioners
• Sense of helplessness
• Sense of hopelessness
• Defensive
• Resistant
• Sceptical
Community Management ANTA Toolbox

- Confusion

**Dealing with Client Responses**

- Ensure confidentiality
- Explore problem at client's pace
- Respect client's defences
- Acknowledge client's sense of betrayal with previous workers

**Stage 2: Problem/s Identification**

**Key Activities of the Case Worker include:**

- Finding out the client's views; what do they see as the problem/s
- Identifying the problem in terms of need rather than the solutions to the need
- Exploring the client's strengths or the good things in their lives
- Developing a working alliance with the client
- Brokering other services if casework is unacceptable or inappropriate

**Stage 3: Identifying Possible Solutions**

**Key Activities of the Case Worker include:**

- Collecting all ideas regardless of their merit. This means trying to get a large number of ideas gathered rather than high quality or feasible solutions. The Case Worker must refrain from evaluating and clarifying the ideas until the next stage in the process.

**Client Responses to Stages 2 and 3**

- Difficulty understanding Case Worker's processes
- Denial of problems
- Denial of dependency
- Aggression
- Fright
- Flight
- Acting out
- Ambivalence
• Overwhelmed by problems and pours out concerns to worker

**Dealing with Client Responses**

• Accept client's defences and work with them not against them
• Demonstrate a professional approach to problem solving
• Pinpoint the problems that concern the client the most
• Clarify how client and worker can work together to tackle the problems
• Acknowledge if the client is working with the Case Worker because of coercion, for example, because of a court referral. Stay with their betrayal, hear it and listen to their story. Do not move on before the client is ready and trust has been established.

**Stage 4: Developing a Case Plan**

**Key Activities of the Case Worker include:**

• Clarify the meaning of each proposed solution
• Asking the client which alternatives they prefer
• Exploring the client preferred solutions in terms of positive and negative effects upon themselves and significant others
• Considering the solutions in terms of what the client may want to achieve both in the short and long-term
• Determining the client's goals
• Working out achievable tasks for the client. Some tasks may need to be shared with the Case Worker. Decide upon these tasks and work out a who, what and when action plan
• Breaking down longer term goals into sub goals or stepping stones to the larger goal
• Working out goals and expressing these in measurable terms so they can be evaluated. The SMART principle can help here (specific, measurable, achievable/appropriate, realistic and time-framed)

**Stage 5: Action Phase**

**Key Activities of the Case Worker include:**

• Reinforcing positive changes with praise and recognition
• Rewarding or celebrating achievements
• Organising sessions to discuss progress and to provide guidance and assistance for the client
Client Response to Stages 4 and 5

- Defences are lowered
- Develops a closeness to Case Worker
- Client talks freely about the past
- Client feels safe to ventilate emotions and to recount painful experiences
- May start to model behaviour, speech and dress on the Case Worker

Dealing with Client Responses

- Support client through painful recounts
- Offer alternative strategies if planned solutions to problems do not work
- Offer alternative ways of dealing with problems rather than destructive, defensive or resistant behaviours

Stage 6: Monitor and Review

Key Activities of the Case Worker include:

- Taking time with the client to review the progress of the case plan
- Assessing what is working well and why
- Assessing what isn't working well and why
- Setting new goals and tasks to reflect this evaluation

Client Responses

- As the client moves through this phase, they will begin to separate from the worker and become increasingly independent
- Develops a clearer sense of identify
- Becomes more realistic about problems
- Despite movement forward, the client may experience some regression to previous ineffective behaviours
- Looks better and sounds better

Dealing with Client Responses

- Support independence
• Anticipate some regression

• Help to reframe any setbacks - help client identify the learning in the regression and reframe the experience positively. This gives the client permission to make some mistakes and not feel that they have to get new behaviour perfect first time around.

Stage 7: Termination or Transfer

Key Activities of the Case Worker include:

• At this point, the client prepares to move on because they have reached their goals or to another service which is better able to respond to different or changing needs

• This stage can be a time of celebration of achievement but also some sense of loss for the clients. Time must be allowed for these feelings to be expressed and processed with the Case Worker

Client Responses

• Sense of loss or ambivalence

• Memories of past losses may be rekindled

• Depression

• Act out

• May create a crisis to keep Case Worker engaged

• May try to make the worker feel guilty "People always desert me!"

• Dealing with Client Responses

• Prepare for termination in advance

• Help client to discuss the sense of loss

• Review the client's achievements

Source:


• Bolton, Robert 1979 *People Skills* Prentice Hall New Jersey.

Handout 3 - Developing a Case Plan

Planning is a process focused on identifying client needs, clarifying goals and hopes, setting priorities and identifying steps/actions necessary to achieve this. It is client-driven and empowers the client. Goals may be very small and concrete as well as longer-term and broad.

Planning is organised through the development of a support plan that addresses the needs of the clients as identified in the assessment process. The formulation of the case plan:

- establishes goals and expectations and identifies appropriate services for each client as perceived by the client;
- is developed on the basis of information collected during the assessment process, and;
- assists clients to identify short and long-term goals and develop action plans.

The case plan of the caseworker will be part of or reflect the priorities and strategies identified in the larger case management plan.

Developing a planning process

The key tasks in a planning process could include:

- identifying appropriate resources which the client needs to achieve their goals and meet their needs and;
- developing a written record of the plan, which the caseworker and the client can do together. Client issues which may be addressed in the support plan include the following:

  1. What does the client need now to stabilise the current situation (crisis needs)?
  2. What are the client’s long-term goals?
  3. What is stopping the client from achieving these goals?
  4. What can be done in the short-term to help achieve these goals?
  5. What does the person want to achieve or resolve whilst a client of the caseworker?
  6. What action does the client need to take?
  7. What action can be taken by the caseworker?
  8. What are the time frames for action?

NB. Clients should be given a copy of the support plan.

As caseworkers we need to remember that:

- Goals should be achievable. If the goals are broad they will probably need to be broken into smaller goals. Develop contingency plans so that if one goal cannot be met, there are alternatives.
- The scope of goal setting is proportionate to the service being provided. This means making sure that the number of goals as well as how broad they are can be met within the time allowed to the caseworker to support the client. If there are too many, prioritise, and make sure there is a mix of smaller and larger goals. Achieving some of the smaller goals early on is more likely to help the client feel capable of success.
- Make sure the client feels ownership of the plan, that they understand it, and have a copy written in their own words and language.
• Support plans should focus on achieving the skills or resources necessary for independence from the cased worker and should lead towards case closure.

**Resistance to Planning**

Resistance may occur in the following forms:

- Disbelief that things can change, or that change will last.
- Disbelief that the changes really are important ones to make
- Disbelief that they can change things (especially by engaging in new behaviours)
- Cynicism
- Inability to think clearly
- Inability to organise themselves
- Lack of motivation
- Impatience
- Hanging on to blaming others for the problems
- A feeling of not being involvement in the initial plan

Ways to counter this resistance:

- Empathy with client anxiety, uncertainty, exhaustion, other emotional burdens, lack of support from family, social isolation etc
- Encouragement
- Positive approach
- Work with others such as close friends, counsellors
- Negotiating smaller steps than originally planned
- Revisit plan if necessary
Prior to commencing work with their new caseworker, some clients may have spent years repeating ineffective behaviours simply because they have never been shown that things can be done any differently, and believe that everyone else's lives must be just like their own. Others may have lacked the freedom to explore new ways of doing things (eg victims of family violence, clients on powerful psychotropic medications, members of communities with very strong prescriptions for what are acceptable ways of doing things). Whatever the course that clients' lives have taken, whatever social world they have lived in, a consequence (often unintended) may be personal disempowerment, an inability to handle their own lives or to live life in a way that reflects their actual values and beliefs. The consequence of self-defeating behaviours is often that problems are not effectively or sufficiently resolved, leaving many emotional, social and material needs to remain unmet.

The behavioural barriers to self reliance include:

- **Denial:** sometimes a problem is so overwhelming that a person will deny that it exists. They pretend that everything is okay until the concern and their thoughts and feelings about it fade out of their conscious awareness. Turning a blind eye becomes a form of virtual blindness to the whole thing. When a person consistently denies that a problem exists, they can become very vulnerable. “Repeated denial can lead to psychosomatic illness and other forms of psychological distress” (Bolton 1979:234)

- **Avoidance:** some people may know they have problems but they will do whatever they can to avoid them. Instead of facing the problems they withdraw or gloss over the problems. They may prematurely forgive someone with the intention of patching up the problems but find they still hold unresolved anger or hurt. These feelings, just as with 'denial', fade away until they become unconscious, only to resurface when they:
  - have another problem with that person;
  - when they deal with a similar problem with someone else;
  - when they are in a different situation which is stressful enough to undo the control that has been keeping their feelings pent up, or;
  - when they have been holding on to or 'stockpiling' the feelings for so long that the process of restraint reaches breaking point.

- **Passivity:** some people, when they are experiencing difficulties in their lives, give in without struggling to find a pathway out. They do not take responsibility for their problems, nor do they attempt to deal with them. This results in many of their needs remaining unmet and can result in the person resenting the world and the people or situations they consistently capitulate to. When people consistently capitulate in the small crises in their lives, they fail to learn the lessons that come from taking decisive action. They may not develop the courage needed to manage the risks associated with decisive action. This passivity can lead to greater problems and may create barriers to self-reliance when trying to manage the larger problems that can occur throughout life.

- **Domination:** another way of dealing with problems is to impose one's own will on other people, insisting that their views, their values and meanings define what is happening and what needs to be done. Strategies of domination are generally aggressive, and include violence and intimidation, threats, ridicule and humiliation, intellectual manipulation and withholding (eg refusing to hand over housekeeping money). While this will usually result in resentment in others, such resentment is often hidden (again, eventually...
fading out of conscious awareness) for fear of escalations of violence or the gradual loss of the client's ability to believe in themselves or maintain a positive self-image. This can lead to interpersonal problems in the person's family, work and other environments, often without any understanding of what is causing these problems. It also means that the person fails to learn from the proposed solutions and experiences of others. This can result in 'less than best' 'peace at all costs' strategies being adopted to solve problems encountered in their lives

- **Learned Helplessness:** some people from an early age learn to believe that there is nothing that can be done to change life's circumstances. They are left feeling overwhelmed and helpless when faced with situations that other people will see as simply the difficulties that everyone encounters along the way, onerous but capable of being overcome, with effort and perhaps with the support of others. Some fall into a deep depression which prevents them from taking action to deal with their problems or engaging with people who could assist them.

- **Projection:** some people who are unable to take responsibility for their lives blame the world and other people in it for their woes. Their resentment and anger spills over and is projected onto others who are expected to take responsibility for the person's circumstances, choices and actions. These people are often noticeably outraged when someone does the same thing to them.

The purpose of casework is to help clients build self-worth, self-belief and a capacity to pursue effectively meeting their needs. Caseworkers can assist by:

- **Modelling:** people see others achieving what they would like to achieve and feel encouraged to try it themselves.

- **Encouragement:** people need to be encouraged to try new behaviours and new ways of dealing with old problems. They need to be challenged to try and supported in their efforts.

- **Reducing fear and anxiety:** if people are too afraid to act, they are usually certain to fail. The caseworker needs to help the client to find ways to reduce their fear and anxiety so they can become more effective. Looking for comparable situations where the client has either experienced less anxiety, or has felt confidence and enjoyment of the activity, may help them access feelings of competence and control

- **Helping the client to set achievable goals:** if a client is rewarded with success, they will be encouraged to attempt to achieve more difficult goals. It is important that a caseworker helps to temper the ambition of the client so that they do not 'bite off more than they can chew'. Perceived failure, even within the relative safety of a casework relationship, can reinforce other failings and reaffirm the barriers to self-reliance. Too often, reassurance from a caseworker is too little in the face of a lifetime's experience of self-criticism and doubt.

**Source:**

Egan, Gerald 1994 *The Skilled Helper* Brooks Cole Publishing Company Monterey


Slattery, Peter 2001 *Youth Works - A very practical book about working with young people* Peter Slattery, Dulwich hill
Handout 5 - The Theoretical Approaches Underpinning Casework

Psychoanalytic

This model is based on the theories of Sigmund Freud. It helps the client to explore their childhood experiences, relationships with parents and psychosexual development. These are analysed in order to uncover the human psyche hidden in the unconscious mind.

Psychotherapeutic

In this model the stages of social development (but not Freud's stages) over the life span are explored. Experiences are examined and defence mechanisms identified. The client is helped to "unlearn" counterproductive coping strategies. The Case Worker helps the client to learn new and more appropriate decision-making skills and behaviours.

This model proposes that childhood experiences influence people's reactions to their current circumstances but that these learned behaviours are so ingrained that people are unaware of them.

Client-Centered or Rogerian

Carl Rogers (1951, 1957) developed a humanistic approach to helping. He believed that the quality of the relationship between the Case Worker and client was the key factor for achieving positive change in an individual's life. 'Client Centred' helper roles included helping individuals to assess their own problems and understand themselves as part of the process of achieving positive change. This model views human behaviour as rational and human nature as generally positive. It considers change to be possible through self-acceptance and an awareness of self.

Cognitive

This model suggests that feelings and behaviours are the result of the way we think. The cognitive Case Worker seeks to help the client identify unrealistic expectations, irrational beliefs, or negative self-talk. The Case Worker helps the client replace these thought processes with realistic thinking, so that the client experiences healthy emotions and relationships. This approach is didactic, directive and collaborative.

Narrative

Narrative Therapy believes that people's problems occur because the individual believes in self defeating and limited views about themselves and their world. The Case Worker tries to widen the client's circle of understanding about their
problems so that they can interpret their situation in a more holistic and realistic way.

The Case Worker explores the language used by the client to construct their understanding of who they are and where they "fit" in the world. Experiences are collapsed into narrative stories to give a frame of reference to help the client to understand their experiences. The narrative approach holds that problems are created in the social, political and cultural context.

**Behavioural**

This model is a more scientific approach to people's problems. This model argues that only those issues that can be observed and measured can be addressed. For example, a problem behaviour is observed and then a plan for changing it is implemented and its progress measured and reported. Behaviourists believe that their environment shapes people. Others believe behaviour is learned by modelling observed behaviours and through the consequences of those behaviours.

**Family Systems Theory**

The family systems theory is based on the belief that individuals have the power to change their behaviour once they start to understand the history and origins of their family. The family may be defined as the immediate family one lives with, the extended family or the community in which one interacts with.

This model argues that current situations/problems may be understood in terms of family history, dynamics, communication patterns and sources of conflict. The model suggests that individuals' choices/decisions are determined by their own family's culture. If family members are able to see themselves as part of the family system and understand their role in this system, they become able to take responsibility for their actions and to assist in creating new and more effective behaviours within the family.

**Feminist Theory**

Challenges traditional views about gender, class and emotional problems.

**Source:**

- WELS CSM: 2002 A Brief Review of Counselling Models - [www.wels.net/sab/csm/health-ask-03.html](http://www.wels.net/sab/csm/health-ask-03.html).
Handout 6 - Client Rights and Responsibilities

The Case Worker and the client are accountable to each other in a variety of ways because each has responsibility to work toward the goals that have been agreed to in the Case Plan and to undertake tasks associated with reaching these goals.

Rights of the Client

The rights of the clients include:

- Respect regardless of culture or history
- Self determination - this includes making choices about the services they will use and when they will exit these
- Professional and appropriate assistance
- Privacy and confidentiality
- Access to information written by the Case Worker about themselves
- Access to complaint procedures if the are unhappy about the service they are receiving

Note: These rights can be overridden by statutory demands placed upon the Case Worker by laws concerning child protection, mental health and criminal behaviour.

Responsibilities of the Client

The responsibilities of the client include:

- Demonstrate respect to the Case Worker regardless of their culture or background
- To participate in the decisions and actions that effect their lives
- To behave in a manner which does not pose any real or perceived physical or emotional threat to the Case Worker other staff or clients
- To take responsibility for agreed actions
- To provide relevant information to assist in their case plan
- To assume responsibility for the outcome of the decisions they make

For more details about client rights see the Carmen Poldis Community Centre Policy and Procedures Manual 1.
Handout 7 - Professional Boundaries and Limitations 

Upon the Case Work Relationship

Caseworkers and clients are better able to work with each other when the client comes to value the working relationship formed with their caseworker as one based on respect and a genuine commitment to their best interest. Establishing trust is therefore a top priority for caseworkers, but this requires a significant degree of openness and awareness of the process of relationship building on the part of the caseworker so that the client experiences the caseworker's efforts as genuine.

What works in the process of building a relationship between a caseworker and client is, unsurprisingly, what works in other settings as people get to know and value each other. Factors usually important in this process include:

- Providing some satisfaction of relevant emotional needs - not necessarily enjoyable, e.g. the service context may be a stressful one for the client, and the client may value a sense of being supported with understanding more than 'having fun'.
- A genuine interest in the client's story
- Actual feelings of empathy with the client's experiences
- Concern for the client's wellbeing, especially where this may be at risk (e.g. in situations where family violence has occurred).
- Availability of other emotional responses in response to and in support of the client's attempts to take charge of their situation
- Noticing, being respectful of and feeding back to the client their strengths, achievements, challenges and dilemmas, opportunities and obstacles, especially where the client has lost sight of these.
- A sharing of relevant experiences - helping the client feel that they are not alone with their particular problem and modelling that life's challenges are common and can be overcome.

Being human beings, caseworkers will often feel moved by the circumstances that their clients may be struggling with, and feel genuine respect for what are often major achievements for clients. As caseworkers usually need to be reasonably emotionally available to clients, these added experiences with some clients can provide additional dimension to the worker's attitudes of warmth and friendliness. Likewise, the worker's feelings towards the client can grow just as they might in relationship building with colleagues or in social settings.

However, the caseworker-client relationship is a professional as well as a human one, with a specific role being allocated to the worker by virtue of the client's needs and the type of service the worker is meant to be providing. Caseworkers must be vigilant in monitoring their feelings and actions in this setting, and putting limits on the ways the relationship evolves. Such 'alert awareness' is obviously what distinguishes professional from social relationships, the latter being freer to evolve in whatever direction either party wants without being consciously 'steered' to a given end.

The following are some areas in which the caseworker can communicate the boundaries of the working relationship while still meeting the client's needs:

- **Warmth** The worker should try to adopt an 'arm's length' feeling when showing warmth towards a client. Rather than appearing to be generally 'fond' of the client, the worker should be polite and respectful, tending to save
obviously warm and caring tones and expressions for times when the client is discussing sensitive information or presenting achievements, emphasising the specific importance of these issues for the client’s circumstances. Being warm indiscriminately can interfere with the client’s acknowledgment of your role as a worker, blurring the boundaries between issues that are part of the work to be done and other issues which may be of secondary importance or even unrelated.

- **Friendship** Remember there is a great difference between being friendly and being someone's friend. Friends don't write reports or receive supervision from other people about how they are conducting their friendship. Friends don't have an agenda to work to, or a need to ensure that the other person has clear goals to be achieved by the friendship. Friendships are mutually negotiated social relationships in which both parties have equal power in the relationship. Friends don't receive referral forms asking them to provide friendship services to people in need. Friends don't need qualifications or demonstrated relevant experience, or referees.

If a client has transference issues, attempts to be friends with a client will produce an inequitable relationship that will often lead the client to unrealistic expectations about what the friendship should bring them and what the worker's obligations should be to the client.

If the worker has responsibilities that may challenge the client in any way, these may become very difficult to act on (eg when a parent has the state child protection agency involved because there have been child protection concerns)

- **Self-disclosure** Caseworker self-disclosure can be an important tool in helping clients feel supported and gain insights into the change process. It is also valuable in helping clients see themselves as more than just a 'file number' to the worker, and so has a powerful role in trust building.

However, disclosing personal information to clients without being really clear about how the information is intended to help the client can lead to a number of problems:

- The worker may feel uncomfortable if the client doesn't respond to their disclosure in a way that respects the caseworker's feelings about the issue.
- The worker may feel disempowered if the nature of the disclosure somehow gives a client a hold over the worker (eg a counsellor who admits to having an affair as a way of addressing client guilt over having a relationship with someone who is already married).
- The worker may become vulnerable if the client becomes angry with the worker for some reason (eg being reported for child protection concerns, not writing a support letter to a government authority in support of an application by the client) and threatens to pass the information somewhere that may have a negative impact on the worker.
- The client may feel resentful, perceiving that they are being expected to be supportive of the worker.
- The client may feel anxious about the meaning of the disclosure if they have some understanding of professional boundaries, and feel that the worker is overstepping them.

- **Goal focus** Caseworkers who maintain an awareness of the client's goals and are able to relate most conversations and events back to these goals (sensitively and consistently) will communicate a commitment to staying in
the professional role very clearly. This is not to say that clients shouldn't be able to have open discussions with caseworkers, simply that caseworkers have a responsibility to monitor the extent to which non-goal related talks may be allowing the client to diverge from their responsibilities to be using the service and caseworker time for the reasons intended.

- **Limit-setting** Occasionally, caseworkers may need to take a stand on client behaviour, including comments made by clients during activities with the caseworker. This helps prevent clients from assuming uncritical acceptance or 'permission-giving' around their values, beliefs, choices and actions, especially where these relate to the reasons that the caseworker is working with the client.

- **Professional competence** During the process of getting to know the caseworker, clients may come to value the worker to the extent that they begin to extend the scope of self-exploration and personal disclosure, and come to see the worker as the answer to a whole range of problems. At these times, caseworkers should maintain their awareness of the extent of and limits to their own roles and skills, and support the client instead to access skills and expertise from other, more appropriate service providers. It is a professional strength, not a weakness, to be able to say to a client that you don't have the level of skill required for a particular service, or that it's not part of your role. You are modelling to the client how to evaluate a worker's suitability for meeting specific needs of a client other than an uncritical 'feel good' factor. You could perhaps offer perhaps to accompany the client on a first visit, or to provide handover of relevant information with the client's documented consent, to the other service provider.
Handout 8 - Strains in the Casework Relationship

Despite the caseworker's commitment to the principles of:
- self-determination,
- confidentiality,
- privacy, and
- trustworthiness,
situations can arise which create a conflict for the worker, diminishing their capacity to fully uphold these values.

These strains can be caused by:

1. **Requirements of legislation that override the individual rights of the client.** This occurs particularly where the worker and client are subject to child protection legislation, mental health legislation or legislation governing criminal activities.

   Caseworkers must work within the law. State legislation governing the protection of children at risk of harm can conflict with the rights of clients to disclose information to caseworker in confidence. This means that the worker must breach the ‘in confidence’ disclosures of adult clients who disclose behaviour which places a child at risk or a minor who tells a worker “in confidence” about the abuse they are currently experiencing or have experienced in the past.

   In most states community service professionals are legally required to report children or young people who are ‘at risk of harm’. A child or young person may be ‘at risk of harm’ because their physical and psychological needs are not being met, because they are not receiving necessary medical care, where they have been or are at risk of physical or sexual abuse, exposure to domestic violence or serious psychological harm.

   Where a worker receives information about a child who may be at risk, the child’s right to protection from harm overrides the client’s right to confidentiality. The caseworker must notify the local child protection authority.

   The new National Privacy Principles, which came into force on 31 December 2001, contain guidelines relating to other circumstances in which workers may use or disclose information given about clients. These relate to statistical collection and analysis of health information; clients who are unable to give informed consent due to age, mental health or intellectual disability factors; and responding to the legitimate activities of, or reporting to, law enforcement authorities.

2. **Requirements of the caseworker's employer.** Caseworkers often have their roles clearly defined according to the nature of the service they are contracted to provide. Their employer will usually have a contract with a funding body who has contracted with the agency or organisation to provide a very specific service, often one identified on the basis of state, territory or commonwealth government policy. Employers may be under strong pressure to follow stringent guidelines, or to provide very detailed analysis of program outcomes as specified in their contracts. This can mean that when a client asks for help with an issue that is important to them, the worker may have to decline on grounds that may seem simply ‘bureaucratic’ to the client, who may then feel let down or betrayed.
Similarly, the employer may have other reasons for imposing limits on what the worker may do in their casework role, including service philosophy, professional orientation (e.g., a supervisor may be a psychologist and the caseworker a social worker), or broader concerns about working relationships with other government or non-government services. For example, a caseworker may feel that a client's Mental Health Service worker isn't particularly competent in an area that the client needs help, but doesn't seem to be aware of their lack of skill. The caseworker may want to discuss this with the client, with a hope that the client will be willing to be referred elsewhere. During supervision, the caseworker brings up her intentions, but is told by the supervisor that she can't do it because the agency is currently negotiating a Memorandum of Understanding about co-working relationships as a precursor to a new integrated Service delivery project with the Mental Health Service.

3. **Requirements of a third party to whom both the client and the caseworker's employer are accountable.** This could be state child protection authority, the Children's Court, the local Disability or Housing authority. The caseworker's brief may involve working with the client to try to achieve some requirements set by the third party, where the third party has also set some limits around how much flexibility the client and caseworker have.

For example, a client is renting a Housing authority property and has let garbage accumulate to the point that it has breached the authority's basic hygiene standards, putting the client in breach of his lease. The caseworker's role is to see if the tenant can be helped to clean the house and yard to the standard required and maintain the property at that level. While the tenant accepts that there is a problem and help is required, his circumstances are complex. He is on methadone as well as a strong antipsychotic medication, which leaves him feeling tired and with little energy to take care of his daily needs, let alone a project requiring a significant amount of personal effort. The property manager is under pressure to get the matter resolved, perhaps because the neighbours have gone to the papers, talkback radio and their local MP who sits on the opposition benches, and is not interested in allowing the caseworker extra time to work with the tenant.

4. **The dilemmas posed by involuntary clients:** Clients are often coerced into agreeing to receive a service, and this may not be known to the caseworker prior to their commencing work with the client. The coercion may come from:

- a court order (e.g., after an incident of family violence in which the police were called and charges were laid);
- the threat of statutory intervention (e.g., in child protection matters, parents may be directed to have a family support program worker come into the family home to assess and help them develop their parenting skills);
- a partner threatening to end a relationship if the person doesn't agree to see someone (e.g., husband discovers his wife has developed a gambling addiction after police are called to free their daughter who has been left in the car in the car park at the local Leagues Club, while she plays the pokies inside. Caseworker involvement may be resented, or the need for assistance denied, if clients:
  - are not 'owning' the problem (i.e., deny they have a problem);
  - minimise their inability to successfully deal with the problem; or
  - admit that they have a problem but aren't ready to deal with it yet.
In these situations, the caseworker's legitimacy may be diminished by the client seeing them as an agent of the other party (State Child protection authority, the husband etc). The challenge for the caseworker is to help the client come to see them as an ally in achieving the client's goals, while still addressing the purpose of the referral.

5. The difficulties of risk management

Caseworkers sometimes are expected to working in settings where they may be exposed to danger, either because the client, or someone known to the client, has the capacity for dangerous behaviour. The danger may be known at the time of referral, or may emerge during the course of service provision. Clients may not understand agency policies around ensuring worker safety, and may have difficulty with what workers choose to do in these circumstances.

Eg: A client's ex-partner, who has a restraining order because of past and recent violence, believes that the presence of the worker is an obstacle to his getting back together with the client. He puts the house under surveillance in order to threaten or even assault the worker when she comes to visit the client, in order to get rid of what he sees as her ‘unwanted interference’. He phones the client on his mobile to tell her he is coming over. She goes into survival mode and becomes paralysed with fear, but manages to tell the worker what's happening. The worker fears for the safety of the client, but also for her own. She tries to convince the client to leave the house and come with her, but the client refuses. She leaves, and calls the police. The ex-partner is arrested.

When the worker next visits the house, she is surprised to find that the client is very angry at her, refusing to let her into the house. The client clearly feels that the worker had abandoned her, saying that she should have stayed with her, because the client had been afraid that her ex was going to really hurt her, as he had on previous occasions. The worker tries to point out that she had asked the client to leave the house with her, but the client believes that support means the worker doing what she had wanted at the time.

Handout 9 - Cross Cultural Issues

Within Australia there are a diverse range of linguistic and cultural groups. The work of the Case Worker brings them into contact with a wide range of people and therefore, inevitably, people from diverse language and cultural backgrounds. Some of these people may not speak English and will require the assistance of an interpreter. Others may speak English as a second language and therefore the Case Worker will need to consider this in any dialogue with the client. Other may be unfamiliar with community service and Case Worker processes and resist the efforts of the Case Worker.

It is important that the Case Worker understands that all clients from a CALD or ATSI background will come with their own cultural perspective on the world. Culture is central to how we interpret what we see, what value we assign to what we see, hear and experience and how we express who we are. These fundamental language and cultural differences require the Case Worker to be skilled in cross cultural communication.
It must also be noted that differences in culture do not only occur between workers and clients from different language and ethnic groups. Cultural difference can also occur as a result of class, geographic location and history.

**Communication Issues**

1. **Verbal Issues**

The way people communicate varies not only across culture but also within it. Words and phrases may be used differently and consequently mean different things even within groups that speak English as their first language. For example, an Australian traveller on an American Airline asked for a "white coffee". The steward was very confused and after repeated attempts by the Australian, his need was finally understood by the steward. He wanted a coffee with milk in it. A young Case Worker arrived at work and asked her English supervisor "How are you?" "Shattered" was the response. "Oh no what has happened" said the young worker concerned for the supervisors wellbeing, "Nothing I’m tired" was the reply. In this instance the word 'shattered' had two different meanings. To the Australian it meant that something serious had happened to upset the person but to the English supervisor it simply meant tired.

Of course confusion also arises when colloquial English is used rather than formal English. Imagine the confusion for people who live outside of Australia or who speak English as a second language when they are confronted with the idiosyncrasies of Australian English. For example:

- 'see you later', which, when interpreted formally should mean that a person intends to meet you again but really it means goodbye;
- 'flat-chat', which means a person is very busy;
- 'bring a plate', which means can you contribute food to the gathering or party;
- 'not a problem', which means that everything is alright;
- 'a sandwich short' or 'not the full quid' which means the persons not quite fully alert or equipped with a full intellectual capacity;
- 'sick', 'mad' or 'wicked' which means really good or great.

2. **Non Verbal Issues**

The norms around the management of time, personal space, level of eye contact and body posture can vary dramatically between cultures.

In Cabramatta, in Sydney's South West the police had to be educated about variations in eye contact between Asian Australians and European Australians. The police, when dealing with young Vietnamese men, were assuming that they were guilty or had something to hide because the young men didn't make eye contact. The young men were in fact avoiding eye contact to demonstrate respect to a person in authority.

**Ways of Thinking**

Western culture is primarily dominated by left-brain thinking. Left-brain thinking is verbal, analytic, symbolic, rational, digital, logical and linear. Right brain thinking is less verbal, holistic, more willing to suspend judgment, spatial and intuitive. Indigenous groups in Australia often display these characteristics (Sayer: 1988). It is important when working with members of these groups to be...
aware of the differences in thinking and communication styles and to account for this when communicating with them.

**Cultural Barriers to Receiving Help**

Other differences can also occur in terms of attitudes toward conflict, work, making decisions, disclosing personal information and ways of knowing things.

Different cultural groups will have different views on the work of a community service worker. Some of these perspectives can become barriers to receiving help.

For example, in some South East Asian countries and among some African communities, seeing a therapist or Case Worker can result in the client being labelled "crazy". Other therapeutic suggestions that the client's family may have contributed to the issues faced by the client can result in the Case Worker being resented and ignored.

In some cultures, it is not appropriate to be frank about emotions, about the reasons behind a conflict or a misunderstanding, or about personal information. Questions that may seem appropriate to you may seem intrusive to others. The difference among cultures in attitudes toward disclosure should be considered before you conclude that you have an accurate reading of the views, experiences, and goals of the people with whom you are working.

Margaret Mead, the famous American anthropologist failed to understand this and her lack of understanding brought some of her research findings into question. In 1928, Margaret Mead published her book Coming of Age in Samoa. In this book, Mead reported that Samoans went through an adolescence that was liberated and free of the types of stresses experienced by American adolescents. She argued that this was because in Samoa the community did not restrict sexual activity.

Derek Freeman almost immediately called the research findings into question. He was an Australian academic who, unlike Mead, was fluent in Samoan and used a wider range of information sources to interpret the adolescent behaviours of Samoans. He disputed Mead's findings.

Mead, it would appear, had been blinded by her own research objective, that was to test if it was culture rather than biology which determined human behaviour. When she realised the difficulty of proving her research objective she began to spend a lot of time talking to a couple of Samoan companions about their sexual activities. They were embarrassed by her persistent and intrusive questioning and resorted to a customary practice among Samoans call "taufa'ase'e", or prankish hoaxing. They of course didn't realise their stories would be published and become "academic truth" for 60 years until after Mead's death. All they did was to deal with Mead's inappropriate questioning by creating stories that were funny and the antithesis of Samoan culture.

**Strategies for Cross Cultural Communication**

- Listen actively and with empathy. Try to see the world from the perspective of the other person
- Suspend judgment
• Learn about your client’s past and the history of their community. Try to identify historic issues or things in their past which may colour their perception of the world or the problem/s they are facing

• If communication breaks down don't assume your client is on the wrong track. Try to find a way to connect and to make the communication work

• Be aware of the power imbalance. Consider not only language differences but also their class and what your position represents to them

• Find out about cultural norms in body language and posture. Try to adapt and use what you have learned

• Find out about the customs of the people you are working with. This knowledge will make it easier to demonstrate respect and courtesy

• Don't assume you're the expert. Ask your client for advice on their cultural customs if you get stuck

• Keep trying to learn. Don't assume that you have ever mastered the skill of cross cultural communication. Keep asking yourself "Is there a better way?"

Source:

Sayer, Barbara 1998 "Left or Right brain: Is there a Neurological Relationship To Traditional Aboriginal Learning Styles?" in, Learning My Way Papers from the National Conference on Adult Aboriginal Learning Perth.


Handout 10: Reframing

Some examples of reframing:

The caseworker starts to discuss with Peter some possible reasons that his mum is crying. (This is done because introducing more than a couple of possible explanations sends a message that Peter’s 'preferred explanation' - it's his fault' - might be wrong ie that there could be another explanation, which will help Peter be less inclined to blame himself.)

The caseworker carefully introduces the idea that mum is crying because she loves Peter and feels like she's letting him down when he gets upset and she can't help him. The worker asks Peter if he feels like that too when he sees her crying. Peter agrees, at which point the worker says 'So you and your mum are very much alike, aren't you? You both hurt because you care a lot.' Peter looks surprised, and replies 'Yeah. I guess so. I hadn't thought of it like that.' Mum is now able to be seen as crying because she cares a lot, not because Peter 'made her cry'. This can now be reinforced by the worker attributing her caring to 'universal' qualities of mothers, perhaps making a little joke about how mums are all programmed like that. Does Peter have any secrets for how to unprogram them? Does he know of anyone who knows how to unprogram mothers? A brief
conversation about this subject can go a long way to undermining the self-blame loop that Peter has been in.

Other things that can be done at this point:

1. Concern about blaming himself for mum crying
Since Peter can't 'unprogram' his mum, is there anything he could be doing to help her 'take the pressure off herself'? Some prompts could be given if he's having trouble, but it's important to let Peter come up with his own thoughts, and hence 'owning' the strategies that might be developed from the ideas. What are some of the areas that you see as important for Peter to address in his ideas, which will actually have an effect on mum's crying? How can you help Peter 'own' these as areas he feels he needs to do something different? EG
   • Area 1 Not getting as angry as he has been: You could get to this one by exploring the 'reframe' of her sadness, ie that she sees his anger as a sign that he's upset, which makes her worry about him more and feel more like she's failing him. So if he's not getting angry as often, will she worry less, and cry less? (This sort of question invites a Yes response. In Family Therapy, it's called 'circular questioning', teaching people about how their behaviour influences other people, and giving them a sense of being able to make positive changes.).
   • Area 2 Talking more to his mum about how he's feeling. Mums like to talk about things with their children. It gives them a chance to show their children that they love them. If he won't talk to her about how upset he's been lately (reframing his anger as 'upset', which moves a little closer to 'sad'), she can't show him she loves him, which might add to her feeling that she can't do anything to help him. "Peter, what things do you think you might be able to tell her that would help her feel like she's doing her job, being a mum? What if you told her you were really missing Edward? Would that help her worry about you less?"

2. Concern - anger about Edward dying
Talk about this as more evidence that Peter is like his mum, hurting because he cares.
   • Area 1 Unexpressed sense of loss. Does he feel that Edward going so quickly left him without time to say a proper goodbye? If he'd known, what would he make sure he would have done? If he's so upset at Edward dying (reinforcing the reframe from anger to 'upset' as a permission to be sad), Edward must have been a special person. What was it about him that Peter liked so much? (If Peter has trouble articulating, take some educated guesses and introduce them as short prompts e.g "Was he brave?" "Was he a pretty smart kind of guy?" "did he help you laugh through the hard times? Kind? Loyal?) If he agrees with any, get him to expand - how did he show that to you? Did other people see it too? Who else misses Edward? If Edward's parents - has he been able to tell them how much he misses Edward too? Give some information about how sharing with parents in this way will help them be reassured that Edward's time here in this life was noticed by other people, that other people valued him too. If he seems reluctant, suggest a letter. "Would it help you to be able to give some of Edward's kindness to someone else? Would that be a way of respecting him and saying goodbye?" (hard for him to say no to the logic of that )
   • Area 2 Fear that he might die too. Name this possibility, quietly and sensitively, but clearly. Eg "Edward had Duchenne's too, didn't he? If I was in your place, I'd be pretty worried about that, thinking about whether it was about to happen to me too. Has that been on your mind?" If Peter agrees, a reframe can be introduced here, too. Eg "Has that been making
you mad too, trying to fight against that huge worry that you might die too? It's not enough, is it, that you're sick, your mum's worried and upset, and you've lost your best friend, but you have cope with this fear that you migh die too? It's not enough, is it, that you're sick, your mum's worried and upset, and you've lost your best friend, but you have cope with this fear that you might die too?" This approach reframes the anger as an almost heroic struggle against the spectre of death, and as a strategy for coping with fear (which acknowledges that strategies are certainly called for in such a dire situation). This communicates great respect and understanding of the depth of feeling that Peter is struggling with. The efficacy of getting angry can now be explored here ("Is getting mad helping with the fear, or is it still as strong as it has been?" Are you getting mad less often, or is the fear just not going away?"). opening the way for some other strategies to be experimented with instead. ("Would getting some information from your doctor help you know what it is you're actually fighting against? What if he told you the worst? Are you ready to hear that now? Would Edward have stood by you and supported you if you decided to find out? I mean, that's pretty scary stuff to do on your own. What if someone went with you - who would it be? Your dad? Your mum? Who'd be best at being strong with you?")