

Block

# 4

## **APPLICATION OF METHODS TO VARIOUS SETTINGS**

---

### **UNIT 1**

**Social Case Work in Family Settings** **5**

---

### **UNIT 2**

**Social Case Work in Community Settings** **16**

---

### **UNIT 3**

**Social Case Work in Health Care Settings** **28**

---

### **UNIT 4**

**Social Case Work in Correctional Settings** **44**

---

### **UNIT 5**

**Social Case Work in Industrial Settings** **63**

---

### **UNIT 6**

**Social Case Work in Educational Settings** **81**

---

---

## EXPERT COMMITTEE

---

Prof. Surender Singh  
Former Vice Chancellor  
Kanshi Vidhyapeeth  
Varanasi

Prof. Sanjai Bhatt  
University of Delhi  
New Delhi

Prof. Anjali Gandhi  
Jamia Milia Islamia  
New Delhi

Prof. Thomas Kalam  
St. John's Medical College  
Bangalore

Dr. Joseph Xavier  
Indian Social Institute  
Bangalore

Dr. Leena Mehta  
M.S. University  
Vadodara

Dr. Mukul Srivastava  
Dr. B. R. Ambedkhar  
University, Agra

Dr. Usha John  
Loyala College  
Trivandrum

Dr. Archana Dassi  
Jamia Milia Islamia  
New Delhi

Dr. Jyoti Kakkar  
Jamia Milia Islamia  
New Delhi

Dr. Ranjana Sehgal  
Indore School of Social Work  
Indore

Dr. Beena Antony  
Delhi University  
New Delhi

Prof. Gracious Thomas  
IGNOU  
New Delhi

Prof. Neil Abell  
Florida State University  
USA

Prof. Patricia Lager  
Florida State University  
USA

---

## BLOCK PREPARATION TEAM

---

Unit 1 Shobha, Bhopal

Unit 2 Ratheesh R. Nair, Kannur & Aneesh Kurian, Cochin

Unit 3&4 Dr. Anish, K.R. Rajagiri College, Cochin

Unit 5 Sh. Rama Ajith, Ernakulam

---

## COURSE EDITOR

Prof. Gracious Thomas  
Director, SOSW, IGNOU

---

## PROGRAMME COORDINATOR

Dr. N. Ranga  
Assistant Professor, SOSW, IGNOU

---

## PRINT PRODUCTION

---

Mr. Kulwant Singh  
Section Officer (P)  
SOSW, IGNOU

March, 2015

© Indira Gandhi National Open University, 2015

ISBN : 978-81-266-6886-1

*All rights reserved. No part of this work may be reproduced in any form, by mimeograph or any other means, without permission in writing from the Indira Gandhi National Open University.*

*Further information on the Indira Gandhi National Open University Courses may be obtained from the University's Office at Maidan Garhi, New Delhi -110 068.*

Printed and published on behalf of the Indira Gandhi National Open University, New Delhi by Director, School of Social Work.

Laser Typeset by : Graphic Printers, Mayur Vihar, New Delhi

Printed by :

---

## BLOCK INTRODUCTION

---

This volume on “Application of Methods to Various Settings” is the fourth block of the course MSW-014: “Relevance of Social Case Work in Counselling, which has six units.

**Unit 1** is about “Social Case Work in Family Settings”. This unit would give you an insight on the family problems and how social case work method is applied in family setting. The unit also discusses about the case work intervention with families. It helps you to understand how the social work values and ethics are integrated to work effectively with the families.

**Unit 2** is on “Social Case Work in Community Settings”. This unit will help you to know the application of social case work in community setting which provides you an insight on the community problems. The unit briefs about the process of intervention with the community. It helps you to know how the social work values and ethics are integrated to work effectively in the community. The unit attempts to examine the principles underlying the practice of social case work as well as discusses some of the major theoretical approaches. Finally the unit highlights the significance of social work practice with individuals in urban settings.

**Unit 3** on “Social Case Work in Correctional Settings” describes the concept of social case work and history of correctional setting in India. It also discusses the need of social case work in correctional setting and the characteristics and assumptions of social case work in correction. This unit makes you aware about the roles and responsibilities of correctional social worker. It also explains the case work process and the different stages in case work which is used in the correctional setting.

**Unit 4 is about “Social Case Work in Industrial Settings”.** This unit defines industrial social case work, its nature and scope. It also describes the process, models and goals of social case work in the industrial setting. The unit elaborates on the principles, role, task, responsibility and skills essential for a social case worker in the industrial setting. It throws light on professional social work ethics, various models of workplace counselling which are applicable to social case work and finally concludes discussing social case work practice as part of Employee Assistance Programme.

**Unit 5** on “Social Case Work in Health Settings” will introduce you to social case work in the field of health. It highlights the scope of social case work in health care setting. This unit discusses the challenges experienced by the patients, functions of the medical social worker, role of social case work in health care, social case work process and the competences required for a social case worker in health setting.

**Unit 6** on “Social Case Work in Educational Settings” will help you to understand the nature, characteristics, objectives, and components of social case work in educational setting. The unit elaborates on the principles, core conditions, and goals of social case work in this setting. It also explains the task and functions of social case worker in educational setting. Finally it concludes by enlisting various approaches used in social case work as well as discusses in detail the techniques and skills required by professional social worker in educational setting.



---

# UNIT 1 SOCIAL CASE WORK IN FAMILY SETTINGS

---

## Structure

- 1.0 Objectives
- 1.1 Introduction
- 1.2 Type of Problems in the Families
- 1.3 Strategies for Solving Problems in Families
- 1.4 Family Therapy
- 1.5 Let Us Sum Up
- 1.6 Key Words
- 1.7 Further Readings and References

---

## 1.0 OBJECTIVES

---

This unit would acquaint you with the problems in the family and application of social case work in family setting. This would also give you an insight on the family problems and how social work method is applied in that context. Most importantly this unit will appraise you the application of social work methods in various life situation. The chapter would also brief about the process of intervention with families. After reading this unit, you will be able to understand how the social work values and ethics will be integrated to work effectively.

---

## 1.1 INTRODUCTION

---

The primary purpose of social case work is to help individuals, families or the clients to learn to function more competently while meeting the developmental and emotional needs of all members. Intervention of social case work targets the following objectives: Reinforce family strengths to get families ready for change or intervention, provide additional support so that families maintain effective family functioning; create concrete changes in family functioning to sustain effective and satisfying daily routines.

Social work is a discipline within human services. Its main goal is to assist individuals and families with their needs and solve their problems using a multidiscipline approach. In order to be effective, social workers work closely with many agencies and professionals. Social work provides an important service to society. Individuals and families in need of help are the focus of it, and are referred to as clients. As social workers, our goal is to help clients live a productive life in their own community. In order to reach this goal, we often enlist the assistance of family members, relatives, local religious leaders, tribal leaders and elders, and other influential members of the community. Although institutionalization may be necessary at times, it is a temporary solution. The goal is to help clients return to normal life in a natural setting. Today, social workers are not only the bridge linking clients to other helpers, they also provide their clients with hope, and encourage their first steps towards a new life. Social workers usually stand in the front line, and reach out to the clients soon after problems occur. They provide an initial assessment of the situation and mobilize other needed services.

Social work is not about providing solutions to problems, but it provides an arena in which clients can review their concerns, and see how they can manage them best and live an effective life. Social work links clients with services, resources and opportunities, which might provide them with the help they need. This contributes to problem-solving for clients. It is important to recognize in social work the fact that it is an adaptable service and one which is more responsive and accountable to a particular locality and its people. The family provides important support for the individual in society. It caters for the physical, effective and emotional needs of the individual. It provides the individual with social and educational support.

The family is also responsible for rearing and protecting children. It is the basic unit of socialization and cultural transmission, since children acquire their fundamental values and attitudes from their families. Indeed, it is the social cell in which human beings are born, and where they learn to become members of a wider human society. However, the family is also where many interpersonal conflicts occur, problems develop, and individuals suffer. All families have difficulties from time to time. Some families have resources to solve their problems while others do not. When a family is no longer able to deal with its problems, and cannot provide the basic physical, security, effective and emotional needs of its members, we call this kind of family 'dysfunctional'. There are many reasons why a family becomes dysfunctional. Among others, they are alcoholism, drug addiction, physical illness, death, war, poverty, unemployment, mental illness, spouse abuse, child abuse, divorce and separation, and polygamy.

As partners with families, the case workers use seven roles as the spring board from which to stimulate change: empathic supporter, teacher/trainer, consultant, enabler, mobilizer, mediator, and advocate. In the role of empathic supporter, the guiding philosophy of family social worker is to identify and reinforce family strengths while organizing family limitations or lack of resources. The teacher/ trainer role allows the family case worker to cultivate areas where the family is deficient or lacking in skills or knowledge. Problem areas may include deficits in communication, parenting skills, problem solving, anger management, conflict management, conflict resolution, values clarification, money management, and skills of daily living. The case worker as consultant acts as advisor to the family or specific problems that arise. The enabler role allows the case worker to expand opportunities for the family that might not otherwise be accessible. As a mobilizer the case worker captures the unique position in the social network of helping resources.

### *Types of Families*

The two basic types of families are the nuclear family and the extended one.

The **nuclear family** is made up of the father, mother and children living together under one roof. In nuclear families, although individuals have more autonomy and freedom in making their own decisions, they also tend to be burdened by the demands of a busy life, without the support and assistance of a big family. Children's care is often a serious problem, especially if both parents work. Some children grow up in a nuclear family without much knowledge of their grandparents, family origin, history and traditions. When there are problems and stresses, nuclear families tend to have limited help because of the small number of family members. The **extended family** is made up of all members of a nuclear family, plus the grandparents, aunts, uncles, and/or cousins, all living together as one family. In traditional African societies, most families are extended. A generation ago in our society, families lived closer and more intimately together. Today, more and more families are becoming nuclear, especially those living in urban areas. Urbanization

is, in fact, one of the main reasons for the increase in nuclear families.

A lot of people drift to urban areas in search of jobs, and newly-formed couples find it more and more difficult to support the extended family from their meager resources. Indeed, the extended family has many more members who need to be supported. Apart from this, different needs and personalities of so many people living under one roof tend to cause conflict. But on the other hand, an extended family also means more help and support for one another in times of crisis.

**Roles of Case Worker in the Family**

1. To help family members manage daily activities and interactions more effectively thereby decreasing stress and increasing family harmony.
2. To help families learn more effective problem-solving skills, reduce the number or crises and manage unavoidable crisis more capably.
3. To help parents develop child management skills pertinent to the unique needs of each child and to contribute to the improvement of parent-child and parent-parent relationship
4. To help family members learn effective conflict resolution skills, thereby assisting the family to deal with inevitable moments of stress and disagreement in a constructive and growth promoting manner.
5. T help family members communicate individual wants, needs, and desires as well as feelings of pain, hurt, disappointment clearly, directly and honestly.
6. To help family access concrete and social resources during periods of stress through promotion of individual, family and community networking and to develop skills for solving problems.
7. To help family appreciate the unique worth and potential of each family member, thereby expanding opportunities for growth and development.

**Check Your Progress I**

Note: Use the space provided for your answers.

1. Define family and differentiate between nuclear family and extended family in the Indian context.

.....

.....

.....

.....

---

**1.2 TYPE OF PROBLEMS IN THE FAMILIES**

---

You have seen how a family develops, and the different compositions of a family. Now, you will learn about problems that arise from these relationships. There are severe problems that need immediate attention. These are where families can no longer cater for the physical, effective and emotional needs of its members. They are called dysfunctional families. There are many causes of dysfunctional families. Some are inter-related and others are isolated. We will describe the problems that affect today’s families which concern you. They are: child abuse, teenage pregnancy, alcoholism, drug abuse,

domestic violence, death/divorce/separation in the family, homelessness, poverty, and the uprooted family.

### 1. *Child Abuse*

The family is where a child is supposed to receive love and care, to build up a basic trust of the world and of other people. However, the cruel reality is that millions of children throughout the world each year have been abused by the people they love and trust the most - their own parents. This is the ultimate betrayal of trust. There are many kinds of child abuse. There are physical abuse, sexual abuse, emotional abuse, and verbal abuse. Physical abuse may produce the 'battered-child syndrome'. In this case, a child's growth and development is seriously traumatized by harsh and cruel physical treatment. Emotional abuse and sexual abuse can be even more destructive than physical abuse in the long run. Often, they go undetected and unrecognized for many years, partly because the family tries to keep it a secret, or partly because some people simply do not believe that sexual abuse of a child can happen in the family. Victims of emotional or sexual abuse often have interpersonal problems as adults. They may go into fits of depression and have outbursts of hostility and anger that they cannot control or understand. Incest is a form of child abuse where the parent or

Parent-like figure has sexual contact with the child. In many cases, a girl is the victim. The shame and guilt associated with this form of sexual abuse are so severe that they inevitably leave everlasting scars on the child's psychological adjustment. Child neglect is also a common form of maltreatment, and the most destructive. Many deaths, injuries and long-term problems have been due to child neglect. In some cases, for example, infants are starved to death or undernourished. Some are undernourished emotionally - their parents rarely touch, talk or play with them. Finally, many childhood accidents, which are the leading causes of childhood death and serious injury, can be traced to neglect. Because children are dependent upon the care of parents, they usually have nowhere to turn when their own parents abuse them. Often social workers are the only support and hope they have.

### 2. *Teenage Pregnancy*

Adolescence is the stage when someone reaches sexual maturity while he/she is still dependent upon his/her parents for shelter and support. During adolescence, the person's social and emotional development usually lags far behind that of sexual development. In other words, their thoughts may not be as ready for sex as their bodies are. There are two major contemporary issues involved in teenage sexual behaviour. The first one is sexually transmitted diseases, AIDS included, and the second one is teenage pregnancy. Teenagers may be physically ready to have sexual relationships, though often they do not have the psychological and mental maturity to handle the responsibilities and consequences. Today when AIDS is widespread, teenagers have to be alerted to the danger of sexually transmitted diseases.

The second major contemporary issue involved in teenage sexual behaviour is teenage pregnancy. Although teenagers are physically ready to be parents, they do not have the financial means, or the psychological maturity, to be responsible parents. Unwanted pregnancies often disrupt family life, and create a major obstacle in a teenagers' life. This is especially so when teenage girls bear the burden of caring for the child. Teenage mothers often drop out of school, are unemployed or



settle for low paying jobs. In consequence, their children do not receive adequate care

### 3. *Alcoholism*

While alcoholism is generally recognized as a problem, it is not as widely recognized as a family problem. In reality, it is one of the major family problems. The consequences reach far beyond the alcoholic to the spouse, children, and others. Some of the debilitating effects of alcoholism are job loss, alienation of friends, and abandonment by family, imprisonment, institutionalization, and even death. Alcoholism is a serious family problem. In most instances, it results in child abuse and spouse beating. When one parent is alcoholic, the lives of all members of the family are seriously affected. Spouse abuse and beating, financial difficulty, and emotional conflicts associated with alcoholism, all contribute to the long and silent suffering of the spouse. The children of alcoholics are also affected in many ways. The children of mothers who drink heavily during pregnancy can be born with Foetal Alcohol Syndrome. Children with this syndrome tend to have a higher risk of infant mortality, are born prematurely, grow up with delayed motor development, disfigurement, immature physical development, hyperactivity, and learning problems. In addition, Alcohol Syndrome is the third largest cause of mental retardation. Physical problems may also occur when the father is alcoholic, although the evidence may be indirect and more subtle. Alcoholism also affects the children's emotional development. Those reared in alcoholic families are often neglected, abused, and lack proper care and interaction with their parents. The alcoholic family is often volatile, repressive or inconsistent. One of the most basic needs of children, the need for security, is often unsatisfied. An inadequate sense of security, in turn, diminishes the quality of the children's interactions and personal relationships with others.

### 4. *Drug Abuse*

Drug abuse - is now a painful reality in Indian societies. Abuse of drugs takes place in school premises, in the playground outside school hours, and even in the home. The effects of drugs can be observed in such things as petty thieving among the young, disobedience, violent individual and group behaviour, sustained delinquency leading to probation, as well as an inability to concentrate on studies. Drug abuse also leads to the many physical and emotional problems faced by families with an alcoholic member. As a social worker, you will have to recognize the problems and be able to find solutions to them within the system.

### 5. *Domestic Violence*

Domestic violence often accompanies alcoholism in the family. Domestic violence and spouse beating can be instigated by either the husband or the wife. However, the wife is often the victim of the violence. Beaten wives carry a variety of psychological scars, including an extremely low self-image, a lack of self-confidence and security, a sense of hopelessness and helplessness, and a feeling of guilt that they provoked the alcoholic, and deserved the punishment. Children from violent families suffer many emotional traumas. Domestic violence happens more often when there are strong gender stereotypes, and unequal status, between men and women. In societies where men are supposed to 'rule' and to 'keep their wives in order' through physical means, there are serious consequences, such as the creation of dysfunctional families. As social workers, we need to be sensitive to the women

and children. We need to guard against our own gender biases. We need to be cognizant of the unjust social and environmental forces that make women and children victims of the system. Women's rights are human rights.

#### 6. *Death, Divorce and Separation in the Family*

**Death** of a loved one in the family creates deep emotional grief. It is hard for adults to accept the loss of a spouse through death. The financial hardship, that often follows the loss of the wage earner in the family, can be devastating for the surviving spouse. For children, the death of a parent is even more traumatic, as their understanding of death is very limited. They are often confused by the reasons for death, and experience a period of depression. Even though they often cannot put their sorrow into words, they still have a profound sense of loss. They feel insecure and fearful. Their school performance usually suffers for a year or more after the death of a parent. Many parents prefer not to mention the dead parent in the presence of the child in order to spare the child sorrow. However, the child needs to have a chance to talk about his/her loss, and to express its grief and confusion. This is the time when the child needs a lot of support, love and communication, in order to deal with death. **Divorce** is the dissolution of a marriage. It is the disintegration of a legally recognized state of marriage. **Separation** is when a couple formally live apart without going through the legal procedure of divorce. Divorce and separation signal the death of a family relationship, and therefore, create much emotional trauma in the family similar to that of the death of a spouse. Perhaps divorce and separation are actually more difficult than widowhood, as the couple, who harbour emotional resentment towards each other, may still have to face each other when dealing with their children and making financial settlements.

The stress a child suffers during, and after the divorce, ranks closely to the trauma of losing a parent through death. Typically, children may be flooded with feelings they cannot fully understand or talk about. These include anger at being caught in a situation they cannot change, guilt from the feeling they may have somehow contributed to the break-up, and sadness over the loss of a parent who no longer lives with the family. In school, a child's behaviour and ability to achieve is affected if the child is under great stress - whatever the cause. The death of a parent, or the divorce of parents, may result in inattention, absent-mindedness, behavioural problems, and withdrawals from class activities. Divorce and separation break the family apart, and result in single families, stepfamilies, and sometimes, homeless children.

#### 7. *Homelessness*

War, poverty, unwanted pregnancy, and family break-up, are common causes of child abandonment. In many developing countries, children as young as six or seven years old roam the streets, forming their own gangs, living on begging, stealing and scraping from rubbish dumps, because their families do not want them. In the urban centres of many developed countries, a similar phenomenon has appeared in recent years. Homeless people are everywhere, young and old alike. They loiter in the streets; sleep on pavements, in train stations or in parks. They have no place to go, nobody to turn to, no job to do, and no money. For adults, the main causes of homelessness are unemployment, alcoholism, mental problems, poverty, old age or illness. Homelessness usually leads to prostitution, early marriages, or loveless affairs in a homeless person's bid to obtain love and affection. In many

parts of the world, war and political turmoil, bloody tribal conflicts and ethnic hostilities, have pushed millions out of their traditional homelands. They are homeless refugees who live marginally on the courtesy of the host countries. However, most are less lucky. They have not only lost their homes but their families as well. The brutal experience of war and the harsh reality of living as a refugee make these people desperately in need of social services.

8. **Poverty**

Nothing makes a man more humble and unsure of himself as poverty. It wrecks personal happiness and interpersonal relationships. When a family is poor it means that basic necessities and other needs cannot be provided. Often a poor person seeks refuge in alcohol, which only compounds the problem. As a social worker you have to work with families to improve their economic conditions.

9. **The Uprooted Family**

A number of families, for various reasons, need to move and resettle. This means leaving their community, their relatives and friends and, often, it also requires changing outlooks or ways of doing things. Effective adjustment requires a new set of behaviour, manners and beliefs.

**Check Your Progress II**

Note: Use the space provided for your answers.

1. What are some of the major family problems being identified in India?

.....  
.....  
.....  
.....

---

### 1.3 STRATEGIES FOR SOLVING PROBLEMS IN FAMILIES

---

Family is a universal social institution. It is an essential and fundamental unit which plays an important role in converting a biological being into a social being and in acquiring social nature by abandoning animal instincts. The family develops social traits in the individual through the process of socialization and makes him a distinct part of the society. He learns his society's customs, efforts, assumptions, values, beliefs, and ideals and thereby acquire behavior pattern in conformity with the society after attaining adjustment. The family is the source of satisfaction or fulfillment of needs connected with social life. The basic personality structure which is acquired by the individual during the early life remains intact throughout the life with minor modifications. The traits of behavior, positive or negative, are influenced by the chances of socialization available through the medium of family. In the process of casework, i.e., study, diagnosis and treatment of the problems, the worker analysis individual's environment where family is the integral part.

This approach instead of looking at the individual in totality looks at him as a unit or a part of family arrangement. He looks at the family as a group of interacting individuals in which an individual is a unit of a complete group. The worker studies the family as a

unit of interacting members as also each member of this unit who may have some relationship with the problem faced by the client. On the basis of this information gained in the study he evaluates the facts, arrives at a diagnosis and prepares a plan of treatment and starts the treatment process at the level of the family. With the help of interview, the worker brings to the knowledge of family and its members, the nature, features, and sources of the problem so that the capability of members of family to solve the problem is enhanced and it finds it easy to seek out new directions which can contribute towards the solution of the problem. The worker tries to assure the client's family to develop faith in the therapy. The family begins to believe that the worker has come to provide help and the worker realises that the family is willing to seek his help resulting in the establishment of professional relationship among both due to which correct and required information become available and the possibility of problem solution according to treatment method are also increased.

We shall now discuss strategies that can help you solve some of the problems mentioned above. Some of the strategies are preventive while others are rehabilitating.

### ***Preventive Strategies***

1. Provide relevant education to clients.
2. Train peer counsellors to give information:
3. Invite speakers to talk about relevant topics. Use traditional community resources, and those from NGOs.
4. Avoid total seclusion between boys and girls, by allowing protected interaction and socialization.

### ***Rehabilitation Strategies***

1. Provide counselling to the client in order to recover from emotional trauma.
2. Provide counselling to family members.
3. Seek professional assistance from other specialists.
4. Seek assistance from agencies such as NGOs, churches, and law enforcement authorities, where necessary.
5. If necessary, recommend foster care.
6. Provide options as a solution.

We discussed the problems currently faced by families, which include child abuse, teenage pregnancy, alcoholism, drug abuse, domestic violence, death/divorce/separation in the family, homelessness, poverty, and the uprooted family. Then, we learned about the strategies that can help you when you encounter socially related problems. Some of these strategies are preventive, while others are rehabilitative. The social worker needs to teach and assist the family members to deal with these problems. Social work emphasizes on case work approach. We will discuss in detail below.

### ***Case Work Approach***

Case work is when you are involved individually with a client who has a problem. It involves interaction between you and your client or a family unit. Case work incorporates the following methods:

- a) **Problem-Solving.** The emphasis is on releasing the client's fears and anxieties, and motivating him to deal with his problems.
- b) **Functional Casework.** This puts emphasis on giving and receiving help. It is built on the basis that human beings use human relationships, including the relationship with you, to find and strengthen their own purpose, and move towards its realization.
- c) **Crisis-Oriented Short-Term Casework.** This realizes the vulnerability of individuals in dealing with personal crisis. Its primary value lies in helping the client deal with his/her emotional upset. In this case, the brevity of the social worker's service, and evidence of its effectiveness, is important.
- d) **Task-Centred Casework.** This method incorporates crisis intervention, problem solving, and functional approaches. It involves identifying the problem, sharing the task of problem-solving with your client, and setting a deadline for achieving your goals.

### **Major Emphasis in Case Work**

There are certain problem areas in social casework. The case worker needs to focus on these areas to guide you in determining from what social problem your client is suffering. You will have to isolate these factors in a problem situation, and determine how best to work with the client to achieve an equilibrium effectively. The following are the areas you need to focus on:

- a) **Individualization**  
This aspect of casework recognizes the client as the focus of attention. It maximizes the client's participation in finding a solution to his own problems, without running the danger of showing disinterest, and lack of concern, on your part.
- b) **Communication**  
This aspect recognizes a person's difficulty in asking for help, and you should try to create a climate which is not threatening, and which helps the client discuss his/her problem.
- c) **Information**  
This aspect recognizes the fact that most clients do not know what alternatives are open to them, and how they can avail themselves of these alternatives, let alone how to make informed choices once they are known. You need to provide the client with information which is helpful.

### **Check Your Progress III**

Note: Use the space provided for your answers.

1. What are some of the strategies being suggested for solving family problem?

.....

.....

.....

.....

---

## 1.4 FAMILY THERAPY

---

Family Therapy is a treatment approach in which the central focus is not the individual but the family itself. The ultimate goal of Family Therapy is that in addition to finding a solution of the client's current problem is to help in the reestablishment of healthy relationships within the family so that stability and closeness in these relationships be achieved and no family member has to face any problem and if such a problem surfaces again, the members of the family may be able to face that situation and find a solution to the problem on their own.

The worker studies all the family related arrangements and their conscious and unconscious influences on all members of the family. It is the treatment of family in conflict. The whole family is helped to see and appraise their relationship with each other and the unhealthy current reactions are 'resolved'. The individual is seen in the context of the family and is helped to perform his roles and bring changes in his relationship with other family members. Re-ordering of relationship or restructuring the interaction pattern of the family members aimed at in family therapy. It seeks to strengthen and restore social functioning, adaptation, meets emotional needs and maximise the development of family. The major goal in the family therapy may be an alteration in the family interactive pattern, promote changes in the family, a shift in the interaction pattern to attain optimum development in an adequate and appropriate way. In family therapy, the therapist may start earlier with the individual members or the dyad. It is up to the therapist to choose his way of intervention. The individual who seeks help for the problems is usually seen individually in the first instance followed by family sessions. Family therapy has got the elements of both case work and group work. Case work with family or family case work has in the last two decades gained importance in social work practice. It is synonymous with family therapy.

In case work with family,(1) the whole family is seen as a social unit,(2) the focus is on what and how the family members communicate ( verbally or non-verbally) with each other,(3) the relationship patterns between various sub-units(i.e., between spouses, spouses and children, and among the siblings) are observed and guided in the real sessions,(4) assessment is done to see who is the scapegoat, provocateur, healer, spoke person etc in the family, various family conflicts, destructive relating patterns, (5)communication failures and formation of sub-groups in the family are identified, (6) members are made aware of inadequacies in the communication pattern and the areas of failures in family functioning like caring of the child, old parents, etc. and (7) needs of various units and individuals are discussed along with ways to reduce tensions and non-productive behaviour patterns and thus the social case worker works as a change agent to repair, improve, or change the family functioning (the family structure). In the social case work process, individuals are the focus of attention and others if involved are to help in restoration or improvement of the client's social functioning. In family therapy or social case work with family, change is sort in the whole family as well as in the client.

---

## 1.5 LET US SUM UP

---

In this unit, case work intervention in families has been discussed. Today observing the situations in the family social work intervention has become an inevitable component. This chapter basically highlighted the problems in the families and how case work is applied and the advantages of intervention. Social case work enable an individual to

obtain a higher level of social functioning through an interpersonal transaction or face-to-face or person-to-person encounter. The caseworker helps the client to achieve personal or social goals by utilizing the available resources in terms of strength of the personality of the client, his social system or material provisions available in the community and/or agency. Caseworker's knowledge and expertise and material resources are used (as tools) to inject strengths in the person to enable him to move more satisfyingly in the social situation he finds difficult to deal with. So, this chapter is of immense value to the students of social work because it underlies the application of professional social work in family setting.

---

## 1.6 KEY WORDS

---

**Social case work**-It is a primary method of social work , which is concerned with the adjustment and the development of the individual towards a more satisfying human relation. This method is used by social workers to help clients to find solutions to problems of social adjustment which the individuals are unable to handle the problem in a satisfactory way by his own individual capacity.

**Family**- It is a primary group where group of people affiliated by consanguinity, affinity, or co-residence. In most societies it is the principal institution for the socialization of children. Extended from the human "family unit" by biological-cultural affinity, marriage, economy, culture, tradition, honor, and friendship are concepts of family that are physical and metaphorical, or that grow increasingly inclusive extending to community, village, city, region, nationhood, global village and humanism. A family group consisting of a father, mother and their children is called a nuclear family. This term can be contrasted with an extended family.

---

## 1.7 FURTHER READINGS AND REFERENCES

---

1. Collins Donald & et.al. (1999). An introduction to Family Social work. F.E. Peacock Publishers, Inc. Itasca, Illinois
2. Upadhyay R.K. (2003). Social Casework. Rawat Publications, Jaipur & New Delhi
3. Soodan k.S. ( 2008). An introduction to Social work Theory and practice. Navjyoti Simranjeet Publication. Lucknow
4. Butler Ian & Roberts Gwenda Roberts.(2004). Social Work with children and families-Getting into Practice. Jessica Kinsley Publishers, London

---

## **UNIT 2 SOCIAL CASE WORK IN COMMUNITY SETTINGS**

---

### **Structure**

- 2.0 Objectives
- 2.1 Introduction
- 2.2 Models of Community involvement
- 2.3 Changing Context of Social Case Work
- 2.4 Community Case work
- 2.5 Let Us Sum Up
- 2.6 Key Words
- 2.7 Further Readings and References

---

### **2.0 OBJECTIVES**

---

This unit would acquaint you with the application of social case work in community setting. This would also give you an insight on the community problems and how social work method is applied in that context. Most importantly this unit will appraise you of the application of social work methods in various life situation. The chapter would also brief about the process of intervention with community. After reading this unit, you will be able to understand how the social work values and ethics will be integrated to work effectively. This chapter attempts to examine principles underlying practice of social casework and discuss some of its major theoretical approaches. Furthermore the chapter analyzes the significance of social work practice with individuals in urban settings.

---

### **2.1 INTRODUCTION**

---

The context of social work is changing rapidly. However, one fundamental element remains the same, namely that social work is located within some of the most complex problems and perplexing areas of human experience, and for this reason, social work is, and has to be, a highly skilled activity. The basic role of all social workers is to assist in the interactions between the individual and his or her social environment. The basic objective of the social worker is to facilitate the process of social adjustment of individual people through the development and constructive use of social relationships with which they can find their own fulfillment.

Within this general statement lie the three specializations of the social work profession—casework, group work, and community organization. Within each of these realms, the social worker's role is to help an individual or group realize their strengths and abilities, to help them utilize these assets to engage society, and mediate this process of interaction throughout (Schwartz, 1969). It is the practitioners' sensitivity to the "person-in-environment" situation and the interaction between the two arenas that truly guides the profession.

Social work with individuals is one of the oldest methods of a generalist approach to social work practice. Historically this method could be traced from the very inception



of social work profession, where worker helped individual clients and their families to help themselves in wide array of problem situations. Helping individuals in the time of distress and need must have existed in one form or another since the very beginning of human civilization. According to Grace Mathew (1992), though social work as a profession is a product of the twentieth century, social work as a helping activity is as old as mankind. The worker's knowledge, skill and professional value system are employed to help individuals and families solve psychosocial, interpersonal, and environmental problems through direct one-to-one and face-to-face relationships. Regarding the efficacy of this method, some argue that working with individuals on a one-to-one basis allows better possibilities for success than perhaps any other methods of social work. During the help giving process social work professionals interact, explore and appropriately intervene at various levels to build on capacities and empower the client with problem solving and coping skills. Since the beginning social work as a profession has helped individuals to help themselves.

A trained social worker is well-versed and skillful in the application of all methods of social work practice. The worker may fundamentally work with individuals and families within the agency settings. However, to achieve the broader goal, the worker may also employ group or community intervention in his/her practice. The need of the hour is that the worker chooses to practice with a combination of all methods. According to Skidmore, Thackeray and Farley (1997), traditionally the term case work was widely used in social work practice which implied narrower connotation in practice where the method was used only in clinical social work settings.

### **Defining the Community**

Before describing the specific roles and responsibilities of the community worker within the social work profession, it is necessary to define the term community and its relationship to the individual.

MacIver defines community as an area of social living marked by some degree of social coherence and Bogardus says that it is social group with some degree of "we feeling" and living in a given area. Warren (1978) defines a community as "that combination of social units and systems that perform the major social functions relevant to the meeting of people's needs". Freud (1930), in describing the individual's role within a community, states that living in a community "appears as a scarcely avoidable condition which must be fulfilled before happiness can be achieved". This inevitable relationship between an individual and his/her surroundings creates a desire to feel a sense of belonging that stimulates the individual's quest for identity within the context of the larger community (Weil, 1996). Thus, an overall sense of community is gradually created by organizing social resources and affording people with the necessities of everyday living.

A community is established when groups of people with a common interest, culture, or identity join together and create a distinct entity that serves a positive need in society (Weil, 1996). According to Fellin (2001), communities distinguish themselves in three primary spheres: "1) place or geographic locale in which one's needs for sustenance are met, 2) a pattern of social interactions, and 3) a symbolic identification that gives meaning to one's identity". Ironically, while these three aspects are the building blocks of a community, the co-existence of such factors creates a tension whose resolution often demands professional intervention. It is the role of the community worker to serve as a liaison among the individual, the group, and the surrounding social structure (Brager & Specht, 1972). According to Smalley (1967), the role of the community worker is to facilitate "the process by which people of communities, as individual citizens or as

representatives of groups, join together to determine social welfare needs and mobilize their resources". Whereas planning and organizing describe one major aspect of community practice, other critical aspects of community work include interagency planning, resource development, and coordination of services offered to a specific community (Weil, 1996). The worker, while involved in developing the appropriate support to implement change, must achieve many technical and task-oriented details. Maintain the equilibrium of these two aspects of the community worker's responsibilities is a very difficult and daunting task. For the community worker to remain focused, he or she must view all aspects, both technical and interactional, as part of the larger community helping process.

---

## **2.2 MODELS OF COMMUNITY INVOLVEMENT**

---

Macro practice, like all other aspects of social work practice, recognizes the strengths of the interaction between individuals living in a social environment and the ability of community-wide influence toward solving problems and implementation of change (Kretzman and McKnight, 1993). Approaching change on a community-wide level is better understood when considering Rothman's (1999) three basic models of community intervention. Whereas these three models offer suggestions on how to stage community intervention, the mobile and unstable nature of today's community affairs often requires that more dynamic approach. In fact, Rothman (1999) concludes that these idealistic models only serve as aids for conceptualization, and in actual practice the "intervention approaches overlap and are used in mixed form," and creating a composite of these paradigmatic models ensures that the most effective method of community-oriented change will be selected. Thus, blending the positive practice variables from the basic models to form sub-models allows for a myriad of possible permutations, creates room for many social service or service-based agencies to exist, and increases the selection of community-wide interventions that are available to future practitioners.

Community organization is one of the main methods of social work. It is an inter-group process that seeks to help communities to understand and assess their existing problems and needs and to appropriate the available resources "to bring about solutions that will strengthen the total community and enrich the life of its members". According to Zastrow (1978), "it is a process of stimulating and assisting the local community evaluate, plan and coordinate its efforts to provide for the community's health, welfare and recreation needs".

Community organization, according to Ross (1967) is "a process by which a community identifies its needs or objectives, orders (or ranks) these needs to objectives, develops the confidence and will to work at (them), finds the resources (internal and or external) to deal with (them), takes action with respect to them, and in so doing extends and develops cooperative and collaborative attitudes and practices in the community". Community organization process equips the community "to identify and deal cooperatively and skillfully with its common problems". Community organization is practiced for providing (1) the community or its sections with opportunities to mobilize its resources to tackle social problems or prevent their onset; (2) means for meaningful interaction between different sections of the community; and (3) welfare planning service to the community through development of social welfare plans, influencing welfare policies and mobilizing adequate finances from voluntary public sectors.

Community organization adopts three modes to fulfill its objectives: (1) locality development which seeks effective community change through wide public participation

in every phase of planning and action as we commonly see in different areas of community development; (2) social planning, understood as a process, which seeks to solve problems like delinquency, mental diseases, etc.; and (3) social action which seeks to organize the disadvantaged or underprivileged group to get due representation in policy-making bodies of the community and proper distribution of community resources. In all these processes, the worker functions as enabler, therapist, educator, advocate, social planner, activists and social broker.

The commonly utilized activities (processes or steps) in community organization process are study, analysis, assessment, organization, action and evaluation, or, according to some, these (stages) are exploration, assessment and planning, action and evaluation.

### Check Your Progress I

Note: Use the space provided for your answers.

1. What are some of the models of community involvement?

.....  
.....  
.....  
.....

---

## 2.3 CHANGING CONTEXT OF SOCIAL CASE WORK

---

Recently the term case work has been broadened and designated as work with individuals in the family as well as community setting. There are many popular conceptions about the functions of social workers. A distinguishing characteristic of 20th century social work has been its emphasis on environmental factors in understanding the human conditions which has definitely shaped practice and education in the recent years. Reflecting on several contemporary forces, it is clear that economic, political, cultural and technological events have all had an impact on the evolution of social work practice in most countries. The consequences of wide range of social problems greatly influence social work practice in the contemporary world and the social workers are required to develop great degree of resilience and contemporary professional capacities to deal with the newer challenging situations.

In India, social workers practice case work in a variety of conventional settings, e.g. Hospitals, Schools, Child and Adolescent Guidance Centers, Correctional Settings, Community Health Centers, Mental Hospitals, Family Welfare Centres, Vocational/ Career Guidance Centres, Industries/factories etc. which have existed from the commencement of social work practice in India. On the other hand, relatively newer thrust areas of practice such as HIV/AIDS Voluntary Testing and Counselling Centres (VTCC), Women's Cells, Disaster Management Cells, Crisis Intervention Centers have emerged and some existing ones such as De-addiction Centers, Adoption and Foster Care Centres, and Community Development Centers have become more prominent in response to different kinds of problems coming to light. Thus, social workers are required to work with individuals in variety of settings using a multi-theoretical approach.

Keeping up with the contemporary challenges and situational demands the social case workers are constantly responding to mitigate and intervene in the newer challenging

areas including natural disasters, communal riots, HIV/AIDS epidemic and environmental issues.

In addition, the clientele of social workers hail from wide variety of socio-cultural, educational and religious backgrounds with a multiplicity of bio-psycho-social problems. In fact, case workers work with clients of all ages, often with the particular psychological and social problems of their life-stage; namely children, adolescents, young adults, middle-aged adults and the aged. A survey of case work records in India the problems reported by clients to the social work agency were classified as (Mathew 1992: 48-65); illness and disability related, lack of material resources, school associated, institution related, behavioural, marital discord, addiction and women centered problems like unmarried motherhood etc.

Apart from these, Nagpaul (1996:32-68) has listed some dominant urban problems like poverty, beggary, unemployment, population, crime and delinquency, disability related problems, addiction, prostitution, corruption and problems faced by the backward communities. Though these issues and problems as cited by Nagpaul have macro influences; nonetheless, its impact on the individual is not universal.

In view of the above broad ranging psychosocial and economic nature of problems social work practice with the individual is considered as a very important method used by social workers in a wide variety of urban settings even with its limitations. However several factors have combined to foster an accepting environment for this method in India. Due to the globalization process, there has been a significant change in social, economic, scientific, ideological and spiritual spheres throughout the world; consequently the ramifications are well existent in the country. Socially, people have been: i) moving from rural to urban settings, ii) living in more stressful life conditions, iii) witnessing changes in family structures, iv) suffering more life style related diseases, and v) becoming concerned about social inequities. Perlman (1957) thus defines social casework as a “process used by certain human welfare agencies to help individuals to cope more effectively with their problems in social functioning”. So the case worker needs to focus the individual’s functioning in the community.

Urban forces known to cause a wide range of specific problems affecting individual’s interpersonal relationships, physical and mental health. Social work practice with individuals assumes paramount importance in urban settings due to the intra-psycho and individual nature of the problems. Life and its related problems have become much more complex in the area of social relationships. People have lost the close personal relationships that in the past may have helped them in facing new and complex concerns. Due to the loss of family ties and other social support systems, the individual has turned increasingly to social workers amongst other helping professionals, for help. Social work with individuals has mitigating and therapeutic effects on individuals who are faced by anomie and isolation due to urbanization.

Since the scope of working with individuals is too large to handle in a chapter, the major emphasis will be on the relevant and emerging dimensions of both theory and practice in the context of Social work practice. The main emphasis of working with individual is not upon social problems themselves but upon individuals or families suffering from psychosocial problems or unable to cope satisfactorily with their social situation or relationships. Working with individual as a method of social work practice facilitates personal and interpersonal functioning across the life span with an emphasis on emotional, social, vocational, educational, health-related, developmental and organisational concerns. By integrating theory, research, and practice with the awareness and skills to

work with diverse populations, this specialty includes a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises, and increase their ability to function productively.

Social casework has been defined by many authors and practitioners (see Robinson 1930, Hollis 1964, Zastrow 1995) but a wholesome definition has been offered by the National Association of Social Workers (1992) as a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. This is a more wide-ranging definition of social case work as it lists the entire array of intervention process that a professional social worker provides help towards the client's complex needs.

No matter when the definitions were proposed, what has remained universal across the endeavour is the inherent value of client's self determination, participation, contribution and recognising innate potentials of individuals seeking help from the agency.

However, most definitions are valuable towards building a comprehensive understanding, which encompasses multi-dimensional approach in Social Case work. The universally accepted, the much valued philosophical assumptions originated as the main foundational belief of social work profession have been well recognised and adopted in indigenous practice of professional social work. Basic philosophical assumptions about human beings profoundly influence professional practice. The following value postulates are examples of influences in the practice of social work and social work with individuals; respect for the individual as a whole person with self-worth and dignity, recognizing the inherent potential of every individual for self-growth and achievement, and recognizing that all humans are interdependent beings. This means that the social worker operates from a neutral and objective paradigm, at the same time may share thoughts, feelings, and experience along with concern, empathy and altruistic attitudes. The worker applies knowledge, understanding and skills with discipline, intelligence and with basic value assumption that the individual has the need and the right to make his or her own choices and decisions (Skidmore et al 1997).

The worker's intervention with clients rests on the strong structure of principles that have crystallized from the basic values and philosophical assumptions associated with the social work profession. An understanding of these principles is imperative for today's complex practice terrain. The fundamental principle of working with individuals is acceptance. It is a broad idea with multiple meanings. Looking at it from one's perspective would require recognition of the client as human being and worker's sensitivity towards his/her problems. Another perspective holds that acceptance generates a kind of attentive restraint as we attempt to follow the client's lead in determining the factors that might improve his/her situation (Berlin, 2005). Another principle of case work which recognizes the client as a unique individual is Individualization. The client as an individual demands a respect for his/her persona. Individualization means freedom from bias and prejudice, appreciation of diversity and knowledge of human behavior. Yet another principle closely related to acceptance and individualization is non-condemning attitude for the client. A non-condemnatory attitude on part of the Caseworker, "implies refusal to express disapproval of the person, to insinuate blame through arguments of cause-effect connection, or to pass judgement indicating that the person deserves to be punished for his/her behaviour" (Mathew, 1992).

It is essential for the caseworker to find a voice for client's bottled emotions for

therapeutic reasons. The client must be helped to express his/her feelings because it is an important part of the casework process. This principle is called purposeful expression of feelings. Caseworkers are required to be skilled at practicing controlled emotional involvement with the client. There are three components to a controlled emotional response to a client's situation: sensitivity to expressed or unexpressed feelings, understanding based on knowledge of human behavior, and a response guided by knowledge and purpose (Du Bois & Miley, 1992). The caseworker must also remember that extreme coldness in the relationship conveyed verbally or non-verbally to the client could prove detrimental to the therapeutic relationship.

The principle of client's self-determination is based on the recognition of the right and need of clients' freedom in making their own choices and decisions. Social Caseworkers have a responsibility to create a working relationship in which choice can be exercised (DuBois & Miley, 1992). The last principle is called confidentiality, which directs the Caseworkers to grant the right to privacy to his/her clients. The clients share their personal matters with the caseworker with a trust and confidence that the shared information would not be divulged to anyone without their consent. The caseworkers must respect the feelings of their clients and should maintain confidentiality under all circumstances. Caseworkers are implored to assure that they internalize these principles so that they may live up to the high ideals and expectations of the profession.

Theories determine the nature and style of professional practice. The knowledge of the various thought systems influencing social casework is essential for effective practice. There is a large element of interconnectedness and inter-influence between the existing theoretical approaches to social casework. The pioneering contribution towards scientific theory development was initiated by Mary Richmond in 1917 through her much valued book, *Social Diagnosis*. She proposed an extensive set of schemas for assessment, and accurate diagnosis of problems. Another major influence on theory development in social casework came from Freud. They are called the psychodynamic models; the underlying theory assumes that behaviour comes from movements and interactions in people's minds and also because it emphasizes the way in which the mind stimulates the behaviour and both mind and behaviour influence and are influenced by the person's social environment (Payne, 1991).

Psychosocial theory, a derivative of psychodynamic theory, proposes that social work must focus on the 'person-in-situation', it is important for social workers to know the client's interaction with the environment. Today, the psychosocial approach is committed to individualized assessment within the systems perspective and tries to achieve a balance among biological, psychological, interpersonal, environmental and cultural factors in assessment and intervention. Its arena has now grown to individual, family and group modalities; crisis, short-term and extended intervention and also a greater range of client problems. Crisis intervention considers the acute emotional disturbances presented by individuals and families as being the result of the traumatic situation that an individual faces, and core emotional outburst that come to the surface only in a crisis situation. Crisis intervention is classically, actions taken to mitigate and provide support to clients due to sudden crisis and disruption in people's normal functioning in life. In such emergency situations, services such as post traumatic counseling, rescue, relief and rehabilitation are needed most and have the highest probability of having a positive effect. The crisis situations created as a result of the massive earthquake in Kutch-Gujarat in 2001, the tsunami in Tamil Nadu in 2006 witnessed extremely detrimental effects on the victims along with immeasurable loss of life and property.

Case work in disaster situations is the most challenging task when the worker has to be equipped with the required skills to minimize the adverse effect of the crisis on the client.

Another significant development was the application of sociological theories in social work practice. Where the client's milieu is complex and where in a critical way a range of significant environments are involved, a perspective emerging from the Systems theory could prove beneficial. The Systems theory focuses on complexity and interdependence of relationships. A system is composed of regularly interacting or interdependent groups of activities/parts that form the emergent whole.

For example, a caseworker may have a number of mentally retarded children in his case load who do not derive any benefit from the educational and other services provided for normal children. He may help the parents of these retarded children to organize themselves in order to get specialized services for their retarded children. Here the caseworker goes beyond the case-by-case approach to the application of community organization methods for helping clients' groups. Since many of the casework clients are from the lower socio-economic levels that are plagued by problems of poor housing, unemployment, and inadequacy of medical and educational services, the advocacy role becomes important.

Traditionally, the caseworker has been delivering the person-centered services. In addition to this task, the caseworker of today has to be involved in system-centered activities or activities related to the impact of various social systems on the lives of many clients. It implies that only a part of casework service is confined to the office and the rest is community-based.

The caseworker must know the community he serves, its demographic characteristics, its power structure and problems. He must be able to identify the needs of the community and work with the community to develop resources. One aspect of casework is prevention of problems. The focus in prevention is on the influence of environmental systems in the causation of human problems. This aspect of casework is compatible with the idea of system-oriented activity mentioned earlier and the major goal is making individuals and families resistant to problems. The family and school are important social systems through which preventive efforts can be carried out. Furthermore, casework help is given in such a way that it fosters the development of patterns of coping which will stand the client in good stead in future crises.

---

## 2.4 COMMUNITY CASE WORK

---

The practitioner, in order to ensure successful change, must provide the client with a specific definition of the intended form of community work (Brager and Specht, 1973). To effectively implement any of the models of community involvement, the community practitioner must utilize the skills from all three aspects of the social work profession. The uniqueness of the community worker is that he or she constantly juggles all three levels of the profession on a regular basis. A brief description of how each of the three components of the social work profession is employed by the community worker will help to elucidate and clarify the unique nature of the community worker.

### Roles of Community Worker

- Assist the community in defining a social problem.
- Be an effective communicator to help build coalitions in the community.

- Provide direction and guidance to the community in order to mobilize for an identified cause.
- Assist in establishing new programs to meet the needs of individuals, groups, and the community.
- Provide advocacy for the needs of the community
- Engage in fundraising and grant writing.

**Case work** in the community is an inter-group process that seeks to help communities to understand and assess the existing problems and needs and to appropriate the available resources to bring about solutions that will strengthen the local community and enrich the life of its members. According to Zastrow (1978) It is a process of stimulating and assisting local community evaluate, plan and coordinate its efforts to provide for the community's health, welfare and recreation needs" The social work intervention process equips the community to identify and deal cooperatively and skillfully with its common problems '. It is mainly practiced for providing (1) the community or its sections with opportunities to mobilize its resources to tackle social problems or prevent their onset; (2) means for meaningful interactions between different sections of the community; welfare planning service to the community through development of social welfare plans, influencing welfare policies and mobilizing adequate finances from voluntary and public sectors.

### Check Your Progress II

Note: Use the space provided for your answers.

1. List out the role of a community worker.

.....  
.....  
.....  
.....

### Strategies and skills of Community intervention

Theorists conceptualize the problem-solving process in different ways , defining different numbers of stages that vary according to the levels of elaboration of relevant tasks. Rothman, Erlich, Tropman (1995, p.16) and Rothman (1999) use a six-phase process developed by Garrison in 1983 that consists of

- Identification of a need problem
- Definition and Clarification of the need or problem
- A systematic process of obtaining information
- Analysis of the information
- Development and implementation of a plan of action
- Terminal actions that include evaluation of outcome or effects

Skills in human relations is also crucial to community workers as well as to case workers , but the detailed knowledge of inter-personal dynamics that is essential to the case



worker is of little practical value to the community worker dealing with the problem. This is not to suggest that the community worker can do without knowledge of individual psychology, or that the caseworker can do without sociological knowledge. But the degree of knowledge required in each practice modality must depend on how it is applied.

The nature of social work, now a full-fledged profession, has been explained by Boehm (1958) in the following words: "Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment. These activities focused up on their social relationships which constitute the interaction between man and his environment. These activities can be grouped into three factions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction." Social work, as a profession, is no more interested in charity and relief work: instead, it is concerned with the social functioning of the individuals.

Social functioning, i.e., functioning in social roles, comprises all those activities that are essential to "satisfying relationship in the variety of experience of social living". Every member of the society continues to function in some roles of other and any obstacle to role performance by the individual creates a problem in social functioning. Social work considers an individual's relationship with other human being as its primary unit of attention. How and with what effectiveness an individual performs his various social roles in the main focus of social work intervention. (Role is a set of socially expected behavior of a person occupying a particular status in society like a teacher student, client, etc.). The social worker analyses the individual's social relationship pattern and works through the factors that block the social functioning. According to Bartlett (1970), social functioning consists of the interaction between "the coping activity of the people and the demand from the environment". The need for enhancement of social functioning should be perceived either by the individual or by the people concerned with him.

**The basic functions of a helping process are:**

1. Restoration,
2. Provisions of resources, and
3. Prevention.

According to Pincus and Minhan (1973), social work is "concerned with interaction between people and their social environment which affects the ability of people to accomplish their life tasks and realize their aspirations and values".

Social work with the application of its methods, thus, seeks to:

1. Enhance the problem-solving and coping capacities of people;
2. Link people with systems (organization) that provide them with resources, services and opportunities;
3. Promote the effective and humane operation of these systems; and
4. Contribute to the development and improvement of social policy.

Accordingly, the functions of social work have been outlined by Pincus and Minahan (1973) as follows:

1. Help people enhance and more effectively utilize their own problem-solving and coping capacities;
2. Establish initial linkage between people and resource systems;
3. Facilitate interaction and modify and build new relationships between people and society and its resource systems;
4. Contribute to the development and modification of social policy;
5. dispense material resources; and
6. Serve as agents of social control.

These functions are carried out by someone or other in the society but none performs all these function in a cluster. Social work, under residual approach, undertook restorative and rehabilitative functions through social casework, social group work, and community organization with emphasis on coordination, fund raising, planning, education and guidance etc. The role of social worker as community organizer was considered to be basically that of an enabler who facilitates leadership and develops consensus on the matter of direction, and guides the interaction of the members. Social workers considered client as someone not equal to them and pleaded for an objective non-partisan approach.

---

## **2.5 LET US SUM UP**

---

Social work recognizes the multiplicity of causation of problems, it is concerned with both giving personal help to clients in need of service and with measures that aim at changing the societal conditions (macro-level) causing or contributing to human suffering and maladjustment. In working towards the social adjustment of the individual and of the group, social work need to consider the socio-cultural environment from which the individual clients and group members come. The objective of social work remains satisfying accomplishment without curtailing their freedom of choice of action unless this violates the well-being and rights of others. It is an art of helping people to help themselves an art of enabling people to perform their roles properly and live a personally gratifying life in consonance with social requirements.

---

## **2.6 KEY WORDS**

---

### **COMMUNITY**

Community is a social group with some degree of “we feeling” and living in a given area. Moreover people are using same language, conforming to some mores, feeling more or less the same sentiments and acting upon the same attitudes.

### **CASE WORK**

Case Work is a Primary method of Social work providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client’s complex needs.

### **COMMUNITY CASE WORK**

Case work in the community is an inter-group process that seeks to help communities to understand and assess the existing problems and needs and to appropriate the available resources to bring about solutions that will strengthen the local community and enrich the life of its members

---

## 2.7 FURTHER READINGS AND REFERENCES

---

1. Upadhyay, B.K. (2003). Social Casework- A Therapeutic approach. Rawat Publications. Jaipur and New Delhi
2. Soodan k.S. (2008). An introduction to Social work Theory and practice. Navjyoti Simranjeet Publication. Lucknow
3. Devi, Rameshwari & Prakash Ravi. (2004). Social Work-Methods, Practices & Perspectives. Mangal Deep Publications. Jaipur



---

## **UNIT 3    SOCIAL CASE WORK IN HEALTH CARE SETTINGS**

---

### **Structure**

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Social Work in the Field of Health
- 3.3 Scope of Social Case Work in the Field of Health Care
- 3.4 Social Case Work Process in the Health Setting
- 3.5 Challenges Experienced by the Patients
- 3.6 The Role of Social Case Worker in Health Care
- 3.7 Social Case Work Process in Health Setting
- 3.8 Let Us Sum Up
- 3.9 Further Readings and References

---

### **3.0 INTRODUCTION**

---

Case work is one of the direct methods of social work which uses the case-by-case approach for dealing with individuals or families as regards their problems of social functioning. The practice of casework is a humanistic attempt for helping people who have difficulty in coping with the problems of daily living. Every individual reacts differently to his social, economic and physical environments and as such problems of one individual are different from those of another. The practice of social case work consists of the professional application of social work values, principles and techniques, and requires knowledge of human development behavior as well as social, economic and cultural factors. Case work, aims at individualized services in the field of social work in order to help the client to adjust with the environments. Better family life, improved schools, better housing, more hospitals and medical care facilities, protected economic conditions and better relations between religious groups help the individual in his adjustment and development. But his adjustment and development depend on the use of these resources by him. Sometimes due to certain factors, internal or external, he fails to avail existing facilities. In such situations, social caseworker helps him. Thus, social casework is one to one relationship, which works in helping the individual for his adjustment and development towards more satisfying human relations. According to Taft (1920) Social case work can be defined as “social treatment of a maladjusted individual involving an attempt to understand his personality, behavior and social relationships and to assist him in working out better social and personal adjustment”.

---

### **3.1 OBJECTIVES**

---

After reading this unit, you will be able to:

- understand the scope of social case work in health care settings;
- understand the process of social case work involved in health care settings;

- study the challenges being experienced by patients; and
- study the competencies required for a social case worker in health care settings.

---

## 3.2 SOCIAL WORK IN THE FIELD OF HEALTH

---

Medicine and social work joined hands in 1905 with the establishment of medical social work at the Massachusetts general hospital in Boston under Dr. Richard Cabot recognizing the need to understand more about social factors related to illness and its treatment and to utilize social and community resources in comprehensive patient care. Social Work became an essential activity in the context of managed care. Managed care is a plan adopted by most health care providers to coordinate services and make health care more effective and efficient. Social workers have become an integral part of the plan especially in discharge planning and follow-up care and services. The psycho-social expertise of social workers is used to help patients make the transition from hospital care, to home care, and hopefully to a full recovery.

### Definition of social work in a health care

Social work in health care setting is practiced in collaboration with medicine and also with public health programmes. It is the application of social work knowledge, skills, attitudes and values to health care. Social work addresses itself to illness brought about by or related to social and environmental stresses that result in failures in social functioning and social relationships. It intervenes with medicine and related professions in the study, diagnosis and treatment of illness at the point where social, psychological and environmental forces impinge on role effectiveness.

Medical social workers work in hospitals, nursing homes, mental health facilities, clinics, drug rehabilitation centers and community health agencies. A medical social worker takes on many roles.

### Settings for Health Care Social Work

Social workers work in the following health care settings

- General Hospitals
- Children's Hospitals
- Public Health Clinics
- Rehabilitation service settings
- Nursing Homes
- Home health care organizations
- Women's health centers
- Community organizations for specific diseases
- Hospice programmes
- Homeless- shelter health care programmes
- Palliative Care

### Issues dealt in Hospital setting

Segal, E. (2003) listed the following issues as the focal areas of social work interventions

in a health care setting

- Depression and anxiety about illness
- Alcohol and drug abuse
- Marital and family problems
- Parent-child difficulties
- Phobias
- Adjustment reactions
- Learning and behaviour disorders
- Medical illness
- Care giving issues
- Medication compliance
- Care giver burden
- Greif reactions
- Crisis Management
- Breaking the bad news/Disclosure
- Psycho-Educational needs

**Check Your Progress I**

Note: Use the space provided for your answers.

1. What are the settings for health care social work?

.....

.....

.....

.....

---

### **3.3 SCOPE OF SOCIAL CASE WORK IN THE FIELD OF HEALTH CARE**

---

Social case work in the field of health is one of the area in which the case worker extend their skill and expertness for the psychological, emotional, social well being of the individual and her /his family and assist patients and their families or carers who may be experiencing difficulties during their hospital stay. A person’s social background and support network will influence their physical/ psychological health and well being, as well as their recovery. An illness condition is capable of shattering the central core of self that is ego and the patient feels that his body has betrayed him. When illness strikes the sense of being punished, low self esteem, hopelessness, worthlessness is very prominent. They experience stress, Trauma, fear of death, suicidal ideation etc. Patients react differently to illness, which may or may not be related to the specific disabilities they suffer. People go through different stages in their attempt to adjust to a serious

illness. The presence of hospital increases stress and feelings of loneliness and increases the apprehensions of the patient about his illness. After a long struggle between self and her/his present condition, the patient tries to adapt to the situation. In his attempt to adjust to a serious illness he may go through four stages namely denial, despair, negotiation and acceptance. This adjustment process includes an attempt to regain mastery over the stressful events of life. (Disabilities if any, socio economic background, expressed emotions in family etc). These conditions necessitate the involvement of a social case worker.

The scope of social case work is further discussed in the context of Medical Model v/ s wellness model, biopsychosocial-spiritual perspective, strengths perspective and challenges faced by a patient.

### **Medical Model v/s Wellness Model**

Medical model looks at illness as a problem located at the patient and the ultimate authority of cure is vested with the medical practitioner. This is based on a deficit model and the assessment elicits disabilities, distress, dysfunction and dependency. Strengths, successes and effective coping strategies are seldom taken into account. The attempt is to cure the clinical illness and little emphasis is given to the client's social environment. This view of health is contrary to the social work values of emphasizing strengths and empowerment.

The wellness model emphasizes the authority and responsibility for health in each individual. It promotes healthy life style in the areas of physical, social, mental and environmental well being and works to create strong and clean physical environments. Wellness model emphasizes prevention. Social Case Work roles are essential part of the wellness model.

### **Biopsychosocial–spiritual Perspective**

The biopsychosocial–spiritual perspective recognizes that health care services must take into account the physical or medical aspects of ourselves (bio); the emotional or psychological aspects (psycho); the sociocultural, sociopolitical, and socioeconomic issues in our lives (social); and how people find meaning in their lives (spiritual). This approach draws from the strengths perspective of social work practice.

### **Strengths Perspective**

The strengths perspective recognizes an individual's strengths and abilities to cope with problems; and awareness and use of the client's strengths is part of the foundation of social work theory and practice. The strengths perspective is seen in social work practice through our role of enhancing personal strengths and resources, helping clients solve both interpersonal and environmental problems, and helping clients mobilize for change. The strengths perspective helps clients use their past successful choices and behaviors, skills, and insights to resolve or "work through" a current crisis (Tomaszewski, E. P., 2004; Saleebey, 2003).

---

## **3.4 CHALLENGES EXPERIENCED BY THE PATIENTS**

---

Patients react differently to illness and they experience severe trauma, hopelessness, worthlessness and helplessness are the common feelings they possess. The challenges they experience are

1. **The challenging self concept:** Self image is affected by the interaction of several factors like severity of the disease, the side effects of the treatment, persons own psychological makeup, social impact etc.
2. **Dealing with loss:** one of the horrors in being a patient is the many losses one must endure. In addition to physical losses such as limbs, breasts the loss of control over daily schedule, loss of freedom to move out, loss of energy, loss of social contact and familiar surroundings.
3. **The struggle for dignity**
4. **Loss of privacy**
5. **Loss of control**

### Functions of Medical Social Work

Grace White (1954) discussed five major functions of medical social work

- Practice of social case work
- Participation in programme-planning and policy formulation within the medical institution.
- Participation in the development of social and health programs in the community
- Participation in the educational program for professional personnel.
- Social research

---

## 3.5 THE ROLE OF SOCIAL CASE WORKER IN HEALTH CARE

---

Health settings usually include services in three broad levels of health care application: **prevention, treatment and rehabilitation**. It is recognized that individual social workers may practice exclusively within one setting or cross the boundaries of all three in response to diverse client, family and community needs.

**Prevention:** Aims to reduce the incidence of disease or dysfunction in a population through modifying stressful environments and strengthening the ability of the individual to cope. Prevention involves the promotion and maintenance of good health through education, attention to adequate standards for basic needs and specific protection against known risks. Preventive activities include public and client education regarding emotional self-care and healthy relationships, building community knowledge and skills (community development), social action, and advocacy for social justice.

**Treatment:** aims to reduce the prevalence (number of existing cases) of a disorder or dysfunction and includes early diagnosis, intervention and treatment. Treatment activities are focused on individuals experiencing acute symptoms, emotional trauma, relationship problems, stress, distress or crisis and include assessment, risk management, individual, couple, family and group counselling, intervention or therapy and advocacy. Social work uses relationship as the basis of all interventions.

**Rehabilitation:** aims at reducing the after effects of disorder or dysfunction, and involves the provision of services for re-training and rehabilitation to ensure maximum use of remaining capacities by the individual. Rehabilitation activities focus on clients who are



disabled by mental illness and may include individual, couple, family, and group interventions to build knowledge and skills, provision of specialized residential, vocational and leisure resources, and advocacy to ensure the development of needed services and to change community attitudes.

Specific to their employment setting, social workers deliver the following professional services:

- **Counseling:** social workers counsel patients and their families. They explain the nature of an illness and advise the patient and family on how to effectively deal with symptoms and treatment. A medical social worker also serves as a grief counselor to help patients and families deal with the trauma of experiencing a chronic or acute illness.
- **Care Planning:** Families and patients often do not know where to turn to get medical care. A medical social worker assists patients and families in finding and arranging services such as in home care, nursing home care and counseling.
- **Financial Assistance:** Acute and chronic illnesses are expensive. Families may not be able to financially provide for the care of an ill family member. If the ill person is a parent, financial support for the care of dependents must also be dealt with. Medical social workers refer and assist patients in obtaining financial assistance, food assistance and health care coverage through city, state and federal programs.
- **Assessment:** when doctors or nurses suspect that a patient is severely mentally ill, is a drug addict or is a victim of abuse, they enlist the services of a medical social worker. The experienced opinion of a medical social worker is highly regarded by hospital staff. The medical social worker evaluates the patient and reports back to the hospital staff. Together, hospital staff and the medical social worker collaborate to find the best approach to helping mentally ill, mentally incompetent, drug-addicted or abused patients.
- **Advocacy:** At times, a medical social worker serves as a patient advocate. The medical social worker acts as an intermediary between patients and the medical community. They are the voice for people who have communication barriers or cultural differences that make effective communication challenging. Without the medical social worker, these types of patients often fall between the cracks—their health and emotional needs unknown.
- **Legal Assistance:** There are situations where a medical social worker must take legal action to protect a patient. When a medical social worker encounters situations where parents are unable or unwilling to care for their sick child or encounter cases of abuse, legal action must be taken. In these cases, a conservator, a power of attorney or a public guardian may need to be appointed.
- **Direct Services** to individuals, couples, families and groups in the form of counselling, crisis intervention, therapy, advocacy, coordination of resources, etc.
- **Case Management** - coordinating inter-disciplinary services to a specified client, group or population.
- **Discharge Planning:** Discharge planning typically involve the following dimensions:
  - Helping patients to understand medical prognosis and its implications for

activities of daily living

- Helping patients cope with emotional reactions to a perceived threat to their life style and independence
- Helping patients adjust to a new and sudden dependence on family, friends and other care givers
- Helping patients overcome natural anger, anxiety and fear about their current predicament
- Helping patients decide about appropriate service for continuing care
- Supporting the patient's decision
- Facilitating communication among members of the hospital team to ensure comprehensive care that includes the psychosocial aspects
- **Supervision and Consultation-** clinical supervision/consultation, maintaining quality and management audits and reviews of other social workers involved in mental health services.
- **Program Management/Administration** - overseeing a mental health program and/or service delivery system; organizational development
- **Teaching** - University and college level; workshops, conferences and professional in-services
- **Program, Policy and Resource Development** - analysis, planning, establishing standards
- **Research and Evaluation**

### **Social Case Work in Hospitals**

Practice in hospitals is a major component of social work in health care. The functions of social work include:

1. Assess the patient's psychological and environmental strengths and weaknesses.
2. Collaborate with the team in the delivery of services to assure the maximum utilization of the skill and knowledge of each team member.
3. Assist the family to cooperate with treatment and to support the patient's utilization of medical services.
4. Identify with a cadre of other professionals to improve the services of the hospital by an interdisciplinary sharing of knowledge.
5. Serve as a broker of community services, thus by providing linkage of patient need with appropriate resources.
6. Participate in the policy making process
7. Engage in research to assure a broadening of the knowledge base for successful practice.

### **Occupational Profile of Social Workers in Hospital**

The Occupational Profile of Social Case Workers in Hospitals & Medical Centers (NASW, 2011) listed the following roles of social workers:

- Initial screening and evaluation of patient and families;
- Comprehensive psychosocial assessment of patients;
- Helping patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal;
- Helping patients/families adjust to hospital admission; possible role changes; exploring emotional/social responses to illness and treatment;
- Educating patients on the roles of health care team members; assisting patients and families in communicating with one another and to members of health care team; interpreting information;
- Educating patients on the levels of health care (i.e. acute, sub- acute, home care); entitlements; community resources; and advance directives;
- Facilitating decision making on behalf of patients and families;
- Employing crisis Intervention;
- Diagnosing underlying mental illness; providing or making referrals for individual, family, and group psychotherapy;
- Educating hospital staff on patient psychosocial issues;
- Promoting communication and collaboration among health care team members;
- Coordinating patient discharge and continuity of care planning;
- Promoting patient navigation services;
- Arranging for resources/funds to finance medications, durable medical equipment, and other needed services;
- Ensuring communication and understanding about post-hospital care among patient, family and health care team members;
- Advocating for patient and family needs in different settings: inpatient, outpatient, home, and in the community; and
- Championing the health care rights of patients through advocacy at the policy level.

Barker, R. L. (2003) listed the following roles of a social case worker/clinical social worker:

- Diagnose and treat mental, behavioral, and emotional disorders, including anxiety and depression
- Provide individual, group, family, and couples therapy
- Assess clients' histories, backgrounds, and situations to understand their needs, as well as their strengths and weaknesses
- Develop a treatment plan with the client, doctors, and other healthcare professionals
- Encourage clients to discuss their emotions and experiences to develop a better understanding of themselves and their relationships

- Help clients adjust to changes in their life, such as a divorce or being laid-off
- Work with clients to develop strategies to change behavior or cope with difficult situations
- Refer clients to other resources or services, such as support groups or other mental health professionals
- Evaluate their clients' progress and, if necessary, adjust the treatment plan

### **Other Areas of Social Case Worker Involvement**

#### **Interdisciplinary team approach:**

An interdisciplinary team consists of practitioners from different professions who share a common patient population and common patient care goals and have responsibility for complementary tasks. The team is actively interdependent, with an established means of ongoing communication among team members and with patients and families to ensure that various aspects of patients' health care needs are integrated and addressed. In the hospital social workers collaborate with medicine and a broad range of specialties, including physicians, physician assistants, Nurses, pharmacists, dietitians, physical therapists, occupational therapists, speech/language pathologists, psychologists, and dentists. Outside the hospital they work with public nurses and health educators.

Social work in health setting is shaped and guided by the attitudes, beliefs, knowledge, and acceptable ways of doing things by professionals serving in health care institutions and by the philosophy and practice of modern medicine. It requires knowledge of illness and of the psychological and social impact of disease on the individual, the family, and the family interrelationships; it calls for the application and adaptation of social work concepts, principles, and ideas to the special needs of hospital and clinical clientele. As medicine has become highly technical and specialized, especially as practiced in a complex rehabilitation setting, the social worker sometimes holds the process together, explaining the personnel and their functions to patients. If the patient moves from medicine to surgery, and back pain, and changes in physician occur, the social worker is the constant person. Social work has a coordinate, rather than subordinate or ancillary, role to medicine and is responsible to the institution and the supporting public.

#### **Role of social worker within the Multi-disciplinary team:**

The role of social worker within the multi-disciplinary term include:

- Psychosocial Assessments – Assessment of a person's problem solving, coping, emotional and developmental capacities in the context of their social and environmental circumstances.
- Individual Therapeutic Work
- Group Work (Educational & Therapeutic)
- Working with families or carers and facilitating family meetings
- Practical Assistance and Problem-solving
- Crisis intervention
- Linking in with statutory and voluntary services regarding patients and their families or carers

- Mediation and Advocacy for patients and relatives alike
- Liaising with members of the Multi-disciplinary team
- Care and Discharge Planning
- Facilitating placement of elderly persons and persons under 65 into residential care
- Supportive intervention and adjustment to illness
- HIV Pre- and post-test counselling
- Bereavement Counselling
- Addiction Work
- Providing support and practical assistance to those experiencing Homelessness
- Assessing Child Protection / Elder Abuse / Domestic Violence concerns and referring on as appropriate.

### **Case Management**

Case management, sometimes used interchangeably with care management, is the collaborative process of assessment, planning, and facilitation for options and services to meet an individual's complex needs. When appropriate, this would include arranging, coordinating, monitoring, evaluating, and advocating on behalf of the client and/or his or her family for the multiple services needed from a variety of social service and health care agencies. Case management addresses both the individual client's biopsychosocial-spiritual status (micro level) as well as the state of the social systems in which the services operate (macro level).

Sheafor and Horejsi () Discussed the role of case manager as to achieve continuity of service to individuals and families. They connect clients to appropriate services and coordinating the utilization of those services. The case management process include:

- Gather information- assessment
- Formulate feasible case plan
- Locate programmes and services
- Arrange for delivery of those services
- Monitor effectiveness of case plan
- Communication
- Advocate for clients
- Develop services

The case manager functions are:

- Client identification and orientation
- Client assessment

- Service/treatment planning
- Linkage and service coordination
- Follow up and monitoring service delivery

### Continuum of Care

The care continuum includes the specialized health, social work services, rehabilitative, and home-based services that a seriously or chronically ill or injured person might need.

This continuum addresses both the medical care and the other services that promote the patients' well-being (Barker, 2003).

### Continuity of Care

Continuity of care ensures the coordination of care within an organization or across different agencies or settings to reduce duplicate services, to address gaps in existing services, and to ensure consistent and continuous services for the client as they transition in care or are discharged.

### Check Your Progress II

Note: Use the space provided for your answers.

1. What are the functions of a social care worker in a hospital?

.....  
.....  
.....  
.....

---

## 3.6 SOCIAL CASE WORK PROCESS IN THE HEALTH SETTING

---

The helping process in case work consists of three major phases (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2006)

Phase 1: Exploration, Engagement, Assessment, and Planning

Phase 2: Change Oriented Phase – Implementation and Goal Attainment

Phase 3: Termination and Evaluation

The descriptions of the phases are given below:

### Phase 1: Exploration, Engagement, Assessment, and Planning

The first phase of the helping process involved establishment of a working relationship with the employee. The phase consists of the tasks:

- Exploring the client's ( patient) problems by eliciting comprehensive data about the person, the problem, and environment factors, including forces influencing the referral for contact

- Establishing rapport and enhancing motivation of the client for a change
- Formulating multidimensional assessment of the problem, identifying systems that play a significant role in the difficulties.
- Identifying relevant resources that can be tapped or must be developed.
- Mutually negotiating goals to be accomplished in remedying or alleviating the problem and formulating a contract
- Making Referrals

### **Assessment**

Assessment is a fundamental process of social work practice. Treatment and intervention strategies/plans require that social workers both assess and reassess client needs and modify plans accordingly. Social work assessments in health care settings include considering relevant biomedical, psychosocial, and spiritual factors and the needs of the individual client and the family (as defined by the client) (NASW, 2004).

A comprehensive, culturally competent assessment includes:

- past and current health status including genetic history of family health
- the impact of health conditions or treatments on cognitive, emotional, social, sexual, psychological, or physical functioning
- the impact on body image, intimacy, and sexuality social history, including current living arrangement and household environment
- work, school, or vocational history
- stage in the life cycle and related and relevant developmental issues
- cultural values and beliefs, including views on illness, disability, and death
- family structure and the client's role within the family
- social supports, including formal and informal support systems
- behavioral and mental health status and current level of functioning, including history, suicide risk, and coping styles
- financial resources, including access to and type of health insurance.

Comprehensive assessments shall address unique needs relevant to special populations, including children, people with severe and persistent mental illness, immigrants and refugees, people with substance use disorders, victims of violence or trauma, homeless people, and people with physical or psychiatric disabilities.

### **Phase 2: Change Oriented Phase – Implementation and Goal Attainment**

After mutually formulating a contract, the patient and social case worker enter the heart of the problem solving process- implementation and goal attainment. This is the action oriented and change oriented phase. The patient and social case worker combine their efforts to working together for the attainment of the prioritized goals. The goals are divided into tasks that could be achieved one by one. The case worker helps the patient to enhance their self efficacy. The progress towards the goal is monitored on a periodic basis. The case workers also help the patient to identify and deal with barriers in goal

accomplishment. The case worker helps the patient to match the interventions to the target systems, the problem the developmental phase, stressful transition of the employee and socio-cultural background of the employee.

### **Intervention and Treatment Planning**

Social workers implement intervention and treatment plans that promote client well-being and ensure a continuum of care. Planning shall be based on a comprehensive, culturally competent assessment with interdisciplinary input.

Intervention and treatment plans are steps identified by the health social worker, in collaboration with the client and with other members of the team, to achieve objectives identified during assessment. Social workers shall be able to adapt practice techniques to best meet client needs within their health care setting to work effectively with individuals across the life-span, with different ethnicities, cultures, religions, socioeconomic and educational backgrounds, and across the range of mental health and disability conditions (NASW, 2004).

Intervention or treatment plans may include:

- strategies to address needs identified in the assessment
- information, referral, and education
- individual, family, or group counselling
- vocational, educational, and supportive counseling
- psychoeducational support groups
- financial counseling
- case management
- discharge planning
- interdisciplinary care planning and collaboration
- client and systems advocacy
- goals and objectives.

### **Approaches Used in Social Case Work in Health Setting**

Some of the major approaches used in social care work in health care setting include:

- Psycho analytical approach
- Psycho social approach
- Problem solving
- Environmental modification
- Behavior modification
- Cognitive Behavioural Approaches
- Crisis intervention
- Eclectic approaches



### **Phase 3: Termination and Evaluation**

The terminal phase of the helping process involves three major aspects:

- Assessing when the patient's goals have been satisfactorily attained.
- Helping the patient to develop strategies that maintain change and continue growth following the termination.
- Successfully terminating the helping relationship.

This phase ends with the evaluation of the case work process and the case worker.

### **Competencies of Social Case Worker in Health Setting**

NASW Standards for Practice in Health Care (2005) listed the following competencies required for a social worker in health setting:

#### **Essential areas of knowledge and understanding about health care include:**

- the roles and functions of social work in health care
- the biopsychosocial needs of clients and families
- the physiological elements of illness and their impact on psychosocial functioning
- the psychological and spiritual needs of clients and families and how to ensure that they can be addressed
- community resources to assist clients and families
- the disparities across cultures and economic groups in gaining access to and funding for health care ethical and legal questions and dilemmas laws, regulations, and policies affecting clients, families, and social work practice
- the accreditation and regulatory standards governing settings providing health care
- evidence-based practices and social work research in health care
- the needs of special populations.

### **Competencies required for Case Management**

Social work case management shall optimize client functioning. Case management facilitates collaboration among providers to address the client's biomedical and psychosocial needs to better provide efficient, appropriate, and beneficial health care services to a client with (often) multiple needs.

The scope of services would include the following:

- psychosocial assessment, including diagnoses, interventions, and treatment plans
- financial assessment, planning, and intervention
- case facilitation
- patient and family counseling
- crisis intervention
- quality improvement

**Application of Methods  
to Various Settings**

- resource brokering/referral/development
- continuity of care planning
- system integration
- outcome/practice evaluation
- teamwork/collaboration
- patient/family education
- patient/family advocacy

**Competence for Collaborations**

As part of teams and collaborations, social workers shall demonstrate the ability to:

- understand the mission and functions of the service organization or group for which the social worker is employed
- understand the role of other relevant professions and organizations
- communicate and cooperate appropriately with other disciplines and agencies
- ensure that the social work role and responsibilities are clearly delineated and communicated to other members of the team
- ensure that the roles and responsibilities of each collaborating organization are clearly delineated and communicated
- advocate for changes in care that reflect the interests of the client and client system  
n communicate the client’s information in a respectful and objective manner and protect the client’s confidentiality and privacy
- share leadership and decision-making functions

**Competencies in Evaluation**

- using appropriate tools such as clinical indicators, practice guidelines, consumer satisfaction surveys and measures, and standardized performance assessments
- assessing both outcome and process objectives
- involving the client and client system and colleagues in the evaluation process
- protecting the privacy of the client and client system and other professionals
- disseminating evaluative data to clients, payers, and other professionals on request and adhering to privacy rights
- using external practice evaluators as appropriate
- Participating in social work research.

**Check Your Progress III**

Note: Use the space provided for your answers.

1. What are the approaches used in social case work in health care setting?

.....

---

---

---

---

### 3.7 LET US SUM UP

---

This chapter depicts the role of social case worker in health setting. The coverage includes challenges faced by patients, social case work process in the health setting and competences of social case worker. The social case work practice has become an inevitable part of practice in health care setting especially in the context of emerging communicable diseases and increasing incidence of life style diseases. Social Case workers practice with diverse settings viz. HIV/AIDS, Mental health, Oncology, Pediatrics, gynecology, eye care etc. The social workers should acquire essential competence for practice in health setting.

---

### 3.8 FURTHER READINGS AND REFERENCES

---

Barker, R. L. (2003). *The social work dictionary* (4th ed.). Washington, DC: NASW Press.

Davidson, K. W., Clarke, S. S. (Ed) (1990). *Social work in health care : a handbook for practice*. New York: Haworth Press.

Dhooper, S. S. (1997). *Social work in health care in the 21st century*. Belmont, CA: Sage.

Hepworth, D.H., Rooney, R., Rooney, G.D., Strom-Gottfried, K., & Larsen, J.A. (2006). *Direct social work practice - theory and skills* (7th ed.). Pacific Grove, CA: Brooks/Cole Publishing.

Marks, D.F., Murray, M., Evans, B., Willig, C., Woodall, Sykes, C.M., (2005). *Health psychology : Theory, Research & Practices*. New Delhi: SAGE Publications India Pvt. Ltd.

NASW (2005). *NASW Standards of Practice in Health Care Settings*. Washington, DC: NASW Press.

NASW (2011). *Social Workers in Hospitals and Health Care Centers: Occupational Profile*. Washington, DC: NASW Press.

Segal, E. (2003). *Social work : an introduction to the profession*. Southbank, Victoria, Australia Belmont, CA: Thomson Brooks/Cole.

Skidmore, R. (2000). *Introduction to social work*. Boston: Allyn and Bacon.

Suppes, M. (1996). *The social work experience : an introduction to the profession and its relationship to social welfare policy*. New York: McGraw-Hill.

---

## UNIT 4 SOCIAL CASE WORK IN CORRECTIONAL SETTINGS

---

*“Crime is the outcome of a diseased mind and jail must have an environment of hospital for treatment and care.”*

*Mahatma Gandhi*

### Structure

- 4.0 Objectives
- 4.1 Introduction
- 4.2 History of Correctional Settings
- 4.3 Characteristics of Social Case Work In Correction
- 4.4 Assumptions of Social Case Work in Correction
- 4.5 Social Case Work in Correctional Settings
- 4.6 Roles and Responsibilities of Correctional Case Worker
- 4.7 Social Case Work Process in Correctional Setting
- 4.8 Let Us Sum Up
- 4.9 Further Readings and References

---

### 4.0 OBJECTIVES

---

After going through this unit you should be able to:

- Understand the concept of social case work in correctional settings and history of correctional setting in India;
- Appreciate the need of social case work in correctional settings;
- List the characteristic and assumptions of social case work in correction;
- Understand the roles and responsibilities of correctional case worker;
- Prepare case history of the offenders/delinquents; and
- Understand the different stages or process in case work when working with offenders/delinquent.

---

### 4.1 INTRODUCTION

---

Social case work as a primary method of social work has an immense application in different settings especially its unique characteristics of one to one approach of problem solving. Prisoners are that group of individuals whose liberty is restricted and they are placed under the authority of another group of people. Correctional institutions are meant for correcting the offenders especially prevention of social dysfunctions and transform the offenders into a socially adjustable and enable them to handle social relationships in a satisfactory way. When there comes a contradiction between the mission and vision, things will head over. The prison conditions themselves in a large

majority of countries worldwide are harmful to the physical and mental well-being of prisoners, due to overcrowding, violence, poor physical conditions, and isolation from the community, inadequate prison activities and health care. There is a strong linkage between the social case work and the objective of correctional institutions in India, since their common objective is the prevention of the problem. Since social case work provide treatment to the root cause to the crime instead of the criminal, case work intervention enables the offender to maintain a better social adjustment with their society as a whole.

---

## 4.2 HISTORY OF CORRECTIONAL SETTING

---

The existence of prisons in our society is an ancient phenomenon since vedic period where the anti-social elements were kept in a place identified by the rulers to protect the society against crime. Prisons' were considered as a '*House of Captives*' where prisoners were kept for retribution and punishment.

### Prison Reforms in India – a brief background and overview

The history of prison establishments in India and subsequent reforms have been reviewed in detail by Mahaworker (2006). The modern prison in India originated with the Minute by T B Macaulay in 1835. A committee namely Prison Discipline Committee, was appointed, which submitted its report on 1838. The committee recommended increased rigorousness of treatment while rejecting all humanitarian needs and reforms for the prisoners. Following the recommendations of the Macaulay Committee between 1836-1838, Central Prisons were constructed from 1846.

The contemporary Prison administration in India is a legacy of British rule. It is based on the notion that the best criminal code can be of little use to a community unless there is good machinery for the infliction of punishments. In 1864, the Second Commission of Inquiry into Jail Management and Discipline made similar recommendations as the 1836 Committee. In addition, this Commission made some specific suggestions regarding accommodation for prisoners, improvement in diet, clothing, bedding and medical care. In 1877, a Conference of Experts met to inquire into prison administration. The conference proposed the enactment of a prison law and a draft bill was prepared. In 1888, the Fourth Jail Commission was appointed. On the basis of its recommendation, a consolidated prison bill was formulated. Provisions regarding the jail offences and punishments were specially examined by a conference of experts on Jail Management. In 1894, the draft bill became law with the assent of the Governor General of India.

### Prisons Act 1894

It is the Prisons Act, 1894, on the basis of which the present jail management and administration operates in India. This Act has hardly undergone any substantial change. However, the process of review of the prison problems in India continued even after this. In the report of the Indian Jail Committee 1919-20, for the first time in the history of prisons, 'reformation and rehabilitation' of offenders were identified as the objectives of the prison administrator. Several committees and commissions appointed by both central and state governments after Independence have emphasised humanisation of the conditions in the prisons. The need for completely overhauling and consolidating the laws relating to prison has been constantly highlighted.

The Government of India Act 1935, resulted in the transfer of the subject of jails from the centre list to the control of state governments and hence further reduced the possibility

of uniform implementation of a prison policy at the national level. State governments thus have their own rules for the day-to-day administration of prisons, upkeep and maintenance of prisoners, and prescribing procedures.

In 1951, the Government of India invited the United Nations expert on correctional work, Dr. W.C. Reckless, to undertake a study on prison administration and to suggest policy reform. His report titled 'Jail Administration in India' made a plea for transforming jails into reformation centers. He also recommended the revision of outdated jail manuals. In 1952, the 8<sup>th</sup> Conference of the Inspector Generals of Prisons also supported the recommendations of Dr. Reckless regarding prison reform. Accordingly, the Government of India appointed the All India Jail Manual Committee in 1957 to prepare a model prison manual. The committee submitted its report in 1960. The report made forceful pleas for formulating a uniform policy and latest methods relating to jail administration, probation, after-care, juvenile and remand homes, certified and reformatory school, borstals and protective homes, suppression of immoral traffic etc. The report also suggested amendments in the Prison Act 1894 to provide a legal base for correctional work.

### **Definitions**

#### **Prison**

Any place used permanently or temporarily under the general or special orders of a State government for the detention of prisoners, under Section 417 of Cr. P.C, 1973 and includes all land and buildings thereto, but does not include:

- (a) Any place for the confinement of prisoners who are exclusively in the custody of the police,
- b) Any place specially appointed by the State government under Section 541 of the Code of Criminal Procedure, 1882 (10 of 1882).

#### **Prisoner**

Any person confined in prison under the order of a competent authority.

#### **Probation Officer**

An officer appointed as such by the State government to undertake probation work under the Probation of Offenders Act of 1958, or any other law.

### **Criteria adopted for the establishment of prisons**

The criteria adopted for the establishment of prisons in India include:

- I. The State Government or the Union Territory Administration will establish sufficient numbers of prisons, as far as possible, and provide minimum needs essential to maintain standards of living in consonance with human dignity.
- II. Prisons will ensure that prisoners retain all their rights as human beings within the limitations of imprisonment.
- III. Prisons will ensure separation of the following categories of prisoners: a) Women (b) Young offenders (c) Under-trials (d) Convicts (e) Civil prisoners (f) Detainees (g) High security prisoners.
- IV. The prisons' regime will prepare prisoners to lead a law-abiding, self-supporting, reformed and socially rehabilitated life.

- V. Diversified institutions will be set up by each State/Union Territory according to its requirements.
- VI. In order to make prisons efficiently manageable units, norms regarding maximum population for different types of prisons will be laid down.
- VII. Service conditions of prison personnel will be such as to secure and retain the best-suited and qualified persons.
- VIII. Efforts will be made to enlist community participation in effective administration of prison programmes.

### **The Welfare Unit of Prison**

The welfare personnel will primarily be concerned with the wellbeing of prisoners, undertaking individualised care for those needing institutional adjustment and responsiveness through correctional programmes. The specific duties and welfare functionaries will relate to the following areas:

#### **a) Assistant Director Correctional Service**

He will be the officer in charge of this unit and all officers in this unit will be subordinate to him. He will directly report to Superintendent of Prisons and Deputy Director of Correctional Services in the prisons headquarters.

#### **b) Welfare Officer**

The welfare officer shall be:

- i) Coordinating the work of the welfare unit
- ii) Helping inmates in overcoming problems of institutional adjustment
- iii) Assisting inmates in dealing with problems faced by their families and dependents
- iv) Connecting correctional needs of prisoners with the resources available within and outside the prison
- v) Participating in the orientation, classification and reclassification programme
- vi) Facilitating understanding between the inmate and administration
- vii) Assisting prison authorities in maintaining prison security discipline
- viii) Participating in the pre-release programme and helping the inmate establish contacts useful to him after release
- ix) Identifying the resources for rehabilitation of prisoners.

#### **c) Law Officer**

The law officer shall be:

- i) Advising prison authorities on the protection of human rights of prisoners within the limitations of imprisonment.
- ii) Interpreting legal and procedural rights of prisoners.
- iii) Assisting prison authorities in dealing with all prison matters pending in courts.

- iv) Arranging free legal aid for indigent prisoners.
- v) Preparing petition and appeals for deserving cases.
- vi) Assisting prison authorities in holding special courts, lok adalat and video-conferencing.
- vii) To advise prison administration in all matters having legal bearing including agreements, contacts, affidavits and court documents keeping prison authorities abreast with judicial pronouncements and directives on all prison matters.

d) **Counsellor**

The counsellor shall be:

- i) Dealing with emotional and psychological problems of inmates
- ii) Providing counseling to prisoners facing problems of adjustment within the prison and in relation to their families outside
- iii) Helping inmates develop their self-image, self-confidence, and motivation for correctional treatment
- iv) Helping the staff in understanding the problems faced by the inmates
- v) Aiding the psychiatrist in related matters.

e) **Probation Officer**

The Probation Officer looks after all matters relating to pre-mature release including probation service under the supervision of Assistant Director, Correctional Services.

**Check Your Progress I**

Note: Use the space provided for your answers.

1. List the criteria adopted for establishment of prisons in India.

.....

.....

.....

.....

---

### **4.3 CHARACTERISTICS OF SOCIAL CASE WORK IN CORRECTION**

---

Social case work means “social treatment of a maladjusted individual involving an attempt to understand his personality, behaviour and social relationships and to assist him in working out better social and personal adjustment”.(Taft 1920). The reasons for human problems can be broadly categorized into five. They are lack of material resources, misconception about situations and relationships and lack of appropriate information, illness or health related handicaps, emotional distress resulting from stressful situations, personality features or deficiencies. Social case work through the social case work process enables the individuals to get a better social adjustment with their society.



It has been asked by many whether principles of social case work are applicable in correctional settings. The answer is in the affirmative, casework techniques and tools are applicable in correctional institutions besides probation and parole. There are restrictions, which the correctional settings impose upon the delinquent or criminal. Yet, if the correctional experience is to be useful one and social worker's service a genuine helping, these limitations must be easily dealt with. Therefore, social case work, based upon an understanding of the dynamics of the helping process, hold great promise for useful service in correctional settings.

In correction, social case work focuses on three different or even interrelated functions of social work. Case work helps the offender/delinquent to restore the impaired capacity, it provides the client individual and social resources and it prevents the social dysfunction of the client (prisoner/delinquent).

Restoration can be curative or rehabilitative. Its curative aspects are to eliminate factors, which have caused breakdown of functioning, and its rehabilitative aspects are to organise and rebuild inter-actional patterns. Provision of resources can be developmental and educational. The developmental aspects are designed to further the effectiveness of existing social resources or to bring to full use the personal abilities for more effective social interaction.

Prevention of social dysfunction involves early discovery, control, and elimination of conditions and situations, such as delinquency and crime, which potentially could hamper effective social functioning. The two main divisions of prevention of social dysfunction are prevention of the deviant behaviour of the client between inmates and secondly the prevention of social ills. The former, case worker can handle within the correctional setting itself and the later with the professional help of other authorized agencies especially via advocacy.

### Check Your Progress II

Note: Use the space provided for your answers.

1. What are the assumptions of social case work in correction?

.....  
.....  
.....  
.....

---

## 4.4 ASSUMPTIONS OF SOCIAL CASE WORK IN CORRECTION

---

The assumptions of social work profession and social case work method are more or less same in the context of corrections. They are as follows;

- 1) Social case work has problem solving functions and hence, it can help offenders in their treatment and rehabilitation.
- 2) Social case work is an art with a scientific and value foundation and, hence, correctional work is professional in nature.
- 3) Social case work as a method came into being and continued to develop because

it meets human needs and aspirations recognized by society. Hence, it assumes some of the socialization and control functions of society and helps the offenders to reshape their behaviour.

- 4) Social case work practice takes its values from those held by the society of which it is a part. However, its values are not necessarily or altogether those universally or predominantly held or practiced in society and hence, it emphasizes in treatment and rehabilitation of the offender.
- 5) The scientific base of social case work consists of three types of knowledge:
  - a) Tested knowledge,
  - b) Hypothetical knowledge that requires transformation into tested knowledge,
  - c) Assumptive knowledge or (“Practice wisdom”) that requires transformation into hypothetical and then into tested knowledge.

The correctional social case worker uses all three types of knowledge, and carries a professional responsibility for knowing, at any time, which type of knowledge he/she is using and what degree of scientific certainty is attached to it.

- 6) The knowledge needed for social case work practice is determined by its goals and functions and the problems it seeks to solve and, hence, they are applicable in the administration of correction.
- 7) The internalization of professional knowledge and values is a vital characteristic of the professional social case worker, since he himself is the instrument of professional help and he helps the offender to change his behaviour.
- 8) Professional skill is expressed in the activities of the social case worker. It constitutes his artistic creation, resulting from three internal processes: first, conscious selection of knowledge pertinent to the professional task at hand in order to help the offender; second, fusion of this knowledge with social case work and correctional values; and third, the expression of this synthesis in professionally relevant activity to administer correction and to modify offending behaviour.

These assumptions constitute commitments for the social case worker. It also means that the functions assigned to social case work by correctional institutions represent a two-fold responsibility. The first is to determine the professional activities through which it seeks to reach goals of correctional institutions and modify them as necessary in the light of changing social needs. The second is to exercise discipline and control over practice that would keep its professional accountability.

In correction, Social case work not only helps individuals to solve their problems, but also assists them to prevent offending behaviour and enrich daily living. So, the main focus of the social case worker is upon helping people to prevent and control crime. The social case worker usually works with clients on a conscious level, helping them to face realities and solve problems in preventing and controlling offending behaviours.

In correction, Social case work is an art because it requires great skills to understand delinquent and criminal behaviour. It is a science because of its problem-solving method and its attempt to be objective in determining delinquent and criminal activities and in developing principles and operational concepts to deal with delinquency and crime.

---

## 4.5 SOCIAL CASEWORK IN CORRECTIONAL SETTINGS

---

In correctional settings, improvement of social functioning is achieved by means of mobilizing the capacities within the offender. The mobilization of inner capacities and environmental resources is accomplished primarily through the relationship between the caseworker and the client. The relationship, which is established during the period of treatment process, enables the client to work towards a constructive solution of his problems.

The caseworker is responsible for facilitating communication, both verbal and non-verbal, without which no relationship can be established and developed. This relationship is connected with the treatment process. The two types of casework treatment currently used in correctional settings are the supportive treatment method and curative treatment. The former requires the use of a number of techniques that help the client to improve his functioning within the framework of his established ego mechanisms of defense. The latter requires the use of different techniques that help the client to improve his functioning through modification of selected ego mechanisms of defense. The outward form of the client's behaviour and selected internal process are modified.

In correctional institutions, caseworker keeps the relationship a realistic one, using the possible elements in the relationship to motivate and influence the client towards a maximal solution of his problems. Thus, in the correctional settings, the caseworker's activity in respect to motivation is directed towards reducing the strength of factors inhibiting the client's use of help, towards identifying and utilizing the constructive motivating forces that the client has already developed.

This is for the purpose of adaptation and mastery and towards offering opportunities that may induce constructive motivation, where it does not exist. In correctional settings, the social caseworker attempts to establish a relationship which, over a period of time, frees the individual to express his feelings, muster his ego strength, change his anti-social values and become a law-abiding citizen. Thus, relationship is the core of social caseworker's contribution, along with the use of community resources. It means that the caseworker accepts the client, understands and respects him. The client gradually develops feelings towards the caseworker, and shares his ideas, emotions, and worries. Then, through a bond of warmth and support, changes are effected. The caseworker is non judgmental, sensitive to the needs of the offender, and conveys a feeling of respect for the integrity and individuality of the offender, regardless of his criminal conduct.

The helping process depends upon a relationship between worker and client within which the client may, if he is able and willing, be encouraged to ask, receive, and use help in clarifying his own wants and purposes, in relation to the resources available to him and in mustering his own powers to achieve his chosen ends. In many instances, the offender is likely to express his needs about concrete situations, such as the way he left things at home, or the job he left behind, or some details of institutional life, such as change of work assignments, or living quarters, or a suspected discrimination against him in privileges. The basis of the client's complaints may be real and may furnish a specific issue upon which the caseworker and the inmate of a correctional institution can work together. But casework with offenders is not primarily concerned with the individual offender as a separate entity apart from his surroundings. Nor is casework primarily concerned with the social environment and its improvement. Casework, however, has a general interest in both the offender and the environment, since its goal

is to find a means of adjustment and equilibrium between the two. For the successful accomplishment of this task, the caseworker must understand the offender, his capacities and abnormalities and he must know the social situation, its resources and dangers.

Furthermore, his knowledge must be broad enough to go beyond the offender involved and embrace the scientific principles, which lie at the back of personality development, behaviour, and the social forces, which govern family and community. There are five basic value assumptions underlying casework, which are applicable in helping the offender:

- 1) Every individual must be seen as a person of dignity and worth.
- 2) Behaviour, whether acceptable or unacceptable to the community, expresses a need of the individual.
- 3) An individual can and will change his behaviour if the right help is given at the right time and in the right amount.
- 4) If the offer of help is given before the problem becomes seriously aggravated, the response is likely to be better.
- 5) The family is the most influential force in the development of personality in the crucial early years. The emphasis in casework varies from case to case, since the cause of maladjustment may lie primarily with the individual, or with the environment, or in some combination of these personal and social factors. The casework may be directed at strengthening the personality, in order to increase the capacity and understand the offender. This is true, for instance, in the case of those who suffer from nervous and emotional disorders, from frustrations and conflicts, which prevent successful adjustment in any situation. In other cases, the emphasis may be directed at the change or enrichment of the environment, to eliminate harmful conditions and make use of helpful resources. This is true, for example, in the case of children who live under conditions in delinquency area, where adjustment is difficult for even the most normal type of personality.

In attaining both immediate and ultimate goals, three fundamental processes are seen interplaying at every point, the use of the resources, assisting the offender to understand his needs and possibilities; and helping him to develop the ability to work out his own social programme through the use of available resources. Therefore, casework is a joint action in which both the caseworker and the offender take part and in which, they develop a definite relationship.

---

## **4.6 ROLES AND RESPONSIBILITIES OF CORRECTIONAL CASE WORKER**

---

### **Role of a Correctional Case Worker**

A correctional case worker has varying roles/functions in the correctional institutions. Since the institutions operate in different manner based on the nature of offence and offender, the Correctional case worker is also expected to change his roles and responsibilities in accordance with that. The different correctional institutions we can broadly classified into four and they are; Prison, Jail, juvenile homes and community correction. Hence, the professional role of a correctional case worker not only limited inside the walls of correctional institutions but also outside, in the community via probation, parole, intermediate sanctions etc.

## **Institutional Correctional Case Work**

In institutional correctional case work, the case worker performs his duties and knowledge within the institution itself. The working place may be Prison, Jail or Juvenile homes

**Prisons** are state correctional institutions that mainly consists of three types of security level, (1) maximum and closed prisons for most serious and violent offenders, (2) medium security prisons for moderately serious offenders, (2) minimum security prisons for inmates who demonstrate good behaviour by not committing new infractions or by participating in prison programmes.

### **Jails**

A jail is a place of confinement typically administered by Department of Police. Jail occupy only individuals who are waiting trial, who are waiting to be transferred to prison, or who are convicted of relatively minor crimes and receive relatively short sentences. The case worker can initiate recommendations that deals with the issues such as transfers and custody level reduction/increase based on their new scores. He can also impart legal literacy to the offender when it is needed.

### **Juvenile Home**

Juvenile homes are those places of forced confinement of youths who are deemed to pose a danger to themselves and society. When a youth has been judged guilty of an offence, the juvenile court may impose the most severe sanction by restricting the juvenile's freedom through placement in juvenile homes. The ultimate aim of juvenile homes is to prevent juvenile delinquency and reproduce socially responsible citizens. The case worker is responsible for ensuring the mental health care of the juvenile and substance abuse treatment. Apart from the psychological aspect, the case worker should enhance the social/ family relationship of the juvenile and schooling.

## **Community Correctional Case Work**

Community correctional case work is community based approach and aims to restoration. The case worker cross the walls of the institutions and reaches to the offender or who complete legal punishment in the community where they belong. Community correctional case work helps to reduce the crimes and offences and helps the individual to keep up a normal social life. Offenders in community correction come from two sources:

1. Probationers, who serve their sentences in the community without being incarcerated in prison /jail.
2. Ex- prisoners, who have served their prison terms and reenter the community.

The goal of community correctional case work is to assist offenders in breaking the cycle of offending so that they can become productive, contributing members of the community. Community correctional case work also provides support to the victims of crime. Correctional community case work performs its case work process in three community correction settings: (1) Probation, (2) Parole, (3) Intermediate sanctions.

### **Probation**

Probation usually is considered the least restrictive of the alternatives to the incarceration. Probation is the most frequently used punishment, a sentence that is served in the

community under supervision. Probation is most commonly granted to first time offenders, drug offenders, property offenders and low risk offenders.

### **Parole**

Parole is a distinct form of community corrections related to probation. Parole is a common method of reducing a sentence of imprisonment on the basis of sentencing statutes.

### **Intermediate Sanctions**

Utilization of community resources among the offenders when they come after or during the punishment enable him to be a better adjustment with the community. A correctional case worker can help the offender for sanctioning community services like public service for non profit organization, cleaning playgrounds, painting houses etc. A case worker should be well equipped with supervision and monitoring of the offender enhances the worker to achieve the restorative and rehabilitative goals of correction.

### **General responsibilities of Correctional Case Worker**

There are some general responsibilities for correctional case worker across the agencies:

1. Assessing the offender's risk and needs in such areas as reoffending, anger management, poor impulse control, interpersonal conflicts, prison adjustments, substance abuse, mental health, education and employment.
2. Application of case work method, case management and other interventions to address offenders' criminogenic needs and dysfunction in those areas.
3. Reviewing, preparing and updating records and reports (either on paper or in a computer file) concerning the clients' issues in crime involvements, institutional infractions, institutional program participation personal relationships, and other areas.
4. Participating in staff meetings to discuss, develop, and implement rehabilitation plans for a client, as required by rules, policies, and procedures of the correctional system.

### **General responsibilities of a community correctional case worker**

The general responsibilities of a community correctional case worker may be more diverse and flexible than those of a worker working with inmate clients.

The priority of community supervisions involves making sure offenders follow two types of conditions of supervision: (1) those intended for offender rehabilitation or reform, and (2) those intended for control of offenders.

The rehabilitation based conditions of community corrections push for offenders to seek a noncriminal way of life by attaining education, employment, substance treatment, and anger management and/or by participating in other programs in the community. The control based conditions help the correctional agency keep track of those under supervision, including the requirement of reporting on a regular basis, prohibitions of involvement in certain places (e.g., school), people (e.g., victim, crime partners, potential victims), certain behaviors (drugs, alcohol, illegal activities, and hanging out).

These two types of conditions can be further divided into four categories:

1. **Standard Conditions**, in standard condition there may be travel restrictions, no

contact with children (for sex offenders). (2) **Community placement conditions**, which consist of notice of changing residency and completing treatment and education requirements; (3) **court ordered conditions**, which specify a particular requirement for the offender on the basis of his or her criminal case. And (4) **financial conditions** which are related to the offenders financial responsibility to the government or the victim(s).

2. Completing intake assessment of initially entering offenders in the community and perform risk assessment/ reassessments, identifying and monitoring the offenders performance and compliance with the conditions and prohibition during the community correction.
3. Updating supervision plans, conduct pre sentence investigation and prepare reports.
4. The case worker has obligation to meet, observe, and interact with the clients both in the office and in the community and also to maintain contact with a client's family members and employers, other members of criminal justice system, community agencies and programme service providers.
5. the community correctional case worker should focus on target interventions, which not only working with high risk offenders but also concentrating on important offender issues such as anger management, employment and education services and on applying other practical reintegration strategies.

---

## 4.7 SOCIAL CASE WORK PROCESS IN CORRECTIONAL SETTING

---

The social case work process in correctional setting involve six aspects:

- I. Intake( First Interview) Rapport Building
- II. Psycho- Social Study (Exploration/Investigation)
- III. Psycho- Social diagnosis(Assessment)
- IV. Intervention/Treatment(Problem Solving Process)
- V. Monitoring and Evaluation
- VI. Follow-up and Termination

### I. **Intake (First Interview) Rapport Building**

Intake as a first stage/session in the social case work helps the caseworker to establish a working relationship with the offender/delinquent in a correctional institution. Clarification and definition of the problem formulate in this stage. Rapport building helps the case worker to make an assessment on the problem of the client (offender/delinquent). So that, the case worker can defines the goals and roles of himself and the offender/delinquent.

The following details of the offender/delinquent should be collected during the first stage;

1. Name and address of the client/offender.
2. Age and gender

3. Religion
4. Educational qualifications, Occupation (he/ she had)
5. Category: rural/ urban/tribal etc.
6. Income earned
7. Family background.
8. When the offender is an orphan or does not have immediate relatives, the people important to him/her. Otherwise the following table can be used.

Sl No	Name	Relation with the offender/delinquent	Age	Educational qualifications	Occupation and Income

### Relationship

Relationship of the offender/delinquent with the inmates, personnel and the family members are very important in a correctional institution. In the first session with the offender/delinquent the case worker will be only able to get the opinion on the relationships and may not be able to verify the information. A skilled case worker should verify the information or even cross check the information with the relatives of the offender/delinquent. At the first time the case worker will be a stranger to the offender/delinquent and he/she has to collect or assess the nature of relationship with the following persons:

- Relationship with father
- Relationship with mother
- Relationship with, siblings
- Relationship with others like uncle, aunty and cousins
- Relationship between the parents
- Relationship between the father and mother with the siblings
- Relationship with the other prisoners/delinquents/personnel etc
- Significant relationship (with any one else)
- Stepson-stepdaughter relationship, if relevant

### The areas for probing are

The areas of probing by the case worker shall include:

1. The stage of the problem/ crime at which the person, through whom, and the reasons because of which, comes to this setting.
2. His adjustment to the institutional functions.
3. The state of his physical and mental health.
4. His appearance including dress, etc. in his first meeting.



5. His personal and social resources including material and financial position.
6. Appropriateness and intensity of feelings.
7. Nature of defense mechanisms he frequently uses.
8. Level of motivation, how quickly he wants to get rid of his problems.

## II. **Psycho- Social Study (exploration /investigation)**

Psycho- Social study is the initial assessment of the client's (offender/delinquent) current, relevant past and possible future modes of adaptation to stressful situations and normal living situations. In this stage the case worker tries to obtain further information about the offender/delinquent's problems and causes.

The case work study concentrates the following aspects of the offender/delinquent:

1. The nature of the presenting/identified problem.
2. The significance of the problem.
3. The cause/causes, onset and precipitant of the problem.
4. The efforts made to cope with problem solving.
5. The nature of the solution or ends sought from the settings.
6. The actual nature of the settings and its problem solving means in relation to the offender/delinquent and his problem.

### **Content of the Case History**

The content of the case history shall include:

1. The picture of the problem
2. Client's feelings & Reactions
3. Client's efforts to solve problems
4. Social conditions
5. Psycho-social development of the client

### **Tools /Techniques of case study**

#### **Home visit, Interview and observation**

A home visit is a good opportunity to gain information from sources other than the client. Information is obtained from observations and interviews.

**Interview** means face to face conversation, or questioning, for the purpose of eliciting information to understand and analyze issues/problems in question

#### **Format of interview schedule**

1. History of the problem
2. Personal history
3. Habits

4. Occupational history
5. Income
6. Sex experience (if it is needed)

### III. **Psycho-Social Diagnosis (Assessment)**

In correction the Psycho Social Diagnosis (Assessment) helps the case worker in determining the focus of the treatment, further collection of facts and deciding the best course of action to solve the problem. Diagnosis is the attempt to arrive at an exact definition as possible of the social situation and personality of a given offender/delinquent. Diagnosis is concerned with understanding both the psychological or personal factors which bear a causal relation to the client's difficulty and the social or environmental factors which tend to sustain it.

#### **Content of the Social Diagnosis**

1. The nature of the offence brought and the goals sought by the client, in their relationship to.
2. The nature of the person who bears the problem and who seeks or needs help with the problem, in relation to.
3. The nature and purpose of the correctional setting/agency and the kind of help it can offer and/or make available.

#### **Types of diagnosis in correction**

- **Dynamic Diagnosis**

In correctional social case work practice, the Dynamic Diagnosis gives the caseworker an understanding of the current problem of the offender/delinquent and forces currently operating within the offender, within the correctional environment and between him/his environment if so. The nature of such diagnosis is changeable because it is the beginning phase of the social case work practice.

- **Clinical Diagnosis**

Clinical diagnosis is an attempt to classify the client by the nature of his/her sickness/problem/offence. It identifies the client's personality mal-adaptation and mal-functioning. It is useful only when it becomes apparent that a disorder of personality accompanies the social disorder, creating and complicating it.

- **Etiological Diagnosis**

This Diagnosis is concerned with the explanation of the life history of the offender/delinquent's problem. If the case worker finds that the client responses are not accordance with the nature of the offence or problem, the past history and its appraisal helps to understand the rigid reaction of the client and make appropriate treatment plan. This diagnosis is more relevant in the context of repeated imprisonment of the criminal.

#### **Steps in Diagnosis**

The steps involved in diagnosis include:

1. The worker begins to focus on problematic behaviors. Both functional and

dysfunctional behaviors in the client's environment are surveyed. The client's personal strength as well as of his environment are evaluated.

2. He specifies the target behaviors. Break down complex behaviors into clear and precise component parts.
3. Baseline data are collected to specify those events that appear to be currently controlling the problematic behaviors.
4. The collected information is summarized in an attempt to anticipate any major problem in treatment and as a way of beginning to establish objectives for treatment.
5. Selecting priorities for treatment is the final step of the diagnosis.

#### IV. **Intervention / Treatment (Problem-Solving Process)**

“Treatment is the sum total of all activities and service directed towards helping an individual with a problem. The focus is relieving of the immediate problem and, if feasible, modifies any basic difficulties which precipitated it.” Hamilton.

The objectives of social case work treatment include:

1. To prevent social breakdown.
2. To conserve client's strength.
3. To restore social functioning.
4. To provide happy experiences to the client.
5. To create opportunities for growth and development.
6. To compensate psychological damage.
7. To increase capacity for self-direction.
8. To increase his social contribution.

#### **Administration of Practical Services**

Providing help to the client to choose and use the social resources afforded by the community. Money, medical care, legal-aid, helping to get job or admission in educational institutions, homes for the aged, foster homes, recreational facilities are such type of services that any person in problem may need in order to resolve a given problem

#### **Indirect Treatment (Environmental Modification)**

Environmental modification means changing the social conditions of the client so that he/she may be relieved from excessive stresses and strains. For example attempts to change the attitude of the parents, teachers, spouse, employer, friends and relatives, training and employment for livelihood, group experience in accordance with the needs of the client. Environmental modification is undertaken by the case worker only when environmental pressures upon the client are beyond the client's control but can be modified by the case worker

#### **Direct Treatment**

In this the case worker exerts influence directly on the client. It is used when the client needs direction because of his ignorance, anxiety and weakness of his ego strength.

Direct treatment is given through counselling, therapeutic interviewing, clarification and interpretation leading to an insight.

## V. **Monitoring and Evaluation**

Monitoring provides crucial feedback to case worker and the client regarding the following:

1. Whether the treatment program is succeeding as desired
2. Whether established goals have been achieved
3. Whether modifications in the program are necessary
4. Whether the client is being helped in real sense.

### **Importance of Monitoring and Evaluation**

- The purpose of evaluation is to see if the efforts of the case worker are yielding any result or not, if the techniques used are serving the purpose, and if the goals are being achieved.
- Evaluation is the process of attaching a value to the social work practice. It is the method of knowing what the outcomes are.
- It is a continuous process.
- Evaluation of the approach used and result should be taken up with the client so that the efforts are meaningfully utilized.
- Evaluation will further strengthen the relationship between the caseworker and client and motivate the client to work towards his goal.
- Casework practices need to be evaluated from time to time. The subject needs to be tested and researched and most importantly needs ongoing validation. They need to be proved to the public that they are effective and beneficial to the clients.
- Casework practice should be subjected to critical review. Workers need to be held accountable for what they do and for their social work competence. Workers need to win approval for their programs.
- They may sometimes have to be told that their services are overlapping and ineffective.
- Workers have to enhance their own image and also of the agency to develop public relations. The clients need to give a feedback on the effectiveness of the services.

## VI. **Follow-up and Termination**

- At the end, i.e. termination, the worker should discuss the original as well as revised goals and objectives, achievements during the helping period, factors helpful or obstructive in achieving the objectives, and the efforts needed to maintain the level of achievement and the feelings aroused by disengagement.
- It is neither wise nor necessary for the termination to be an abrupt one.
- It is best to discuss termination and its ramifications (implications) several times before the final interview.
- The frequency and amount of contacts should be gradually decreased.

- Termination of the helping process brings up in both the case worker and client(s) many feelings – both positive and negative – which must be verbalized and discussed.
- Follow-up is done to help client maintain the improvement.
- During follow-up, the client is helped to discuss the problems he faces in maintaining the improvement.
- Work is done with the people significant for his improved social functioning.
- If required, he is referred to the proper source for needed services and help.
- The follow-up should be planned on a diminishing basis – after two weeks, then a month, then three months, six months and a year following the termination of the formal program.

### Check Your Progress III

Note: Use the space provided for your answers.

1. What are the six aspects of social case work process involved in correctional setting?

.....

.....

.....

.....

.....

.....

---

## 4.8 LET US SUM UP

---

Prevention of dysfunction and enable the offenders to maintain a normal social life is one of the main objectives of correctional institution. A person in a prison does not become a non person and he /she is entitled to all human rights within the limitations of imprisonment. His values and dignity should be considered and he may be purified from the deviant behaviors. Correctional case work, based on the professional knowledge of social case work, one among the primary method of social work is capable for fulfilling the objectives and following the principles of correctional institutions. Various process and skills are included in correctional case work practice and which provides it services both in the institution and the community.

---

## 4.9 FURTHER READINGS AND REFERENCES

---

1. <http://www.scribd.com/doc/47237362/Social-Case-Work-Working-with-Individuals> accessed on 8-03-2012
2. <http://www.egyankosh.ac.in/handle/123456789/39115> accessed on 06-03-2012.
3. <http://bprd.nic.in/writereaddata/linkimages/0534473971-National%20Policy%20on%20Prison%20Reform%20and%20Correctional%20Administration%20Part%201.pdf> accessed on 06-03-2012.

**Application of Methods  
to Various Settings**

4. [http://www.humanrightsinitiative.org/index.php?option=com\\_content&view=article&id=108&Itemid=121](http://www.humanrightsinitiative.org/index.php?option=com_content&view=article&id=108&Itemid=121) accessed on 8-03-2012.
5. <http://bprd.nic.in/writereaddata/linkimages/1445424768-Content%20%20Chapters.pdf> accessed on 07-03-2012.
6. [http://www.nimhans.kar.nic.in/prison/chapter\\_2.pdf](http://www.nimhans.kar.nic.in/prison/chapter_2.pdf) accessed on 02-03-2012
7. [http://www.nimhans.kar.nic.in/prison/executive\\_summary.pdf](http://www.nimhans.kar.nic.in/prison/executive_summary.pdf) accessed on 02-03-2012
8. <http://workforce.socialworkers.org/studies/Criminal%20Justice%20in%20the%20United%20States.pdf> accessed on 02-03-2012
9. <http://www.scotland.gov.uk/Resource/Doc/37432/0011296.pdf> accessed on 02-03-2012



---

## **UNIT 5 SOCIAL CASE WORK IN INDUSTRIAL SETTING**

---

### **Structure**

- 5.0 Introduction
- 5.1 Objectives
- 5.2 Industrial Social Case Work: Definition
- 5.3 Scope of Social Case Work Industrial Setting
- 5.4 Common Work Place Challenges
- 5.5 The Role, Task, Responsibility and Skills of Social Case Worker in the Industrial Setting
- 5.6 Industrial Social Case Work Process
- 5.7 Models of Work Place Counselling Applicable to Social Case Work
- 5.8 Social Case Work Practice as Part of Employee Assistance Programmes (EAPS)
- 5.9 Let Us Sum Up
- 5.10 Further Readings and References

---

### **5.1 INTRODUCTION**

---

Social Case Work, a primary method of social work, is concerned with the adjustment and development of individual towards more satisfying human relations. Better family life, work life, improved schools, better housing, better health care facilities, protected economic conditions and better relations help the individual to enhance coping capacity and development. Social casework is one to one relationship, which works in helping the individual for his adjustment and development. Social worker develops and maintains a therapeutic relationship with the client, which may include linking the client with systems that provide him/her with needed resources, services and opportunities. According to Hollis (1954) “Social Case work is a method employed by social worker to help individuals find solution to problems of social adjustment which they are unable to handle in satisfactory way by their own efforts.”

---

### **5.1 OBJECTIVES**

---

This unit will introduce the learner to:

- understand the meaning and definition of industrial social case work;
- understand the scope of social case work in industrial setting;
- understand the role, tasks, responsibility and skills needed for a social case worker in industrial setting; and
- models of work place counselling applicable to social case work.

---

## 5.2 INDUSTRIAL SOCIAL CASE WORK: DEFINITION

---

Industrial social work refers to the application of social work knowledge, skills and values to workplace problems. This is not simply 'welfare work', as used in many companies and organizations. It is a lot more than that. The social work role varies from being part of an employee assistance programme to family therapy to family functioning of the worker. Industrial social work is also known as occupational social work or workplace social work. The social work role in industry are largely clinical in nature and the method often used in an industry is social case work.

### Definition

Bradley and Jolme (1985) defines industrial social work as "a field of practice in which social workers attend to the needs of employees in the work milieu by designing and executing appropriate interventions to ensure healthier individuals and environments".

According to Smith occupational social work offers practitioners the opportunities to rationalize and humanize contemporary society by increasing responsiveness of organization to equality, opportunity and respect for their employees

According to Googins and Godfrey, Occupational Social Work is "A field of practice in which social workers attend to the human and social needs of the work community by designing and executing appropriate interventions to insure healthier individuals and environments." (1987, p.5)

---

## 5.3 SCOPE OF SOCIAL CASE WORK INDUSTRIAL SETTING

---

Industrial social case work is one of the area in which the case worker extend their skill and expertness in helping personnel managers, employees in the industry/work place directly and organisational development indirectly, by intervening in the employee management.

Work is central in many people's lives now a day. Adults spend the majority of their waking hours on the job. People often obtain their sense of identity from the work they do. People cannot separate their work lives from their lives with families, neighbors, and communities. Ideally works should have satisfying and fulfilling work experiences. They need to feel physically safe; they want an honest day's pay for an honest day's work; and they want to be free of coercion, intimidation and discrimination. A person who is having problems with a spouse, partner, parent, or child often brings those problems into the workplace and employers know that the personal and family problems of workers can have a devastating effect on their business and profits. Many business and industries, large and small have introduced social workers into their personnel systems to help employees and their families with personal, family, and community problems. It has been recognized that employees who are bogged down with personnel and family problems will likely not produce optimally on the job.

The Rationale for industrial social work:

Several factors necessitate social work as an essential ingredient for promotion of mental health in industries. The following views substantiates the same



- The reaction to the compartmentalization of life, paralleled by a renewed appreciation of the connections among work, family and the community
- Interest in the importance of work, not only because of economic benefits, but because of its function in ascribing meaning and value of life
- Identification of the cost of personal problems particularly chemical dependence in terms of the productivity of workers
- The renewed attention in the social work profession to person- in – environment as the focus of practice and interest in a nonstigmatizing approach to delivering services
- The identification of the emotional stress and physical dangers created by the work environment, such as exposure to chemicals that are dangerous to workers
- Rapid societal and environmental changes that accentuated individual stress in the workplace and in the community
- The entrance into the workplace of new groups with special concerns
- The Identification by unions of job satisfaction and job security as important issues in addition to wages
- Changes in the role of women as wage earners and new family structures that lessen the separation between the work place and home
- The interest of management in increasing efficiency and productivity as a way of lowering costs and raising profits
- Interest in corporate social responsibility and its impact on the community

DiNitto and McNeece (1997), writing in an American textbook, comment that:

A growing number of social workers are employed by such diverse agencies as high-tech firms, telephone companies, and manufacturing plants - and virtually every other type of business you might name. The primary job of many of these social workers is to help employees deal with the various types of personal problems that interfere with work performance, including substance abuse, illness and disability, marital and other family problems, and mental illnesses

---

## 5.4 COMMON WORK PLACE CHALLENGES

---

Work related obstacles are determined in part by where a person is in the life cycle as well as his or her racial, ethnic, religious, class, sexual orientation and gender status. Younger employees face a variety of unique challenges. Some are going to school and working at the same time. Others are starting families and trying to balance work and home life, in both cases workers may need to miss work or have more flexible work schedules and which cause stress for the individual as well as the family. In general three of the most common challenges are substance abuse, mental health issues, and discrimination.

### Substance Abuse

Some employers abuse drugs or alcohol; others try to cope with drug or alcohol use by family members or close associates; and still others sell and or use drug at work (Dinitto,

1988). Substance abuse is associated with decrease in productivity and increase in accidents, absenteeism, turnover, and medical costs. Social workers address employee substance abuse by training supervisors to recognize its signs so that they can refer employees with substance abuse problem for assistance. When an employee is referred or comes in voluntarily, occupational social workers assess the individual's situation and recommend appropriate treatment.

### **Mental Health Issues**

Depression and anxiety disorders are the nation's most pressing and costliest work place problems along with stress, burnout, anxiety, depression, and domestic violence.

Social works provide educational programmes to help employees prevent burnout, or at least recognize the early signs and take steps to remedy the situation. Early warning signs include headaches, digestive problems, sleep difficulties. Remedies include regular exercise, weekend trips and long drives, regular participation in enjoyable activities outside of work, establishment of better boundaries at work, and more assertive behavior to protect one's time and space.

### **Stress & Burn out:**

Stress and burn out are the key psychological issues in the workplace.

Worker burn out is a growing problem for many companies. People who suffer from burnout may deny that they are mentally and physically exhausted. "Burnout" is a relatively new term, first coined in 1974 by Herbert Freudenberger, in his book, "Burnout: The High Cost of High Achievement". He originally defined 'burnout' as, "the extinction of motivation or incentive, especially where one's devotion to a cause or relationship fails to produce the desired results." While burnout isn't a recognized clinical psychiatric or psychological disorder, there are some similar features between burnout and diagnosable conditions such as depression, anxiety disorders or mood disorders. Classic symptoms include the following:

- Depleted Physical Energy
- Emotional Exhaustion
- Lowered Immunity to Illness
- Less Investment in Interpersonal Relationships
- Increasingly Pessimistic Outlook
- Increased Absenteeism and Inefficiency at Work

### **Causes:**

There are several factors that can contribute to burnout, including job-related features, lifestyle factor and personality characteristics.

### **Work related cause**

- Impossible Requirements
- High-Stress Times with No "Down" Times
- Big Consequences for Failure

- Lack of Personal Control
- Lack of Recognition
- Poor Communication
- Insufficient Compensation
- Poor Leadership:

### **Life style causes of Burnout**

- Too Much Work With Little Balance
- No Help or Supportive Resources
- Too Little Social Support
- No Time For Hobbies
- Too Little Sleep
- Too Little Time Off
- Psychological cause of Burnout:
  - Perfectionist Tendencies
  - Pessimism
  - Excitability
  - Poor Fit for the Job

### **Stress**

Stress is a word derived from the Latin word Stringere, meaning to draw tight. Stress can be considered as an outside stimulus and also as a person's response to a disturbance. Hans Seyle (1946), who described three stages of individual encounters in stressful situations.

1. Alarm reaction
2. Resistance
3. Exhaustion

### **The costs of stress**

To the individual whose health or happiness has been ravaged by the side effects of stress, the cost involved is only too clear. Whether manifested as minor complaints of illness, serious ailments such as heart disease, or social problems such as alcoholism and drug abuse, stress related symptoms exact a heavy payment. It has also noticed that the family also suffers indirectly from the stress problem of its members – suffering that takes the form of unhappy marriages, divorces and spouse and child abuse.

### **Costs in work place**

Stress levels in various occupations are known to differ. Stress sometimes turned to be occupational hazard for some profession.

## **Absenteeism and turnover of labour force**

Absenteeism is one of the most obvious costs of stress to employers. It is a wide spreads and accelerating problem in many occupations.

### **Sources of stress at work**

Researchers have identified five major categories of work stress common to all jobs; these factors vary in the degree to which they are found to be casually linked to stress in each job. The five categories are

- Factors intrinsic to job
- Role in the organisation
- Relationship t work
- Career development
- Organisational structure and climate.

### **Stress management strategies**

- Sleep
- Exercise
- Nutrition
- Meditation
- Humor and fun
- Solitude
- Emotional hardiness

### **Absenteeism**

**Absenteeism** is a habitual pattern of absence from a duty or obligation. Traditionally, absenteeism has been viewed as an indicator of poor individual performance, as well as a breach of an implicit contract between employee and employer; it was seen as a management problem, and framed in economic or quasi-economic terms. More recent scholarship seeks to understand absenteeism as an indicator of psychological, medical, or social adjustment to work (Johns, Gary, 2007).

Absenteeism occurs when an employee of a company does not come to work due to scheduled time off, illness, injury, or any other reason. The cost of absenteeism to business, usually expressed in terms of lost productivity, is difficult to determine.

### **Other Needs**

The different industrial needs where the social worker interventions performed in an industry are

- Work - Life Balancing
- Bullying and harassment;
- Depression, anxiety or other mental health problems;

- Interpersonal conflict;
- Poor teamwork;
- Barriers to learning and development;
- Grief reactions as a result of loss or trauma;
- Discrimination; and
- Aggression and violence.
- Retirement planning
- Career planning

### GOALS OF SOCIAL CASE WORK IN INDUSTRIAL SETTING

The primary goal is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs, psychological issues, depression, and anxiety or in crisis.

#### The goals are:

- Enhancing developmental, problem- solving, and coping capacities of clients to make them resilient and lead a productive life.
- creating and promoting the effective and humane operation of systems that provide resources and services to people
- linking people with systems that provide them with resources, services, and opportunities
- Promoting decision making which will stimulate the individual to evaluate, make, accept and act upon his choice.
- Improving relationships to become more effective in their interpersonal relationships.
- Facilitating client potential to learn ways to use their abilities and interests to the maximum.
- Creating and promoting the effective and human operation of systems that provide resources and service to people.
- Improving the scope and capacity of the delivery system.
- Contributing to the development and improvement of social policy.

### PRINCIPLES AND SOCIAL CASE WORK IN INDUSTRIAL SETTINGS

The principles proposed by Biestek (1957) are discussed below:

- **Principle of Individualization:** The case worker should analyze individuals from various aspects. Every individual is unique and so problems faced are also unique based on their intelligence and other circumstances in which they are living. So mode of helping, use of strategies and techniques must be according to the intellectual level, socio economic situations and ego strength, one's capacity and resources.
- **Principle of purposeful expression of feelings:** The client should be given a

chance to express feelings freely especially negative feelings. The case worker should listen to the client purposefully and should neither praise nor condemn. The case worker should understand the internal state of mind of the client, attend and listen meaningfully. There should be empathetic resonance and should use exploration and social skills.

- **Control emotional involvement:** Without feeling any one's emotion with sensitivity, it's impossible to find-out her/his problem & get a solution of that problem. Emotion comes from 3 ways as - Sensitivity -Understanding –Response
- **Principle of self determination:** The client is lead to take decision, giving them opportunity to decide what is right and wrong and appropriate for them.
- **Principle of acceptance:** Accept individual as a person of “worth and dignity” always accept ones positive feelings not negative feelings.
- **Principle of non judgmental attitude:** The case worker has no right to judge anyone as guilty or innocent.
- **Principle of confidentiality:** Problems of client is kept in confidence or as a secret. It is only disclosed in case of suicide or homicide and that too professionals with the knowledge of client which is called shared confidentiality.

### Check Your Progress I

Note: Use the space provided for your answers.

1. What are some of the work related causes of burn out?

.....  
.....  
.....  
.....

2. Define the term Absenteeism.

.....  
.....  
.....  
.....

---

## 5.5 THE ROLE, TASK, RESPONSIBILITY AND SKILLS OF SOCIAL CASE WORKER IN THE INDUSTRIAL SETTING

---

Social Case Workers have an important role in helping guarantee healthy working conditions and fair treatment for all people in the work place, and in providing services that improve the social functioning and productivity of employees. They do this through the practice of case work in the industrial setting. Social workers are placed in personnel departments and health units in companies, organisations and agencies through employee assistance programmes (EAPs to provide health and social services to employees and

their families. Social workers help people to cope with job related pressures or personal problems that affect the quality of their work and home lives. The social workers often work directly with employees or members of their families. At other times they make referrals to appropriate agencies in the community. The basic philosophy for industrial clinical practice is that if a person is upset individually or family wise, he or she may not be an effective employee. Numerous examples reflect that employees who have received case work help from social workers have been able to perform better on the job. This approach usually involves a series of interviews, often weekly, for an hour; often the client and the therapist make a tentative agreement about the number of interviews that will take place between them. On a most basic level, they try to create safe, alcohol free, and drug free work places. To address the challenges in the work place effectively, the worker needs knowledge of biopsychosocial factors that affect a person's work life, as well as insight into small group dynamics and organisational behavior. Social workers strive to find ways to address stressors inside and outside the work place.

### **Task of the industrial caseworker**

The case worker fulfills a number of roles within the organizations. Some of the key tasks expected are:

- Counselling
- Welfare
- Training
- Organizational consultancy
- Publicity
- Facilitating
- Organisational change agency
- Management advice

### **The responsibilities of the social case worker**

1. Family individual and group counseling and home visit in relation to adjustment of the work orientation, personality and other problems at preventive level.
2. Active participation in corporate social responsibility activities and community development initiatives of the industry.
3. Employee management and effective intervention of labor management problems.
4. Industrial counseling.
5. Case work interventions.
6. Health and educational help, which would involve referral to other agencies.
7. Coordination of welfare services with other welfare agencies.
8. Workers education.
9. Family planning and Family life education.
10. Workers recreation management.

## Competence of Industrial Social Case Worker

Professionally trained social workers are competent of direct practice using their case work and group work and other macro social work skills. A skilled and experienced social worker can:

- Assess the situation;
- Explore possible solutions or means of alleviating the situation;
- Identify possible resources that could be drawn upon;
- Support all concerned in managing the situation as effectively as possible

Social work knowledge, skills and values can be brought to bear on not only specific problems as they arise, but also on policy development relating to the areas concerned.

The core competence of the social workers with regard to knowledge, skills and values can be summarized as follows: (Thompson, 2000).

### *Knowledge*

- Psychiatry: assessment and psychosocial management
- Human psychology: communication, relationships, and emotional responses.
- Society and culture: power, conflict, discrimination; group dynamics.
- Law and policy: legal requirements, rights, duties, and guidelines.
- Problem-solving methods: counseling, mediation, resource finding.

### *Skills*

- Interpersonal skills: communication, negotiation, handling conflict
- Analytical skills: assessment, planning, and evaluation.
- Self-management skills: handling pressure, time management, and continuous professional development.
- Problem-solving skills: empathy, 'reading' social situations, networking, staying focused.

### *Values*

- Treating people with dignity and respect.
- A commitment to equality and diversity.
- Not being judgmental.
- Building on people's strengths.

Of course, none of these is unique to social work, but it is the combination of the above (and a whole lot more besides) that makes social work distinctive.

## Qualities of a Social Case Worker

The knowledge and personality traits deemed essential in a social case worker in the industry are:



- Maturity
- Warm and genuine interest in people adjustability
- Good communication skills in dealing with people at different levels
- Resourcefulness
- Sound physical health
- Effective intervention skills
- Knowledge of industrial psychology
- Knowledge of labour laws
- Expertness in corporate-community interaction
- Expertness in industrial counselling

### PROFESSIONAL SOCIAL WORK ETHICS

It is at this point that the issue of professional social work ethics assumes importance, both for the social worker and the employing organisation.

They are:

1. The social worker should be outside the chain of command of the management, even though officially she may have to operate from the personnel or administrative department.
2. The worker should not have any responsibility involving his functionary, directly controlling the work life of the employee in so far as it affects the production process.
3. The worker should maintain the professional confidentiality. This does not mean that the worker should not share the workers problem with staff at other levels and management.

### Check Your Progress II

Note: Use the space provided for your answers.

1. What are the responsibilities of a case worker in industrial setting?

.....

.....

.....

.....

---

## 5.6 INDUSTRIAL SOCIAL CASE WORK PROCESS

---

The helping process in case work consists of three major phases ( Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2006)

Phase 1: Exploration, Engagement, Assessment, and Planning

Phase 2: Change Oriented Phase – Implementation and Goal Attainment

### Phase 3: Termination and Evaluation

The descriptions of the phases are given below:

#### **Phase 1: Exploration, Engagement, Assessment, and Planning**

The first phase of the helping process involved establishment of a working relationship with the employee. The phase consists of the tasks:

- Exploring employee's problems by eliciting comprehensive data about the person, the problem, and environment factors, including forces influencing the referral for contact
- Establishing rapport and enhancing motivation of the employee for a change
- Formulating multidimensional assessment of the problem, identifying systems that play a significant role in the difficulties especially the industrial organization
- Identifying relevant resources that can be tapped or must be developed. This includes the facilities in the industrial organization viz. EAP services
- Mutually negotiating goals to be accomplished in remedying or alleviating problem and formulating a contract
- Making Referrals

#### **Phase 2: Change Oriented Phase – Implementation and Goal Attainment**

After mutually formulating a contract, the employee and social case worker enter the heart of the problem solving process- implementation and goal attainment. This is the action oriented and change oriented phase. The employee and social case worker combine their efforts to working together for the attainment of the prioritized goals. The goals are divided into tasks that could be achieved one by one. The case worker helps the employee to enhance their self efficacy. The progress towards the goal is monitored on a periodic basis. The case workers also help the employee to identify and deal with barriers in goal accomplishment. The case worker helps the employee to match the interventions to the target systems, the problem the developmental phase, stressful transition of the employee and socio-cultural background of the employee.

In industrial setting social workers often employs brief intervention models owing to quicker outcomes and less time spent on therapeutic process. A task centered model is often utilized along with crisis intervention models, solution focused treatment and cognitive strategies.

#### **Approaches Used in Social Case Work in Industrial Setting**

- Psycho analytical approach
- Psycho social approach
- Problem solving
- Behavior modification
- Crisis intervention
- Eclectic approaches

### Phase 3: Termination and Evaluation

The terminal phase of the helping process involves three major aspects.

- Assessing when the employee's goals have been satisfactorily attained.
- Helping the employee to develop strategies that maintain change and continue growth following the termination.
- Successfully terminating the helping relationship.

This phase ends with the evaluation of the case work process and the case worker.

---

## 5.7 MODELS OF WORK PLACE COUNSELLING APPLICABLE TO SOCIAL CASE WORK

---

Various models portray the tasks and roles of counselors in the work place. The following is not an exhaustive list nor indeed do models exclude each other (Carroll, Michael., (1996). The 7 models presented here are:

1. Counselling orientation models
2. Problem focused models
3. Work oriented models
4. Manager based models
5. Externally based models
6. Internally based models
7. Welfare based models

### 1. Counselling orientation models

It is characterized by its use of a counselling approach as the key factor in what is offered to employee clients. Counsellors by and large, subscribe to or are affiliated to, and often trained in, a particular therapeutic approach which they use when working with organisational clients. Individual counselors were appointed by companies who were more concerned with individual appointed than the theoretical orientation from which they emerged. The main interest is focused almost exclusively on individuals and is the organizational dimensions of counselling work are largely ignored.

### 2. Problem focused models

The problem focused model of counselling sees the counselor's role as helping individuals to work with the immediate problems they bring. Where as these problems may not be entirely work based, counselling confines itself to working with immediate issue. One model of this is contained in a training manual for counselors in the work place.

- Formulate problem
- Generate solution
- Action plan

Several problem focused models are available. Nelson–Jones (1995) developed DAISE, a five stage model in what he calls ‘life skills counselling’. The five stage comprises a very helpful problem solving methodology:

D – Develop the relationship, identify and clarify problems

A – Assess problems and redefine in skills terms

S – State working goals and plan interventions

I – Intervene to develop self helping skills

E - End and consolidate self helping skills.

### 3. **Work oriented models**

The work oriented is named because it is centered solely on issues blocking an individual in his or her work. Counselling confines itself to the issues interfering with effective employment. Work oriented models of counselling pinpoint the immediate problem as a work place issue and work with it. They do not spend time on the underlying areas of why problems exist, nor are they interested in problems/ issues that are not related to the workplace problems and move back to work as quickly as possible. This is an attractive model for managers who want value for money and want to think that time spent in counselling is for the welfare of the organisation through the individual.

### 4. **Manager based model**

Though not wide spread, there is a tendency in some organisations to view managers as quasi counsellors for their staff. Since much managerial time and many of their tasks involve working with and managing people, it is a short step to propel them into the counselling role. Nixon and carol (1994) have argued strongly against managers taking on a formal counselling role. Not only does it cross boundaries, in their view, but it puts employees in an impossible situation: asking on one hand , that they share personal issues with their manager and on the other, that they be ready for appraisal in relation to their careers with the same manager. Much work place counselling is not counselling in modern definition of the term but relates to situations which require the use of counselling skills.

### 5. **Externally based models**

Externally based models of counselling are those brought in and bought in from outside organisation. Usually in the form of an EAP, they are administered and organized from outside. The format can use any of the model or indeed a mixture of them.

Strengths and weakness of external based models:

#### **Strengths**

- Not part of the politics of the organisation
- Can challenge what is taken for granted within the company.
- Can offer training as well as counselling
- Can offer clear confidentiality

- Can provide a range of services
- Can offer a number of counselors with different skills, backgrounds etc.
- The organisation of responsible for malpractices of the counselors

#### **Weaknesses**

- May not be flexible in what they offer
- Have to make a profit
- May not adapt easily to individual companies
- Can unwittingly get involved in the politics of the organisation
- May not understand the culture of the organisation
- May be seen as 'outsiders' by potential clients
- May not be able to educate the system to what counselling means
- Their counsellors may not have had experience of workplace counselling
- The counsellors may know nothing about the organisation from which clients come.

#### **6. Internally based models**

A part time or full time counsellor, or in some instances a team of counsellors, is employed to work with employees. The counselling service can be part of an already existing department or an independent unit in its own right.

Strengths and weakness of internally based models:

#### **Strengths**

- Counselor in touch with the culture of the company
- Can make assessment in the light of the various organizational systems.
- Counsellor has access to the formal and informal structures of the organisation
- Can build up great credibility fro the counselling service
- Is able to get feedback into the system from the counselling work
- Can adapt counselling work to organizational needs.
- An provide mediation
- Is a visible human face
- Can provide multiple roles

#### **Weaknesses**

- Counselor can be more subjective in his/her assessments
- Van be vulnerable if re organisation takes place
- Counselor can get pulled vary easily into identifying with either the organization or the individual.

- Counselor can be identified by employees with management and vice versa.
- Can be isolated
- Can be used by management to do its 'dirty work'
- Counselor is involved in politics of the organisation
- Can be used by individuals against the organisation
- More difficult to maintain confidentiality: employees may be worried about leakage of personal information.

#### 7. Welfare based models

It combines a number of roles with employees, one of which is counselling. Welfare officers have traditionally been employed in a number of organisations to fulfill several tasks depending on client needs: befriending, information giving, advocate, home visiting during sickness, giving legal and financial advice, advising on a range of topics, counselling.

---

### 5.8 SOCIAL CASE WORK PRACTICE AS PART OF EMPLOYEE ASSISTANCE PROGRAMMES (EAPS)

---

**Employee Assistance Programs (EAPs)** are worksite-based programs and/or resources designed to benefit both employers and employees. EAPs help businesses and organizations address productivity issues by helping employees identify and resolve personal concerns that affect job performance.

*Employee Assistance Programs provide strategic analysis, recommendations, and consultation throughout an organization to enhance its performance, culture, and business success. These enhancements are accomplished by professionally trained behavioral and/or psychological experts who apply the principles of human behavior with management, employees, and their families, as well as workplace situations to optimize the organization's human capital. (Rothermel S, Slavitt W, Finch RA, et al., 2008)*

The main purpose of employee assistance programme is to enhance the quality of life of the workforce. The EAP helps employees to deal with issues pertaining to relationships, family problems and financial problems. Companies offering EAP found that those participated in the programme were happier, more punctual, and more productive. Stress counseling was also beneficial for reducing anxiety and depression, improved self esteem and reduced absenteeism.

Social Case Work is practiced as part of the EAPs. Social Case workers provide value in the following three ways through EAP. Rothermel S, Slavitt W, Finch RA, et al., 2008 identified the following benefits of EAP.

1. **EAPs leverage the value of the organization's investment in their workforce by:**
  - Improving employee engagement.
  - Improving employee and dependents' skills for successfully responding to life's challenges.

- Offering employees short-term problem resolution services or referring employees and dependents to mental health treatment services, when indicated.
- Developing employee and manager competencies in managing workplace stress and improving work team performance.

2. **EAPs address the costs of doing business by:**

- Reducing workplace absenteeism and unplanned absences.
- Reducing workplace accidents.
- Reducing employee turnover and related replacement costs.
- Facilitating safe, timely, and effective return-to-work for employees following short-term and extended absences.
- Reducing healthcare costs and improving the value of organizational investments in wellness and health promotion, self-care management, continuity of care, and work-related efforts.
- Improving efficient use of health care through early identification, care management and recovery efforts.

3. **EAPs mitigate business risks by:**

- Reducing likelihood of workplace violence or other safety risks.
- Managing the effect of disruptive incidents, such as workplace violence, injury, or other crises, including facilitating a swift return-to-work after adverse workplace events.
- Supporting disaster and emergency preparedness, and assisting in minimizing the disruption following disasters and emergencies.
- Facilitating successful adjustment to mergers, acquisitions, site closures, or other workforce change events.
- Reducing the likelihood of legal action / liability (e.g., maintaining business practices that promote a violence-free workplace).
- Promoting and supporting companies' drug and alcohol free workplace policies and programs.

**Check Your Progress III**

Note: Use the space provided for your answers.

1. What are the approaches used in social case work in industrial setting?

.....

.....

.....

.....

.....

---

## 5.9 LET US SUM UP

---

This chapter depicted the role of social worker in an industrial setting. The topics covered includes concept and definition of social work in industrial setting, the scope of social case work in industrial setting, the ethics, principles and process of social case work in the industrial setting, roles, responsibilities and competence of social case worker working in an industrial setting, models of workplace counseling applicable to social case work in Industry and an introduction to EAP as a function of social case worker. The social case work intervention in an industry fosters the psychologically healthy workforce. A psychologically wealthy workforce is an asset to any industry though their greater involvement in the productivity of the industry.

---

## 5.10 FURTHER READINGS AND REFERENCES

---

1. Arnold, J., Robertson, I, J., Cooper, C, L. *Understanding human behavior in the work place*. Mac Millan India Ltd.
2. Beistek Felix (1957). *Case Work Relationship*. Chicago: Loyola University Press
3. Carroll, Michael., (1996). *Workplace Counseling: A systematic Approach to Employee Care*. London : Sage Publications
4. DiNitto, D. M., & McNeece, C. A. (1997). *Social work: Issues and opportunities in a challenging profession*. Boston: Allyn and Bacon.
5. Hepworth, D.H., Rooney, R., Rooney, G.D., Strom-Gottfried, K., & Larsen, J.A.(2006). *Direct social work practice - theory and skills* (7th ed.). Pacific Grove,CA: Brooks/Cole Publishing.
6. Rothermel S, Slavitt W, Finch RA, et al. Center for Prevention and Health Services (2008). *An Employer's Guide to Employee Assistance Programs: Recommendations for Strategically Defining, Integrating and Measuring Employee Assistance Programs*. Washington, DC: National Business Group on Health.
7. Segal, E,A., Gerdes,K,E.,Steiner,S.(2004).*Social work :An introduction to the profession*. Australia: Thomson Brooks Cole.
8. Skidmore, R, A., Milton, Thackeray, M,G.(1994). In Farely,O,W., Smith, L,L.,Boyle, S,W (Eds.), *Introduction to social work*. Boston: Allyn and Bacon.
9. Suppes,M,A., Wells,C,C. ( 1996).*The Social Work Experience: An Introduction to the Profession and its Relationship to Social Welfare Policy*. New York: The McGraw- Hill Companies, Inc.
10. Woods, M. & Hollis, F. (2000). *Case work: A Psycho-Social Therapy*. New York: McGraw Hill Inc.



---

## **UNIT 6    SOCIAL CASE WORK IN EDUCATIONAL SETTING**

---

### **Structure**

- 6.0 Objectives
- 6.1 Introduction
- 6.2 Nature, Characteristics and Objectives of Social Case Work
- 6.3 Principles and Goals of Social Case Work
- 6.4 Techniques and Skills Required by Social Case Worker
- 6.5 Let Us Sum Up
- 6.6 Further Readings and References

---

### **6.0 OBJECTIVES**

---

After reading this unit, you will be able to:

- define social case work and understand its nature and characteristics in educational setting.
- understand the objectives, components, principles, goals of social case in educational setting.
- know the tasks, function, techniques, skills and approaches.

---

### **6.1 INTRODUCTION**

---

Social case work is a method of providing services where by professional social worker assesses the needs of the client and the client's family, when appropriate and arranges, coordinates, monitors and evaluates and advocates for a package of multiple services to meet the specific client's complex needs. Intervention occurs at client and system levels. Social worker develops and maintains a therapeutic relationship with the client, which may include linking the client with systems that provide him/her with needed resources, services and opportunities.

According to Safrad, "Social case work is a method employed by a social worker to help individual, to find a solution to their problems of social adjustment while they are unable to handle in a satisfactory way by their own effort".

Social case work is a fundamental concept in social work practice which is a professional and academic discipline that seeks to improve the quality of life and wellbeing of an individual, group, and community by direct practice and teaching on behalf of those afflicted with poverty or any real or perceived social injustices and violation of human rights. It also enhances social empowerment.

The social case worker is a professionally qualified person who possesses knowledge, skills and experience necessary to competently perform case management activities in different agencies and settings like education, health, mental health and other organizations. The case worker serves as a part of team in educational settings like school, colleges, learning centers, universities, etc. Here the case worker works with

students beset by problems, their parents, teachers, peers and other significant people (extended family members, siblings) in the environment, management and other stakeholders of educational setting also liaisons with other professionals like medical practitioners, rehabilitation practitioners, speech and language therapists, psychologists, counselors, special educators and so on.

The problems faced by students in an educational setting are diverse which affect their academic, social, personal wellbeing. It includes (a) psychological, (b) academic, (c) social, (d) behavioral, and (e) emotional/personal. The most common difficulty faced by children in educational setting is regarding studying and learning. In this respect, the case worker helps by teaching them effective study habits, effective memorizing skills, mnemonic strategies, effective note taking skills, handling examination, anxiety, time management skills and relaxation training sessions. All the above strategies enhance learning.

**Emotional and psychological problems seen in students are:**

- Relationship issues- love affairs, love failures, multiple relationships
- Substance abuse
- Broken homes
- Inability to handle stress
- Difficulty in handling negative emotions- anger, fear etc.
- Child abuse
- Suicidal tendencies following failure in exam, love relationships
- Inability to take decisions regarding career, vocation, subject choice etc.

Most of the above arise primarily due to lack of effective coping skills. Teaching life skills has a preventive element to it. Also conducting specific prevention programs for handling child abuse, suicide, substance abuse involving parents, teachers and children. For students, exhibiting more serious problem behaviors selective/targeted interventions can be conducted. Intensive individualized interventions are provided when problem behaviors are dangerous here they are referred to experts in the field like clinical psychologists, child psychiatrists etc.

School crisis intervention is another aspect of case work. Crisis state is “a temporary state of upset and disorganization, characterized chiefly by individuals in ability to cope with a particular situation using customary methods of problem solving, and by the potential for a radically positive or negative outcome” (Slaikeu)

Crisis does not necessarily culminate in mental illness but it is extremely negative in its presentation and its outcome is uncontrollable and unpredictable. The psychopathological consequences of crisis includes anxiety disorders, substance-related disorders, dissociative disorders, mood disorders, disorders of infancy, childhood or adolescence, sleep disorders and adjustment disorders.

**Case work here aims at:**

- Preventing psychological trauma
- Reaffirming health and ensure perceptions of safety

- Evaluating psychological trauma
- Providing interventions
- Responding to psychological needs
- Evaluating the effectiveness of crisis intervention.

**Bringing our attention to Indian scenario the issues are :**

- Suicide and attempted suicide
- Crimes
- Child abuse
- Examination related stress
- Technological over indulgence
- Psychiatric problems.

The students with special education needs are among 3 to 5% of the school going population. They have one or other disabling conditions like dyslexia, autism spectrum disorders, sensory problems, intellectual disability, attention deficit hyperactivity disorder, physical disability, multiple disabilities, giftedness and talentedness. Recent trends in education are that the special education needs of these students are to be met in the regular school setting and not in an external agency to avoid negative labeling and stigmatization. These student's lack social adjustment skills, motivation, self management skills and as they often become under achievers, case work is of great relevance which will cater to their individual, educational and behavioral needs. The case worker also works with parents who are stressed most commonly mothers. Here case work aims at improving the mental health of children and restoring the emotional and psychological wellbeing. The case worker uses cognitive-behavioral, person centered, psycho dynamic and creative therapies to support the above mentioned students and their families.

**Check Your Progress I**

Note: Use the space provided for your answers.

1. What are some of the emotional and psychological problems found among school children?

.....  
.....  
.....  
.....

---

## 6.2 NATURE, CHARACTERISTICS AND OBJECTIVES OF SOCIAL CASE WORK

---

- The relationship between the client and case worker arise out of shared and emotionally charged situation.
- The case work relationship contains elements of acceptance, expectation, support and stimulation.

## Application of Methods to Various Settings

- The client and the case worker are interdependent.
- The case work relationship may have several therapeutic values.
- The case work relationship results in improvement of condition. The client is more adjusted in society.
- There is development of personality and capacity building.
- The relationship may need outside help in case of psychiatric illness, special education needs, sensory impairments, language and communication disorders also in case of family issues it may need family counselling.
- The social case worker maintains a dual focus on client and environment, working directly and indirectly on behalf of individual clients, their families and significant others in the educational setting in need of social services.
- Social case work is based on the recognition that a trusting and empowering direct relationship between the social worker and the client is essential to expedite the client's use of services along a continuum of case and to restore or maintain the client's independent functioning to the fullest extent possible.
- Social case work rests on a body of established social work knowledge, technical expertise and humanistic values that allows for the provision of a specialized and unique service to designated client groups.
- This is a therapeutic process which is sensitive, supportive, established relationship which assesses complex problems, selects appropriate problem solving interventions thus helping clients to function effectively.

Some of the objectives of social case work in educational setting are:

- To make good rapport with clients and significant others in the educational setting with whom the case worker should work for alleviating the client's difficulty. Once adequate rapport is established the clients will be more receptive to in-depth exploration of their concerns.
- Problem identification and exploration.
- To find out, understand and solve the internal problems of the client.
- To strengthen one's ego power.
- To prevent problems.
- To develop internal resources.
- To determine the point of termination.

The components of social case work are:

- Problem
- Person
- Place
- Process

**Problem** refers to the kind of difficulty the client is facing. It can be diverse ranging

from academic difficulty to dyslexia, emotional problems, difficulties in family, relationship issues, peer pressure, difficulty to cope in the educational setting due to lack of good interpersonal relationship skills or communication, social problems, behavior problems, low self esteem, lack of motivation, anxiety, depression, lack of support and guidance in case of students with special education needs, substance abuse, psychological and psychiatric illness.

**Person** is the client who is facing the problem and is finding it difficult to cope and also cannot solve it by self. There, in educational setting, the clients are mainly students and their parents, also teachers and significant others who are also involved with the clients.

**Place** here refers to the educational setting, it can be regular schools, learning centers, college, university.

**Process:**

- Intake and relationship establishment
- Problem identification and exploration
- Planning for problem solving, solution, application, and termination.

The client is helped to develop self understanding that recognizes the need for change and action.

The case work process starts with the intake of the case. This is followed by rapport building with the client, acceptance, respecting the client's personality and helping in identifying and resolving the problem. The severity and nature of the problem, significant causes, onset of problem, the efforts to cope with the problem are studied in detail. The social functioning of the client, the physical and mental health of the client, resources of the client, intensity of feelings, nature of defense mechanisms and motivation in the client to improve are assessed.

Diagnosis is the next step in the process. Deciding the line of treatment and the therapeutic process follows. Here goal setting becomes the focus. It involves identifying and listing all possible solutions, exploring the consequences and prioritizing the solutions. Also to facilitate the client's understanding, the case worker may use the techniques of repetition, mild confrontation, interpretation, information and encouragement.

Evaluation is the final stage in the case work process. The client has the responsibility for applying the determined point of termination. During the time, the client is actively engaged in identifying and on applying the solution. The case worker will often maintain contact as a source of follow up and support. Once it has been determined that they have dealt with the client's concern to the extent possible and practical, the process should be terminated.

**Check Your Progress II**

Note: Use the space provided for your answers.

1. List any five objectives of social case work in educational setting.

.....

.....

.....

.....

.....

---

## 6.3 PRINCIPLES AND GOALS OF SOCIAL CASE WORK

---

- *Principle of Individuality:* The case worker should analyze individuals from various aspects. Every individual is unique and so problems faced are also unique based on their intelligence and other circumstances in which they are living. So mode of helping, use of strategies and techniques must be according to the intellectual level, socio economic situations and ego strength, one's capacity and resources. In educational settings while assessing the problems of children, the case worker should notice the symptoms of distress, stress levels of children, and collect additional information which will help in the assessment and intervention.
- *Principle of purposeful expression of feelings:* The client should be given a chance to express feelings freely especially negative feelings. The case worker should listen to the client purposefully and should neither praise nor condemn. The case worker should understand the internal state of mind of the client, attend and listen meaningfully. There should be empathetic resonance and should use exploration and social skills.
- *Principle of self determination:* The client is lead to take decision, giving them opportunity to decide what is right and wrong and appropriate for themselves.
- *Principle of acceptance:* Accept individual as a person of "worth and dignity" always accept ones positive feelings not negative feelings.
- *Principle of non judgmental attitude:* The case worker has no right to judge anyone as guilty or innocent.
- *Principle of confidentiality:* Problems of client is kept in confidence or as a secret. It is only disclosed in case of suicide or homicide and that too professionals with the knowledge of client which is called shared confidentiality.

Social case work is individualized service delivery based on comprehensive assessment that is used to develop a case or service plan. The plan is developed in collaboration with the client and reflects their choices and preferences for the service arrangements being developed. The goal is to empower the client and in the process, ensure that they are involved in all aspects of the planning and service arrangement in a dynamic way.

The core conditions of case work relationships are empathy, congruence, unconditional positive regard, concreteness.

- *Empathy* which is a radical commitment on the part of the case worker to understand clients as fully as possible.
- *Congruence* is the ability and willingness to be what one truly is, in the relationship, to be honest, open and authentic.
- *Unconditional positive regard:* Case workers respect it and value the deeper core of client and identify with their potential rather than with their current behaviors. The case worker should possess a non judgmental attitude and should not be influenced by prejudices or biases.
- *Concreteness* involves the fluent, direct and complete expression of specific feelings and experiences, regardless of their emotional content.

## Goals

The primary goal is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs, psychological issues, depression, and anxiety or in crisis.

- Social case work must be goal driven, have a purpose or seek an objective that is established in conjunction with the client and the client's family when appropriate.

### The goals are:

- Facilitating behavioral change enabling the client to live more productive and satisfying life.
- Enhancing developmental, problem solving and coping skills to learn to cope with new situation and new demands.
- Promoting decision making which will stimulate the individual to evaluate, make, accept and act upon his choice.
- Improving relationships to become more effective in their interpersonal relationships.
- Facilitating client potential to learn ways to use their abilities and interests to the maximum.
- Creating and promoting the effective and human operation of systems that provide resources and service to people.
- Linking people with systems that provide them with resources, services and opportunities.
- Improving the scope and capacity of the delivery system.
- Contributing to the development and improvement of social policy.

## Tasks and Functions

Tasks and functions of social case worker are related to client level intervention and system level intervention.

### *Client level intervention*

once identified and engaged clients as a result of outreach or referral services, the case worker conducts face to face comprehensive assessment with each client on his strengths, limitations and also social, financial and institutional resources available. The case worker focuses on how these resources relate to the principle concerns of the client. On this basis, the case worker develops individualized service plan with the client that identify the priorities, desired outcomes, strategies and resources to be used in attaining outcomes. The responsibilities of case worker, client and significant others should be clarified throughout development of the plan. Direct contact between client and social worker is essential to accomplish the assessment and service plan.

The case work starts with case study, diagnosis, case treatment, termination, evaluation and follow up. Also mobilizing formal and informal resources and services needed to maximize the child's physical, social, emotional, wellbeing and co-coordinating and monitoring service delivery. The social case worker advocates on behalf of the plan for needed client resources and services, outcomes with revision of the service plan as

indicated and terminates the case. Social worker should assess, allocate, monitor and evaluate services and fiscal resources.

### ***System level intervention***

Social worker should understand how the educational setting and environment affect the client positively and negatively also analyze the strength and limitation of the environmental system. The case worker should delineate desired outcomes, agency policy formation, select strategies, continuously revise as indicated the desired outcomes and strategies also be responsible for resource development, financial accountability, sanction, data collection, information management, programme evaluation and quality assurance.

Some of the approaches to social case work in educational setting include:

- Psycho analytical approach
- Psycho social approach
- Problem solving
- Behavior modification
- Crisis intervention
- Eclectic approaches

### **Check Your Progress III**

Note: Use the space provided for your answers.

1. What are some of the goals of social case work in educational setting?

.....  
.....  
.....  
.....

---

## **6.4 TECHNIQUES AND SKILLS REQUIRED BY PROFESSIONAL CASE WORKER IN EDUCATIONAL SETTING**

---

- *Purpose and concern for client system:* Purpose to find out internal problems of students or their parents and help them to solve it. Concern to make good rapport, understand one's feelings and aim at individualized service.
- *Expectation:* There are 3 levels of expectation.
  - (a) Expectation of case worker from the client, how the case worker feels about the client's ability and to what extent client supports anybody.
  - (b) Expectation of client from case worker.
  - (c) Expectation of positive results from the agency.
- *Accuracy of empathy and clear communication.*



Empathy is to think positively and feel with others points of view. It depends to what extent one is sympathetic. The case worker should have the ability to perceive, communicate accurately and feel with the client. Also case worker should be sensitive to express feelings towards client by voice, positive and good communication.

- *Non possessive warmth.* Give respects, acceptance, liking, caring and concern for the client in a non dominating way.
- *Genuineness and acceptance:* Case worker must be practical in nature. He/She must be a person of genuineness- real, honest in their approach and never go beyond the client.
- *Authority:* Case worker must have a capacity to handle any situation, be resourceful and helpful, having knowledge, attitude, experience and a position to identify and solve internal problems of client.
- *Communication:* The case worker should have interviewing skills, non-verbal communication skills which regulates conversations, communicate emotions, modify verbal messages, provide important information about the case work relationship, give insights into self perceptions and provide clues about discrepancies in the verbal communications and actual thoughts of both the client and the case worker.
- *Active listening:* Verbal communication skills include active listening and information seeking. Information seeking involves questioning, both closed and open ended questions.
- *Paraphrasing:* comprising of restatements, reflections, nonverbal referent, summarizing.
- Other Skills are:
  - Interpretation
  - Self disclosure
  - Directives
  - Confrontation
  - Feed back
  - Monitoring
- Of required broader procedures and techniques like assertiveness training, systematic desensitization, empty chair technique, contingency contracting, cognitive restructuring, relaxation training etc are often practiced.
- The case worker makes home visit if necessary to study the home environment and also to find out how much it is conducive to the client's physical, social, emotional, behaviour and academic development. Necessary environmental modifications are made to promote client's improvement. Case worker also may need to work towards resource mobilization depending upon the condition of the client.
- Records are maintained. Records are characterized by objectivity, accuracy, simplicity, brevity. The contents of records should be kept confidential.
- Standards for social case work.

## Application of Methods to Various Settings

- Standards that pertain to client issues
- There should be privacy of client's interests, self determination, confidentiality and client intervention.
- The social case worker shall have a graduate degree from a social work program accredited by the council on social work education and shall possess the knowledge, skills and experience necessary to completely perform case management activities.
- The case worker shall use his / her professional skills and competence to serve the client whose interests are of primary concern.
- The social case worker shall ensure that clients are involved in all phases of case management practice to the greatest extent possible.
- The case worker shall ensure the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- The social case worker shall intervene at the client level to provide and / or coordinate the delivery of direct services to clients and their families.
- Standards that pertain to system issues: System intervention, fiscal accountability, quality assurance and program evaluation.
- The case worker shall intervene at the service systems level to support existing case management services and to expand the supply of and improve access to needed services.
- Shall be knowledgeable about resource availability, service costs and budgetary parameters also be fiscally responsible in carrying out all case management functions and activities.
- Shall participate in evaluative and quality assurance activities designated to monitor the appropriateness and effectiveness of both the service delivery system in which case management operates as well as the case manager's own case management services and to otherwise ensure full professional accountability.
- Standard pertaining to the social worker
- Adequate staffing, intra- professional relationship.
- Shall carry a reasonable caseload that allows the case manager to effectively plan, provide and evaluate.
- Case management tasks related to client and system intervention.
- The case worker shall treat colleagues with courtesy and respect and strive to enhance inter professional, intra professional and interagency cooperation on behalf of the client.

Social case work is a work performed by a social worker with a case or an individual to solve his or her psychosocial problems and help in that extent that he can readjust and develop within the society. Social case work is done by the professional social worker.

The social case work here is a profession that focuses on the relation and interaction between the professional and the school. Case work reduces the effect of environmental

and institutional barriers that impede the academic success. The case worker is an important part of education team and provides help to students in elementary, middle, and high school and beyond. Social case workers have been appointed in large numbers in educational settings since ages. The clients there face multiple stressors such as academic overload, constant pressure to succeed, and competition among peers, financial burden, and concern about future.

In this technologically advanced and extremely diverse society, most students encounter challenges beyond cope of teachers and parents. Students need support, guidance and opportunities during childhood – a time of rapid growth and change. Now a days, students are facing lot of problems like anxiety, learning disabilities, attention deficit hyperactivity disorder, depression, drug abuse, suicidal ideations, peer pressure adolescent issues, etc. the need and importance of case workers in our schools as still increasing. Life skills education is also important to all in educational setting. This involves teaching the 11 life skills:

- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Self awareness
- Self esteem
- Communication
- Interpersonal relationship skills
- Empathy
- Coping stress and dealing with emotions
- Assertiveness

### Check Your Progress V

Note: Use the space provided for your answers.

1. What are the techniques and skills required by a case worker in educational setting?

.....

.....

.....

.....

---

## 6.5 LET US SUM UP

---

Social case work is thus a professional service carried out by professional case worker based on scientific principles. Relationship between case worker and the client is the most important aspect of casework. The others being case recording, interviewing, collateral contact, diagnosis, treatment, termination, evaluation, follow up. The main

components here are problem faced by the client, the client, the place and the process. Records are maintained. Various approaches, methods, techniques and skills are used in the case work process.

---

## 6.6 FURTHER READINGS AND REFERENCES

---

Adelman, H.S. & Taylor, L. (2002). School Counselors and School Reform: New Directions. *Professional School Counselling*, 5, 235 – 248

Baker, S.B. (2000). *School counselling for the Twenty-first Century*. (3<sup>rd</sup> Edn). New York: Merrill/Prentice Hall

Egan, G. (2007). *The Skilled Helper: A Problem Management and Opportunity Development Approach to Helping*. (8<sup>th</sup> Edn). USA: Brookes / Cole Cengage Learning

Gibson, R.L. & Mitchell, M.H. (2005). *Introduction to Counselling and Guidance*. 6<sup>th</sup> Edn. New Delhi: Prentice Hall

Jones, R.N. (2008). *Basic Counselling Skills: A Helpers Manual*. (2<sup>nd</sup> Edn). New Delhi: Sage Publications

Kottler, J.A. & Kottler, E. (2000). *Counselling Skills for Teachers*. (2<sup>nd</sup> Edn). Corwin Press / Sage Pub

[www.cmsa.org.au/definition.html](http://www.cmsa.org.au/definition.html). Extracted on 4/01/12

[www.jstar.org/stable/30019118](http://www.jstar.org/stable/30019118). Extracted on 4/01/12

[www.indianscialstudy.com/2008/11/profit-making-non-profit-making.html](http://www.indianscialstudy.com/2008/11/profit-making-non-profit-making.html). Extracted on 4/01/12

[www.blurit.com/q972812.html](http://www.blurit.com/q972812.html). Extracted on 4/01/12

[www.en.wikipedia.org/wiki/social-work](http://www.en.wikipedia.org/wiki/social-work). Extracted on 4/01/12

[www.slideshare.net/srengasamy/social-case-work-main](http://www.slideshare.net/srengasamy/social-case-work-main). Extracted on 4/01/12

[www.socialworkers.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp). Extracted on 4/01/12