UNIT 2 FIELDS OF SOCAL CASEWORK PRACTICE

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2.0 OBJECTIVES

This unit helps you to understand the practice of social casework with different population groups in different settings. After reading this unit you will be able to:

- Understand different dimensions of practice of social casework;
- Acquire the ability to apply casework concepts, principles, and skills for helping different client groups;
- Critically analyse the context of the clients of social casework and its significance for the practice of social casework; and
- Appreciate the importance of the different setting of social casework practice.

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2.1 INTRODUCTION

Now that you have learnt about the concepts, process, and skills and techniques of social casework, it is time to look at how to apply these concepts and techniques (differential use), where to apply them (location) and with whom (client groups).

Social casework situation comes into existence when a person comes to a professional seeking help in connection with some concern /problem /issue which he/she is not able to deal with by himself. The professional, the social caseworker, views these concerns in the light of the person's total social environment.

2.2 CHARACTERISTICS OF SOCIAL CASEWORK PRACTICE

All that you have learnt till now needs to be applied to specific clients – in specific situations with similar or different problems and concerns – being served by different organisations. It will help you perform more effectively if you keep in mind the following features that characterise social casework practice, wherever you may be located:

- Let me start by stressing the fact that casework help is not standardised. As we go along, we shall talk about different factors that may determine caseworker's differential response to a similar situation.

- The individual, the client, is seen as a whole – as a thinking, feeling, acting being - in continuous interaction with his total social environment.

- You, as the social caseworker, represent not only the agency which has employed you but also your profession – social work. That is, you have to practice (use knowledge and skills & techniques) within the professional value-system, ethics and principles, but at the same time be responsible for achieving the goals of the employing agency.

- While you generally work within the service delivery systems devised by the organisation, you have a commitment to performing the role of a change – agent in case these systems are dehumanising or degrading for the clients.

- You have to be constantly aware of your personal self and make sure that it does not interfere in your social casework practice.

- It is all the more important in social casework because here the clients' problems and concerns have heavy emotional component.

- Human problems of living are complex and multidimensional and require sensitive handling.

- Therefore, social casework practice may very often require interagency collaboration.

- You will very often be a part of a team of professionals. In primary settings, you are likely to be the main professional for service delivery, whereas, in secondary settings, you may have an ancillary status. It is important for you to communicate your contribution as a social work professional to other professionals in the team.

- Social casework service may be offered for prevention, promotion, cure/ remedy, rehabilitation, placement, reformation, palliative care, or for modification of social environment.

2.3 DETERMINANTS OF FIELDS OF PRACTICE

Fields of social casework practice are broad areas or settings in which casework method is utilized to help individuals and families. Various fields can be determined on the basis of the following components:

a) **Person-in-context** – The context here includes the total social environment of the client --- a male adult with visual impairment, a middle-aged woman abandoned by her husband, an orphaned child in a Foundling Home.

b) **The concern or the problem requiring help** –Destitution, chronic illness requiring major changes in life-style, drug dependence, rehabilitation, trauma caused by riots or serious accident, bereavement, role conflict, displacement, etc.

c) **The human service organisations** that provide the location for providing help, like, schools, hospitals, childcare institutions, short stay homes, institutions for the elderly and juvenile homes.

The first two dimensions can be analyzed further from two perspectives:

- **The needs perspective**

a) ***Common human needs*** – beside survival needs, every individual has needs for affection, security, achievement and belonging (to a group).

b) ***Special human needs*** – needs that arise because a person has a disabling impairment, is suffering from a chronic illness requiring major changes in life style, has deficit of coping or social skills, needs arising due to traumatic experiences like accident, riots, natural calamities or needs of very young or old persons.

c) ***Societally caused needs*** – those that arise due to certain conditions in society itself, for example, discriminatory practices, oppression, deprivation, or displacements due to large developmental projects.

The needs perspective helps the worker in understanding the source and extent of the problem as it applies in each case. It helps in knowing about the impact of the unfulfilled need on the client and his social environment. The worker is able to help the clients to decide upon the action plan for dealing with their problematic situation by fulfilling the unmet needs.

- **The life-span perspective**

An individual experiences a number of life changes as he/she goes through his life cycle, that is, from birth to death. She/he is seen as moving in life through a series of developmental stages, each stage requiring the individual to successfully complete some tasks before he/she moves on to the next one. In most cases, human beings move through this cycle without major unsettling stresses. But if the person is not able to achieve this transition smoothly, he/she may find life changes stressful and is thus unable to adapt to the new demands.

A five-year-old child enters school, which is discipline-driven and formal, after the secure and free atmosphere of home.

A young girl gets married, shifts to her matrimonial home and takes over the role of a wife and daughter-in-law. If she is not prepared for this transition, she may feel overwhelmed by the demands of her new situation and get depressed.

A middle-aged man, gainfully employed, gets retired from his job. From a very busy life style with set routines, he/she now finds himself at loose ends, with a lot of time at his disposal. How well he/she is prepared to deal with the life changes will determine the level of his emotional well-being.

The human service organisations: The mandate of these organisations is that of 'service', that is, to maintain and improve the general well-being and functioning of people. Examples of such organisations are schools, hospitals, correctional institutions, and social welfare and development agencies.

Human Service Organisations are characterized by a) goals and objectives, b) specific client groups, c) personnel, d) programmes and services, e) service delivery systems, f) material resources and networks.

2.4 FIELDS OF SOCIAL CASE WORK PRACTICE

As we have already stated that any discussion on fields of casework practice needs to look at two components: client groups with some problem or concern and the setting where the clients get help with their concerns.

Let us first describe in brief the client groups and some of their characteristics.

The Individual: Person and his/her interaction with social environment are influenced significantly by a number of factors. These factors determine as to how different clients react to a similar situation /problem/ concern differently. Their expectations from the caseworker may also vary accordingly. Some of these factors are:

- ***Age:*** The needs and concerns, problems and difficulties faced by a child are invariably different from those of a young adult or an elderly person. Again, how the individual, of any specific age group, looks at the situation under study, feels about it and wants it to be handled may differ according to the age of the individual.

- ***Sex:*** The experiences and conditions of male and female persons in a given society are socially and culturally determined. The status in society (rights, privileges and power within the family and society at large), division of tasks, role expectation, role transitions, and role conflicts affect men and women differently. In majority of the cases, the stereotyping of image and roles tend to become oppressive and discriminatory for women.

- ***Caste:*** In Indian society, caste based discrimination affects individuals and families across age and sex divisions, although females suffer the most. The lower status ascribed as a result of lower castes results in deprivation, oppression, and lack of opportunity, depression, apathy and inertia.

- ***Class:*** The income group that an individual belongs to determines the life goals and motivation for striving to change. Outlook towards life and problems of living are likely to affect persons belonging to all the groups namely; a) lower income groups; b) middle income groups; c) affluent groups; or d) those who are below poverty line.

- ***Religion:*** In a pluralistic society like India, people belonging to different religions live together and are allowed to practice their religion freely. In majority of the cases, religion holds a very important place in a person's upbringing. Understanding of religious beliefs, customs and moral values is essential in helping a person.

- ***Region:*** People belonging to rural, urban or tribal areas tend to demonstrate specific response-patterns and preferences in life. Persons hailing from a small city, a village or a metro city, are exposed to different stimuli. Their life experiences will, therefore, be different from one another. Their needs and expressions of concerns may also be different.

The Family: Family is a special social group wherein members are bound to each other by blood or marriage. The main function of family is child rearing and growth and development of each member. Families fulfill their social responsibility by socialising children in the culture of the society. In fulfilling their functions, families interact with a large number of social systems and organisations like, kinship network, religious and economic institutions, schools, the work place, civic authorities, welfare and legal framework, etc. Unique patterns of interaction – within the family (among members), and with outsiders evolve overtime.

Family is a system wherein the experience of any one member affects the other members. A drug dependent son, a physically or mentally challenged child, the main earning member having problems at the work place, an elderly father / mother – all affect the social functioning of the family as a whole. Sometimes, the problem faced by one member is an expression of a serious problem with the basic interpersonal relationships, interactions and communication patterns within the family.

Families go through a life cycle. Marriage takes place and children are born. Children go to school or work. The first child gets married – the daughter goes away or the daughter-in-law joins. The married son may or may not stay with the parents. The parents grow old and die. The son continues with the family. With each change in the composition of the family and role transition, various stresses occur. Most often, families are able to cope with these normal transitions. But some special situations cause a sense of inadequacy in the families and they are forced to seek professional help.

Some of the problems, which put too much strain on family's coping mechanisms, are severe marital discord, domestic violence, child abuse, incest and redundancy (unemployment).

Let us now discuss some of these settings in brief to get an idea of what are their main features, what kind of problems or concerns they deal with and the kind of professional interventions caseworkers provide to their clients – individuals and families.

- **Hospitals**

Doctors are the main professional group in the hospital, responsible for medical care of the patients.

The recognition of psycho-social and cultural dimensions of illness and hospitalization has enabled employment of trained social workers in the hospitals.

Social casework is utilized in the OPDs (outpatient departments), the wards, and special clinics. The heavy work load of doctors in large Govt. Hospitals generally leads to lack of clear communication between the medical staff and the patients and their families.

In such a scenario, the main roles expected of social workers are those of mediator; enabler; coordinator of services; case manager; mobilisation of family, community and hospital resources; and acting as a member of the team of professionals. Working with the patient and his/her family is a major task of the social worker. Therefore, social casework is a primary method in medical social work practice

- **Institutions Providing Mental Health Care**

The caseworker works as a member of the team of professionals including psychiatrists, psychologists and occupational therapists. Psychiatrists are the main professional group in charge of care and treatment of the mentally ill or emotionally disturbed persons. The patients may be attending OPDs, day care, or may be hospitalised. The main tasks of the caseworker are to maintain constant contact with the family of the patient; mediate between the doctors and the patient/family; provide counselling to the patient/family; assist in discharge and after care of the patient. The worker provides the necessary support to the family and helps the other family members understand the needs of the mentally ill person.

- **Working with the Chronically/Terminally Ill**

The patients who are suffering from chronic illness, like diabetes, asthma, and heart disease, need help in understanding their illness and the demands of the treatment, and adjusting their life-styles to the limitations imposed by the condition. The families of the patients also need support and guidance in dealing with the patient's condition that may have long-term implications for the entire family. In some cases, especially those belonging to lower income-groups, the financial burden may need to be eased out by identifying and mobilising resources in the kinship network or community at large.

While working with the terminally ill patients, the first dilemma the worker faces is to inform the patient and his family about the illness. The patients suffering from a terminal illness, like cancer and AIDS, have additional stress factors – the thought of impending death and anxiety about the family after their death. The tasks of the caseworker include: a) ensuring palliative care to reduce pain and discomfort, b) talking about death, c) involving the patient in planning for the family after his/her death, d) providing opportunity to family members to talk about death and dying, e) providing support--- emotional and material --- to the patient/ family. In the case of AIDS, the caseworker will need to tackle the issue of stigma attached with contracting AIDS and the possibility of infection getting passed on the other family members.

- **Schools**

Schools are institutions for formal education, with a fixed routine, set syllabus, and a well-established pattern of teaching and learning. Teachers are the main professional group and they spend the maximum time with students. Schools vary in size--- from small single teacher schools in the villages and tribal areas to large bureaucratic organisations with thousands of

students. Schools may offer primary, middle, secondary or senior secondary education. Again, some may be Government schools/aided by the Govt. or fully private independent schools.

Despite progressive and child-centred educational philosophy, schools are characterised by emphasis on syllabus (information content), formal examination system for evaluating achievements and formal teacher-child relationships. In this context, the child very often is not able to get his basic human and educational needs fulfilled. This situation proves to be stressful to the child. Due to preoccupation with syllabus and maintaining discipline, teachers are unable to individualise the child's situation and there is a 'problem child' at hand. Hence, there is recognition of need for individualised social casework service to help the child.

School, however, offers an excellent opportunity to caseworkers for offering preventive and promotive interventions beside remedial service. Transition of the child from entry to passing out from school coincides with the child's own maturation process. By anticipating the demands and stresses of a particular age group, appropriate interventions may be planned so as to avoid unnecessary emotional turmoil. By helping in the development of personality and life and social skills, the social caseworker can achieve the status of a partner in the educational process. Despite of its being a secondary setting of social casework practice, the worker can easily demonstrate the vital contribution of professional social work to fulfillment of educational goals of schools.

The social caseworker works as a liaison between the family and the teacher. He/she acts as a mediator, enabler, teacher (giving necessary information), advocate (to highlight the negative impact of school norms and practices on the child), change-agent for the school's systems and procedures, and as a consultant for the staff of the school in matters regarding children's needs and well-being.

- **Residential Institutions**

There are situations when individuals have to be removed from their natural environments and placed in residential institutions. Some of the institutions where social casework is practiced are as follows:

a) ***Children's Homes:*** Children who are destitute, orphans, or have run away from home and cannot be sent back home; those who are victims of violence, risk to health (e.g., healthy children of leprosy patients) or moral danger are generally placed in children's homes. Most of these Homes operate under the provisions of Juvenile Justice Act and, therefore, provide custodial care. Children are committed for specific periods. There is sometimes a feeling among inmates that they are under detention. Only in a small number of cases adoption and foster care services are or can be offered.

Homes, run by the Govt. or voluntary organisations, are expected to provide custody and care to the children. Social worker is an important professional here. Living arrangements may be dormitory or cottage type. Social caseworker is expected to help each inmate adjust to the life within the Home and achieve psychosocial development. As the children have often gone through traumatic experiences before they are placed in Homes, it is very important for them to come to terms with their life, talk about it and get over the pain and the sense of betrayal. The worker is expected to provide pastoral care, liaison with schools where the children go for education, help children develop positive relationships within the institution, and prepare for life after the stay in the Home is over.

b) **Correctional Institutions**: These include homes/special schools for the delinquent, prisons, remand/observation homes, beggar homes, etc.

The main task of the social caseworker is to help those in conflict with law by enabling them to understand themselves and their relationship with others. They need to understand what is expected of them as members of the society. The aim is to rehabilitate these persons – to help them in such a manner that they can engage in socially constructive activities once they go back to their homes. The worker helps the clients change /modify their values (so that they are in line with the social values); change their behaviour and response patterns. The residents of these institutions often have a feeling of hostility towards society or they suffer from a sense of inferiority and inadequacy. Social casework aims at correcting these attitudes and feelings by modifying the clients' immediate environment, working with their families and maintaining a supportive professional relationship with them.

The caseworker works as a member of a team of professionals like, probation and parole officers, psychologists, psychiatrists, and vocational counsellors and educators.

c) ***Homes for the Aged:*** The number of old age homes has been increasing in cities. The stresses and constraints of urban living have often led to adult children opting to send their aging parents or relatives to residential institutions. The residents in these homes need nursing care, understanding and emotional support. The caseworkers in these institutions help the residents cope with loss of the loved ones, illness, lack of energy, loneliness, loss of economic independence, and anxiety of the approaching death. The caseworker enables the client maintain his/her self-esteem. He/she also helps the family deal with suppressed or open feelings of guilt so as to encourage them to maintain cordial relation with the client. The worker needs to identify and mobilise community resources like motivating and orienting volunteers to spend time with the residents, talk to them and attend to their simple errands.

d) ***Residential institutions for women:*** Short stay homes, rescue homes, *nariniketans*, widow homes, etc., are some of the settings where casework practice takes place. Most of the inmates are those women who are destitute, abandoned or battered by their husbands, widows with no relative to give them support, victims of crimes including trafficking, prostitution or kidnapping. These residents need to build their skills – vocational and social – to become independent persons capable of taking care of their lives. The caseworkers try to bring about

conciliation between the client and her family, if any. Where marriage is indicated, pre-marital counselling is provided.

- **Organisations Working with the Differently Abled**

There are residential and non-residential organisations offering variety of services to the differently abled. The main task of the caseworker is to fulfill the objectives of the organisations such as a) care; b) rehabilitation - vocational training, education (depending upon their capacity), employment; c) offering services according to governmental provisions and special concessions; d) advocacy to reduce or remove social discrimination against the differently abled; and e) facilitating the client's acceptance and understanding of his/her situation and also recognition of his/her potential.

Giving support to the client – both emotional and action oriented – is an important intervention offered by the caseworker. The caseworker also works with the family to help them cope with the situation, to understand the needs of the client, and to learn to take care of the client when he or she is at home. The worker very often acts as a broker, linking the client and or his/her family with the available community resources and networks of other organisations working in this area.

- **Organisations Working with Victims of Disasters**

There is increasing recognition of the need for individualised help for the victims of disasters – whether natural or man-made. Victims of natural calamities are victims of floods, earthquakes, and drought. Victims of man-made disasters include victims of communal violence (riots), serious accidents, mega projects of development, etc.

Some of the common experiences of most of the victims of disasters are trauma; loss of loved ones; loss of livelihood or assets; homelessness; feeling of helplessness; feeling of anguish or hostility (desire for revenge); loss of community feeling; despair and a sense of fatality or sometimes high/unrealistic expectations from the worker.

Despite this commonness, the clients need individualised care to overcome debilitating impact of the crisis.

Large-scale displacements due to mega projects like Dams lead to erosion of community and family life, absence of usual social control mechanisms, the tearing of the social fabric, and loss of livelihoods beside the problems of settling down in alien environments.

Working with these survivors is a big challenge for the caseworker. It is not easy to win their trust as they have lost confidence in everyone around them. Very often, winning their trust is the first vital step towards taking them out of the traumatic experience. Besides offering them emotional support, the worker needs to build in them hope for a secure future. The worker enhances the client's resources by coordinating with various agencies – both governmental and voluntary. Giving information about the available services and provisions goes a long way towards instilling hope in the clients. The clients are helped in viewing their experiences

rationally rather than emotionally. But, this can be done only after they have emerged from their trauma. Engaging the client in the planning and implementation of the action plan facilitates the client's rehabilitation and recovery from despair.

- **Organisations Working with Women**

Social caseworkers are employed in family counselling centers, crime against women cells, legal aid cells, family courts and women resource centers. The aim of the professional interventions is to enable women become empowered, confident, and independent and also utilises available legal provisions and safeguards for her protection. There are increasing numbers of cases of rape victims. The worker has to help link the family with police, courts, hospitals, schools, and agencies working for rehabilitation of these survivors. Special techniques are used to help the victim come out from trauma, and restore her self-confidence and self-esteem. The family also needs understanding and support of the worker in dealing with this situation.

The sensitivity towards the discrimination women face in families and society is vital in arriving at an accurate assessment of the condition under study.

For illustrating social casework practice, two cases are presented below.

2.5 CASE 1 --- HOSPITAL BASED CASEWORK

Referral

The attending doctor refers a woman patient admitted in the female surgical ward to the medical social worker of a government hospital. She is reported to be unwilling to undergo operation, which she has postponed twice before.

The Casework Process

Study

The social worker, Sangeeta met the patient, Mrs. K. in the ward and told her about the doctor's referral. Sangeeta learnt that Mrs. K was a 35 year old married woman. Theirs was a nuclear family. She had three children, aged 14, 10 and 5 years. All the children went to a school nearby. Mrs. K. was a housewife. A part-time maid servant helped with a few of the household chores. Her husband's job required him to be often away from home. Mr. K had brought his wife to the hospital because of severe pain in her knee. The doctor had advised surgery.

Sangeeta explored further to enquire the reasons for the client's resistance to surgery by interviewing the client in the ward and her husband, both in the ward and during a home visit. The worker also spoke to the nurse on duty in case the client had shared any of her concerns with the nurses (using the collateral sources for information). She spoke to the doctor concerned to understand the client's medical problem and the chances of the client's recovery. The worker considered the following probable reasons (there could be even more than the ones listed):

a) Was it because of her anxiety as to who would look after her children during her long period of hospitalisation?

b) Was she scared of the process of operation, as Sangeeta, the medical social worker, knew from her experience that surgery very often created panic in the patients and even their relatives?

c) What was her husband's reaction to the doctor's advice? Did he offer any support for her operation?

d) Who will attend to her during the post-operative period, because, according to hospital rules, only female attendant is allowed in the female wards?

Assessment

Sangeeta, the worker, shared with Mrs. K, her understanding of the likely reason(s) for the latter's anxiety about the operation. Sangeeta believed that it was important that Mrs. K confirmed the worker's definition of the client's problem before some solution could be worked out. (Communicating empathy and ensuring client's participation in the process.) Depending on the reason/s, Sangeeta and Mrs. K could consider one or more of the following solutions:

1) **Giving Information**

- Sangeeta could explain the exact problem Mrs. K was suffering from. It was possible that the patient might not have felt free to ask the doctor or the doctor never explained the problem in detail. Worker could also explain the complete process of surgery and the chances of recovery. (Based on facts gathered from the doctor himself.) Here she performed the role of a mediator between the patient and the medical staff.

2) **Identifying and Mobilising Family Support System**

- Some female relative could be requested to be with the children during the period of hospitalisation;

- Husband could apply for leave from his office;

- Sangeeta could provide opportunity to Mr. K to express his anxiety. She could have sessions with the husband and children to provide them emotional support. The family, then, could provide the necessary emotional support to the client. (Counselling sessions with the family members).

- The eldest child could be helped to share some responsibility at home in the mother's absence. With the support of the worker, this experience could become a source of positive learning for children to learn to tackle difficult situations and to become independent.

3) **Using Hospital Resources**

The medical social work department could arrange for an attendant for the client.

Any other

Any other help that the client may need or any other suggestion that Mrs. K or Mr. K may think of.

Intervention

The worker could assure the client that the surgery she was undergoing was well within the doctor's experience. (Based on facts gathered from the doctor himself, Sangeeta could offer realistic assurance.)

Following the principle of client's right to self-determination, Sangeeta could offer one or more of the interventions outlined earlier. Throughout the casework process, she communicated her availability to the client in case of need.

Sangeeta also worked as a member of the team of professionals responsible for the medical care of the patients being served by the hospital.

Evaluation

Mrs. K agrees to undergo surgery. The doctor who had referred the case acknowledges Sangeeta's work and appreciates social work intervention in facilitating the patient's medical treatment.

Termination

The case is, therefore, formally closed. Sangeeta describes the location of her office in the hospital and working hours and encourages them to meet her whenever they feel the need. They thank the worker for all that she had done for them.

Follow-up

Sangeeta visits Mrs. K in the ward occasionally, before the operation and after the operation. She seeks feedback about the client's recovery from the doctor and the nurses and passes it on to the family. She keeps in touch with Mr. K and enquires about the children. Sangeeta meet the family at the time of discharge of the patient from the hospital. She ensures that the family is prepared to look after the patient at home during convalescence.

In case, there is some unforeseen complication in the post-operative stage, Sangeeta will have to initiate the casework process again.

Check Your Progress I

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of this unit.

1) Why was the patient not accepting the doctor's treatment?

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2) What action plan did the worker prepare for helping the patient to accept the treatment?

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Assignment/Activity-I

Given the same case of the referral of a patient who is unwilling to undergo surgery, work out assessment in the following contexts/circumstances:

Patient is an office going male person. All other particulars are the same.

Patient is a woman from low-income family. Her husband is a construction site labourer.

The patient is a school going/non-school going child (male/female) aged 12 years.

The infection having become serious, the doctors may have to amputate the patient's leg above the knee. There is no risk to life on account of the operation. Select any of the family contexts discussed above.

Write down your answers and discuss with your field instructor.

2.6 CASE 2 ---- FAMILY WORK IN THE COMMUNITY

We shall now discuss a case where the social worker identified the client herself. The case also demonstrates proactive approach, that is, the worker did not wait for the client to seek help. Rather she offered her service to the client at the latter's own home.

Referral

Renu, freshly qualified young trained social worker, is working in a community-based organisation. She recently organised a women's group around weekly *kirtan* (Devotional music and worship day organised by women themselves. A Brahmin woman conducts the worship). The residents of the *basti* belong to low-income groups, and mostly of lower castes.

After one such session, Renu asked Mrs. G about her daughter-in-law Kala. Renu told Mrs. G that though Kala had arrived some time back, she had not been seen in the present group. Mrs. G invited Renu to visit their home and meet her daughter-in-law.

During the home visit, Renu found that Kala was looking very ill, was obviously anaemic, and did not talk to Renu at all. Sensing Renu's concern, Mrs. G took Renu outside and started complaining about Kala. She informed Renu that Kala was very lazy, did not know how to cook or do other household work, and that Kala always pretended to be ill to escape work.

Renu decided to take up the case to help the family. As the family had not asked the help, Renu had to explore the particulars of the family and gather other relevant information very slowly and discreetly (quietly) so that no member of the family felt offended. She learnt the following details about the family.

The Social Casework Process

Renu realised the importance of applying different principles of casework to be able to establish positive relationship not only with Kala, who Renu identified as her client, but also with Mrs. G and Mohan, Kala's husband. Only then could she hope to help Kala. She accepted Mrs. G, Kala, and Mohan; adopted a non-judgemental attitude; created an atmosphere in which the persons concerned could share their experiences and feelings freely (Principle of purposeful expression of feelings). She was careful not to allow her initial sympathetic attitude towards Kala and anger against Mrs. G to bias her and affect her exploration work (Controlled emotional involvement). She had to keep an open mind to gather and interpret information.

Study

Renu interviewed Mrs. G in her shop. She visited Kala in the presence of Mrs. G and by involving both of them in conversation learnt various facts about their situations. Once or twice she met Mohan along with his mother to observe their interaction. (Using tools of interviewing and home visit.)

Mrs. G in late forties, lost her husband when her two sons were still small. Her elder son had shifted, after marriage, to his own establishment in another *basti*. Mrs. G owned the single room tenement, acquired by her as a result of the slum clearance scheme of the municipal authorities. She also owned a small shop near her home where she sold basic items of daily needs.

Her younger son Mohan, aged 20 years, was employed as a worker in a factory nearby. He had left school after studying till class four. Mohan was under awe of his mother and obeyed her completely.

Kala was 16 years old and belonged to a village in the district of Jhansi, in the State of Uttar Pradesh. She had studied up to 7th standard and had been forced to leave studies. Kala was not used to cooking on kerosene oil stove. In the village, they used *chullah*, with wood and cow dung cakes as fuel. Theirs was a big family with something going on all the time. She had been very scared in the city, very unsure of herself. Her mother-in-law never liked anything that she did. Her husband did not bother about her or her health problems. She had been feeling weak and sick for quite some time but had not been taken to the doctor. Kala had

become depressed and lost her appetite. She never had the energy to do work quickly or properly. Mrs. G did not agree with these observations.

Assessment

After reflecting on the facts (objective facts and feelings about those facts and experiences), Renu arrived at the following inferences tentatively:

- Kala was from a village and found living in the city stressful;
- She was perhaps not prepared for marriage, being quite young;
- Kala found herself under constant scrutiny of her mother-in-law, Mrs. G, their family consisting of only three members;
- Her sickness could be more due to depression than actual physical reasons (psychosomatic symptoms);
- In any case, it was advisable to get her medical care to eliminate any physical causes of sickness;
- Kala perhaps expected more support from her husband which was not there. Mohan just did not react to the situation;
- He did not want to be blamed or nagged by the mother for having supported the wife as had been the case with his elder brother;
- Mrs. G had felt hurt when her older son had left her;
- She wished to keep her younger son and daughter-in-law under her control;
- She felt insecure. After long widowhood and its associated problems, she felt that she had the right to demand obedience from her son and daughter-in-law;
- She wished to prove to the community people that she had full control over her household.

Plan of Action: Having achieved positive relationship with Mrs. G and Kala, Renu considered the following actions for initiating the process of helping the family:

a) **Medical Care**

1) Convince Mrs. G to allow Kala to go to hospital for proper medical check-up.

2) To persuade Mohan to accompany Kala to the hospital, otherwise offer to escort Kala for medical check-up.

This will also confirm whether Renu had really won the family's trust.

b) **Facilitating Role Transition**

1) Help Kala accept her new roles of the daughter-in-law and that of wife.

2) Provide her emotional support and an opportunity to express her feelings in a safe and encouraging professional relationship with Renu.

c) **Improving Interpersonal Relationships within the Family**

1) Help Mrs. G understand difficulties of a young bride from a small village;

2) In a joint session, help Mrs. G spell out her expectations from Kala and let the latter express her anxieties;

3) Help the two women develop bonds of affection.

d) Use of Social Interaction for Kala's Resocialization

1) Persuade Mrs. G to let Kala join women's group to increase her interaction with the community people;

2) In case Mrs. G agreed to this suggestion of Renu, this had to be done very cautiously because women's curiosity and comments may create complications. That may undo all that Renu had accomplished. (Community pressures may have both positive and negative influence.)

e) Assertiveness Training for Mohan

1) To try for a breakthrough with Mohan and help him to become more assertive without being disrespectful towards his mother (A tall order! Renu felt)

2) Mohan could be persuaded to join some group of men in the community or at his work place;

3) Help Mohan take on the role of husband and feel responsible for Kala.

f) **Use of Community Resources**

1) Identify some woman in the community who was friendly with Mrs. G and could help in reducing Mrs. G's antagonistic attitude towards Kala;

2) Enlist help of such a contact by ensuring that this woman understands Renu's intentions.

g) Professional Relationship as an Intervention

Intervention

How many of the tasks listed above could actually be done depended, of course, on the family members reaction to the first task decided upon. Renu could not take her rapport with Mrs. G for granted. She had to continuously work on maintaining relationship with all the members. Relationship itself could be therapeutic (healing).

Evaluation

Kala carried on the medical treatment prescribed. Kala started talking more with her mother-in-law and took pains to cook food according to the latter's instructions. Mohan went with Kala to the hospital couple of times and worked in his mother's shop to enable her to take rest. Kala attended the *kirtan* along with Mrs. G. Mrs. G showed off her daughter-in-law proudly in the women's group. Kala had a good voice and sang devotional songs in the group, which were appreciated by other women.

Termination and Follow-up

As the things were under control and interpersonal relationships within the family improved, Renu reduced her visits to the family. As she continued to work in the *basti*, she would greet them occasionally but terminated the case.

Check Your Progress II

Note: a) Use the space provided for your answers.

b) Check your answers with those provided at the end of this unit.

1) What social problems are reflected in the client's situation?

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2) How did the worker win the trust of the client's mother-in-law?

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3) Who is the real client in the family casework? Support your answer with reasons.

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4) From the case, what is the kind of relationship of the family under study with other families in the community?

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Assignments – II

a) In case Mohan had been addicted to alcohol or drugs, what would be your action plan?
b) If the husband and mother-in-law had been beating Kala (domestic violence), what would your action plan (interventions) be?
c) What legal provisions are there for dealing with cases of domestic violence?
d) In the light of the concept of "empowerment", work out an action plan for helping Kala.

e) As a caseworker at a remand home, you are required to work with Mohan/ Mrs. G. Critically review the use of the principles of acceptance and non-judgmental attitude in such a case.

Write down your answers and discuss with your field instructor.

2.7 LET US SUM UP

We have seen that social casework practice is determined by the client (person), his/her social environment (context), the problem and/or concern for which the client needs professional intervention (problem), and the setting in which the worker is employed and where the client meets the worker (place).

Study of 'Person' and 'Problem' has two dimensions: 1) Needs and 2) Life Span (developmental tasks and social roles concepts) perspectives. Understanding goals, services and service delivery systems, and resources of human service organisations (Place), in which the worker is employed, is very necessary for the caseworker to utilise casework process for helping the clients.

You have also gone through a brief description of different client groups and settings where these client groups receive casework services.

The process of social casework (study, assessment, intervention, evaluation, and termination and follow-up) has been illustrated through two cases.

The illustrations and the questions raised in assignments will help you in appreciating various factors that are likely to influence assessments you arrive at and interventions you may decide to offer. The illustrations also sensitise you towards use of some of the principles and the skills in the social casework process.

You have also been able to get some idea of settings and areas of social casework practice to understand and appreciate its scope and relevance.

2.8 KEY WORDS

Empowerment : According to Barker's Social Work Dictionary, empowerment is "the process of helping individuals, families, groups, and communities increase their personal, interpersonal, socio-economic, and political

strengths and influence towards improving their circumstances." Empowerment counters powerlessness and oppression.

Proactive : Reaching out to the clients without waiting for them to first seek help. It is opposite to the clinical approach.

Rehabilitation : Rehabilitation for persons with physical or mental disability means 'restoration to the fullest physical, mental, vocational, and economic usefulness of which they are capable'.

Dehumanising : Degrading; not considering service users as human beings, worthy of respect irrespective of their status in life.

Multidimensional : Having many layers and aspects.

2.9 SUGGESTED READINGS

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Feltham, Colin & Ian Horton (2000, Eds.), *Handbook of Counselling and Psychotherapy,* Sage Publications, London.

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2.10 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) The worker accepted the client and with genuine concern for her, collected only the relevant data, the information which would help her understand the client's context and the problem/s affecting the treatment plan of the doctor. She found that the patient's anxiety arose from two main sources:

a) Apprehensions about risk to life or post-operative complications
b) Problems due to hospitalisation

These anxieties made the patient resistant to the medical treatment prescribed to her.

1) The worker decided an action plan and undertook the following interventions:
   - Giving accurate information about her medical problem and the chances of recovery.
   - Identifying and mobilising family resources (including kinship network-relatives).
   - Utilising resources at the disposal of social work department. Hospitals' Social Welfare Departments generally have a number of funds, concessions, free tests or medicines, contacts with other social welfare agencies, list of people available for working on wages, arrangements for temporary stay in or near the hospital and so on.

2) The worker was guided by the principles of acceptance, client's right to self-determination. She used the techniques of assurance, mobilising community/agency resources.

Check Your Progress II

1) Various socially constructed realities were responsible for the problem in question:

- Kala was much below the legal age for marriage. Despite her in-laws being in the city for a long time, they still followed many of the traditions, particularly related to marriage, of their native village.

- She also had not been prepared for the role expectations she had to fulfill in her matrimonial home. Transition from a joint family set-up to a small family also had its own stresses.

- Her husband's family had migrated to the city a long time back. Urbanised life-style and family norms had influenced her husband, while she remained socialised in village life.

2) Using the principles of acceptance, non-judgmental attitude and control of personal emotional reactions (maintaining objectivity), as also developing empathy with all the three members and communicating the same made it possible. Effective use of professional relationship proved to be important throughout.

3) While the worker started her work on account of her concern for Kala, she realised quite early that all the three members needed help in achieving effective social functioning. As such the entire family became the client of the worker. The objective was to achieve harmony and positive interpersonal relationships, which would lead to emotional well-being of all the family members.

4) The family was well integrated in the community they were living in. It is clear from the participation of the mother-in-law and later the daughter-in-law in women's group. Also, a neighbour was willing to assist the worker in her interventions.