

Conceptual Framework

While many social workers verbalize that good case recording is important, it is often not given high priority in practice. Many workers view recording as an agency or legal expectation to assure accountability. However, properly completed case recording is an essential component of good casework practice, and can serve many beneficial purposes.

First, the written case plan is formal documentation of the outcomes of the case planning process. There are several reasons why this information should be documented in writing:

- 1) A written case plan assures that the caseworker and family members understand and agree on the case goals and objectives, and on the activities needed to achieve them. The case plan document becomes a working contract, which may be referred to during the intervention process to assure that activities are implemented as written. Each involved party should receive a copy of the plan to guide their activities.
- 2) The case plan document can organize the caseworker's thinking about planning. By following the plan's standardized written format, the caseworker can assure the thoughtful completion of each step in the planning process, in their proper order.
- 3) The written case plan can also be used as documentation to meet statutory case planning requirements. All child welfare agencies are subject to federal statutory mandates (P.L. 96-272) and, as a result, most agencies require that a standardized case plan be completed for each family served by the agency. Maintaining the written case plan in

the case record provides documentation that a case plan has been formulated for the family, and also assures that the agency has met policy regulations.

- 4) A written plan can facilitate case review by supervisors.
When a well-formulated case plan is included in the case record, the supervisor can assess case progress without relying on the caseworker to verbally communicate the information. This can save considerable staff time. Prior review of a written case plan also saves time for participants in formal case review sessions.
- 5) The case plan can serve as periodic summary case recording or dictation. A thorough, written case plan concisely documents all pertinent information regarding a family's strengths and needs, and the agency's response to those needs. Case plans and amendments should be filed chronologically in the family case record. This eliminates the recording of extraneous, random data, including "run on" descriptions of contacts, which are typical of process-style case recording. Using the plan as dictation consolidates paper work, and reduces the amount of time the caseworker must devote to documentation.
- 6) The case plan is also an effective way to transmit relevant case information to collaborating service agencies, such as the juvenile court. In cases where the court assumes custody of the child, the case plan is typically filed with the juvenile court. By reviewing the case plan, the court can more accurately review the agency's provision of services, and the family's involvement and progress. The case plan may also be used to justify reunification of a family and termination of court custody, or to support a request for temporary or permanent termination of parental rights.

- 7) When a family receives services from multiple providers, the case plan should be jointly formulated by the primary providers in collaboration with the family. This might include foster or kinship caregivers, or residential care staff, when children are in placement. All service providers should have copies of the most recent case plan to guide and coordinate their service delivery, thereby preventing service gaps, duplication of effort, or misunderstandings of roles and responsibilities by providers.

Caseworkers should not attempt to complete written case plans without first fully completing the proper planning process. Written case plan documents which are not preceded by thorough case planning are often sparse in content, and the designated goals, objectives, and activities often fail to properly address the family's needs. Unless the case plan has been properly formulated, the written plan document will serve none of the purposes listed above.

Application

There are several principles of effective case recording. They include:

Principle # 1: Record Facts, Not Judgments

The case record should record, as concisely as possible, what the worker sees, hears, and experiences while working with the family. The case record should document facts accompanied by dates and clear behavioral descriptions. A factual recording will also be more readily accepted by the legal and court system as legitimate documentation. Compare the following dictations describing the same home visit.

Lana and Ben

Lana is the 18-year-old mother of Ben, a six-month-old infant. The case was assigned to family services after Ben had been hospitalized for six weeks for severe malnutrition and failure to thrive. Family Services was assigned to protect Ben and assure he was being cared for properly.

Dictation #1:

When I arrived at the home, Lana was disheveled and seemed drugged. She didn't seem happy to see me. I asked to see the baby. She resisted, and tried to change the subject. I finally convinced her I needed to see Ben. He was in his crib, and was filthy dirty, and depressed. He looked like he hadn't been out of his crib for several days. I told Lana I didn't think he was getting proper care. She got angry and more resistive. I asked what she had been feeding him, and she assured me he was eating, even though it looked like he had lost weight again. I told Lana we needed to take Ben to the doctor immediately. She became belligerent and uncooperative. I took Ben to the emergency room myself.

Dictation #2:

Lana answered the door dressed in a nightgown, her hair was uncombed, and she said she had been sleeping. Her speech was slurred, thick, and halting. She appeared to stare past me; her eyes were partially closed, and her face looked swollen. She asked why I was there. I reminded her we had an appointment, and I asked to see Ben. She said he was sleeping and couldn't be disturbed. I insisted, and followed Lana to the bedroom. Ben was in his crib, wearing only a soiled diaper. The crib sheets and blanket smelled of urine and feces.

Ben had a serious diaper rash. He did not respond when I called his name. When I turned his face toward me, he stared beyond me. When I lifted him, he felt lighter than the last time I had seen him. I told Lana that we needed to take Ben to the doctor immediately. Lana swore at me, told me to leave her alone, and said she would not go anywhere with me. She stomped into her bedroom and slammed and locked the door. I bundled Ben into a blanket, called the police, and we took him to the emergency room at Children's Hospital.

Discussion

The first dictation relies on value-laden adjectives to describe Lana and Ben: disheveled, happy, filthy dirty, depressed, angry, resistive, belligerent, uncooperative. All are subject to question. How did the worker know Ben was depressed? What, in the worker's view, constitutes belligerence or uncooperativeness? We wonder just what the worker saw, and what her justification was for making these claims.

In the second dictation, the worker used nouns and verbs to describe behaviors, and gave more objective descriptions of what she saw. She does not use pejorative labels, nor make judgments about what she is seeing. The description speaks for itself. It is clear that Ben is in trouble, and Lana is not cooperative.

When appropriate, the worker can summarize the conclusions she has drawn. These are identified in the dictation as her own perceptions and judgments. For example, Lana's worker might conclude the dictation by saying:

It is my belief Lana was on drugs or alcohol, and possibly both, based on her slurred speech, erratic behavior, and her appearance. This has been typical during my home visits. This is also the third time I've visited and found Ben to be neglected, in spite of in-home services. His condition has deteriorated since we opened the case two months

ago. He is lighter in weight, and much less responsive. and he seems to have lost muscle tone. I do not believe Lana is capable, at this time, of providing a safe environment for him.

Principle #2: Record Only Relevant Information, and Be Concise

Many workers record extensive, unnecessary, run-on information in their case recording. This adds paper to the case record, and makes it almost impossible for a reader to extract relevant information to determine what is really happening. Compare the following descriptions of a family interview.

Ricardo and Johnny Mendez

Dictation #1:

On September 17th, I met with Ricardo at his house. When I got to the house, Johnny was playing on a tricycle in the yard. Ricardo was not yet home from work; he was late, so I played with Johnny and talked to the babysitter until Ricardo got there. Johnny looks healthy and happy. The babysitter said he had been eating and sleeping well, and didn't seem to be having any problems. When Ricardo arrived, we went into the house and met in the living room. He told me his ex-wife had called and threatened to take him back to court for custody of Johnny, if he didn't let her see him any time she wanted. He said she had been coming around at all hours of the night and waking the neighbors. He said he didn't want her to visit with Johnny, because nothing had changed for her, and he was afraid she would abuse Johnny again if she got the chance. He asked me whether I thought it would be a good idea to file a restraining order against her. He also assured me that his babysitting arrangements were set for the fall, when the sitter had to go back to school. Ricardo has arranged for his

mother's aunt, an elderly woman who lives up the street from his mother, to care for Johnny during the day until Ricardo got home from work.

Dictation #2:

Home visit, 9/17. I visited with Johnny and the babysitter in the yard until Ricardo arrived home from work. The sitter reported that Johnny had been eating and sleeping well, and she felt he was healthy and happy. Ricardo reported that his ex-wife has said she would file for custody of Johnny if she could not visit him when she wanted. She has frequently come to the house late at night to visit. Ricardo stated his concern about the possibility of her abusing Johnny during a visit, and asked about the validity of a restraining order. Ricardo has arranged for his mother's aunt to provide daytime care for Johnny in the fall.

Principle #3: Summarize Activities in Lists, Not Narrative

To document activities in a case, record the dates of the contact, who was seen, the purpose, and the outcomes in a list or chart. It is easier to understand the sequence of contacts, and the important outcomes of the visit than if they are buried in a paragraph of description. For example:

Date	Type	Who Present	Activities/Outcomes
10/1	Home Visit	Ann, Debra	Discussed Debra's returning to school. Arranged to transport Ann to clinic on 10/4 to be rechecked for anti-depressant medication.

10/4	Home Visit	Ann	Transported Ann to doctor. Discussed her progress with Ann and psychiatrist. He is pleased with her progress. Reduced therapy to 2x/month. Set recheck of meds for 11/30.
10/5	Phone	Debra	Called me from school. She has been suspended. Asked me to intervene with principal.
	Phone	Ann	Called Ann. She met me at the school.
	Meeting At School	Ann, Debra, Counselor	Talked with guidance counselor. Agreed on plan to get Debra tutor to reduce her frustration. Debra agreed to seek out guidance counselor when upset; will not blow up in class. Counselor will inform Debra's teachers of arrangements.

Principle # 4: Use Summary Dictation Whenever Possible, Not Process Recording

Process recording is the verbatim, detailed, often blow-by-blow description of what happened during a case contact. It is often called the "running record," which is an apt description, since it does tend to run – on and on. It is wordy, redundant, and often confusing. It is impossible to glean important information quickly.

Summary recording is a concise, summarized description of the important facts and events in the case for a specified period of time. It enables the reader to quickly discern the family's needs, the services provided, and the outcomes of

From Rycus, Judith S, & Hughes, Ronald C. *Field Guide to Child Welfare*, 1998. All Rights Reserved.

services. When combined with a record of activities, as illustrated above, the agency has complete documentation for court or other legal proceedings. When case activity is high, and explicit documentation is needed, occasional process entries may be added to the record.

Summary Dictation: Angela and Troy Dawson

Family: Angela Dawson, age 24. Troy Dawson, age three.

Mrs. Raelene Hunter, Angela's maternal grandmother.

Date of Dictation: 6/22/16

Dictation Covers Period From: 3/1/16 - 6/22/16

Contacts: 8 home visits, and weekly/bi weekly phone calls.

2 meetings with protective day care provider.

1 meeting with psychiatrist at LMHC.

Case Summary:

Troy was returned to Angela's care in 1/1/16, after having lived with Mrs. Hunter since birth. Angela has been recovering from an addiction to crack cocaine, and is trying to maintain a home for herself and Troy. Mrs. Hunter continues to support Angela. Angela is still involved in individual and group therapy, and drug counseling at the Logan Mental Health Center. She enrolled in a job training program on 4/6/16

Angela had considerable difficulty caring for Troy when he first returned home. (See previous dictation, dated 3/1/16). Troy was enrolled in protective day care to provide Angela with respite. He was

retained in the day care program when Angela entered job training. Troy remains in protective day care during the day. Angela picks him up at 4:00, after her job training.

Angela reports no serious problems caring for Troy. Worker has made several dinner time home visits to observe Angela, and to provide support in her feeding and bathing of Troy.

Current Assessment:

Angela is managing school, therapy, and child care reasonably well. Each time I have visited the home, Troy has been clean, properly dressed for the weather, and he appears healthy. He approaches Angela often for affection, and she hugs or pats him. She talks to him, and looks at magazines with him, and she will occasionally playfully chase him around the apartment.

Day care provider says Troy's behavior is age-appropriate, and he gets along well with the other children. He has occasional "fits," but they seem to blow over quickly, and he can be reengaged into play.

Angela reports often feeling tired, stressed, and sometimes depressed. She says she calls her mental health therapist or her drug treatment "buddy" when she feels depressed. The mental health therapist has verified this. Angela also takes Troy to Mrs. Hunter's for anywhere from a night to a weekend when she feels overwhelmed. Mrs. Hunter has agreed to keep Troy whenever Angela needs help, but for no longer than a weekend. Angela says a weekend is long enough. She has always picked Troy up at the agreed-upon time.

Angela reports still having problems with Troy's tantrums. She claims she gets very angry with him, and even though she has learned time-

out, she claims she can't always implement it. She says she can't help but yell at him to "shut up" while he's screaming. Mrs. Hunter received a call on 5/12 from Angela's neighbor, stating that Troy was alone in the house, and had been screaming violently for over an hour. Mrs. Hunter went to the house and found Angela at home, having put Troy in a "time-out" chair for having thrown his cereal bowl across the kitchen. Angela told Mrs. H. she was "letting him scream it out, like they taught me." I talked with her about considering other strategies that may prevent the lengthy bouts of screaming.

Angela has not been able to meet other case plan objectives. She has not talked with the employment counselor about jobs, and she has not looked for a place to live with two bedrooms. She claims she can't do everything at once, that it will "stress her out too much," and she's afraid of a relapse.

Drug counselor says she has attended all meetings but one, when she called in sick.

Case Goals and Objectives:

Case goal remains maintaining Troy at home with Angela.

Objectives from the case plan are still appropriate. Time frames have been adjusted to decrease stress to Angela. I negotiated an additional objective with Angela to increase her options for disciplining Troy. She agreed to work with a parent trainer in her home, or to let the day care provider help her, to assure she is properly implementing time-out, and to teach her other discipline strategies.

Activities

Worker will continue to make regular home visits and communicate with mental health and drug counselors.

Worker will set up meeting with the job training counselor to help expedite Angela's job search, and will accompany Angela to the first meeting with the job counselor.

Worker will contact the housing authority to get Angela assistance in locating more appropriate housing.

Worker will refer Angela to a parent trainer, and will schedule meeting with Angela, parent trainer, and day care provider to arrange coaching on discipline strategies.

All other case plan activities will continue to be implemented as written.