

### *Conceptual Framework*

Without case plans to guide casework activities, decisions to close cases are often made using inappropriate or inconsistent criteria. As a result, some cases may be closed prematurely, while others may remain open for extended periods of time without intervention.

In many instances, the decision to close a case is unrelated to the service needs of the family, and is not the result of good case planning. For example, cases may be closed because of minimal case activity for a period of time. Workers may justify such closure, believing, "I haven't seen the family in quite a while, and I haven't had any referrals on them, so they must be doing okay." Caseworkers may also close cases because of agency pressure to reduce caseload size, or to adhere to the procedural requirements of a brief service or short-term intervention model.

Conversely, workers may keep inactive cases open, since closing them will reduce caseload size, which usually results in the assignment of new, perhaps more difficult cases. In some agencies, cases remain open while workers "wait and see if anything develops." This is more common when agencies are concerned about their liability if they close the case and the children are subsequently maltreated. However, this practice may actually increase liability, if a child is harmed in a family that is statistically open, but in which the worker has had little or no contact.

Some cases are kept open under a rubric of "preventive services." Preventive services can be misconstrued by both agencies and workers as a license, or even a responsibility, to remain involved in the lives of their cases indefinitely.

Some caseworkers keep cases open because they like a family and have been successful in working with them. Continued involvement with a family is reinforcing for the worker. Some families want the case to remain open, since they depend on agency supportive services, even when the risk of future maltreatment is low.

Improper case closure does increase liability. When cases are closed improperly, families in need of protective services may be prematurely closed, which can increase risk to the children. Or, families in which there is little risk may remain open, while the caseworker provides supportive interventions that utilize considerable worker time and agency resources. While income-related and family support services are often necessary to strengthen and preserve families, other service providers in the community should be identified or developed, and the family should be helped to access and properly use them. This enables child welfare staff to focus efforts on families and children at high risk of maltreatment.

*The most valid criteria to justify case closure is the successful completion of a well-formulated case plan!* Without such a plan, workers may not be able to say with reasonable surety that case goals and objectives were achieved, or that the risk to the children was reduced. When the caseworker can demonstrate that thorough planning was performed, that conscientious and planful delivery of services occurred, and that case objectives were met prior to case closure, the agency should generally not be considered culpable if further maltreatment occurs after the case has been closed.

## Recidivism

The reopening of a family case by the agency after the case has been served and closed is referred to as *recidivism*. Many factors can contribute to recidivism. Some of these are not within the control of the caseworker or the agency. However, several factors related to improper case closure or absent case

planning can greatly increase the rate of recidivism. Cases are more likely to be reopened if:

- The case was insufficiently or improperly assessed;
- Services were not identified to properly address the contributing factors to maltreatment;
- The intervention strategies were not effective in significantly reducing risk before the case was closed;
- The family was not linked to permanent sources of support and assistance prior to case closure;
- The case was closed before the family was ready to function without ongoing casework assistance; or
- The caseworker did not terminate the casework relationship properly.

For the foreseeable future, human behavior will remain, to some degree, an enigma. In spite of our most conscientious and most professional efforts to achieve positive case outcomes, and in spite of our best clinical judgments, we will not always be able to reliably predict the future behaviors of clients. Some parents or caregivers will again abuse or neglect their children, in spite of our most professional efforts. We cannot be held accountable for every case of recidivism, or for every instance in which children in families whose cases have been closed are again abused or neglected. However, we should be held stringently accountable for the way we meet our responsibilities of risk assessment, case planning, and service delivery.

## *Application*

### Determining When To Close a Case

A properly-formulated case plan, regularly reviewed and amended when necessary, is the most legitimate means of determining when to close a case. The appropriate criteria for closing a case should be:

- The agency can demonstrate with reasonable surety that the children are no longer at risk and are not likely to be subjected to further maltreatment. The criteria on which to base the decision are: the contributing factors to risk or maltreatment were properly identified; services were delivered that effectively addressed and eliminated risk factors; and no new risk factors have been identified.
- The children have been placed into other, permanent family situations in which there is no risk of maltreatment.
- The family situation has been stabilized, and the family has been linked with other community resources to provide them with ongoing supportive services as needed.
- The family cannot be located, despite intensive efforts by the worker to find them; or, another worker or agency assumes responsibility for the family, such as when the family moves to another community.

### Issues Related to Case Closure

Caseworkers often believe that the families they serve are anxious to have the case closed. In reality, if a casework relationship has been established, and the casework method utilized, many families view the caseworker as a trusted source of support, even though they may never verbalize these feelings. As a

result, there may be an increase in family stress when case closure is imminent. The family may view case closure as a threat to their stability, and they may not want to end casework involvement.

If, through casework intervention, a family can develop confidence in their own strengths and abilities, and can learn to use support from their families and communities, the stress associated with case closure can be reduced. This may include: establishing support networks within the family and extended family; pursuing membership in a church, or developing relationships with a minister and members of the congregation; establishing linkages with staff of local family service or community centers; attending parenting, support, or therapy groups; and becoming involved in community programs for their children, such as Head Start or other preschool programs. Helping families utilize these community-based supports should be a central objective of casework services. The most appropriate sources of support must be identified and individualized for each family.

When the caseworker and family have developed a positive relationship, family members may experience a significant loss when the case is closed. The caseworker may have been a consistently trustworthy and dependable person for family members, and through this relationship family members may have felt worthwhile, cared for, and valued by another person. Closing the case may reinforce some clients' beliefs that people come and go in their lives, that there are no permanent relationships, and that perhaps, the worker never really cared about them but was just doing a job. Case closure may be experienced as abandonment, which can precipitate a regression to previous ways of behaving and relating.

The caseworker can prevent this by ending the relationship properly. The following strategies facilitate a positive case closure and can help prevent recidivism:

- The worker must clearly state the purpose of the casework relationship early in its development. The worker should help family members understand that the worker is there to help them develop their own strengths and resources, and to learn ways to help themselves; and, that it will end when this purpose has been achieved. This will help prevent the family from feeling that the caseworker has somehow changed the agreement and abandoned them.
- The caseworker should involve the family in planning for closure through discussion and review of the case plan, and by setting time frames for case closure. The worker's direct involvement should be gradually decreased during this period. The caseworker should encourage and reinforce the family for managing problems themselves. Increased and successful management of their own problems will increase the family's self-confidence.
- The worker and family should acknowledge case closure as a kind of graduation, and should reflect on the family's successes, accomplishments, and growth. The worker's praise and support are reinforcing to the family's self-esteem. However, the worker must be honest in acknowledging both the family's gains, and the potential for continuing problems. Some clients respond to overstated praise by feeling the worker does not really understand their situation, and is glossing over the fact that they will continue to need assistance and support.
- The worker should encourage the transfer of attachments from the caseworker to other supportive relationships within the family's local community. Through the relationship with the caseworker, family members may have learned that other people can be trusted to help them. This may help them establish or strengthen other relationships available to them. The caseworker should reaffirm that, "I'm not the

only person in the world who is trustworthy, who is helpful, or who can care about you." Linkage with naturally occurring support systems can provide the family with relationships that can survive over longer periods of time. The establishment of these linkages should be an objective of the case plan.

- Finally, the caseworker should reaffirm concern for the family, and reassure them that discontinuing services does not mean the worker no longer cares what happens to them. Some families may not verbally express their feelings of loss or abandonment unless given permission to talk about it. The worker can open discussion by saying, "You seem depressed, and distant. Are you angry with me for closing the case? Many families feel abandoned and alone. Are you feeling that way?" The caseworker may need to talk about the permanence of positive feelings for other people, despite physical separation. When a relationship has been particularly strong, an occasional follow-up phone call or card may let the family know the caseworker is thinking of them.
- Finally, the worker should reassure the family that if they have additional problems and needs, they can always call. The worker will help them identify appropriate services, and can provide short-term support and guidance.