11   Casework

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One of the most succinct yet accurate definitions of casework comes not from the plethora of textbooks with 'casework' in their title but from the *Oxford Illustrated Dictionary*. It defines casework as 'social work done by personal study of cases (individuals or families)'. This definition captures some of the essential features of casework: it is an approach used by social workers rather than other helping professionals; it involves 'study', the application of theories drawn from a range of social sciences to practice; it is a personal service and one which is offered to individuals or small groups of individuals in their family context.

'Casework' was once almost synonymous with the term 'social work'. However this is no longer true. There are many social workers who do not use a casework approach. The word is, in fact, no longer used so frequently in modern social work. It has however a long and, many would argue, honourable history.

HISTORICAL PERSPECTIVES

The origins of casework can be traced back to the latter part of the nineteenth century. The earliest known reference to 'caseworker' is to be found in the Proceedings of the National Conference in 1887 (Briar and Miller 1971:4).

Social welfare provision in the nineteenth century was largely the responsibility of those charged with the task of administering the Poor Law, supplemented by a variety of charitable and philanthropic enterprises. In Britain in 1869 the Charity Organisation Society (COS) was formed, with a similar body being founded in America. The early representatives of the COS, the 'friendly visitors', were charged with the task of distinguishing between the 'deserving' and 'undeserving' poor. Friendly visitors had to determine on an individual or family basis which people were worthy of help. They could only do so by a thorough assessment. This meant that detailed records had to be kept and volunteer visitors had to be trained in how to make an assessment and record the information gathered.

At the same time, social reformers such as Robert Owen, Elizabeth Fry, Mary Carpenter and William Watson recognized that many of the problems of society lay not in the 'unworthy' individual but within society itself (Seed 1973:18). Octavia Hill, another notable reformer, was concerned with environmental improvements in housing, supported the settlement movement founded by Samuel Barnett and was also actively involved with the COS. With her own deep respect for each individual, she was influential in changing attitudes towards those in need.

These developments meant that, by the early part of the twentieth century, casework in its modern form had emerged. The fact-finding assessment process was now so complicated that it could only be undertaken by trained professionals. Mary Richmond (1917), one of the pioneers of casework, defined it in her *Social Diagnosis* as a scientific and logical approach to social investigation (Briar and Miller 1971:7). All individuals had an intrinsic worth and dignity and therefore deserved respect. The caseworker's job was not to determine who was deserving, but to assess how best an individual or a family could be helped and then to formulate and implement an appropriate treatment plan. Social, environmental, economic, personal and family factors were all to be taken into account. Furthermore the assessment could only be effectively made within the context of a friendly relationship between helper and helped.

The First World War saw the demise of the concept of deserving and undeserving as families and individuals from all walks of life, including the middle classes, required assistance and support. During and immediately after the war, the medical profession came to the fore of national consciousness. Not only were broken bodies healed by doctors but it seemed that broken minds, people suffering from shell shock, could be healed by psychiatrists. The work of Sigmund Freud appeared to give answers to so many mental and emotional problems. Caseworkers, seeking to increase their professionalism and the scientific basis of their work, embraced much that the medical profession, and psychiatry in particular, had to offer. In 1918 the Smith College in America opened one of the first training schools for psychiatric social workers.

This new psychiatric framework meant that if environmental and social factors could not supply a solution then the individual's inner world might be able to do so. However the Depression of the 1920s and 1930s meant that the environment again impinged. Lengthy in-depth psychoanalysis was seen as something of a luxury. A second Freud, Anna, in her *Ego and Mechanisms of Defense* published in 1946 offered a timely new framework from which emerged the Functional school. Its proponents believe that the ego, the conscious part of the individual, has its strengths and defences. People need not be the pawns of either environmental or internal unconscious forces

(Gambrill 1983). Instead, the caseworker's task is to help clients to discover and release their own coping mechanisms. Client motivation and co-operation were key concepts.

The Second World War saw the culmination of the suffering which had started with the Depression. In the ensuing peace there were hopes of a brave new world in which poverty and suffering on the scale seen before and during the wars would be obliterated. Britain saw the emergence of the welfare state in which both medical and social work professions were to make a significant contribution. However, as the state played an increasing part in welfare provision, its agents had to act in a social control role. As concern about delinquency and 'problem families' grew in the 1950s social workers found themselves exercising authority and working with uncooperative clients. This necessitated the development of new casework models.

By the late 1950s Helen Perlman was offering the world of social work her problem-solving framework. She criticized the study-diagnosis-treatment model of earlier workers for producing 'more problem-solving activity on the caseworker's part than on the client's' (Perlman 1957:61). She therefore advocated improving the client's own problem-solving capacities.

The 1960s saw the development of the Diagnostic or Psychosocial school, which again has much in common with the Functional school. One of its greatest proponents was Florence Hollis. She identified four major casework processes: environmental modification; psychological support; clarification or increasing the client's ability to see external realities clearly; and insight-giving to enable the client to understand the influence of past and current emotions. She also acknowledged that 'there is such a thing as professional authority…and under certain circumstances it can be put to very good use' (Hollis 1964:97).

The Psychosocial school emphasizes assessment and the casework relationship. It seeks to rectify problems in the environment, while enhancing the client's own ego strengths or coping mechanisms by support and clarification. But, in its endorsement of insight-giving, it draws on psychodynamic therapies.

Although the Psychosocial school had a considerable influence on social work, it was not without its critics. Firstly, psychoanalysis and insight-giving all required relatively prolonged intervention. Some clients could not afford to wait. Furthermore as William Reid and Ann Shyne, the exponents of 'brief casework' explain, 'While caseworkers continue to be in short supply, the clienteles of casework continue to grow' (1969:1). This meant that there was a search for faster and more economical treatment methods. There emerged not only 'brief' as opposed to 'extended' casework but also 'task-centred casework' (Reid and Epstein 1972). The latter typically involves about twelve

sessions. The caseworker and client agree tasks and objectives which are then worked on by the client between treatment sessions.

Secondly, it became obvious that prolonged assessment, insight-giving and support did not always elicit any real change. There was also concern that psychosocial methods were only effective with certain groups, particularly those who were fairly articulate and could respond to verbal reasoning. By the early 1960s, clinical psychologists had started using behaviour modification to good effect. This offered an efficient, economical method of intervention which was seen to be effective with a wide range of hitherto intractable problems (Jehu *et al*. 1972; Schwartz *et al*. 1975; Fischer 1978). Behavioural casework became a popular method of intervention.

As earlier theories were challenged and fresh ideas were gathered from the social sciences, new models blossomed until, by the 1980s, there was an almost overwhelming number of theoretical frameworks for caseworkers to choose from. To those already mentioned could be added: cognitive therapies (Fischer 1978); crisis intervention (Rapoport 1970); family therapy; competency-based casework (Gambrill 1983); Gestalt therapy; transactional analysis (Berne 1961); a systems approach; role theory models. Jeff Hopkins, in 1986, was able to itemize twenty-six different models on which caseworkers could base their intervention.

All these divergent frameworks and models are nevertheless united by a set of core values and an emphasis on the casework relationship. It is these unifying principles which will be examined in the following sections of this chapter. However, before continuing the theoretical discussion a particular piece of intervention, illustrating the efficacy of casework, will be described.

CASE STUDY—THE 'S' FAMILY

This case study recalls real events. The family members at the centre of this study have given their permission for their story to be used to inform and educate other helping professionals. However all identifying details have been changed. First names are used when referring to family members because this was their own stated preference.

> Tom, at the age of 30, was left with three young children after his wife had found a new partner. A skilled but poorly paid worker, he nevertheless wanted to keep his job, so he advertised for a housekeeper. Pam, aged 17 years old, was appointed. Pam's own family lived nearby. Her mother had alcohol problems. Under the influence of drink, she could be violent towards her three children, Pam, Jane and Joe. Pam had no contact with her father who had disappeared shortly after Joe's birth.
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> After a couple of years Pam and Tom married. Tom's three children had always been rather antagonistic to Pam. Their relationship with

their stepmother deteriorated further when she gave birth to a baby son, Dan. A number of weeks later Tom was rushed to hospital with a serious heart condition. He was not expected to survive.

Days later Pam's younger brother and sister arrived asking for protection because their mother was drinking heavily and physically abusing them. They moved in. Their mother responded by regularly coming to Pam's house at night, creating a commotion outside. The neighbours were soon complaining about the noise.

Social services responded by taking the three step-children into voluntary, short-term care as Pam was becoming increasingly depressed and exhausted. Dan was by now fretful and demanding.

Tom began to recover and, although needing intensive nursing care, was discharged home. His illness had left him with sight and hearing impairments. The social services at this point determined that the three step-children could return home.

Pam, now barely 20, was faced with the prospect of caring for six children including a young baby and a very sick husband, on slim finances in a two-bedroomed house. She had no real support. Her mother was still causing commotions day and night and the neighbours were hostile. One night Pam, feeling desperately tired and depressed, could not cope with Dan's crying. She wanted him to be quiet and let her get some sleep. She held his neck too tightly and the child died.

Pam was charged with unlawful killing and was placed on probation. She received psychiatric help for her depression. The three step-children remained in care but visited regularly. Joe and Jane returned to their mother who sought help for her drink problem. Tom despite his very many losses remained a source of strength and support for his wife.

Two years later Pam again became pregnant. Both she and Tom wanted to keep the baby and were willing to accept any monitoring and support that the authorities felt was necessary. It was agreed that they should do so with voluntary supervision. By the time of the baby's birth the Probation Order had virtually come to an end. Therefore, the family was allocated a specialist caseworker.

Although, ever since the death of Dan, the family had been carefully assessed, one of the first tasks of the caseworker was to evaluate the strengths and vulnerabilities of the family. Problems which might create undue stress were identified and ways found of coping with each problem as it arose.

The caseworker used a variety of ways of alleviating problems. Sometimes material assistance was appropriate. Verbal therapies were employed when helping Tom recognize and express his anger about

his losses or when acknowledging with Pam her very real abilities as a mother. The caseworker used local contacts to mobilize the community into supporting rather than condemning the parents. She also drew on the expertise of other professionals, such as a specialist social worker for the hearing impaired, when Tom's deteriorating hearing demanded new ways of communication.

The 'S' family required a lot of help and reassurance until the new baby, Ross, reached the age at which Dan died. When he survived the first nine months the parents' confidence grew. When he was a year old the caseworker's visits and support diminished. Just after his second birthday the caseworker, with the agreement and understanding of the family, withdrew from formal contact. A few years later she learnt that Ross was making good progress and he now had a younger brother. The family had not needed the assistance of the social services since Ross was a toddler.

The parents expressed the view that without the caseworker's help, even had Ross survived babyhood unharmed, they would have had a very hard physical and emotional struggle. Instead they derived great joy from his early months and years. The caseworker gave practical assistance but also helped Pam and Tom mobilize their own strengths. It is debatable whether any other form of intervention would have met the family's many needs in so comprehensive a fashion.

THE CASEWORK RELATIONSHIP

The Charity Organisation Societies in America and Britain were concerned that the discharge of charitable welfare services should be placed on a scientific basis. This meant that a thorough, methodical assessment had to take place. But in order to do so the friendly visitors, the forerunners of caseworkers, had to form a positive relationship with the people they were trying to help.

The primary importance of the relationship became one of the distinguishing features of casework. Elements of the casework relationship have evolved and changed but its core has remained much the same since the earlier part of the twentieth century. It does not have the mutuality of a friend-friend relationship, nor the deep, penetrating, emotional components of the parentchild or psychoanalyst-patient relationship. By the 1960s, Felix Biestek (1961:12) was able to define it as 'The dynamic interaction of attitudes and emotions between the caseworker and the client, with the purpose of helping the client achieve a better adjustment between himself and his environment'.

Identifying the client

A 'case' can be an individual client or a group of clients in a family situation. One problem encountered by many social workers, especially those working with families, is the identification of the client: the person with whom they form a relationship and on whose behalf they act.

In the case of the 'S' family Tom, Pam and Ross were all 'clients'. The caseworker was able to form a relationship with each family member because the over-riding objective, that of ensuring that Ross was not harmed, was the same for each family member. The family was not in conflict. Assistance given directly to one member was indirect assistance to the other two. For example, provision of counselling for Tom helped him to cope with his losses, but it also benefited Pam and Ross because it gave Tom the emotional space and strength to meet their need for his affection and support.

However, problems arise for social workers attempting casework with couples, groups or families when the wishes of some members are in direct conflict with the wishes and interests of other members. Nothing has thrown this into greater relief in recent years than cases of child sexual abuse within the family. An illustration of this is the case of the 'B' family. Its members have again given permission for their story to be told although, as always, identifying details have been changed.

> One night, Mr B attempted to rape Ruth, his 12-year-old daughter. Mr B claimed that he had been drunk, had climbed into the wrong bed and had started to have intercourse with the person he thought was his wife.
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> There had been a history of conflict between Ruth and her father, caused possibly by Mr B's attempts to 'groom' his daughter by a combination of intimidation and seduction before attempting to rape her. The assault was, as far as Ruth was concerned, the 'last straw'. She could no longer trust her father and she did not want to live with him in the same household.
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> Mr B moved out temporarily but wished to return home. He had convinced himself that he had made an innocent mistake. He was very fond not only of his wife and Ruth but also of his 6-year-old daughter, Dora.
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> Mrs B found that when her husband left the household she was struggling to cope without his support. She was lonely and hoped for his return. She felt angry with Ruth, although she was not sure why, but did not want her to leave. She was also worried in case her husband attempted to assault Dora.
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> Dora, for her part, longed to have her father back home again. She did not understand what had happened and was angry with Ruth for 'causing a fuss'.

There was a maelstrom of intense emotions and conflicts within the family. The sexual assault had not only brought these out in the open but had intensified them. Any single caseworker trying to meet the varying demands and needs of each family member was doomed to fail. One of the reasons why traditional casework fell into disfavour in the late 1980s was because attempts by lone caseworkers to intervene in this type of family situation were totally ineffective. Lone workers tended to become sucked into the family system, becoming overpowered by the most powerful family member, who was usually the abuser. They then colluded against the victim and vulnerable family members or, alternatively, identified too closely with the victim and became overwhelmed by feelings of helplessness and hopelessness.

This danger was avoided in the case of the 'B' family because three caseworkers were involved. One social worker was charged with the task of helping Ruth and a second helped Mrs B and Dora. Mr B admitted the sexual assault, although denied attempted rape, and was put on probation. He was therefore allocated a probation officer. Each caseworker was able to form a positive relationship with their particular family member and each knew who their client was. In order to prevent destructive family conflicts being mirrored by the team of caseworkers, a case co-ordinator was appointed to identify and facilitate constructive coping strategies.

Underpinning principles

Central to casework is the concept of respect for each and every person. This respect transcends a person's role, status or behaviour. Some people may be admired more than others because they have special skills or attributes, but caseworkers afford all individuals, whatever their personal qualities, equal respect. The poor, the weak, the ill educated, the social outcast is given the same high regard as the wealthy, the strong, the highly educated or the socially acclaimed.

The dictionary includes in its definitions of the verb to respect 'to treat with consideration'. This is an essential feature for all caseworkers. Furthermore, they treat each and every client with the same degree of consideration. Caseworkers do not discriminate on grounds of colour, class, race or religion, an important value in our multiracial society. Nor do they discriminate on grounds of gender, age or disability. They do however take these factors into account when assessing the best method of responding to need.

Raymond Plant (1970) argues that the core concept in casework is that of respect for persons. He claims that other concepts or principles, such as 'individualization' or 'self-determination', are 'merely elucidations of various emphases within that concept' (Plant 1970:9). A number of principles,

supporting and expanding on respect for persons, have been identified by theorists.

Felix Biestek (1961) discussed seven principles of the casework relationship. These are individualization, confidentiality, acceptance, nonjudgemental attitudes, controlled emotional involvement, purposeful expression of feelings, and lastly, client self-determination.

Individualization

Under the Poor Law all people in need were seen as a burden to be disposed of as efficiently as possible. Little account was taken of individual circumstances. Paupers formed a homogeneous group or at best two groups, the 'worthy' and the 'unworthy'. As mentioned, pioneers from Elizabeth Fry to Mary Richmond changed this attitude. They embraced the view that human beings are united in that they all have a basic worth and dignity but all are separated by each person's own unique qualities and situations.

Caseworkers therefore will as far as possible avoid stereotypes and labels. While they will recognize that, for example, all women or all black people share a common history of discrimination, they will also be aware that each individual woman or black person will have his or her own unique experience and perception of discrimination.

Confidentiality

As Biestek so aptly explains, when a person comes seeking assistance from a social work agency 'he definitely does not want to exchange his reputation for the casework help he is seeking' (Biestek 1961:121). Caseworkers will keep to themselves private information about clients, unless they have to share it with others in order to gain appropriate help for their client and, sometimes, to ensure the safety of other people.

The ground rules to sharing information are: that the client should be told what is to be shared, when, how and why; that disclosure is restricted to those people who have to be told; that only essential information is shared.

Acceptance

This is the ability of the caseworker to maintain respect for clients despite their negative attributes and behaviour. It is tolerant understanding and acknowledgement of the reality of the client's feelings even if the caseworker cannot truly share them. Carl Rogers' term 'unconditional positive regard' summarizes the concept of acceptance (Pippin 1980:27).

Acceptance is 'conveyed by the worker's interest and concern, and by the

constancy of that response despite negative response or deviant behaviour on the part of the client' (Davison 1965:17). It is demonstrated by warmth and empathy on the part of the caseworker. Empathy is the ability to understand another person's world and to communicate that understanding by active listening and responding (Fischer 1978:192).

Non-judgemental attitudes

Caseworkers are not concerned with evaluating the moral worth of a client. It is however 'legitimate to assess and evaluate his qualities and potential' (Foren and Bailey 1968:38). In practical terms this means that social workers, for example working with child sex abusers, will refrain from imposing moralistic labels on their clients. However, they will challenge the abusers' attempts to minimize, rationalize and excuse their abusive behaviour. They will also legitimately probe the abusers' attitudes and belief systems in order to evaluate how far they pose a risk to vulnerable children.

Effective communication of feeling

Moffett (1968) usefully links two of Biestek's principles—'purposeful expression of feeling' and 'controlled emotional involvement' together under this heading. Purposeful expression of feeling relates to non-judgemental attitudes, in that clients have the right to talk about and show their feelings, including negative feelings, without being condemned by the caseworker. Instead the worker will be sensitive to the client's feelings, try to understand and give a 'purposeful, appropriate response' (Biestek 1961:50).

Client self-determination

This is not the same as encouraging clients to do exactly what they want whatever the circumstances. It means respecting clients' wishes, rights, capacity for self-knowledge and responsibility for their own actions. It is an expedience as well as a principle, because in practical terms people resist being told what to do. Externally imposed change is usually only temporary; permanent change comes from within.

There are occasions when caseworkers will make use of authority invested in them by virtue of their role or by law. This is sometimes necessary because clients are not always governed by conscious decisions or by awareness of the consequences of their actions. 'The client left to follow impulse, or driven by it, is not self-determining' (Parker 1972:21).

THE FUTURE FOR CASEWORK

The last two decades of the twentieth century have seen a revolution in social work. It has been forced to adopt and adapt the language and concepts of the market place. 'Casework', as a term, has given way to 'case management'. Social work agencies are care 'providers' and 'purchasers'. Clients are 'users', 'customers' or 'consumers'. Once social work borrowed from the medical profession with the use of terms such as 'patient', 'diagnosis' and 'treatment'. For a brief period it seemed to find its own terminology with 'client', 'assessment', 'intervention' and 'casework'. Now it has lost this identity and is borrowing and embracing the terminology and concepts of the world of business.

Casework processes are not, in fact, that far removed from general managerial models. Good management starts with the identification of needs and an understanding of the values and principles underpinning any response to these needs. This is much the same process propounded by social casework theorists, hence the very many textbooks devoted to a discussion of the values and principles of casework.

Effective managers then define the purpose of any action and identify goals, aims and objectives. This is also the task of the effective social caseworker.

Setting priorities, devising strategies and formulating plans form the next stage of both the management process and the casework process. For some social work interventions, such as task-centred casework, prioritizing goals and objectives is of paramount importance.

The action stage follows, as both manager and caseworker co-ordinate and implement plans. For managers, this might be to engage in a team-building exercise with his or her staff group. For the caseworker, action might be to obtain a material resource or to provide bereavement counselling. In both instances the action will only be effective if there has been early planning and preparation and if the staff group or client have been actively engaged in the process. Neither manager nor caseworker can act in isolation.

The final stage is that of monitoring, review and evaluation. In the past caseworkers, especially those from the psychodynamic schools, have perhaps paid too little attention to monitoring and review, concentrating instead on how best to disengage from a client. However, this stage now has a higher profile in social work in general in the wake of a number of highly publicized tragedies and scandals and the attendant media interest.

Just as the friendly visitor of the nineteenth century evolved into the caseworker of the twentieth century, so present-day caseworkers may well enter the twenty-first century as case managers. Social work itself having drawn on the physical and medical sciences in the last century and having

applied theory from the social sciences in this one, may well base intervention on the business and management sciences in the century to come.

It is to be hoped, however, that even if the terminology and theoretical frameworks change, most of the principles of casework are retained. If society loses sight of the value and uniqueness of each individual then the struggle against oppression and the abuse of power will be diminished. Jacqueline Spring, an incest survivor, wrote in her autobiography:

> When I read about concentration camps, I am drawn again and again to speculate on what made men and women able to live comfortably in the midst of such devastation without seeming to have any feelings for the suffering they were inflicting, or allowing to be inflicted, upon fellow human beings. The answer of course is, that it was only possible for them because they did not see the prisoners as fellow human beings.
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> (1987:51).

Social work must continue to demand what caseworkers throughout this century have demanded: that all people are respected, are accepted and have a right to confidentiality, to self-determination and to the expression of feelings. Only in this way will the de-personalization of vulnerable or minority groups be countered. Only by resisting the objectification of the members of such groups can society ensure they are protected from oppression. Only by valuing each individual may a return to the terms 'undeserving' and 'unworthy', applied to people in need, be avoided.

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