

SBC Case Planning and Casework Management Tips

1. Start with short summary of investigative results (i.e. why are we in the case). Include who is in the family, and developmental stage. Explain briefly what happened in terms of maltreatment, placing it in the context of what family task was at issue. Insert this short statement right under section "C" Recommended Plan.
2. Every Objective should have at least one task for Social Worker to complete.
3. Tasks for Social Worker are typically related to documenting success or lack thereof.
4. Every case note should be tied back to an objective of the plan.
5. Helpful to do the case plan in the current FamLink in obvious outline form: Indents, bolding dates, caps on Objective Type (FAMILY PLAN, INDIVIDUAL PLAN). Make the organization visually obvious.
6. First Family Objective should center on the issue of risk in the every day life of the family that caused the case to be open (i.e. Supervision, child discipline, cleanliness of home, etc)
7. Each task under an objective typically needs to reference :
 - Time,
 - who will do what,
 - how the plan will be shared if appropriate, and
 - Measurement, (a method to document progress) if appropriate for that task.
8. When children are in out-of-home care, there should be a final Family Level Objective regarding the family's efforts to support and stay engaged with children who are in care.
9. Objectives are most useful when they also restate the purpose of the objective, usually at the end of the objective (i.e., ...so she can keep her kids safe).
10. Try to keep language direct but not illicit confrontation (i.e., "drug use" rather than "drug abuse" is OK if it helps overcome barriers to partnership).
11. Be cognizant of the need to balance thoroughness with achievability. Not too many objectives and tasks but enough to measure change and risk reduction. Overwhelming clients who are already overwhelmed won't get it done anyway.
12. Try to condense treatment providers to a number that is doable by the family. Seek providers that can work on more than one objective whenever possible.
13. Try to limit separate assessments (psychological, parenting etc.) to situations where case specific questions MUST be answered before referral. Go to a place for assessment that can also do the treatment. Most places you can go to for treatment will do their own assessment - if so don't create conflict between assessments or unnecessary steps.

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