Abstract

The 8-Frame Window Model provides a basic framework for assisting caseworkers new to the field of child welfare transition from process recording to documenting case progress notes. The model was developed in response to a recognition of the mix of roles played by caseworkers in child welfare and their need to document salient information in a concise, logical and coherent manner. The model is conceptualized as an eight frame pane glass window where each pane is connected as a whole part to help the case planner connect and synthesize the information gathered to create a window view of the children and families to whom they are providing services.

Introduction

The idea of utilizing casework documentation as a tool to help improve outcomes for children and families is gradually gaining ground in the child welfare arena. Although new caseworkers may complain about the volume of paperwork they are required to do, more seasoned workers have come to realize that proper casework documentation is an integral part of actual practice. They appreciate that documentation not only helps to improve outcomes for children but also serves as a tool for protecting both children and caseworkers.

The challenge for case-workers new to the field of child welfare seems to be that of transitioning from doing process recording to writing professional case notes that capture actual casework practice in a cohesive, logical, concise, timely, coherent, and comprehensive manner. They are not sure how to view the family or how to capture salient information to inform practice without writing an entire dossier.

Recognizing this challenge, this article offers the 8-Frame Window Model as a basic framework for helping caseworkers make the transition from doing process recording to documenting professional casework notes.

The 8-Frame Window Model acknowledges that caseworkers in child welfare play multiple roles. They serve as practitioner, coach, counselor, advocate, and resource broker. As a first priority, they must protect children; stabilize and strengthen families whenever possible, through the provision of direct or purchased services; and prevent unnecessary separation of children from their families. This requires caseworkers to demonstrate high levels of critical thinking and specialized knowledge to recognize risk and assess for safety in the almost infinitely varied conditions that families face. They must be able to look beyond presenting problems to underlying factors. Caseworkers must be able to communicate effectively and synthesize information from multiple providers; they must understand domestic violence, mental illness, and substance abuse in order to recognize and assess for the safety and well-being of children. They must understand the education system, so that they can advocate for appropriate services; they must understand culture, values, and beliefs, so that they do not misinterpret client behavior; they must be able to conduct home assessments, so that they can determine child safety; and they must understand child development, so that they can ascertain whether children are developing age-appropriately. Caseworkers must also maintain confidentiality. When all is said and done, caseworkers must demonstrate professionalism by gathering, sorting, and documenting the numerous tasks.
undertaken, the service plans established, and the service goals accomplished.

Faced with such a myriad of challenges, child-care agencies must decide how best to help caseworkers capture each case scenario in a form that tells each child’s and family’s story and the actions the caseworker took to help strengthen the family and keep children safe. After all, “if it is not documented, it was not done!” Documentation remains the one priority that if not done in a timely manner negates all the other priorities or tasks undertaken by the caseworker. It was in response to this recognition of the mix of roles played by case planners and the need to document salient information that The 8-Frame Window Model was developed.

The 8-Frame Window Model

The 8-Frame Window Model is best understood from the perspective of the caseworker as outsider looking in on a family. Each meeting with a child and the child’s family provides a “window” of opportunity to get a snap-shot view of the family. It is an opportunity to create a composite picture of the family through casework notes that are substantive, factual, assessable, and meaningful. As changes occur in the family, that “window view” through which the family allows the caseworker to see them might change. If the caseworker does not know what to look for or what to document during these “window opportunities,” the result could be case notes that are superficial and haphazardly written. Poor documentation can also result in poor outcomes for children, due to insufficient or inadequate information to determine child safety or the family’s immediate and ongoing service needs.

The 8-Frame Window Model serves as a framework to help guide caseworkers new to the child welfare field in their documentation, specifically of case notes. The model is conceptualized as a complete eight (8) frame paneglass window, in which each frame is connected to and part of a whole rather than in isolation.

Using this analogy, as each framed glass pane is connected and helps to create the entire window, so too are the eight points suggested by the model:

Frame 1: Reason for involvement

The initial reason for your involvement will be determined by the allegations that led to child protective services (CPS) becoming involved with the family and the family’s assessed service needs. As you progress in working with the family, the reason(s) for your involvement will change. Stating the reason for your contact at each meeting will help you look contextually at the family’s problem and keep you focused on your reason for being involved with the family.

Examples:

- Caseworker is currently involved with the Brown family because of a recent mandated report to CPS that Johnny has been absent from school for more than two months. Caseworker is required to follow-up in assessing Johnny’s reason for failing to attend school and monitor his school attendance.

- Sandy was removed from her home by CPS and placed in foster care after her class teacher observed multiple bruises on Sandy’s body. It is alleged that mother’s boyfriend inflicted the injuries. Mother claims she was unaware of the injuries. Mother has a history of reported drug and alcohol use and was intoxicated at the time of CPS investigation. Sandy is currently placed in the agency-operated foster boarding home of Ms. Jones. Child’s mother is allowed to have supervised visits at the foster care agency until the next planning conference.

Frame 2: Reason for contact

The reason for your contact will be contingent upon the presenting problem or emerging issues. Stating the reason for your contact will help you stay focused on the service goals to be accomplished.
Examples:

- Caseworker made a home visit with Ms. Brown today to address Johnny’s failure to attend school for the past two months.

- Caseworker visited the foster boarding home of Ms. Jones today to assess Sandy’s adjustment to placement with the Jones’ family.

Frame 3: Gathering of information/conversations

The gathering and documentation of information from the child, family, and collateral sources comprise one of the caseworker’s key tasks in helping to formulate an assessment of the child in the context of the family and other systems. Assessment of the family must be family focused and highlight the strengths, specific needs, and functioning of each family member. Information can be obtained from conversations with each family member (where age appropriate), teachers, and other providers involved with the family. If you are meeting with the family for the first time, consider taking a full family history - including family support and intergenerational history of neglect and maltreatment. It is important to state the source of the information.

Examples:

- Caseworker met with Ms. Brown and all the children (Mary, age 16; Johnny, age 15; and Jonathan, age 2), at Ms. Brown’s home today. Caseworker asked Ms. Brown and Johnny the reason for Johnny’s missing school for two months. Ms. Brown says she was not aware of Johnny’s absence until CPS called because Johnny has been leaving the house at the same time everyday. Johnny claims he has been attending school but he has not been going to his homeroom class because a boy in that class has been picking on him. According to Ms. Brown, Johnny does not have a history of truancy; this is his first occurrence. Johnny also said that he has not truant before. [Be sure to obtain the statements and views of all parties involved, where age appropriate].

- Caseworker and Ms. Brown visited Johnny’s school today and had a meeting with his homeroom teacher, Ms. Black, to discuss Johnny’s failing grades and his missing school. According to Johnny’s teacher, Johnny has been skipping some of his classes. [State concisely the content of the discussion.]

- Caseworker received a copy of Johnny’s medical report today from his mother. According to the report, Johnny is a well child. [It is not enough to state that you received the document. It is more useful to summarize the content.]

- Caseworker visited Sandy’s school today and met with her class teacher. According to the class teacher, Sandy seems less withdrawn since placement but she is not reading at grade level and has difficulty comprehending simple instructions.

Frame 4: Who was seen?

When meeting with a family, the caseworker’s first task is to assess for safety and risk factors and determine if those factors pose an immediate danger of serious harm or risk of future harm. It is important to document who was seen and the location where the meeting took place. It is not unusual for parents or caregivers to hide children who are being abused. If at each visit you see the same children and one child is not accounted for this should be a “red flag”. Be alert to the presence of any new addition(s) to the family.

Examples:

- Present at the meeting in the home today were Ms. Brown, her three children (Johnny, Jonathan, and Mary), and her new live-in partner, Mr. Turner. [New household members change the family’s dynamics and can seriously affect the family’s interactions and functioning].
Present in Ms. Jones’s home were Ms. Jones, her two daughters (Erika and Mona), and her foster child, Sandy. Ms. Jones said her husband was away on business as an insurance evaluator. [Note temporary or permanent changes in the household composition].

Frame 5: Observation

Based on what you know about mental health, social behavior, culture and developmental stages, record your observations so as to create a picture for the reader. Observe for cultural norms, physical health, psychological functioning, emotional well-being, social functioning, functioning regarding activities of daily living, financial well-being, and environmental issues. For useful complete documentation, you need to observe how family members look. Pay attention to affect, appearance, dress, behavior, interactions, mannerisms, and home conditions. These observations are helpful in creating a picture of an individual’s mental health status, self-care abilities, level of functioning, and so on.

Examples:

Ms. Brown looked tired and kept yawning. [It is important to check that your observation is accurate]. Caseworker asked Ms. Brown if she was feeling tired. [Observe the care of the children]. The children’s hair looked matted and unkempt. They were dressed in cotton shorts and colorful tee shirts that were heavily stained and soiled but appropriate for the season and climate. [Describe the physical appearance of the children]. The children looked healthy and well fed and without any visible scars or bruising. [Qualify your subjective observation]. According to their mother, they were last seen medically in May 2008 or according to their last physical report provided by mother, they are all “well children”.

In observing the children, describe the developmental stage at which they function. Is the child developing age appropriately?

Infant/toddler: “Jonathan is almost two years old and is not yet walking. He crawls around and stands only when lifted”.

Teenager: Mary is a 16-year-old teenager who looks older than her stated age. She is acting out behaviorally and engaging in risky behavior. [Qualify this statement with an example] “Mary states that she is sexually active and is not using contraception”. Teenagers provide abstract communication through their choice of colors and clothing: Mary was dressed in a provocative manner. [Describe details of her clothing that made you conclude it was provocative]. Johnny was observed wearing a multicolored bandana on his head, similar to the colors worn by the local gang [State what makes the mode of dress significant to make it note-worthy].

Describe housing conditions and pay attention to safety and risk issues: The home was messy with clothes strewn all over the living room floor. The sink was piled high with dirty dishes and two roaches were observed crawling on the wall. There were an opened box of cereal, bread, and peanut butter on the dining table. The apartment is sparsely furnished with a dining table and chairs, a sofa that is fabric upholstered and heavily soiled, and a television set. The sleeping arrangement is adequate but there are no closets or chests of drawers to store the children’s clothing. Mary has her own bedroom and Johnny and Jonathan share a bedroom with two small beds. Ms. Brown has her own bedroom. The home has safety devices installed (window guards, fire and carbon monoxide alarms).

Describe the family members view of their condition or situation: Ms. Brown said the doctor changed her medication and it was making her sleepy. Ms. Brown said the house is messy because she was about to do some laundry. She added that the children do not help with the dishes and it gets too overwhelming for her to do everything by herself. [This gives you a picture of the home condition, task allocation and mother’s mental health]. When Johnny was asked the meaning of wearing a bandana with gang colors, he denied being gang involved and said his hair was “messes up” and he needs a haircut, so he covers it to keep his waves neat.

A home visit was made to the foster home of Ms. Jones today to assess Sandy’s adjustment to
her new foster family. The home was clean and comfortably furnished with no safety concerns. There was ample food in the refrigerator and cupboard and there were fruits on the table. The meeting was conducted in the dining room, where the children were observed doing their homework. Ms. Jones showed caseworker Sandy’s room, which had pretty frilly curtains, a single bed, and child-appropriate furniture and decorations. The room was clean and neat.

Frame 6: Interactions

Observe interactions among parents and children and all household members; look at parental supervision and both appropriate and inappropriate interactions. Qualify your descriptions with concrete examples. Observe the family’s interactions with you as their caseworker. To engage the family, you must form a trusting relationship with them. Consider and document the extent to which a trusting relationship is being formed or maintained with the family.

Examples:
• Ms. Brown met caseworker at the door and did not invite caseworker into the apartment as on previous visits. She grinned and kept saying “Yes, yes” to caseworker. She seemed distracted and was not very engaged in the conversation with caseworker. Her behavior gave caseworker the impression that she was in a hurry for caseworker to leave. Caseworker asked if she had called at a bad time and Ms. Brown said she had company.

• Ms. Brown greeted caseworker warmly and welcomed her into the apartment. The Brown children were observed playing happily with their toy cars. They were able to share their toys without any conflict.

• Ms. Brown relates affectionately to her children [state the affectionate act]. She was observed picking up baby Jonathan and consoling him when he woke up and started crying. The children are equally at ease in their mother’s presence, occasionally hugging her and competing for her attention.

• The children appeared tense and anxious in the presence of Mr. Turner, mother’s live-in partner. They looked nervously at him before speaking. Mother’s responses also appeared guarded as soon as he entered the room.

• Mona, Ms. Jones’s older daughter was observed showing Sandy how to do her homework. Mona was very patient with Sandy; she took her time explaining how to do simple addition.

• Ms. White, Sandy’s mother came to the office today for a supervised visit. Mother looked somewhat disheveled; her hair was uncombed, her clothes were heavily soiled and she smelled of alcohol. Caseworker asked mother if she had been drinking. Mother said she had just had a beer. Sandy took a while to warm up to her mother. Mother brought a packet of potato chips for Sandy. Sandy took the chips after much prodding from Ms. Jones but returned to snuggle up to Ms. Jones.

Frame 7: Underlying factors

Look at underlying factors, core cognition, strengths, values, beliefs, unresolved trauma histories, drug use, and domestic violence relative to the presenting problem.

Examples:
• Ms. White reacted angrily and questioned the reason that her child did not want to be with her. Caseworker acknowledged mother’s feelings of rejection by Sandy.

• Sandy disclosed to caseworker that she was fearful of returning home in case mother’s boyfriend hurt her again. Sandy said mother’s boyfriend often hit her for no reason.
Ms. Brown seldom leaves the house. She stated that she has anxiety disorder for which she is receiving psychotropic medication. According to Ms. Brown, the problem started three years ago, which she attributes to the loss of a child who was abducted by his father.

Beliefs about child training were discussed with Mr. Turner, mother’s live-in partner. Mr. Turner stated that he is from the “old school” and believes that children should be seen and not heard and that children should be spanked as a form of discipline. He commented that he was spanked as a child and he turned out all right.

Frame 8: Services/Intervention/Safety plan

Identify goals and service needs relative to the presenting or emerging problems. Services/interventions should address underlying conditions and contributing factors that might place the children at risk of abuse and maltreatment and should also serve to prevent abuse and neglect and strengthen families. Include short and long-term goals that might help stabilize the family and enhance resiliency and family functioning.

Examples:

- Caseworker discussed child development and the need for early intervention for Johnny with Ms. Brown and she was in agreement to caseworker making the referral.

- CP discussed appropriate sexual behavior with Mary and suggested a meeting with the human sexuality counselor. Mary said she did not need any help. Caseworker provided counseling to Mary regarding her risky behavior and her options but Mary was unresponsive. Caseworker is concerned that Mary’s risky behavior suggests the need for further clinical assessment. This was discussed with mother and mother said Mary goes to therapy tomorrow and she would follow-up with the therapist in having Mary evaluated. CP discussed Mary’s risky behavior with case-work supervisor and supervisor recommended following up with Mary’s therapist and the agency psychiatrist. [State whatever is recommended].

- Caseworker explained culturally appropriate child-rearing practices to Mr. Turner. Caseworker also made him aware of the child abuse law and caseworker’s role in protecting children from abuse and maltreatment. Caseworker shared with Johnny information about a basketball team at her agency and invited Johnny to join but he said he wasn’t interested, as he is already signed up to join a basketball team at his school. Caseworker further explored with Johnny and his mother his recreational interests and how Johnny spends his free time when he is not in school. Mother could not be sure. Johnny said he hangs out with his friends. Mother expressed concern about his friends and the negative influence they are having on him. Johnny denied that they were influencing him negatively. Caseworker discussed the need for Johnny to engaged in a structured recreational activity and mother agreed. Mother said she would follow-up with the school regarding the basketball team.

- Caseworker explained to Ms. Brown that her teenaged children are old enough to help with household chores and showed her how to set up a chore schedule.

- Caseworker was concerned that Ms. Brown displayed apprehension in the presence of Mr. Turner and arranged a follow-up meeting with Ms. Brown at the office. Ms. Brown came alone to the office. She denied any domestic violence in her relationship with Mr. Turner. Caseworker discussed safety planning regarding domestic violence with mother should an incident occur. Caseworker inquired if Ms. Brown had previously received a furniture allowance and she said no. Caseworker provided her with an exceptional needs allowance furniture request letter to request furniture assistance.

- Caseworker discussed Sandy’s inability to read and comprehend at grade level with the guidance counselor; caseworker requested
that Sandy be given an educational evaluation to further determine her educational needs and level of functioning.

- Caseworker explored with Ms. White the frequency and quantity of her alcohol consumption. Ms. White stated that she has been drinking two or three cans of beer a day with friends, sometimes more, since her child was removed from her care. Caseworker explored Ms. White’s feelings of loss with her and suggested a follow-up meeting with her counselor. Ms. White agreed to a meeting with her MICA counselor to address her mental health needs.

Conclusion

By linking each frame in the 8-Frame Window Model, it is possible to get a complete and comprehensive picture of the family’s situation and the caseworker’s involvement with the family. Caseworkers new to the field should be able to follow this model to create casework notes that are interconnected, substantive, logical, cohesive, and comprehensive. In so doing, they may ultimately help to promote the overarching goal of child welfare, which is to keep children safe and strengthen families.

References


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