

Report Writing & Documentation Workshop

2013

Reference Workbook

For Facilitators and Participants



Alberta Association
of Services for
Children and Families

Alberta  Human Services



***The Report Writing & Documentation – 2013 Workshop
Reference Workbook for Facilitators and Participants***

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Note on Delegated First Nation Agencies (DFNAs)

Alberta children and families receive services from ten Child and Family Services Authorities (CFSAs) and 18 Delegated First Nation Agencies (DFNAs). Both the CFSAs and DFNAs are responsible for providing child intervention services but there are jurisdictional and funding differences.

Because DFNAs have not actively participated in the OBSD initiative, the term CFSA has been used exclusively, rather than CFSA and DFNA, or CFSA/DFNA when referring to this initiative.

Provinces are responsible for child intervention services and each province has its own version of the *Child, Youth and Family Enhancement Act* (CYFEA). DFNAs are responsible for child intervention services to children, youth and families living on First Nations reserves. Services on reserves are funded by the federal government, while programs and services off-reserve are funded by the provincial government.

Part I: How to use this Reference Workbook

For Facilitators and Participants

There are five Parts to this Reference Workbook; some will be more useful to the facilitator than the participant and vice versa. In particular, facilitators will need to be familiar with Part II – How to Deliver this Workshop, while participants should become aware of the supplemental materials and other resources made available to them throughout the workbook.

Facilitators and participants alike are asked to review the Contents page to become familiar with the subject matter presented in each Part applicable to them. Facilitators may wish to become familiar with the contents of the entire workbook.

Part II: How to Deliver this Workshop

For Facilitators

Overview

This workshop and the materials included in this Reference Workbook may be used by CFSA Units and Agencies as part of their on-going staff development, in staff meetings, to train new staff, or as refreshers for existing staff who have been with the OBSD program for some time. Included are the following.

- **Report Writing and Documentation PowerPoint presentation** developed by Jacqueline Dagneau, Family Preservation Manager, OBSD, The Family Centre.

There are a total of 14 slides in this presentation; a hard copy of the presentation may be printed as a reference for the participants. A link to this presentation can be found on the AASCF Web-site: [AASCF Training Materials & Resources](#).

- **Report Writing and Documentation Workshop video presentation** by Jacqueline Dagneau, Family Preservation Manager, OBSD, The Family Centre.

These videos are based on the PowerPoint presentation. They can be viewed on their own or accompanied by hard copies of the PowerPoint presentation. Links to the videos can be found at:

- Part 1 - <https://vimeo.com/53464618> (26 minutes; slides 1 to 4)
 - Part 2 - <http://vimeo.com/53471657> (16 minutes; slides 5 to 11)
 - Part 3 - <https://vimeo.com/53474555> (8 minutes; slide 12)
- **Exercises.** Four exercises are identified in the video and PowerPoint presentation, with supporting material provided in this workbook. An additional exercise is provided in this workbook.
 - **Supplemental Materials** are provided for participants, along with a list of **References and Other Resources.**
 - The **Evaluation Form** is linked electronically on the AASCF Web-site: [AASCF Training Materials & Resources](#). A hardcopy is provided as well.

Contacts for Additional Information

There may be unanswered questions, concerns or a need for additional information following the workshop. It is suggest that an internal resource person be identified within the Agency, such as a supervisor or manager, who will take responsibility for answering questions and/or addressing concerns from workshop participants.

In addition, the AASCF is able to provide answers to questions or suggest other resource people. The OBSD Lead is Sandra Maygard (smaygard@aacsf.com), and the administration contact Dawn Papineau (dpapineau@aacsf.com).

Purpose

To increase the knowledge and skill level of CFSA and Agency workers in relation to:

- Report writing and documentation;
- Identify good practice skills including some of the influences impacting documentation; and
- Identify and address bad practice skills.

Context

Within an OBSD context and using the CWPM, CFSA and Agency staff work collaboratively with the family, to create, implement and monitor a service or case plan. These individuals often approach this process with different “world views”, practice approaches, ideas of what is important and/or outcomes to be achieved.

Documentation and report writing is a requirement of all programs. Unfortunately, not all reports and documents are well-written, objective (as opposed to including judgments or biases) or reflects a high level of professionalism. Within some OBSD sites, recording and documentation has been identified by staff as problematic and stress-inducing. As such, the intent of this workshop is to assist workers to identify both good and bad practice in report writing and documentation.

Duration

This workshop is planned as a two-hour session, but may be broken into shorter sessions as there are natural breaks in the video and PowerPoint presentation.

Facilitation

Workshop facilitation is most effective when attempted by someone who has experience in training and has an understanding of adult learning needs.

Who should facilitate?

It is recommended that the facilitation be conducted jointly by CFSA and Agency staff, as collaboration is an underlying principle of OBSD and presenting both perspectives is useful and instructive.

Introductions and Housekeeping...

- Facilitator(s) introduce themselves
- Explain the purpose of the workshop (see above)
- Participants introduce themselves (if not known to each other)
- Other items (breaks (see Agenda), location of bathrooms, coffee etc.)

You will need to...

Have a flipchart/whiteboard/blackboard available.

- Create a list of:
 - Participants' expectations; and
 - Questions to be addressed during the workshop.
- Revisit the list at the end of the workshop to ensure that all questions have been addressed.
 - If there are unresolved questions, let the participants know how they will be addressed and when.

Print and have ready materials to distribute for Exercise #4 (i.e. copies of the poorly written and well written reports).

Consider printing a hard copy of the PowerPoint presentation for each participant.

In addition, have a copy of the Evaluation Form for each workshop participant to fill out at the end of the workshop or direct them to on-line link.

Workshop Agenda/Delivering the Workshop

This workshop was designed to be presented, by facilitators, to a number of participants who can view the prepared videos, make notes on printed copies of the PowerPoint presentation and engage in the exercises.

The videos and the PowerPoint presentation may be used by a single staff member. In this case it is useful to have a supervisor or other knowledgeable person available to answer questions.

The exercises are best conducted in a group setting as this facilitates discussion and provides opportunities to address issues involved in report writing and documentation.

Introduction

The Report Writing and Documentation Workshop video presentation Part 1 (<https://vimeo.com/53464618>) and PowerPoint slide #2 provide an overview of the paperwork caseworkers using an OBSD model should bring to the first meeting(s) with a family. Descriptions of the different types of paperwork and their purposes take up approximately 11 minutes of this 26-minute video.

Exercise #1: Recording of an Interview

PowerPoint slide #3 introduces a You Tube video entitled *Protection Our Children (Episode 1 ¼)*. It plays for the remaining 15 minutes of Part 1 of the workshop video presentation. It can also be accessed at: <http://www.youtube.com/watch?v=7A-2xD3ILrs&feature=related>. Slide #4 introduces Exercise #1 (Flip Chart Exercise).

As a group, watch the first three minutes only of the video before conducting Exercise #1. The exercise is conducted in two parts: information observed in the first part of the video is identified and recorded in groups of two to three participants, and then discussed by the entire group.

The rest of the You Tube video, *Protecting Our Children*, can be viewed after the exercise.

Contact Notes

The Report Writing and Documentation Workshop video presentation Part 2 (<http://vimeo.com/53471657>) and PowerPoint slides #5 to #10, describe information to be included in contact notes, the importance of completing these objectively and the difference between observations and judgements. The entire 16-minute video is devoted to this content.

Exercise #2: Appropriate Wording to Use in Documentation

PowerPoint slide #11 introduces Exercise #2. This is a flip chart exercise that involves all the workshop participants in a group discussion.

Report Writing

The Report Writing and Documentation Workshop video presentation Part 3 (<https://vimeo.com/53474555>) and PowerPoint slide #12, provides an description of the of the reports and other documents used in OBSD, how they are used, and the time frames associated with them. Also described is the review process for some of the reports. This presentation encompasses the entire 8-minute video.

Exercise #3: Critique of a Report

PowerPoint slide #13 introduces Exercise #3. This exercise involves distributing a poorly written report to the workshop participants, having them critic it individually, and then discussing it as a group (i.e. what information is missing and what information should be included in the report). A copy of this report with the missing information inserted is provided for facilitators in order to help stimulate discussion.

A second, well-written report is provided to be distributed to participants for comparison and discussion as time permits.

Optional Exercise #4: Genogram and Ecomap

In this exercise, workshop participants are asked to create a genogram and then an ecomap of their families.

Discussion/Outstanding Issues

Evaluation

All workshop participants are asked to complete the Evaluation Form. The evaluations are important, as they will provide information needed to create other web-based resource materials.

The Evaluation Form can be found on the AASCF Web-site: [AASCF Training Materials & Resources](#).

As an alternative to completing the evaluation on-line, a hard copy of the Evaluation Form can also be found on page 28. These may be photocopied and distributed to participants, then faxed to the AASCF (780 428- 3844) once completed.

Conclusion

Part III: Workshop Tools

For Facilitators and Participants

PowerPoint Presentation

Report Writing and Documentation PowerPoint presentation developed by Jacqueline Dagneau, Family Preservation Manager, OBSO, The Family Centre.

There are a total of 14 slides in this presentation; a hard copy of the presentation may be printed as a reference for the participants. A link to this presentation can be found on the AASCF Web-site: [AASCF Training Materials & Resources](#)

Video Presentation

Report Writing and Documentation Workshop video presentation by Jacqueline Dagneau, Family Preservation Manager, OBSO, The Family Centre.

- Part 1 - <https://vimeo.com/53464618> (26 minutes; slides #1 to #4)
- Part 2 - <http://vimeo.com/53471657> (16 minutes; slides #5 to #11)
- Part 3 - <https://vimeo.com/53474555> (8 minutes; slide #12)

Exercises

Exercise #1: Recording of an Interview

1. Instruct the workshop participants to watch the first three minutes of the You Tube video, *Protecting Our Children Episode 1 ¼*. A link to this video can be found at <http://www.youtube.com/watch?v=7A-2xD3ILrs&feature=related>; alternatively it may be viewed at approximately 11:00 minutes into Part 1 of the workshop video presentation.
2. Ask the participants to form groups of two or three, and:
 - a. Identify the issues portrayed in the video, then;
 - b. Write them out in point form.
3. As a large group discuss the issues identified in the smaller groups and write them on a flip chart or whiteboard.
4. Ensure the following are identified.
 - a. Issues observed/mentioned in the video.
 - b. Issues missed by individuals in the video.
 - c. The perceptions and assumptions made by individuals in the video.

For Facilitators

Following is a list of issues identified from the video. This list may be used to stimulate discussion. Note that it is neither comprehensive, nor are the issues listed in order of importance.

- Dad raised his voice; used an “accusatory” tone
 - Dad paced the room – did not sit down
 - Child did not react – continued to play
 - Mom said “calm down”
- No bed for the child
 - Worker addressed issue of no bed/child slept on the couch/Mom said the bed was coming tomorrow
- Multiple toys
- Worker said they found bruises 2 weeks ago
- Dad said “you are out to wreck us”; direct quote
- Child is 3 years old but not yet speaking nor is he toilet trained
- Outside – barking dog
- Inside living conditions described

Exercise #2: Appropriate Wording to Use in Documentation

1. Using a flip chart or whiteboard, make a chart with the following categories.
2. Ask workshop participants to identify words that are appropriate and those that are not appropriate to use when making contact notes.
3. As a group, have a discussion about the reasons behind the suggestions.

Appropriate	Use with caution	Not to Use
Reported	Indicated	Categorical statements <ul style="list-style-type: none">• she is X• they are ____

For Facilitators

Following are some appropriate words and some words that are not appropriate to use when making contact notes. This list may be used to stimulate discussion. Note that this list is not comprehensive, but does provide examples.

Appropriate	Use with caution	Not to Use
Reported	Indicated	Categorical statements – <ul style="list-style-type: none">• she is X• they are ---
Stated	Suggested	Said
Observed		Very/never/always
Mentioned		Hope/dream/wish/think – i.e. “Worker hopes that family will –“
Appeared/Seemed		Really
Presented		Felt

Identified		"I" – always write in the 3 rd person
Informed		I guess
Encouraged		Told
Recommended		Assumed
Intoxicated/Under the influence		Drunk/high
Demonstrated		

Exercise # 3: Critique of a Report

1. Distribute the following poorly written report to the workshop participants and have them critic it.
 - a. What is missing; what are the gaps?
 - b. What should be included?
2. As a group discuss the gaps within this report and how they could be addressed.

Note: Facilitators see pages 15 to 20 for a copy of the same poorly written report, with comments addressing gaps and information that should be included. Also, a sample of a well written report is provided on pages 21 to 26. This may be distributed to participants for reference purposes.

Sample of a poorly written report

**FAMILY INTERVENTION PROGRAM
SUMMARY OF SERVICE TEAM MEETING (1769)**

NAME:	MURRAY, Joshua
BIRTHDATE:	May 5, 2010,
REFERRAL DATE:	June 29, 2010
TFC FILE #:	71111-55555
DATE OF REPORT:	October 4, 2011
CASEWORKER:	Linda Smith
AUTHOR OF REPORT / AGENCY STAFF:	Tammy Black (FIG Worker)
PERSONS PRESENT:	No Meeting was held during this Period
REPORT PERIOD:	September 4, 2011 – October 4, 201

Reporting

GOAL #1: Joshua to return to parental care.

TASK: Both parents to attend and complete Parenting Psychological Assessment and follow through with all recommendations.

SIGNS OF ACHIEVEMENT: The FIG was unable to speak to this task as the FIG was unable to meet with Aiden and Marisha during the reporting period.

ADDITIONAL LEARNING: None at this time.

Review Date: October 4, 2011

GOAL #2: Parents have gained the skills to parent Joshua in a safe, structured environment.

TASK: Aiden and Marisha will meet and work with In Home Support.

SIGNS OF ACHIEVEMENT:

- Aiden and Marisha did not show up for the at home visit during the reporting period on the following day: September 7, 2011.

ADDITIONAL LEARNING:

- On September 9, 2011, the FIG resumed in home visits with Joshua after the three week period requested by Marisha on August 17, 2011. When the FIG arrived with Joshua at Aiden and Marisha's last known address the FIG observed that their former apartment appeared vacant; the FIG inquired with the hesitant residents who resided in the apartment above Mathew and Marisha's former apartment and was informed that the downstairs tenants moved many days before that day. The Caseworker informed the FIG that all at home visits with Joshua were to cease until either Aiden or Marisha phoned to inform either the Caseworker or the FIG of their new address.

Review Date: October 4, 2011

GOAL #3: Parents to have gained the skills to parent Joshua in a safe, structured environment.

TASK: Parents will attend and participate in parenting classes or courses

SIGNS OF ACHIEVEMENT:

- The FIG was unable to determine if Aiden or Marisha attended any parenting classes that Marisha signed up for at the Kara Family Resource Centre as the FIG did not meet with either Aiden or Marisha during the reporting period.

ADDITIONAL LEARNING:

- None at this time.

Review Date: October 4, 2011

GOAL #4: Parents to maintain a residence.

TASK:

Parents to have a clean smoke free environment for Joshua and are able to have their bills paid and maintain the same residence for a period of time.

SIGNS OF ACHIEVEMENT:

- The FIG observed that Aiden and Marisha had moved from their former residence when the FIG arrived with Joshua for an at home visit with her parents on September 7, 2011.
- The FIG did not receive any word from Marisha informing of her and Aiden's new address during the reporting period.

ADDITIONAL LEARNING:

- None at this time.

Review Date: October 4, 2011

Please rate your progress: 1 = No Progress 10 = Goals Achieved

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not rated at this time.

MONTHLY ACTIVITY:

# Service Team Meetings:	0
# Family Time visits:	0
# No Shows:	1
# Cancelations	0

RECOMMENDATIONS, COMMENTS AND NEW INFORMATION:

Not rated at this time.

NAME OF COMMUNITY AGENCIES LINKED/CONNECTED TO THE FAMILY:

The Family Centre

Children's Services Region 6

*Rights & Privileges Reviewed

If you have any questions or concerns, please contact me at 780-777-2222 or Barb Johnson, Program Supervisor, at 780-555-6666

Client's Signature_____

Date: _____

Parent or Guardian Signature_____

Date: _____

Caseworker's Signature (C&FS):

Date: _____

Agency Worker's Signature:

Date: _____

Supervisor's Signature:_____

Date: _____

Resource Worker Signature: _____ Date: _____

For Facilitators

Following is the poorly written report with comments inserted addressing gaps and information that might have been included. Use this copy to stimulate discussion. Note that the comments provided may not be comprehensive.

**FAMILY INTERVENTION PROGRAM
SUMMARY OF SERVICE TEAM MEETING (1769)**

NAME:	MURRAY, Joshua
BIRTHDATE:	May 5, 2010,
REFERRAL DATE:	June 29, 2010
TFC FILE #:	71111-55555
DATE OF REPORT:	October 4, 2011
CASEWORKER:	Linda Smith
AUTHOR OF REPORT / AGENCY STAFF:	Tammy Black (FIG Worker)
PERSONS PRESENT:	No Meeting was held during this Period
REPORT PERIOD:	September 4, 2011 – October 4, 201

Reporting

GOAL #1: Joshua to return to parental care. **GOOD GOAL**

TASK: **(THAT HAVE BEEN COMPLETED)**

Both parents to attend and complete Parenting Psychological Assessment and follow through with all recommendations.

THIS SHOULD BE PAST TENSE (TASKS THAT HAVE BEEN COMPLETED BY ALL PARTIES; I.E. FAMILY, FIG, CASEWORKER AND OTHER PROFESSIONALS LISTED ON THE PLAN).

THIS TASK DOES NOT NECESSARILY SPEAK DIRECTLY TO THE GOAL.

SIGNS OF ACHIEVEMENT:

- The FIG was unable to speak to this task as the FIG was unable to meet with Aiden and Marisha during the reporting period.

WHAT ELSE HAPPENED? NOT MUCH INFORMATION. WHAT EFFORTS WERE MADE TO SPEAK TO THE FAMILY? WERE EFFORTS MADE TO CONNECT WITH ANY OTHER TEAM MEMBERS? DO THEY KNOW WHERE THEY LIVE?

ADDITIONAL LEARNING:

- None at this time.

WHAT ELSE DO THE PARENTS NEED TO DO FOR THE CHILD TO RETURN TO THEIR CARE? IF THERE WERE NO ADDITIONAL LEARNING WE WOULD BE RETURNING j TO HIS PARENTS

Review Date: October 4, 2011

GOAL #2: Parents have gained the skills to parent Joshua in a safe, structured environment.
GOOD GOAL

TASK: Aiden and Marisha will meet and work with In Home Support.

AGAIN, SHOULD INCLUDE TASKS ALREADY COMPLETED.

ALSO, THIS TASK DOES NOT NECESSARILY RELATE TO GOAL; SERVICE PLAN NEEDS TO BE MORE SPECIFIC (I.E. WHAT WILL IN HOME SUPPORT BE DOING WITH THE FAMILY IN THE HOME

HOW WILL THIS RESULT IN A SAFE ENVIRONMENT/

SIGNS OF ACHIEVEMENT:

- Aiden and Marisha did not show up for the at home visit during the reporting period on the following day: September 7, 2011.

NOT ENOUGH INFORMATION: WHAT ARE THE EXPECTATIONS IN TERMS OF VISITS? HOW OFTEN SHOULD THE VISITS HAPPEN? WHAT WAS THE FOLLOW UP? HOW DID THE CHILD RESPOND?

ADDITIONAL LEARNING:

- On September 9, 2011, the FIG resumed in home visits with Joshua after the three week period requested by Marisha on August 17, 2011. When the FIG arrived with Joshua at Aiden and Marisha's last known address the FIG observed that their former apartment appeared vacant; the FIG inquired with the hesitant residents who resided in the apartment above Mathew and Marisha's former apartment and was informed that the downstairs tenants moved many days before that day. The Caseworker informed the FIG that all at home visits with Joshua were to cease until either Aiden or Marisha phoned to inform either the Caseworker or the FIG of their new address.

WE DO NOT HAVE A CLEAR PICTURE OF WHAT IS GOING ON FOR THIS FAMILY.

PRACTICE ISSUE TO NOTE: CASEWORKER "INFORMED FIG". WERE THEY "MISSING" ALL MONTH? HOW MUCH CONTACT WAS THERE?

"INFORMED FIG"-SUPERVISOR'S CONCERN AS THIS IS PRE-OBSD LANGUAGE – WE ARE NOW COLLABORATIVE –WAS THIS DISCUSSED WITH THE FIG? OR IMPOSED??

Review Date: October 4, 2011

GOAL #3: Parents to have gained the skills to parent Joshua in a safe, structured environment.

NOT SURE WHY THERE IS A REPEATED GOAL.

TASK: Parents will attend and participate in parenting classes or courses

SHOULD BE PAST TENSE AS TASKS ARE COMPLETED.

SIGNS OF ACHIEVEMENT:

- The FIG was unable to determine if Aiden or Marisha attended any parenting classes that Marisha signed up for at the Kara Family Resource Centre as the FIG did not meet with either Aiden or Marisha during the reporting period.

AGAIN, READER IS UNCERTAIN ABOUT WHAT IS HAPPENING FOR THIS FAMILY.

ISSUE SHOULD BE WHETHER OR NOT POSITIVE PARENTING STRATEGIES WERE DEMONSTRATED, NOT WHETHER OR NOT THEY ATTENDED A CLASS.

"ATTENDED" – ATTENDANCE IS NOT A SIGN OF ACHIEVEMENT – PARENT'S LEARNING/REACTION IS WHAT IS IMPORTANT

NOTHING TO DAY FIG COULD BE WORKING ON PARENTING SKILLS

ADDITIONAL LEARNING:

- None at this time.

IF THERE IS NO PROGRESS (WHICH APPEARS TO BE THE CASE ACCORDING TO ABOVE INFORMATION), THERE SHOULD BE ADDITIONAL LEARNINGS NOTED.

Review Date: October 4, 2011

GOAL #4: Parents to maintain a residence. MORE SPECIFIC – NEEDS TIMELINES – A MONTH/6 MONTHS?

TASK:

Parents to have a clean smoke free environment for Joshua and are able to have their bills paid and maintain the same residence for a period of time. (VAGUE)

AGAIN, SHOULD BE IN PAST TENSE IF IT HAS BEEN COMPLETED. IF NOT COMPLETED, IT SHOULD NOT BE LISTED HERE; IT WOULD BE NOTED IN ADDITIONAL LEARNING.

SIGNS OF ACHIEVEMENT:

- The FIG observed that Aiden and Marisha had moved from their former residence when the FIG arrived with Joshua for an at home visit with her parents on September 7, 2011.
- The FIG did not receive any word from Marisha informing of her and Aiden's new address during the reporting period.

ADDITIONAL LEARNING:

- None at this time.

SAME AS MENTIONED IN ABOVE "ADDITIONAL LEARNING"

Review Date: October 4, 2011

Please rate your progress: 1 = No Progress 10 = Goals Achieved

1 2 3 4 5 6 7 8 9 10

Not rated at this time.

MONTHLY ACTIVITY:

# Service Team Meetings:	0
# Family Time visits:	0
# No Shows:	1
# Cancelations	0

RECOMMENDATIONS, COMMENTS AND NEW INFORMATION:

Not rated at this time.

GIVEN THE INFORMATION/LACK OF INFORMATION NOTED ABOVE, THERE SHOULD BE RECOMMENDATIONS.

FOR EXAMPLE:

- CASE CONSULT
- PROFESSIONAL MEETING TO DISCUSS OPTIONS
- FAMILY GROUP CONFERENCE
- POTENTIALLY LOOKING AT THE POSSIBILITY OF MOVING UP PGO IF PARENTS ARE MISSING

ADDITIONALLY, THE REPORT LACKS INFORMATION ABOUT HOW THE CHILD IS DOING IN THEIR PLACEMENT OR WHERE THEY ARE PLACED.

NAME OF COMMUNITY AGENCIES LINKED/CONNECTED TO THE FAMILY:

The Family Centre

Children's Services

*Rights & Privileges Reviewed

If you have any questions or concerns, please contact me at 780-777-2222 or Barb Johnson, Program Supervisor, at 780-555-6666

Client's Signature_____

Date: _____

Parent or Guardian Signature_____

Date: _____

Caseworker's Signature (C&FS):

Date: _____

Agency Worker's Signature:

Date: _____

Supervisor's Signature: _____

Date: _____

Resource Worker Signature: _____

Date: _____

VERY THIN REPORT

- LACK OF INFORMATION
- LACK OF PROGRESS
- NO SENSE OF THE CHILD

Sample of a well written report.

OUTCOME BASED SERVICE DELIVERY

TERMINATION REPORT (1234)

NAME:	THOMPSON, Jack
BIRTHDATE:	November 27, 2009
REFERRAL DATE:	January 20, 2011
TFC FILE #:	222222-33333
DATE OF REPORT:	December 17, 2011
CASEWORKER:	Brian Dobson
AUTHOR OF REPORT / AGENCY STAFF:	David Duncan (FIG Worker)
REPORT PERIOD:	December 1, 2011 – December 17, 2011

GOAL #1: Deanna will provide a safe, secure, and healthy environment free from domestic violence for her children.

TASKS:

- Deanna met regularly with the FIG during this reporting period.
- Deanna did not meet with Mary Clark [Therapist through The Family Centre (TFC)] to deal with parenting Dale during this reporting period.
- Deanna met with Dr. Johnson, Glenrose Hospital Psychiatrist, on December 15, 2011.

SIGNS OF ACHIEVEMENT:

- On December 2, 2011, the FIG met with Deanna at her home. During this meeting, the FIG observed that Deanna's home was clean and tidy. Toys were put away, no food or garbage was visible or a hazard to children, and both Jack and the new baby appeared to be clean. The FIG provided Deanna with information sheets for two courses (Healthy Relationships and Effective Co-parenting) for her and Justin to attend. Deanna stated that she was very appreciative of this information and reported that she would be interested in registering for these courses sometime in the New Year. Deanna informed the FIG that she had

previously been extremely busy helping her sister, Donna, with the difficult pregnancy and childbirth. Deanna reported that she had been regularly babysitting for Donna. When the FIG asked about self-care, Deanna stated that Justin continues to help her out on a daily basis and that he provides her with sufficient respite. Deanna also reaffirmed her desire to terminate the Family Enhancement Agreement (FEA) because she no longer wanted or felt she needed the Caseworker or FIG involved in her life, and that she felt she would be too busy to accommodate subsequent meetings. Deanna purported that she had enough resources at her disposal to help her if required. Deanna stated that Family Support for Children with Disabilities (FSCD) would help pay for further therapy with Mary Clark, and that the rest of her needs were already taken care of.

- During the Service Team Meeting (STM) on December 6, 2011, the FIG and Caseworker met with Deanna to discuss Deanna's desire to cancel the FEA and her progress thus far in relation to the Service Plan. The FIG brought a copy of Dale's school attendance record to the STM and reviewed it with those present. Dale was absent from school six days, late four days, and ill three days in November. Deanna explained that aside from illnesses and emergencies, Dale was kicked off the bus for approximately one month so far this school year, and that she found it difficult to take him to school every day because she was by herself with other small children, but reported that she did so most of the time. Deanna reported that Dale's teacher emailed her, sent Dale's schoolwork home with him, and that she and Dale did all of the homework given each time he missed school. Regarding Deanna's desire to terminate the FEA, Deanna informed the Caseworker of her support network. Deanna reported that she was connected to Dr. Johnson (Glenrose Psychiatrist for Dale), Mary (TFC Therapist for her and Dale), Brenda Taylor (FSCD worker), Carolyn (Edmonton School Family Liaison), Justin, and other family members. Deanna reported that FSCD would help provide her with respite and financial support to register Dale onto various sports teams and in other activities. Deanna admitted, however, that she had yet to submit the paperwork required because she feared that Dale's previous diagnoses (ODD, RAD, and ADHD) would label him as a bad child and would be on his permanent school record to haunt him for the rest of his academic career. Deanna stated that Carolyn would help her in communicating between community resources and the school. Deanna reported that she felt fully capable taking care of her children at this time, and that Justin occasionally provides her with opportunities for self-care, although she does not like to use these opportunities because she misses her children and worries about them when they are apart. Deanna stated that she did not worry about anything specific, but that she is simply overprotective. Deanna stated that she felt that she was overprotective and anxious when away from her children because of lost time with Dale when Aiden had day-to-day care of him when he was younger. Deanna further reported that aside from her resources, her schedule could no longer accommodate the presence of the Caseworker and FIG in her life.

Deanna explained that she would be busy enjoying her children, as well as trying to get custody of Justin's children and working with a different Caseworker to that end. The Caseworker and FIG reviewed the Service Plan with Deanna, but did not sign at this time. The Caseworker wanted to wait until after the meeting with Dr. Johnson on December 15, 2011, to sign the Service Plan. Further, the Caseworker wanted to connect with the aforementioned resources and supports for Deanna to discuss the potentiality of closing this family's file and ensuring that Deanna would be supported after Children's Services would no longer be involved.

- On December 15, 2011, the FIG met with Deanna, Dale, Donna Smith, and Dr. Johnson at the Glenrose Hospital. The Caseworker was unable to attend this meeting. Both Donna and Deanna stated that they felt that Dale was not supported or treated fairly at his school. Donna reported that his teachers had been giving Dale detentions and taking away his privileges, not realizing that these methods would not work with him. Deanna stated that Dale behaves similarly to what is reported as occurring at school, but feels that she handles it better than his teachers because Dale has more individual attention at home than at school. Deanna stated that she feels that Dale is being singled out, and cited an example from the previous day when Dale had been suspended from the bus because he and a peer ran for the bus and bumped into each other at the doors to enter the bus. Deanna explained to Dr. Johnson that she felt that the Dale's punishments were too long-lasting to be effective teaching tools, and that Dale comes home each day feeling hopeless, making such as, "I'm just going to be in time-out tomorrow anyway," when asked why he does not want to go to school the next day. Both Deanna and Donna stated that they feel that they are focused on behavior and education, but that Dale's teachers were not focused on either. Dr. Johnson explained that from all that he had observed and heard, he felt that Dale has Attention Deficit Hyperactivity Disorder (ADHD), and that some simple medication would help to correct the problems he has been experiencing at home and at school. Both Deanna and Donna were opposed to the thought of unnecessary medication, and added that Aiden would not consent to medication either. Deanna resolved to look into switching Dale's school instead. Dr. Johnson once again suggested that Dale be given medication, and informed Deanna that no amount of therapy could solve ADHD.
- The Caseworker and FIG met with Deanna for a STM on December 19, 2011 to close the family's file. Deanna and the FIG reported to the Caseworker what had transpired during the meeting with Dr. Johnson on December 15, 2011. Deanna stated that she would soon be looking into Sifton and Rundle Elementary Schools for Dale. Deanna reported that she had already spoken to the principal of Sifton, and that she liked their reward system and structure. Deanna stated that she would likely register Dale there in January 2012. Deanna reported that prior to entering Dale into a behavioral class at Edmonton School, she feared that Dale

would learn bad things from other children, and stated that those fears had been realized. Regarding potential medication for ADHD, Deanna commented that she had once been given a prescription for Dale, but that after three days of taking it, Dale was acting “like a zombie” and was “not himself.” Deanna stated that she discontinued the prescription and that she feared that medications would mess with his mind and body and could harm him. Regarding behavior management, Deanna reported that she gives Dale choices and helps him to realize the consequences associated with those choices, and that this helps Dale to make positive decisions. Regarding school attendance, Deanna stated that she would continue to take Dale to school, and that she hoped that Sifton would overall be a better environment for Dale to succeed and act appropriately. Deanna reported that truancy would not be a concern in the future. The Caseworker, FIG, and Deanna created and signed the After Care Plan.

ADDITIONAL LEARNING:

- Deanna will continue to work with Mary Clark, TFC Therapist, to deal with the challenges of parenting Dale, and will access FSCD funding to do so.
- Deanna will continue to follow Dale’s school assessment/Glenrose recommendations, and will work with the school’s family liaison to this end.
- Deanna will collaborate with professionals from Edmonton Elementary School regarding Dale’s educational needs.
- Deanna will work with Tom, through CASA, to receive additional help with parenting Dale.

Review Date: December 17, 2011

GOAL #2: The children will have their physical, emotional, and developmental needs met in a drug and alcohol free environment.

TASKS:

- There were no reports that Deanna used alcohol or drugs during this reporting period.

SIGNS OF ACHIEVEMENT:

- There were no reports that Deanna used alcohol or drugs during this reporting period.
- The FIG did not observe any indication that Deanna or any other caregivers in the home abused alcohol or drugs while children were present during this reporting period.

ADDITIONAL LEARNING:

- Deanna will continue to provide an environment free from substance abuse.

Review Date: December 17, 2011**Please rate your progress:** 1 = No Progress 10 = Goals Achieved

1	2	3	4	5	6	7	8	9	10
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MONTHLY ACTIVITY:

# Service Team Meetings:	2
# Family Time visits:	2
# No Shows:	0

RECOMMENDATIONS, COMMENTS AND NEW INFORMATION:

- On December 14, 2011, the FIG received a call from the Family Group Conference (FGC) facilitator wondering how Deanna's family was doing. The FIG updated and informed the facilitator that they would be meeting with Dr. Johnson at the Glenrose Hospital on December 15, 2011, and that this family's file would likely close following this meeting because the FEA would expire on December 17, 2011. The FGC facilitator agreed to meet at the Glenrose to discuss and review the FGC plan previously formulated. On December 15, 2011, the FGC facilitator did not meet at the Glenrose. The facilitator stated that they could not find where to meet Deanna and the FIG.

NAME OF COMMUNITY AGENCIES LINKED/CONNECTED TO THE FAMILY:

The Family Centre	The Glenrose Hospital (Play Therapy for Dale)
Children's Services Region 6	
Casa	Dr. Johnson (Dale's psychiatrist at the Glenrose Hospital)
Canada Child Tax Benefit/Universal Child Tax Benefit	Kindergarten Inclusive Developmental Services

Family Support for Children with
Disabilities (Brenda Taylor)

Carolyn (Edmonton School Family
Liaison)

Mary Clark (TFC Therapist for both
Deanna and Dale)

Donna and Maryn Simpson (Deanna's
mother & stepfather)

The Edmonton Food Bank

Kara Family Resource Centre (*How To
Talk So Your Kids Will Listen*)

Capital Region Housing

Home Ed

Wecan Food Basket Society

Client's Signature:

Date: _____

*Rights & Privileges Reviewed

Supervisor's Signature:

Date: _____

Parent or Guardian Signature:

Date: _____

Resource Worker Signature:

Date: _____

Caseworker's Signature (C&FS):

Date: _____

Agency Worker's Signature:

Date: _____

Agency Worker's Signature:

Date: _____

Optional Exercise # 4: Genogram and Ecomap

1. Ask workshop participants to create a genogram of their family going back three generations.
2. It has been identified that genograms are not inclusive enough to address the complexities of some families (i.e. indigenous families and/or families from traditional communities). Discuss with the group how, in these situations, family members or extended family members could be included or represented.
3. Ask workshop participants to create an ecomap for the family created in the genogram.

Evaluation Form

The Evaluation Form can be found on the AASCF Web-site: [AASCF Training Materials & Resources](#).

Evaluation Form

Thank you for taking the time to answer the following questions. Your feedback will help improve the way workshops are delivered in the future, and the materials that are developed to support them.

Please choose the response that best reflects your experience. Provide any additional comments you believe would be useful to the workshop organizers.

1. Overall, did the workshop increase your understanding of what is required to complete well-written, objective and professional reports and other documentation?

☐ Yes ☐ No

2. How helpful was each of the following in assisting you to understand the requirements of well-written, objective and professional reports and other documentation?

The video presentation

Not Very Helpful Not Helpful Helpful Very Helpful Did Not View

The PowerPoint presentation

Not Very Helpful Not Helpful Helpful Very Helpful Did Not View

Exercise #1 Recording of an Interview

Not Very Helpful Not Helpful Helpful Very Helpful Did Not Participate

Exercise #2 Appropriate Wording to Use in Documentation

Not Very Helpful Not Helpful Helpful Very Helpful Did Not Participate

Exercise #3 Critic of a Report

Not Very Helpful Not Helpful Helpful Very Helpful Did Not Participate

Optional Exercise #4 Genogram and Ecomap

Not Very Helpful Not Helpful Helpful Very Helpful Did Not Participate

3. How helpful do you think the other resources (Supplemental Materials, References and Other Resources) will be in assisting you to provide well-written, objective and professional reports and other documentation?

Not Very Helpful Not Helpful Helpful Very Helpful Have Not Reviewed

Comments:

4. Do you have any suggestions that would help improve the workshop experience for other participants?

5. In order to determine who is participating most in this workshop, please provide the following information.

Date workshop completed: _____ (YYYY/MM/DD)

___ Agency Staff ___ CFSA Staff

___ Supervisor ___ Frontline Worker

___ Participated in a group setting ___ Viewed workshop material on my own (Choose One)

___ New staff (employed in field < one year) ___ Other (Choose One)

Part IV: Supplemental Materials

For Participants

The following information has been compiled from several sources, including:

- Alberta College of Social Workers (ACSW);
- Canadian Association of Social Workers (CASW);
- Ministry of Human Services, Delegation Training;
- The Family Centre(TFC); and
- Alberta Association Services for Children and Families (AASCF).

Tools for Documentation

There are number of tools used in report writing and documentation.

- Contact notes
- Genograms/Kinship maps/Ecomaps
- Service plans
- Valid and reliable assessment tools (i.e. Structured Analysis Family Evaluation (SAFE), Home Study, Family Assessment Form (FAF), Ages and Stages, etc.)

Perspectives to Consider in File Documentation

Files need to be written and reviewed from two perspectives.

1. From the **child's perspective** as the file contains the child's history.
 - a. Children who have been in care for a number of years, may only have what is written in the file as a record of what happened to them over this period of time.
 - b. The file is not static but evolves over a period of time:
 - i. The file contains the child's history and sometimes is the only source of information about their childhood;
 - ii. Negative events/experiences are more often documented than positive events/experiences;

- iii. Memory books/boxes including memorabilia, pictures etc. are required by some accreditation bodies, but unfortunately not every child leaves care with a collection of materials that are a balanced reflection of their experience;
 - iv. Report cards, pictures, stories about them from their family (e.g., when they were born, funny incidents, significant events in the family) will become important to the young person who later wants to know about their family and themselves.
 - c. Workers need to be mindful that a child who grows up in care and/or a parent of a child who grows up in care may someday want to review their files.
 - i. Reading derogatory comments, descriptors and personal opinions about themselves, guardians and other family members may be **hurtful** and in some **cases harmful**.
- 2. From the **assessment perspective**, and therefore it is imperative that details recorded in contact notes and/or other reports are factual.
 - a. Ensure information including assessment records and related documentation is current and correct.
 - b. Handwritten notes must be transcribed, exactly as written.
 - c. Emails and post-it notes, if related to information on the child and family, should always be filed.
 - d. Ensure that electronic record entries are complete.

Questions to Ask When Writing Contact Notes and/or Reports

- Who will read this information?
- Why am I gathering this information?
- What information do I document?
- How does this information impact the child?
- How will this information impact the child into the future?
- How does this information impact the guardian, family, support professionals, etc.?

Records

Information to Include

- All contacts, information gathered, and services provided to the family.
- Facts and direct observations, including:
 - The date;
 - Information about the type of meeting/contact;
 - The purpose of the meeting/contact;
 - Signatures of the author and others as required (i.e. service plans).
- Decisions and rationale for decisions.
- Information that was shared with the family, indicating:
 - The family's participation; and
 - The family's response to the information.

Consider the Amount of Detail Required

Issues arising during litigation often relate to the way information is shared or not shared when working with a family, and how the information was documented. Therefore, consider the following.

- Documentation needs to reflect exactly what was reviewed or discussed. Sometimes, records become a "he said vs. she said" exercise and there is nothing on file which describes exactly what was or was not shared about the family and to whom.
- Documentation issues also arise when workers have either written:
 - Too much detail to recall months or years later; or
 - Not enough detail to accurately reflect/support their other reports (e.g., contact notes, assessments, and/or investigation reports).

Obtain Permission/Consents

- Make sure information shared by other professionals (e.g., police, doctors and teachers) is documented.
- Ensure that consents to release information are complete and on file.

Contact Notes

Thorough

- Contact notes should be **thorough** and contain all the information necessary to make critical decisions affecting the child/family, such as:
 - Who (child, children, family, foster parent);
 - What (reason for the contact and what was discussed);
 - When (date/time);
 - Where (at family's home); and
 - How (phone, voicemail, face-to-face).
- Contact notes must be signed.
- Every contact with the child/family must be recorded.

Accurate

- Inaccuracy can lead to poor decision-making; it can convey misinformation to co-workers, and fail to support your judgment in court.
 - Review the accuracy of the information in the contact notes and assumptions based on them.
 - Ensure contact notes based on the facts.
 - Avoid making conclusions.

Timely

- The sooner information can be recorded the more accurate it is likely to be.
 - Some researchers believe that 75% of what we hear or see is lost to memory within 24 hours.
 - Documentation needs to be completed at or near the time of the transaction or incident in order for the information to be admitted in a court hearing.
 - If documentation is not done in a timely manner, the record's integrity as an accurate reflection of the observations may be challenged.

Objective

- When recording information, ensure to *separate facts from judgments*.
 - Facts should support the conclusions, not vice versa.
 - For example, the statement "*Mrs. Brady displayed inadequate home-making techniques*" is a judgment.

- *“Mrs. Brady had no food in her pantry or refrigerator” and “the Brady children’s clothes were smeared with mud and feces”* are observations that support a conclusion.
- In forming and recording professional judgments about a family’s needs and problems, one needs to be extremely cautious about using “labels” (i.e. immature, defensive).
 - Labelling:
 - Is potentially libellous;
 - Can unfairly bias a reader of the record; and
 - Makes the writer appear biased.
- Avoid using terms that could denote a medical or psychological diagnosis, unless directly attributed to a medical or mental health professional that is qualified to make a diagnosis.

Clear and Written for Easy Reader Comprehension

- As the range of potential readers is wide (e.g. supervisors, follow-up workers, hearing officers, crown attorneys, judges and/or the client), information recorded should be:
 - Organized;
 - Precise;
 - Legible; and
 - As concise as possible.
- Correct grammar, spelling and punctuation are important.
- Use concise, effective writing methods; avoid lengthy run-on sentences.

Genograms

Genograms are useful tool to create a visual representation of family relationships and identify resources within the family.

- A genogram is a tool that describes a family through time.

“Not only is each individual immersed in the complex here-and-now life space, but each individual is also part of a family saga...which has developed over many generations and has transmitted powerful commands, role assignments, events, and patterns of living and relating down through the years” (Hartman, 1994, p. 160)

- More than one session may be needed to complete the genogram if the exercise is used to discuss the family's history in detail and to enter significant dates and other information.

Indigenous Kinship Concepts

Western genograms are based on specific concepts of family and relationships that emphasize the specific family unit, often referred to as the “nuclear family”.

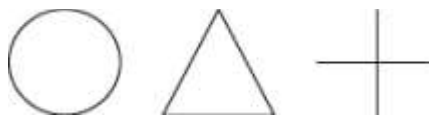
Cree kinship mapping includes similar information to genograms, however:

- The terms and connections for family members are understood differently;
- Kinships maps are different for male and female children;
- Western family terms such as aunt, cousin, and uncle do not carry the same meaning and are not “lived-out” in the same way as traditional Indigenous family terms like nikawiy, nohtawiy, nimis, nimosom.

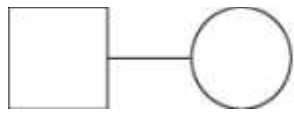
The use of Western genograms with traditional Indigenous families becomes an unintended process of colonization and assimilation rather than understanding and assessment. (Makokis & Bodor, 2012)

Symbols Used in Genograms

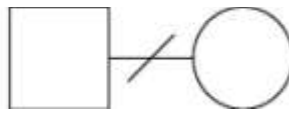
- A square describes a male.
- A circle describes a female.
- A triangle describes an individual whose sex is unknown.
- A marital pair is described by a line joining two individuals.
- Offspring are entered according to age (oldest on the left to youngest).
- A family member that is deceased is drawn with an “X” over top of the figure.
- A dotted line can be drawn around family members who comprise a household.



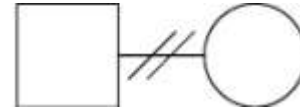
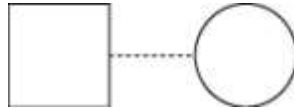
Male Female Gender Unknown Death



Enduring relationship

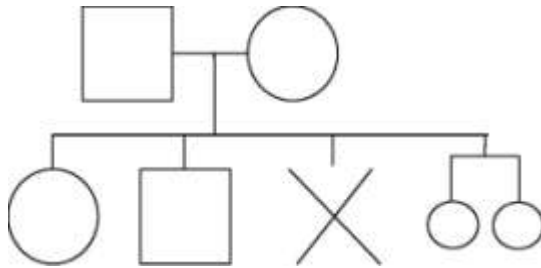


Separation (marriage or cohabitation)



Transitory Relationship Divorce

Drawing a Genogram



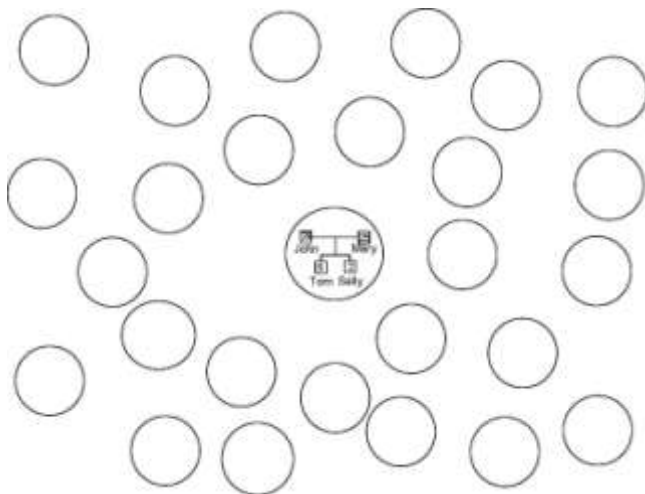
- Genograms are time specific and need to include the date compiled.
- A genogram records family relationships, major family events, occupations, significant losses, role assignments and communication patterns.
- Names (first, middle and last) identify family members and provide information about naming patterns in a family.
 - Naming patterns may give a hint as to expectations or displacements which may have impacted family members. This may provide additional important information about an individual's role in a family.
- Basic information that may be provided in a genogram includes:
 - Dates of birth;
 - Ages;
 - Dates of death;
 - Dates of marriage; and
 - Dates of a divorce.
- Birth dates can identify an individual's place in relationship to siblings.
 - This may be used to further explore an individual's role in a family.
- Place of birth and current place of residence can help identify a family's movement through space.
 - Is the family close together or dispersed over large distances?
 - Does this movement suggest stress, losses, change or upheaval in a family?

- Is there a family support system that is close together?
- Occupations of family members can suggest interests, strengths, socioeconomic status and possible expectations within a family for its members.
- Health issues (physical and mental health), addictions and causes of death are other important pieces of information that may be included.

Ecomaps

An ecomap is a flow diagram that maps family and community systems over time.

- The concept of an ecosystem is applied to human communities to focus on the complex ecological system that includes the family and the total environment.
- The ecomap is essentially a diagram of a social "solar system", in which a family genogram is placed in the position of the sun, at the centre, and other important people and institutions in their life space are depicted with circles around the centre, like planets around the sun.
- The ecomap shows the exchange of the social matter with energy that maintains and is exchanged by the family in their living social "ecosystem".



Drawing an Ecomap

- Ecomaps are time specific and need to include the date they were compiled.
- The nuclear family system or the household is placed in a circle in the centre of the map.

- Lines are drawn between the family and various systems in the family's life.
 - These often include such systems as work, health care, school, extended family, and recreation.
- Ecomaps describe the relationship between different systems by utilizing different types of lines and arrows.
 - A thick line between the family system and an outside system identifies a very strong (important) relationship.
 - A thinner line identifies a strong relationship.
 - A dotted line describes a stressful (or conflicted) relationship between the family and a system.
 - Lines can be drawn between the family and a system, or between one particular family member and an outside system.
 - Arrows may be drawn along these lines connecting the family (or family member) and outside systems to indicate the direction/ flow of resources and energy either to the family or away from the family.
- An ecomap can assist in planning as it can identify:
 - Areas of family strengths and supports;
 - Where does the family get energy and resources?
 - Areas of need; and/or
 - Stressors in a family's environment.

Guidelines for Ethical Practice

Every professional body has established guidelines for ethical practice which include protection of privacy and confidentiality, maintaining records, recording information and the disclosure of information.

Ethical decision making is an integral part and underpinning of report writing and documentation. The understanding and application of ethical principles affect the choices made as to what information is recorded and how it is recorded. The discussion of ethical decision making is too broad to include in the body of this reference workbook. However links to the PowerPoint presentation delivered by Dr. Bob Lonnie on ***The Role of the Supervisor in Relation to Ethical Practice in Child Welfare (2012)*** are included in Part V of this workbook.

***Canadian Association of Social Workers (CASW)
Guidelines for Ethical Practice 2005 (excerpt)***

1.5 Protect Privacy and Confidentiality

Social workers respect clients' right to privacy. Social workers do not solicit private information from clients unless it is required to provide services or to conduct social work research. Once information is shared or observed in a professional context, standards of confidentiality apply. Social workers protect clients' identity and only disclose confidential information to other parties (including family members) with the informed consent of clients or the clients' legally authorized representatives, or when required by law or court order. This obligation continues indefinitely after the social worker has ceased contact with the client. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers disclose the least amount of confidential information necessary to achieve the desired purpose.

- 1.5.1 Social workers discuss with clients the nature of confidentiality and limitations of clients' right to confidentiality at the earliest opportunity in their relationship. Social workers review with clients when disclosure of confidential information may be legally or ethically required. Further discussion of confidentiality may be needed throughout the course of the relationship.
- 1.5.2 Social workers ascertain and take into account the manner in which individual clients wish confidentiality to apply within their cultural context.
- 1.5.3 Social workers inform clients, to the extent possible, about the disclosure of confidential information and its potential consequences before the disclosure is made. This applies in all circumstances of disclosure, except when, in the professional judgement of the social worker, sharing this information with the client may bring about, or exacerbate, serious harm to individuals or the public.
- 1.5.4 When social workers provide services to families, couples, or groups, social workers seek agreement among the parties involved concerning each individual's right to confidentiality and the obligation to preserve the confidentiality of information shared by others. Social workers inform participants in family, couples, or group counselling that social workers cannot guarantee that all participants will honour such agreements.
- 1.5.5 When social workers provide services to children, they outline for the child and the child's parents (where appropriate) their practices with respect to confidentiality

and children. Social workers may wish to reserve the right to disclose some information provided by a young child to parents when such disclosure is in the best interest of the child. This should be declared prior to the first session with a child.

- 1.5.6 Social workers take care to not discuss confidential information in public or semi-public areas such as hallways, waiting rooms, elevators, and restaurants.
- 1.5.7 Social workers take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephone answering machines and other electronic technology. Social workers inform clients of the limits to confidentiality that may apply to these forms of communication.
- 1.5.8 Social workers protect the confidentiality of clients' written and electronic records. Social workers take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access (see section 1.6 regarding protection of vulnerable members of society).
- 1.5.9 Social workers do not disclose identifying information when discussing clients for teaching or training purposes, unless the client has consented to such disclosure.
- 1.5.10 Social workers do not disclose identifying information when discussing clients with consultants unless the client has provided informed consent or if there is a compelling need for such disclosure. If the agency practices and policies involve routine consultations with a supervisor or professional team, social workers make clients aware of these practices as a limitation to confidentiality.
- 1.5.11 Social workers protect the confidentiality of deceased clients consistent with the preceding responsibilities.
- 1.5.12 Social workers take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacity, or death.
- 1.5.13 Social workers take appropriate steps to address a breach of confidentiality should it occur, with due care to the values and principles of the Code, the standards of their employer and relevant regulatory body.

1.7 Maintenance and Handling of Client Records

Social workers maintain one written record of professional interventions and opinions, with due care to the obligations and standards of their employer and relevant regulatory body. Social workers document information impartially and

accurately and with an appreciation that the record may be revealed to clients or disclosed during court proceedings. Social workers are encouraged to take care to:

- report only essential and relevant details
- refrain from using emotive or derogatory language
- acknowledge the basis of professional opinions
- protect clients' privacy and that of others involved.

- 1.7.1 Social workers do not state a professional opinion unless it can be supported by their own assessment or by the documented assessment of another professional.
- 1.7.2 Where records are shared across professions or agencies, information is recorded only to the degree that it addresses clients' needs and meets the requirements of an employer or professional standards of practice.
- 1.7.3 Before using clients' records for any purpose beyond professional services, for example education, social workers obtain the informed consent of clients.
- 1.7.4 In some circumstances, access to client records may be officially authorized or required by statute. Where consent of clients is not required, social workers attempt to notify clients that such access has been granted, if such notification does not involve a risk to others.
- 1.7.5 Social workers ensure that clients have reasonable access to official social work records concerning them. However, if there are compelling professional, ethical or legal reasons for refusing access, social workers advise clients of their right to request a review of the decision through organizational or legal channels, e.g., Access to Information Act (1983).
- 1.7.6 Social workers take due care to protect the confidences of others when providing clients with access to records. This may involve masking third party information in the record.
- 1.7.7 If clients are not satisfied with their records, social workers advise them regarding complaint mechanisms.
- 1.7.8 Social workers protect clients' records, store them securely and retain them for any required statutory period.
- 1.7.9 Social workers transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with provincial/territorial statutes

governing records and social work regulation. Social workers also ensure that mechanical or electronic records are properly transferred or disposed of.

***Alberta College of Social Workers
Standards of Practice 2007 - Record Keeping and Confidentiality***

Principle

Social workers will protect the confidentiality of all professionally acquired information and will disclose such information only when properly authorized or obligated legally or professionally to do so.

Records

47. A social worker will keep systematic and legible records.
48. A social worker will explain to a client the purposes for which information will be collected and used.
49. Clients will be the primary source of information about themselves. Exceptions to this occur when the client is incapable of giving reliable information or when corroboration is required as in completing risk assessments, preparing a home or community study, assessing mental health concerns or investigating/assessing criminal behaviour (probation, parole, corrections, and forensic work).
50. Whenever reasonably possible, taking into account organizational requirements a record should include the following:
 - (a) each client's full name, address and telephone number;
 - (b) if the client is a corporation or organization, the name, address and telephone number of the corporation or organization and the name, address, telephone number and title of the principal contacts in the corporation or organization;
 - (c) a brief description of the professional services requested and provided and the location and dates when those services were provided;
 - (d) the fee arrangement, if any;
 - (e) a copy of all reports and other documents prepared or received as part of a professional relationship;

- (f) clear identification of the author of any documents and reports in the record;
 - (g) reasons for professional involvement, the assessment, interventions, goals, and progress toward the goals;
 - (h) clear indication of when and why the file was closed.
51. A social worker, in accordance with workplace policies, may use any form of technology for keeping records, provided the confidentiality of the information contained in the record is maintained.
52. A social worker will ensure that all information recorded is necessary and either relevant to the services being requested by or provided to the client or needed for organization administration.
53. When a couple, family, organization, community or other group is the client, a social worker must keep a record that relates to the couple, family, organization, community or other group.

Access to Records

54. A social worker will provide:
- (a) access to a record to any client who is the subject of that record, on the request of the client, and
 - (b) information to each client about the conditions under which access will be provided or denied to a client pursuant to clause (a), and
 - (c) a copy of the file or parts of the file, subject to a reasonable fee, as may be by relevant legislation.
55. The case record itself is the property of a self-employed social worker and is subject to their control except as required by law.
56. In employment situations, the case record is the property and responsibility of the organization and subject to employer control.

Maintenance and Disposal

57. A social worker will store records in a way that maintains the confidentiality of the information contained in the records.

58. A social worker will make reasonable efforts to adopt retention policies and procedures that will physically safeguard case records against any anticipated threats or hazards to their security or integrity.
59. When a social worker's documentation is part of the workplace's permanent record, retention of such records must be done in accordance with organizational policies.
60. A social worker will maintain professional records for 10 years following the last entry for a professional service. Where an organization maintains both a paper and an electronic file, only one (1) complete file must be maintained following closure of the file.
61. A social worker will dispose of records in a manner that ensures that the confidentiality of information in the records is maintained.
62. A social worker who is closing a practice will ensure that client files are maintained in a secure location for 10 years following the last entry for a professional service.
63. A social worker will take appropriate measures to ensure that file information can be accessed by clients as appropriate within a 10-year period following closure, and that clients are aware that the information will be kept.
64. A social worker in private practice will have a plan in place for maintenance of files should the social worker die or become incapacitated.

Client Information to be Kept Confidential

65. A social worker will safeguard the confidentiality of the information obtained in the course of practice, including while teaching or carrying out research or other professional duties.
66. Except as noted in sections 72 and 73, a social worker will disclose information about a client to others only with documented informed consent from the client.
67. When a corporation or other organization is the client, standards of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract.
68. A social worker will promote the adoption of contracts, reasonable policies and procedures in both the workplace and academic institutions, concerning confidentiality guidelines for students who take material from the field into the classroom.

69. When a case report or other confidential information is used as the basis of teaching, research or other published report, a social worker shall ensure that the information does not identify the client.
70. A social worker is responsible to ascertain and make clear, to both organizational and individual clients, the limits of confidentiality. Where feasible and appropriate, clients should be given a written description of the limits of confidentiality.
71. A social worker will transfer information to another organization or individual only with the informed consent of the client and then only with reasonable assurance that the receiving organization provides the same guarantee of confidentiality and respect for the right of privileged communication as provided by these standards.

Disclosure of Client Information

72. Notwithstanding section 63, a social worker may disclose information about a client without the client's consent in the following situations:
 - (a) when a social worker believes that disclosure is necessary to protect against a clear and substantial risk that the client will inflict imminent serious harm on self or others;
 - (b) when a social worker is required by a provincial or federal Act or regulation or a court order to disclose the information;
 - (c) if it is necessary in order to collect a fee and there is no clear and substantial risk that the client will inflict imminent serious harm on self or others as a result of the disclosure;
 - (d) when the information is required for a social worker to defend against a complaint of unprofessional conduct;
 - (e) when directed to do so by an investigator or prosecutor of a complaint under the Health Professions Act.
73. When disclosure is required by order of a court, a social worker will not divulge more information than is reasonably required and will, when possible, notify the client of this requirement. In cases in which a subpoena is served to obtain confidential information about a client, a social worker will attempt to protect the client's right to privacy.

In Workplace Settings

- 74. A social worker will take reasonable care to ensure that supervisory, administrative and other indirect service personnel maintain client confidentiality.
- 75. A social worker may disclose information to persons within their organization who, by virtue of their responsibilities, have an identified need to know. A social worker will inform clients that supervision and professional consultation are part of professional social work practice and that confidential information may be shared as part of the process.
- 76. A social worker will take reasonable efforts to establish organizational confidentiality policies regarding:
 - (a) who does and does not have access to what kinds of information, and
 - (b) orientation to the principles of confidentiality for all staff, volunteers, and others who may have access to confidential information.

Multiple Clients

- 77. When professional services are provided to more than one client during a joint session, a social worker will, at the beginning of the professional relationship, clarify the manner in which confidentiality will be handled.
- 78. A social worker in practice with families, couples, groups, organizations, or communities must safeguard the rights to privacy and confidentiality of information acquired concerning individuals.
 - (a) Information that one client has requested be kept confidential will not be disclosed without the informed consent of the person(s) to whom that information refers.
 - (b) When one person provides consent to the release of confidential records or information, a social worker may release only information about the consenting person and must protect the confidentiality of all information about the non-consenting person(s).
- 79. A social worker is not responsible for unauthorized disclosure of client information that may occur through a joint session.

Part V: References and Other Resources

For Participants

References

- Hartman, A. (1994). *Reflection and Controversy: Essays on Social Work*. National Association of Social Workers Press.
- Lonne, Dr. B. (2011). *Ethical Practice in Child Welfare Work: The Role of the Supervisor*. [PowerPoint presentation]
<http://www.aascf.com/pdf/AlbertaEthicalPracticeFramework-Supervisors%5b1%5d.pdf>.
- Lonne, Dr. B. (2012). *The Role of the Supervisor in Relation to Ethical Practice in Child Welfare*. [Video]. Retrieved from <http://vimeo.com/album/2172351/video/53545630>.
- Makokis, L. & Bodor, R. (2012). *Indigenous Concepts, Terms, and Frameworks that are Important for Human Service Workers*. Unpublished.
- Munro, E. (2003). *Formal Risk Assessment Instruments or Intuitive Knowledge?* Bohn Stafleu Van Loghum, Houten, The Netherlands.

Other Resources

- *Protecting Our Children Episode 1 ¼*. Retrieved from <http://www.youtube.com/watch?v=7A-2xD3ILrs&feature=related>
- The PowerPoint presentation, *Thinking about the Way We Think – Practice Framework Development Assessments*, by Chris Boyle, Senior Practitioner, Department of Communities, Child Safety Services, Queensland Australia, is available on the AASCF website http://www.aascf.com/pdf/Chris_Boyle_Thinking_Clearly-2_-_Frameworks.pdf;
E-mail: cboyle@communities.qld.gov.au.

Websites

- Alberta Association of Services for Children and Families (AASCF)
 - <http://www.aascf.com/Resource Library/OBSD> or
 - <http://www.aascf.com> Type in a word in the search box i.e. “AASCF Journals”, “AASCF-OBSD Newsletter”, “supervision”, “OBSD” and a number of resources will be identified
- Alberta College of Social Workers
 - <http://www.acsw.ab.ca>
 - <http://www.acsw.ab.ca/files/standards of practice 2007>
- Alberta Courts Information
 - <http://search.albertacourts.ca> (Alberta Courts website with search tab highlighted; other tabs include Court of Appeal, Court of Queen’s Bench, Provincial Court and Court Services)
 - <http://justice.alberta.ca/Pages/home.aspx> (Alberta Justice and Solicitor General home page with link to Alberta Courts home page provided)
- Alberta Human Services, Enhancement Policy Manual: Intervention (Revised June 15, 2012)
 - <http://www.child.alberta.ca/home/documents/childintervention/Enhancement Act Policy Manual.pdf>
- Canadian Association of Social Workers
 - <http://www.casw-acts.ca>
 - <http://www.caswacts.ca/sites/default/files/attachements/CASW Guidelines for%20Ethical Practice e.pdf>
- Canadian Civil Liberties Association
 - <http://www.ccla.org>
- Department of Justice Canada
 - [http:// www.laws.justice.gc.ca](http://www.laws.justice.gc.ca) (The Law Site – This page allows you to search Canada’s consolidated statutes and regulations)