Case Study

Lee is a social worker at a local child welfare agency. Lee has been a social worker in this small, rural Wisconsin community for years. Lee grew up in a larger city, but Lee’s spouse is from this community and Lee moved to the community after they married. Lee is active in the local faith community and routinely attends church. Lee is also a part of a local tavern’s summer softball and volleyball leagues. Lee’s children attend the public school in a neighboring community. Lee’s spouse is in management in the county forestry department.

Despite the community’s small size, substance use disorders are a real concern. With the increased need for treatment for people with substance use disorders, Lee negotiated a contract with a substance use treatment facility 45 miles away. The treatment facility has agreed to give Lee two assessment appointments and one spot a month in the intensive outpatient program. Lee could really use beds in the inpatient program and more openings in the intensive outpatient program. The needs far surpass what is available.

Lee is hard at work on a Monday when a call comes in on the intake line. It is the school social worker from the local school district (where Lee’s children attend). The school social worker stated a family has come to the attention of the school for concerns of neglect due to substance abuse issues. The school social worker explains the concerns for the children and provides Lee with the required identifying information. Lee takes the report and enters it as “neglect.” Lee’s supervisor has reviewed the case and assigned it as an “emergency” and Lee must go out on the case immediately.

As Lee is driving to the school, Lee thinks about the family. Lee knows this family from church and the summer softball league. Lee played on the same team as the mother and knows the children from various school functions and fieldtrips. The paternal grandfather to the family is a county board supervisor and is deeply respected in the community. Lee also knows that the family has a reputation around town for using services to exhaustion and/or not showing for appointments, including outpatient mental health and dental care. Lee’s friend (whose husband is a sheriff’s deputy) operates their church’s food pantry has recently expressed concern the family is getting food from the pantry and selling it for money to purchase drugs. Lee knows the mother became belligerent recently at the church’s food pantry for not adhering to pantry rules.

It is early in the month, yet Lee only has one appointment left for AODA assessments. Lee is thinking about the family’s behavior with other service providers and possible misuse of resources, including the church food pantry. Lee is thinking about the prior relationship with the mother on the softball league. Lee is thinking about the “sway” the paternal grandfather has in the community and in Lee’s spouse’s work. Lee is thinking about their kids in the same school.

Lee completes the home visit. Lee’s assessment identifies neglect of the children due to the lack of food, care, and supervision. The mother talks about her all-consuming substance abuse and how her out of control use prevents her from parenting. Lee believes the children can stay in the home, but Lee will need to access *many* community resources to create safety, including the last appointment for an AODA assessment at the nearby facility.

You are Lee’s supervisor. Lee is meeting with you to determine an appropriate plan for the family. How do ethically determine which resources to utilize for this family? Consider the client’s right to privacy. Consider the distribution of resources. Consider the values of the social work profession.