CHAPTER ONE

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Introduction to Care Provision

[Social welfare is] all social interventions intended to enhance or maintain the social functioning of human beings. . . . Social workers deliver social welfare services.

—Dolgoff & Feldstein (2008, p. 4)

This book explores the experiences of families that provide care for family members with extended care needs. Reading it will give you the opportunity to examine several caregiving configurations—from parents caring for sons or daughters with disabilities to families caring for military veterans with physical and psychiatric conditions. As social work practitioners, many of you will be working with families in caregiving roles. Thus, you will need to understand family-related issues and dynamics. At the same time, your knowledge and skills must extend beyond family life. You will need to understand the social conditions of caregiving, including the services, programs, supports, policies, and cultural assumptions and expectations surrounding care. Assisting people and designing and advocating for caregiving programs are key responsibilities of social workers.

To promote this type of understanding, this book describes various caregiving situations. You will find that although the initial focus of assessment and intervention is on the person in need, approaches to these tasks ultimately include the identification and involvement of families, significant others, and relevant societal institutions. The following are examples of questions that will guide your work in caregiving situations:

- What are the basic components of the social welfare program in this practice arena?
- Who is eligible for these programs or benefits?
- What policies and funding sources are pertinent?
- What current research is germane to this area, and are there evidence-based practice approaches to guide practice?

- What ethical dilemmas and values may need to be resolved in this practice setting?
- Are innovative methods of providing care emerging and available to the clients?
- Can I, as a social worker, contribute to these innovations?

These are just some of the relevant questions you will address as you explore caregiving and care-sharing experiences within families.

Covan (1998) coined the term *care sharing* to describe a care collective that organizes multiple strategies for maximizing pleasure and minimizing loss associated with the aging process. In other words, care sharing is a conscious attempt to support those in the community who are frail. The title of this book, *Caregiving and Care Sharing: A Life Course Perspective*, is significant. It includes the idea of care sharing because families do not provide care in isolation. Mutual aid approaches to care are emerging as a result of changing demographic trends.

Although Covan's original work focused on older adults, caring in fact takes place across a family's entire life course. The initial chapters of this book provide a historical context for care and describe how family life and caring have evolved over time. Although caring is a fundamental experience in the lives of contemporary families—that includes, for example, raising children and caring for aging parents—it can also be stressful and difficult. Programs and institutions that exist to support caregivers may unintentionally add to the stress with cumbersome intake processes, inaccessible services, or a lack of attention to the needs of the family. This book will help you analyze how services, programs, policies, and cultural issues support or challenge families providing care.

The social care approach works at both a micro level (representing the most personal, immediate interactions that affect a client) and a macro level (representing more distant interactions). This context brings together elements of both direct and indirect practice. Whereas *direct practice* attends to the situations of the caregiving family, *indirect practice* necessitates consideration of the cultural milieu, worldview, and historical times that affect both you and your client (Greene, 2007). This integrated perspective will require you to think holistically, taking into account such issues as how the structure of the U.S. and global economies influences a caregiving family. This approach to social work delivery has been called "social care."

The social care approach also highlights practitioners' concern with enhancing the social functioning of all people. Competent and effective practice begins with a person-in-environment perspective and underscores the client's human dignity and self-worth. At the same time, the ability to adapt these concepts to changing contexts is the foundation of effective social work practice in caregiving situations. Contemporary social factors influence the nature and experience of care and include escalating violence in neighborhoods, communities, and the world; increasing receipt

of information from social media and expanded global television coverage; and increasing stress in the family as a result of enhanced technology and changing labor force conditions. Other contributing factors include changes in U.S. demographics, such as the growth of the aging population and the number of new Americans; these factors are also important for understanding caregiving and care sharing.

Historical Social Construction of Direct Social Work Practice

The concept of social functioning distinguishes social work from other helping professions. Sheafor, Horejsi, and Horejsi (2012) devoted their practice text to this vision of social care. They suggested that effective *social functioning* is an individual's ability to meet basic needs and perform major social roles successfully. This involves positive interdependence and interactions among people in all social systems, and it applies in particular to family caregiving roles. Ultimately, the purpose of social work from this perspective is to match the fit between people's capacities, actions, and demands with the resources and opportunities of the environment.

When we examine the history of social work practice, we see long-standing attention to social functioning. Since the inception of the profession, pioneers, educators, and theorists have contributed ideas that suggest social workers should ensure that clients have the basic life necessities and should promote resilience and quality of life. To help us begin to think about which social work practices might be most relevant today, let's take a quick journey back in time through the changing landscape of care provision.

Boards of Charity Initiate Care

In the beginning, the social work profession imported Elizabethan Poor Laws from England and informally began its activities in large U.S. cities, where friendly visitors went to the homes of poor families to assess their needs. Boards of charity then determined who would receive financial aid and other types of assistance. In addition, community centers were established to provide instruction for Americanizing new immigrants. These centers also produced the *Settlement Cookbook*. Early social work practitioners had a hands-on approach that gave them an understanding of a family's everyday needs and the community-based services available to address them.

This type of approach exists today in community partnerships designed to provide public services, such as the Charlotte-Mecklenburg Schools' Parent University, which offers courses in English and Spanish, including Your Mental Health Matters, Using an E-Reader to Promote Literacy, and Self-Esteem and Its Impact on Academic Development. This public service resembles the social care provided today in countries such as Great Britain and Scandinavia, where local councils are the primary source of immediate care, often through public education.

Pioneers Define Our Work

Another way to decide which social work practice strategies might be useful in caregiving situations today is to revisit the ideas of founding pioneers such as Mary Richmond and Bertha Reynolds. Mary Richmond (1917) believed that people should be understood within their social environment, which included their closest social ties: families, schools, churches, jobs, and so forth. She was one of the early *friendly visitors*, who made home visits to explore how families dealt with everyday concerns. She placed an emphasis on "social diagnosis." From an assessment perspective, this process individualizes the client. In the context of caregiving, it allows practitioners to become familiar with their caregiving clients' day-to-day needs, coping capacities, and social support networks.

Bertha Reynolds (1935) characterized casework as a form of social work that assists the client with "a problem which is essentially his own" (p. 235). Ann Weick (1993) revisited the idea of allowing clients to speak to their own issues when she said that people are more likely to grow and develop when their stories and strengths, rather than their problems, are emphasized. Families in caregiving situations often express their burdens, but a strengths-based philosophy can help social workers reframe the burden of caregiving to explore the rewards.

Educators Define Our Purpose

Another way to think about helping caregivers is to refer to the curriculum study groups that defined the domain and purpose of the social work profession. In 1959, the Council on Social Work Education (CSWE) conducted a curriculum study and adopted the enhancement of social functioning as the profession's major goal (Boehm, 1959). *Social work* was defined as "a profession concerned with the restoration, maintenance and enhancement of social functioning. It contributes, with other professions and disciplines, to the prevention, treatment and control of problems in social functioning of individuals, groups and communities" (Boehm, 1959, p. 1). Because of its dual focus on individuals and society, the definition remains important to a social care model today. This focus allows the practitioner to seek out multilevel interventions that may enhance or maintain social functioning.

Defining Social Care in Direct Practice

Every society has a means of caring for its members. In fact, caregiving is at the heart of family, community, and societal functioning. Care provision is organized differently in every society depending on the roles of various institutions, individual and family responsibility, values and ethics, and economic and political considerations. As you read each chapter, you will see how the provision of care varies depending on such influences as family role allocation, societal epoch, and historical and economic factors.

Care is sometimes given without our even knowing it; at other times, giving care requires a great deal of effort and support and can cause considerable stress. Social workers generally see caregivers and their care recipients at times of distress—when people and institutions seem to be failing and caregivers are not receiving the support they need. The term "social care" is used during these times when social workers become part of the fabric of the social welfare system, taking action to ensure that people's basic needs are met. Therefore, social workers must be knowledgeable about the distinct systems that address client care needs—mental health, aging, and so forth—within the general social welfare system.

In Europe, Australia, and New Zealand, social care has various definitions, and it is sometimes seen as a profession distinct from social work (Lalor & Share, 2013). For example, the Irish Association of Social Care Educators defines social care as "a profession committed to planning and delivery of quality care and other support services for individuals and groups with identified needs" (Irish Social Care Gateway, 2005). The association's Web site goes on to state that social care workers give emphasis to those who have been marginalized—those who receive unequal resources or are the recipients of discrimination by society. Moreover, social care workers, often working in conjunction with social workers, advocate for interventions based on established best practices as well as knowledge of life-span development.

Social care is composed of those actions designed to provide people in need with access to the basic necessities of life. Social care workers offer clients, such as children and people who are dying, belonging, acceptance, and comfort in times of distress. They are also part of the health care delivery system, including midwifery. Social care workers take preventive actions as they work to improve social conditions and strive for social and economic justice (Sheafor et al., 2012) (see "Social Work as Social Care: A Micro Perspective" on page 6).

Work with Clients in Distress

Social care is suitable for people in distress; for those dealing with the effects of a natural disaster, such as Hurricanes Sandy and Katrina; and for veterans returning from war with adjustment issues (see chapter 7). In these cases, practitioners attempt to foster resilience by engaging in many strategies common to social care, including providing for basic needs, such as safety, food, water, and electricity; helping clients access their own resources; tapping the intrinsic worth and ability of each individual; offering group support; and engaging in community renewal strategies (Greene & Livingston, 2012).

Social care workers in the United Kingdom have taken a rights-based and solution-focused approach to meeting the social care needs of refugees and asylum seekers under duress. Their principles for practice include respect for cultural identity and the experience of migration, nondiscrimination and the promotion of equality, decision making that is timely and transparent and that involves the client,

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Social Work as Social Care: A Micro Perspective

Social workers who emphasize the social care purpose of the profession are more likely to do the following:

- Reflect on their own ability to give care
- Encourage the client to express his or her own needs
- Work toward a client's positive social functioning
- Provide for basic needs
- Work at the center of a client's life space
- Research the needs of marginalized groups
- Advocate for caregiving policy
- Seek economic and social justice
- Attend to vulnerable populations
- Coordinate efforts with other agencies and professionals

and the promotion of social inclusion and independence (Department of Health, n.d.). Community-based meetings are held, as are individual counseling sessions.

Self-Reflection

Although it is beyond the scope of this chapter to distinguish social work from social care, two major elements of social care derived from postmodern theory are especially important:

1. The need for the practitioner to be self-reflective
2. The importance of interventions being pertinent and taking place in the client's day-to-day shared life experiences or space

What do postmodern thinkers mean when they ask practitioners to be self-reflective? A self-reflective stance involves critical thinking and the interpretation of complex situations (CSWE, 2008; Laird, 1993; Schon, 1983). Using this approach, knowledge is gained from clients' "lived experience" and from master practitioners (Weick, 1993). Therefore, reflective practitioners can learn at the local level, think within the larger sociopolitical context, and engage in lifetime learning (Schon, 1983).

Postmodern thinkers have proposed that individuals gain knowledge through social discourse within a particular historical and sociopolitical context (Greene, 2008a, 2008c). In addition, the postmodern practitioner's goal is to obtain client-generated meaning to enable a positive reframing of events (Duncan, Solovey, & Rusk, 1992). Clients' ability to re-create their life story or rename their problem is empowering (White & Epston, 1990). Thus, learning how the caregiving family perceives its own needs is paramount.

For example, Tony Stanley, a social worker from New Zealand, said that he had to deal with the discourse of risk with children every day (Stanley, 2007). He thus wanted to better understand how other social workers perceived and talked about the risks they faced in their work in child protection. What risks were children exposed to in abusive or neglectful families? How could practitioners determine a family's readiness to resume raising a child after the child had been in foster care?

To look into this dilemma, Stanley (2005) chose to conduct research for his doctoral dissertation, "Making Decisions: Social Work Processes and the Construction of Risk(s) in Child Protection." His findings were then taken to the Department of Child, Youth and Family Services, Aotearoa—New Zealand's statutory body of child protection—to help it legitimize its assessment decisions. Thus, self-reflection built knowledge to address everyday professional concerns as well as the well-being of individual clients.

Defining Community Practice in Care Provision

At the micro, or direct, level of care, interventions in a social care model emphasize the profession's central purpose of supporting social functioning and quality of living. Hands-on concern may be combined with efforts to advocate for just social service delivery systems (see "Social Work as Social Care: A Micro Perspective" on page 6 for a summary). The use of macro level principles is also warranted and is aimed at creating more comprehensive, accessible, and effective experiences within health and social programs and within the natural environments of families, such as neighborhoods and communities (see "Social Work as Social Care: A Macro Perspective" on page 8 for a summary).

Families live and function within the context of their neighborhoods and communities, and they integrate local resources into their caregiving responsibilities. Although the intervention approaches discussed previously are helpful in direct work with caregivers, the use of macro-focused interventions is also necessary. In addition, case management is an important social work role in care provision and is a practice intervention that includes both micro- and macro-focused approaches.

Building and Sustaining Community Partnerships

Because many systems are involved in the lives of caregivers, one important macropractice approach is linking together these disparate entities (Kropf, 2006). These community partnerships need to involve not only those who are in professional services, but also other groups, such as faith communities, businesses that want to retain employees who are providing care, and related organizations or services involved with individuals with disabilities or older adults (for example, funeral directors and public transportation services). Successful community partnerships have the following characteristics (Mizrahi & Rosenthal, 2001):

- *Conditions.* Partnerships need to focus on the right issues at the right time. Do any current issues hold a great deal of attention in the media? Are families concerned enough about particular issues to rally together for a united agenda?
- *Commitment.* Partnerships often involve a broad scope of interests. The people involved must be able to compromise and work together toward outcomes that are feasible, not simply ideal.
- *Contribution.* Those entities involved in the community partnership need to have a sense of how resources can be combined to attain goals. Some partners may have financial resources, whereas others may have social connections that can provide resources in the community and beyond.
- *Competence.* Although partnerships involve a shared sense of responsibility, there also needs to be leadership to handle internal dynamics and maintain goal direction.

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Social Work as Social Care: A Macro Perspective

Social workers who emphasize the social care purpose of the profession are more likely to do the following:

- Focus on community capacity building:
  - What resources are available to families in caregiving roles?
  - What untapped or potential resources (for example, religious congregations or volunteer and civic organizations) are available?
  - What environmental opportunities (for example, good public transportation systems or good seasonal weather) are available to families?
- Partner with
  - local businesses to support the workforce with caregiving responsibilities
  - intergenerational programs to support caregiving across the generations (for example, through the Retired and Senior Volunteer Program and service learning projects in schools)
  - universities for demonstration projects and the evaluation of innovative practices
- Create linkages to
  - community coalitions to support care provision initiatives
  - public–private initiatives
  - media sources to raise awareness of local caregiving issues
- Seek funding and resource development
  - as joint collaborations across agencies that support family care
  - from local foundations and businesses that have a philanthropic mission compatible with care
  - to enhance the volunteer segment of caregiving and care sharing

Communication and facilitation skills are important in helping social workers develop and maintain effective community partnerships in caregiving.

Advocacy

According to the *Code of Ethics of the National Association of Social Workers* (NASW, 2008), one responsibility for ethical social work practice is to engage in social and political action. These efforts are aimed at providing access to rights and resources for those who are disenfranchised and expanding choice and opportunity for all. Because of conditions that precipitate the need for care provision, all social work practitioners must be involved as advocates in this area. Although evidence-based practice approaches are becoming a more central aspect of teaching practice skills, few studies have researched the effectiveness of macropractice skills (McNutt, 2011; Ohmer & Korr, 2006). Nevertheless, practitioners need to be able to advocate for individual clients within their practice. Through involvement in organizations such as NASW and similar professional societies, social workers can also participate in collective forms of advocacy that deal with policy-related issues.

Like direct practice interventions, advocacy practice involves particular skills and orientations. In their analysis of social advocacy roles, Schneider and Lester (2001) summarized the characteristics of advocacy practice. Working as advocates, practitioners are the following:

- *Action oriented.* Advocacy requires that social workers take action to bring about change. Advocacy is behavior, not simply an attitude.
- *Opposed to injustice.* Advocates are involved in promoting justice principles in meeting human needs.
- *Not neutral.* The values of the social work profession compel practitioners to side with those who are in disadvantaged, vulnerable, marginalized, or at-risk situations. The primary principle of social work is to enhance human well-being and promote the basic needs of all individuals.
- *Able to link policy to practice.* Clients' lives are directly related to decisions that are made at policy levels. Practice to address the immediate needs of clients is insufficient if broader social issues are not addressed.
- *Patient and hopeful.* According to Schneider and Lester (2001), drawing on Freire's (1990) principle of "impatient patience," advocates should be patient enough to sustain change but impatient enough to initiate movement. In this role, social workers' steady efforts in advocacy and activism provide a message of hope and involvement for their clients.
- *Empowering.* In their role as advocates, social workers try to develop the leadership and problem-solving capacities of their clients. They work to help clients develop roles that allow them to communicate for themselves as much as possible.

As this summary suggests, the primary role of most social workers may not be to serve as advocates for clients. However, all social workers should develop advocacy skills, as social justice issues are part of all practice contexts.

Case Management: Bridging Micro- and Macropractice

As an integrated practice approach, case management bridges micro- and macropractice roles. Case managers provide services to many types of caregiving families and often are the first point of contact for families as they enter service systems. Often case managers provide many different types of services, including linking families to resources, being the primary contact for families in interdisciplinary team approaches to treatment, and evaluating and measuring the success of treatment goals. Although case managers come from many backgrounds (for example, nursing and finance), their background in social work, with its person-in-environment framework, provides the requisite foundation for them to function effectively in their role (Rothman, 1994).

The aspect of case management that makes this role exciting also makes it challenging—it involves a broad spectrum of skills. To be competent in this role, case managers must be able to work directly with individuals, families, and the community and be competent advocates and change agents in social policy arenas. Several skills are important for effective case management practice (Greene, Cohen, Galambos, & Kropf, 2007):

- *Engaging in sensitive relationship building.* Case managers may intervene with clients during times of stress or transition. Regardless of the specific caregiving issue, case managers should assess what is happening with the client and family and determine the most effective way to build trust.
- *Delivering appropriate resources and services.* Beyond referring clients to existing programs, case managers must help motivate client involvement in services. In addition, they must be aware of barriers that may prevent clients from accessing services and work to eradicate these conditions.
- *Having a network of alliances.* Case managers need to have positive and extensive relationships with colleagues within the service system. Especially in areas where services are limited, such as rural communities, case managers need to go beyond the usual suspects in identifying potential resources (Myers, Kropf, & Robinson, 2002). They must investigate and approach nontraditional partners as possible collaborators in service delivery in these areas.
- *Constructing service plans.* Social workers in all roles are increasingly accountable for delivering cost-effective services. Case managers must be able to determine the needs of families and provide a plan to address these needs in an efficient manner.

- *Evaluating service delivery.* Case managers are pivotal in determining how changes in service delivery and policy affect the lives of clients. In this role, they can determine where gaps in services are and what changes need to be made to services to make them more effective and accessible for caregivers.
- *Acting as an advocate.* As previously discussed, advocacy is part of social work with caregivers. Within case management, advocacy roles are primary, as practitioners often act on behalf of clients who have limited skills or ability to act on their own (Frankl & Gelman, 1998).

Case management has been part of social work practice since the beginning of the profession. Because caregiving families often have multiple service needs, case managers are frequently involved in helping them access needed services. In this way, families receive the assistance and support they need to navigate disparate programs and service networks.

Application to Social Work Practice

Many social work practitioners are involved with families in their caregiving roles. Yet social workers are also involved as administrators of programs that serve caregiving families and promote mutual aid interventions in care provision. In addition, some social workers rise to the challenge of working to change social policy. For example, NASW (n.d.) lists 165 elected officials who hold a social work degree. Because of this breadth and scope of practice, social workers in various professional roles will face families in care provision situations.

Social Work Competencies Applied to Family Care

Regardless of one's level of practice (direct or indirect), CSWE has mandated a set of competencies that are the foundation for curricula in social work programs (CSWE, 2012, pp. 3–7). The following are the 10 competency statements as they apply to caregiving circumstances:

1. *Identify as a professional social worker and conduct oneself accordingly.* When working with families in vulnerable states, social workers need to maintain professional roles, boundaries, and standards of practice. Practitioners might experience countertransference and should seek appropriate supervision or consultation to remain effective. While reading this book, you will be able to identify the issues in family caregiving that may present difficulties using experiences from your family life.
2. *Apply social work ethical principles to guide professional practice.* Care provision often involves various ethical issues, as often no ideal standard or outcome is possible. For example, consider the out-of-home placement decisions that child protective services workers have to make. Although the

family is the best place for a child, child protective services workers must be able to assess the family environment and make decisions about whether this situation is adequate for children. Adult protective services workers make similar decisions about adults with disabilities. In their work with families, social workers must be able to engage in appropriate decision making in planning interventions and services. This book highlights various professional and ethical dilemmas to demonstrate the practice considerations in family care situations.

3. *Apply critical thinking to inform and communicate professional judgments.* Social workers need to have good communication skills in order to relate to diverse family systems. In addition, practice in this area is inherently multidisciplinary, and social workers need to be able to practice and communicate with colleagues of other professions. Critical thinking is vastly important, as practitioners will need to assess individuals within the family as well as the family as a functioning whole. Thus, knowledge and understanding of various theoretical perspectives is required. Theories and models of family and individual functioning are part of this book.

4. *Engage diversity and difference in practice.* Families have particular cultural and value perspectives. In addition, cultural contexts also affect caregiving within the family. Because caregiving involves personal decisions within families, practitioners will need to assess and intervene in culturally competent ways. The situations presented in this book include multicultural issues within family life.

5. *Advance human rights and social and economic justice.* As discussed, caregiving is a shared experience, as health and social programs, policies, and resource allocation affect the ability of families to provide care. Oppressive structures and regulations hinder this ability and create stress in the family. One example is the current health care structure in the United States, which saddles families with many of the costs of care. This book considers these situations and discusses possible roles for social workers advocating for economic and social justice in these areas.

6. *Apply knowledge of human behavior and the social environment.* The person-in-environment framework provides the lens through which family caregiving is presented here. Family care includes a number of subsystems as well, such as the caregiver–care recipient dyad, couple and marital relationships, and relationships with children and grandchildren. In addition, it is critical to understand the relationships of the family to other systems in the environment. The chapters in this book highlight these connections and provide knowledge about family care at different times in the life course.

7. *Engage in research-informed practice and practice-informed research.* In this book, evidence-based practice interventions are included for areas with a

sufficient literature on interventions and programs. To be an effective practitioner, you need to know which interventions are effective in addressing issues of family care.

8. *Engage in policy practice to advance social and economic well-being and to deliver effective social work services.* Policies can either support families in their caregiving roles or create challenges for them. This book includes examples of contextual issues that affect family care experiences.

9. *Respond to contexts that shape practice.* Social conditions affect care provision and the impact of care on families. For example, the number of military veterans returning from combat with physical and emotional wounds has created a new context for care provision. Likewise, the prominence of grandparent-headed families, another care configuration, has increased over recent years. These types of care arrangements have prompted new social policy and practice methods to be more responsive to the needs of these families.

10. *Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.* To be an effective practitioner, you must analyze various assessment and intervention approaches for work with diverse family forms. Practice at different system levels, from the individual level to the community level, is explored and discussed.

These competencies are addressed throughout this book. Across the life course, people will need assistance from social workers in making decisions, dealing with stressful situations, and accessing appropriate resources. In addition, practitioners will need to assume more macro-focused roles to advocate for resources and to address gaps in health and social welfare policies. Finally, practitioners also need skills in researching effective interventions, as well as constructing well-designed needs assessments.

Specialized Curriculum Content

To be effective in working with caregiving families, social workers should be exposed to specialized content that will help broaden their perspective on caregiving and care sharing. For example, they will need to become cognizant of medical terminology in their specific area as well as of biomedical concerns. They also need to be aware of palliative care opportunities (Chang et al., 2012). *Palliative care* is relieving the symptoms of an illness, pain, and stress rather than using aggressive treatments. Patients who are informed may choose the palliative care option at any time in treatment, not only at the end of life (personal communication with A. L. Greene, MD, St. Vincent Anderson Regional Hospital, Anderson, IN, April 2013). Palliative care is one type of care-sharing service that assists families with health and end-of-life issues.

End-of-life issues may present challenging circumstances within family caregiving. When care providers reach the end of their lives, questions emerge about future care arrangements and needs. If the person needing hospice or palliative care is the care recipient, additional complexities arise. For example, end-of-life care for adults with severe mental illness is often difficult to access owing to a lack of coordination between health care and mental health programs (Cummings & Kropf, 2011). Certainly, end-of-life situations demand family resources and can dramatically affect the future structure of care.

In addition, social care workers may need training for working on multidisciplinary teams. A *multidisciplinary approach* to health care involves an integrative team of medical and allied health professionals who work together to create and advance a patient's care plan. A team may be involved, for example, in planning a patient's treatment and quality of life following a breast cancer diagnosis. The social care worker in this case would focus on the psychosocial factors that accompany health concerns. Other examples of social workers' participating in multidisciplinary teams are discussed in the following chapters.

A final area of specialized content in this book is caring for the caregivers themselves. Although social work services may be focused on the person with the illness or functional limitation, caregiving itself can also be stressful and require a tremendous amount of energy. Learning about caregiving must include understanding how to support the care providers. Depending on the context of care and the circumstances of the care provider, supports may take quite different forms and focus on different aspects of care. For example, older care providers of adults with lifelong disabilities may find the transition out of their care provision role stressful (see, for example, Kelly & Kropf, 1995). In this circumstance, a social worker must help the care providers create new opportunities and connections as they transition away from their caregiving role.

In sum, we have presented all of the CSWE (2012) competencies to be used in conjunction with our caregiving model. These competencies constitute the domain of social work and address all of the knowledge and skills needed for effective social work practice. The ultimate goal of this all-encompassing model is to encourage interventions that enhance social functioning (Dolgoff & Feldstein, 2008; Sheafor et al., 2010; see also chapter 2).