

Reviewing Referral Information from the Parent's Perspective

In reviewing referral information, the Individualized and Tailored Care Facilitator is able to gain some understanding of what has been tried in the past. Additionally, a simple file review can provide the facilitator with some information regarding frustration levels on the part of parents and service providers. When the referral includes many service and service providers, both parties feel frustrated with the lack of success past attempts have yielded. Additionally, the facilitator should chart past service delivery patterns to analyze whether there are any trends attached to the delivery of services. One such trend often involves an increasing focus on control and compliance as children get older. For example, a child who may have started in foster care may have moved over several service attempts into a highly restrictive, locked facility due to behavioral outbursts. It is helpful to see if the most recent referrals for service include a focus on some of the original needs which were articulated when the child first entered the social service system. By the same token, parent contact with the child may have become more restrictive over time, due to a perception that the parent's involvement "caused" behavior problems in the child or that the parent has not followed through on recommendations. Often, when parental contact is limited it has to do with a need of the system to comply with those recommendations. When referral and service history is reviewed, the facilitator should try to summarize this information from the parent's perspective. It is often helpful to look at the service history from the perspectives of the parent and child when beginning this process. How would it feel to have been through these experiences. Preparing this overview can help the facilitator understand references the parent makes during the first few meetings, but it shouldn't be the only focus of discussions with the family. In fact, many facilitators work hard to develop a history of the family's life outside the service system during these meetings.

It is important to note that some facilitators choose to ignore this activity for fear that it will bias them against the parent. A number of ITC facilitators feel more comfortable gathering this information in conversations with the parent. There is no right answer although it is often helpful to have reviewed the service history prior to contact with other service providers such as child welfare workers, probation officers or teachers. The form on the following page can be used as a guide in identifying the service history. This step will only fill in part of the form. To complete the rest of it, a conversation with the family has to occur.

Summary Service History

Child's Name: _____

Age: _____

Parent's Name: _____

Date of Referral: _____

Date of Service Contact & System involved	Child's Age	Service Description	Parent's Evaluation of Helpfulness of that Service

Sample Summary Service History

Child's Name: _____

Age: _____

Parent's Name: _____

Date of Referral: _____

Date of Service Contact & System involved	Child's Age	Service Description	Parent's Evaluation of Helpfulness of that Service
January, 1988 Public Health	3 mos. to 6 mos.	Visiting Home Nurse because of the child's low birth weight.	Found it very helpful to have the nurse come to the home because they didn't have a car at the time. Felt like it was helpful for the baby but nurse just dropped in and mother had two other toddlers so she didn't feel that she could pay much attention.
September, 1993 Schools: Special Education	5 yrs.	Referred to Special Education, tested & placed in special classroom	Child's placement only lasted two months prior to being referred to a partial hospital/day treatment setting operated by the mental health center. Parent felt that teachers only complained about son rather than helping him.
November, 1993 Mental Health	5 yrs.	Placed in day treatment Family & Individual counseling	Sees this as the only school her son has known. Feels that they make an effort to understand him although it is hard to get him to school and attend all of the therapy sessions which are expected.
April, 1995 Child Welfare	7 yrs.	Foster care emergency placement due to allocations of abuse	Had no contact with the foster parent during his placement. Wanted him home but did feel relieved with the break. Felt that when he came back his behavior was worse than ever.
September, 1995 Mental Health	8 yrs.	Hospital placement due to a referral from the day treatment/school setting for out of control behavior	Wanted the hospital to check his medication. Changes were made but she didn't feel that they were helpful - behavior got worse. The night after he came home, she put him with his grandmother due to concerns about safety of brother's & sisters.
October, 1995 Mental Health Child Welfare	8 yrs.	Placed in residential treatment after biting a teacher & not being able to get mother to respond.	Doesn't have much contact. Angry at courts, child welfare for saying she is not a good mother.