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2.
PRACTISING CASE MANAGEMENT

THE PRINCIPLES OF CASE MANAGEMENT

The National Consultancy on SAAP Case Management recommended that standards be developed for each of the elements of case management.

These standards, or National SAAP Case Management Practice Principles, as they are now called, have been developed for the following purposes:

- to provide clear guidelines to all stakeholders on what can be expected from a SAAP service;
- to ensure clients know what they can expect from a SAAP service and to ensure clients receive consistent quality service;
- to increase the understanding of client needs, provide feedback to services and develop more effective services;
- to assist in improving and assuring the quality of service provision;
- to provide a consistent quality of service provision across all SAAP services;
- to provide a tool by which service delivery can be evaluated and reviewed, and by which quality assurance strategies are implemented.

These National SAAP Case Management Practice Principles have been circulated to the States and Territories for comment and form the basis of the information in this Resource Kit. They are included in Attachment 1 at the end of this section.

Some issues which may arise in the integration of case management practice principles in services, are discussed in this section.

STAFF ISSUES IN CASE MANAGEMENT

Effective case management cannot be achieved without effective staff.

Services must pay as much, if not more attention, to the recruitment and development of staff as to the development of a case management process.

STAFF RECRUITMENT

Staff undertaking case management work, as with any work, must have the capacity to do the work. This means having the required skills or competencies already, or having the capacity to develop them.

The staff recruiting procedure for case management workers must be based on the necessary skills or competencies. This means:

- making sure position descriptions accurately reflect the work to be done;
- making sure the stated skills and experience for each position reflect the key competencies required;
- making sure that wages are appropriate to skills and experience being sought;
- making sure the recruitment process effectively assesses a person's competencies;
- asking applicants to clearly demonstrate that they have the necessary skills and
- experience in their written applications and in their interviews.

An example of staff recruitment procedure, including a position description for the recruitment of case management workers, is included in Section 8: Example Policy and Procedures File.

The key competencies for case management are presented below, following the discussion on staff development.

STAFF TRAINING AND DEVELOPMENT

Staff should be given ongoing opportunities to develop and enhance their skills and competencies required for case management. Training for case management staff should include:

- opportunities to develop adequate base line skills or competencies;
- training, in working with the target group/s;
- training in the service's case management policy and procedures, including the eight key elements of case management;
- knowledge of the demography of the region, and the services and resources available;
- an understanding of relevant legal issues;
- knowledge of interagency protocols.

Each State and Territory are developing their own training for case management.

An example of a draft case management course outline developed by NSW, is provided in Attachment 2 at the end of this section. Services may like to use this as a guide to assist in developing in-house training for staff.

The overview of case management which is provided on disk, is also provided as overheads in Section 10. These overheads may provide a useful tool for staff training.

STAFF COMPETENCIES

The key competencies which have been identified as relevant for case management are presented below for each of the key elements of the case management process.

Entry/Screening

1. Knowledge of the service, and its policies and procedures.

2. Understanding of the range of services available and the boundaries of service provision.

3. Knowledge of cultural issues which impact upon communication and skills in cross-cultural communication.

4. Skills in verbal communication, both face to face and via the telephone.

5. Knowledge of other services and resources in the community.

6. Skills in record keeping.

7. Ability to use computer based client data system (if appropriate).

8. Competency in the use of interpreters and the Telephone Interpreter Service.

9. Interpersonal skills including ability to establish rapport, engage clients and empathize.

10. Ability to clarify and assess the need for services.

11. Ability to respond to people in crisis situations.

Assessment

Competencies 1 to 11 plus:

12. Ability to engage clients and assess client needs.

13. Basic counselling skills.

14. Knowledge of the effects of homelessness and family violence in children, and ability to assess children's needs.

15. Understanding of the service's Case Management approach to service delivery and ability to effectively communicate this to others.

16. Skills in working with young people and an understanding of their issues.

Planning

Competencies 1 to 16 plus:

17. Skills in facilitating client involvement in goal setting and action planning.

18. Knowledge of referral processes to other services and interagency protocols.

19. Ability to engage external services in support planning.

20. Ability to use the service tools to record a support plan.

Direct Services

Competencies 1 to 20 plus:

21. Ability to negotiate services with external service providers and to advocate on a client's behalf.

22. Ability to set limits for acceptable behaviour and communicate these to the clients.

23. Knowledge and understanding of family dynamics.

24. Skills in time management.

25. Skills in working with children.

26. Skills and ability to educate and prepare client for optimal independent living.

Coordination

Competencies 1 to 26 plus:

27. Skills in networking.

28. Ability to coordinate services around case management.

29. Skills in arranging/chairing meetings.

Monitoring and Review

Competencies 1 to 29 plus:

30. Ability to monitor client progress towards achieving goals.

31. Ability to review and re-negotiate support plans.

Exit Planning

Competencies 1 to 31 plus:

32. Ability to assess client's needs for ongoing support.

33. Ability to assess ongoing needs and link the client into community supports.

34. Skills in disengaging clients.

Evaluation

35. Ability to motivate/engage client to participate in evaluation.

36. Ability to receive and constructively use feedback.

37. Knowledge of the service planning and evaluation processes, and how to have input into them.

Other Competencies

38. Ability to respond to a crisis situation, including violence and self harm.

39. Knowledge of how to access debriefing and skills in basic debriefing.

40. Certificate in First Aid.

41.Knowledge of the effects of drugs and alcohol.

42. Knowledge of legal processes.

43. Ability to access and utilise supervision as required.

This list can be used as a tool to help services to identify the training needs of workers. An assessment tool is also needed to assess whether workers meet the competencies.

Information on some particular skills used in case management is provided in Attachment 3 at the end of this section.

There are no nationally recognised and agreed competency standards for SAAP workers.

***Some States and Territories have developed their own lists of competencies for SAAP workers. Many of these are based on the Victorian 'Competency Identification Project'* 1995.**

STAFF SUPERVISION, SUPPORT AND DEBRIEFING

Supervision of Case Management

Staff carrying out case management need to have regular structured supervision to ensure that:

- they receive adequate support and opportunities to debrief, both on an ongoing basis and after critical incidents;
- their workload is monitored and they are not overloaded;
- the case management is of adequate quality and is meeting the standards set by the service;
- workers have the opportunity to discuss their work, and enhance their skills and knowledge;
- training needs are identified;
- appropriate client information is recorded.

In small services the Coordinator or Manager is expected to have a huge range of skills and abilities, from fund-raising to assessments. Coordinators may be more skilled in management and administration, rather than casework.

Some SAAP services work as a team and do not have a Coordinator or Manager position. Supervision in these services may be arranged by peer supervision through team meetings or by external supervision.

Services may need to consider additional training for the Coordinator, or bring in an external supervisor to assist the Coordinator with case management supervision.

Function Of Supervision

The function of case management supervision is to:

- monitor the case load of the worker;
- ensure the quality of the service provided by the worker;
- provide personal support and guidance to the worker, in working through the case management tasks.

Supervision sessions may cover the following points:

1. Review of case management tasks and caseload.
2. Discussion of current client needs and support plans.
3. Discussion of cases closed since the last supervision session, and the client and worker's evaluation of the case management plan.
4. Feedback on performance, including identification of strengths and weaknesses.
5. Identification of strategies for staff development, especially in addressing staff weaknesses.

Debriefing for Critical Incidents

Critical incidents can be any incident, perceived or real, that is life threatening to staff or clients, or presents a serious threat to their emotional well-being.

Workers and residents can be involved, or present, in situations that cause distress. These situations can include:

- abusive behaviour;
- violent behaviour/assault;
- revealing information, or viewing an event that is disturbing, i.e. suicide, attempted murder;
- eviction.

In these cases it is important that the service has a policy and procedure for dealing with critical incidents and that the workers and residents receive debriefing.

For minor incidents, debriefing will be carried out by staff either individually or in a group situation. Major incidents may need an external professional counsellor to provide a debriefing service. Section 8: Example Policy and Procedures File provides more information on a staff support, supervision and the debriefing process.

ETHICAL CONSIDERATIONS

Issues which can cause ethical dilemmas for staff include:

- relationship boundaries (e.g. when a professional relationship can develop into a friendship);
- accepting gifts from clients to staff;
- breaching confidentiality when this is perceived to be in the client's best interests;
- dealing with confidential client information about illegal activities or situations.

The development of service policy and procedures can provide guidelines to staff in dealing with ethical dilemmas. (See Section 8: Example Policy and Procedures File.)

CLIENT ISSUES IN CASE MANAGEMENT

Case Management is about developing an individual plan for working with each client in a SAAP service to meet their particular needs. The case management process needs to be flexible and responsive to each individual.

Special consideration needs to be given to the particular needs of some groups and relevant expertise may need to be brought in from another agency.

WORKING WITH PEOPLE WITH MENTAL HEALTH PROBLEMS

Mental health problems can be a contributing factor in homelessness.[1] This includes a range of conditions including:

- psychiatric disabilities;
- psychological problems;
- drug related disorders.

No clear distinction is necessarily made between these conditions -even amongst professionals, some are not clearly distinguishable, nor are they always assessed in the same way.

Grouping these conditions together is not very useful. The type of service and accommodation required can vary greatly. For many conditions, no special services or additional supports will be required.

Not all people with a mental health problem exhibit difficult behaviour, however, some conditions may lead to behaviour which services are ill-equipped to handle. This can include violent outbursts, self - mutilation, depression, psychosis, eating disorders and suicide attempts.

It is important for staff in SAAP services to have some basic awareness of the range of mental health problems and how to recognise them. Service's need to decide what levels of behaviour cannot be accommodated in their service, and all staff should be aware of community resources available in a crisis situation and for general referrals.

Invite people from your local Mental Health Service or consumer group, to talk to staff about mental health issues as part of their staff training program.

Establish Linkages With Community Supports and Specialist Services

Working with someone with a mental health problem is a complex business. SAAP services are not expected to do it alone. Strong interagency coordination and co- operation is vital. At a service level it is important that the SAAP service has a good understanding of the role of other services in their region, and develops strong links and protocols to coordinate the care for a client with a mental health problem.

At a client level, it is important to know what other services have an involvement with the client, and who, if any, has a case management role.

[1] Taken from 'Homeless Young Single Women' SAAP report by MSJ Keys young, 1991.

This also includes involving the client's informal support network of family and friends where appropriate.

Develop Policy and Procedures

Each SAAP service needs to have a clear written policy and procedures regarding clients with a mental health problem. These may include:

- full assessment of a client's needs, in consultation with a mental health professional where appropriate;
- ensuring the safety of the client and any accompanying children;
- reassuring other clients and staff;
- dealing with disruptive behaviour;
- policy regarding medication;
- coordination with other services;
- the extent of condition level of behaviour that can be accommodated.

KEY POINTS

***The key points for SAAP services in regards to case management with people with a mental health problem are as follows*:**

- ***develop a clear policy and procedure on the extent of conditions and level of behaviours that can be accommodated, and when referral to another service may be more appropriate;***
- ***develop an awareness and understanding of the main symptoms of mental health problems;***
- ***establish linkages with community support and specialist services and be aware of who to call in an emergency;***
- ***aim for continuity of care and make sure when people move on they get the support needed.***

WORKING WITH PEOPLE FROM ABORIGINAL AND TORRES STRAIT ISLANDER BACKGROUNDS

People from Aboriginal and Torres Strait Islander backgrounds are over represented in SAAP services. This is due to a complex mixture of social and economic factors.

Service providers need to have some awareness of Aboriginal and Torres Strait Islander history and culture, and an understanding of the factors which lead to homelessness. Some SAAP services that have a high proportion of clients from an Aboriginal and Torres Strait Islander background, have well developed practices to ensure that the services provided are appropriate and respectful of the culture of the clients.

Other services who may only have small numbers of clients from Aboriginal and Torres Strait Islander backgrounds, may not have given a lot of thought to developing culturally appropriate policy and procedures.

Services with Aboriginal and Torres Strait Islander staff should not assume that only these staff will work with Aboriginal and Torres Strait Islander clients. This can lead to the burnout of Aboriginal and Torres Strait Islander staff and prevent other staff from learning about Aboriginal and Torres Strait Islander people. All staff should be trained and supported to work with Aboriginal and Torres Strait Islander clients, and clients given a choice of who they wish to be supported by.

Develop Policy and Procedures

Each service needs to ensure that their policy and procedures are relevant to the needs of people from Aboriginal and Torres Strait Islander backgrounds. This may include developing policy and procedure on:

- the employment of Aboriginal and Torres. Strait Islander staff;
- Aboriginal and Torres Strait Islander representation on the management committee;
- linkages with Aboriginal and Torres Strait Islander services in the community;
- staff training in cultural awareness and cross-cultural communication;
- creating an environment in which clients feel comfortable;
- making sure the case management procedures and services provided are culturally
- appropriate. This may include:
    - take advice from your Aboriginal and Torres Strait Islander staff about the best way of working with each client, and the appropriate referrals and supports to link with. These staff can help you to understand the situation of the clients and their responses to their situation;
    - use language which is appropriate and understood by the client;

- provide a relaxed and comfortable environment for the client. This may mean meeting outside, rather than in the office;

- be aware of the client's position within the family, and the responsibilities and obligations that that entails. The client may need to fulfil their family obligations before attending to their own needs. Support them to do this;

- always obtain the client's permission before contacting other Aboriginal and Torres Strait Islander people on their behalf. They may not wish to use Aboriginal and Torres Strait Islander networks, or there may be particular people they do not want to have involved.

Refer to the Case Management Resource Kit for working with Aboriginal and Torres Strait Islander people for more information.

KEY POINTS

The key points in working with Aboriginal and Torres Strait Islander people in SAAP Case Management are:

- ***clients are asked whether they would like to be referred to an Aboriginal and Torres Strait Islander service (where relevant);***

- ***avoid tokenism, for example, having just one Aboriginal and Torres Strait Islander person on the committee, or employing Aboriginal and Torres Strait Islander people in only part-time or casual positions;***

- ***the service/s are provided in an environment in which the client feels comfortable;***

- ***staff have an appropriate level of cultural awareness and skills in communicating with people from Aboriginal and Torres Strait Islander backgrounds;***

- ***services are provided in a culturally appropriate way. The culture of Aboriginal and Torres Strait Islander people is different from group to group and region to region. Hence, it is important that staff working with Aboriginal and Torres Strait Islander people make the effort to learn about cultural issues. This is best done by talking to Aboriginal and Torres Strait Islander people or organisations in your area;***

- ***use language which is appropriate.***

See also Section* 8: *Example Policy and Procedures File.

WORKING WITH PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS (PEOPLE FROM NON-ENGLISH SPEAKING BACKGROUNDS)

SAAP clients from culturally and linguistically diverse backgrounds may have a range of special needs which service providers have no familiarity or experience with.

Services need to be aware of the changing population in their area, know the main cultural and language groups, the key players, the ethno-specific services and main issues for these groups.

The service policy and procedures should be appropriate for the cultural diversity of the community in which they are based.

Develop Policy and Procedures

Policy and procedures may include the following points:

- making sure the staff and management committee reflects the cultural diversity of the community;
- staff training in cultural awareness and communication;
- policy and training in the use of interpreters and interpreter services, including the Telephone Interpreter Service and on-site interpreters;
- networking and coordination with ethno-specific services;
- availability of information in different languages;
- linking the client with culturally appropriate services;
- making sure the client can access community resources and relevant government benefits;
- making sure that the services provided are relevant to clients, and respect their cultural and religious beliefs.

KEY POINTS

The key points in working with people from culturally and linguistically diverse backgrounds are:

- ***use appropriate interpreter services to make sure the client understands the service being provided and is able to communicate their needs;***
- ***the social, religious and cultural needs of the client are respected;***
- ***the client is linked with supports from their own culture where this is possible and appropriate, and where this meets the client's wishes;***
- ***use language which is appropriate;***
- ***use interpreter services when needed.***

WORKING WITH YOUNG PEOPLE

Young people become homeless because of a number of factors including family conflict, rejection or abuse, and often failure on the part of other services to address the Issues.

Young people in SAAP services are often known to a variety of other services, have a history of failure and have not had a stable family life where they can learn living skills.

Develop Policy and Procedures

Service policy and procedures need to be relevant to the age of the young person, their level of maturity and level of 'at risk' behaviour. This may include policy and procedures on the following:

- the level of involvement with the parent/guardian;
- coordination with the relevant welfare authority;
- relationship with parent/s and other family members, and the potential for restoration of family relationships;
- access to education/employment/training;
- the development of living skills necessary to live in a communal setting such as a SAAP refuge and independent accommodation;

- coordination of a range of services which are required to address the needs of the young person, many of which may have failed them in the past;
- involvement with the police and the justice system;
- service rules and duty of care issues;
- abusive behaviour, including self-abuse.

Issues In Working With Unaccompanied Young People

Homeless young people under 18 years of age are particularly vulnerable. The service needs to be clear about who has legal responsibility for the young person and pay particular attention to duty of care issues for that young person.

The wide range of ages of young people in SAAP services presents a number of complex issues for case management:

- the mix of ages in the service which may make the younger people particularly vulnerable;
- the widely differing developmental stages of the young people (which will necessitate a flexible service model);
- the experimental and risk taking behaviour of adolescents in the transition to adulthood. Risk taking behaviours can include suicide ideation, drug and alcohol use, truancy and self harm;
- possible conflict between the rights and responsibilities of the young people, and his/her parent/guardian (including welfare authorities where they are the guardian);
- the number of organisations that may be involved with the young person, each of which may have some degree of legal or moral responsibility;
- young people often have a short term view, are opportunistic and frequently change goals, which makes it difficult to engage in long term goal setting;
- young people who have had experience with welfare authorities are often wary of bureaucracies and any form filling procedures. Case management may need to be carried out in a very informal manner;
- it can be difficult to coordinate services because of the restrictive policies of other agencies, eligibility requirements and other barriers. There is also often a shortage or lack of availability of appropriate services to refer to.

State/Territory Guardianship

Clear protocols need to be established in working with young people who are under the guardianship of the State. In particular, services need to be very clear about any mandatory reporting requirements in their State and need to build these requirements into their case management policy and procedures.

KEY POINTS

The main principles in case management with unaccompanied young people are:

- ***the service should pay particular attention to the age, development and vulnerability of the young person;***
- ***the young person should be actively involved in the case management process;***
- ***services need to be well coordinated with the range of service providers involved;***
- ***where relevant the parent/guardian should be involved in decisions regarding the young person;***
- ***where parental involvement is not possible or appropriate, an agreement/protocol needs to be developed with the relevant welfare authority regarding responsibility for the welfare of very young people (e.g. those under 16 years of age);***
- ***support plans should, where appropriate, include the maintenance or restoration of family relationships.***

WORKING WITH LONG TERM HOMELESS

The long term homeless are often single adults, although they may have children who are not in their care. They often have more than one problem. These problems can include:

- have been in and out of supported accommodation for many years and have become, 'institutionalised';
- have a mental health problem;

- be only seeking accommodation and are resistant to any other offers of support;
- have a history of being failed by the system and so have no confidence in further offers of support;
- have poor living skills;
- demonstrate anti-social behaviour;
- have addictive behaviours;
- have experienced violence or have a history of abuse or assault.

The assessment process for single adults needs to take into account the following:

- the history of the client's involvement with this and other related services;
- an assessment of any mental health problems;
- a health assessment including a medical (with the client's consent). People who have been living in inadequate accommodation over long periods often have poor health;
- the current housing situation. The client may not be homeless, but be vulnerable because of poor quality , overcrowded accommodation;
- the client's family/friendship support networks;
- the need for skill development including financial management, communication, budgeting, accessing community services, personal health and hygiene;
- the need of recreational activities or employment;
- the need for a behaviour modification program.

Develop Policy and Procedures

Services working with single adults need to ensure that their policy and procedures are relevant. This may include developing policy and procedures on:

- staff training/skills in engaging resistant clients;
- linkages with mental health, drug and alcohol and other relevant services;
- ensuring the safety of staff and clients;
- dealing with abusive behaviour .

KEY POINTS

The key points in working with single adults are:

- ***develop clear policy on the rights and responsibilities of clients;***
- ***develop an understanding of the effects of drug/alcohol over-use;***
- ***develop an understanding of the main symptoms of mental health problems;***
- ***establish linkages with relevant services in the community and know who to call in an emergency.***

WORKING WITH HOMELESS FAMILIES AND CHILDREN

Families become homeless because of a number of reasons including:

- family violence;
- family crisis;
- inadequate living skills;
- mental health problems;
- insufficient low cost accommodation;
- poverty.

The assessment process for families needs to take into account the particular circumstances leading to homelessness including:

- resolution of any crisis situation;
- the development of living skills including budgeting and financial management; .financial debts;
- employment/income support;
- the need for a follow-up plan to continue supporting the family once new long term accommodation has been found;
- the needs of any children who are not living with the parent/s;
- the need for services to strengthen family functioning.

Children come into SAAP services because of any of the above circumstances. They may also have:

- witnessed family violence;
- experienced physical, emotional and/or sexual abuse.

The SAAP service provides an opportunity for children to escape from the violence/ abusive situation or unstable living conditions. It also provides an opportunity to begin to deal with the trauma and stress that they have experienced.

The assessment process for accompanying children needs to take into account:

- the age, maturity and developmental needs of the child;
- special needs of children including education and emotional needs, and dislocation from friends or other family members;
- the child's relationship with the parents;
- the child's need for an advocate.

The SAAP report 'Case Management With Children: A Family Orientated Approach' provides more information on case management with children. A list of key training requirements recommended in that report is included in Attachment 4, at the end of this section.

Develop Policy and Procedures

SAAP services which work with families need to ensure they have appropriate policy and procedures in place. This may include policy and procedures on:

- staff skills and training in working with families and children;
- assessment and support planning with children to meet their specific needs;
- resources for children, including physical space and equipment;
- coordination with other services;
- providing continuity for children's hobbies, interests and support networks;
- maintaining a family focus when working with children;
- ensuring the safety of children;
- empowering the parents, and enhancing their skills and ability to parent;
- ensuring that children remain the responsibility of their parents whilst in the service.

KEY POINTS

The key points in working with families and children in SAAP services are:

- ***each family* is *effectively supported to care for their children;***
- ***children remain the responsibility of their parents whilst in a SAAP service;***
- ***each child is treated as a client in their own right and is involved in an assessment of their needs.***

Not all SAAP services employ child support workers, many services are moving towards a model of training all staff to have skills in working with children. It is important that a worker is given responsibility to assess the needs of children and advocate on their behalf.

WORKING WITH WOMEN ESCAPING DOMESTIC VIOLENCE

Women escaping domestic violence are usually not homeless, but they may be in need of crisis or medium term accommodation because they do not have access to their home.

A women's entry into a SAAP service can be carefully planned as a strategy to becoming independent, but is more usually unplanned, without notice and resulting from an episode of violence or abuse.

Women escaping domestic violence do not necessarily wish to move to independent accommodation. They may just want some time out, or the opportunity to negotiate with their partner to cease the abuse.

The assessment process is often in two parts:

- an initial assessment to meet immediate needs for safety, food, warmth, shelter, medical attention etc.;
- an ongoing comprehensive assessment to identify needs and goals of the woman, and any accompanying children.

The assessment process needs to take into account each woman's particular circumstances including:

- immediate material needs of families who may have left home in a crisis without any belongings;
- nationality and residency status of the woman and any children;
- medical needs following physical abuse;
- need for emotional support to women and their children who may have witnessed the abuse;
- needs of any other children who are not accompanying the mother;
- need for the woman to understand the cycle of violence, to know that she is not to blame;
- possibilities for regaining access to the family home and/or possessions;
- need for programs which increase the woman's self-esteem and confidence, and build support networks in the community;
- need for services for children who may have behavioural or emotional problems due to family violence;
- need to sort out legal issues including restraining orders and custody arrangements.

Develop Policy and Procedures

Policy and procedures which are relevant to working with women escaping domestic violence may include:

- ensuring the safety of the women and children;
- coordination with other services;
- staff skills and training in working with domestic violence issues;
- empowering the client and enhancing her independent living skills;
- ensuring that children remain the responsibility of their parent;
- providing continuity for the children's education, hobbies and support networks;
- outreach support available to non-residents and ex-residents.

KEY POINTS

The key points in working with women escaping domestic violence are:

- ***the safety and security of women and children is ensured;***
- ***women are aware of all their options;***
- **women and children are assisted to meet their own goals;**
- **the mother is supported to care for her children.**

MANAGING INFORMATION

SAAP services need to have well developed policy and procedures regarding client information, to ensure that clients' rights are upheld including confidentiality and objective recording of client information. The National Guidelines for the Management of Client Information in SAAP Services was developed by Case Management Advisers, to provide guidelines for services. These guidelines are included in Attachment 5 at the end of this section.

Effective case management requires a well organised system for storing and retrieving client information and community resource information.

In addition, services need to receive and make referrals, write letters and reports, and be able to use resources such as the Telephone Interpreter Service.

To do these tasks services need some minimum equipment, which is described below under a Manual System. Many SAAP services, however, use computers in their case management systems and the options for this are also described below.

Note that the examples of case management processes and procedures included in Sections 3 to 7 use manual office systems. This is to cater for those services who have mostly manual office systems in place. It is clear in each example where computer options can be used.

MANUAL SYSTEM

In a manual system the following equipment is used for the client records:

- a lockable filing cabinet;
- a card index system for clients (see the example card below);

- a card index system or a file for community resources;
- A4 manila files with fasteners for client files;
- A '*turnaways*' book (for recording people you are unable to assist. See the example below);
- a day book (for recording incidents and handover notes for other staff);
- SAAP National Data Collection Agency forms.

Client forms also need to be developed. The examples in Sections 3 to 7 use the following forms:

- ***Request for Service Form***
- ***Client Assessment Form***
- ***Client Consent Form***
- ***Support Plan***
- ***Referral to Another Agency Form***
- ***Client Exit Form***
- ***Case Notes***

Services also need a range of other office equipment which may include:

- facsimile machine;
- telephone equipment appropriate for use with Telephone Interpreter Service;
- a computer (for word processing at least); .
- TTY (Teletype to enable people with hearing difficulties to use the telephone).

COMPUTER BASED OPTIONS

Computers can be utilised in the case management process in the following ways:

1. A comprehensive case management software system.

2. A computerised index system.

3. Maintaining a database of resources.

4. Maintaining client statistics.

5. Obtaining information on community resources.

6. Computerised referrals.

EXAMPLE
CLIENT INDEX CARD

Surname: ……**Given names:** …….

Address:……

Phone: ……

Main issue/comment:……..

……

……

……

……

……

Date of first contact:……

Other contact dates:……...

……

EXAMPLE
TURNAWAYS BOOK

Date	Name	Age	No. Of Children	Ethnicity	Where Referred To	Reason Turned Away

1. A comprehensive case management software system.

National Data Collection Agency Software

The National Data Collection Agency will be providing free software to SAAP services in the latter part of 1997. This will include computerised National Data Collection Agency forms and will also have the ability for services to add fields to record additional information needed for case management including case planning, goal setting and case notes.

Commercial Computer Packages

There are several computer packages now available for supporting a case management approach to service delivery.

These systems allow services to maintain all their client assessment information and SAAP data requirements on computer, along with client needs, circumstances, support plans and case notes.

These packages will need to be accredited by the National Data Collection Agency to provide the National Data Collection Agency information and reports.

2. Computerised index system.

Instead of using an index card system, a computer database such as Microsoft Access or File Maker Pro can easily be used to maintain information on past and current clients. Instead of looking up an index card, you look up the computer database to see if a person has been to your service previously. The database should tell you when they first came, the dates of subsequent visits, the service issues, the contact details and the location of the file.

3. Maintaining a database of resources.

Setting up information on community resources can be easily achieved on a database program and is well worth the effort, particularly in finding specific resources.

The effectiveness of the system is achieved through the use of 'key words' on which the database can be searched.

4. Maintaining client statistics.

Again, a database program (or a spreadsheet program to a lesser extent) can be used to help you in the collation of client statistics.

Information that you want statistics on can be entered in the database and automatic reports set up, so that for any selected period you can quickly run off a statistical report.

The National Data Collection Agency provides services with regular six-monthly reports on the infom1ation from National Data Collection Agency fom1s. Services that use the new National Data Collection Agency software will be able to run off reports as needed.

5. Obtaining information on community resources.

The Internet can be very useful for obtaining infom1ation. Many Government departments now maintain what is called a home page, on the Internet and on this they provide up-to-date details of services or resources.

For example, the Department of Social Security may post infom1ation on benefits, eligibility requirements and benefit levels on the Internet. Services can access this infom1ation as required.

Alternatively, services may use e-mail facilities to make enquiries with different community resources.

Additionally, accommodation services can use the Internet to maintain up-to-date infom1ation on who has vacancies.

6. Computerised referrals.

Computers may become very useful for speeding up the referral process using electronic mail (e-mail). In practise, this means if a service wants to refer a client to a particular service, they can e-mail that service with the relevant client particulars and receive an instant reply as to whether the service can assist their client.

The use of computers for these purposes does require coordination across the program. A trial of such a system may commence in Victoria, in the near future.

Working With Computer Based Options

Regardless of the extent to which computer based options are used, services will still need to maintain client files and will most likely still use paper based assessment fom1s. This is simply because of the discomfort to clients of people typing infom1ation into a computer while talking to a client.

Assessment fom1s and copies of other forms, letters and other infom1ation still need to be maintained in a client file, and files still need to be properly and securely maintained in filing cabinets.

Additionally, many services will still use a turnaways book.

With the prices dropping on computers and with the development of easier to use software, computers are a valuable tool in the case management process.

The key to effective use of computers is to move slowly and ensure that staff receive training and support.

Make sure staff are proficient in the basic use of the computer before going on to develop and use more complex systems.

Make a careful analysis of what you need, and make sure that the program you use will meet the needs for information recording and reporting of both of your service and of the funding body.

DATA COLLECTION

SAAP services record client data for planning, evaluation and accountability purposes. The Commonwealth and State/Territory funding bodies also require data for the same purposes.

The data services collect, can be separated into output data or outcome data.

OUTPUT DATA

Outputs are a count of the numbers of people receiving different services or the amount of service provided. Examples of outputs are:

- number of people accommodated in the service;
- number of people who were assisted to apply to the State housing authority;
- number of people who participated in self -esteem raising groups;
- number of hours of service provided.

Output data does not tell us anything about the success or end results achieved.

OUTCOME DATA

Outcomes are the end results being achieved for people by SAAP services and include such things as:

- number of people who obtained employment;
- number of people who obtained permanent housing;
- number of people who reduced their drug use;
- number of people whose self -esteem increased.

The data collected on the SAAP National Data Collection Forms is a mixture of output and outcome data, and is used to evaluate the SAAP program.

The assessment forms used in the examples of this Resource Kit have been developed to be consistent with the National Data Collection Agency forms (i.e. recording the same information and in roughly the same order). You should be able to complete these forms from the information on the client assessment form.

The funding agreements which SAAP services negotiate with the State funding bodies, will also specify a mixture of **output** and **outcome** data, some of which will be recorded on the SAAP National Data Collection Agency forms.

States and Territories may, however, require additional output and outcome information and services will need to develop tools to collect this. The National Data Collection Agency software can be adapted to record this information.

CASE MANAGEMENT AND DATA COLLECTION

SAAP services will need to demonstrate to the funding body that they have implemented a case management approach, but they are not being asked to report on the achievements of their case management work with clients.

However, much of the progress and achievements noted on support plans can be used as a basis for reporting on outcomes.

Take account of the reporting requirements of your State/Territory when designing your case management tools. This will make it easier for you to complete the data collection requirements specified in your funding agreement.

Using Data in Service Planning

A range of information is used by services for planning and evaluation purposes. This may include:

- service outputs and outcomes:

- client satisfaction surveys;
- review of policies and procedures, including case management;
- demographic data on the area in which the service is located;
- assessment of unmet needs;
- information on the range of similar or related services in the area.

Indeed, data collection is often more important to the service than to the funding body and is the key to continued improvements in service delivery.

ATTACHMENTS

Attachment 1:

NATIONAL SAAP CASE MANAGEMENT PRACTICE PRINCIPLES

RECORD KEEPING

Practice principles relating to record keeping:

1. Each agency has clear documentation policies and practices.

Indicators of Good Practice:

- each agency has policies on how long records are stored, how they are kept, accessed and disposed of. Advice about the legal requirement to keep case records is sought;
- each service has procedures for security, handling and storage practices of personal client information, in and out of service;
- all key information regarding individual clients and each stage of service is documented;
- all records are objective, based on professional assessment, phrased in simple language and non-judgemental;
- records are dated, with signed entries on case files;
- each agency has a policy on client for release of information.

2. Each client's rights are upheld in relation to record keeping.

Indicators of Good Practice

- each client is advised of the purpose for which information is requested, the type of information kept and the person(s) to whom the information will be made available/disclosed;
- each client's key information (needs, preferences) and decisions (priorities, plans, referral to another more appropriate service) and clearly documented with rationale for decision taken;
- each client has the right to access to personal information held by the agency/service and is informed of steps to take if he/she wishes to obtain access;
- each client is provided with opportunities to change or challenge information content and information provision decisions;
- each client's records must be kept secure against loss and misuse.

ENTRY/SCREENING

Practice principles relating to entry/screening:

1. **Each person receives a timely response on initial contact with the service.**

   Indicators of Good Practice:

   - people making enquiries are acknowledged and responded to in a timely manner;
   - the key functions and purpose of the agency/service are explained as required;
   - people are provided with a non-threatening and comfortable response;
   - people's initial needs are established through questioning, observation and other means;
   - each client is provided with clear, consistent information on service criteria and eligibility.

2. **Each client is informed about the entry and screening processes and decisions that are made.**

   Indicators of Good Practice:

   - each client's eligibility for service is assessed against agency policy;
   - each client is clearly explained features of the service, as these relate to client need;
   - each client is informed about why he/she was/was not accepted into the service;

3. **Each person who is not accepted as a client is informed about alternative services and wherever possible, will be referred on to a service which meets her/his need.**

   Indicators of Good Practice:

   - eligibility criteria are documented and made readily available to the client and other services;
   - each service has a process in place to ensure the client understands the information provided;
   - each service has documented service knowledge of local and other relevant services;
   - each client is assisted to be matched to the most appropriate service(s). When necessary, each client is provided with advocacy in the referral process;
   - each client receives information about alternative options in a timely manner;
   - each client is provided with referrals made in a timely manner, as appropriate.

4. **Each client is provided with clear, consistent information on services to be provided, and rights and responsibilities of the service provider, and client receives a timely response on initial contact with the service.**

   Indicators of Good Practice:

   - features of the service are clearly documented and explained to each client;
   - rights and responsibilities policies are documented and explained to each client;
   - each client is explained and shown documented grievance procedures;
   - each client demonstrates an understanding of the service;
   - each client demonstrates an understanding of their rights and responsibilities within the service.

Note: Each service documents enquiries and action taken in relation to entry/screening

ASSESSMENT

Practice principles relating to assessment.

1. **Each client is given the opportunity to actively participate in and be supported in an assessment process.**

   Indicators of Good Practice:

   - each client is provided with opportunities to develop rapport with worker(s);
   - each client is encouraged to identify his/her own needs and reasons for SAAP service;
   - each client's issues, needs, views and feelings are listened to actively and in a non-judgemental manner;
   - the nature and scope of client needs are verified with the client for completeness and accuracy;
   - each client is provided with the opportunity to discuss his/her needs at a mutually convenient time and place. Service delivery being paced to clients' needs and responses;
   - each client participates in assessment which is undertaken as a developmental process, taking account of clients' ability, readiness and willingness to reveal and discuss important aspects of their lives;
   - each client participates in a holistic assessment, focused upon client strengths, past successful achievements and present and possible future needs.

2. Each client participates in assessment which covers relevant areas.

Indicators of Good Practice:

- each client participates in assessment which includes, as appropriate;
  - crisis resolution needs
  - financial/income needs
  - housing needs
  - health needs
  - living skills needs
  - labour market participation needs;
- other relevant needs, including cultural, emotional, social and other support needs, are assessed, as relevant to each individual's transition to independence of the SAAP service.

3. Each child accompanying adults has his/her needs assessed.

Indicators of Good Practice:

- the needs of children are discussed with parents;
- each child's perspective is gained, where possible;
- each child's needs are considered as part of a holistic family assessment.

4. Each client's interests are served by the involvement of external agencies, as appropriate.

Indicators of Good Practice:

- SAAP agencies demonstrate knowledge and understanding of external agencies:
- with client consent, information is gathered from other key parties where clients experience difficulty identifying their own needs;
- each client is assessed for potential risk factors/need for intervention and referral to external agencies.

Note: Services use a documented assessment tool to identify a client's individual needs. Each client's assessment is documented.

PLANNING

Practice principles relating to planning.

1. **Each client is given the opportunity to actively participate in and be supported in a planning process.**

   Indicators of Good Practice:

   - service provider has obtained relevant knowledge about clients' situation, options and choices;
   - each client is encouraged to negotiate and agree to a planning process, at a mutually convenient time and place;
   - each client is encouraged and supported to set his/her own goals and priorities;
   - each client is provided with opportunities to explore and clarify issues with regard to his/her current situation;
   - the nature and scope of identified issues are checked with the client for completeness and accuracy

2. **Each client is provided with the opportunity to identify immediate short-term and long-term goals, and action plans.**

   Indicators of Good Practice

   - each client has available regular meeting times with a worker to discuss issues relevant to identified needs;
   - each client is provided with comprehensive information about options. Options and consequences are fully discussed;
   - each client is assisted to evaluate choices relevant to their needs;
   - each client is offered the opportunity to negotiate with worker(s) on what the service can and cannot offer in the framework of client needs;
   - each client is provided with the opportunity to develop goals and a plan which is realistic, achievable, and measurable, including time frames;
   - each client is provided with the opportunity to revise goals and re-negotiate plans as appropriate;
   - each client's plan will be based on an holistic assessment and include as appropriate:
     - crisis resolution
     - income
     - health
     - housing
     - living skills
     - labour market participation
     - other needs;
   - a clearly defined set of actions identifying the responsibilities of client, agency and others is developed.

3. Each child accompanying adults is included in a case plan.

Indicators of Good Practice:

- each child is provided with care and protection (this may involve notification to child protection agencies);
- goals for each child are developed within a cognitive and developmental framework;
- each **child's needs for continuity of support** and relationships are considered in the development of the case plan;
- each child's emotional, physical and cultural needs are considered in the development of the case plan;
- decisions made as a result of the planning process which may affect the child are documented and reviewed through the case plan.

DIRECT SERVICE

Practice principles relating to Direct Service Provision.

1. Each client is assisted and responded to in critical situations (including violence), aimed at ensuring client safety of others.

Indicators of Good Practice:

- each client stating that they have suffered external indications of physical, emotional, psychological or sexual abuse is supported and responsive action taken;
- the violence expressed towards others (including children) is contained;
- each client who is the recipient of violent behaviour in the SAAP service is provided with protection and support;
- each client expressing violence towards self is supported and provided with appropriate referral;
- the service can demonstrate an understanding of its legal responsibility towards clients, and also the ethical context of the relationship between the service/worker and the client.

2. Each client is assisted to achieve his/her individual case plan.

Indicators of Good Practice:

- each client is provided with service consistent with the agreed plan, within the scope of the SAAP service;
- each client is assisted to identify and secure accommodation to meet needs;

- each client is provided with the service which will facilitate and prepare him/her to achieve safe, secure housing and the skills to maintain this;
- each client is assisted to gain access to income, health, living skills and labour market participation needs as appropriate;
- each client is assisted with other relevant areas including emotional support, legal, specialist services, parenting, living skills, cultural needs and relationships, as appropriate;
- each client is provided with practical assistance as needed;
- each client is encouraged and assisted initially to advocate on his/her own behalf;
- each child accompanying adults is provided with direct service, consistent with the gamily assessment and case plan (unless this conflicts with issues of safety for the child);
- each client is provided with the opportunity to identify steps necessary to achieve identified goals and the potential barriers to achieving these;
- each client receives flexible service provision based on the changing needs, circumstances and wishes of the client, according to available resources and service scope.

3. Each client receives relevant information regarding needs and options.

Indicators of Good Practice:

- each client is provided with information relevant to his/her expressed needs;
- each client is provided with harm minimisation information and assisted to develop strategies.

COORDINATION

Practice principles relating to coordination.

1. Each client's interests will be served by the involvement of external agencies, as appropriate.

Indicators of good practice:

- SAAP agencies demonstrate knowledge and understanding of external agencies to which clients may be referred;
- coordination and co-operation between services is promoted;
- SAAP services are coordinated and work co-operatively with external agencies;
- Each client receives clear information about access to external agencies and the service that will be offered;

- SAAP services develop links and protocols where required with relevant service providers to enhance the opportunity of effective referral;
- Each client is encouraged to access mainstream services where they exist if appropriate;
- Each client's support plan clarifies coordination between the SAAP service and external agencies.

2. Each client receives coordinated service based on the case-plan/agreed goals.

Indicators of Good Practice:

- each client provides consent for referral to other services, every time other services are needed;
- the plan for the coordination of services is explored, developed and negotiated together by the client, SAAP services and other services;
- the plan for the coordinated services to be delivered is clearly explained to each client.

Note: Coordination between the SAAP service and external agencies is documented in each client's support plan.

MONITORING AND REVIEW

Practice principles relating to monitoring and review.

1. Each client is provided with opportunities for ongoing assessment and reassessment of their needs.

Indicators of Good Practice:

- each client is provided with regular reassessment of their needs and aspirations;
- each client is assisted to identify barriers to independence and to achieving their case plan;
- each client is offered strategies for maintaining a positive client worker relationship.

2. Each client is provided with the opportunity for monitoring and review of his/her case plan and direct service activities.

Indicators of Good Practice:

- each client participates in client/service feedback regarding needs, planning and services received;
- each client participates in information gathering for longer term planning;

- each client participates in assessing progress towards achieving goals;
- each client participates in modifications to case plan, as appropriate;
- each client re-negotiates actions/timeliness, as necessary.

Note: All direct service activities, including coordination with other services, are documented

EXIT PLANNING, CASE CLOSURE AND FOLLOW-UP

Practice principles relating to exit planning, case closure and follow-up.

1. Each client is offered the opportunity to participate in exit planning.

Indicators of Good Practice:

- each client is informed of the time-limited nature of SAAP support;
- each client participates in planning for independence for the SAAP service, including developing agreed time frames and action plans;
- each client is assisted to locate potential options to attain and maintain independence of the service;
- each client is supported during transition to accommodation exit points;
- each client is assisted to self advocate to accommodation and/or other services as required;
- each client is provided with worker advocacy, as appropriate.

2. Each client has a plan for case closure which maintains achievements and assists him/her to maintain and continue these achievements in the future.

Indicators of Good Practice:

- each client is assisted to identify goals achieved, and supported to maximise confidence and independence;
- each client is assisted to identify and develop supports and follow-up, necessary to attain and maintain independence of the SAAP service;
- each client is clear that termination of client/worker relationship has commenced;
- each client and other key parties are informed of pending SAAP service completion.

3. Each client participates in assessment of need for a follow-up strategy.

Indicators of Good Practice:

- each client is informed of limitations of SAAP service regarding follow-up;
- each client is informed of processes/steps necessary for re-accessing SAAP service(s);
- each client is provided with time-limited follow-up, as appropriate, consistent with exit plan and follow-up strategy.

Note: Case records are finalised and procedures documented for file storage and/or disposal. Records are completed according to organisational and legislative requirements.

EVALUATION

Practice principles relating to Evaluation.

1. Each client has the opportunity for, and is supported to take part in evaluation of the services provided.

Indicators of Good Practice:

- each client is provided with the opportunity and is supported to participate in an evaluation which addresses key stages in the service delivery process (this includes intake, assessment, planning, service delivery, coordination, monitoring and review, and exit planning);
- each SAAP service will evaluate the service delivery process in relation to each individual client, as a result of SAAP service delivery.

Note: Evaluation is undertaken with clear objective criteria and recorded in appropriate agency data system.

Attachment 2:

PROPOSED CASE MANAGEMENT COURSE STRUCTURE FOR NSW[2]

WORKER'S PROGRAM

CORE MODULES

Module Title	Length	Assessment Strategy (examples only)
MODULE I. **CASE MANAGEMENT IN SAAP**	2 days	This module should be assessed off-the-job through project work or written/verbal quiz.
MODULE 2. **ASSESSMENT & REFERRAL**	3 days	This module must be assessed in the workplace in an observation of client assessment process (with permission of client). This module should be assessed with Module 3: *Case Plan Development.*
MODULE 3. **CASE PLAN DEVELOPMENT**	1 day	This module must be assessed in the workplace in an observation of case plan development (with permission of client). This module should be assessed with Module 2: *Assessment* & *Referral.*
MODULE 4. **CASE PLAN IMPLEMENTATION**	3 days	This module should be assessed off - the-job through project work or case study.
MODULE 5. **CASE PLAN MONITORING & REVIEW**	1 day	This module should be assessed off-the-job through project work.
MODULE 6. **CASE MANAGEMENT AND A&TSI CLIENTS**	2 days	This module should be assessed off - the-job through simulation or project work.
MODULE 7. **CASE MANAGEMENT & NESB CLIENTS**	2 days	This module should be assessed off - the-job through simulation or project work.

[2] Draft taken from tender document for development and delivery of case management training, for SAAP workers and managers for NSW Department of Community Services

ELECTIVE MODULES		
MODULE 1. **CASE MANAGEMENT AND CHILDREN**	2 days	This module should be assessed off-the-job through case studies or project work

ADVANCED MODULES		
MODULE 1. **SUPERVISION OF CASE WORK PRACTICE**	2 days	This module should be assessed off-the-job through case studies or project work.
MODULE 2. **ADVANCED & INNOVATIVE CASE WORK PRACTICE**	2 days	This module should be assessed off-the-job through case studies.

MANAGERS PROGRAM

CORE MODULES		
MODULE 1. **IMPLEMENTING CASE MANAGEMENT PRACTICE IN SAAP**	2 days	This module should be assessed off-the-job through project work.

SUGGESTED CONTENT SUMMARY - WORKER'S PROGRAM

CORE MODULE 1: CASE MANAGEMENT IN SAAP

This module should comprise of two sections:

1. Principles of case management:

   - Definitions and models of case management applicable to SAAP
   - Case management as an empowerment tool.
   - The eight principles of case management as defined by the National Case Management Working Party
   - Organisational requirements for 'good' case management (an overview of information presented at the manager's training course).
   - Rights and responsibilities of clients (standards).

2. Role of worker:

- Legal and ethical implications of case management.
- Client confidentiality.
- Defining worker and client boundaries.
- Impact of worker's own value system on casework.

CORE MODULE 2: ASSESSMENT AND REFERRAL

ASSESSMENT

This module should cover two aspects of case management:

- Assessment.
- Referral.

The assessment section will introduce participants to the different phases of assessment including:

Initial Assessment – entry screening/intake or referral.

Needs Assessment – initial planning for an intervention (e.g. case plan).

Ongoing Assessment – monitoring of progress of an intervention.

Closure Assessment – the termination or exit from an intervention/agency.

- Establishing relationship with client (interpersonal skills).
- Knowledge of and expertise in, a variety of assessment techniques.
- Understanding of screening procedures.
- Knowledge and understanding of agency function, aims, programs and eligibility criteria, and the ability to communicate and explain these clearly.
- Ability to communicate the range of services available, client's rights and responsibilities.
- Client confidentiality is observed in accordance with organisational policies.
- Identification of immediate needs for the purpose of:
  - intake
  - referral.
- Identification of needs for the purpose of developing short and long term interventions.
- Interviewing skills.
- Collecting and documenting information in accordance with organisational procedures.

REFERRAL

- Knowledge of community agencies/services and an ability to access these for information or referral
- Ability to investigate a range of services:
  - roles and responsibilities for services are identified in each local area
  - types of services are investigated, analysed and documented
  - provision for language and cultural factors in range of services is assessed.
- Recognise own and agency limitations, and agency boundaries.
- Match appropriate service to client/intervention.
- Undertake referrals within established procedures.
- Monitor implementation of referral.
- Promote agency (as a referral point) e.g. presenting information and marketing services.
- Networking.
- Support client to make contact with service with minimal delay.
- Follow-up on referral advice.

CORE MODULE 3: CASE PLAN DEVELPMENT

- Identify and assess requirements for plan (see Module 2).
- Design case plan (both short and long term interventions):
  - set achievable goals and identify milestones
  - develop strategies/actions to meet goals
  - identify key stockholders
  - set realistic time frames.
- Identify resources required for plan.
- Establish review and evaluation systems.
- Establish processes for transition out of intervention:
  - incorporate needs arising goals and identify milestones
  - plan for resources, services, ongoing support are negotiated
  - arrangements for participation in programs are made with appropriate parties
  - appropriate levels of contact with client and significant other once out of intervention, are negotiated.
- Maintain appropriate client records/files.

CORE MODULE 4: CASE PLAN IMPLEMENTATION (CASE INTERVENTIONS)

Support client to implement plan

- Provide day-to-day support to meet client's physical, emotional, financial and social needs.
- Identify existing programs (internally or externally) to match client needs (e.g. living skills training, personal development etc.).
- Design, deliver and evaluate programs to meet client needs (e.g. living skills training, personal development etc.)
- Advocate for clients.
- Maintain motivation.
- Work intensively with clients.

Response to Crisis

- Identify and evaluate level of risk.
- Provide advice on 'crisis'.
- Manage response to crisis.
- Respond to crisis and utilise strategies to deal with short and long term issues.

CORE MODULE 5: CASE PLAN MONITORING AND EVALUATION

- Progress towards achievement of goals is assessed involving all relevant stakeholders.
- Modification of case plans.
- Review outcomes against case plan.
- Facilitate information sharing and planning – all formal processes included in case management e.g. case conferences, case review meetings and formal briefings on client progress. This includes the ability to:
  - prepare agendas
  - use of formal meeting processes to gain agreement and make decisions
  - identify and gain agreement of role boundaries
  - support participants to engage in information sharing/planning
  - understanding of group dynamic models/processes.

CORE MODULE 6: CASE MANAGEMENT AND A&TSI CLIENTS

And

CORE MODULE 7: CASE MANAGEMENT AND NESB CLIENTS

These modules will enable participants to integrate cultural considerations into the identification of needs, selection of types of services, goal setting and negotiation of time lines. For example, understanding of case management issues for indigenous clients and non-English speaking clients relating to power, relationship structures (rituals, beliefs, hierarchies), community issues and gender issues (e.g. women and men's business in Aboriginal and Torres Strait Islander culture).

ELECTIVE MODULE 1: CASE MANAGEMENT AND CHILDREN ACCOMPANYING ADULTS

This module will enable participants to assess the needs of the child and develop, implement, monitor and review a case plan within the broader context of the parent/s' needs/case plan. Participants will be provided with a variety of age appropriate case management tools and an understanding of the cultural issues in regard to case management with children.

ADVANCED MODULE 1: SUPERVISION OF CASE WORK PRACTICE

- Supervision models/practices.
- Support workers by providing advice on case management:
  - case plans are thoroughly analysed and assessed, and advice is provided on options for actions.
  - progress on case plan is monitored and decisions made as to continued viability
  - coaching and advice on specific casework practice is provided
- Provide practice advice on complex cases.

AVANCED MODULE 2: ADVANCED AND INNOVATIVE CASE WORK PRACTICE

This module will allow experienced workers the opportunity to explore in a supportive way both the technical and emotional skills required in case management through participant's own case studies, group discussions and group exercises. It will be assumed that participants will already hold substantial skills in case management. This module is designed to follow-on from the Case Management Core Modules.

SUGGESTED MODULE CONTENT – MANAGER'S PROGRAM

CORE MODULE 1: IMPLEMENTING CASE MANAGEMENT PRACTICE IN SAAP

- Definitions and models of case management as applicable to SAAP.
- Overview of tools and processes in casework.
- Agency considerations for applying case management practice:
  - human resource management implications for implementation of case management practice i.e. skills required of staff, award issues, etc.
  - physical resource implications e.g. storage of records, interview rooms, etc.
- Policy, procedures and guidelines development in the four main areas of case management:
  - Assessment and referral
  - Case plan development
  - Case plan implementation
  - Case plan monitoring and review.
- Legal and ethical implications of case management.
- Support of staff engaging in case management practice e.g. coaching, mentoring, external supervision, etc.
- Evaluation skills in assessing case management practice for continuous improvement.
- Formulating goals and strategies for future case management practice.

Attachment 3:

SKILLS FOR CASE MANAGEMENT

Some skills for working with SAAP clients using a case management approach are listed below. These have been reproduced from the 'Draft S.A. Case Management Resource Kit {1996).

"ENGAGE CLIENT IN THE PLANNING PROCESS

"10 ways to encourage client involvement in the case plan. *(Rairf & Shire 1994)*

1. ***Pay attention to the relationship and the process of relationship building***.

Pace the relationship, introduce the service plan only after there has been psychological engagement.

2. ***Involve the client from the beginning.***

Solicit the client's wishes and educate clients about their rights as consumers.

3. ***Pace the development of the service plan.***

Take time to learn about client preferences and change goals as well as gaps in needs and resources.

4. ***Plan in parts.***

Don't overwhelm the client by promising too much or asking for too much change. Develop the plan in increments using several sessions as needed.

5. ***Emphasise client strengths rather than problems.***

Help the client own the plan by emphasising what the client can do, rather than what they cannot accomplish.

6. ***The plan should reflect the person holistically not just their homelessness.***

The plan will have a broader focus than solely accommodation and should consider the client's needs from a number of dimensions.

7. The plan must be individualised.

Have the client specify what they want to achieve and how this fits into long term goals.

8. The plan must be client centred.

Do not confuse agency established criteria with what the client actually wants and needs.

9. ***Anticipate the possibility of failure.***

Do not give up if objectives are not met. Use failure as an opportunity to assess and review the objective as stated. Is the objective, realistic, valued by the client and appropriate? What have you and the client learned from the experience? Reinforce the clients ability to change things and your willingness to help.

10. Remember there is no such thing as the one ideal intervention or approach.

BASIC STRATEGIES FOR ENGAGING RESISTANT FAMILIES

Some of the principles and ideas drawn from family therapy approaches can be utilised in work with families in SAAP settings. Here are a few ideas.

Coordinate With Referral Sources and Other Service Providers

There is a danger that unless all services involved with a family are coordinated, the professionals involved will reflect and duplicate any family conflicts present. This blocks any change and results in inter-professional conflict which is unhelpful to families in crisis.

Provide Outreach

Where families appear closed; secretive or suspicious of outside involvement, home visits and other outreach contact may provide a way of engaging them. This can be establishing the worker's interest and caring, prior to the family making any commitment to intervention. This may be particularly important where chronic homelessness is only one dimension of the family context of complex multi problems.

Maintain Respect

Maintaining respect and validating all members of the family system is critical. Problems should be seen as creative solutions to underlying dilemmas. Given this approach, it is possible to respect the efforts of the family, of other professionals and of an individual's behaviour. Family members may appear defiant without this respect and engaging the family is impossible.

Avoid Power Struggles

The family's avoidance of difficult issues and levels of resistance may increase as pressure for change is placed on them from professionals. Workers should resist pushing the family to reveal information or to demonstrate changes. The worker may provoke a deadlock where the relationship becomes wholly adversarial. "

"The skills and tasks of the worker in responding to these difficulties include:

(Kagan & *Scholsberg* 1989)

Persistence (or "hanging in there")

The fact that the worker continues to show warmth and concern: demonstrates to the service user that the worker both cares and believes that change is possible.

Encouragement

By identifying those things the service user is achieving or has achieved; the worker will help the service user to gain in se/f-esteem and develop belief in their ability to carry through on decisions.

Motivation

Acknowledging and rewarding the achievement of small steps towards bigger goals is an important motivator.

Review Plans

The review will demonstrate the worker 's continuing willingness to listen and learn from the service user, and to be flexible in delivering the service. Such flexibility may be an important model for the service user as it will demonstrate that when confronted by unexpected difficulties there are ways of changing actions, but still pursuing the same or similar broad goals.

Reframe

It is easy for a client to become unmotivated when plans appear to fail or desired goals appear beyond reach. The worker needs to be aware of negativity undermining the client plans and develop skills in reframing. Apparent negative events can be thought of differently and the positive aspects of all new developments should be considered. What appear to be setbacks, can be seen as opportunities to try new strategies-

Confront

The worker must be aware of tendencies to collude with clients and to compound their difficulties. It is more professional to calmly and rationally face the client with the consequences and realities of their own actions and decisions, than to ignore or gloss over them. Genuineness and empathy rather than uncontrolled anger is the required worker stance when confronting a client, if it is to be a therapeutic intervention and a learning experience for the client."

Attachment 4:

CASE MANAGEMENT WITH CHILDREN

KEY TRAINING REQUIREMENTS

"The final report of Case Management With Children: A Family Oriented Approach, identified the following key training requirements for working with children:

- ***Assessment Skills:*** *Assessment skills with children, including observation and recording skills, use of play techniques, assessing children through drawing, painting and other creative techniques. (It should be noted that such assessment should not duplicate assessments undertaken by other agencies).*

- ***Child Development:*** *Child and adolescent development, both in a general sense and from the perspective of different cultures. The emphasis here is on the skills of working with different cultures and the skills of identifying different behaviours in relation to usual patterns of development. It would not be the intention of this training to equip workers with knowledge of all cultures and their patterns of behaviour.*

- ***Counselling Skills:*** *Counselling skills, especially in dealing with child grief and trauma in relation to family breakdown, and being witnesses to domestic violence.*

- ***Child Abuse:*** *Handling revelations of physical and sexual abuse," balancing disclosures, duty of care and confidentiality; making appropriate referrals and following up on these; and dealing with multiple agency involvement in cases on severe abuse.*

- ***Child Protection Legislation:*** *From* 1997 *there will be legislation in each State which will mandate workers to report all reasonable suspicions of child abuse.*

- ***Domestic Violence:*** *Working with children (especially teenagers) to break the cycle of domestic violence.*

- ***Family System:*** *Skills in working with the entire family system. This approach gives workers the ability to understand family dynamics, how children can be made into scapegoats and the significance of shifts in internal-family relationships.*

- ***Family Resolution:*** *Conflict and crisis resolution, negotiation, medication and family reconciliation. Such skills are critical both in working with families and also in dealing with other services and government agencies.*

- ***Suicide:*** *Suicide prevention; and working with anger (especially adolescents). Skills in working with teenagers is one of the biggest skill gaps in SAAP services and needs to be accorded high priority. A further aspect is skills in working with a child with a mental illness.*

- ***Group Work:*** *Effective group work skills, especially focused on dealing with grief and loss. Peer group work is emerging as a crucial aspect of support to homeless children and families.*

- ***Management:*** *Management competencies - leadership, supervision, staff selection and staff development.*

- ***Case Management:*** *Case management competencies, especially assessment, planning and networking.*

- ***Cross-Cultural Work:*** *Ability to work cross-culturally, including working with migrants and refugees.*

- ***Service Protocols:*** *Establishing inter-sector and inter-service protocols and agreements for mutual service provision."*

Attachment 5:

NATIONAL GUIDELINES FOR THE MANAGEMENT OF CLIENT INFORMATION IN SAAP SERVICES

Please note:

The National Guidelines for the Management of Client Information in SAAP Services are currently (as at August, 1997) being reviewed. When finalised they will be sent to all SAAP funded services and can be incorporated into this Section.