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1.
SAAP Case Management

WHAT IS SAAP CASE MANAGEMENT?

Case management is an approach to service delivery .It is a way of delivering services.

The definition of SAAP Case Management supported by service providers is:

> *Case management within SAAP Services is a collaborative, client-focused approach. It is aimed at empowering and working with clients to effectively meet individual needs.*
>
> *It is a two pronged approach incorporating* ***direct client*** *service, based on sound assessment and support planning, and* ***coordination*** *of access to and delivery of, a range of other appropriate support services.*
>
> *The SAAP Worker operates within an agreed framework of principles, standards and ethics which enhance client choice and responsibility.*
>
> *Case management in SAAP may involve one worker as a key worker for a particular client, or a team approach. The focus is on a strengthened service and support role for each individual service user, to ensure that a high quality service is received.*
>
> *Case management in SAAP is appropriate in many, but not all, situations. It is flexible in application and timing in recognition of the many needs of individuals, and the limited control anyone agency or worker has over client outcomes. However, case management in SAAP occurs in the context of a transitional, time-limited framework for intervention.*

Briefly, case management in SAAP is an approach to service delivery which emphasises working with clients in a way which respects them as individuals and in a way which ensures their particular needs are being met.

Case management is a process of working with clients which focuses on their needs and goals, and developing flexible strategies to assist them to achieve their goals.

WHY DO CASE MANAGEMENT?

Under the new State/Commonwealth agreement, SAAP services are required to implement a case management approach to working with clients.

In addition, case management is particularly relevant in providing assistance to clients with a complex range of needs, who require access to a broad range of services and different forms of assistance. Most SAAP clients need and use a wide range of services including housing, income, health, employment, education and training. Coordination of services is a major focus of case management in SAAP.

BENEFITS OF CASE MANAGEMENT

The Benefits of case management for clients may include:

- improved quality of service and improved outcomes;
- increased empowerment with clients measuring and evaluating their own progress and change;
- increased involvement in decision making and service provision;
- increased access to services.

The benefits of case management for service providers may include:

- uniformity and consistency of service quality across SAAP;
- shared responsibility for client outcomes. It takes some of the responsibility from the worker and gives it to the client;
- reduced worker burnout;
- workers have a better sense of the direction they are taking on behalf of the client, and a clearer idea of where and how they need to provide assistance;
- interactions between the client and the worker are more focused, and allow for better use of worker time;
- gaps in support services for clients will be made more evident and the extent of need can be estimated. This will support action to fill gaps.

ROLE OF THE MANAGEMENT COMMITTEE IN CASE MANAGEMENT

Management Committees or Boards are responsible for ensuring a case management approach is implemented in their service. This means making sure that the service has developed the relevant policy and procedures, that staff are appropriately trained, supported and supervised, and that adequate systems are in place and resources are available.

WHEN IS CASE MANAGEMENT APPROPRIATE?

A case management approach is appropriate for all work with clients in SAAP, however, the extent and method of implementation will vary depending upon the service type, client group and service philosophy.

In addition, as the case management process is client driven, the extent to which it is undertaken will also depend upon the client's wishes and their level of commitment to the process.

A full case management approach may not be relevant when:

- services have a high turnover of clients (e.g. meals services);
- clients leave the service within a very short period of time (e.g. clients leaving crisis accommodation after one night).

Nonetheless, the principles of case management can still apply and may be as simple as a service checking if a client has been before, and being aware of their history of contacts. This information may lead to a change in the approach to the client or to more appropriate referrals.

High Volume Services

Services that have a high volume of clients who attend for very short periods of time, such as meals services and day centres, may not be able to implement the case management process with the majority of clients.

In these services, an informal case management approach is developed whereby staff aim to form a supportive relationship with regular clients of the service and remain open and receptive to assist clients with any issues they might want to address.

Referral Services

Some SAAP services such as referral services or clearing houses, may begin the case management process by carrying out a detailed assessment in order to decide on the

Even if a case management approach is not appropriate, the principles of case management may still be.

For example, even where people only come in to a service for referral or information, services should still keep a client record for them. If they come in for multiple visits this gives you information which may help to identify more appropriate referrals.

THE CASE MANAGEMENT PROCESS

The SAAP Case Management consultation process identified ten key elements of Case Management. Three of these elements: case closure, exit planning and follow-up have been combined as in practise they happen concurrently. The Resource Kit describes case management under eight key elements as described below:

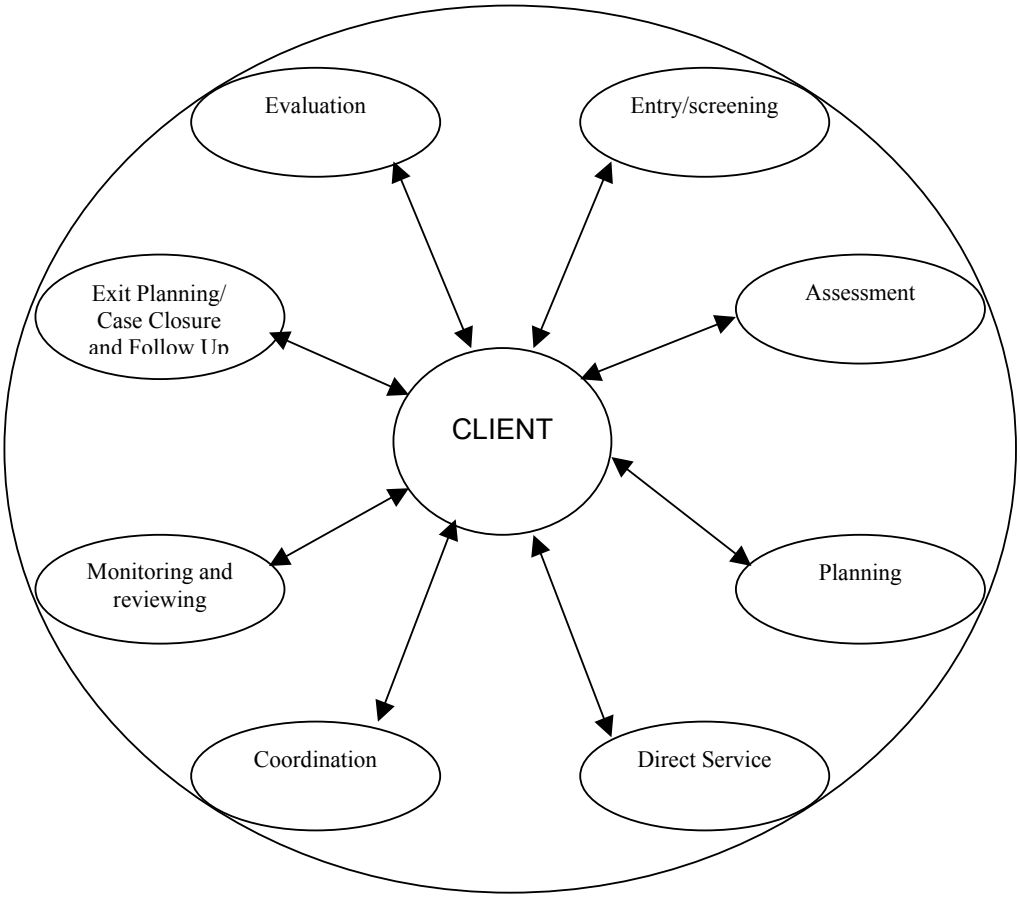
1. Entry /Screening
2. Assessment
3. Planning
4. Direct Service
5. Coordination
6. Monitoring and Review
7. Case Closure/Exit Planning and Follow- Up
8. Evaluation

Figure 1.1 below shows how these tasks fit together. Note that they are not simply carried out as steps one to eight. One or more tasks may occur at the same time and, in practise, some elements, such as entry/screening and assessment, may be combined. Note also that some processes such as assessment/re-assessment and monitoring and reviewing, are ongoing.

Good case management is as much about the process of empowering each individual to create his/her own support plan as it is about the method of delivering services, and achieving satisfactory levels of independent living.

***(Kasser Bird Training* 1996)**

Figure 1.1: The Case Management Process



The elements of case management can be put into practise differently in different SAAP services. For example, the process may be very informal in some services and quite formal in others. The process may be very short and task orientated or longer and more process orientated. The focus may be on problem solving or on strength building.

To promote a consistent and high quality service, services are encouraged to implement a case management approach based on these eight key elements.

Each of these elements is described in detail below, following which is a discussion of issues which services will need to consider in implementing a case management approach to service delivery

ENTRY/SCREENING

The entry/screening process is to make sure that the service is able to provide the service/s requested. This means checking that the client and the service requested matches the target group and the capacity of the service. It may also mean consideration of the needs of current clients to ensure compatibility.

Entry/Screening may take place face-to-face or over the phone and may be with the client or through a referring agency.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in the entry/screening process are:

- ***each person's request for assistance is responded to within an appropriate time;***
- ***each client is informed about the entry and screening processes and decisions that are made;***
- ***each person who is not accepted as a client is informed about alternative services, and wherever possible is referred onto a service which meets their needs;***
- ***each client is provided with easily understood and consistent information on services to be provided, and the rights and responsibilities of the service provider and the client.***

DEVELOPING AN ENTRY/SCREENING PROCESS

1. Define your target group and service.
2. Decide on what client information you need to collect.
3. Develop entry/screening tools (e.g. a Request for Service form).
4. Develop information about your service (e.g. a service brochure).
5. Develop written policy and procedures.

1. Define your target group and service.

Services need to be very clear about who their target groups are, what the criteria for admission are and what the service can provide. If services are unclear about this, it leads to a lack of consistency and confusion for clients. It may be a good idea to have a written eligibility criteria.

2. Decide on what client information you need.

Decide how much information you need to collect about a person and their situation, before you can assess whether your service will be able to assist them. Avoid collecting more information than necessary. This information may also be useful to assist services to assess areas of unmet need.

Entry/Screening information may include:

- age;
- gender;
- family situation;
- details of referring agency;
- services requested;
- reason/s for request;
- special needs.

See the Entry/Screening checklist below. Use this checklist to develop your own intake form or checklist of relevant entry/screening details.

3. Develop entry/screening tools.

A Request for Service form may be used to record one-off requests for assistance. such as a request for information, advice or referral (See the example Request for Service form in Section 3: An Example of Case Management in an Outreach Service).

An Intake or Admission form may be used where services need to collect quite detailed information regarding a client's circumstances before assessing whether the service is able to accommodate the client (See the example Intake Form in Section 6: An Example of Case Management in a Transitional Accommodation Service for Families).

A Turnaways Book or an Unmet Needs form may be used to record information about people you were unable to assist. This information is valuable for identifying gaps in services, and for service planning and evaluation. (For an example of a Turnaways Book refer to Section 2, page 2.24.}

4. Develop information about your service.

Consistent information needs to be given to all clients and potential clients. One way of doing this is to develop a Service Information Brochure which may include basic information about the services provided and how to access them, including details of any costs and eligibility criteria. (An example Service Information Brochure is included in Section 8: Example Policy and Procedures File}.

5. Develop written policy and procedures.

The Entry/Screening processes developed above are put into practise through the development of written policy and procedures, and through staff training in these procedures.

Policy and procedures for Entry/Screening could cover:

- ensuring a non-threatening environment;
- responding to special needs of people -for example people from diverse linguistic or cultural backgrounds, people with a disability;
- the forms to be used;
- checking if a person is a previous client;
- procedures to follow when a person cannot be assisted;
- information to be provided to clients.

Examples of Policy and Procedures to support effective Entry/Screening can be found in Sections 3 -7, which present examples of case management in different service types and in Section 8: Example Policy and Procedures File.

SOME POINTS ON ENTRY/SCREENING

- ***create a non-threatening, comfortable environment to put the client at ease and to assist with the exchange of information. If possible have another staff member look after any accompanying children during the interview;***

- ***if you are unable to provide the service requested, let the client know as quickly as possible. Explain why you are unable to assist and refer the client onto a service that will be able to help;***

- ***if people are to be declined a service on the basis of their previous history with the service, this should be checked with the Coordinator first;***

- ***if the person is not happy that you are unable to assist, provide them with information about the service complaint procedures;***

- ***do not overload the client with information, especially if they are under stress. Provide the information in manageable bits.***

ENGAGING CLIENTS

Engaging clients is about establishing a rapport and trust with clients. Staff involved in entry/screening must have the skills to engage clients. Service policy on staff recruitment and training should reflect the staff competency requirements. (See Section 8: Example Policy and Procedures File and Section 2: Practising Case Management for more information on engaging clients.)

Some strategies for engaging clients are:

- ***demonstrate a caring and supportive attitude;***
- ***try to establish a dialogue with the client, rather than a question and answer session;***
- ***meet in a place where the client feels at ease;***
- ***be careful not to criticise the client or put too heavy demands upon them;***
- ***think about quick and practical supports that you may be able to offer immediately to assist them;***
- ***emphasise client's strengths.***

ENTRY/SCREENING CHECKLIST [1]

(You may not need to collect all of this information. Use this as a checklist to identify the information that you want to collect on entry/screening.)

Clients Personal Details

- ☐ Interpreter required
- ☐ Name/nickname
- ☐ Date of birth/age
- ☐ Accompanying children
- ☐ Nationality
- ☐ Sex
- ☐ Marital status
- ☐ Disability
- ☐ Previous address
- ☐ Next of kin
- ☐ Parent's names
- ☐ Name of guardian
- ☐ Address and phone numbers
- ☐ Language spoken
- ☐ Other languages spoken
- ☐ Medicare number
- ☐ Doctor's name
- ☐ Counsellor's name
- ☐ Solicitor's name and phone number
- ☐ Department of Community Service worker
- ☐ Income
- ☐ Next income payment due
- ☐ Registered with Commonwealth Employment Service, Department of Social Security
- ☐ Employment/income history
- ☐ Schooling
- ☐ Medical history, substance use and abuse
- ☐ Relevant legal/police history
- ☐ Accommodation history
- ☐ Identification:
  - ☐ birth certificate ☐ bank account
  - ☐ driver's licence ☐ passport number
- ☐ Any special cultural/religious needs

Partner's Details

- ☐ Partner's name/nickname
- ☐ Whereabouts
- ☐ Car registration number
- ☐ Were the police contacted?
- ☐ Action taken
- ☐ Any weapons

Entry Details

- ☐ Reason for entry
- ☐ Arrival date
- ☐ Day of the week
- ☐ Any previous contact with the service
- ☐ Type of abuse
- ☐ physical ☐ mental
- ☐ emotional ☐ sexual
- ☐ financial ☐ other
- ☐ Length of abuse
- ☐ Signs of abuse
- ☐ Apprehended Violence Order (AVO) or restraining order
  - date of issue
  - date expired

Referral

- ☐ Agency/person's name
- ☐ Phone Number
- ☐ Date referred
- ☐ Worker who took referral
- ☐ Services client referred to
- ☐ Current involvement with other agencies
- ☐ Advocate details

Health

- ☐ State of general health
- ☐ Any special medical needs.

[1] The checklists used in this section are provided by the New South Wales Case Management Pilot Project, New England Region.

ASSESSMENT

While assessment is an ongoing process, it is useful to differentiate between a crisis assessment necessary for crisis intervention, and a more detailed assessment with a view to planning

A crisis/initial assessment involves looking at a person's needs in relation to their immediate situation including safety and security, health, income and well-being – food, warmth and shelter

Assessment with a view to ongoing planning is more comprehensive. It is more detailed and involves a holistic approach incorporating strengths, hopes and preferences, as well as needs. It is an ongoing process.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in the assessment process are:

- ***the client is actively involved in the assessment process, and any decisions made reflect his/her needs and wishes;***

- ***the assessment includes the following areas as appropriate:***

  - ***crisis resolution needs;***
  - ***financial income needs;***
  - ***housing needs;***
  - ***health needs;***
  - ***living skills needs;***
  - ***labour market participation needs;***
  - ***cultural needs;***
  - ***linguistic needs;***
  - ***social needs;***
  - ***emotional needs.***

- ***Children accompanying adults have their needs assessed;***

- ***External agencies are involved as appropriate where this serves the client's interest.***

DEVELOPING AN ASSESSMENT PROCESS

The key tasks in developing an assessment process are:

1. Decide how staff will work with clients (e.g. a key worker or team approach).
2. Decide how staff will work with children (e.g. generic workers or a child support worker).
3. Decide on the types of assessment infonI1ation you need.
4. Develop your assessment tools (i.e. an assessment fonI1).
5. Develop written policy and procedures.

1. Decide how staff will work with clients.

Services will need to detenI1ine how workers can best be used to support clients.

In many services a particular worker takes on responsibility for providing support consistently to a client in the service. Day-to-day tasks may be carried out by whoever is on roster, however the key worker does the assessment, planning and review.

The idea of having a 'key worker' identified to work with each client in a case management role does not fit in with many agencies, who have a rostered staff system and/or work as a team. ,

The important points to note are:

- **if a key worker is used**, the client should know that it is okay to ask for a change of worker if they would feel more comfortable with a different key worker;

- **if a team approach is used**, the systems are in place to infonI1 the team of all relevant infonI1ation. Clients should not have to repeat their story to every new worker who comes on shift.

Staff carrying out case management tasks need to be provided with adequate training, support and supervision. (See Section 8: Example Policy and Procedures File).

Where possible, services may use a worker of the same language group or culture as the client (if the client is happy with this).

The service may allocate the same workers to work with both parents and children (generic workers), or may have a special child support worker. Whatever the case. it is important that both the child and parent are involved in the assessment of the children' s needs.

3. Decide on the types of assessment information you need.

The types of assessment information collected will depend upon the range of services provided and the needs of the clients.

Assessment information may include:

- cultural and linguistic needs and issues;
- involvement of other services;
- demographic factors;
- extent of homelessness;
- capacity to obtain and maintain required level of income;
- needs of accompanying children;
- physical, emotional and psychological health;
- living skills;
- support from family/friends;
- financial factors;
- ability to examine problems;
- capacity to respond to future crises;
- legal issues.

A detailed Assessment Checklist is provided below. Use this checklist to identify the points important to your service and clients.

4. Develop your assessment tools.

Services may record information using an assessment form or using case notes. Separate assessments may be noted for each member of the family.

Assessment Form

The usual tool for assessment is an assessment form which provides for a number of fixed questions to be completed for clients. (An Example Assessment Form is included in Section 6: An Example of Case Management in a Transitional Accommodation Service for Families).

Assessment Checklist

Alternatively, services may use an assessment form just to record basic client details, and use an assessment checklist as a prompt for areas to be discussed with the client. When using a checklist. assessment information is written down in the

case notes. This provides a more flexible and less prescriptive assessment tool which can be used with a broad range of clients. (An Example of an Assessment Form incorporating a Checklist is included in Section 4: An Example of Case Management in a Women's Refuge).

5. Develop written policy and procedures.

The assessment processes developed above, are put into practise through the development of written policy and procedures, and through staff training in these procedures.

Policy and procedures for assessment could cover:

- ensuring a confidential, private environment;
- developing opportunities for good communication (including use of bilingual workers, interpreter services and building rapport);
- use of assessment forms or checklists;
- use of previous assessments (how far back does your service check?);
- use of assessment information provided by another service;
- when the assessment is to commence;
- client access to information;
- confidentiality and privacy of information (including storage of information);
- who is to do assessments;
- working with another service which has a case management role.

SOME POINTS ON ASSESSMENT

- *case management is not compulsory. The client may only want crisis accommodation and/or information, and may not want to participate in a needs assessment or support planning;*
- *people have to be in the right frame of mind to be involved in a comprehensive assessment. If the client is distressed, just deal with their immediate crisis needs. It may be several days before they are ready to think about longer term needs;*
- *provide a quiet confidential place for the client and worker to meet;*
- *previous assessments by the service should be considered and built upon, however, services need to decide just how far back they go;*
- *assess the client's strengths as well as needs. A support plan which builds upon strengths is most likely to have success.*
- *where another service has a case management role do not duplicate their role. If the client wishes them to retain that role contact the service (with the client's permission) and let them know of the services you can provide. An Example form to obtain a client's permission to contact another service for information is included in the Examples in Sections* 3 -7.

ASSESSMENT CHECKLIST

(Use this checklist to develop your own service checklist on assessment)

Client's view of their situation

Social History

Other Agency/Professional involvement

- ☐ Training programs

Immediate/crisis needs

- ☐ Accommodation
- ☐ Security
- ☐ Clothing
- ☐ Food
- ☐ Housing
- ☐ Medical
- ☐ Legal
- ☐ Financial/Income support

Housing

- ☐ Public or private
- ☐ Legal issues
- ☐ Preferences
- ☐ Furniture/belongings

Health

- ☐ Physical health, sickness or injury
- ☐ Mental health issues
- ☐ Sexual assault issues
- ☐ Domestic violence issues
- ☐ Health information
  - contraception
  - safe sex
  - women's health
  - other

Living skills

- ☐ Emotional issues
- ☐ Interpersonal relationships
- ☐ Self esteem, confidence
- ☐ Parenting skills
- ☐ Child care issues
- ☐ Family issues
- ☐ Budget/income
- ☐ Hobbies and interests
- ☐ Employment skills
- ☐ English/literary skills.
- ☐ Client's strengths – what they do well

Labour Market participation/Education

- ☐ Employment
- ☐ Education
  - numeracy
  - literacy

Legal issues

- ☐ Guardianship
- ☐ AVO (restraining order)
- ☐ Any involvement with the police
- ☐ Family court
- ☐ Child support
- ☐ Other
- ☐ Immigration issues

Significant relationships

- ☐ Family
- ☐ Friends
- ☐ Groups
- ☐ Courses

Special Religious or Cultural needs

- ☐ Diet
- ☐ Language
- ☐ Religion

Other

- ☐ Expectations of client
- ☐ Any person the client does not want to see and/or have contact with
- ☐ Any information that the client does not wish to be disclosed
- ☐ Does the client have any special request that they would like the service to assist them with?
- ☐ Does the client have any additional information that they would like you to know about in order to offer them support?

ASSESSMENT CHECKLIST FOR CHILDREN ACCOMPANYING ADULTS

Personal Details
- ☐ Child's name
- ☐ Date of birth, age

Education/Childcare
- ☐ School
- ☐ School enrolment
- ☐ After school needs
- ☐ Pre-school, day care, child care
- ☐ Have children settled into school
- ☐ Learning difficulties
- ☐ Transport

Safety Issues
- ☐ Has the child been assaulted?
- ☐ Has the child witnessed abuse?
- ☐ Type of abuse witnessed or experienced (known to carer)
- ☐ Notification
- ☐ Any noticeable behavioural changes
- ☐ Behavioural problems, acting out

Medical and/or Health Problems
- ☐ Illness
- ☐ Allergies
- ☐ Asthmatic
- ☐ Vaccinations up to date.

Recreation
- ☐ Dancing
- ☐ Reading
- ☐ Movies
- ☐ Music
- ☐ Television
- ☐ Games/sport
- ☐ Other

Emotional, Physical, Developmental Needs
- ☐ Self esteem
- ☐ Other stressful situations in child's life
- ☐ Fears
- ☐ Nutrition and hygiene
- ☐ Cultural needs
- ☐ Any other concerns regarding the child

Significant Relationships
- ☐ Mother/child relationship
- ☐ Maintenance of extended family relationships
- ☐ Other networks
- ☐ Access, custody issues

PLANNING

Planning is a process focused on identifying client needs, clarifying goals and hopes, setting priorities, and identifying steps/actions necessary to achieve these. It is client driven and empowers the client. Goals may be very small and concrete as well as longer-term and broad.

Planning is centred around the development of a ***support plan*** which addresses the needs of clients as identified in the assessment process. If another service has Case Management responsibility for a client, do not duplicate their role, but fit in with their support plan or make sure your support plan is coordinated with theirs.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in planning are

- ***clients are actively involved and drive the process;***
- ***the support plan addresses the needs of clients as perceived by them;***
- ***clients are assisted to identify immediate short-term and long-term goals, and action plans;***

each accompanying child is included in a support plan.

DEVELOPING A PLANNING PROCESS

The key tasks in a **planning process could include:**

1. Identify appropriate community resources (e.g. develop a directory of services)
2. Develop a tool to assist the service (e.g. a support plan).
3. Develop a tool to assist clients (e.g. a support plan summary).
4. Develop written policy and procedures.

1. Identify appropriate community resources.

Services need to be aware of the other services and resources available in the community which may be able to assist SAAP clients.

It is a good idea to develop a resource file or directory of services detailing all the services appropriate to your client group. This is discussed further under the key element of coordination, refer to page 1.26.

2. Develop a tool to assist the service.

A support plan is a tool to assist services in planning. It provides a written record of the plan which the service and client have developed together to meet the client's needs. Services use different names for support plans and they are sometimes called Support Agreements or Action Plans.

The support plan is developed from the assessment information and lists the goals which the client wishes to work on. Each goal is broken down into actions or tasks which are allocated to the worker or client to do within a time frame.

The outcome of each task or action is also noted on the support plan. Where a referral to another service is needed, this is also noted on the support plan.

Client issues which may be addressed in the support plan include the following:

- what does the client need in the immediate future to stabilise the current situation? (crisis needs)
- what is the client's long-term goal?
- what is stopping the client from achieving this goal?
- what can be done in the short-term to help achieve this long-term goal?
- what does the person want to achieve or resolve whilst a client of the service?
- what action can be taken by the client?
- what action can be taken by the agency?

Clients should be given a copy of the support plan, therefore, it should be written and presented in language and a format that the client can relate to. Where the client does not understand or read English, they can be encouraged to write out the support plan in their own language through the use of an interpreter.

An example Support Plan is provided in Sections 3 -7.

3. Develop a tool to assist clients.

As mentioned above, clients should be given a copy of the support plan, however, some services have developed a client action planner which includes the support plan and also provides space for clients to note the actions they take, and to record the outcomes and make personal notes. Action Planners can also provide details

of useful contacts and other information. (An example Action Planner is included in Section 4: An Example of Case Management in a Women's Refuge.)

Some services only write up one support plan which is set up for client use and services keep a copy of this on the client file.

4. Develop written policy and procedures.

The planning processes developed above are put into practise through the development of written policy and procedures, and through staff training in these procedures.

Policy and procedures for planning could include:

- who does the planning;
- when and how planning is done;
- the use of tools including written support plans;
- making sure the plan addresses the needs identified in the assessment process, including the needs of all family members.

SOME POINTS ON SUPPORT PLANNING

- ***goals should be achievable. If the goals are broad, break them up into smaller steps. Develop contingency plans so that if one goal cannot be met, there are alternatives;***
- ***make sure the client feels ownership of the plan, that they understand it, and have a copy written in their own words and language,.***
- ***support plans should focus on achieving the skills or resources necessary for independence from SAAP and should lead towards case closure.***

THE SUPPORT ROLE

Fundamental to delivering a good service, is the development of a relationship of trust and rapport with the service user.

Such relationships are best developed by becoming a support to the service user, rather than being an 'expert'. The relationship is perhaps best thought of as a mentor who has some important knowledge and experience, on which they can draw in assisting the service user to make decisions about their future.

PACE YOUR INTERVENTIONS

It is important to realise that people who have experienced a crisis or traumatic experience may not be capable of making important decisions without resolving or dealing with issues of loss, grief and fear. Part of the skill of the experienced worker is to recognise the stages that a service user is going through, and to respond appropriately. The worker may be able to become a little more demanding of the service user once they have dealt with some issues, and when the service user has trust and confidence in the worker.

(from Draft S *A Case Management Resource Kit)*

DIRECT SERVICE

Direct service in SAAP involves actual work with, and for, clients including the provision of services such as information, accommodation and referrals.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in direct service:

- ***each client is assisted and responded to in critical situations, aimed at ensuring client safety and safety of others,'***
- ***each client is assisted to achieve his/her individual case plan;***
- ***each client receives relevant information regarding their needs and options.***

DELIVERING DIRECT SERVICES

The provision of direct services to clients in SAAP is carried out within the overall framework of the service's policy and procedures. Areas of policy and procedure which have a strong impact on direct service include:

Effective Service Management

Clients have a right to services which are well managed and are efficient and effective.

Client Rights and Responsibilities

Services should have a statement of client rights and responsibilities which is in line with the SAAP service standards, and which includes confidentiality of client information, client control, client involvement in service management and information for clients.

Feedback

A policy and procedure should be in place to receive and respond to feedback from clients. This should include a written complaints policy and procedure.

Information

Written information should be available to clients, preferably in their own language, outlining the services available, clients rights and responsibilities and rules, and complaints procedures. When required, interpreter services should be used to ensure all clients have relevant information.

Safety

Policy and procedures need to be developed to ensure the safety of staff and clients in the service.

Duty of Care

Staff need to be aware of their legal responsibilities under a duty of care (see Section 8 Example Policy and Procedures File for details on duty of care).

Medication

Policy in regard to client's medication needs to be developed.

MEDICATION

Services need to develop a policy about client's medication.

Some services have decided not to handle medication at all, leaving it solely up to the client.

Other services have developed policy to cover the storage, dispensing, disposal and recording of medication. This should be done with caution taking into consideration the legal implications of medication being administered by unqualified people.

Staff Recruitment and Development

Services should develop policy and procedures in this area to ensure that services are delivered by staff who are properly trained.

Staff Supervision, Support and Debriefing

Services need to develop policies and procedures to ensure that staff are adequately resourced and supported.

Record Keeping

Services need policy and procedures record keeping which includes how client files will be kept, what information will be recorded and who has access to files. (See Section 2: Practising Case Management, Attachment 5: National Guidelines for Management of Client Information in SAAP Services.)

Example policies and procedures for service delivery which cover the points listed above, are included in Section 8: Example Policy and Procedures File.

EMPOWERING TECHNIQUES WITH SAAP CLIENTS

1. ***Accept the client's definition of the problem.***
2. ***Identify and build on existing client strengths.***
3. ***Assist the client to take control of their situation.***
4. ***Assist the client to develop.***
5. ***Advocate for the client.***

(from Draft SA Case Management Resource Kit)

COORDINATION

Coordination in relation to Case Management involves having an understanding of the role of other services and developing co-operative working relationships with relevant services. It also means knowing when you have a shared client and who is doing what (with the client's consent).

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in coordination are:

- ***each client receives coordinated services based on the support plan;***
- ***the service has an understanding and knowledge of other services in the community;***
- ***external agencies are involved when this serves the client's best interests;***
- ***clients are in control of which services are involved;***
- ***information is shared between services, only with the permission of the client.***

DEVELOPING A COORDINATION PROCESS

The key task in developing a coordination process may include:

1. Identify relevant services (e.g. develop a directory of services).
2. Network with other services.
3. Develop interagency protocols (e.g. procedures for making and receiving referrals).
4. Develop case conferencing guidelines.
5. Develop tools for coordination (e.g. a referral form and client consent form).
6. Develop written policy and procedures.

1. Identify relevant services

Services need to be aware of the services and resources in the community, and how these can be accessed.

To assist in coordinating with other services keep an up-to-date directory or database of services which you refer people to.

This would include:

- Service name;
- Address;
- Phone/fax/e-mail;
- Hours of operation;
- Services provided;
- Contact names;
- Eligibility;
- Preferred referral process.

2. Network with other services

Networking with other services is important to develop working relationships with service providers. It also helps services to identify common issues and any gaps or possible duplication in services.

Networks may be informal on a worker-to-worker basis or formal through participation in regular interagency forums.

3. Develop interagency protocols

Interagency protocols will cover the referral processes between services and will vary from service to service.

To ensure effective referrals it is important to develop these protocols with each of the services you work with. Equally important, you need to develop the protocols you would like services to follow when they refer clients to you.

Protocols specify:

- ***How referrals should be made;***
- ***What sort of referrals can and cannot be accepted;***
- ***The kinds of information that can be shared between agencies (with the client's consent);***
- ***How that information may be used;***
- ***The time frame for response;***
- ***The nature of the services that can be provided;***
- ***Arrangements for the case management of clients and coordination of services.***

Making a Referral

Referring a client to another service involves more than just giving out a phone number.

Making a referral involves the following tasks:

- Giving the client information about the outside service and the services provided;
- Gaining the client's consent to be referred to the service and for information to be passed on to the other service if necessary;
- Checking with the other service that they are able to provide the service/s for which the client is being referred;
- Providing the service with the necessary information about the client that they need, in order to assess whether they will be able to assist;
- Making sure the client is given an appointment with the service;
- If necessary, accompanying the client to the service;
- Where relevant, following up to make sure that the agency has been able to assist.

Just giving out a phone number is providing information, it is not making a referral.

Making a referral is an active process which ensures that the client has been accepted for assessment by another service and is willing to become a client of that service.

Advocacy

In some instances, making a referral will involve taking on an advocacy role. The SAAP worker may need to advocate on behalf of a client because:

- The client is lacking in self-confidence;
- The service is reluctant to help and negotiation or an assertive approach is required

In these situations it is important that the worker:

- Has the clients permission to advocate on their behalf;
- Has sufficient information about the situation to be able to advocate effectively;
- Contacts the other service in the presence of the client wherever possible (to provide a learning opportunity to the client);
- Assists the client to develop the necessary skills and confidence to advocate on their own behalf in the future;
- Does not intentionally misrepresent or withhold information.

MAKING APPROPRIATE REFERRALS

There is a lack of accommodation options for some groups, in particular, people who are 'difficult to manage' or have 'high support needs'. Services advocating on behalf of these people can tend to omit crucial information or exaggerate (or down play) some issues to ensure the referral is accepted.

This leads to unsuitable referrals. If the service is not geared to cope with certain behaviours it can put the client, other clients and the staff at risk, and can result in the client being 'referred on again'.

Services should ensure with all referrals, in and out, that appropriate and accurate information is provided. Additionally, when making a referral, services need to discuss the options with the client, and make sure the client understands the policy and criteria of the service to which they are being referred.

Informed Consent

Permission from the client should be given before any information about them, or their child is given to another agency.

Wherever possible this permission should be in writing. When it is not possible to gain consent in writing, e.g. if the contact is by telephone, the worker should make a note in the case file recording the details outlined in the consent form.

Sometimes the SAAP service provider is seeking information from another agency. Again the client's permission should be given. The other agency should have this permission in writing.

Exceptions to Consent

There are exceptions when it is not possible or appropriate to obtain consent from a client before involving another agency. For example, if a child is being abused, if the client is at risk of self-harm or harming another person, or if the client is not fully conscious. In situations like these the service has a duty of care to involve another agency, with or without the client's permission.

Whenever practicable the situation should be discussed with the Coordinator or worker's supervision before and action is taken.

As soon as possible after the action has been taken, explain to the client the reasons why (unless it is considered that this may place other people are risk, e.g. the client's children).

> ***When a client enters a service they should be made aware of the agency policy on informed consent.***
>
> ***If another agency is contacted without the client's consent, this should be discussed with the client as soon as possible. They should know who was contacted and why, unless it is considered that this may put other people (e.g. client's children) at risk.***

4. Develop Case Conferencing Guidelines

When a number of other services are involved, SAAP services may need to negotiate over which service will take a lead role in coordination. In complex case it may be useful to hold a case conference.

Case Conferences

A case conference is a meeting of service providers and the client to coordinate case management. The client must have agreed to share their information with other services before a case conference can be arranged.

A case conference can be useful for:

- Information gathering to assist assessment and planning;
- Interagency planning and coordination, review and monitoring of the plan.

One service should be selected to be the case manage, this service will chair the case conference and be responsible for the coordination of services to the client.

The service responsible for case management will usually be the service which has most contact with the client. As part of their coordination responsibilities, this service takes on responsibility for calling case conferences and chairing the meetings.

In the case of unaccompanied young people in SAAP services, the service with statutory responsibility for the young person would be responsible for case conferences.

Role of the Case Conference Chairperson

The role of the Case Conference Chairperson is to:

- Facilitate participation of all members;
- If necessary to assist the client to put forward their views;
- Summarise the agreed outcomes;
- Check with everyone that they agree with the outcome and understand what their role is;
- Make sure that the plan is written down;
- Arrange further meeting as required;
- Follow-up with participants to make sure they undertake the tasks they have agreed to.

5. Develop tools for coordination

Relevant tools for coordination with other services may include a referral form and consent form (for the release of information to or from another service). Examples of referral forms and client consent forms are included in Sections 3 - 7. SAAP workers often have the role of coordinating interagency services to a client. The support plan can be used to record services from all service providers.

6. Develop written policy and procedure.

The coordination processes discussed above are put into practise through the development of written policy and procedures, and through staff training in these procedures.

Policy and procedures for coordination could include:

- The development and maintenance of a resource directory of other services;
- Processes for networking with other services;
- Interagency protocols and referral processes;
- Guidelines for case conferencing;
- Policy regarding informed consent and mandatory reporting;
- Policy regarding networking with ethno-specific and migrant services;
- Coordinating with other agencies in the development of support plans.

MONITORING AND REVIEW

Monitoring is the process of reassessing needs and revising the support plan to keep it up to date with the current needs of the client and any accompanying children. The support plan is also regularly reviewed to check on achievements and explore ways of getting over any barriers which have arisen. Support plans are regularly changed to reflect achievements, new priorities or changing goals.

Monitoring is often informal and part of the day-to-day staff/client contact. When changes are noted with the client, the staff person responds. In addition to this a formal review process is important for checking the progress being made on the support plan.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in monitoring and review are:

- ***each client is provided with opportunities for ongoing assessment and reassessment of their needs, and the needs of any children;***
- ***each client is provided with the opportunity for the monitoring and review of their support plan, and direct service activities;***
- ***clients are directly involved in the monitoring and review process.***

DEVELOPING A MONITORING AND REVIEW PROCESS

The key tasks in developing a monitoring and review process may include:

1. Decide on the frequency of monitoring/reviewing.
2. Develop a tool for monitoring/reviewing (e.g. a review form).
3. Develop written policy and procedures.

1. Decide on the frequency of monitoring/reviewing.

When the worker and client meet to work on support plans, an arrangement should be made to monitor progress and to review the situation. The frequency of monitoring and reviewing will depend upon the client's needs and progress towards meeting goals.

If there is no progress in working through a support plan, do not let the situation drag on. Arrange a review to look at why things are not being achieved and make changes to the support plan if necessary. If you are unsure about what needs to happen, talk to the Coordinator/Manager.

2. Develop a tool for monitoring/reviewing.

Some services may use a review form to review the support plan. An alternative is to make notes on the support plan itself, or to develop a new support plan or make notes in the case notes.

CASE NOTES

Case notes should be used to record details of interaction with clients and interaction of other services regarding a client issue.

Staff need to be trained to make sure that only relevant and useful information is recorded, and that records do not include unnecessary worker opinions, or other service provider opinions, value judgements or assumptions. If it is necessary to record the worker's assessment of a situation, this should be clearly stated. i.e. "It is my assessment that…..".

It is important to record the following information:

- ***the name, position and phone number of contacts from other services;***
- ***times/dates of any appointments made and the outcome of these appointments*** ;
- ***the reassessment of needs and any changes to support plans.***

Note that case notes are used to record, monitor and review support plans, and to record the history of a client's involvement with the service. They are accessible to the client and staff only, but can be subpoenaed by Courts in legal actions.

3. Develop written policy and procedures.

The monitoring and review processes discussed are put into practise through the development of written policy and procedures, and through staff training in these procedures.

Policy and procedures on monitoring/reviewing could include:

- frequency of monitoring/review sessions;
- client involvement;
- tools to be used;
- privacy and confidentiality of client information.

Try to ensure that case management is a positive experience for the client. Reinforce their achievements, and try to make sure that there are always alternatives and further options when barriers are met.

CASE CLOSURE/EXIT PLANNING AND FOLLOW-UP

Case closure/exit planning involves planning for when a person will cease to be supported by SAAP .It also involves planning for when a person will exit SAAP accommodation for stable long term accommodation, and identifies any follow-up that may be required.

PRINCIPLES OF GOOD PRACTICE

The principles of good practice in case closure/exit planning and follow-up are:

- ***each client is offered the opportunity to participate in case closure/exit planning;***
- ***each client has a plan for case closure which assists them to maintain and continue their achievements in the future;***
- ***the need for follow up is assessed with each client.***

DEVELOPING A CASE CLOSURE PROCESS

The key tasks in developing a case closure process may include:

1. Determine when case closure will occur.
2. Develop tools for case closure (e.g. a client exit form).
3. Identify appropriate community resources.
4. Develop a policy on follow-up.
5. Develop written policy and procedures.

1. Determine when case closure will occur.

Services should be clear at the outset about how long clients can stay or be supported by the service and/or what are the indicators for case closure. These may include:

- **achievement of goals;**
- **client's ability to work on goals without support;**
- **attainment of long term secure housing;**
- **client wishing to discontinue with the service;**

- transfer of case management to another service;
- likelihood of further gains or progress.

2. Develop tools for case closure.

Services need to determine what information they need to record when a client exits a service, or when the case is closed, and how that information is to be recorded.

Client Exit Form

A Client Exit Form may be used to record exit details and any follow-up plan (see example form in Section 3: An example of Case Management in an Outreach Service).

Exit Planning Checklist

An alternative to a Client Exit Form is to keep a checklist of the kinds of information you may need to record when a client leaves. This checklist can be used as a prompt and the information recorded on case nots. A detailed Exit Planning Checklist is provided below. Use this checklist to develop a checklist of relevant information to be recorded for your service.

3. Identify appropriate community resources.

Case closure and exit planning includes identifying the ongoing support needs of clients, and where possible linking them in with relevant supports in the community. This could include their own network of friends, relatives, cultural group and support groups as well as other service providers.

Services need to identify relevant services and they should be included in the Directory of Services discussed above under Coordination.

4. Develop a policy on follow-up.

Services may provide follow-up through their own staff, or may arrange follow-up through referral to other services in the community. The type and amount of follow-up required will depend upon the needs of the clients and the resources of the service.

5. Develop written policy and procedures.

Case closure/exit planning and follow-up processes are put into action through the development of written policy and procedures, and staff training in these procedures.

Policy and procedures for case closure/exit planning and follow-up may include:

- when will case closure occur;
- information to be recorded and the tools to be used;
- follow-up that may be provided;
- paper work that needs to be completed.

SOME POINT ON CLOSURE

- ***Client exit information is ideally completed by the worker and client together.***

  It provides the worker and service with useful feedback, and gives the client an opportunity to reflect on achievements and continuing needs. It also identifies the follow-up that is required and how it can be provided.

  It is recognised however, that many clients leave SAAP services at short notice and without any planning. In these cases, write up the case notes and National Data Collection Form and close the case.

- ***When should a case file be closed?***

  An 'Open Case File' is the file on a client whom the service is currently working with in an ongoing capacity.

  Case files should be closed when:

  - ***a client leaves a SAAP service and no follow-up is being provided;***
  - ***the follow-up provided to an ex-client is finished;***
  - ***the client and the case worker agree that no further support is required.***

- ***How long should files be kept?***

  Generally, consideration should be given to keeping client files for five to seven years after the case has closed, to allow for the possibility of a person taking legal action, in which the client file may be required. However, the legal requirements may differ from State to State and services should check the requirements for your State or Territory.

CASE CLOSURE/EXIT PLANNING/FOLLOW-UP INFORMATION CHECKLIST

(Use this checklist to develop your own service checklist on case closure/exit planning/follow-up)

Date

Number of days accommodated

Housing details after client left the service

- ☐ Private rental
- ☐ Public housing
- ☐ Relatives
- ☐ Friends
- ☐ Shared
- ☐ Caravan
- ☐ Returned to previous address with partner
- ☐ Returned to previous address without partner
- ☐ Another refuge

Area client moved to

- ☐ Surrounding area
- ☐ Another town
- ☐ Another state

What services has the client accessed?

What were the outcomes for the client?

Has hardships of clients and dependents been reduced?

Has the recurrence of homelessness been stopped?

Has the recurrence of an activity or behaviour been prevented (substance abuse, child abuse)?

What presenting problem/s have been solved or minimised?

Any problems with

- ☐ Support
- ☐ Management plan
- ☐ Outcomes not being achieved

Has a follow-up plan been negotiated?

Follow-up

- ☐ Home or agency visits
- ☐ Visits by primary worker
- ☐ Phone calls from workers
- ☐ Ex-resident support groups
- ☐ Other community groups
- ☐ Outings
- ☐ Children's follow-up needs
- ☐ Other ongoing needs or support
- ☐ NDCA form completed

EVALUATION

Evaluation is undertaken by clients and provides feedback to service providers on the service/s received by the clients. Workers may also be involved in evaluation by providing feedback on the effectiveness of services provided to clients.

PRINCIPLES OF GOOD PRACTICE

***The principle of good practice in evaluation* if:**

- ***each client should be given the opportunity and support to take part in an evaluation of the services provided.***

DEVELOPING AN EVALUATION PROCESS

The key tasks in developing an evaluation process may include

1. Decide on the kind of evaluation to be undertaken.
2. Develop evaluation tools (e.g. client feedback forms).
3. Develop written policy and procedures.

1. Decide on the kind of evaluation to be undertaken.

There are many different approaches to evaluation and in practise services may use a range of methods. Evaluation methods include:

Consumer Satisfaction Survevs

Some services use a client evaluation fonr or satisfaction form to gain feedback from clients on the services provided. A very brief form may be given to clients before they leave the service. Forms can be completed then, or at a later date and returned to the service.

Clients need to be aware that their feedback is anonymous and confidential. Some services direct responses to the service management rather than the staff to give some degree of independent analysis of client feedback.

Many services, however, find that these surveys provide limited feedback and are of little value. Very few forms tend to be returned and the information is usually of poor quality.

Targeted Consumer Satisfaction Surveys

Another method to gain feedback from clients is to select a small proportion of clients (one or two per month) and ask for their participation in a more detailed survey. Responses may be gained in a face-to-face interview, with the clients using a semi-structured interview schedule which permits probing of client responses.

This type of survey is much more likely to gather detailed and useful feedback, however negative feedback may be deterred because of the non-random selection process of participants and the use of the face to face interview to gain responses.

Focused Evaluation

A further method of gaining client feedback in evaluating services is for services to focus on one aspect of their service at time, and to survey all clients over a short period of time in regard to that issue.

For example, a service may wish to evaluate their assessment process. A short questionnaire or interview schedule would be developed to gain client feedback on different aspects of the assessment process over a fixed period (say eight weeks). This may include the following:

- The timing of assessments;
- The worker carrying out the assessment;
- The environment;
- The forms/paperwork used;
- The range of areas covered;
- Any gaps or omissions;
- Assessment of children's needs;
- The perceived relevance of the information collected.

Client feedback is only one part of the evaluation. Feedback from workers and other service providers is also important. Services also need a clearly defined process to make sure that feedback is analysed and used to improve service delivery.

2. Develop evaluation tools

Evaluation tools will vary depending on the model of evaluation used. They may include a standard anonymous consumer satisfaction survey, or detailed interview schedule.

Example evaluation tools are provided in Sections 3-7

3. Develop written policy and procedures

The development of written policy and procedures, and staff training assists services to put the processes developed above into practise.

Policy and procedures on evaluation may include:

- The model of evaluation to be used;
- The number or proportion of clients to be targeted;
- The frequency of evaluation;
- The tools to be used;
- The involvement of staff and management members;
- The analysis of the evaluation results;
- Making use of evaluation information in service planning , and in reviewing policy and practices.

TYING THE ELEMENTS OF CASE MANAGEMENT TOGETHER

The eight key elements of case management described above come together to form a comprehensive case management approach to service delivery.

Figures 1.2, 1.3 and 1.4 over the page, shows how these elements translate into practise.

Sections 3 to 7 of this Resource Kit provide examples of case management approaches in a variety of service types. These are:

Section 3: An Example of Case Management in an Outreach Service.

Section 4: An Example of Case Management in a Women's Refuge.

Section 5: An Example of Case Management in a Youth Refuge.

Section 6: An Example of Case Management in a Transitional Accommodation Service for Families.

Section 7: An Example of Case Management in a Day Centre for Single Adults.

In addition, a Service Checklist for Developing Case Management Policies is provided at the end of this section to assist services to identify areas where policy development is needed. Section 8: Example Policy and Procedures File provides examples which will assist services in developing policy.

Figure 1.2: Flowchart for Case Management In a Non-Accommodation Service

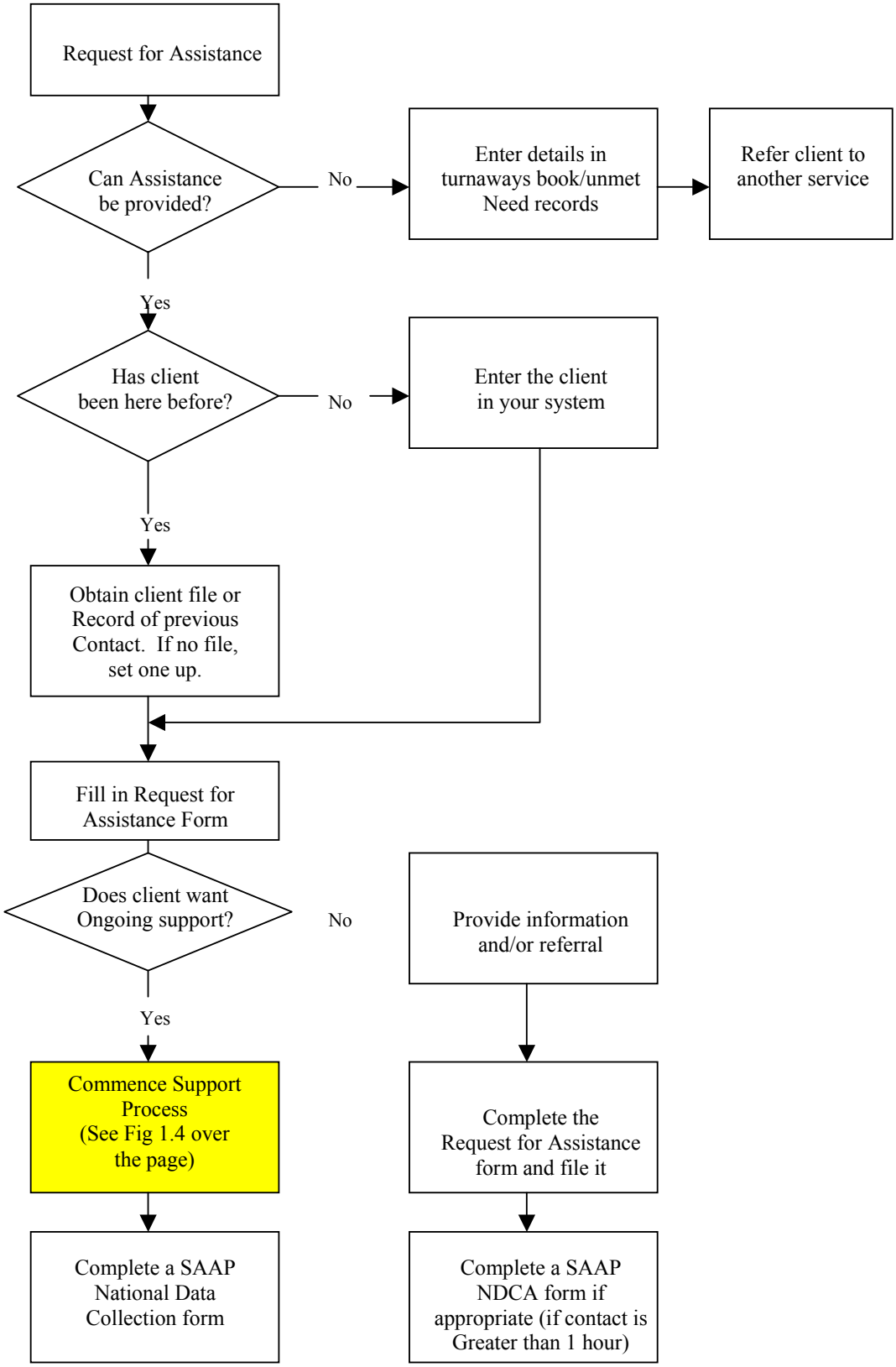


Figure 1.3: Flowchart for Case Management in an Accommodation Service

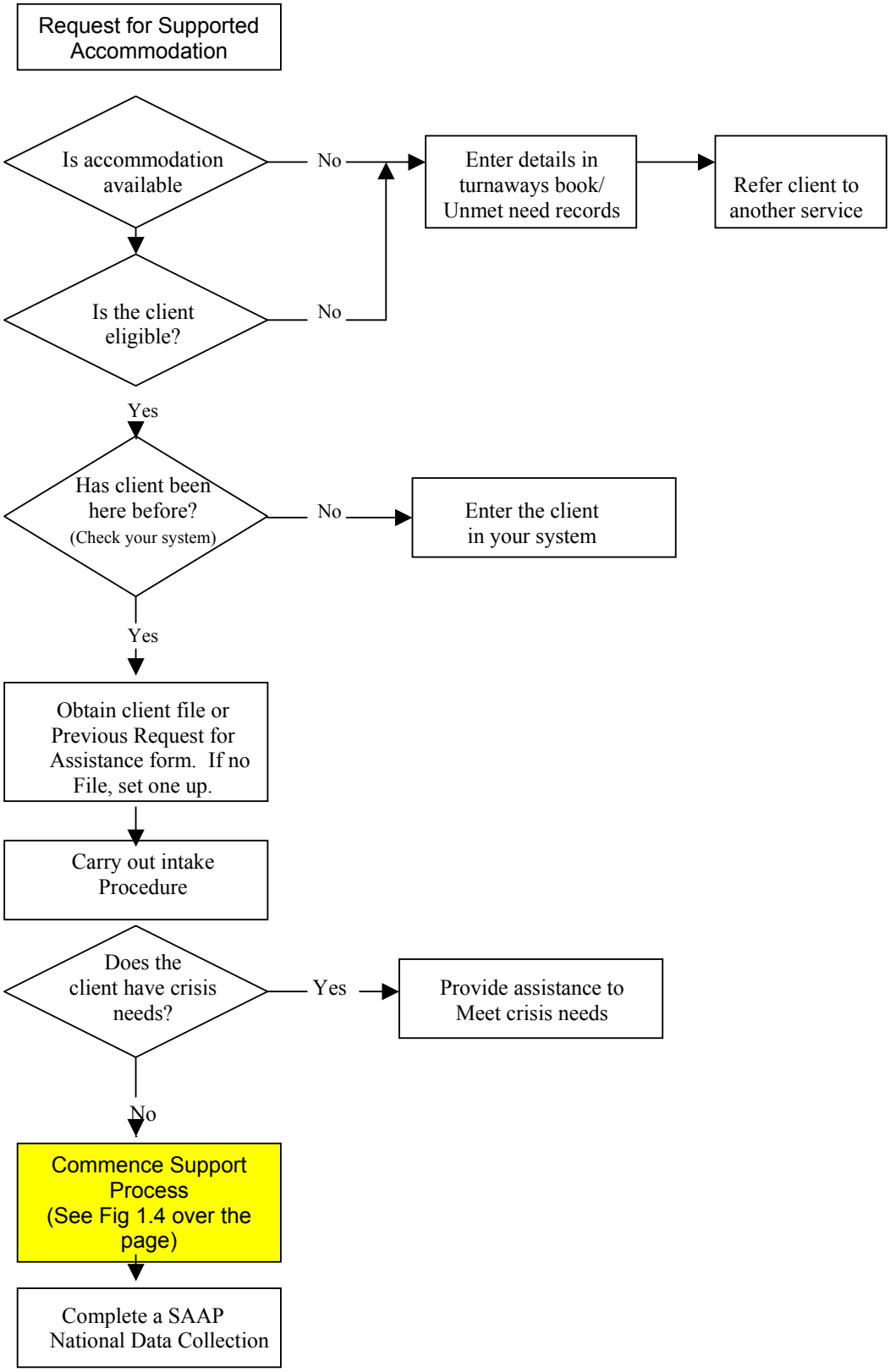
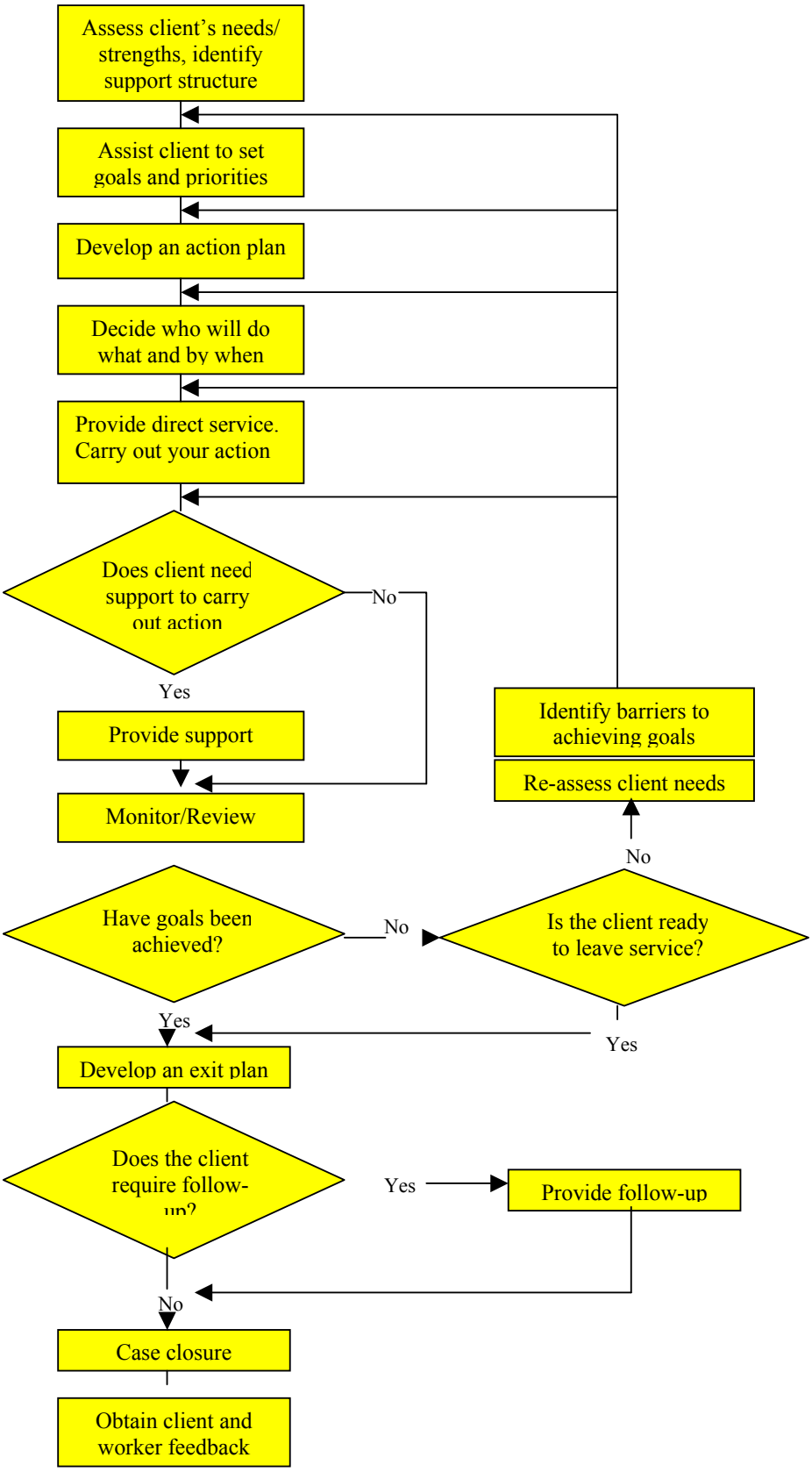


Figure 1.4: Flowchart for the Case Management Support Process



Bare essentials of case management

At a bare minimum, a case management approach to service delivery requires services to:

- ***Build up your networks with other services in your region and record information about how to access other services that may assist your clients;***
- ***Keep a file on each client that you have more than a one-off contact with;***
- ***Gain the client's involvement in support planning;***
- ***Look at the client's whole situation (including previous contact with the service) when assessing their needs and strengths;***
- ***Develop a support plan to address the client's needs;***
- ***Follow up the support plan and review it with the client;***
- ***Close the client files when you are no longer in regular contact with the client.***

IMPLEMENTING SAAP CASE MANAGEMENT

SAAP services are already doing case management to a greater or lesser extent. In order to implement a full case management approach, or formalise existing procedures, a planned approach is needed. An example implementation plan for SAAP case management is described below in Figure 1.5.

An overview of case management is provided as a Microsoft PowerPoint presentation on disk and also as overheads in Section 10. This provides an 'Introduction to Case Management' and may be useful for staff and committee training.

FIGURE 1.5: SAAP CASE MANAGEMENT EXAMPLE AGENCY IMPLEMENTATION PLAN

Tasks/Steps	Timeline
1. Management committee meets and makes a commitment to implement the SAAP case management approach.	Month 1
2. Management committee nominates a sub-committee (or the Coordinator) to do the work for implementing case management. The Sub-committee may be made up of the Coordinator, one or two staff members and a committee member.	Month 1
3. Sub-committee to work through the 'Service Checklist for Developing Case Management Policies' to identify those areas in which policy, procedures and other documents need to be developed, and to finalise the timeline for implementation.	Month 1
4. Sub-committee to inform agency staff about the case management approach including this implementation process and what case management will mean for agency practise.	Staff meeting Month 1
5. Sub-committee to meet with all staff to explore current policy and practises for case management and staff ideas for change. Staff to be kept up-to-date on implementation at all future staff meetings.	Month 1
6. Sub-committee to hold two one-day planning sessions to develop draft policy and procedure documents, and to identify any other changes which need to be made in the agency to support the implementation of SAAP case management. (The documents in the Case Management Resource Kit for SAAP Services will be useful in this.)	Month 2 and 3
7. Coordinator to meet with staff individually to identify training requirements in relation to core competencies for case management. An ongoing training program to be developed to address staff skills and competencies.	Month 2 and 3 ongoing

8. Sub-committee to present draft policy and procedure document and training program to the management committee for endorsement.	Month 4
9. Coordinator presents training to staff on the new policy and procedures	Month 5
10. Sub-committee reviews all position descriptions and other staff operating manuals to ensure that they reflect new policy and procedures.	Month 5
11. The service training program to be implemented.	Month 5 and ongoing
12. Coordinator to arrange printing of new materials.	Month 6
13. Coordinator presents second round of training to staff on the new policies and procedures.	Month6
14. New work practices introduced.	Month 6
15. Coordinator distributes new materials to relevant community groups with a letter explaining any changes in service delivery practices.	Month 6
16. Coordinator to implement regular supervision of staff to ensure they receive appropriate support and training in relation to case management.	Month 9 ongoing
17. Coordinator to implement yearly performance appraisals of all staff with a focus on ensuring they are working in line with new policy and procedures, and the case management approach.	Month 9
18. Sub-committee to review the implementation of the case management approach and report to the management committee. (This will include working through the 'Service Checklist for Developing Case Management Policies' again, to identify strengths and weaknesses.)	Month 8
19. Client reviews carried out to ensure that the delivery of client services is in line with the case management policy and procedures (e.g. all clients have received a Consumer Handbook and had it explained to them, all clients have written Support Plans.)	Month 9 ongoing
20. Coordinator to present written report to the management committee on the progress of the implementation.	Monthly ongoing

MAKING THE JUMP FROM THE BOOKSHELF INTO PRACTISE

In order to make sure that case management policies and procedures developed by services are put into practise, the following suggestions are made:

- Provide training to all staff in the new case management policy and procedures;

- Identify the strengths and weaknesses of staff and develop a training program to ensure that staff have appropriate levels of skills and competencies;

- Include on the agenda for management committee meetings a fixed item – 'SAAP Case Management Implementation'. Sub-committee of Coordinator could provide a report;

- Include on the agenda for staff meetings a fixed item – 'SAAP Case Management Implementation';

- Include case management policy and procedures in staff and committee orientation sessions;

- Make it the responsibility of the Coordinator to ensure that Case Management Policy and Procedures are maintained;

- Amend staff position descriptions to reflect the case management approach. For example:

  - the coordinator is responsible for ensuring that staff receive appropriate training and support, and that all policy and procedures are implemented
  - position descriptions could specify that staff are to work in accordance with the case management policy and procedures of the service
  - staff tasks detailed in the position descriptions could reflect the case management policy and procedures;

- Staff supervision and performance appraisals should monitor staff's performance in following the case management approach of the service;

- Client feedback/evaluation should be used to double check that the case management approach is being implemented.

Service Checklist for Developing Case Management Policies

Services should have policies and practices for each of the following areas.

Check them for your service.

RECORD KEEPING

Yes	No	
☐	☐	Do you have clear guidelines and record keeping and data collection systems? Do these cover: ☐ what information to include in case notes? ☐ client's right of access to information held about them? ☐ written support plans? ☐ recording re-assessment/review information?
☐	☐	Do you have guidelines and procedures to protect privacy and confidentiality? Do these cover: ☐ secure storage of client records? ☐ how long records will be kept and method of disposal? ☐ confidentiality of data collection? ☐ private interviews with consumers? ☐ obtaining consumers consent prior to passing on any information about him/her? ☐ the right to physical privacy? ☐ clear specifications of what information can be released to other groups or individuals?

ENTRY/SCREENING

Yes	No	
☐	☐	Do you have a clear statement of purpose, philosophy and outcomes for your service?

Yes	No	
☐	☐	Have you clearly defined your target group?
☐	☐	Is your service promoted well amongst key agencies in your area?
☐	☐	Do you use an interpreter service when required?
☐	☐	Do you have clear and simple written information for consumers explaining your service, and how they can obtain it? Is this available in the key languages in your area?
☐	☐	Do you ensure your services are delivered without discrimination?
☐	☐	Is the client informed of all services available from your agency and from other agencies?
☐	☐	When you are unable to meet the needs of a customer, do you link them in with appropriate agencies?
☐	☐	Do you have a written complaints procedure? Is it clearly explained to clients?

ASSESSMENT

Yes	No	
☐	☐	Do you have a clear assessment procedure to identify individual client needs? Does it include: ☐ the timing of assessments? ☐ use of assessment form or check list? ☐ assessment of the needs of children? ☐ documentation of assessment of their needs? ☐ recording the client's assessment of their needs? ☐ the broad range of client needs and circumstances? ☐ involvement of other services?

PLANNING

Yes	No	
☐	☐	Do you use written support plans?
☐	☐	Does the client get a copy of the support plan?

DIRECT SERVICE

Yes	No	
☐	☐	Do you have written guidelines on all the services/supports you provide?
☐	☐	Are your services sensitive to the consumer's cultural background?
☐	☐	Are consumer's rights and responsibilities explained to them when they first use your service?
☐	☐	Do you have written information on your service, and client rights and responsibilities which is given to all clients?
☐	☐	Do you have policies and procedures to ensure client safety?

Do they include:
- ☐ client medication?
- ☐ critical incidents?
- ☐ duty of care?
- ☐ staff code of conduct?

COORDINATION

Yes	No	
☐	☐	Do you liaise with other agencies in your region to make sure that services are well coordinated?
☐	☐	Do you have written protocols with other services?

Do they include:
- ☐ referral processes?
- ☐ procedure for deciding who will provide case management?
- ☐ policy regarding sharing of client's information?

Yes	No	
☐	☐	Are clients provided with information on other services relevant to their needs?

MONITORING AND REVIEW

Yes	No	
☐	☐	Do you have a policy and process for monitoring and reviewing client needs?
☐	☐	Are the needs of clients regularly reviewed and support plans adjusted in consultation with the client?

EXIT PLANNING/CASE CLOSURE AND FOLLOW-UP

Yes	No	
☐	☐	Do you have a process for case closure/exit planning and fo11ow-up? Does it include: ☐ informing client of approximately length of stay in service? ☐ identifying achievements and supports available? ☐ assessing the need for follow up? ☐ when to close a case?
☐	☐	Do you have a documented policy for evaluating case management? Does it include: ☐ client feedback?

STAFF MANAGEMENT

Yes	No	
☐	☐	Is staff accountability clearly stated?
☐	☐	Are staff competencies identified?
☐	☐	Do position descriptions reflect staff competencies?
☐	☐	Do you have a written staff recruitment process?

Yes	No	
☐	☐	Do you have an orientation process for staff?
☐	☐	Do you have written processes for dealing with critical incidents?
☐	☐	Do staff receive regular support and supervision sessions?
☐	☐	Are staff appropriately trained in all aspects of case management?
☐	☐	Are staff ware of their legal responsibilities and their duty of care?
☐	☐	Are staff trained in cross-cultural issues and use of interpreter services?