Handout 1: The Case Management Process

Case Management is an approach to service delivery. It is one way of delivering services. Many community agencies 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. Many clients need and use a wide range of services including housing, income, health, employment, education and training. For these reasons the Case Manager has to be a coordinator, and advocate and counsellor.

The Role of a Coordinator
1. Assesses the client's problems and the need for assistance from other helpers.
2. Develops a case plan.
3. Assists the client in making effective contracts with these helpers.
4. When necessary, facilitates communication among helpers to reduce conflicts and increase the effectiveness of the resource network.

The Role of an Advocate
1. Makes the needed assistance available.
2. If expectations/demands are overwhelming for a client, the Case Manager acts as an advocate to moderate the demands or to lessen the cost of not meeting the demands.

The Role of a Counsellor
1. Works with the client to help them develop and maintain a resource network for themselves.
2. Develops a relationship with the client, which permits an examination of any difficulties in the client's behaviour and facilitates the development of more useful patterns.

The Carmen Poldis Community Centre has identified eight key elements of Case Management. Figure 1 below shows how these tasks fit together. Note they are not simply carried out as steps one to eight. One or more tasks may occur at the same time and in practice, 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.
Handout 2: Initial Contact

This is the starting point for gathering and assessing information about the applicant so as to establish eligibility and evaluate the need for services. At CPCC the data gathered during the initial contact is basic and demographic: age, marital status, educational level, employment information and the like. Other information may be obtained to provide detail about aspects of the client's life - for example, medical evaluations, social histories and educational reports.

Workers need to be very clear about who their target groups are, what the criteria for admission are and what the service can provide. If any of the services within CPCC are unclear about this it leads to a lack of consistency and confusion for clients.
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 CPCC, this should be checked with the program coordinator.

- 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.
Handout 3: Assessment

The Functions of Assessment

- Assessment should revolve around what the client is requesting
- It is not necessarily appropriate for everyone to receive the same assessment
- Gather information on the client and see their life as a whole rather than just a problem
- Interpret this information in the light of treatment, objectives and strategies
- Develop a two-way interaction, which gives the worker and the client time to develop rapport
- Gain information in order to be able to decide on appropriate interventions
- Gain information for appropriate referral

The Process of Assessment

The role of the worker in conducting an assessment is to:

1. Prepare themselves prior to the interview taking place by becoming familiar with the assessment form and procedure of their agency.
2. Prepare the interview room so that it is comfortable for both the client and the worker.
3. Initiate contact and establish a trusting relationship.
4. Explain the parameters to the client e.g. how long an assessment should take, what will follow, confidentiality issues.
5. Listen attentively to feelings communicated both verbally and non-verbally.
6. Acknowledge any discomfort or distress the client may be feeling and recognize that it may be very difficult to ask for help or answer personal questions from a stranger.
7. Invite the person to describe their own needs and explain why they are there by asking open questions.
8. Choose a culturally appropriate way of communicating.
9. Explain the role of the worker and the client and their responsibilities.
10. Clarify questions of confidentiality.

11. Recognize the worker's own emotional reactions to the client, making sure they don't stereotype the person, over-identify with them or de-power them.

**Assessment Phase**

Part of the function of assessment is to gather information on the client and for the worker to get a sense of who they are. The assessment phase is also to:

- Ascertain where the client is now, and where they have been in the past
- Give a context to help the worker understand the client's history, and how their problematic behaviour relates to it
- Identify inner and outer resources
- Use this information to form ongoing strategies and objectives
- Ensure client participation. Make clear that the client will be involved in all phases of the process.

**Social History (Including Family and Personal History)**

- Provides information about the way a client experiences problems
- Provides information about past problem solving behaviours
- Gives insights into interpersonal relationships
- Allows the client to relate their story in their own words
- This phase can help the building of trust.

**Beware**

- Of excessive questioning. It's not an interrogation.
- Of getting bogged down. The client is the main concern, not the paperwork.
- It's not a therapy session.
- Don't overlook possible resources like family and friends.


**Assessment Tools**
Information is recorded using an assessment form and/or using case notes. Separate assessments may be noted for each member of the family.

- The usual tool for assessment is an assessment form, which provides for a number of fixed questions to be completed for clients.

- An assessment checklist can also be used as a prompt for areas to be discussed with the client. When using a checklist assessment information can be 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.

**Written Policies and Procedures**

The Carmen Poldis Community Centre has written policies and procedures that direct the assessment process. These include:

- 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
- Assessing the client's strengths as well as needs. A support plan which builds upon strengths is most likely to have success
- 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.

**As Workers We Need to Remember**

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 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. It may be several days before they are ready to think about longer-term needs.
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.

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**Handout 4: Case Management Plan**

Planning

Planning is a process focused on identifying client needs, clarifying goals and hopes, setting priorities and identifying steps/actions necessary to achieve this. 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 the client as identified in the assessment process. The formulation of the case management plan:

- Establishes goals and expectations and identifies appropriate services for each client as perceived by the client
- Is developed on the basis of information collected during the assessment process
- Assists each client to identify short-term and long-term goals, and action plans.

**Developing a Planning Process**

The key tasks in a planning process could include:

- **Identifying appropriate community resources.** Services need to be aware of the other services and resources available in the community which may be able to assist CPCC clients. (e.g. develop a directory of services)

- **Developing a tool to assist the service such as a support plan.** It provides a written record of the plan, which the service and the client have developed together to meet the client's needs. Client issues which may be addressed in the support plan include the following:

  - What does the client need in the immediate future to stabilize 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 the client can take?
• What action can be taken by the agency?
• Time frames for action.

• **Developing a tool to assist clients.** Clients should be given a copy of the support plan.

• **Developing written policies and procedures** including:
  • 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.

**As Workers We Need to Remember**

• **Goals should be achievable.** If the goals are broad they need to be broken into smaller groups. 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 the Carmen Poldis Community Centre and should lead towards case closure.

**Resistance to Planning**

Resistance may occur in the following forms:

• Disbelief that things can change

• Cynicism

• Inability to think clearly

• Inability to organize themselves

• Lack of motivation

• Impatience.

**Ways to Counter this Resistance**

• Empathy
• Encouragement

• Positive Approach

• Work with others such as close friends, counsellors.

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**Handout 5: Direct Service**

Direct service involves actual work with and for the clients including the provision of services such as information, accommodation and referrals. Each client has a right to:

• be assisted and responded to in critical situations that aim to ensure client safety and the safety of others;

• achieve his/her individual case plan;

• receive relevant information regarding needs and options.

The provision of direct service to clients at CCPC 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.

• A statement of client rights and responsibilities which include confidentiality of client information, client control, client involvement in service management and information for clients.

• Client complaint forms and client feedback forms.

• Having information available to clients in their own language setting out the services available, clients' rights and responsibilities and rules and complaints procedures.

• The safety of staff and clients.

• Duty of care.

• How a client's medication needs will be handled including storage, dispensing, disposal and recording of medication. It is necessary to act with caution, as there are legal implications of medication being administered by unqualified people.

• Ensuring services are delivered by staff that are properly trained, resourced and supported.
- Record keeping which includes how client files will be kept, what information will be recorded and who has access to the files.

### Handout 6: Coordination

Coordination in relation to Case Management involves having an understanding of the role of other services and developing cooperative 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 what 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. Identifying relevant services - having a directory of services.
2. Networking with other services. This helps services identify common issues and any possible gaps or duplication of services.
3. Developing interagency protocols (e.g. procedures for making and receiving referrals).
4. Developing case conference guidelines.
5. Developing tools for coordination (e.g. a referral form and a client consent form).
6. Developing written policy and procedures.
Making a Referral

Referring a client to another service involves much more than just giving out a phone number. It 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 for which the client is being referred
- Providing the service with the necessary information about the client that they may 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, accompany the client to the service
- Where relevant, follow up to make sure that the agency has been able to assist.

Informed Consent

Permission from the client should be given before any information about them or their children is given to another agency. Wherever possible this permission should be 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.

Developing Tools for Coordination

Relevant tools for coordination with other services may include a referral form and a consent form for the release of information to or from another service.

Developing Written Policy and Procedures

The coordination processes are put into practice 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.

Handout 7: Monitoring and Review

Monitoring is the process of reassessing needs and revising the support plan to keep 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 barriers which have arisen. Support plans are regularly changes 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. **Deciding 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
review will depend upon the client's needs and progress towards meeting goals.

2. **Developing 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.

3. **Developing written policy and procedures and providing staff training.** Policies and procedures may include:

   - Frequency of monitoring/review sessions
   - Client involvement
   - Tools to be used
   - Privacy and confidentiality of client information.

**Things to Remember**

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.