

## 5.4 CCS CASE MANAGEMENT

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### POLICY STATEMENT

CCS WITHIN ITS FAMILY SERVICES AND HOUSING PROGRAMS PROVIDES CASE MANAGEMENT TO VULNERABLE FAMILIES USING THE BEST INTEREST PRINCIPLES FRAMEWORK AND THE SAAP CASE MANAGEMENT FRAMEWORK OF PARTICIPATORY INTERVENTION WITH FAMILIES. INCLUSION IN THE PROGRAM IS VOLUNTARY ISSUES ARE ADDRESSED THROUGH PARTICIPATORY PLANNING WITH FAMILIES. THE FAMILIES WE WORK WITH PRESENT COMPLEX ISSUES WITH MENTAL HEALTH OR ALCOHOL AND OTHER DRUG ISSUES, HISTORIES OF LIVING WITH DOMESTIC VIOLENCE, SERIOUS HOUSING AND ECONOMIC STRESS AND HEALTH AND BEHAVIOUR MANAGEMENT ISSUES FOR PARENTS, YOUNG PEOPLE AND CHILDREN. FAMILIES ARE ASSISTED THROUGH A VARIETY OF SOCIAL WORK INTERVENTIONS TO SUPPORT AND STRENGTHEN PARENTING AND PARENT CHILD RELATIONSHIPS, CHILD DEVELOPMENT, AND ADVOCACY TO PROMOTE AND FACILITATE FAMILY'S CAPACITY TO ACCESS COMMUNITY AND CULTURAL CONNECTIONS, SERVICES AND SOCIAL SUPPORT NETWORKS.

#### 1. POLICY OBJECTIVE

The objectives of this policy are to ensure,

- CCS uses a case management model of working with clients that is guided by the Best Interest Principles Framework and the SAAP Case Management model.
- CCS adopts the definitions and understanding of case management developed by the Best Interest Principles Framework and the SAAP Case Management model.
- CCS recognizes that case management is client driven. The extent to which it is undertaken will depend upon the client's wishes and their level of commitment to the process.
- CCS will use interpreters (community languages and Auslan) where required for effective case management. CCS will follow the key elements of case management model namely intake/screening, assessment/risk management, case planning, implementing service arrangement, coordination, advocacy, review and evaluation.

#### 2. DEFINITIONS AND ACRONYMS

##### Definition Case Management

CCS has endorsed the SAAP definition: *Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs through communication and available resources. It incorporates both 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. Case management refers to the management of service provision not to the management of people. (SAAP Case Management Model)*

**Assessment:** An interactive process between Clients and Case worker which identifies client needs and informs clients about appropriate services, resources and options.

**Empowerment:** The concept of empowerment within case management involves clients having the opportunity for maximum participation in decision making about their lives, to enhance their capacity to recognize choices and to exercise greater control – e.g. In relationships, over information, access to and uses of resources and skills, etc. It is an approach to case work which always promotes and enhances client's self worth, their skill and beliefs in themselves, their learning abilities and decision making capabilities.

**Inclusiveness:** CCS provided an inclusive service which respects and accepts the uniqueness of each individual including their values, beliefs, and capacities, cultural and religious background and how they define and identify themselves.

**Case Manager:** The primary case manager is the worker responsible for the coordination and implementation of support to a client and/or their family where relevant, in conjunction with other team members and their supervisor, and other service providers where required.

**Team Approach:** Working cooperatively and supportively with other colleagues towards the achievement of clients' goals according to CCS's overall mission and policies.

**Supported Referral:** The process by which a client and accompanying children is assisted to access and maintain the use of appropriate services and opportunities.

**Case File:** The documentation of information relevant to the client's goals, including tasks carried out by the CCS case manager and other relevant documentation as part of the administrative responsibilities.

**Outcomes:** The results for the client and accompanying children of the interaction between the service and the client.

**“Need to Know” Principle:** Consistent with the *Privacy Act 2000 (Vic)* and the *Health Records Act 2001 (Vic)*, information about, or related to, clients and accompanying children and essential to case planning and support can only be disclosed to people who need to know in order to contribute to the management or assessment of the clients' and accompanying children's needs and then only with the client's verbal and/or written consent (preferably written where this is possible). The exception to this are particular circumstances (detailed in the Acts' disclosure section) which should be discussed with and determined by the client in discussion with the primary case manager and supervisor. The client should also be informed which people within CCS will have access to their information or files. The amount of information disclosed must be limited to those details that are relevant to the required intervention or support need. (N.B. the Children's Youth and Families Act 2005 can override the Privacy Act 2000 where there are safety and well being concerns.)

**Supervision:** Structured meeting between the staff member and their supervisor with the aim of:

- Achieving greater self awareness about their work with clients
- Gaining information, knowledge and skills to assist their work.
- Accounting for their work, including developing goals, implementing plans and reviewing activity.
- Receiving support (including debriefing and acknowledgement for good practices).

The structure of the Best Interest Principles Framework and the SAAP Case Management Model integrates elements of the Victorian Risk Framework, the principles of the *Children, Youth and Families Act 2005 (CYFA)* and The Aboriginal Cultural Competency Framework into the practice of assessment, planning and action with particular emphasis on the child's safety stability and development.

Case Management is a service delivery approach now widely adopted across diverse settings in the human services and health sectors.

CCS **best practice model** in Case Management requires:

1. Organisational arrangements to support service delivery,
2. Staff who have been trained for the approach and its application to the particular practice setting and
3. Strategies to ensure that the organisation can be responsive to evidence from practice and advocate for systemic and policy change to support service delivery.

The **principles** that underpin Case Management are:

1. Workers operate within the agreed framework of principals, standards and ethics which enhance client choice and responsibility.
2. Individualised service delivery based on comprehensive assessment that is used to develop a case plan.
3. The plan is developed in collaboration with the client and reflects their choices and preferences for the service arrangements being developed.
4. The goal is to empower the client and ensure that they are involved in all aspects of the planning and service arrangement in a dynamic way.
5. The Best Interest of the child will remain the priority with CCS's case management approach as part of the Best Interest Principles Framework.

### 3. SCOPE

All CCS Direct Service Staff and supervisors

### 4. RELATED LEGISLATION, POLICY AND PROCEDURES

Privacy  
 Feedback Complaints  
 ChildFIRST Central Referral and Allocation  
 Code of Ethics  
 CCS Service Charter  
 Children, Youth and Families Act 2005 (CYFA)  
 Victorian Charter of Human Rights and Responsibility 2007;  
 Victorian Equal Opportunity Act 1995  
 Racial and Religious Tolerance Act 2001;  
 Disability Discrimination Act (State and federal)  
 Race Discrimination Act (Commonwealth) 1975;  
 Sex Discrimination Act (Commonwealth) (1975);

### 5. SUPPORTING PROCEDURES

The **Case Manager** coordinates the case management process by;

1. Consulting key service providers, with the clients' consent, to ensure that the plan is developed appropriately and clearly agreed.
2. Monitoring for effective and accountable service provision based on the clients specified and desired outcomes.
3. Maintaining quality in service provision for individual clients and the wider target population.
4. Providing links to specialist services to address particular needs of the client group.

The Case Management approach recognises that clients with complex and multiple needs will access services from a range of service providers and the goal is to achieve seamless service delivery. The concept of Case Management is based in service provision arrangements that require different responses from within organisations and across organisational boundaries.

**The core elements of the Case Management process are:**

- entry/screening
- Initial assessment
- case planning
- Direct Service/coordination
- review

- advocacy
- Exit planning
- Evaluation

For Case Managers working within family and housing services utilises the Best Interest Principles Framework and SAAP case practice models across all stages of case management when working with vulnerable children and families.

Case management is flexible, timely and tailored to ensure the needs of the individual are met.

The involvement of clients in needs identification and in decision making is a basic tenet of practice. The case manager and the client can share responsibility for certain case management tasks and, thus, maximize client involvement in decision making and problem solving. Sharing case management functions mobilises the client and the client's family, enables them to use their abilities, and empowers the client by giving the client more control of the services he or she is receiving. However, collaborative decision making should occur to determine the appropriate allocation of tasks.

### **CCS Assertive Outreach**

CCS case managers engage and develop rapport with the client group in assertive outreach mode. The definition of assertive outreach is that staff visit clients where they are: for example, in their home or any other safe location that the client identifies themselves. Therefore, staff visit clients in their usual or familiar environment. Service delivery is not dependant on the client turning up to the service centre for appointments. Staff endeavor to develop rapport and trust as part of the initial phase of engagement.

Assertive outreach means bringing services to people, demonstrating flexibility and creative ways of meeting their needs. For some clients this may mean meeting outside of the home environment for reasons such as mistrust due to past trauma experiences within their countries of origin, and/or family violence issues that may prevent home visits due to safety issues for them and workers. This process of delivering will meet an immediate response in service delivery and is instrumental in motivating and influencing clients to act on unmet needs.

The assertive outreach approach actively engage families in their own environment; in-home support comprising both practical, hands-on assistance and more structured support in areas such as parenting skills development; and purchase of goods/services through an emergency relief -fund, which provides material aid for families in need.

CCS will in special circumstances conduct unannounced visits where there are well-being concerns for the children within the family to ensure the Best Interest Principles Framework.

Many families referred into CCS family support services may not attend appointments the office due to lack of transport, safety issues, multiple children, or due to appointments scheduled with other services.

Engagement may require a range of strategies such as assertive outreach in order to make CCS more accessible. Strategies required may include:

- Phone contact
- Letters offering information and appointment times
- Home visiting
- Joint visits with another CCS worker, community-based child protection worker or a worker from another agency that may have a relationship with the client.

### **Supporting Procedures**

Paperwork that must be completed for each client and maintained in the client's file includes:

- CCS and ChildFIRST client referral information
- Privacy forms
- Client Consent form
- Best Interests Assessment form (must be completed within first four weeks)
- Working Agreement
- Child & Family Action Plan

- Genogram
- Client Documentation Checklist
- Case notes
- Client Review form
- CCS Case Closure form
- ChildFIRST Closure form

Clients are provided with a copy of the CCS Service Charter, Privacy information, Client Consent form, Working Agreement and CCS Brochure.

Clients will be encouraged to actively participate in the development of their Child & Family Action Plan and Working Agreement.

## 6. CO-CASE MANAGEMENT

Co case-management refers to arrangements made with other parties/support services in the support of a client. Usually there is a lead-agency in this arrangement which takes primary responsibility in the co-ordination of a case plan. In some instances, co case-management may be required in the support of a client.

CCS staff recognise the importance of quality co-case management principles to optimise best outcomes for their clients.

CCs staff utilises the Co-Case Management Shared Principles and Practice guideline in **Attachment 1**.

### Duty Of Care To Clients

Every person owes a duty of care to every other person who is reasonably likely to be injured by the first person's actions or failure to act.

The law requires professionals to take all reasonable care in carrying out their work and ensure that appropriate standards of care are met.

The appropriate standard of care is assessed on what action a reasonable person would take in a particular situation.

A client's right to confidentiality may need to be breached by the service if duty of care Issues arise.

### Practicing Duty Of Care

CCS staff need to use their professional skills and experience to decide on what actions they should take in each situation of potential harm. Where possible, decisions should be discussed with the line Manager.

- The factors to be considered in situations of potential harm are: the risk and likelihood of harm;
  - the sorts of injuries that could occur and an assessment of the seriousness of those injuries;
  - precautions that could be taken to minimise the risk or harm or seriousness of the injury;
  - the usefulness of the activity involving risk;
  - current professional standards about the issues.
2. Adaption from Hanover Welfare Services Casework Manual.

## **7. DOCUMENT/RECORD LINKS**

Best Interest up-dated 09  
Child & Family Action Plan  
Review Case Plan  
Case Closure Form  
Client Check List for file  
General CCS Referral Form 09  
Symbols for Genograms  
Family Genogram Form  
Client Cover Sheet 04  
Introduction to our Services 2009  
Client Information Form  
Note paper  
CCS service Charter & Client Rights & Responsibilities  
Consent to release Information form  
Privacy for Families  
CCS Co-Case Management Principles Manual 2009  
Service Co-Case Management Plan form  
Co-Case Management Service Coordination Plan form

## **8. REFERENCES**

Case Management Resource Kit for SAAP Services  
CCS Operations Manual 2008  
CCS Policies and procedures manual 2008

## **9. HISTORY.**

CCS Operations Manual 2008



**CCS Co-Case Management  
Shared  
Principles and Practice  
for  
CCS Family Support  
Housing, Mentor Programs  
and  
External Associated Agencies**

## Co-Case Management Shared Principles and Practice

Programs/Agencies and caseworkers that co-case manage clients have recognised the need to:

- Develop a uniform, effective code of practice for caseworkers undertaking joint case management with each individual client.
- Have clear mechanisms for review and evaluation of the case.
- Use a planned and comprehensive approach.
- Develop collaborative partnerships.
- Work towards sustainable outcomes for the client.
- Improve understanding within programs/services of the similarities and differences in terms of their values, policies, structures, mechanisms and practices.
- Ensure that all involved parties (i.e. all joint caseworkers and their client) will prior to commencement of management agree upon and clearly define expected outcomes, appropriate methods of evaluation, and responsibility for achieving each of the defined outcomes.
- Ensure each caseworker has a coordinated approach within her system for contacting and working with the outside sectors.
- Ensure that mechanisms are in place to support collaboration and coordination between government departments and community organisations within their local area.

The following document has been developed to assist program/agencies undertaking joint case management of clients in the area.

Internally this may include co-case management between the following programs;

- Family Support
- Housing
- Volunteer Mentors

Externally this may include any organisation, Government or non- Government agencies working with families.



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## **SUMMARY**

- **Good practice principles** for co-case management must be closely aligned with general case management principles.
- **Initial assessment** will include a question asking: 'Have you recently been working with any other services, agencies or caseworkers?' (Clients still have the right not to inform the worker, however, this question will attempt to try and work within a case plan that has already been established with another worker.)
- **Is co-case management an option?** Caseworkers need to establish with the client if there is a possibility of co-case management with another worker.
- **Confidentiality:** If there is a possibility of co-case management, confidentiality must be addressed with the client, for example, getting written permission from the client to talk to and/or share information (written/verbal) with relevant caseworkers about co-case management.
- **Primary case worker (Case Co-ordinator):** Case workers must identify the primary case worker. Clients should ideally be present in these discussions and be involved in the decision. To help decide this, questions might include: How long has the case worker been working with the client? Has it been general casework or specific work on an issue? How often and how long can the caseworkers meet with the client?
- **Establish clear roles of each worker.** This should be documented in an action plan. The client and each worker must be aware of the roles and responsibilities of each worker.
- **Case reviews/ progress:** The primary caseworker must initiate case reviews and maintain communication between workers.
- **Closing files:** All co-caseworkers must be informed when a caseworker closes a client's file (or if a case worker refers to another organisation).
- **Reflect/ improve practice:** Co-caseworkers will reflect on the process and how it can be improved for future co-case management.

## ASSESSMENT

- **An initial assessment will include a question asking: Have you recently been seeing any other services? (The client has the right not to inform the worker, however, this question will attempt to try and work within a case plan that has already been established with another worker).**
- Getting written informed consent from the client to send to these parties. The consent is to obtain written or verbal information from other parties about the client and the nature of the information to be shared. This consent form will stipulate who you may be approaching, what you will be asking and have a time frame.
- Parties need to inform each other of their changing roles in co-case management.
- Clients need to be informed of programs/agencies' roles.
- Programs/Agencies will ensure that Interpreters are used when required in accordance with their agency's policy and procedures.
- Programs/Organisations will use their own organisational model for assessment.
- Identify other parties involved.

## CO-CASE MANAGEMENT AND CASE CONFERENCING

- Is co-case management an option? **Caseworkers need to establish with the client if there is a possibility of co-case management with another worker. Confidentiality must be addressed with the client.**
- **Confidentiality:** If there is a possibility of co-case management, confidentiality must be addressed with the client, for example, getting written permission from the client to talk to or share information with relevant caseworkers about co-case management.
- **Case Coordinator:** Having assessed that co-case management is appropriate, case workers must identify the case coordinator with the client. Clients should ideally be present in these discussions. To help decide this, questions might include: Who has the statutory responsibility? How long has the case worker been working with the client? Has it been general casework or specific work on an issue? How often and how long can the caseworkers meet with the client?
- **Establish clear roles of each worker. This should be documented in an action plan. The client and each worker must be aware of the roles and responsibilities of each worker.**
- **When should a case meeting be held?**  
The times when a case meeting could be held include, but are not limited to, the following circumstances:
  - When coordinating a response with other agencies
  - When determining roles and responsibilities of client and programs/agencies
  - When a casework role and a plan needs to be developed or a case reviewed
  - When making a referral
  - When a case is being transferred between programs/agencies
- **Who should attend case meetings?**
  - People to attend a case meeting would typically include:

- The client
  - Support people if appropriate
  - Caseworkers
  - External workers such as who have an interest and knowledge of the case from government and non-government agencies, *if required and appropriate*.
- **It is important that only workers who have knowledge of the case and are able to contribute to the case plan attend the case meeting.**
  - **What happens after the meeting?**  
After the meeting, the Case Co-ordinator will distribute the minutes promptly. Jargon-free summaries in an appropriate format should be provided for participants.

## **REFERRALS AND INFORMATION SHARING**

Each program/agency will follow their own policy for referrals and information sharing. In the spirit of this document, programs/agencies co-case managing clients will endeavour to share information to ensure achieving the goals as set out in the case plan and to address any relevant worker safety issues, for the purpose of maximising benefit for the client. Where there are concerns for the clients children, it is acknowledged that where a child or young person is reported to Child Protection, the department may request information under Section 248 of the Children and Young Persons (Care and Protection) Act 1998. The client's consent for this exchange of Information although desirable is not required.

## **CASE REVIEWS**

- Case reviews/ progress: The Case Coordinator must initiate case reviews and maintain communication between workers.

## **EVALUATION**

- Participants may want to undertake a case evaluation as an opportunity to learn and exchange expertise in joint case management.
- The Staff, Peer Review or Group Development Meetings may also be forums for non-threatening discussion for evaluation.

## **NEGOTIATION AND CONFLICT RESOLUTION**

It is understood that a coordinated, well thought out case plan involving all the stakeholders will foster a collaborative approach to co-case management and reduce the incidence of conflict. However the following principles were developed should a conflict arise.

### **1. Try to resolve the grievance directly**

All efforts should be made to resolve the issue/concern with the other party or parties concerned.

### **2. Take the grievance to your coordinator**

If agreement can not be reached you should inform your coordinator, verbally or if it is a complex matter, in writing. You should state:

- The basis of the disagreement
- Who has been involved in the circumstances giving rise to the disagreement
- The outcomes sought

Your coordinator should contact the other worker's coordinator within two working days of receiving the information from you.

Where your coordinator can not be impartial or is directly involved, they should inform the other worker's coordinator and with their approval refer the matter to the next level of supervisor or to an agreed independent facilitator.

### ***CASE CLOSURE***

- Case closure may start by mutual agreement, client decision or workers/agencies decisions.
- Case closure will occur in a variety of ways. Co case workers must be informed when a caseworker closes a client's file.
- In the case of joint management, there is a need for a case closure with all stakeholders involved in the process of review and closure. Cases may be reopened as the need arises.

This list was developed as a tool to introduce new staff to other programs/services, who work within direct service, and who are involved either directly or indirectly in case management.

We suggest that new staff make contact with each key contact in each program/organisation to learn about the services of each program/organisation and to introduce themselves.

We believe that this will assist you in your induction and aid us in our endeavour to meet the following objectives;

The Case Management Meeting was set up to develop strategies of working together in order to provide a cohesive service to the target group. The Case Management Meeting strategies are:

1. To develop ways and strategies of working together in order to provide a cohesive service to individual clients from the target group, including through development and use of:
  - Case conferencing protocols/models
  - Integrated care planning/management
  - Cross service agreements
  - Best practice principles
2. To Keep all participating programs/organisations informed of what each service is providing for the target group
3. To ensure that participating organisations to share information regarding
  - Issues impacting on the target group
  - How service delivery can be improved



**Co-Case Management Service Coordination Plan**

Records the individual case plans of all workers/ practitioners or agencies involved in a client's support to allow a coordinated approach to service delivery and provide a copy to all parties involved.

<b>Client Name:</b> _____ <b>Date of Birth:</b> dd/mm/yyyy _____ <b>Sex:</b> M/F <b>Case Number:</b> _____ <b>Phone</b> <b>Number</b> _____
<b>Client Present:</b> Yes No I (client name) _____ have participated in the development of this plan. Client signature: _____ Date: dd/mm/yyyy / / _____ Copy to client? Yes No
<b>Agency Participants in Case Planning Process</b>
1. _____
2. _____
3. _____
4. _____
<b>Details of Other Participants</b> Team members contributing to the development of this plan e.g. GP, health/community care providers, substitute decision maker, carer, family members, friends. Append sheet to specify any additional persons.
<b>Name:</b> _____ <b>Relationship to</b> <b>Client:</b> _____
<b>Contact phone number Other relevant contact details:</b> _____ <b>Copy</b> <b>of plan provided (yes/no)</b>
<b>Name:</b> _____ <b>Relationship to</b> <b>Client:</b> _____
<b>Contact phone number Other relevant contact details:</b> _____ <b>Copy</b> <b>of plan provided (yes/no)</b>
Key Worker Signature: _____ Date: _____ dd/mm/yyyy //







**Service Co-Case Management Plan**

**Client issue/support need:**

**Goal: Target date: dd/mm/yyyy**

**Action/s to be taken:**

**Responsible individual/s or service/s:**

**Proposed start date: dd/mm/yyyy    Review date: dd/mm/yyyy    Issue resolved (date): dd/mm/yyyy**

**Client issue/support need:**

**Goal: Target date: dd/mm/yyyy**

**Action/s to be taken:**

**Responsible individual/s or service/s:**

**Proposed start date: dd/mm/yyyy / /    Review date: dd/mm/yyyy    Issue resolved (date): dd/mm/yyyy**