Handout 1: Conduct Case Management Meetings

Developing case management meeting guidelines
In too many instances, clients are shuttled among many community service agencies, with little or no coordination. Other clients have many needs that go unmet because no person or team takes responsibility to assess needs and find the necessary services. At the CPCC when a number of other services are involved, there is negotiation over which service will take the lead role in coordination. In complex cases it may be useful to hold a case management meeting. The client must have agreed to share their information with other services before a case management meeting can be arranged.

A case management meeting 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 manager; this service will chair the case management meeting 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 management meetings and chairing the meetings. In the case of unaccompanied young people in the CPCC, the service with statutory responsibility for the young person would be responsible for case management meetings.


Role of the case management Chairperson
Information sharing with the client is facilitated by establishing an appropriate rapport with the client and implementing appropriate procedures including:
- Establishing the purpose, objectives and agenda of the meeting
- Facilitating participation of all members
- If necessary to assist the client to put forward their views
- Resolving conflict where relevant
- Summarising the agreed outcomes
- Checking with everyone that they agree with the outcome and understand what their role is
- Making sure that the plan is written down
- Arranging further meetings as required
- Follow-up with participants to make sure they undertake the tasks they have agreed to.
Managing conflict
Even within a professional environment, conflict sometimes arises. The case manager can support others by recognising that conflict is an inevitable part of the process and participating in its resolution. Conflicts often arise about:

- Disagreement about data or facts. One of the best ways to resolve such conflicts is to gather more data from sources that conflicting parties agree are credible. This can happen before or during a case management meeting.
- How something is to be accomplished. Professionals often have differing standards, ways of providing services, and problem-solving approaches. One way of resolving conflicts about methods is to discuss what criteria should apply to the particular situation.
- The outcomes of the process. Professionals may have different perspectives on priorities, commitment to short-term or long-term care, the empowerment of clients, and the involvement of families. The case manager can help the team establish common ground on which to carry out the goal-setting activities.
- Values. Beliefs and personal philosophies differ. Conflicts of this nature are often deeply felt. To solve them all parties must be committed to understanding each other’s point of view. They must show respect for others’ beliefs and find a common goal. In particular, the case manager must deal with thorny conflicts among professionals who feel that they represent the values of their particular disciplines.
- Participation and intervention by the client. Clients often believe professionals who think they “know best what is right for the client” are manipulating them.
- Conflict within oneself. The case manager and/or other professionals involved in the case management meeting may experience intrapersonal conflict while having to implement mandatory decisions they do not agree with. For example there are conflicting feelings associated with the negative fact that a child who has been abused by parents is returning home and the positive fact that the parents have since participated in counselling.

Appropriate conflict resolution techniques
There are effective and ineffective ways to manage conflict. Experts agree that the most effective conflict management incorporates a win-win strategy for all parties involved. (Truitt 1991) Guidelines for using a win-win approach:

- First begin to think and talk about the problem in terms of the needs of the conflicting parties. Many conflicts arise as individuals focus on outcomes and the results they desire. Looking at needs instead of outcomes allows the participants to begin work on mutual problem solving.
- After there has been a discussion of needs, the participants commit to a mutual effort to solve not only their own problems but also those of the other participants. It is critical that all participants be actively involved in the process, not just sitting there listening to others.
- Once this much agreement has been reached, the conflict should be described in terms that are as specific as possible. Each participant can ask whatever questions and present as many facts as necessary to define the conflict clearly. In this step, individuals begin to understand that the event causing the conflict does not look the same to them as to others.

• Next begin to identify all the differences there are between the participants. In doing this, they become able to articulate the conflict from the other participants’ points of view. Mutual understanding can now take form.
• Now focus on finding solutions to the conflict. The participants brainstorm possible solutions and then evaluate each according to its potential for meeting the differing needs previously stated.
• Once an agreement is reached about how the conflict is to end, a plan is developed, with actions and responsible parties clearly stated.

The benefits of addressing conflict are numerous. Once a problem is identified and individuals are committed to working on an issue, there arises an atmosphere that promotes change.


**How the case manager can facilitate the meeting with other professionals**

**Before the meeting**
1. Do your homework. Be as familiar as possible with the issues at hand and the answers you need to have.
2. Be conscious of the impact of value systems of yourself, the client and the key stakeholders on outcomes – and respect them.
3. Be sensitive to the process of the interaction, especially the rules and practice of the specific situation in which you are involved.
4. Know your limits. Don’t expect to be all things to all people. Use consultants or other resource persons who are familiar with the problem and the situation and who can help you present your case.
5. Check the impact of statutory mandates on interventions, the client and significant others.

**During the meeting**
1. Identify mutual concerns and common goals of both parties. Seek to develop an alliance for the purpose of solving the problem.
2. Define the issue and stick with it. Don’t digress.
3. Listen. Keep cool, and don’t argue. (At times non communication may be the best communication).
5. Don’t bluff. Feel free to say frequently, “I don’t know” and I’ll find out”.
6. Call on the experience and skills of the other members.
7. Keep you sense of humour but direct it at yourself, not at your questioner.
9. Don’t expect to win them all. At the point of impasse, back off and seek mediation.
After the meeting
1. Remember that additional meetings probably will occur in the future. Review what happened and learn from it.
2. Do not leave unresolved issues until next time.
3. Write up a record of the meeting.

Indicators of good practice
As the provider of a variety of services the Carmen Poldis centre will often be placed in the role of coordinating access to and delivery of a range of other appropriate support services to clients. Coordination of client services and supports will be based on:

• Sound assessment, knowledge of relevant external supports and networks which will be reflected in the individual client support plan
• Knowledge and understanding of external agencies to which clients may be referred
• Coordination of its own services and cooperation with external agencies
• Giving clear information to clients about access to external agencies and the service that will be offered
• The development of links and protocols with external agencies including an understanding of confidentiality boundaries
• The plan for the coordination of services is explored, developed and negotiated together by the client and all other services
• The plan for the coordinated services being clearly explained to the client.

Handout 2: Implementation of Statutory Requirements

Case Managers must work within the law. Some examples of legislation affecting the work of case managers includes:

1. Reporting a child ‘at risk of harm’, abuse or maltreatment or neglect.
   - Currently in all states and territories of Australia, except Western Australia, there is legislation in place requiring the compulsory reporting of child maltreatment, abuse or neglect to the state or territory department for community services.
   - Although each state and territory has different legislation the processes to protect children are similar.
   - Children come to the attention of the authorities through a number of avenues. These include reports about the child from someone in the community or by a professional mandated to report suspected abuse or neglect or by another service such as a school or health service who has contact with the child and becomes concerned.
   - Reports to the department are assessed to work out if the matter should be dealt with by the department or by another community service agency such as one like the CPCC.
   - Reports requiring further action are usually classified as those which are a family service issues and those which are a child protection issue. All departments have trained officers who are able to determine the classification.
   - Community service workers are not required to assess the risk themselves rather if they are concerned to notify their concerns to the appropriate department for trained officers to assess.
   - A child or young person may be ‘at risk of harm, abuse neglect or maltreatment because their physical and psychological needs are not being met, because they are not receiving necessary medical care, where they have been or are at risk of physical or sexual abuse, exposure to domestic violence or serious psychological harm.

2. In some states the law makes it difficult for defence lawyers to gain access to the counselling records and notes of patients who have been sexually assaulted. The law protects any counselling communication made in the course of a relationship in which the counsellor is treating a person for any emotional or psychological condition. This means that a worker has a responsibility to have a duty of confidence to a client who has been sexually assaulted.

3. In some states legislation identifies “prohibited Person” or people who must disclose their status as prohibited persons if they work in child related employment. A prohibited person is someone who has been found guilty of a “serious sex offence” which is an offence involving sexual activity or acts of indecency which are punishable in NSW or other states by penal servitude or imprisonment of 12 months or more.
Handout 3: Working With Clients to Set Goals and Participate in the Case Management Process

• For clients to become full partners in working towards appropriate goals they need to have access to all information about themselves. Otherwise there is no trust.
• Clients views must be taken into account in the planning and implementation of goals
• Clients should be involved in discussions about their assessment and support plan. They should be aware of all the options available and any fees to be charged.
• Clients need to understand the standard of service, which they can expect. Services should be provided in a safe manner, which respects the dignity and independence of the client, and is responsive to the social, cultural and physical needs of the client.
• Clients’ access to services should be decided only on the basis of need and the capacity of the service to meet that need. Clients must have the right to refuse a service.

Handout 4: Working With Special Needs Groups

Working with ATSI groups
To ensure the CPCC is accessible to people from Aboriginal and Torres Strait Islander Backgrounds:

• The service should try and employ Aboriginal and/or Torres Strait Islander staff.
• Aboriginal and/or Torres Strait Islander staff need to work with all staff involving Aboriginal or Torres Islander clients.
• Staff should use language, which is appropriate and understood by the client.
• It might be beneficial to consider meeting in relaxing surroundings outside the office.
• All staff requires appropriate training, including cultural awareness, communication skills and knowledge of kinship systems.
• Workers need to be aware of the client’s positions within the family, and the responsibilities and obligations that entails. The client may need to fulfil their family obligations before attending to their own needs. They may need support to do this.
• Make contact with Aboriginal and Torres Strait Islander services and key people within the community; let them know what service you provide and find out how they work. Establish a directory of Aboriginal and Torres Strait Islander services.
• Always obtain the client’s permission before contacting other Aboriginal and Torres Strait Islander people on their behalf. They may not want to use Aboriginal and Torres Strait Islander networks or there may be particular people they do not want to have involved.
• If the client agrees, involve Aboriginal and Torres Strait Islander workers from other services in the coordination of services.
• Do not overload the client with too much information, or do too much talking. Go slowly giving the client plenty of time to think.
• Find out who the support people are within the client’s own network. Take these into account when developing a support plan.
• Always ensure the client is involved in support planning and their priorities and needs are being addressed, rather than those of the service.
• Do not pressure the client to carry out these tasks. Be patient and /or offer assistance.

**Appropriate cultural considerations and case management**

• The case management process must identify and respect the cultural, linguistic and religious needs of clients. This involves linking the client with ethno-specific services where this serves the client’s interests and meets their wishes.
• The services must be accessible to people from culturally and linguistically diverse backgrounds.
• The CPCC needs to analyse demographic statistical data to monitor the changing population in New Cedar and the Macintosh Shire and be aware of the main cultural/language groups residing in the area.
• When staff/committee vacancies occur the CPCC will try and recruit staff/committee members to ensure that the main cultural and language groups of New Cedar are represented.
• It is important to actively network with ethno-specific health and welfare services in the area and the migrant resource centre, to develop strong working relationships with those services and workers.
• All staff need to be trained in cross-cultural awareness and communication.
• Staff training should include the use of interpreters and the Telephone Interpreter Service. Staff should be confident in the use of these services.
• Where possible a client should be matched with a worker with the same language, or will co-work with a relevant worker from another service (if the client wished). If this is not possible an interpreter service will be used for all client and resident meetings.

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**Handout 5: Information on Rights of Appeal and Avenues of Complaint**

**Complaints policy**

• The CPCC welcomes information and feedback from clients as it enables the centre to provide an improved service.
• Clients should be made aware of their right to complain and should fully understand the complaints procedure.
• Clients have a right to complain about the service that they are receiving without fear of retribution and can expect complaints to be dealt with promptly.
• The coordinator should take steps to ensure that clients feel comfortable to continue accessing the service after making a complaint.
• All complaints are to be recorded on the Complaints Record Form which is to be completed by the Coordinator.
• Person/s affected by the complaint should be fully informed of all the facts and given the opportunity to put their case.
Complaints procedure
1. Clients are encouraged to raise their complaint with the worker concerned in the first case.
2. If the client is not satisfied with the outcome, or not happy to discuss the issues with the staff member concerned, they should contact the coordinator or use an advocate to negotiate on their behalf.
3. If the issue is still not satisfactorily resolved, the client should raise the issue with a member of the management committee.
4. The client should be informed of the outcome of their complaint and asked for their feedback on the complaints procedure.

Confidentiality of complaints
As far as possible, the fact that a client has lodged a complaint and the details of that complaint should be kept confidential amongst staff directly concerned with its resolution. The client’s permission should be obtained prior to any information being given to other parties, which it may be desirable to involve in order to satisfactorily resolve the complaint.


Handout 6: Develop An Appropriate Case Management Plan

Case management 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 on the development of a support plan (see example below) which addresses the needs of the clients 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.
• Assist clients 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 Carmen Poldis 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 these goals?
  - 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 the client take?
  - What action can be taken by the agency?
  - Time frames for action
  - 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 CPCC and should lead towards case closure.

Resistance to planning

Resistance may occur in the following forms:

- Fatalism
- Cynicism
- Inability to think clearly
- Inability to organize themselves
- Lack of motivation
- Impatience.
Ways to counter this resistance:

- Empathy
- Encouragement
- Positive Approach
- Others such as close friends, counsellors.

### Handout 7: Provision of Services

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 service to clients at the CPCC 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
- Staff that are properly trained, resourced and supported delivers ensuring services.
- Record keeping which includes how client files will be kept, what information will be recorded and who has access to the files.
Handout 8: Coordination of Services

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
- 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 he 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 9: Monitoring and Reviewing Services

It is crucial to implement strategies to continually monitor the effectiveness of case management processes against agreed goals, relevant services and programs to client and stakeholder satisfaction. 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 changed to reflect achievements, or 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
- If there are problems with service delivery, the case manager has ultimate responsibility to intervene. The intervention in such a case involves identifying exactly what the problem is and working with the client and the resource to resolve it.

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. Questions to be asked include:
   - Has the identified problem changed?
   - Was the referral made correctly?
   - Were the desired outcomes achieved?
   - Should the plan be altered?
   - Should the case be closed?

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.

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.


Handout 10: Processes for Case Closure

Case closure involves planning for when a person will cease to be supported by the CPCC.

Developing a case closure process

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

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 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.
   • A client exit form may be used to record exit details and any follow-up plan
   • 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 notes.

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.

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 on the needs of the clients and the resources of the service.
5. Develop written policy and procedures. Case closure 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 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.