Case Management Policy and Procedure

Terminology

Assessment	Assessment refers to all assessment (and re-assessment) activities undertaken on behalf of the individual client.
Case planning, review and coordination	Case Planning refers to activities which relate to the coordination, planning and delivery of services which are directly attributable to an individual client. It includes monitoring and reviewing of individual case/service plans as well as organisational and case coordination activities associated with service delivery to the client.
Centre-based Programs	Centre-based Programs refers to assistance provided to the client to attend/participate in group activities and is conducted in a centre-based setting. It includes group programs and activities conducted by support staff.
Transport	Transport is assistance provided so that the client may attend appointments or services, and participate in the community. Note: Transport is not a primary role of the organisation or staff
Counselling/support, information and advocacy services.	This assistance type covers a number of supportive services to help clients deal with their situation. It includes one-on-one accidental counselling, advice, and information

Assessment and Referral Process

Community Service places a high importance on the quality of the client assessment process to make sure that the needs of clients are heard, understood and met in an appropriate and acceptable manner that protects the client's privacy and right to self-determination. After initial contact, the Assessor will contact the client to arrange an assessment interview. The assessment will be undertaken a case manager. The interview will involve:

- Case manager
- Client
- Advocate if required
- Interpreter if required
- Community support person if required

The Community Service will avoid multiple assessments through contact, negotiation and coordination with other relevant agencies who are currently or have previous provided services to the client. Permission will be sought from the client to access assessment information from previous services.

Manager must be notified if staff know the client to ensure that there is no conflict of interest that may lead to favouritism, exploitation or potential harm. The Manager should take steps to protect both client and worker and is responsible for setting clear, appropriate, and culturally sensitive boundaries. To ensure best practice, staff are discouraged from working with family members, close friends, ex-intimate partners or relatives. It will be mandatory to consult management before any exception to this decision is undertaken.

Assessment Decision

Following the initial assessment, the Case Worker will inform the person requesting the service within two working days of the organisation's decision regarding the request for assistance. Decisions may include:

- Refusal of service;
- Referral to another agency;
- Provision of service;
- Development of a Case plan in consultation with other agencies;
- Placing the request on a waiting list.

The Community Service may offer a temporary service but only for a prescribed duration of service. If Service is Refused the Client is Referred to Another Service:

- The person requesting service should be advised immediately giving reasons why the service will not be provided;
- Information should be provided on other available services and if appropriate a referral should be arranged using the referral form.
- Information should be provided on when, and under what circumstances the person could reapply for a service
- The person should be made aware of the complaints policy and procedure.

If the client is placed on a wait list:

A waiting list exists for self-referred clients only.

- The person should be advised that they are on a wait list for a service, and given an idea of the approximate waiting time;
- Information should be provided on alternative services available in the community, and a referral should be made if appropriate;
- The client should know that their case will be reviewed every month and that they can ask for a reassessment at any time if their circumstances change;

Non-English-Speaking Clients

An interpreter service will be provided to a client who does not speak English to ensure that the client is fully informed about the Assessment and Case Management process and information that is retained within the Client Handbook

Front of the file must state that the client requires an interpreter service.

Aboriginal and Torres Strait Islander Clients

The Community Service will attempt to contact community members to all for the support and access to the community. Staff will undertake training in how to provide culturally appropriate services. The community service will endeavour to use an Aboriginal or Torres Strait Islander staff member to work with indigenous clients. Documentation including Case Plans and other information will be provided in a culturally appropriate manner.

Clients who cannot Read or Write

Staff should not assume all clients are literate. In cases where a client cannot read or write, In the event, that a client is not literate then all information will need to be explained and clearly understood including assessment, review, Case plan and services are clearly explained and understood by the client.

Developing a Case Plan

In developing the Case plan, the Community Service will ensure that clients with their family, and relevant stakeholders (as appropriate) are involved in:

- decision making about the plan design, review and implementation;
- determining their needs, preferences and aspirations including
    - physical needs;
    - emotional needs;
    - cultural and religious needs;
    - socio-economic needs;
    - community engagement requirements
    - outings requirements

- work / training needs

The client is aware of and able to choose from the range of relevant services or service providers available in the community.

The client should agree to the Case plan by signing it. A copy of the plan should be offered to the client.

Coordinating Case Plans with Other Agencies

If more than one agency is involved in providing services, or referral to additional services is indicated in the assessment, a draft Case plan should be developed by all agencies involved and a case manager should be decided by all agencies. (See Case Management, below)

Where other agencies are involved and the Community Service is in control of the case, a copy of the Case plan will be forwarded to all agencies by Moree Family Support Inc.

Case Notes

Case notes are an important record of information about services provided they must;

- Record detailed notes of all contact.
- Record facts.
- Never include judgemental opinions, stereotypical comments or offensive statements.
- Never make any comment that you cannot defend in a court of law
- Use clear, simple, concise language.
- Never use slang

Case notes must include the following;

- Date
- Time
- Length of time at visit
- Other persons present (especially children, particularly on home visits)
- Type of contact (home visit, office visit, telephone conversation, telephone message left)

Case notes are to be recorded in a timely manner during the interview or at the conclusion. Case notes **must not** be recorded at the end of day, or week as this may allow for interpretations or opinions.
Case notes must be detailed enough so that in the event of a case manager being absent from duties, services may still be offered.

Case Management

The Community Service views case management as the process of assessment, planning, implementation, monitoring and review. Case management aims to strengthen outcomes for the client, families and children and young people through integrated and coordinated service delivery. It is an interactive and dynamic process, with an emphasis on ongoing analysis, decision making and

record keeping, to ensure the identified needs of the client are being met. The elements of case management are:

- **Screening and assessment of individual/family capacities and needs:**
  A continuous process of analysing available information leading to professional judgement of risks, strengths and needs. The information and analysis is used to determine whether individuals are in the target group for support programs and to inform a realistic plan of action.
- **Case planning to determine the goal and objectives:**
  Identifying strategies that will address the physical, emotional, educational, social, religious and cultural needs of the client, child or young person. Case planning is an interactive process involving participation of the child, young person, their family and carer. A key is that the child or young person is listened to in this process. Case plans must be documented and identify goals, objectives, with clearly identified responsibilities and timeframes. Goals must be realistic and achievable within available resources. Goals should be communicated to the client as well as other key stakeholders.
- **Implementation:**
  Delivering or arranging services within available resources to meet the identified case plan goal. This should include regular communication with the client to ensure their needs are being met.
- **Coordination of services and supports:**
  Arranging, coordinating and follow up on the delivery of services and supports.
- **Monitoring:**
  Obtaining regular feedback from the client, carers and service providers to determine whether services are being provided in the manner determined by the case plan and whether needs have changed.

  Referral may occur if they
- **Review:**
  Assessing whether the case plan goal has been effectively and efficiently met and whether modification or change to plan is required.
- **Transition:**
  Preparing for and supporting the client exit or referral to another service or program where appropriate.
- **Case closure:**
  Closing a case when appropriate (i.e. six weeks with no contact made)

Case management should:

- Concentrate on strength based, child centred and family focused practice. This includes the active involvement and participation of children, young people families and carers.
- Address and meet the needs and goals of the client and their families. Facilitate their development and be culturally appropriate.
- Achieve continuity of support through appropriate referral, transition and follow up.
- Promote and reinforce partnerships between service providers where this will facilitate the achievement of the planned goal.

- Ensure that goals, objectives, strategies and case notes are recorded and reviewed to ensure their continued appropriateness.

Case management review:

Case management reviews are a tool to assist with case management, where more than one worker is involved, whether within or across organisations. They are an important part of the process and may be held at various points in the case management continuum, depending on the needs of the child, young person or family, urgency and complexity of the family's needs and changes in family circumstances.

Case reviews may be held to:

- Determine if current roles and responsibilities of workers and organisations are meeting the needs of the individual
- Review if the key worker for the case is managing and the client is meeting goals
- review the purpose, intent, and direction of the intervention
- Review previous assessment and determine if any more are required.
- Review current status of case plan
- make decisions relevant to the client – ensuring that all parties are informed
- review goals/actions
- plan towards case transfer and/or case closure.

Negotiate Changes

Community Service will ensure that clients are consulted with any changes to the support plan. Client, advocates and family members are consulted if any changes or decisions are made. Community Service will inform the client about the need for any change and explain why this should occur. The client has the right to refuse changes or to make changes to the decision. The Community Service will ensure that decisions are client-centred.

Adjustments will be made to the client's services for many different reasons below is a guide only:

- client's goal or aspirations change
- change of health
- change in community engagement with Aboriginal and Torres Strait Islander people, cultural groups
- familial structure changes
- disclosure

Service Exit Plan

The Community Service recognises the necessity to have clear exit strategies for clients. Each program of the organisation will adopt a suitable procedure to implement when consumers exit the program.

Client files who have had no formal contact for six weeks are closed. Upon closure a referral responses form will be completed and forwarded to referring agencies if applicable.
The strategy should give consideration to specific requirements for different outputs that the funded organisation delivers. The content of the plan will depend on each funded organisation's individual arrangements and the outcome of any negotiations. In general, an exit strategy may cover the following matters:

Exit plan will include:

- the primary reasons that a client will be exited or transitioned including:
    - client chooses to leave
    - client moves
    - can no longer meet the needs of the client
    - can longer meet the requirements of the parent/carer in providing supports to the client
    - Where the behaviour of the client is unsafe
- Up-to-date Records including
    - Financial records
    - Case file notes and assessment
    - Any linkages to other services linked to the client
    - Contact details of point of contact in the service
    - Subcontracting arrangements – contact details, position
- Length of transition will be dependent on the service transition-out in various circumstances but may include weeks.

Clients who have exited from the service can apply to re-enter at any time if they meet the entry criteria. Referrals for re-entry will be assessed in accordance with the criteria for the program and with equal consideration to other children on the waiting list.