



Government of South Australia

Department for Communities
and Social Inclusion

Case Management Framework

Specialist Homelessness and Domestic and Aboriginal Family Violence Services (SHS)

Homelessness Strategy Division, Housing SA,
Department for Communities and Social Inclusion
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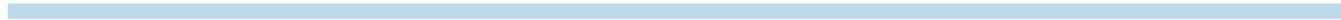
Acronyms and glossary

Acronyms

ABS	Australian Bureau of Statistics
ADHD	attention deficit hyperactivity disorder
AFV	Aboriginal family violence
ATSI	Aboriginal and Torres Strait Islander
CALD	culturally and linguistically diverse
CMF	case management framework
CARL	Child Abuse Report Line
DCSI	Department for Communities and Social Inclusion
DV	domestic violence
FVIU	Family Violence Investigation Unit
GP	general practitioner
H2H	Homelessness 2 Home
ISG	information sharing guidelines
NAHA	National Affordable Housing Agreement
SHS	specialist homelessness services
T4K	Together 4 Kids
VSS	Victim Support Service

Glossary

Case manager	A case manager is the person who takes responsibility for coordinating various forms of support to achieve the objectives of the case plan. They have a strong relationship with the client and are the key liaison between all services involved.
Case plan and case notes	<p>A case plan is a document prepared by a case manager (usually in conjunction with the client and other services) that is based on an assessment of the client's safety, risks and strengths. It clearly articulates how and when needs and goals will be addressed through the process of case management.</p> <p>Case notes are written evidence of tasks and actions undertaken that support the overall goals within the case plan or to address other unforeseen issues arising. H2H is the option for recording case notes and case plans related to specific set list of goals for specialist homelessness services (SHS).</p>
Case worker	A case worker is a worker allocated to provide specific services that support the overall direction of the case plan. They work in close liaison with the case manager and client.
Cultural safety (environment and client experience)	Cultural safety incorporates cultural awareness and cultural sensitivity and is underpinned by good communication, recognition of the diversity of views nationally and internationally between ethnic groups.
Family Safety Framework	A framework developed by the Office for Women in conjunction with other key South Australian Government agencies to improve integrated service responses to families experiencing domestic violence who are at high risk of serious injury or death.
Housing first	A process of recognising safe and secure housing as the priority in responding to homelessness, which is complemented by the coordinated provision of support services.
Lead agency	The agency that takes prime responsibility for a particular role eg case management.
Homeless to Home (H2H)	A centralised case management system developed by the Homelessness Strategy Division, Housing SA, which provides all SHS with centralised intake and assessment, referral, case management and monitoring tools.
'No wrong door'	The principle that all person's presenting to an agency need to be engaged, regardless of whether or not they are in the key target group for that agency. The agency is then responsible for either providing a service or working with the individual to access and experience a smooth transition to an alternative more suitable agency.
Specialist Homelessness Services	The collective group of agencies that are funded by the state and commonwealth governments to provide homelessness responses in South Australia.



Warm referral	The process of contacting an agency prior to the client or service/task referral being sent to them. This ensures the receiving agency has all the information required in order for them to accept the referral and provide the client with the services they require.

Introduction

Following the release of the Commonwealth Government's White Paper, *The road home: a national approach to reducing homelessness* (Homelessness Taskforce, 2008), a new strategic agenda was set for responding to and reducing homelessness in Australia. The subsequent and substantial increased investment in homelessness services and housing by both the commonwealth and state governments paved the way for a major reform of the South Australian specialist homelessness and domestic and Aboriginal family violence services sector (referred to from here on as specialist homelessness services - SHS) as outlined in *Homeless to Home: South Australia's Homelessness Strategy 2009-2013*.

The reform of the sector commenced in 2009 and included a regionalised approach, so that there are now targeted responses for homeless families, single adults, young people, Aboriginal people and women and their children escaping violence in every geographical region throughout South Australia. SHS are also now more integrated, operating a 'no wrong door' policy so that people who are homeless or at risk can receive support, regardless of where they first enter the system without the need to tell their story more than once. This is supported by the *Homeless2Home Case Management System*; a unique homelessness specific, centralised web based case management system that is used by all SHS in South Australia.

Significant investment has also been made in increasing training opportunities for the sector's workforce. Housing SA continues to provide regular training opportunities to improve the sector's capacity to work with clients with diverse needs via the *National Affordable Housing Agreement (NAHA) Workforce Development Calendar*. Housing SA in partnership with the Department for Communities and Social Inclusion's (DCSI) College for Learning and Development has also developed an accredited case management course specifically for SHS. The first round of graduates completed the *Graduate Vocational Certificate in Community Services Practice (Client Assessment and Case Management)* in June 2013. The second intake of graduates commenced July 2013.

The Case Management Framework – Specialist Homelessness and Domestic and Aboriginal Family Violence Services – Specialist Homelessness Services (referred to from here on as the Case Management Framework – CMF) will build on this work and further support the SHS to deliver high quality, consistent case management practice across South Australia.

The CMF promotes a housing-first approach, prioritising the support of clients to obtain safe, secure, and long-term housing with the focus on assisting people to review and address life circumstances that have led to homelessness and/or the risk of homelessness. (Department for Families and Communities, 2011). The purpose of the framework is to promote consistency, best practice and the further integration of SHS and mainstream agencies. The CMF complements and is intended to be practiced in conjunction with the Homeless to Home (H2H) Case Management System.

The CMF has been developed in partnership with the SHS sector. Representatives from across the sector have worked tirelessly with the Homelessness Strategy Division, Housing SA, DCSI, to ensure the development of a framework that is specific to the specialist work of homelessness and domestic/Aboriginal family violence support providers and the needs of people who are experiencing or at risk of homelessness.

Where the term Aboriginal people is used it should be read as inclusive of Torres Strait Islander people's culture and language.

Case management for ending homelessness is a collaborative community based intervention that places the person at the centre of a holistic model of support necessary to secure housing and provide supports to sustain this housing while building independence. (Calgary Homeless Foundation, 2011:137)

Understanding homelessness in South Australia

Overview

Homelessness affects adults, families, young people and children. The effects of homelessness can be far reaching and those experiencing it represent some of the most vulnerable and disadvantaged people in Australia. Homelessness restricts the opportunity for people to participate in the community around them. All Australians need to 'have the capabilities, opportunities, responsibilities and resources to learn, work, engage and have a say' (Department of Prime Minister and Cabinet, 2012).

Clients who experience homelessness or are at risk of homelessness are experiencing variable levels of vulnerability which include:

- *Risk* – to the personal health and safety of the person or those around them
- *Breadth of need* – the number of inter-related or inter-connected needs that a person experiences
- *Depth of need* – the severity or seriousness of the needs that a person experiences
- *Multiple disadvantage* – the experience of interconnected issues including social disadvantage, poverty, unemployment literacy, numeracy etc.

Definitions of homelessness

The Australian Bureau of Statistics (ABS) (2012:7) currently recognises someone as experiencing homelessness if their current living arrangement:

- is in a dwelling that is inadequate, or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to have control of, and access to space for social relations.

The ABS (2012: 23) also categorises homelessness according to the living situation including persons:

- living in improvised dwellings, tents or sleeping out
- living in short term supported accommodation for the homeless
- staying temporarily with other households
- staying temporarily with friends and relatives
- staying temporarily in visitor only households
- living in boarding houses
- living temporarily in other lodgings
- living in severely crowded dwellings.

In understanding a person's experience of homelessness, Chamberlain and McKenzie's (1992) categories of homelessness are also useful:

- *Primary homelessness*: experienced by people without conventional accommodation (eg sleeping rough or in improvised dwellings)
- *Secondary homelessness*: experienced by people who frequently move from one temporary shelter to another (eg emergency accommodation, youth refuges and 'couch surfing')
- *Tertiary homelessness*: experienced by people staying in accommodation that falls below minimum community standards (eg boarding houses and caravan parks).

Causes of homelessness

Homelessness is not a choice and can occur suddenly or through a series of events or circumstances. The causes of homelessness are varied and include natural disasters, domestic violence, Aboriginal family violence, a shortage of low cost housing, family breakdown, unemployment, mental illness, and drug and alcohol misuse.

Every person's experience of homelessness is different. It can be a short-term incident or a longer chronic crisis experience. A minority experience homelessness as a cycle where housing exits are a short-term option (Homelessness Taskforce, 2008).

The ABS General Social Survey 2010, which reviewed people's experiences of homelessness over the past ten years recognised that 'people who had experienced homelessness were:

- more likely to have lower levels of educational attainment
- more likely to have a disability or long-term health condition
- more than four times as likely to report that they had a disability type or restriction which was psychological
- nearly three times as likely to report having been a victim of violence in the previous 12 months
- more likely to live in disadvantaged neighbourhoods

- nearly five times as likely to report multiple types of cash flow problems such as being unable to pay bills on time and ten times as likely to have gone without meals because they could not afford them
- much more likely to be unemployed, and
- twice as likely to be supported by government pensions or allowances.

South Australia's Homelessness Service System

The SHS sector provides a consistent and integrated suite of fundamental services (incorporating core service elements) to priority population groups throughout South Australia, including remote areas. Each region is served by generic homelessness, youth, Aboriginal and Torres Strait Islander and domestic/Aboriginal family violence services. Each service delivers individualised case managed support to adults, young people and children. Complementing this regional structure is a state and metropolitan-wide network of services which functions to improve access to specialist regional services and also to respond to sub-groups within the key priority populations. These priority populations include young people and adults exiting custodial institutions, children with complex needs and Aboriginal and Torres Strait Islander people who are transient and people who are aged and homeless.

Defining case management

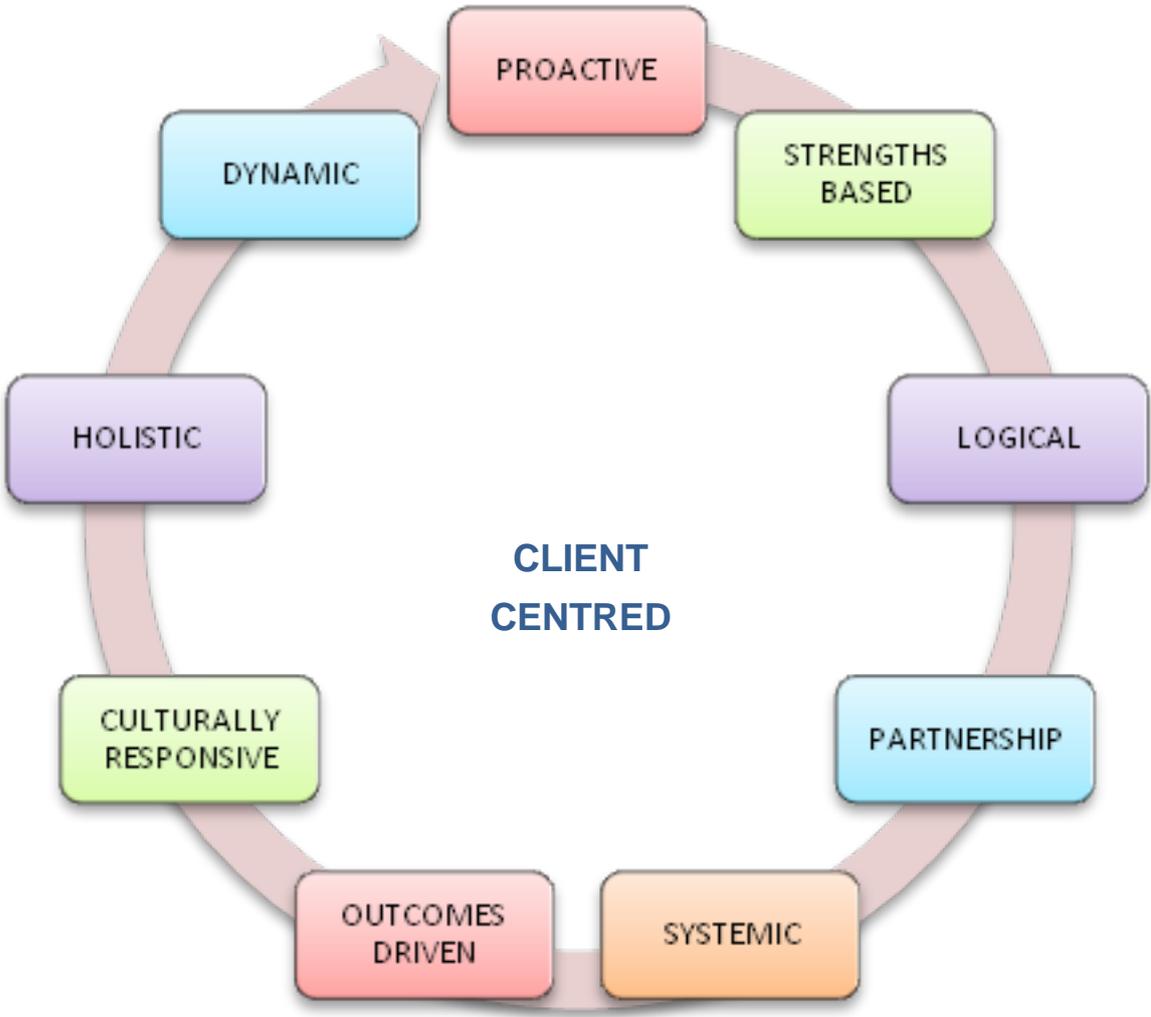
There are a number of relevant definitions of case management but all identify that the aim is to support and develop the client's strengths and capacities through their active involvement in the planning and implementation of support and service arrangements.

The Case Management Society of Australia (2009) defines case management as 'a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes'. Gronda (2009:8) found that successful case management support was characterised by a persistent, reliable, intimate and respectful relationship and involved comprehensive practical support.

For the purpose of the CMF, the following description of case management has been developed:

- *Case management is a professional service and partnership between a client and their case manager that aims to produce positive, lasting change. A successful case manager will invest time and energy in building rapport and a respectful relationship with the client. They will engage with clients in a manner that is client centred and draws on a client's strengths.*
- *The goal of case management is to assist clients to progress towards a life of greater safety and stability, where they are able to manage their own lives. Case managers engage clients in building their capacity to access the services and supports they need independently.*
- *The process of case management ensures that client cultural safety is always explored and attended to and includes:*
 - *Gathering information*
 - *Undertaking assessments*
 - *Assisting clients to identify goals across a broad spectrum of life domains and a plan to work towards them*
 - *Coordinating and providing services*
 - *Monitoring progress and exit planning.*
- *Case managers advocate on behalf of clients for access to services and supports. Importantly case managers also provide direct services; these can be as diverse as assisting with daily living skills or providing specialist children's services. The provision of direct service delivery is critical in establishing rapport and a trusting relationship with the client.*

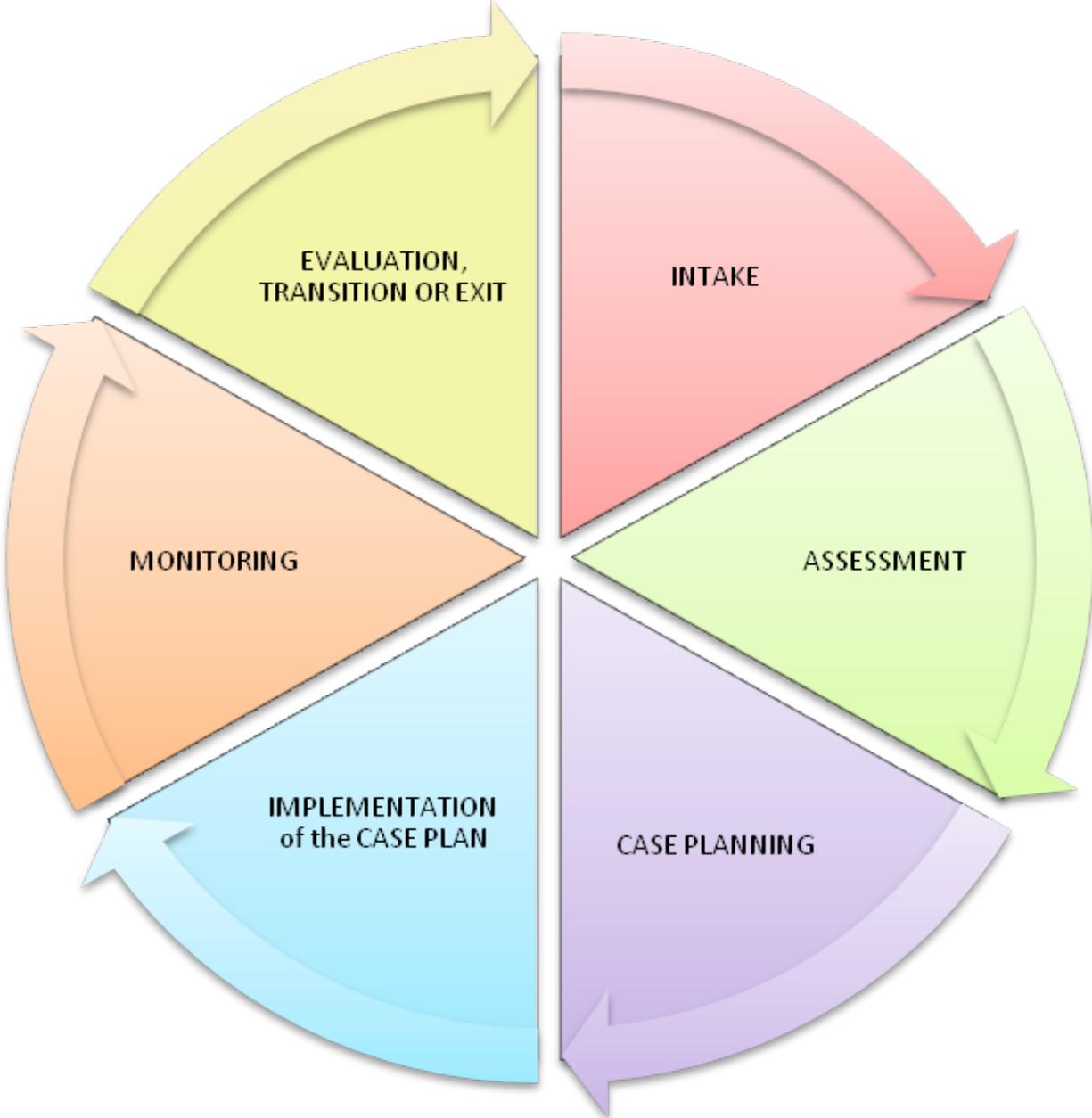
Principles of the case management framework



Principles

Client centred	<p>Places the person at the centre of the service response to ensure it is designed to meet individual needs.</p> <p>Clients are actively involved in developing the case plan and identifying the service responses required.</p>
Proactive	<p>Prioritise acting in advance to ensure early identification of needs, risks and potential barriers, rather than a focus on reactive responses.</p>
Strengths based	<p>Identifies and builds on client capacities including coping mechanisms, resilience and support systems.</p>
Logical	<p>The process of case management is a step by step structured approach which is reasonable and considered.</p>
Partnership	<p>Successful partnership benefits client through clarity of purpose, good leadership, respectful relationships, commitment to collaboration and participation, and a sensitive approach.</p> <p>Partners can include:</p> <ul style="list-style-type: none">- the client- family of the client- informal and friendship networks- community- other SHS- other agencies both government and non-government.
Systemic	<p>Makes links to the broader SHS system and keeping the 'big picture' in mind to maximise client outcomes.</p>
Outcomes driven	<p>The work is focussed on outcomes and achieving client goals through monitoring, reviewing and accountability.</p>
Culturally responsive	<p>An inclusive approach that is respectful and relevant to the client and their cultural identity. Culture refers to a range of personal and community factors including race and/or ethnicity, geography, identity, age, ability, gender, sexuality, family, spiritual beliefs, language, history and economic status.</p> <p>Within this document, a specific focus is given to Aboriginal client engagement, reflecting their over-representation in experiencing homelessness and Government's commitment to improving outcomes for Aboriginal clients.</p>
Holistic	<p>The process of taking into account all factors relating to a client's wellbeing including (but not limited to), psychological, physical, cultural and social.</p>
Dynamic	<p>Revision of goals and outcomes are undertaken throughout the process of case management allowing responsiveness to the individual's changing circumstances and progression through case plan objectives.</p> <p>Knowledge gained by working with clients and service systems is used to advocate at both individual and system levels.</p>

The case management framework



The CMF outlines six key stages of service delivery in the case management model. The process of case management is dynamic and clients may move through or exit at various stages of the framework depending on presenting need. Specific work practices link to each individual stage. The following section outlines the process of case management including recommendations for specific practices.

It is important to assume that a client who is experiencing or at risk of homelessness may require support from multiple agencies across a number of disciplines to address their needs and vulnerabilities adequately. This includes recognition of all agencies contributing to meet the needs of the client.

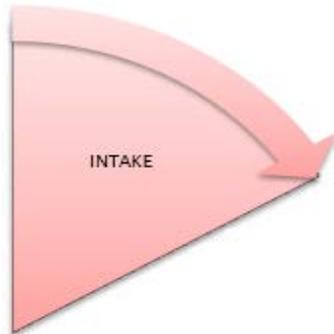
The following key elements are essential for effective case management practice in responding to homelessness:

- Engagement of the client as the basis for support
- A single case manager who leads and coordinates service responses reflected in a case plan
- Planning and development of goals with the client
- Flexible, creative and persistent approaches
- Strengths based intervention based on a housing first approach
- Open and clear communication that supports integrated practice
- Partnerships based on a shared understanding of roles, responsibilities, expectations and limitations
- As much as possible, working with the client in an environment in which they feel comfortable.

The framework includes specific recommendations for engaging with Aboriginal clients. Recognition has been given to the over-representation of Aboriginal people experiencing homelessness nationally and in South Australia specifically, and the unique challenges they face in achieving housing stability. The framework recognises the need for culturally competent case management responses in order adequately support Aboriginal people who are experiencing or at risk of homelessness and to reduce the rates of homelessness amongst Aboriginal and Torres Strait Islander people in South Australia.

Great case managers know and appreciate the value of people. They don't just listen to the opinions of others, they seek them out. They make sure every person involved in the case plan has the opportunity to make a meaningful, lasting contribution. They recognise that their most important responsibility as a case manager is to develop their client, giving them room to grow and inspire them to realise their full potential. The steps are a powerful, practical road map for improving your case management effectiveness. They provide the key to unlocking you and your client's potential. (Kohleis, 2009)

Intake



Key outcomes

- Client engaged
- Presenting needs identified
- Risk and safety issues assessed
- Determine eligibility
- Provide client or service referral
- Identify agencies involved with client

Case management stage: Intake

The intake process engages with the client and identifies their needs in order to deliver an appropriate response. Engagement with the person presenting and stakeholders is the most important factor. Taking time to create a welcoming environment can help support the client engagement process. Depending on how the client presents, a worker may begin by determining eligibility, or by undertaking a presenting needs assessment. There is no strict order in which the intake activities need to occur. Once immediate needs and eligibility are determined, a more formal assessment process can be undertaken. Provide accurate and timely case notes on all activities undertaken and client responses to them. These can be duplicated in the H2H database once a case plan has been established.

Note: It is essential in the initial phases of any case management process to gain the client's willingness to engage with the organisation/service in a case management process.

At intake, clients are explained their rights and their understanding of:

- grievance procedures
- involvement in service provision
- advocacy
- confidentiality
- consent and sharing of information
- the role of the case manager/case worker(s).

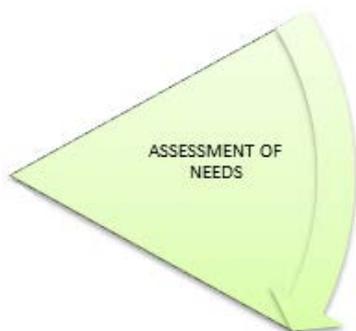
Focus area	Activity
Client engagement	<p>Build a rapport with the client through calm, friendly and respectful engagement.</p> <p>Work with the client in discussing their needs, and recognise and acknowledge the strengths they bring to the engagement process.</p> <p>Consider the involvement of a second worker or manager if any presenting need has a potential safety concern (eg client heavily intoxicated or aggressive).</p>

Presenting needs identification	<p>Gain an understanding of how and why the client is currently presenting.</p> <p>Identify the strengths (protective factors) that the client is demonstrating.</p> <p>Determine the expectations the client has of service intervention. Consider additional supports that may be required to assess presenting needs eg an interpreter.</p>
Risk assessment	<p>Determine any immediate or potential risks to the safety of the client or others.</p> <p>Discuss with client areas of potential risk including immediate housing circumstances, physical and mental health concerns and any external safety risks, such as domestic or Aboriginal family violence.</p> <p>Build an evidence base through discussion with the client and your own observations. Determine the level of risk associated with each factor identified.</p> <p>Determine any broader risks to you as a worker or the organisation.</p>
Eligibility Assessment	<p>Determine if the client is eligible for a SHS response. A client is eligible for support within the SHS sector if they are experiencing or at risk of homelessness.</p> <p>If yes – continue to gather information that will assist in a full assessment, including identifying other key stakeholders and agencies involved with the client.</p> <p>If no – discuss referral options and support them to successfully engage with an alternative agency.</p>
Child safety assessment	<p>Conduct an initial assessment if child/ren have presented or are in the care of the client.</p> <p>Assess the following factors:</p> <ul style="list-style-type: none"> - safety issues or child protection issues (abuse/neglect) - school or day care arrangements - other agency involvement with the child eg Families SA, Child and Youth Health, schools or child care - immediate health issues (nutrition, clothing, medical) - legal issues, such as court matters, intervention orders or custody issues. <p>Determine whether a mandated notifier response and/or immediate safety response is required and prioritise this action.</p> <p>Assess whether the client is coping with their parenting responsibilities, particularly with respect to their current crisis and determine support needs.</p>

<p>Diversion from SHS – external referral only</p>	<p>If the client is not eligible for a SHS or does not fit within your organisations speciality area (eg youth), let the client know as soon as possible. Give an explanation and make a ‘warm referral’ to a more suitable service with client consent.</p> <p>As a ‘gateway’ and using the principle of ‘no wrong door’, provide adequate information with the referral so the person doesn’t have to re-tell their story. Provide the client with as much information as possible about the referral, eg who they will be seeing, and agree together how they can get there.</p>
<p>Identify other services/agencies involved</p>	<p>Gather information regarding other services involved with the client and their level and purpose for involvement. The aim is to work collaboratively with others to avoid service duplication.</p> <p>With client consent contact these agencies to determine whether a case manager is in place, how your organisation may support the case plan or whether the plan requires review, particularly with respect to the client’s housing/homelessness situation. Build a rapport with these agencies.</p>
<p>Cultural considerations for Aboriginal clients</p>	<p>The initial point of engagement is the most important. As much as possible an Aboriginal worker should be offered to provide the intake process. Generally, an Aboriginal person is likely to be more open with an Aboriginal worker, although every person’s preferences are individual. Where agencies do not have Aboriginal employees they are encouraged to build up a network to support Aboriginal client engagement, and for accessing interpreters. Ensure that the client feels comfortable and that engagement occurs in a safe and private environment.</p> <p>Engage children in a friendly manner and be respectful of the parent/guardians role. If you have concerns regarding the children’s welfare it is best to discuss this with the presenting adult where possible. Raise the concerns in a way that lets them know you are seeking to help and not judge the children’s wellbeing.</p> <p>As a worker builds a rapport with a client in the Intake process, he/she must be prepared to be the point of contact for a client for the remainder of the case management process. Demonstrate that you genuinely want successful outcomes for the client and that you are prepared to be there for them throughout the case management process.</p>

Failure to engage properly with the client will deliver poorer outcomes than when your client feels encouraged and connected (Kohleis, 2009)

Assessment



Key outcomes

- Assess all life domains
- Assess need for external/specialist support and/or gather information from them
- Collate information and observations
- Provide immediate support/action where warranted

Case management stage: Assessment

The assessment process involves the case manager and client identifying the issues, strengths, and service/support requirements that will inform the planning process. A rigorous analysis of the information gathered through engagement with the client will support a comprehensive assessment. Provide accurate and timely case notes on all activities and discussions undertaken.

Focus area	Activity
<p>Assessment of needs and strengths across life domains (in no particular order):</p> <ul style="list-style-type: none"> - Children - Cultural - Employment, education & training - Health & well-being - Housing & accommodation - Interpersonal relationships (family and social systems) - Personal safety planning - Daily living requirements - Financial and legal 	<p>Carefully explain the assessment process and purpose to the client.</p> <p>Through respectful engagement and questioning, assess presenting needs within the life domain areas. Ensure a clear understanding of their homelessness situation and housing history. Recognise that assessment may occur over several engagements.</p> <p>Identify the client's goals, strengths and current support systems, both professional and personal. Gain a good understanding of their needs, concerns, values and choices.</p> <p>Make assessments based on the client's responses, both verbal and non-verbal. Ensure they have adequate opportunity to provide input and make their own assessments on different issues.</p> <p>At times a worker and client may disagree on an assessment. Make sure that both views and rationale for them are incorporated and understood. Disagreement does not have to prevent action, but may delay it if appropriate.</p>
<p>External and specialist assessment support</p>	<p>Sometimes specialist assistance may be required to undertake a thorough assessment, eg psychiatric services. With the client's consent use internal or external specialist supports to help inform the assessment.</p> <p>Additional services which are currently involved or have a history of involvement can also inform the assessment process. Such services can assist in validating information gathered.</p>

<p>Concluding an assessment process</p>	<p>Collate all information and observations into a clear evidence based statement of the client's situation within each life domain area. Where conclusions are drawn as worker opinions, it is important to be clear about this within case records. Continue to test and explore these opinions through the case management process.</p> <p>Clearly identify risks within the client's situation or their behaviours, as well as capacities, opportunities and limitations.</p>
<p>Immediate action and support</p>	<p>At times an assessment made may require an immediate response from the worker, client or both. As much as possible, work with the client to determine an immediate action plan, with clear time frames.</p> <p>Ensure it is clear to the client that immediate action and support is only to address immediate concerns, and that through the development of case plan, less urgent and longer term action planning can take place.</p>
<p>Cultural considerations for Aboriginal clients</p>	<p>When assessing cultural need it is important to get an understanding of what's most important for the client, which for Aboriginal people, is often family. Explore the types of supports, networks and family the client may want to connect with and recognise the strength and value of these connections, particularly in supporting culture. Specific cultural supports may be useful for more isolated clients or young people, such as mentoring.</p> <p>Often during an assessment process the need for housing will be of most concern for clients experiencing homelessness. It is important to be upfront and realistic with clients about housing options as well as the responsibilities that come with housing, such as paying rent, house cleaning and household management, eg budgeting. Continue to reassure the client that their priorities are also yours and that you are committed to working with them to achieve successful outcomes.</p>

The elements of the assessment process include:

- *involvement of the person*
- *tracking sources of information*
- *engaging service providers and others in the initial phase of case management*
- *managing the process for a comprehensive assessment in a time effective manner*
- *reflection, testing ideas about this situation and the client, considering own responses*
- *coming to a conclusion at the end of a process. (Gursansky et al, 2012)*

Case Planning



Key outcomes

- Determine specific goals
- Determine strategies to achieve outcomes
- Clarify all roles and timeframes
- Identify and respond to risk and safety Issues

Case management stage: Case planning

Case planning is a multifaceted exercise that sets the scene for what follows between a client, the case manager and formal and informal supports. Case plans are client centred and may be developed over the course of several meetings with the client. The case plan is a document that reflects the assessment of the client's situation, particularly regarding their homelessness status, as well as their needs and goals.

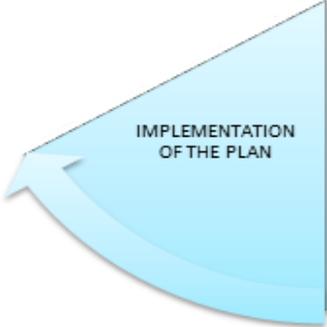
The case plan includes tasks to be undertaken by the client, case manager, case worker and other service providers to support goal attainment within agreed timeframes. Regular reviews to identify progress and make adjustments need to be built into the case planning.

Focus area	Activity
Specific goals	<p>Based on the assessment, identify immediate, short-term, long-term and ongoing needs, and develop related strategies and specific goals to address these needs. Ensure goals are SMART (Specific, Measurable, Attainable, Realistic and Timely).</p> <p>Maximise the strengths of the client and their networks when determining actions and be confident about client and agency resources and capacities.</p>
Strategies to achieve outcomes	<p>Develop a plan of action for achieving goals with the client and include any other services to be involved.</p> <p>Develop goals and strategies that are specific to achieving the desired outcomes. Goals need to be client focussed and based on a housing first approach.</p> <p>Alongside goals, state how they will be achieved, who will be responsible for related tasks and the timeframes for each. Tasks need to be straight forward – a series of steps required to achieve the goal.</p>

Specification of roles and other services	<p>Recognise the plan as a collaborative activity between the case management agency, client, client network and service agencies.</p> <p>Clarify and document what each individual and agency will contribute to the plan. Clarify the roles and expectations of all involved from both a client and agency perspective.</p> <p>Set clear and realistic timeframes including clear monitoring and review processes.</p> <p>Ensure the client is clear about expectations for them achieving their own part of the plan and what they can expect from others.</p> <p>Have all parties sign off on the case plan to commit to their agreed responsibility.</p>
Risk assessment and safety	<p>Determine any risk and safety factors for the client and assess the levels of risk. Consider any related legal issues that may require action.</p> <p>Develop a risk management or safety plan if required.</p>
Cultural considerations for Aboriginal clients	<p>When putting plans together, ensure you have a clear understanding of what the priorities are for the client. Set goals and timeframes around their priorities. If a client appears reluctant to pursue a particular goal that you feel is important, ask questions about their concerns and explore what may be holding them back. It may relate to costs, support or individual capacity and this can then be addressed to help make the goal realistic and achievable.</p> <p>When considering timeframes explain to the client why particular time frames have been set and how this reflects a plan towards successful outcomes. When implementing timeframes be willing to make regular contact leading up to appointments or tasks in order to ensure the client remains aware of the timeframe or scheduled appointments. Remind the client of how the task relates to what is an important priority for them. Be prepared to be flexible and make changes to timeframes, particularly if other issues arise that need to be prioritised or addressed above the original task, such as a death in the family or community.</p>

Engaging people in the planning process helps them to discover their options not just by being asked. Through ongoing dialogue, other options emerge that the case manager or person did not think of in the beginning. This dialogue is key to helping people process their realities and set goals for where they want to be, for example, in two days, two weeks, or two months. Through this engagement people will be able to take ownership and move forward. (Calgary Homeless Foundation, 2011)

Implementation of the case plan



- Key outcomes
- Deliver on case plan tasks
 - Provide referrals and advocacy
 - Facilitate sound collaboration and coordination of services
 - Provide regular communication and information sharing

Case management stage: Implementation of the case plan

Implementing the case plan involves:

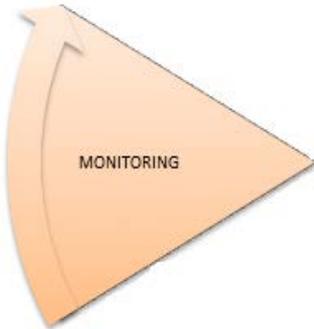
- Conscious, deliberate and purposeful activity with and for the client
- Actions that are outcomes focussed and work towards case plan goals
- Engaging and working with all stakeholders and coordinating task orientated responses
- Being responsible and accountable to the client and the plan
- Providing accurate and timely case notes on all activities undertaken and client responses to them.

Focus area	Activity
Delivery of case plan tasks	<p>Be action and solution orientated, work from a strengths perspective and include the client wherever possible. Respect the client's right to self-determination.</p> <p>Implementing case plan actions and tasks is very practical work and requires a proactive approach to achieving the case goals. Maximise outcomes for the client by working in partnership with them.</p> <p>Recognise the importance of the timeframes established and work within these.</p> <p>Be flexible and re-strategise when plans are not working.</p>
Referral and advocacy	<p>The case manager needs to explore options and resources to effectively implement the case plan. Referrals for short or longer term involvement of external agencies are likely to be necessary to expand resources and help achieve goals. Involve the client in the referral process.</p> <p>At times case managers will need to advocate on behalf of their client to ensure access to adequate supports and the involvement of relevant services. Be clear about the need for which you are advocating and the reason the involvement of others is critical.</p>

<p>Collaboration and coordination of services</p>	<p>Collaborate and actively build relationships with other service providers to support efficient work towards the case plan goals. Ensure all agencies are aware of each other's involvement.</p> <p>Identify and reduce service or support barriers, gaps or overlaps that may arise.</p>
<p>Communication & information sharing</p>	<p>Maintain open communication channels with all stakeholders, including the client and hold them accountable for tasks to be undertaken. Regular communication helps to maintain a coordinated focus on achieving outcomes and meetings or case conferences with all stakeholders can support this process.</p> <p>Make sure information shared is accurate and be sure to discuss progress, challenges and proposed solutions with the client at all stages of implementation.</p>
<p>Cultural considerations for Aboriginal clients</p>	<p>Ensure that you engage and inform the client of every aspect of implementation as you work on goals and tasks together. Although it is important that the original worker engaging the client remains involved, it is worth introducing the client to an alternative staff contact at some point, to ensure that whenever contact is made with the service, the client can speak with someone they know. Ensure that the second worker has a good understanding of the case plan and uses a similar approach to engagement as the first worker.</p> <p>At times achieving tasks and goals successfully can be very new and different. A very practical and step-by-step approach may be necessary. Tools such as posters that use pictures and simple guidelines to help a client work through tasks including managing a chronic health issue or maintaining a household can be very useful. Ensure that such tools are offered in a respectful and relevant way.</p>

The work of the case manager is surprisingly practical, from showing people how to grocery shop to running a dishwasher.

Monitoring



Key outcomes

- Reviewing progress and re-strategising
- Identifying and responding to change
- Celebrating milestones
- Planning for transition or exit stage

Case management stage: Monitoring

Monitoring of the case plan with the client helps to identify progress, prioritise next steps and ensure efficiency in achieving goals. Monitoring occurs as an ongoing and proactive process to constantly inform the client, case manager, agency and other providers with progress, gaps and areas of change.

A formal case plan review should be conducted every three – six months by the case manager and client. A review will determine:

- the frequency and depth of any reassessments needed
- whether identified goals remain current
- if the plan is satisfactory to the client and service providers
- any changes to the client, their situation or their environment
- if decision making has helped towards identified goals, and the impact of goal achievements
- whether all strategies are adequately resourced and all partners are contributing towards goal achievement.

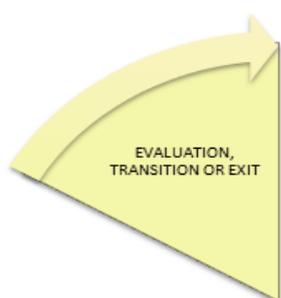
Ensure that monitoring and review includes accurate and timely case notes on all activities undertaken and client responses to them. Organisations will benefit from conducting internal audits on client files to ensure agency case management standards are maintained consistently.

Focus area	Activity
Review progress & re-strategise	<p>Engage and support the client with acknowledgement of their capacity, growth, insight and motivation.</p> <p>Review the progress of the client towards planned outcomes, service and support activities against the case plan.</p> <p>Update and/or refine case goals, strategies and objectives to meet client needs and ensure goals are realistic and achievable. Consider the involvement of additional agencies or supports if necessary.</p> <p>Document and acknowledge progress.</p>

<p>Identify barriers and respond to change</p>	<p>The monitoring process is likely to identify gaps or barriers to progressing objectives of the case plan. Work with the client and other service providers to identify the challenges/barriers and openly problem solve:</p> <ul style="list-style-type: none"> • Is the goal still relevant? • Has the situation changed? • Is there new information that needs to be considered? <p>Consideration of broader environmental or political environments is critical to understanding barriers and developing best responses.</p> <p>Case managers will need to be creative and persistent, and provide an individualised response to difficulties arising, working within the client’s capacity and agency’s resources.</p>
<p>Celebrate milestones</p>	<p>Ensure recognition is given to any level of achievements towards goals.</p> <p>Celebrate the successes and acknowledge the efforts of all involved in helping to achieve this. Ensure the client is acknowledged for their role and contribution.</p>
<p>Review agency involvement and possible transition or exit strategy</p>	<p>Determine whether or not the client still requires agency involvement. Review if your service is still the most suitable/appropriate service to be providing the lead case management role or if another service may now be more suited.</p> <p>If another service is identified as the preferred lead agency, take a proactive role in respectfully integrating a transition to a new service. This is discussed further in the Evaluation, Transition or Exit Stage and should be planned well in advance to reduce any potential client anxiety relating to this change.</p>
<p>Cultural considerations for Aboriginal clients</p>	<p>When monitoring goals make sure that the goals remain relevant and a priority for the client and worker. Talk with the client about their priorities and use this to help maintain motivation towards goals. Continue to demonstrate to the client that you want their goals to be successful and that you are committed to working with them to make outcomes happen.</p> <p>Make sure the goals and tasks are in writing and that the client has a copy that they can regularly review. It may be useful to have a simplified version with specific tasks and timeframes listed. Take time to review this document with Aboriginal clients so that they can see what has been achieved and the progress that has been made towards goals.</p> <p>When celebrating milestones give recognition to the client that is genuine and identifies specifically the achievements made. It may be appropriate to make a new milestone quickly, to maintain momentum towards the clients overall wellbeing. For example, if a client successfully pays off a debt, talk to them about setting a savings goal.</p>

Much of the front-line responsibility for recognising risks to the client and the organisation during the implementation of a case management plan also rests with the case manager, who requires sufficient confidence and capacity for professional judgement to know when to activate emergency procedures and when to seek and co-opt team leader and agency assistance. (Gursansky et al, 2012)

Evaluation, transition or exit



Key outcomes:

- Provide recognition of achievements
- Plan next steps
- Evaluate progress and outcomes
- Identify continuous improvement opportunities
- Recognise contributors

Case management stage: Evaluation, transition or exit

Evaluation is important for:

- measuring the achievements against the plan
- reviewing service demands – recognising service gaps, strengths and opportunities
- reflecting on elements of the engagement process
- developing an evidence base of effective practice.

Transitions or exits can occur internally, for example a change of staff/case manager, or externally, should a client no longer require the services of a particular agency. Exits and transitions need to be carefully planned and implemented. Evaluating the contribution of the agency/case manager is an important part of this process.

Provide accurate and timely case notes within H2H on all activities undertaken and client responses to them.

Focus area	Activity
Recognition of achievements and planning next steps	<p>Include the client in the process of evaluation, transition and exit and be clear about why transition or exit is appropriate at this time.</p> <p>Plan the next steps carefully and ensure there is appropriate support in place for a successful transition. Make sure the client and other services involved are clear about timeframes involved and any opportunity for re-engagement if needed in the future.</p> <p>Celebrate what has been achieved and acknowledge the growth and progress of the client.</p> <p>Reflect and learn from the challenges and successes of the case management service.</p>

<p>Evaluation of process and outcomes</p>	<p>Undertake an evaluation process as part of reflective practice and continuous improvement processes.</p> <p>Determine the type(s) of evaluation to be undertaken, such as:</p> <ul style="list-style-type: none"> • Client satisfaction survey • Focus group • Focused evaluation (focus on one aspect of the process)
<p>Use evaluation to strengthen ongoing practice and partnership</p>	<p>An organisation may conduct a focussed evaluation, eg on the assessment stage, which might include analysing:</p> <ul style="list-style-type: none"> • The timing of assessment • The case manager carrying out the assessment • The environment • The form/paperwork used • The life domains covered • Any gaps or systems supports or issues • The perceived relevance of the information gathered. <p>Use others in the process to undertake reflective practice:</p> <ul style="list-style-type: none"> • Identify if there are any areas that need improving in the broader system – if so advocate for change • Identify if there are organisational changes in policy or procedure that could improve on case management practice within your service • What did you learn about yourself in the process. <p>Don't be afraid to critically analyse the process, your practice and the learnings.</p> <p>Use the information to improve future service responses and practice.</p>
<p>Recognition of contributions of all parties</p>	<p>Take the time to recognise the efforts, contributions and support of each partner, including the client.</p> <p>Acknowledge the successes and the challenges and opportunities for future partnership.</p>
<p>Post-exit follow up</p>	<p>After the client has exited the service, it is important that the worker(s) maintain a relationship to enable positive engagement and support to transition and stabilise into their accommodation and the community.</p> <p>This is formalised and implemented via outreach services to the client and in collaboration with other service providers and significant people in the client's life.</p> <p>Capturing and celebrating the client's positive outcomes and achievements through post-exit follow up is an important part of this process, both for the benefit of the client and for the service.</p>

Cultural considerations for Aboriginal clients

If a transition to a new worker or service is required it is best practise for the original worker to either 'hand pick' or make recommendations about who or what type of worker would be best suited to engage the client. When a new worker is identified, the original worker needs to recommend them to the client, explain why the transfer is necessary and the fact that the new worker will be just as helpful and committed. Ensure that the transition to a new worker happens slowly over a period of a number of engagements with both workers. Make sure the new worker has access to information on the history of involvement, levels of engagement and planning for the future. The original worker should provide follow-up after the transition has formally occurred to check on the client's wellbeing and provide reassurance about the new worker's involvement.

Whether it is a transition or an exit, a worker needs to remember that they will often continue to be a part of an Aboriginal client's life or support network, even after contact with them is completed. It is important to recognise this and be willing and available should the client need to re-engage with the service again in the future. Make sure the client is aware that while their exit/transition is a significant achievement and celebration, they are able to recontact should the need arise.

Transitions and case closure can be emotional for both the client and the case manager. Emotions need to be worked through and the achievements of clients and the service system celebrated. (Gursansky et al, 2012)

Protocols for integrated case management

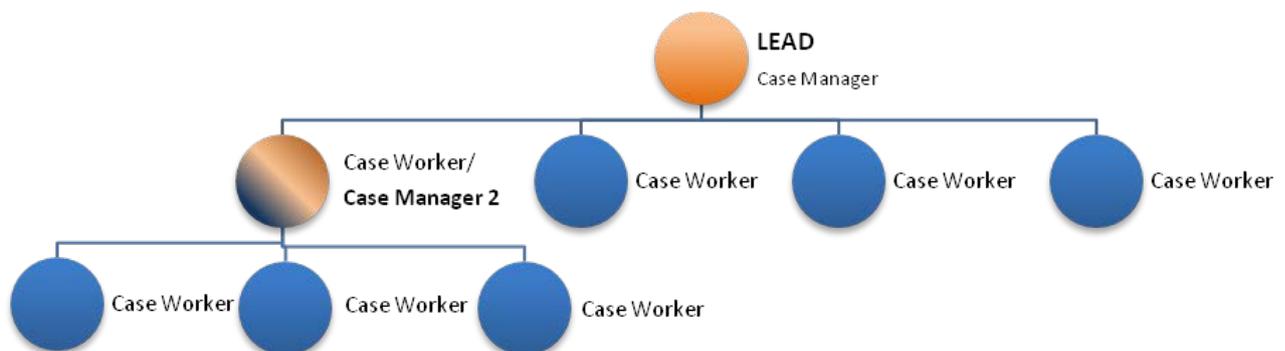
The guidelines in this section outline how agencies can work together effectively to provide integrated case management. They will ensure the best possible coordination of services that are client centred, strength based, and outcome focused.

SHS generally engage clients who experience multiple needs and vulnerabilities. In such cases, an integrated, across agency case management response offers the best opportunity for ending homelessness for the client and helping them to achieve their goals. An integrated or joint approach involves a single case manager and any number of case workers from different services engaging the client and working together in line with the case plan. Multiple agency integrated case management is dependent on the sensitive sharing of relevant information.

The implementation of the protocols will ensure best practice by:

- Reducing the likelihood of service duplication or gaps and clients needing to retell their 'story'
- Ensuring that all clients have a dedicated case manager to drive their case plan
- Ensuring services work collectively around the client's case plan with a shared understanding of purpose, and
- Maintaining sound working partnerships that improve the likelihood of successful client outcomes.

One of the greatest challenges to integrated practice is confusion of language, which has an impact on understanding roles, responsibilities and actions. When agencies come together, each often believes that it is responsible for providing case management with a dedicated case manager in place. This conflict usually occurs either because no formal discussion has been undertaken regarding which agency will take a lead, or that a specialist agency is also coordinating a range of specialist services for a client. Consider the example in the diagram below. There is a 'lead' case manager who may be responsible for coordinating most service responses to meet the client's needs, but there also may be a need for a 'secondary' case manager who is responsible for coordinating specific services such as health services, where a range of supports including psychologist, doctor and health specialist may all be regularly involved.





In such cases it remains important and necessary to identify who the lead agency/case manager is for the client, recognising that, while individual case managers are involved in coordination/facilitating action and referrals within the field of expertise, eg health, emergency relief, custody, one agency still needs to be identified as the lead who will plan and coordinate the overall response for the client. It is important to note that being the lead agency means taking responsibility for the direction, but it does not presume sole decision making powers. Chappell (2012), notes that it is critical for the case manager to share decision making equally with other contributors including case workers and the client. Chappell advocates that all agencies need to remain responsible for managing their specific involvement with the client, including the responsibility for decision making related to their service.

Being innovative and imaginative, thinking outside the box, but working within it. Politically savvy, we need to be comfortable stretching the envelope and pushing the system while working within it. (Calgary Homeless Foundation, 2011)

Identify agencies and roles

It is important to determine the support agencies that are involved in the client's life as part of the intake and assessment of needs stages. This will assist in determining who is already providing a service, their role and relationship with the client, and for what duration of time they may have been involved. It will assist in avoiding duplication, understanding the relevant client history along with determining their strengths and how they engage in the case management process.

<p>Who is the lead agency and how is this determined?</p>	<p>It is important to ascertain who's best placed to take the lead case manager role, recognising that there must only ever be one lead agency or case manager. If the client does not have case manager, their views regarding which service they would prefer to take on that role need to be sought. Whilst a client's first preference as to which agency takes the lead may not always be possible, it needs to always be acknowledged. Other factors in determining the lead agency include the history of agency/worker involvement, culturally appropriate services, level/role of current or future agency involvement and likely longevity of agency involvement. Building knowledge of which agencies are currently involved through discussion with clients, agencies and a review of H2H Case Management System will help inform this process.</p> <p>In some cases mandatory or statutory requirements specify a particular agency as having lead case management responsibility. For example, the Department of Education and Child Development and Families SA will have lead case management for children/young people under the Guardianship of the Minister). In other cases a decision may need to be made on behalf of the client, but always acknowledging their preferences, involving them in the discussion and making decisions based on what will be most beneficial for the client.</p> <p>The lead agency will take responsibility for holding and managing the overall case plan. Within the lead agency a designated worker will be assigned to the client who acts as the case manager. The case manager then coordinates the efforts of other agency/case worker involvement and proactively ensures all involved are fulfilling their roles and responsibilities as outlined in the case plan.</p> <p>The client needs to be informed that this role might change as they progress through services, or as their needs change, but that they will be consulted and engaged in the service provision and processes until a service is no longer needed.</p>
<p>Who is missing and how do we engage them in the process?</p>	<p>Once it has been identified who is involved, the supports can be mapped against actions required to address need. This will identify additional supports that may be required to meet the client's needs including needs of any accompanying children.</p> <p>Working with families with young children means attention must be given to age appropriate engagement and assessment processes and opportunities for the child to make decisions about services and supports are carefully considered. Engaging a child specialist within your service or a specialist children's service is appropriate and will support the development of a case plan for each child.</p>



	<p>With the clients permission and involvement, liaise with agencies involved to identify:</p> <ul style="list-style-type: none">• if the client meets their eligibility criteria• if there is a waiting period• if they already have a history with the client/child, and• their capacity to provide a support. <p>Provide referrals through H2H and advocate for the involvement of additional agencies to meet case plan objectives.</p>
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Build effective collaboration

The principles of the CMF outlined earlier provide the basis for effectively working together with a client focus. Keeping the client central to all discussions and meetings is important. Ensure that clear recognition of the client's risks and vulnerabilities are assessed and responded to in a timely manner is imperative.

<p>Working through challenges in the case management process</p>	<p>There are many challenges that an agency/case manager may experience. It is important to ensure that the client is aware that all agencies are on the same page and working towards the same plan, and that any issues or barriers will be addressed in a collaborative manner.</p> <p>Challenges to collaboration may include:</p> <ul style="list-style-type: none">• client disengagement• 'splitting' agencies by siding with one at the expense of others, or mis-communicating about agencies• poor or minimal communication• changing expectations• different values or business interests of agencies• unexpected changes in the clients/children's circumstances• the introduction of new players/supports, family etc. <p>These challenges can be effectively addressed by ensuring accurate information, open and honest communication, including the client in decisions (where possible), and collectively re-strategising as often as required. Take time to recognise and acknowledge that all agencies are working to achieve successful outcomes with the client.</p>
<p>What happens when we don't agree?</p>	<p>Each agency offers different perspectives on the client's situation and being genuinely open to new insights is important. This provides the opportunity for understanding conflicting views from new perspectives. In the event of a disagreement that cannot be resolved, each agency's grievance procedures for clients and service providers should be followed.</p> <p>Through the contract performance management process undertaken by Housing SA with SHS, agencies have the opportunity to discuss systemic issues with contract managers. All concerns reported to the department will be addressed in consultation with the agencies involved and issues attended to through contract management processes or, more broadly, through systemic/policy change where possible.</p>

Relationship development and maintenance	Effective case management requires proactive engagement, effective communication and solid relationship development. It is important that agencies operate within clear boundaries and expectations as outlined in their service agreements, and not commit to something that they are unable to deliver. All agencies involved with a client need to provide comprehensive communication about their engagement with the client and progress towards case plan deliverables.
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Recognise agency strengths and roles

Each of the agencies that play a role in the client’s plan brings a different set of skills, knowledge, expertise, and relationship with the client. Every worker will offer unique skills and experience that add value and maximise the benefits of a collaborative approach. All agencies involved need to recognise the inter-dependency they have in meeting the needs of the client.

‘Where there is recognition that there is significant common ground between organisations in terms of what they are working towards for their shared clients, people find the time and energy for the collaborative work and the outcomes are better’ (NSW Government, 2010).

Sharing knowledge on each organisation’s operating environment (policies, systems, values and priorities) assists collaboration. Understanding these factors helps to:

- Prioritise activities
- Work within the roles and responsibilities each agency takes on, and
- Determine the approach for meeting the goals of the case plan.

Dedicating time for structured cross organisation meetings or training, organisations can assist their staff to work together more constructively. A better understanding of both constraints and possibilities of service integration will drive best outcomes for clients.

Provide communication and information sharing

Information sharing guidelines (ISG)	<p>The Ombudsman SA’s Information Sharing Guidelines (2008) for promoting the safety and wellbeing of children, young people and their families provides a tool to support accessing and exchanging information.</p> <p>The guidelines articulate the overarching principles and practice which bring together all relevant government agencies and non-government organisations in the interests of early intervention, better coordination of services, and consistent information sharing across the state.</p>
What information would be useful and may be held by an agency elsewhere?	<p>When undertaking an assessment, consider other agencies/services that the client may have previously had contact with and, if relevant, make contact with the agency to build a better understanding of the client’s situation.</p> <p>Assessments may have been undertaken elsewhere that can add value to your case plan, eg assessments provided by education or mental health services.</p>
Using communication to strengthen collaboration	Strong professional relationships within and across agencies are fundamental to achieving successful outcomes with clients. Dedicated leadership and sound, frequent communication help to build sustainable relations in the often challenging environment of addressing homelessness.

Developing across agency collaborations, understandings and recognition at both an operational and strategic level takes time. Whilst consistency in case management is an aim of the CMF, acknowledgement is given to the differing operating environments each agency pursues. Sharing an understanding of this and building staff relationships that support this is important. Strong relations across agencies help to achieve outcomes that extend beyond differences agencies have, and work with the similarities of purpose, particularly around individual client needs.

Building local and regional vision and leadership around responding to homelessness will support work being undertaken at an operational level. Having consistent case management practices supported by a sector framework will improve service successes.

Case conferencing guidelines

As with the case management process, case conferences need to be outcome driven and not just about providing and sharing information. In general, the purpose of a case conference is to:

- ensure client involvement, or if more appropriate, a child/client representative
- review client's situation, agency assessments and progress towards case plan goals
- discuss issues, concerns or gaps in current service delivery
- outline expectations of the client and participating agencies moving forward
- develop actions that support the case plan and agree on the roles each agency has in achieving next steps
- develop and agree service referrals, and
- improve or maintain strong, client centred service coordination.

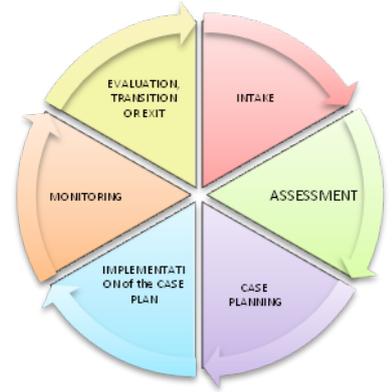
Case conferences need to include the client or at a minimum ensure their views are represented. The meetings should be held in a place and through a process that enables the client to feel that they can actively and safely contribute to the discussion. When situations arise that a client is not willing or able to attend or participate, it is important to have a clear communication strategy to ensure that their views are captured prior to the meeting, and that they are informed of the outcomes. A case conference without the client being present should only be called under special circumstances. A client may not be present because they cannot be located; where a case conference is necessary to progress the case plan because of risk or, the client is a child under the age of 12 years and their ability to participate and/or be represented has been discussed with a parent/guardian or child specialist.

Generally the case manager or a representative from their agency should chair the meeting and a clear agenda provided before the meeting is held. The minutes of the meeting can be used to help inform action and adjustments to the case plan as required.

Case Studies in practice

Scenario 1 (Aboriginal focus)

An elderly grandmother presents at 4pm on Friday afternoon. She has with her three young children all of whom look under the age of 10 years. All four look tired although two of the children appear restless and fidgety. They indicate that they are Aboriginal. The grandmother greets you at the front desk and says that they need a house in your local area.



Stage	Suggested activity and outcomes
Intake	<p>Engagement is the key focus, as well as understanding the presenting needs and safety issues. An overview of the approach could be as follows:</p> <ul style="list-style-type: none"> Engage the client warmly and ask if she would like to speak with an Aboriginal worker Offer drinks for the children and grandmother and invite them to a private space for further engagement, ensuring they feel comfortable Introduce yourself as the worker and explain that you are keen to help. Give a brief overview of your organisation’s privacy guidelines and your role. Identify that, as closing time is 5pm, you are keen to hear about her immediate safety needs and gain an understanding about what has led to her seeking housing assistance today. Ensure another worker is available if necessary, particularly if your discussion extends beyond 5pm to help ensure your/others safety. In your discussion talk with the grandmother about her other immediate needs, including the children’s. Assess the children’s well-being through discussions with the grandmother and observations of the children. Talk with the grandmother about what immediate options she may have available, such as friends and family, while you work towards a longer term housing option. Explain what you can do to assist immediately and discuss the idea of case management as an option for ongoing assistance around longer term needs Secure their immediate safety and accommodation for the weekend and discuss your re-engagement plan for Monday. Ensure you have contact details and provide grandmother with information on services she can contact over the weekend. Where possible, provide some practical assistance such as food. Introduce her to an alternative worker at your service so that there is always someone she can make contact with that she knows. Reassure the grandmother that you will be the point of contact for her on Monday and be clear about where that engagement will take place.

Assessment

In your follow up engagement with the grandmother on Monday discuss the idea of assessing life domains and explain the purposes for this. Talk with her about the length of time this may take and have a plan around what the children might do during this assessment discussion. For example, you may choose to go to a playground where you can watch the children whilst also engaging privately with the grandmother. Start your assessment conversation with what the priority is for the grandmother (ie housing) and work through all other life domain areas. Be comprehensive in your assessment but respect privacy if the grandmother is reluctant to be open about an issue.

Suggest that some issues can be returned to at a later time. If concerns are raised by the grandmother that are outside your area of expertise (eg one child may have ADHD), talk about the option of other services being involved to help assess the situation. Talk about cultural needs, such as family and discuss about how you can support the grandmother to achieve her goals in this area. Take time to talk with the children about their wishes and seek additional supports in assessing the children with the grandmother's agreement, such as a specialist children's worker. Be an active listener, hearing what is said and not said and observe body language. Address any immediate safety concerns that arise during the discussion as a priority.

During the discussion note areas of strength you recognise. This can be as simple as giving recognition for the strength the grandmother has shown in asking for assistance, and having good insights into her current situation. Ask her about other services that may be currently (or have historically been) involved and get written permission for contacting them. Explain why this is beneficial.

Talk about next steps and how the grandmother will be involved in every aspect of the case management process. Provide reassurance of your role and the importance you place on successful outcomes for her and the children.

Case planning

When you next meet with the grandmother bring a template of a case plan to show how case planning discussions come together. Make sure you have done some research on various services and supports that you think will be helpful in this process, based on the assessment stage.

Talk together about goals that need to be achieved in each life domain area. Work out which ones are the priorities and apply realistic time frames for their achievement. Break down goals into specific tasks and identify which ones the client will be responsible for, and which ones will be done with supports. Identify which services will be required to achieve goals and recognise that timeframes may change dependent on agency availability. Discuss a case plan for each child or consider allocating a children's specific case manager.

	<p>Talk about this option with the grandmother and as much as possible be the one to identify a children’s worker or make recommendations as to the type of worker who would be best suited to engage. At all times work in close partnership with the children’s worker, as well as the grandmother and children.</p> <p>Once a draft case plan has been put together, let the grandmother know that you will type it up formally and provide her with a copy of at least the action plan section. Let her know that you will review this regularly to monitor progress or adjust it if circumstances change.</p>
Implementation of case plan	<p>Proactively make regular contact with the grandmother and children to reassure them of your ongoing involvement. Include the grandmother and children in tasks to be completed as much as possible. Where an appointment has been made (eg with a school), visit or contact the grandmother the day before to ensure she is ready for the appointment and reflect together on its importance.</p> <p>Advocate for other agency involvement as required and convene a case conference as frequently as necessary to bring all agencies together and ensure strong partnerships exist across services. Maintain regular contact with each support worker involved. Continue to build a rapport with the grandmother and children and encourage their feedback and input into the process. Ensure the priorities are understood by all involved. Reassure the grandmother of your commitment to the case plan and to supporting her in achieving the goals set.</p>
Monitoring	<p>Take time to review the case plan with the grandmother and children on a regular basis. Recognise progress that has been made and acknowledge the efforts of the family’s contribution. Encourage the grandmother to make contact if circumstances change or different priorities arise. Identify areas where the grandmother has demonstrated an increase in personal capacity, for example undertaking a new task she has not done before or building personal confidence in contacting an agency. Take time to adjust or change aspects of the case plan where priorities or required actions change.</p>
Evaluation, transition or exit	<p>Offer as much time as possible during the transition or exit phase. Ensure there is opportunity for feedback on the process and encourage the grandmother and children to make contact in the future should the need arise. Provide a follow up call and reassurance of your availability into the future.</p>

Scenario 2 (Children’s focus)

A mother with two boys arrives at your service ‘Westside’; she has been living in a car for two weeks while travelling down from Alice Springs. You notice quickly that both boys are acting out with the eldest (aged 10 years) intimidating and threatening his youngest brother (aged 4 years). The youngest is grossly overweight, timid and appears anxious and does not respond to you. The mother informs you she is depressed, couch surfing with a relative for the next few days and can’t control her boys, stating they “don’t listen”.

That afternoon the family have been given short-term accommodation in a hotel until something more suitable becomes available. The SHS case worker gives Together 4 Kids (T4K) a ring to arrange a child-focused assessment as soon as possible.

Stage	Suggested activity and outcomes
Intake	<p>During the intake process it is important to recognise the unique experience that homelessness has on children. Explain to the mother that you would like to seek the support of the specialist children’s service, T4K, to help work out how to best respond to her children and to better support her as a mother. Ask for her written permission to call them.</p> <p>In contacting the children’s service, T4K, you organise a time to have the children meet with them and provide this information to the mother in writing and ensure she has transport to get there. Talk with her about how long the appointment is likely to take and with whom she will be meeting. Reiterate the importance of this appointment in helping her to better manage and support her children, and let her know you will call her the day before the meeting to remind her of the appointment. Where possible, offer to attend the appointment with her thereby providing a point of continuity between services.</p> <p>Complete your intake for the mother and the boys and refer the children for a service on H2H to the specialist children’s service.</p>
Assessment	<p>The next week the mother arrives at Westside with her two boys for the T4K appointment.</p> <p>After introductions and ensuring the boys feel safe, the boys are offered opportunities to play in a separate room with the support and guidance of a children’s therapeutic worker. This is to provide the mother time alone with another T4K worker to complete a child focussed assessment. Much of the assessment is about understanding her perspective as a parent with what is happening with her children.</p> <p>After the child focussed assessment, the T4K worker discusses the mother’s perceptions and any observations gathered during the play session. It is agreed that T4K will provide a therapeutic service for both boys, as their behaviour has been identified as a possible response to recent trauma.</p>

Ensure that this information is used to help inform your assessment of all life domains for both the mother and the children. Work from a strengths perspective and highlight the strengths of the clients.

Case planning

Work together with T4K to develop a case plan. Clarify the roles of your service as lead agency and that of T4K in providing a therapeutic service to the children. Talk with T4K about goals and strategies to achieve them, and time frames around this, including periods for review. Ensure both agencies are providing consistent messages to the mother and her children about how the case plan will help guide the support services around her. Ensure the mother and the children (through T4K) have the opportunity to contribute to the case plan by helping to identify their goals, needs and strengths.

T4k has access to the whole case plan as long as a task for a service is allocated to T4K.

Implementation of case plan

The eldest child commences one-on-one sessions with T4k at home after school. They work through a customised program to develop emotional literacy and positive social skills. The specialist children's service also provides informal education and skill development to the mother in regards to therapeutic parenting.

It's important that you as the lead agency and T4k worker keep in close communication, to avoid duplication and ensure the case plan is being implemented smoothly. It's also an opportunity to keep informed of other stakeholders and who is liaising with them. For example, the specialist children's service may be the primary contact for the children's school so that they can support the specialist children's service's contact with the child and progress in this area.

The youngest boy has a one-on-one appointment with a specialist children's service worker. Westside provides therapeutic services as part of the holistic case plan. The specialist children's service worker will work with the lead agency (specialist homelessness service) to ensure that other aspects of the case plan are completed to support the therapeutic service such as organising a dietician appointment for the mother and son at the Women's and Children's Hospital and helping the mother to organise appropriate meals for the children's school lunches.

Monitoring

It's essential that collective input from you and other stakeholders help to monitor progress and respond to changes. Ensure that regular meeting times are set up to discuss progress with the specialist children's service and other key stakeholders. Maintain a high level of communication with all involved, especially the mother and her children. Be flexible around strategies should critical changes occur.

For example, you may at some point need to involve new stakeholders. In this case a Child Abuse Report Line (CARL) report is completed by you as the case manager, when you discover the eldest boy has not been attending school. You talk the matter over with the specialist children's service to help inform the CARL reporting process and keep the service informed on any child protection concerns or responses as they develop. This is especially important to the specialist children's service as it may affect how they work with the children.

Evaluation,
transition or exit

The eldest boy moves in to an eight week group program run at the school by specialist children's service and the School Counsellor. During this time you have been able to secure long-term sustainable housing for the mother and her children, and a local community support service has taken on case management. It's important to ensure an extended transition period to introduce the mother to the new agency and their workers and to provide a detailed handover to the service. Make sure you continuously review how the transition is going and check that the mother and children are comfortable with the intended closure. Discuss your closure/exit plan with the specialist children's service and introduce them to the new case manager.

As the lead agency for this family you close the case. However the eldest boy is still in the specialist children's service program so it is also necessary that the child specialist service close their service on the life domain in the case plan (group program). The SHS provides a case plan exit and closes the case.

The specialist children's service can now become the lead agency for that child (but this can only happen when the case has been closed by the specialist homelessness service), and the group work program can continue.

After the eldest boy's group program is complete, all progress and other case notes are completed on H2H and the specialist children's service close the case plan on H2H.

If the mother asks or needs to engage with your service in the future, there is the option of reconnecting them with the specialist children's service if needed.

Scenario 3 (Domestic Violence focus)

A mother and her 10 year old child were referred to Western Adelaide Domestic Violence Service by the Domestic and Aboriginal Family Violence Gateway Services, for motel support and eventually crisis accommodation.

Stage	Suggested activity and outcomes
Intake	<p>Your service attends the motel to meet with the mother and her child to provide the intake. Your focus is about engaging authentically with the family, providing them with an understanding of what your service can offer, and assessing their presenting needs and safety issues. The mother presents as an extremely fragile woman, and explains that she has fled from her home due to a violent partner, but that her intention was always for her and her son to return to their private rental property. You offer her a lot of reassurance about your support role and helping her to return to her home. As a result the mother begins to discuss other issues in her life and you determine it is appropriate to move on to the assessment stage immediately, especially as she is eligible for your service and you can work within the shorter time frames needed.</p>
Assessment	<p>You notice that the child seems restless after a day in the motel and after assessing for risk of taking them out of the motel you suggest you could talk further at a nearby park. This gives you the opportunity to talk separately about other issues happening for the mother across her life domain areas. The mother talks through other areas of her life, and although she has a minimal support system, other than a friend she has made through her part time work, she is coping well with being a parent and in most areas of her life. When speaking of her experiences of violence at home, she tends to minimise the violence, and blames herself for what she had experienced. She does not believe her child has been exposed to physical violence, although suggests he may have heard them yelling a lot. She has already made an application to the court for her partner's bail address to be changed due to experiencing domestic violence (this can sometimes take two – three weeks). You talk with the mother about organising a plan that will help her to return to the family home in the shortest possible timeframe, and will keep in close contact with her to arrange this. You arrange for ongoing motel accommodation and ensure she has enough supplies to feel comfortable.</p> <p>It is important to consider the following:</p> <ul style="list-style-type: none">• Conduct a brief history check to explore the mother's situation (Are there other agencies already involved?)• Conduct a risk assessment and ongoing safety planning – refer to Family Safety Meeting in the Family Safety Framework Practice Manual.• Support to obtain an intervention order• DV counselling• Financial needs assessment• Transport needs assessment• Availability of shelter accommodation• Child needs assessment and referral to appropriate supports

Case planning	<p>You begin to put a case plan together, whilst at the same time responding to two priorities. Firstly, you contact CARL regarding concerns that the child has witnessed verbal abuse towards the mother, and secondly you set up an immediate plan to return the mother to her home, this includes assisting the client to obtain an intervention order. You keep in constant contact with the mother, the Family Violence Investigation Unit (FVIU) and the Victim Support Service (VSS). The mother is referred to the Staying Home, Staying Safe Program. In consultation with the mother, FVIU and VSS you develop a plan to safely return the mother and her child home. On the day, you facilitate a police standby with VSS workers who organised the locksmith. In the presence of police, the locks are changed and the perpetrator is removed by police from the property. You then bring the mother and her child to the home and talk them through the safety plans, including providing her with the police, domestic violence gateway and your service phone number, and when they are available. VSS completes a security audit and security screens are ordered and sensor lights are placed in the front and backyards.</p> <p>Although the initial work has been done around the mother's housing and safety issues, you recognise other issues, such as child protection concerns, the mother's emotional well-being and some financial issues warrant your ongoing involvement, even if for a short period. You complete the case plan in discussion with the mother around her goals in these areas.</p>
Implementation of case plan	<p>You speak with Families SA staff about your report made to CARL, who inform you that they will only be sending a letter at this time. The child has settled back into school and you encourage the mother to talk with you or the child's school about any concerns she may have about his experiences of the last few months. You coordinate the involvement of other supports for the mother, including a catch up with a local general practitioner (GP) who refers the mother to a local counsellor for additional support around her personal and emotional well-being. You organise some financial assistance for the mother and work through a budgeting plan with her.</p>
Monitoring	<p>Through the assistance of your agency and others involved, the mother informs you that she has now come to realise that violence should not be tolerated in any relationship and feels that her ex-partner has to take responsibility for his behaviour. She feels that her son is doing well and that they are both feeling safe in their own home again. You begin to talk with the mother about closing your involvement and start to plan for this to take place in the next couple of months.</p>
Evaluation, transition or exit	<p>As you prepare to close your involvement with the mother, you ensure that she has contact details of your and other services she may need and encourage her to continue the contact she is having with the counsellor. You inform the mother that she can re-contact your service or the domestic violence gateway should she feel the need to re-engage in your services in the future.</p>

Scenario 4 (Youth focus)

A 22 year old man was provided a referral to you via the youth gateway service. He has spent the last five years cycling in and out of homelessness and living on the streets. In the first day he engaged with you he presented as angry, stressed, delusional and abusive. He is keen to have his own house in which to live but appears resistant to most other supports you have tried to offer.

Stage	Suggested activity and outcomes
Intake	Your initial focus is building a rapport with the young man, and as he is resistant to discussing other needs in his life, you agree to work with him around his main priority which housing. With his permission you also contact the youth gateway service which has had some level of contact with him over the past two years, to inform his presenting issues. Although he refuses to talk with you a great deal, you spend time with him helping him to understand your services, and talking about his interests, including music. You also observe his tendency to be aggressive about issues that frustrate him, such as lack of immediate independent housing. He informs you he would prefer to remain on the streets than stay in emergency men's housing. However, he agrees to keep in contact with you because you agree to prioritise his housing need, above other issues you feel are just as important, such as his aggressive tendencies.
Assessment	Your assessment takes time and involves several short discussions with the young man and a lot of observation. During this period you also prioritise securing housing for him and within a few weeks, locate a supportive housing option for him within your own agency. To support his efforts to make this a sustainable option, you organise Centrepay payments with him to manage his rent and related bills. As you work with him to prepare practical needs for his housing, such as furniture, and talk with him about maintaining his tenancy, he begins to open up about other concerns he has. During these conversations you readily acknowledge his strengths, such as his willingness to sort some of his issues out, and help him to identify his goals around some of his needs. His key concerns are feeling depressed a lot, not having any friends he can trust, difficulty sleeping, frequent tooth aches and a recent Hepatitis C diagnosis. He also informs you that he was once under the Guardianship of the Minister (until he was 18 years) and that he hated most of his childhood and has no contact with his family, who live in Melbourne. You also observe some erratic thoughts, such as his assumption that everyone hates him, he is underweight and has poor hygiene. With his permission you talk to a number of other services who have had previous involvement to help inform your assessment.

Case planning	<p>Based on a balance of what you have assessed as priorities and what your client sees as the priorities, you begin to put together a case plan with clear time frames. As you put the document together, you talk with your client about these priorities and the need to connect him with other supports to help achieve the case plan goals. Considering his reluctance to engage with you initially, you inform him that you will attend initial meetings with him to help him connect with other needed supports. Together you add time frames and although some seem too distant to your client, you reassure him that you will both regularly review progress to ensure you are working towards his success together.</p>
Implementation of case plan	<p>Across his life domain areas, you begin to implement the case plan as follows:</p> <ul style="list-style-type: none"> • Financial: introduce budgeting and planning into his fortnightly pay • Mental health: you organise a mental health assessment and care plan through his GP who in turn organised specialist psychological counselling. Engage him with anger management therapy for young people, assistance for drug addiction and emotional trauma and continue to clarify with him adequacy of support implemented. • Physical health: a dental checkup followed by removal of wisdom teeth; discussions with him about personal hygiene; and help him to develop shopping and nutritional cooking skills. You connect him with a Hep C Program and have boils and infections removed through engagement with the GP and then surgery. • Training/employment: You engage him with a job search agency and group recreational program where he participates in bush walking and fishing, and a hip hop recording studio, both of which build his social and personal confidence. He starts to get a feel for his personal interests and abilities. • Living skills: You apply for 'Leaving and After Care' funding to establish independent living supports. You provide him with cleaning products and develop a weekly cleaning and shopping plan with him. You use a calendar to help him set goals and provide small rewards (eg a lunch outing) when he achieves significant milestones. • Family/social: As his support worker, you provide a positive role model. You help him develop a 'life story book' and focus on communication and social skills. At his request you also work with him to establish regular phone contact with his brother in Melbourne and ensure the therapeutic supports in his life are aware of these significant changes.

<p>Monitoring</p>	<p>As engagement continues, you continue to clarify and correct his assumptions (“everyone hates me”) to help him maintain a real view of his situation and encourage him to focus on his own strengths and the achievements he has been making. You notice that he begins to take pride in his appearance and also shows a special interest in gardening around his house. You note he has become proud of his home and is handling the responsibility of his tenancy. He prepares well for his regular house inspections. He manages personal hygiene, housekeeping, shopping, cooking and budgeting well and you continue to praise his efforts in these areas.</p> <p>Considering the number of agencies involved, you hold regular monthly case conferences to keep everyone informed on progress and the case plan direction. Specialist health and mental health workers report that his Hep C infection is now being managed and his drug dependency has reduced.</p> <p>You note that he is less delusional and is beginning to acknowledge some deeper underlying traumas of 14 years under guardianship with 15 foster families.</p> <p>Despite his extraordinary progress, you are aware that he is still a long way from employment and financial independence however he is learning new skills and making small steps forward. He continues to get frustrated easily and on occasion blows his income on binge drinking and drug misuse. He is often as challenging for you and the support staff as they are challenging to him. However, through regular reviews of the case plan, acknowledgement of progress and a high level of communication with your client and those involved, his stability continues to improve.</p>
<p>Evaluation, transition or exit</p>	<p>You anticipate that your service may be working with the young man for some time, but are also aware that when he turns 25 years, he will no longer be eligible for your services. You ensure that within the case plan, consideration is given to begin engaging him with other services from 24 years of age, in order to ensure an extended transition period. You also plan for some generic services to continue even though case management will be taken over by an adult service.</p>

Scenario 5 (CALD focus)

A Muslim woman of culturally and linguistically diverse background, who speaks very little English attends your service and informs you that she needs housing as she wants to leave her husband of 15 years.

Stage	Suggested activity and outcomes
Intake	<p>To ensure you undertake an accurate intake process, you request an interpreter to help you engage with the woman. You work from a strengths perspective by asking the woman to help you to better understand her culture, values and beliefs. You provide a cultural safety assessment and learn that the woman arrived in Australia 10 years ago as a refugee with her husband and four children. Her husband wants to divorce her and she needs help in finding suitable accommodation for herself and the two younger children. The older children and her husband are not willing to leave the family household. Even though the family home is registered under the woman's name,, she must leave the home as it is forbidden in their religion and culture for her to stay after the husband mentioned divorce three times. The woman does not want to challenge the husband using her legal rights, informing you that the community would look down at her especially because the older two sons chose to stay in their home. Although her husband has not been violent towards her, the woman is worried about returning home because of her husband's feelings towards her.</p>
Assessment	<p>You talk with the woman about identifying some immediate accommodation options. By supporting her with some food and financial assistance, she is able to negotiate to stay with some friends from her community for the next month. You put together a safety plan with her as a contingency plan, should her housing or family situation change at any time. You reassure her that you will work towards securing alternative accommodation for her and explore her needs across other life domain areas. She would like assistance to complete the divorce proceedings and would like to improve her English language skills. You discuss her financial situation and she agrees that as she currently only receives a small income from Centrelink, she is likely to experience extremely tight finances. Apart from these needs, your assessment is that she is coping well with this challenging situation and has a high level of resilience to manage other areas of her life.</p> <p>You talk with the woman about her children's needs and her focus is about ensuring their ongoing connection with school. You talk with the children briefly whilst the mother is present and feel confident about their well-being. They talk about what they enjoy about school and various friends they have, who will be a good support for them while they are transient. Their English appears quite good. You talk with the family about maintaining close contact with them during this period of significant change to assist them in achieving their goals</p>

Case planning	You are able to put together a case plan that focusses on the woman's key goals incorporating your assessment of the children's needs and goals. You also identify other agencies that will need to be involved, and with the woman's permission, engage those services to help you compile the case plan and determine clear time frames. You ensure the other services involved are aware of the woman's limited English skills and advise the use of an interpreter.
Implementation of case plan	Within two months you have successfully helped the woman to complete her divorce and find long-term housing for her and her two younger children. You help her to move in and secure some basic furniture but, quickly recognise that the woman is struggling financially, as she is only receiving a Centrelink income for herself. You organise a meeting with Centrelink and an interpreter to apply for child support but during the discussion the woman indicates that she needs some time to think about if she wants to go ahead with the application and also that she needs to pick the children up from school. By the time the woman arrives at her home, three members of her ex-husband's family were waiting for her at her house and warned her of the consequence of going ahead with the child support application. The woman contacts you and informs you she does not wish to continue her application for child support. She requests that you close your involvement with her family as she is comfortably housed.
Monitoring	While the mother feels that she no longer requires your agency support, you remain concerned for her long-term well-being, and do not feel she will be able to sustain housing on a limited income, meaning she is at risk of homelessness. Through discussions with the other agencies involved, you decide to speak with community leaders about the woman's situation, without mentioning her name. They are able to provide some advice on how to help ensure the woman's safety and help her to feel comfortable in applying for child support. You make a time to meet with the woman and begin by reviewing her situation and acknowledging what she has achieved thus far. You then also discuss your concerns about maintaining her housing on a limited income. You talk with her about some ideas you have on improving her financial situation and personal safety. You talk about the fact that you are aware these ideas are supported by leaders in her community and she readily agrees. Although she remains concerned about her safety, she says she recognises the risk of losing her new home and she does not want to return to live with friends again, because she feels she was a burden on them and is enjoying the independence of her own home. With her support, you engage some additional supports and update the case plan to reflect this.

Evaluation, transition or exit	A further six months later the woman is receiving additional child support payments from Centrelink, is engaged in a social support program that also offers English language lessons and is feeling comfortable in her own home. Her two younger children are continuing their schooling and appear happy with their new home environment. You talk with her about the idea of closing your agency involvement over the next three months; a plan to which she agrees. When you do close your involvement, you reassure the mother that she can contact your agency at any time again in the future, should she have any further concerns or housing needs.
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Scenario 6 (Aged focus)

A 55 year old woman was referred to your supported accommodation service by another SHS where she had been living since her release from prison.

Stage	Suggested activity and outcomes
Intake	The woman is accepted into one of your aged homelessness properties via a referral from an ex-custodial program as she is eligible for your service, has been assessed as having the highest priority, and agrees to engage in long-term support.
Assessment	You assist the woman to move into the property, and agree that you will initially visit her on a weekly basis, until she feels stable and settled. During your first discussion you discover her six-month incarceration significantly changed her life. Her teenage son became homeless, her elderly father (for whom she was a carer), needed to find alternate accommodation and she lost her home and all of her possessions. When she was released from prison, she had nothing. She is worried that her depression will re-surface and she will return to her alcohol addiction and, is concerned that her family may not accept her back into their lives. She is also worried about her health, as she was recently diagnosed with Hep C and says that she owes a lot of money to Centrelink and a finance loan company. She is particularly worried about her son, who also suffers depression and wants to be a good role model for him.
Case planning	You work with the woman to put together a case plan that reflects her goals and needs. You talk with her about engaging with supports quickly to help her feel stable and start to achieve her goals. You are able to engage a financial counselling service to help start reducing her debt and planning a realistic budget with her. Various other health and social supports are identified and appointments made for the first few weeks after moving into her new property.

Implementation of case plan	<p>In the first few weeks, you have almost daily contact with the woman and talk her through how she is coping. You attend the local council with her to get information about local services and information such as rubbish collection days. You help her to work out a local bus route to get to the shops and do an initial shopping trip with her, using the budget the financial counsellor had prepared. The woman has an initial appointment with a local GP who will help her to manage her Hep C. The GP refers her to a local psychologist (via a mental health support plan) who talks her through a plan to reconnect with family and manage her depression. You support the psychologist's work with her by connecting the woman and the psychologist to her son's case manager. They collectively agree to set up a time for the woman and her son to meet and the first engagement goes well. A regular family contact plan is determined and you organise a case conference to connect all services involved and encourage a high level of communication and establish some set review periods.</p>
Monitoring	<p>Since being in stable accommodation, the woman has improved various aspects of her life. She is excited about the contact she is having with her son and is generally feeling more happy and confident. She participates regularly in a local social cooking class, which she enjoys. You talk with the woman about reducing your level of contact, with which she is happy.</p>
Evaluation, transition or exit	<p>You recognise the woman's need for ongoing support, but feel that homelessness is no longer a key issue. You identify an agency that can provide some case management but whose focus is more about community engagement and parenting capacity than homelessness. You talk with the woman about engaging this service and she is open to the idea, although remains nervous about you closing your involvement. You talk with a case worker from the new agency who agrees to a meeting with you and the woman. The new worker is very warm and friendly and the woman feels an immediate connection. The new agency sets up some regular meetings and you make times to meet with the woman and review her feelings about the recent changes. Within four months, the woman is happy for you to close your agency involvement, although is pleased to hear she can re-connect should she need to in the future.</p>

Specialisations in homelessness

Aboriginal clients

Homelessness and Aboriginal clients

Homelessness and the risks and vulnerabilities associated with homelessness often differ for Aboriginal and Torres Strait Islander (ATSI) people and understanding transition, mobility, displacement and migration is important. Building a knowledge base as a worker is important to providing solid service responses. It is important for workers to continually build their knowledge base, and let the client's know that you are open to learning from them about their culture and expectations.

It is important to understand the culture, background and history of each client in their own right. An understanding of their connection to land, spirit and country, their kinship connections along with the relationship or experiences that they may have had with government and non-government agencies, will assist in providing a culturally appropriate service response.

Racism and prejudice unfortunately exist and there is a need to work with clients and acknowledge these difficult situations. As a worker; build information and resources to assist in breaking down barriers to racism and use these challenges as an opportunity to educate and reduce the barrier.

Special considerations

There are differences between ATSI cultures, customs and language depending on which part of Australia people come from. There are many differences between rural, traditional, urban and fringe dwellers. The approach taken to engage with people needs to be appropriate to how they identify ie location origin and family name may be quite significant to the ATSI person.

ATSI culture is often oral and based on 'doing' and 'seeing'. Providing the opportunity for people to tell their story, be listened to and acknowledged is essential to building an effective rapport and assessment. There are over 60 live Aboriginal languages in Australia today and many ATSI people will speak a number of languages. English may not be their primary language so it is important to understand what the preferred language is and where necessary utilise an interpreter.

It is important not to make assumptions about what a person wants or needs. ATSI people are entitled to the same quality and standard of care as any other Australian, and a response should not be based on assumptions of culture. It is important for workers to be conscious of their own values, beliefs and expectations and how these might impact/influence how they assess and/or respond to a situation. Continual reflective practice is important to ensure culturally responsive approaches.

The cycle of poverty is a very real issue for many ATSI clients. It is important to understand some of the factors that may impact this such as Centrelink commitments, income management schemes, fines, debts and perceived or real family obligations.

Comorbidity poses a problem for a proportion of ATSI clients who access SHS. Improving a client's health and lifestyle choices will likely need to include building a good connection with specialist health and other drug and alcohol services.

Recommended approaches

It is very important not to assume that because the person is from an ATSI background that they want a specialist response from an ATSI-specific service. The client has the right to choose between a generic and specialist service and for an integrated response where integrated case management can occur to assist the client to meet their goals and case plan.

Body language and communication styles differ. It is important to enquire and determine that information is understood, accepted and agreed to. Do not assume that a client nodding means they agree, understand or accept.

The issue of authority within the justice system may create fear for many ATSI people and have a detrimental effect on relationship building depending on their experiences with the system. This may pose a challenge for workers particularly when it comes to children, safety and trust.

Connection is important for many ATSI clients and it may be relevant and necessary to work with community elders, community members and ATSI councils to validate and/or gain information to assist a client.

Consideration needs to be given to kinship groups, housing, homelessness and transience and being clear about why the person is presenting and what type of housing they may need.

Strategies to support breaking the cycle of poverty and addressing all life domain needs are necessary. Case managers need to work collaboratively with services and follow through on tasks in partnership with the client. It is necessary to walk with the client and to ensure that they learn the necessary skills to self-manage their needs and commitments. The process can be a challenge to work through and building confidence in the client is essential.

Recommended training options/areas:

- Cultural awareness training
- Debt management and financial management
- Build an understanding of resources and services available to ATSI clients
- History of Aboriginal Australia and the impact of policy.

Homelessness and children

Children's experience of homelessness is unique and requires careful and specialised responses. To improve the sector response to children, recognising children as a client in their own right has been made a principle of practice in South Australia. This principle requires individual assessment and case management for every child accompanying an adult into a specialist homelessness or domestic/Aboriginal family violence service. (Department for Families and Communities, 2011)

Special considerations

It is important to have an understanding of the child's cultural background and how this influences the perceptions of family, parenting roles and responsibilities. Consideration needs to be given to the parent/carer's availability, motivation and willingness to participate and engage in the child's plan, and to further develop their parenting skills.

Each agency needs to recognise its own limitations and capacity to work effectively with children. These may include statutory obligation, response times, and staff knowledge, expertise and awareness. The engagement of specialist homeless children's services may be appropriate.

Recommended approaches

Throughout the case management process it is important to ensure that the child's views and interests are recognised, and that they are regularly engaged. Risks to a child can be immediate, ongoing and accumulative and assessing these needs requires specialist skills and expertise. Be mindful of developmental milestones at all ages, early warning signs, and indicators of developmental delay.

When reviewing the child's support networks be clear about who is providing support and caring for the child, as it is not always obvious. As much as possible ensure that the child remains connected to their educational and social environments.

It is important to assess the parent's capacity to support the child during the time of crisis and to provide daily for the emotional and physical needs of the child. Develop an understanding of the living skills of the parent and ensure parenting skills development is built into training packages where appropriate. Link the parent or carer to local resources, supports and networks.

Recommended professional training options/areas:

- Providing child friendly environment and services
- Identification of childhood developmental milestones including:
 - Attachment Theory and its application
 - Effective approaches for working with CALD youth and children
 - Working better with Nunga kids
 - Child focused assessment and case work

- Using child focused therapeutic approaches including sand play and art therapy
- Facilitating therapeutic groups with children
- Responding to sexualised behaviours
- Responding to the effects of trauma and abuse.

Domestic and Aboriginal family violence (DV & AFV) clients

Homelessness and DV & AFV Clients

DV is everybody's business. It occurs more frequently than acknowledged, and an initial response can be provided by all services, not just specialist DV & AFV services.

Special considerations

Some women may attempt to leave a domestic violence situation a number of times before being successful; other women will never leave. It is important to provide a friendly, warm and authentic engagement as clients will often present with a fear of assessment and workers, and be concerned about the type of responses they will receive and be uncertain about their future.

When working with clients who are experiencing DV it is important to recognise that there is likely to be an increased disconnection with community and family, financial disadvantage and a high level of fear and vulnerability. At times there may be an imminent risk of death or serious harm and linking to the [Family Safety Framework](#) is essential. The woman may have an ongoing connection with her partner. Even where there is not, there is often an expectation that the woman, rather than the partner should be the one to leave. If a person is based in a country location or a small community it may be more difficult due to stigma and confidentiality.

Recommended approaches

A collaborative response to meeting the needs of women and children who are requiring support as a result of DV & AFV is imperative to providing a client-centred case management approach. Being clear on who is responsible for each part of the client's plan is essential to coordinate a seamless response.

Legal constraints and responses can often pose as a challenge for the case management process, particularly when children are involved, and access and safety considerations are necessary. In terms of housing options, it is important for the case manager/worker to understand intervention order legislation and housing policy and to utilise this to advocate for the best possible outcome for a person who is fleeing from DV& AFV.

Involvement with the [Family Safety Framework](#) provides an avenue to ensure that families most at risk of violence are provided support in a more structured and systematic way, through information sharing and taking responsibility for supporting families through the system of services they require. (Refer to: <http://www.officeforwomen.sa.gov.au/womens-policy/womens-safety>)

Recommended training options/areas:

- An introduction to domestic violence
- An understanding of the legal system including intervention orders, family law, child protection
- Family Safety Framework training.

Young people as clients

Youth homelessness

Young people experiencing homelessness are sometimes referred to as the 'hidden homeless' because they live in transience between various short-term and overnight housing options. Young people from refugee backgrounds are six – ten times more likely to be at risk of homelessness than Australian-born young people.

Special considerations

The young person's capacity to access the necessary supports will depend on the skills and supports available to them. It's important to be a good role model, develop a strong rapport and be a reliable form of support. When assessing a young person's situation consider their chronological age versus developmental age, age relevant issues (adolescence, vulnerability level, peer pressure), stigma and discrimination, and the difference between normalised adolescent behaviours and at-risk behaviours. It's important to understand the young person's history. Are there indicators of childhood trauma and attachment issues and what might be the impact of this? Family history and community 'labelling' can be challenging, and are likely to have a greater impact on the perception of a young person in a country location.

Young people from a CALD background often present as younger than their chronological age. Intergenerational conflict may impact the health, wellbeing and relationships of the young person and their personal safety. A young person may also feel or have obligations to family overseas. They may have been subject to torture or trauma and experiences that differ significantly from the social and political structures of Australia. Consideration needs to be given to how best to support the young person to gain an understanding of Australian structures and culture.

Recommended approaches

A young person should be actively involved in the case management process and services need to be well coordinated to ensure all of the relevant needs are addressed. Where relevant the parent or guardian should be involved in decision making regarding the young person. Where this is not possible or appropriate, an agreement needs to be developed with the relevant government agency regarding the responsibility for the wellbeing of the young person. Case plans should, where appropriate, include the maintenance or restoration of family relationships.

The Ombudsman SA's [Information Sharing Guidelines](http://www.gcyp.sa.gov.au/information-sharing-guidelines/) (2008) for promoting the safety and wellbeing of children, young people and their families (ISG) provides a tool to support accessing and exchanging information. <http://www.gcyp.sa.gov.au/information-sharing-guidelines/>.

It is important to work with the young person for their duration of need, which may be a considerable length of time, ie if a young person first accesses a service at 16 years they may need varying levels of support for many years. It's important to continuously acknowledge the young person's strengths and to empathise and work through emotions when they feel they have failed or not achieved the desired outcomes.

Recommended training options/areas:

- Mental health
- Trauma and development
- Diagnosis
- How to have challenging and respectful conversation
- Responding to rather than reacting to behaviours
- Adolescent development/brain development (held by Connected-self, Childhood Foundation)
- CALD training
- Holistic practice – strengths based.

Older people as clients

Homelessness and older people

People who experience homelessness often prematurely age. They have significant life experience and change or crisis can be very challenging.

Special considerations

When working with older homeless people health issues are often significant and chronic health conditions may be present and require specialist intervention and support. Many older clients experience high levels of isolation and disconnections for family and community and have limited finances or resources. Some experience a level of shame associated with not being where they had expected to be at a particular point in their life journey. Alcohol and other substance dependencies are often used as coping mechanisms. Older women often have experienced DV and or sexual abuse in their past, and impacts on trust relationships

Older clients aged between 50–60 years often have limited support options as they do not necessarily fit the aged care criteria. It is important to engage with general practitioners who will work with clients to identify appropriate supports in relation to their health issues.

Recommended approaches

Providing responses to older homeless clients requires a high level of sensitivity, a respect for the journey that they have travelled and an acknowledgement of their continued learning for the circumstances that they find themselves in at a particular point in time.

Assessment means allowing the person to tell their story and hear their history. Work with the strengths of the individual and identify what crisis may have caused their decrease in functionality. Be mindful of their cognitive level. Do not make assumptions about their needs and allow time for clients to consider and be involved in the case management and decision making process. Clients experiencing high medical needs often feel that their life is full of appointments. This can be exhausting and frustrating for them and they may require assistance with navigating the public health system.

Increasing connections for the client may be important despite some people's resistance to change. Utilise local resources and community groups as options to assist in breaking down isolation. Keep clear boundaries with older clients and limit the possibility of a dependent relationship being established.

Recommended training options/areas:

- Mental health
- Substance abuse
- Working with resistant clients
- Understanding the public health system.

Culturally and linguistically diverse (CALD) clients

Homelessness and CALD Clients

When working with CALD clients it is important to recognise the difference between CALD and refugee/asylum seekers as each group has different needs. The impact of moving to another country can be stressful and stem from traumatic circumstances.

Special considerations

CALD clients often experience a level of mistrust of government structures which can lead to a perception of evasiveness in assessment process and/or clients unwilling to provide basic identifying information. Often clients will prefer to access support from within their own community networks, particularly where the client is seen as responsible for their circumstances.

Recommended approaches

Clients may require interpreters and if engaging a client through an interpreter, workers need to allow for additional time and preparation. Use culturally appropriate assessment tools and ensure all services are working together to ensure a consistent approach to meeting the client's case plan goals. When assessing the client's situation be mindful of intergenerational conflict and issues that may be compounded by experiences of trauma and potential post-traumatic stress.



Often the linkages clients have with their own community will be strong until the client is ready to broaden their network. Clients may quickly become dependent on specific services when barriers or a perceived lack of empowerment to engage with other services is experienced. The introduction of new services needs to be offered as a slow and carefully planned engagement.

Recommended workforce and training options/areas:

- Developing confidence in workers to ask key questions – fear of offending
- Reflective practice on learning and that this is an ongoing process
- Worker’s awareness of own privilege – self-awareness – workers need a safe place to explore these issues
- Knowledge of concept of acculturation ie assessment should consider clients level of comfort with systems, language, length of time in new culture and level of interaction with host culture, generational level (ie 1st, 2nd).
- Workers ability to understand/manage power imbalance and manage the expectations and perceptions of status and role of professional ie understanding that worker may be seen as expert who will provide advice/direction – needs to be considered in the context of client centered approach.

Cultural background influences the way we think and behave, and the way we communicate and interpret each other. Different contexts evoke unique responses which arise out of the mental maps and processes we have developed as a result of our diverse cultural conditioning.

Cultural intelligence provides insight into the skills and mental frameworks that enable service providers to engage in an appropriate and meaningful manner whenever cultural differences are evident. It facilitates the development of an individual’s ability to be open minded and curious about ‘the other’ in order to capitalise on the differences rather than tolerating or ignoring them. Cultural intelligence is dissimilar to cultural competency in that it promotes an ongoing and enduring learning process. It fosters the notion of a mutual learning experience in which differences are explored and knowledge is shared. It encourages constant reflection by service providers and other organisations in assessing what works and what does not, and prepares workers in how to act appropriately when encountered with new contexts and situations.

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