CORE CONCEPTS AND PRINCIPLES OF EFFECTIVE CASE MANAGEMENT: APPROACHES FOR THE SOCIAL SERVICE WORKFORCE

GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE
CASE MANAGEMENT INTEREST GROUP

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PREFACE

This document represents the work of the Global Social Service Workforce Alliance (Alliance) Case Management Interest Group (CMIG). As a global network, we bring people together to advance knowledge on the latest trends in the field and offer solutions to social service workforce challenges. We support the work of the task-focused and result-oriented groups of the Alliance members concentrated on the topics of their interest.

Given increasing interest of the members on the topic of case management and the social service workforce, the Alliance has established and supported the work of the CMIG and its Tools and Resources and Concepts and Principles Sub-groups. This document, produced by the Concepts and Principles Sub-group, aims to provide a concise description of the concept of case management and the basic ideas or rules that explain, outline or provide guidance on how case management is used and the role of the social service workforce.

The Concepts and Principles Sub-group was co-chaired by Kelley Bunkers and Khadija Abdulrahim Karama. To see the names of the many people who contributed to the development of this document, please refer to the acknowledgments section.

We should note that even given this extensive initial input, this document is in its first edition. Its continued improvement relies on each of you who reads it, uses it or references it. Our hope is that you will let us know ways in which it can become more relevant, more applicable to different contexts and more useful. Thank you to those who have spent considerable time contributing to the development of this document and to those who will do so for future editions.

ACKNOWLEDGEMENTS

GLOSSARY

Allied worker – These are workers who carry out social service functions but are associated with other sectors such as education, health or justice. Examples include health extension workers and early childhood educators. Those who form the allied workforce perform a myriad of functions that enhance, support or coordinate with those functions carried out by the social service workforce at the micro, mezzo and macro levels. Source: adapted from http://www.socialserviceworkforce.org/system/files/resource/files/The%20Composition%20of%20the%20Social%20Service%20Workforce.pdf

Case plan – Document used to outline step-by-step actions that will be taken to meet the goals of the client. The case plan also includes information such as who is responsible for each step and the timeline for when actions will take place. Sources: adapted from https://www.crs.org/sites/default/files/tools-research/case-management-for-children-orphaned-or-made-vulnerable-by-hiv.pdf and http://ovcsupport.org/wp-content/uploads/2017/09/17OS388-SIMS-case-management_FINAL_ONLINE.pdf

Para professional – The term "para" is defined as "next to" or "alongside of." The para professional would typically work next to or support the work of a professional in the same field. A para professional worker is trained to perform certain functions, but not always legally certified or licensed to practice as a full professional, which in some fields requires college or university degrees or specialized training (see Professional below). Source: adapted from http://www.socialserviceworkforce.org/system/files/resource/files/Para-Professionals-in-the-Social-Service-Workforce-2ndedition.pdf

Para professional social service worker – A supervised para professional staff person or volunteer – often community-based – who serves the needs of vulnerable individuals including children and families, particularly where social welfare systems are underdeveloped or severely stretched. Source: Linsk et al, 2010.

Professional – Typically denotes membership in a profession that is well recognized, often for the specific degree or level of education that it requires, a particular ethical or moral code of conduct, and/or licensing or certification to practice. Among social service workers, refers to those workers with at least a bachelor's degree in a field directly related to social services, such as social work. Source: adapted from http://www.socialserviceworkforce.org/system/files/resource/files/The%20Composition%20of%20the%20Social%20Service%20Workforce.pdf

Social service – Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age. Source: Better Care Network Toolkit. Source: www.bettercarenetwork.org/bcn/toolkit

Social service worker – Paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families. The social service worker focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice, and preventing and responding to violence, abuse, exploitation, neglect and family separation. Source: adapted from www.socialserviceworkforce.org/social-service-workforce

Social work – The International Association of Schools of Social Work and the International Federation of Social Workers revised the international definition of social work in 2014: Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being. Source: The International Federation of Social Workers. Source: http://ifsw.org/getinvolved/global-definition-of-social-work

Social worker – Graduate of a school of social work who uses his/her knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies. Social workers may work directly with clients addressing individual, family and community issues, or they may work at a systems level on regulations and policy development, or as administrators and planners of large social service systems. Source: Barker, 2003, cited in http://www.naswdc.org/practice/intl/definitions.asp

INTRODUCTION

The use of quality case management practices has been shown to improve decision-making and service delivery in child welfare and protection that reduces violence against children, prevents unnecessary family separation, and improves child and family outcomes. In recent years, many organizations have been working on the development of case management standard operating procedures (SOPs), training materials and program guides. These are intended to strengthen the ability of the social service workforce to carry out effective case management practices. Although a lot of information about case management is currently available, members of the Global Social Service Workforce Alliance (hereinafter referred to as 'the Alliance')[3] suggested a concise description of the concept of case management and the basic ideas or rules that explain, outline or provide guidance on how case management is used and the role of the social service workforce.

The aim of this document is to support the social service workers responsible for implementing a case management process, by articulating the main principles and concepts of case management. It includes foundational definitions and descriptions of the basic components or steps of a case management process. This paper is not meant to be prescriptive, but rather to serve as a guide to help inform or reflect upon local and contextualized approaches. It is the hope of the Global Social Service Workforce Alliance that the information provided herein can help to inform case management practices and processes at all levels including community as well as statutory processes as implemented by professional[1] and para professional[2] social service workers.

The case management process described herein can be applied by a range of social service providers in both development and humanitarian settings and across different client groups, organizations, contexts and countries. Throughout the document, links are provided to more detailed tools and resources that can be applied during different points within the case management process. The term 'social service worker' is used throughout this document to refer to both professional and para professional social service practitioners.[4]

HOW WAS THIS GUIDE DEVELOPED?

This document was developed by the Alliance Case Management Interest Group ('interest group') through consultations with members and non-members that represent managers of development programs, social service practitioners and academics located and working in Africa, Asia, Latin America, Europe and the United States. This work links to a second sub-group that developed a Compendium of key case management tools and resources intended to increase familiarity across service providers with existing documents and effective approaches as well as to help practitioners and managers avoid duplication of efforts.

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[1] Typically denotes membership in a profession that is well recognized, often for the specific degree or level of education that it requires, a particular ethical or moral code of conduct, and/or licensing or certification to practice. Among social service workers, refers to those workers with at least a bachelor's degree in a field directly related to social services, such as social work

[2] A supervised para professional staff person or volunteer – often community based – who serves the needs of vulnerable individuals including children and families, particularly where social welfare systems are underdeveloped or severely stretched

[3] **The Global Social Service Workforce Alliance** is a non-profit network that convenes members for networking and collective learning, advances knowledge through collecting and disseminating critical evidence-based materials, and advocates for greater workforce-supportive policies. The mission of the Alliance is to promote the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially within low- to middle-income countries. Further information can be found at www.socialserviceworkforce.org.

[4] Paid and unpaid, governmental and nongovernmental professionals and para professionals working to ensure the healthy development and well-being of children and families. The social service worker focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation

WHO IS THIS GUIDE FOR?

This guide has been developed to meet the needs of a broad audience and to have potential for translation and global application. It is a reference document that can be used by different members or cadres of the social service workforce or allied workforce members who are responsible for implementing different components or steps of case management processes with vulnerable clients and their households (also understood as families). It encourages participatory engagement of all stakeholders who are part of the case management process. It is also meant to be adaptable to the needs, customs and culture of local contexts. Clients can include a child or children and a client unit[5] (also referred to as households) composed of the child's parents or primary caregivers, other family members and friends. Since these client units may also include people with disabilities, older persons, adolescents and/or those who are in especially vulnerable situations like refugees or trafficking survivors, these principles are applicable for work with a wide range of populations, contexts and circumstances.

This document is intended to be easily understood by those working within the social service workforce and by the people who design and manage development programs. It can also be useful for government stakeholders, donors and others who do not have a background in social services, but who are required to make decisions about how social services are provided.

WHAT IS CASE MANAGEMENT?[6]

Case management is a process practiced by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. It begins when a person or family is identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker or para professional social service worker who collaboratively assesses the needs of a client (and when appropriate the client unit) and arranges, coordinates, monitors, evaluates and advocates for a package of services to meet a specific client's needs. This may require the social service worker to liaise with and involve community members and leaders, non-governmental and faith-based organizations, as well as representatives of education, health and justice sectors. This collaboration and coordination is very important to ensure that a range of services, as identified in the case plan, are delivered without interruptions and that needs are met.

 Effective case management practice can empower families to understand and access multiple services through creating a child- and/or family-centered case plan, with the end goal of helping individuals and/or families improve their coping skills, increase resilience, and promote greater autonomy, safety and well-being. It serves as a first step toward assessing client-level outcomes and builds in regular checks to see if the interventions are having the intended effect or if it is necessary to revise the case plan.

The case management process also supports good management practice because it requires social service workers to find out what social services are available (for example, clinics, legal aid, support groups, kinship care) and where there are gaps. It also helps to monitor the performance of staff and volunteers, promotes transparency and accountability, and helps to inform and plan budgets

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[5] Parents or primary caregivers, other family members and people living in the same household with a client
[6] Please see the list of references at the end of this document that informed this definition and other aspects of this document

GUIDING PRINCIPLES FOR CASE MANAGEMENT

Case management is built upon and informed by several key principles which reflect international child and human rights instruments and social work values, which underpin the entire case management process:

Increasing resiliency and improving quality of life: The end goal of case management should be increased resilience of the client and his/her family i.e., an ability to better withstand shocks and adversities that arise without negative or debilitating consequences, as well as improved quality of life. The development of an individualized case plan[7] should include short- and long-term goals that reflect this core principle and outline activities required to reach the desired outcome.

Collaboration and partnership: All people involved in case management should work in collaboration with the client or client unit. The social service worker implementing a case management process must make sure that the client understands what is happening by giving them complete and accurate information in a timely manner. The social service worker should also actively listen to the client and all members of the client unit in order to jointly prepare the assessment and case plan. The case management process should be designed to engage the client(s), including children, according to their age and evolving capacities, in all steps of the process and empower them to help make decisions and actively participate in setting and reaching identified goals.

The social service worker should also work with other organizations, community groups and individuals to make sure children and families receive the best help by collaborating and coordinating with government and other providers that are able to provide support or play a role within the case plan.

Do no harm: This means thinking about the rights and best interests of each member of the client unit, and making sure that the approach or practice is in their best interest and does not make the situation worse. These principles are best laid out in a code of conduct or organizational child protection policies.[8]

Respect and promotion of client strengths: The social service worker should work closely with the client and build on the existing resources, strengths, agency and potential contribution of the client rather than a pathology-based approach, which focuses exclusively on the needs of or problems faced by the client. The strengths and resources of the client should be built upon and integrated into the case management process to help inform decisions about what actions the client can complete independently, as well as what additional interventions or services the client may require, to what extent, and who can provide services, at what intensity, and for how long.

Respect for diversity, culture and tradition: All people involved in case management should know about and respect the local cultures and traditions that apply in the area in which they are working. Respect for diversity, culture and tradition also means looking for local solutions and using community resources where possible when setting goals and case planning. This also means making sure areas of difference such as socioeconomic status, race, sexual orientation, age, gender, religion or ability are acknowledged, respected and treated equally. Case management processes should also be designed to be inclusive and appropriately engage clients with disabilities.

Respect for and reflection of a human rights based approach: Case management should be guided by principles that are outlined in relevant human and child rights based instruments such as the Convention on the Rights of the Child. While appreciating and respecting cultural practices, context is also important. Fulfillment of rights should supersede any practices or traditions that could be considered harmful. For example, child marriage may be a local tradition, but it is also a child rights violation.

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[7] The case plan is a document used to outline step-by-step actions that will be taken to meet the goals of the client. The case plan also includes information such as who is responsible for each step and the timeline for when actions will take place

[8] See the list of references, document #5

Consent to participate in case management: Case management should be approached in a manner that encourages the active participation of the client. However, to initiate this process requires a clear explanation of the case management process, roles and responsibilities, and an opportunity for the client or a member of the client unit, depending on who has decision making capacity, to provide verbal or written consent. This approach helps to facilitate client and agency collaboration and an active role of the client within the different steps of the case management process.

Confidentiality: The social service worker should not share information about a client or client unit unless it is necessary to do so. For example, at a meeting to discuss a case (also referred to as a case conference) or with other organizations or individuals whom the client feels would be helpful to engage (for example a neighbor who might offer child care), some details of the client's case may be relevant to share. It is important that information about the case is not discussed at home, with friends and neighbors, or in places where other people may overhear information. Written records should also be confidential and kept in a safe place where they can only be accessed by the case manager. If there are electronic records, they should be password protected. The social service worker should discuss confidentiality with the client so that they are clear and provide consent about who will have access to information about their situation.

Assure quality in case management: A case management process should be described in SOPs, tools and instruments designed for professional and para professional social service workers. The SOPs aim to ensure standardized processes and approaches within the different steps of implementing case management and have quality assurance as an overall objective. There are diverse ways in which quality assurance can be maintained. Some examples include:

- **Job descriptions:** All social service workers responsible for implementing case management should have clear job descriptions that define the competencies and/or qualities they need to perform case management as well as outline their specific functions or tasks. Job descriptions enable organizations to ensure their workers are trained to an agreed standard of case management and assessed against the competencies and tasks described.

- **Supervision**[9]**:** Good practice recognizes the need for supervision and oversight. This is especially important for members of the social service workforce who are implementing case management practice. Supportive supervision involves regular meetings between the supervisor and social service worker performing case management to agree on work plans, carry out individual case review, support decision making, provide support to cope with stress, and identify on-the-job training and professional development opportunities. Supervision may also include group sessions, during which groups of social service workers review cases together and provide peer support. Supervision responsibilities should be understood by the supervisor and supervisee and written down in job descriptions and SOPs.

- **Monitoring and Evaluation:** There should be a system for monitoring and evaluation which includes a mechanism for data collection, data sharing and analysis so that managers know what is working well and where improvements need to be made. This data, particularly when tracked through case management information systems, can help to increase understanding on the impact and benefits of the case management practice, which is helpful when advocating for resources.
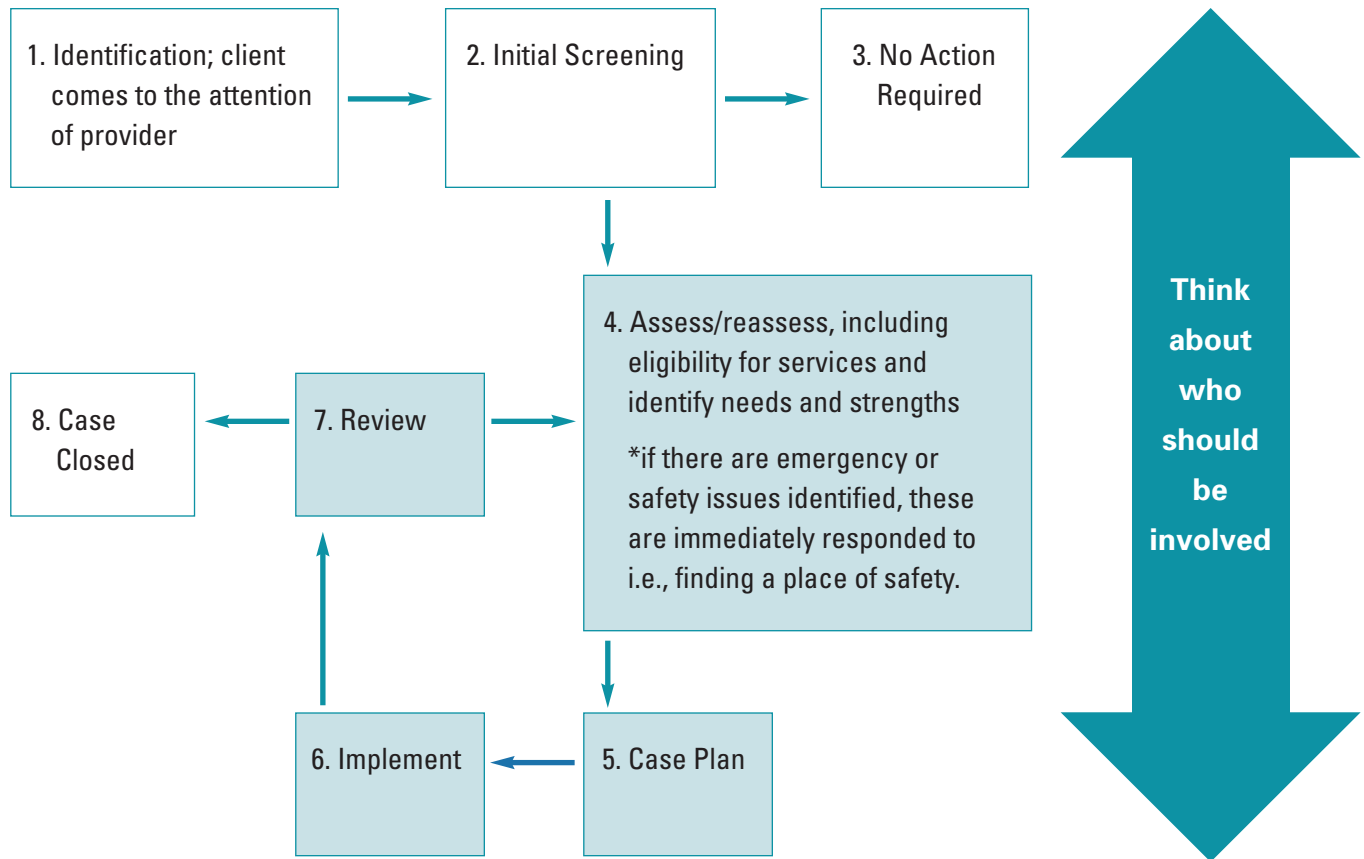
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[9] See the list of references, document #5

THE STAGES OF CASE MANAGEMENT

Case management involves a series of stages or steps. Individual organizations may call each step by a different name; however, the objective of each step remains the same and the fundamental stages apply. Each step in the diagram presented below is followed by an explanatory note that provides more detail.

FIGURE 1. THE STEPS OF CASE MANAGEMENT

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┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│ 1. Identification;  │ ───► │ 2. Initial Screening│ ───► │ 3. No Action        │
│ client comes to the │      │                     │      │ Required            │
│ attention of        │      │                     │      │                     │
│ provider            │      │                     │      │                     │
└─────────────────────┘      └─────────────────────┘      └─────────────────────┘
                                        │
                                        ▼
┌──────────┐   ┌───────────┐   ┌──────────────────────────────┐
│ 8. Case  │◄──│ 7. Review │◄─►│ 4. Assess/reassess,          │
│ Closed   │   │           │   │ including eligibility for    │
└──────────┘   └───────────┘   │ services and identify needs  │
                   ▲            │ and strengths                │
                   │            │                              │
                   │            │ *if there are emergency or   │
                   │            │ safety issues identified,    │
                   │            │ these are immediately        │
                   │            │ responded to i.e., finding a │
                   │            │ place of safety.             │
                   │            └──────────────────────────────┘
                   │                        │
               ┌───────────┐   ┌──────────────┐
               │ 6.        │◄──│ 5. Case Plan │
               │ Implement │   │              │
               └───────────┘   └──────────────┘
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Think about who should be involved

1. Identification: The starting point is when a client or client unit (i.e., a family, for example) comes to the attention of a social service provider, community volunteer or anyone with responsibility for providing support to vulnerable families. Identification can happen in many ways. Each organization will decide how the identification and intake process occurs. For example, a potential client may be identified during outreach work in communities, or by a school teacher, or the client may ask for help directly.

2. Initial screening: The initial assessment or screening can determine if the client meets the criteria for support. There might also be a rapid determination of the severity of the situation including if immediate safety is a concern. This screening process can use a standard tool or procedures to define if the client(s) meet the eligibility criteria and what their needs and strengths are. At this stage, the social service worker begins to build a trusting relationship with the client(s). This is done by listening carefully, being emphatic, asking thoughtful questions and considering what is being said.

It is important to be aware of situations during the initial screening where it might be determined that the client(s) are at risk, especially in terms of their safety. If the client is at risk of immediate violence, first consider if it is possible to remove the risk, i.e. an individual perpetrator. This should all be done with the engagement of the appropriate authorities (e.g., the police). If this is not possible, an emergency place of safety may be needed. This is somewhere the person can stay and be taken care of away from risk of harm while a more complete assessment is completed.

3. No action required: Sometimes, at this stage, it may be decided that no action is needed. For example, where a single issue needs to be resolved such as help registering a birth but outside of that there are no other concerns.

4. Assess/Reassess: If the client or client unit needs assistance, a more complete assessment of their strengths and needs is done according to the agreed upon standard operating procedures. Assessment means collecting information and then analyzing it and further discussing with the client to jointly determine what help and support is needed. The social service worker doing the assessment works with the client and all the people in the client unit and listens carefully to understand the situation and to find out what the client needs and wants. When the people involved have different interests these should be considered objectively in the decision-making process.

5. Case plan: The case plan (also referred to in some contexts as a service plan or care plan) is developed with the client and outlines specific actions required to meet the needs and goals identified by the client, by whom and when they should be taken, to make sure the appropriate help and support is provided. The case plan should include a description of what the members of the client unit want to change so that the case can be closed i.e., identified actions and related goals that the client wants to reach. The plan will include immediate, short-term and longer-term changes or goals. It is important to note that case plans are not static, but should be periodically reviewed with the client and sometimes do need to be adapted (see Step 7 below for more information).

6. Implement: During the implementation of the plan, the social service worker follows up to make sure that the child and/or family is receiving the planned help and support. During this stage, it is important for the worker to provide supportive counseling and other services within their job description as well as identify and facilitate any referrals to other services defined as part of the case plan. This requires following up to see if and how the service was accessed by the client and identifying any follow up issues that might need to be addressed. In some instances, the social service worker may accompany or identify someone in the client unit to accompany the client to the service point, particularly when the client has expressed unwillingness or inability to do so alone. If the issues are difficult, the social service worker should speak with a manager or supervisor to agree on actions to take.

7. Review: At regular and set intervals, the plan is checked to see if it is having the intended effect (to see if the goals are being met) and if necessary to make some changes. If changes to the case plan are required, then Step 4, reassess, might be required as a means of informing a revised case plan.

8. Case closed: The case plan should include a statement of what needs to be changed so that the case can be closed. A case is closed when all the goals jointly identified in the case plan have been met, they are no longer relevant or feasible, and new goals are not required. In some cases, the case might be referred to another service provider for services that the current provider does not offer. In some cases, a case might be closed due to attrition i.e., the client leaving the geographic area or the client no longer wanting to receive services or the death of a client. A closed case can be re-opened in the future if the child and/or family requires additional help and support. When that happens, a re-assessment in Step 4 will be required, followed by the other steps in the case management process.

THE PEOPLE INVOLVED IN CASE MANAGEMENT

At each stage of the case management process, it is important to think about who needs to be involved beyond the obvious engagement of the members of the client unit and the social service workers who coordinate the process.

The social service workforce involved in implementing steps or the entire case management process is diverse and comprised of people working to improve the well-being of individuals within their community. They can include:

- paid and unpaid workers
- professionals and para professionals
- governmental and NGO employees
- members of community-based coordination mechanisms such as child protection committees

In addition, workers allied with the social service workforce are critical to implementing the case management process. Examples of allied workers may include: the police, teachers, doctors, nurses, community health workers, magistrates, social security and labor office workers, religious leaders and others.

It is very important for all of these stakeholders and members of different sectors to work together to ensure that the case management process is coordinated and reflects shared core principles. The social service workforce and/or other stakeholders involved in the case management process are also encouraged to work closely with the client to identify strengths, weaknesses and opportunities with the aim of increasing resilience.

THE IMPORTANCE OF AND MECHANISMS FOR COORDINATION

To achieve the changes required to improve the lives of members of the client unit, sometimes, as noted above, many people and organizations need to be involved and their individual actions and interventions should be coordinated. The social service worker typically facilitates this process with assistance and oversight from his/her supervisor.

This can be done by holding meetings (sometimes referred to as a case conference) with:

- an individual client;
- members of the client unit (for example, family members or other people living in the household and stakeholders); and/or
- service providers (for example, teachers, doctors and nurses, representatives of NGO service providers).

Another form of coordination is when local service providers meet regularly, such as through community or district coordination meetings, to discuss and plan their roles and responsibilities as well as discuss how to work together. They may also talk about ways to approach more complex cases. For example, a local government may set up a child protection committee where representatives meet every three months to discuss local child protection responsibilities.

RESOURCES REQUIRED TO IMPLEMENT A CASE MANAGEMENT PRACTICE

The following are recommended minimum requirements for consistent and good practice of case management.

- **Standard operating procedures and tools:** The case management process should have recognized and agreed upon procedures that are documented (written down) and followed consistently by all stakeholders engaged in the process. Having standard operating procedures (SOPs), tools and forms for assessment and case planning and a code of conduct that guides practice will help to ensure fair and impartial criteria are used by all actors in the same way.

- **Trained workers:** The responsible organization will develop job descriptions for social service workers responsible for implementing a case management process, that includes the basic minimum qualifications for the position to ensure all workers receive initial and ongoing training. Training might include information on: relevant laws and policies, communication skills, assessment and documentation, problem solving, as well as any other basic training that is required for a particular social service worker. Members of the social service workforce who are responsible for case management should know how to use the procedures, tools and instruments, and how to build a trusting relationship with clients.

- **Place for safe storage of confidential records:** The information about clients should be kept confidential and stored safely. The written documentation must be kept in a safe place with clear instructions on whom can access it and how long documents will be stored. If the information is electronic (kept on a computer or mobile device) there should be a procedure for confidential storage and backup and clear accompanying instructions about who can view this information.

- **Transport:** The social service worker works as much as possible in the place where the client or client unit lives. They should have the means to make regular home visits. In some cases, they may be able to walk or use public transport, in others they may need to have or be able to use a bicycle, a motor-bike or a vehicle.

- **Telephone or other communication device:** The worker and his/her supervisor should have a means of communicating information with each other, with clients and with other people involved in the case management process in a manner that maintains confidentiality.

- **A place to hold meetings:** Meetings with the client can take place in his/her home, or any other place the client suggests that the worker can get to. A case conference or a community coordination meeting may need a formal meeting space that is accessible to all and offers privacy.

Other considerations for a case management process include the following:

- **Documentation including use of technology:** Ensuring proper documentation is a critical component of case management. In some contexts, documentation is hand-written while in others access to computers, tablets and internet can support case management record keeping and transmission of data for monitoring, evaluation and planning purposes.

- **An emergency fund:** Sometimes social service workers can offer immediate help if they have access to cash. For example, if a child cannot go to school because they have no shoes, an immediate payment can be made while waiting for a referral for social protection (cash transfers) to happen. An emergency fund will need standard operating procedures to establish criteria for use.

- **Incentive scheme/motivation:** Consideration can be given to direct and indirect ways of motivating social service workers implementing case management processes. These will depend on context but can include in-kind incentives such as professional recognition, involvement in training programs or special celebratory events, as well as provision of bicycles, foodstuffs, clothing, etc.

SITUATIONS WHERE CASE MANAGEMENT MAY NOT BE AN APPROPRIATE APPROACH

There are some instances where case management might not be needed or be the best approach to use. This includes the following:

Whole community or individual approach: There may be situations where many people are facing a similar problem, so the response may be to support the whole community, rather than have many individual cases (e.g. a situation where the objective is to make sure a group of children can go to school). In similar situations, a system level case management approach would be more appropriate than an individual approach.

Organizational capacity: Organizations must also give thought and consideration to their capacity to provide the minimum resources required, and over what period of time they can commit to supporting a case management process. If provision of case management is time bound, clients should be told this before the process begins.

Appropriateness: A case management process may be considered inappropriate at an individual level when at the screening stage it is noted that the issue can be solved by a single, one-off intervention (see Step 2, initial screening). Additional circumstances where a case management process might not be appropriate include emergency situations where a response is needed immediately. Examples might include severe mental health crisis or potential harm to self or others.

CONCLUSION

The aim of this document is to offer a brief and simple articulation of the main principles and concepts of a case management process that can be implemented by the social service workforce. It also highlights key support for the workforce and resources that need to be in place in order to ensure effective implementation of case management processes and high-quality services to vulnerable children and families. The document builds upon and provides links to the materials developed by different organizations in a wide range of countries and contexts. Some of these documents are included in the Case Management Compendium which was compiled by the Global Social Service Workforce Alliance Case Management Interest Group and includes more detailed guidance on and links to tools and SOPs related to the different steps of the case management process.

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