

**MISSION
AUSTRALIA** | together
we stand

National Case Management Approach



We stand together with Australians in need until they can stand for themselves

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National Case Management Approach

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Contents

Introduction.....	4
Case Management at Mission Australia.....	5
Definitions	5
Principles of Good Practice Case Management	6
Core Practice Steps in Case Management.....	10
Client Files and Case Notes.....	18
Privacy and Access to Personal Information	19
Client information systems.....	19
Evidence Informed Practice.....	20
Impact Measurement.....	23
Accreditation	23
Best Practice Forums	23
Additional Practice Guidance	24
References.....	26

Introduction

The Mission Australia National Case Management Approach provides a set of principles that underpin our Case Management practices and outlines the core practice steps involved in effective Case Management. It is intended to inform practice at the local level and to provide support for staff to engage in discussions about their work.

The principles of case management and practice steps outlined in our approach are intended to provide guidance on best practice case management to meet the needs and expectations of Mission Australia's clients. They underpin and provide direction for staff regarding the practical application of case management in our Community, Family and Children's programs, and assist data collection, impact measurement and program evaluation to enhance evidence informed practice.

This document has been informed by relevant organisational and sector standards, frameworks and guides. It is not intended as a comprehensive account of all of the documents with which Case Managers in Mission Australia (MA) need to be familiar, but rather is intended to be read in conjunction with:

- MA's *Operational Policies* and *Procedures* - found on the [Internal Policy Hub](#)
- service level operating procedures such as Operating Manuals - held at the local level
- each service's contract and related documents (such as program guidelines) issued by its funder - held at the local level
- MA's practice frameworks – found on the [Practice Leadership intranet page](#):
 - Recovery Oriented Practice Framework
 - National Case Management Approach
 - Clinical and Care Governance Framework
 - Client Informed Services Framework
 - Aboriginal and Torres Strait Islander Partnership Kit
 - Lived Expertise Framework
- relevant legislation
- relevant standards and accreditation requirements
- best practice guidelines issued by the sector and professional bodies
- relevant research

This is a living document which will be periodically reviewed and updated, consistent with Mission Australia's commitment to best practice and continuous quality improvement. We appreciate feedback on this document so that it can be continuously updated. Please send your input to practicesupport@missionaustralia.com.au.

There are a great number of terms used throughout Mission Australia, and the broader Community Services Sector that relate to, or impact upon, understanding and practicing Case Management. For the purpose of this document:

- the term 'client' is used to refer to any individual or family accessing support or services provided by Mission Australia (other terms used may include consumer, participant, person accessing services).
- the term 'case plan' is used to refer to any plan completed in collaboration with a client which is intended to assist them to reach their goals.
- the term 'case manager' is used to refer to any Mission Australia staff who work alongside client (other terms may include case worker, support worker, support facilitator); and
- the term 'case management' refers to the process by which staff from Mission Australia work alongside clients to assist them to access required supports and services they need to reach their goals.

Case Management at Mission Australia

'Case Management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs.' (Case Management Society of America 2010)

Case Management is used broadly across Mission Australia's programs as a framework for service delivery. These programs provide a significant suite of services to a diverse range of client groups. Case Management practices may be applied differently across different programs, and as such, our Case Management Approach outlines the fundamental aspects of Case Management that are common across all services providing Case Management.

Case Management should not simply meet the needs of a client but also develop their capacity to self-manage and access required supports independently. This is achieved through building a collaborative relationship between the client and the Case Manager, or case management team, and with key stakeholders, that is underpinned by Mission Australia's values of perseverance, respect, compassion, integrity and celebration.

Good practice in case management requires that we incorporate an understanding that many people accessing our programs may have experienced various traumas throughout their lives. The principles and practice steps outlined in our Case Management Approach are complemented by the key principles of Trauma-Informed Care. Working with vulnerable people including children and young people, involves acknowledging trauma and developing strategies to increase their sense of safety, empowerment, connection, choice and control. Our practices are flexible, individualised, recovery oriented and prioritise personal safety while actively working to avoid re-traumatisation.

Case Managers utilise comprehensive assessment, communication and relationship building skills to work with each client in a way, as explained in this document, which is: client-centred; holistic and strengths-based; goal-oriented; dynamic and flexible; collaborative; culturally and socially safe; evidence informed; which respects clients' right to privacy and consent; which is child and youth safe; and which incorporates evaluation and continuous improvement. This approach is supported through regular supervision, professional development and multidisciplinary collaboration.

Definitions

Evaluations are considered good practice in the delivery of any service or program and generally involve looking at program activities, tracking progress, identifying issues in implementation and offering advice to improve performance, whilst helping advocate for clients. Evaluations are concerned with what works and what does not work and finding out what matters in achieving good outcomes.

Evidence Based Program (EBP) A program designed around evidence-based research which has proven outcomes for a target client base. This is where rigorous evaluation of the service provided to a client group has collected robust data which accurately details the outcomes expected to be achieved when the model is delivered to fidelity.

Evidence Informed Practice (EIP) brings together information from research, expertise and knowledge from practice and the experience and values of clients to guide program design, implementation and evaluation to promote best practice service delivery.

OUTPUTS – Are the tangible products and services Mission Australia provides to clients. For example, outputs are what we do, the number of clients in a program/service, the support provided to the client to assist them to achieve their goals.

OUTCOMES – Are the changes/benefits for the client resulting from the Outputs; the difference Mission Australia services make to an individual or family.

IMPACT – Is the broader long-term effect on a client group, based on Mission Australia’s Outputs and Outcomes. By measuring Impact, we are able to understand the difference our services make within the community.

IMPACT MEASUREMENT - Impact Measurement is the process we use at Mission Australia to understand and demonstrate the contributions our services make towards improving the lives of the clients and the communities we work with. It involves collecting information from our clients at different points in their journey through our services, to better understand their wellbeing and whether our services are making a difference in supporting them.

Principles of Good Practice Case Management

The following principles underpin case management practice at Mission Australia.

1. Client-Centred

A client-centred case management approach ensures that the client is at the centre of the decision making and planning process and encourages their active participation. A client-centred approach requires that we work collaboratively with the client to identify their strengths, needs and goals, as they perceive them and as they work to achieve them, and to understand and respond to their views and choices.

2. Holistic and Strengths-based

A holistic assessment and planning approach considers all life domains experienced by an individual, in terms of their strengths, needs, goals and supports needed to achieve these. Mission Australia’s Impact Measurement uses seven Personal Wellbeing Index measures, shown below, which together encompass most case plan life domains:

- Standard of Living (e.g. housing, income)
- Personal Health (e.g. physical/mental/emotional, AOD)
- Achievement in Life (e.g. employment, education)
- Personal Relationships (e.g. support network, partner/children)
- Community Connection (e.g. spiritual/cultural connection)
- Personal Safety
- Future Security

A strengths-based approach considers the client’s knowledge, values and skills, resources and supports, not just their needs and issues. Case Managers work in partnership with their clients to identify their strengths, interests and competencies, in addition to self-identified and presenting issues or needs. A strengths-based approach focuses on the positive, promotes self-esteem and provides the client with an opportunity to make a more rounded assessment of their own well-being. The Case Manager’s role is to

- assist each client to recognise, develop and use their strengths to overcome barriers.
- support the client to create strategies to achieve their goals; and
- identify other people and organisations who can support the client to achieve their goals, including where those are in domains outside the Case Manager’s expertise.

3. Goal Oriented

Good practice case management is based on assessment and planning and encourages clients to create realistic and achievable goals, empowering them to develop the knowledge and skills required to enhance self-sufficiency and independence. All case plan goals should be SMART:

- **Specific** – is each goal well defined and focused?
- **Measurable** – what evidence will show the goal has been met?
- **Attainable** – is it possible for this client to achieve this goal in their present situation?
- **Relevant** – will achieving this goal move the client towards achieving their longer-term goals?
- **Time Bound** – will it be possible to achieve this goal in the timeframe available?

At appropriate intervals, progress towards achieving goals is reviewed, any challenges or obstacles identified and addressed, and achievements celebrated. The celebration of achievements is an important step in the process as it supports resilience and motivation.

4. Dynamic and Flexible

The Case Manager ensures that the process of engagement is dynamic and flexible enough to respond and/or adjust to changes that may occur in the client's life or in the broader context. This requires regular monitoring and reviews of the Case Plan, which is a 'living document', in conjunction with the client, and their support network as relevant, and the development of alternative strategies to meet changing needs. This may include offering support in outreach locations to meet client needs, where the service has capacity. Where case management is transitioned to another worker (either within a Mission Australia service or within another organisation's service), there is a handover of key information to ensure continuous progress and a smooth transition for the client.

5. Collaborative

In developing the Case Plan, both the Case Manager and the client identify any current support networks the person has, as well as agencies or professionals that may be accessed for support in achieving the stated goals in domains which are outside the scope of the service.

Generally, no single Case Manager or service can provide all the skills or resources required to support a client who presents with a range of support needs. Case Managers develop cooperative relationships with relevant services, organisations, professionals and community resources to enable "warm referrals" and hold regular case conferences to promote collaborative practice. They ensure appropriate information sharing consent is obtained from the client to promote coordination between all parties and avoid the client having to tell their 'story' multiple times.

6. Culturally and Socially Safe

Good practice case management acknowledges, and is sensitive and responsive to, the strengths and needs of each client. It ensures:

- Cultural safety is always explored and attended to. This involves an awareness of what cultural safety means to different people including those who identify as Aboriginal or Torres Strait Islander or CALD or from a particular faith group.
- Social safety is always explored and attended to. This involves an awareness of what social safety means to different people, including those who are LGBTIQ or living with a mental illness or physical disability.

Staff should have an understanding of how cultural norms, gender roles, faith identification and differing

abilities can impact on engagement and on the way in which a client accesses resources in the community and knowledge of the specific needs and protocols for each client group they work with. To support this, staff participate in cultural competency and/or diversity training as required.

7. Evidence Informed

Evidence informed case management involves decision making which is based on the integration of practitioner expertise, client expertise and values and the best available research evidence to promote positive outcomes with clients. It aims to guide highest quality practice by incorporating evidence and contemporary research findings to support quality outcomes that enhance client capacity, competence and safety. This provides the basis for an effective, accessible, inclusive and professional service. Opportunities for professional development and training should always be sought by Case Managers, in order to incorporate new approaches and strategies, reflect on their professional practice and support continuous improvement, learning and growth.

8. The Right to Privacy and Consent

Good practice case management adheres to privacy and consent legislation and funder and organisational requirements. The client's right to privacy and confidentiality is acknowledged and maintained at all stages of the case management process, and only information which is necessary for the delivery of the service is collected, used, shared and stored. Each client is advised of the purpose for which information is requested, the type of information kept and the person/s with whom the information will be shared.

Staff always seek client or client representative consent in accordance with the relevant Mission Australia Policy and Procedure documents. Where there is a situation when a child or young person presents to a service on their own and is unable or unwilling to gain parent/guardian consent, staff follow the *Children and Young People – Consent to Service as a Mature Minor Guideline*.

A client's right to confidentiality is clearly explained, as is the fact that in certain situations their confidentiality is not able to be maintained, including but not limited to when Duty of Care principles and/or Mandatory Reporting requirements are involved.

Each client has the right to access their personal information and is informed of the process to obtain access to this information. It is clearly explained that they will only have access to their own information and that third-party information or information which may impact the privacy rights of others may be withheld.

9. Child and youth safe

At Mission Australia, we are committed to continuing to ensure the highest standards of safety and wellbeing for the children and young people who engage with our services. Individually and collectively, we have a responsibility to continue to promote and maintain a child safe culture and environment across our organisation. Safeguarding children and young people is the responsibility of everyone in Mission Australia – our Executives and People Leaders, our frontline staff, those providing support to our frontline staff and our valued volunteers. Everyone at Mission Australia is expected to work in accordance with all MA policies and procedures that relate to the safety and wellbeing of children and young people.

10. Evaluation and Continuous Improvement

Evaluation of systems, processes and outcomes to inform continuous improvement in the effectiveness and efficiency of programs is a critical part of ensuring high quality service provision. Each service has processes in place for:

- continuous quality improvement
- measuring the impact of its work, through Impact Measurement
- monitoring and evaluation of the service's effectiveness; and
- inviting and incorporating feedback from clients, including through complaint/compliment processes and client participation mechanisms.

These ensure that the service is operating so as to meet: its key performance indicators, informed by the funding body's requirements; Mission Australia's organisational strategic directions and values; and the outcomes that the clients are reporting they seek.

Data is to be collected in an ongoing way - at intake, during case meetings and at exit – and this is to be analysed periodically, aligned with service reporting cycles. Case Managers should collect a combination of quantitative data (numerical descriptions, such as the number of clients seen in a period) and qualitative information (descriptions of the qualities of their interactions, such as case notes). All staff are to ensure the accuracy of the data they are collecting and submitting, whether internally and/or to their funder. All data and information collected is analysed and communicated with staff in the service, to inform continuous improvement and provide an evidence base for changes that will enhance its effectiveness and efficiency.

Core Practice Steps in Case Management

The degree of support provided, complexity and time spent with clients varies amongst service types and models and are often interpreted with local client-centred variation, but the core practice steps should remain consistent across case management practice. These core practice steps do not always follow the diagram below, with different steps such as assessment, planning and referral out being revisited as needed in accordance with changes in client circumstances.



Referral In

Key points:

- Entry processes and inclusion and exclusion criteria are followed
- Referrals are prioritised according to need
- Referral responses are given in a timely manner

A person self-refers, or is referred to, a service. Their presenting situation is immediately screened against the service's criteria for accepting a referral for further assessment. Where the person's situation meets referral acceptance criteria, they are included in further entry or eligibility assessment and service suitability assessment. If the service does not have a vacancy, or has reached caseload capacity, or is not suitable to meet the person's needs, then all possible efforts are made to refer them on to an alternative service provider. They may also be offered a place on a waiting list as appropriate. Individuals who are not offered entry to the service are offered clear explanations, provided with information about their right to appeal the decision and are referred to another provider as appropriate.

Services respond to referrals within a suitable time frame in accordance with funder requirements and/or service level procedures and ensure individuals and/or referrers are kept up to date with the progress and outcome of the referral.

After a referral is accepted, each client is allocated a case manager and become part of their caseload. All staff have manageable caseloads which ensure the best interests of each client are met. Allocation and management of caseloads are transparent processes that include consideration of:

- Case complexity, including the number of other agencies involved, amount of consultation and intensity and duration of interventions required
- Contractual obligations and/or KPIs
- Skills, experience and capacity of caseworker
- Contact frequency
- Location of client / distance to be travelled (e.g., rural/remote)
- Level of risk involved
- Service model approach to client engagement
- Whether the client is new or established

Staff caseloads are regularly reviewed to ensure work allocation is manageable across the team. This is done in team meetings, through ongoing discussion and during supervision sessions. Reviews take into account the caseworker's professional judgment about workload capacity issues. Most programs' contracts specify targets for the number of clients assisted per worker. Well established systems that allow for the documentation and monitoring of current allocations, new referrals and waiting list information assist with effective caseload management.

Intake and Engagement

Key points:

- Client engaged
- Eligibility confirmed
- Strengths / Needs / Issues identified
- Risk assessment completed
- Service and Client rights and responsibilities explained
- Client informed consent gained for information sharing

Services have in place clear processes for supporting a client's transition into their service. Such processes are aimed at ensuring individuals are fully informed of service systems and procedures and advised of their own and their Case Manager's roles and responsibilities.

Intake processes include:

- Screening for suitability and eligibility
- Identifying client needs
- Gaining client consent to service
- Gaining client consent to collect, use, share and store personal information
- Assessing risk – gathering information about past, current and potential risks
- Provision of client information documentation and/or client handbooks
- Explaining rights and responsibilities to the client including:
 - Grievance procedures, complaints and feedback processes
 - Confidentiality, privacy, consent and management, collection and sharing of information
 - Involvement in case planning and service delivery
 - Advocacy
 - Limitations to service provision
 - Service exit planning
 - The role of the Case Manager

Intake assessment processes determine the relevance and suitability of the service to the client's strengths and needs. During this process, the client is provided with enough information to allow them to make an informed decision about whether to accept an offer of service. Where a service is not able to meet the immediate safety needs of the client, they are supported to access a relevant alternative service.

Risk assessments are conducted upon intake and reviewed and updated throughout the period of service. Risk assessments are important to understanding the priority needs of clients and any risks to staff and other clients participating in the program. Risk Assessment is a collaborative process that involves joint decision making with the client, family and carers and other stakeholders with the individual's permission. Input in decision making is sought from appropriate stakeholders including clinical, specialist or other services involved in the client's care. Completed risk assessments and risk mitigation strategies are documented within client records on the relevant client information system.

To ensure clients are providing informed consent, Case Managers discuss with clients who their information will be collected from and shared with, prior to requesting consent to share information. Consent forms are to be

agreed to and signed by the client prior to the provision of services and at any time where additional consent is needed. It is best practice to revisit consent at regular intervals or when there is a change in client circumstances.

Staff clearly explain to clients their right to privacy and confidentiality and the limits to these rights. Clients are informed that staff will share information without consent in certain situations including but not limited to when:

- The client has disclosed a risk to themselves or others
- It is required by Mandatory Reporting requirements
- A subpoena has been received

Individuals who do not accept an offer of service are provided with information and assisted to access other relevant services, as appropriate.

Strengths and Needs Assessment

Key Points

- Build a genuine relationship with the client
- Work collaboratively with the client to gather information to holistically assess strengths, needs and bio-psycho-social issues
- Ensure all assessments are client-centred, strengths-based and guided by the client's views and choices

Assessment involves an ongoing collaborative process of observation, information gathering, reflection and engagement with the client, and analysis of information collected. It should be an interactive process during which clients are engaged in exploring their personal strengths, presenting issues and associated support needs in order to identify personal goals and clearly defined service support pathways – practical, care-based, clinical, educational, or a combination, depending on the service model. It is important that Case Managers use this process as an opportunity to build trust and rapport with the client to support collaborative engagement.

Assessment processes are person-centred, trauma-informed, holistic and focus on the client's presenting issues, lived experience, views and choices. Assessment processes identify information, resources, practical, personal and social barriers to client goals, and the client's personal resources and inherent strengths. Depending on service model, assessment processes may be formal or informal or both, but should always be documented.

For services using Impact Measurement, the Impact Measurement entry survey should be completed at this stage. It can be used as a tool to explore a client's strengths, issues and associated support needs.

Case Planning

Key Points:

- Identify and prioritise short- and long-term goals with the client
- Determine strategies and actions tailored to the client to achieve these goals
- Build in opportunities for, and indicators of, success
- Clarify roles of Case Manager, client and any other stakeholders and timeframes
- Identify other organisations and supports for referrals out
- Coordinate resources and services as needed

Case planning refers to the process of developing, in collaboration with the client, the strategies to be used to address the client's presenting issues and needs and achieve their short- and long-term goals. Collaborative planning with the client helps them to build self-reliance and encourages them to undertake an active role in achieving their goals. Once the client has identified their goals, it is useful for both the client and the Case Manager to link all goals to the bigger picture of what they hope to achieve.

Case planning processes acknowledge the fact that client's needs are often best served via collaboration between specialised services. These processes incorporate the co-ordination of specialist services where relevant to the client's needs. The completed Case Plan and service strategies may be formally shared amongst one or more providers with client consent.

In some services, brokerage funding is available. Brokerage funding refers to the flexible use of designated funds to purchase goods and services and may be provided as one of a range of strategies in the Case Plan to address the identified needs of the client. Brokerage funds can only be provided in the context of a written case management plan (except in the case of an emergency) and are intended to provide for the purchase of goods and services considered essential to achieve client outcomes identified in the Plan.

Each client receives a copy of their Case Plan and all subsequent reviews in a format and language that is meaningful for them. To ensure transparency, accountability and ownership, each Case Plan and review is signed and dated by both the client and Case Manager, where possible.

Implementation

Key Points:

- Delivery of Case Plan Tasks
- Facilitate collaboration and coordination of services
- Regular communication and information sharing
- Work from a strengths-based, client-led perspective

Case Plan implementation involves conscious, deliberate and purposeful activity with the client, which is outcomes focused and aimed at achieving the case plan goals. It requires the Case Manager engaging and working with the client and all stakeholders ensuring the client's views, choices and right to self-determination are respected.

It is important to work within the timeframes of the Case Plan and length of service delivery, and to be proactive and flexible if an activity isn't working. Where required, the Case Manager discusses any difficulties with the client and gains their input on possible changes or solutions.

There are some important considerations, which vary between states and territories, when staff are working with children and young people and/or their families including:

- recognising and responding to indicators of abuse or neglect
- mandatory reporting requirements
- information sharing guidelines
- privacy and consent requirements (especially for clients under 18)

Staff are able to discuss specific considerations in practice with children and young people with their National Child Safe Lead.

Where necessary, external support options and resources are sourced to support the client to achieve their goals. This may involve the Case Manager advocating for a referral to be made or accepted for the client to another service, either within Mission Australia or another provider. It is important that the Case Manager maintains open communication channels and works collaboratively with all stakeholders including the client to improve the likelihood of referral being accepted.

Many of the clients Mission Australia staff work with face a number of barriers to accessing support. Case Managers utilise different strategies and make every effort to engage with each client to engender a trust relationship. Methods of engaging clients could include outreach visits to their home or a neutral location (such as coffee shop, park or library), phone calls or texts, contact using digital methods (such as email or sessions over Skype for Business or Teams).

Case Plan implementation is client-centred and involves all stakeholders working collaboratively to achieve the Case Plan goals. At times, a Case Manager may be required to manage the conflicting priorities of different stakeholders. One or more stakeholders may feel that certain goals or activities should be prioritised; in this situation, discussions should be held which include the client, where they wish to be involved, and decisions made which ensure everyone is working together. If a Case Manager is unable to find a solution in this situation, their line manager should be consulted.

Referrals Out

Key Points:

- Develop collaborative relationships with relevant organisations and individuals in the community
- Provide referrals to other organisations or individuals as needed to support the client to reach their goals
- Advocate on behalf of the client
- Support the client to access those organisations or individuals

A Strengths and Needs Assessment and Case Plan may reveal life domains where the client seeks support that is outside the service's scope. The Case Plan should identify organisations (such as agencies and services) and

individuals (such as practitioners and professionals) and community resources (such as social groups) that may be accessed for support.

For example, in an AOD service, a Case Manager and client may identify that the client is seeking support with alcohol and other drugs, physical health problems, loneliness and unfulfilled spiritual needs. The Case Manager would then work collaboratively with the client to support them on their recovery journey with addiction, and would support them to connect with a relevant health practitioner (such as a GP or specialist clinician), community groups or clubs for social connections, and a faith practitioner (such as a MA Chaplain or someone from a faith or cultural group as requested by the client). A request for a referral to further support may come from the client or may be suggested by the Case Manager, however the Case Manager should never make a referral without discussion with, and consent from, the client.

Monitoring and Review

Key Points:

- Review progress and focus on achievements
- Identify changes in strengths, needs, issues and refocus goals
- Identify barriers to goals being achieved and celebrate achievements
- Review risk assessments when circumstances change
- Begin planning for exit and independence
- Ensure reviews are client-centred, strengths-based and guided by the individual's views and choices

Case Plans, risk assessments and support strategies are regularly reviewed with the client, and as relevant, third parties, including other service providers. Case Plan reviews evaluate the effectiveness of supports, resources and services so far mobilised towards meeting the client's goals. Review processes focus on: celebrating client achievements and milestones; reviewing support strategies to meet changing needs, goals and changes in wellbeing; reviewing assessments of client and staff risk when required due to changes in circumstances; identifying emerging or ongoing personal and social barriers to achievement; and identifying alternate or new services and supports to benefit the individual. It is also a chance to begin to work towards exit planning once the client has made significant progress.

Case Plan reviews take place at regularly scheduled intervals and as requested by the client and/or as their circumstances change. Follow up Impact Measurement surveys should also be done regularly, at a minimum 6-monthly but preferably at the same time as Case Plan reviews.

Transition or Exit

Key Points:

- Provide recognition of client's achievements
- Identify any supports needed through the exit process
- Evaluate progress and outcomes
- Gather feedback from the client
- Identify opportunities for continuous improvement

Exit planning is the process of helping a client prepare to maintain their progress without Mission Australia's Case Management support or with the support of another agency. Service exit is discussed at the assessment and review stages and at each stage there is discussion around the aim of independence from the service when the client's goals have been achieved and/or the available support timeframe has ended.

Service exit planning commonly includes: practical preparation for independence; emotional or psychological preparation for cessation of service and Case Manager support; links to long-term or ongoing services; obtaining relevant resources for maximising independence; identifying and mobilising ongoing personal support networks; and celebrating the client's achievement in "graduating" from the service, meeting some or all of their goals and moving towards independence.

Some service models include an after-care component for continuation of support as clients transition out, often provided through an outreach model. This typically involves creating, strengthening and maintaining support networks which may include family, peers, MA services and other agencies. Where a service doesn't include an aftercare component, it is regarded as best practice for all services to 'follow up' with clients who have left the service. This involves contacting the client to ask how they are going and if they would like assistance to connect with support in the community. It may also include following up on referrals made for the client prior to exit to identify any issues with engagement. Where aftercare or 'follow up' is offered, it should be tailored according to each client's ongoing needs and choices.

Services work to avoid involuntary client exits by addressing issues of concern promptly. Where these issues cannot be worked through and service is to be ceased, clients are provided with a clear rationale for the decision and information on the complaints and appeals process. The decision making and rationale for involuntary client exits are documented and approved by senior operational manager.

As part of the Case Management and service exit process, feedback from clients is sought. This occurs informally during discussions and meetings and formally through surveys or other methods to capture their views. The Impact Measurement exit survey should be completed within the last four weeks leading up to a planned exit. Gathering feedback is critical to informing our understanding of the experience of the client, from their perspective. Feedback is important for:

- Measuring and recognising client achievements
- Recognising service gaps, strengths and opportunities for continuous improvement
- Reflecting on service delivery
- Informing an evidence base of effective practice

Case Closure

Services have processes for determining when a client's file should be closed. Depending on the service model, a client's file may remain inactive but accessible for a period of time to account for intermittent contact and support post-service. Commonly, case or file closure occurs after a nominated period of no engagement with the client. For more information refer to the *CFCS Client Record Management Policy and Procedure*.

Client Files and Case Notes

Client files act as a record of service to the client and are important for ensuring continuity of service to a client if they have a change of Case Manager. They represent:

- our client's stories
- a record of their interactions with our organisation

- a record of the service our organisation has provided.

Client files are maintained with respect for the client and in adherence to relevant privacy and security requirements and considering all potential readers. A client's personal information is only recorded on their file in a secure client information system and access to client files is restricted by the rules in the system. Some clinical professionals such as psychologists are required to keep separate client files; these are still stored on MA's secure client information systems but have more restrictions on who can access them.

No client personal information details are to be shared in emails or text messages unless absolutely necessary. If this is necessary, once the matter has been finalised, a copy of all communication is added to the client's case file and then the email/s or text messages and information they contain are immediately deleted.

Mission Australia is accountable to our clients, funding bodies and professional standards to ensure the work we deliver is accurately and appropriately recorded. Client files and record keeping processes comply with MA Operational Policies that address client records and files requirements, and meet quality, licensing, legislative and/or accreditation requirements where these exist. Regular file audits are completed by services to ensure files are accurate, up to date and maintained in a secure and appropriate way.

Client Files contain all relevant client records documenting the support activities completed with that client including, but not limited to:

- referrals
- assessments (including risk assessments)
- case plans (including service exit plans)
- consent forms
- agreements
- support letters
- any material that is directly related to the planning and provision of a service including case notes and file notes.

Case notes provide a chronological record of the client's contact with the service and are an accurate description of the situation, any decisions made, what action was taken and why, by whom, on what date and at what time. To ensure accuracy, they are recorded as soon as practicable, where possible within 24 hours of any interactions undertaken with a client. Case Managers ensure all interactions with the client as well as any non-attendances or unsuccessful contact attempts are recorded.

A client is the main audience to their file and Case Managers ensure notes and records are respectful and non-judgemental. Client Case notes are clear, concise, accurate and factual. Case notes may have to be provided to a court under subpoena, if requested, and so must be written professionally, in English and the author must be able to testify to their accuracy. If a Subpoena is received, staff follow the MA Legal *Self-Service Guide – Responding to a Subpoena to Produce Documents* which can be found on the intranet. If staff have any concerns, the Legal team should be consulted.

Program Managers ensure all staff within their service use consistent conventions when writing case notes. Information recorded in a case note notes the source, whether primary or secondary. Direct quotes are recorded in relevant circumstances such as disclosures, threats of harm, suicidal ideation, and should be identifiable as direct quotes (i.e. "in quotation marks"). Recording of opinion or judgement is limited to qualified professional opinion or judgement and noted as such.

Once a case note is entered into a client file, no erasure or alteration is permitted to the document. Any record of changes to the contents of a case note is recorded as an annotation, or as a new case note noting the date, change/s and reason the change/s were made.

Privacy and Access to Personal Information

A client (or authorised person's) informed consent is obtained and documented in an appropriate manner in accordance with the relevant MA policies and procedures including, but not limited to, obtaining consent for:

- providing clients with a service
- collecting information about the client
- obtaining and handling personal information
- seeking further information from a third party
- disclosing personal information about a client

Where consent is sought, the outcome is documented in the client's case file as either a signed consent form (preferred) or a declaration from staff that verbal consent was given. Where personal information is sensitive in nature, which may include information about medical history, disability, mental health, racial or ethnic origin, criminal convictions and religious affiliation, the client's written consent is required for the collection, use and disclosure of this information.

All services provide their clients with information about what type of personal information will be kept about them and how they may access their records. Client files may be accessed by the client in accordance with legal requirement or limitation, and relevant MA policy and procedure. Clients have the right to access personal information that we hold about them where that information does not infringe another person's right to privacy and where access to that information does not pose a serious threat to their safety, the safety of another client or a third party. Client files are to be maintained securely with access authorised and limited to a "need to know" basis only.

Mission Australia has statutory obligations regarding the retention and disposal of client files. Some client files must be retained and archived for a period of time after the client has exited a service, or a service has closed, before being securely disposed of and some client files will need to be archived indefinitely. Each service maintains a *Client Record Retention and Disposal Register* detailing their file retention and destruction schedule, and ensure a copy is quality checked and maintained by their state or territory administration team.

Client information systems

All services use a secure system approved by the organisation to record and store client-related data, services provided, and outcomes achieved. The systems also manage client records, contain caseload management tools and capture data for research and to inform continuous quality improvement. The systems most commonly used by our community services are Mission Australia's Community Services Information Management System (MACSIMS) and MA Connect, and our employment services most commonly use Salesforce.

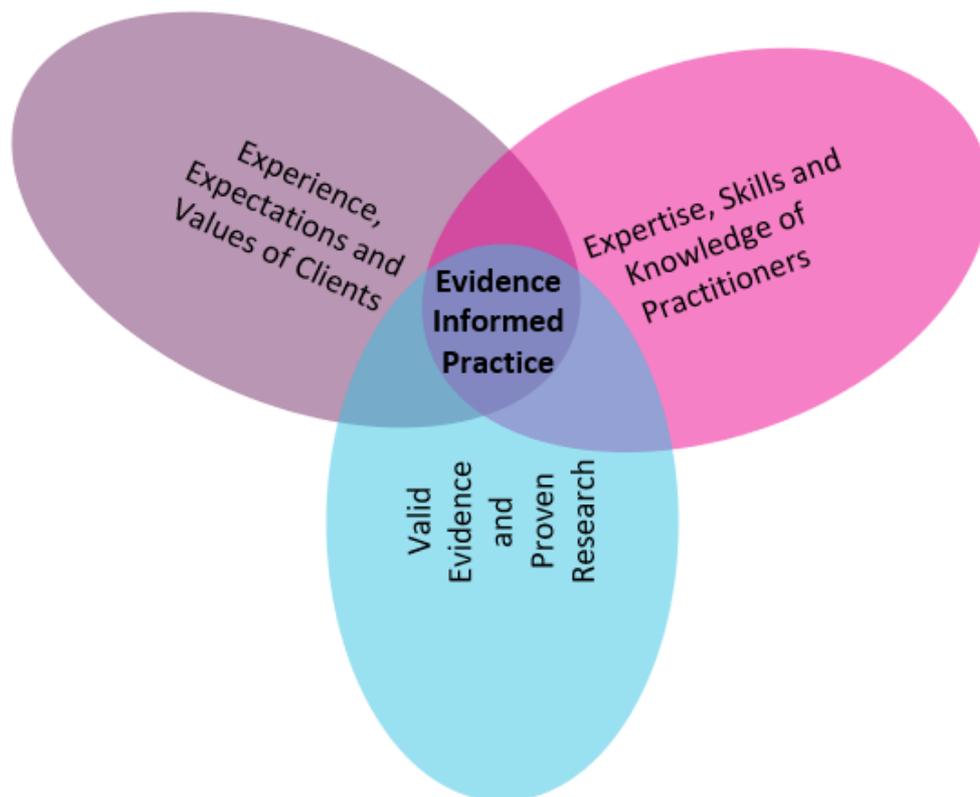
MACSIMS is based on an evidence-based case management model. It supports and replicates the core Case Management workflow outlined in this document, with further capability through customisation guided by individual service or contractual parameters.

MA Connect has been built to follow this National Case Management Approach and to meet Service Excellence Standards post 2020. It provides service delivery staff with the ability to update relevant client information as

and when available, providing timeliness and accuracy in client data collection and a client centred focus. MA Connect provides:

- complete case management functionality, including case planning activities, tasks and progress monitoring.
- brokerage record keeping, including approval workflows and monitoring of approved vs actual spend.
- risk assessments including approval workflows, and visibility of critical safety risks across services.
- daily Activity Management through interactive front-line staff dashboards, alerting staff to engage with clients that haven't been contacted, and notification of brokerage and risk assessment approvals.
- core Operational Dashboards for front-line managers that provide clear visibility of client related activity including volume and interactions and case types, allowing better resource management.
- client file record keeping compliant with best practice, enabling a service to record client presenting concerns, and supports, services and referrals provided; and
- collection of all client information required by our funders, in a way that reflects our clients' journeys, and allows for the generation of management and funder reports.

Evidence Informed Practice



At Mission Australia, evidence-informed practice is understood as the integration of reliable evidence, proven research, practitioner expertise and knowledge, and the values, expectations and lived experience of people accessing support. These are used to inform practice approaches and guide program design, implementation and evaluation.

Program Design and implementation

New evidence-informed services are designed by drawing on all available evidence about what works to solve complex social issues. At Mission Australia we:

- begin with a deep understanding of the needs and goals of our clients and communities, and a review of existing best practice research in how others are tackling the issue.
- review best practice research and evaluations of similar programs as well as literature on emerging practice and new innovations in service delivery.
- Use a human centred design approach to ensure our services have client needs and lived expertise at the centre.
- incorporate feedback from past and current clients on existing services and consult with them on the design of new services through participation in advisory groups, contextual interviews and workshops.
- draw on the experience and expertise of practitioners and subject matter experts incorporating their reflections about which interventions and methods are most effective in different contexts and engage them in the co-design and ongoing review of new service models.

Using a co-design process with Program Managers, and clients – where possible and appropriate, we develop services that are specifically tailored to the challenges their clients are facing. Our service models clearly articulate the evidence to support the designs and assist in ensuring our staff are aware of the links between service activities and service outcomes.

Service models and Operations Manuals provide clear guidance on the intended purpose of a program and how it should be delivered. Case Managers are supported to regularly reflect on their practice and the outcomes their clients are achieving. As staff knowledge and understanding of their clients and their program increases, it will often alter the way they reflect on their practice - what we do, how we do it and why.

Evaluation

An important aspect of evidence-informed practice is regularly assessing the quality and effects of a program, to identify any changes needed to improve the program or its implementation strategy.

Mission Australia undertakes a range of research and evaluation activities across our services which aim to improve service delivery and client outcomes. These activities give clients and service staff an opportunity to provide advice and feedback and lead to a better understanding of what works for clients, as well as for the wider population.

Externally, Mission Australia has been partnering with universities across Australia over many years to help understand the needs of clients as well as the broader community of disadvantaged Australians. The data and information collected is used to provide clients a voice through our advocacy – where we strive to be a strong and courageous voice for all Australians in need.

Both internal and external evaluations and research are important avenues for understanding the role of services in the journey of clients, informing continuous improvement and advocating for changes to policies, programs, systems and other social settings.

Clients benefit from more effective and evidence-informed interventions that are tailored to their unique needs and circumstances and make a real difference in their lives.

Impact Measurement

Mission Australia has a strong commitment to measuring performance and impact across our programs to ensure the best possible outcomes for people accessing support. Our Impact Measurement Program is one way in which we understand and demonstrate the effect of service provision on the lives of the clients and communities we work with. We use the Impact Measurement Program to continuously improve practice and optimise outcomes that we achieve:

- with clients (client level outcomes),
- as a service (performance),
- as a community (through strengthening communities) and
- at an organisational level (contribution to our strategic goals of Reducing Homelessness and Strengthening Communities).

Program Managers have access to current Impact Measurement data through interactive dashboards on PowerBI, which are updated three times per week. All staff have the opportunity to engage in 'Reflection and Action' exercises which encourage discussion and exploration of the results shown in these dashboards. If the service is achieving positive outcomes, teams are encouraged to record what they feel has led to this, so that good practice can be shared with similar services. If the outcomes are not as positive as hoped, teams are encouraged to brainstorm how they might improve outcomes for clients, agree on strategies and implement accordingly.

Impact Measurement helps services understand how well they are doing in working with clients to achieve outcomes, and where they can improve to better meet client needs. Impact Measurement results are also used to inform program evaluations. It allows Mission Australia to understand and evidence our work to achieve our goal to reduce homelessness and strengthen communities.

Accreditation

Mission Australia has a number of services delivering case management which have been accredited to a range of different standards. Accreditation ensures Case Management practice is regularly self-assessed against best practice criteria outlined within relevant sector standards. This involves these services participating in a continuous quality improvement process to ensure ongoing evaluation, development and improvement in order to meet requirements and provide best practice services to their clients.

Best Practice Forums

- Practice Reference Groups (PRGs)** are forums for Mission Australia staff to share practice knowledge, leverage skills and expertise and seek peer input. PRG's are run by practitioners and for practitioners, to update each other on progress and performance, work through challenges and barriers, share good news and examples of good practice and inform the development of Mission Australia's practice frameworks.

The PRGs add value through practice collaboration to not only allow us to remain at the forefront of the industry and deliver flexible responses for clients, but to enhance quality in service system responses and performance through greater information sharing and collaboration.

- Clinical and Care Committees.** Mission Australia's (MAs) **Clinical and Care Governance Framework** establishes a set of minimum standards that align with relevant national quality and safety requirements, licencing and accreditation cycles and that are reflected in operational policy and

procedures. All MA workers and volunteers including frontline staff, managers, executive committee, Board and the governing body, are accountable for their contribution to the safety and quality of care delivered to consumers as well as key stakeholders.

Our integrated committee governance structure enables us to prioritise a strong safety culture and commit to best practice governance of our clinical and care practices.

This structure is comprised of two parts:

1. A **National Clinical and Care Committee** which has a reporting line to the Board via the Executive Committee and provides oversight of clinical and care practice across priority service groups; and
2. A series of state based **Clinical and Care Committees** which drive actions to ensure that clients experience safe and high-quality practice.

Additional Practice Guidance

Mission Australia has a number of additional practice guidelines and frameworks which support best practice case management. These can all be found on the MA intranet and some are also available to other agencies through a creative commons licence on our website.

Client informed services framework

Our clients are at the centre of everything we do. We're on a journey to continuously improve our client engagement and increase client participation. This framework supports staff to enhance genuine client participation and engagement and identify and respond to new opportunities for participation.

Clinical and Care Governance Framework

We are committed to delivering high quality, safe and effective services which create powerful and sustainable change in people's lives.

Our Clinical and Care Governance Framework is a part of our overall operational framework. It details the foundational pillars and principles of excellent clinical and care governance, and describes the mechanisms required for consistent and sustainable implementation. Implementation of this framework is supported by an integrated Clinical and Care Committee structure for Alcohol and other Drug / Mental Health, Disability, Aged Care and Child Safe practice.

Lived Expertise Practice Framework

The purpose of the Lived Expertise Practice Framework is to provide an illustration of what lived expertise practice means to Mission Australia. This framework outlines practice domains, guiding practice principles and practices, and examples of enabling and not enabling lived expertise practice.

Recovery Oriented Practice Framework

Our Recovery Oriented Practice Framework provides a set of core principles that underpin our recovery-oriented practice, provides guidance about recovery models used within service delivery and articulates how recovery language is used across our organisation. It emphasises the importance of strengths-based, client-centred, collaborative practice.

Partnership Kit: Supporting Aboriginal and Torres Strait Islander Partnerships

For Mission Australia, partnerships are a crucial part of our work, achieving more together than we possibly

could alone. This Partnership Kit supports staff with the guides and tools needed to establish and strengthen culturally appropriate partnerships with Aboriginal and Torres Strait Islander organisations, groups, and communities throughout Australia.

Strengthening Communities Framework

At Mission Australia, working with communities is central to what we do. We support people, groups and organisations to come together to identify common goals, and to create solutions that positively impact their community. Through our Strengthening Communities Framework, we enable communities to build upon their strengths, become more resilient and to develop their capacity to better overcome the issues they face. We work with communities with a vision for long-term sustainable change.

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