
Key Working and Case Management Policy

Turas Training

Approval date:

Revision date:

1. Statement

- 1.1. TURAS is committed to ensuring that case management and key working systems are clear, comprehensive and efficient. The service aims to ensure that the same service standard and support is provided to each service user.

2. Purpose

- 2.1.1. To define case management and key working in the context of TURAS.
- 2.1.2. To provide clear procedures for key working and case management.

3. Scope

- 3.1. Case management or key working services will be provided to any services that (choose one) meet the criteria / are on the programme / uptake on an offer of this service.
- 3.2. This policy should be read in conjunction with the: Case Notes and Correspondence Policy; the Assessment and Care Planning Policy; the Interagency Case Meeting Policy and the Confidentiality Policy.

4. Roles and Responsibilities

- 4.1. It is the responsibility of the manager to ensure that:
 - 4.1.1. Staff are provided with adequate time and resources, and a suitable environment to undertake assessments and care planning.
 - 4.1.2. All files are audited no less than monthly.
 - 4.1.3. Any barriers to an individuals care plan that have been raised by a staff member will be responded to with the intention of resolving the issue. Where these can not be resolved by the service then these will be brought to (name forum, i.e. local rehabilitation coordinator / TF etc)
- 4.2. It is the responsibility of staff to ensure that:
 - 4.2.1. Work with service users is done in the way described in this policy
 - 4.2.2. Any barriers or impediments to the progression of the services users care plan will be brought to the attention of the manager as soon as possible.

5. Glossary

- 5.1. Key worker: a named person who is assigned to work closely with the service user to:
 - 5.1.1. Ensure consent for all service delivery and information sharing.
 - 5.1.2. Develop a care plan in relation to what (enter service name) can provide (this may involve communicating with a case manager and other key workers as required).
 - 5.1.3. Work to fulfil the care plan actions related to what services (enter service name) can provide.
 - 5.1.4. Advocate on behalf of the service user where required.
 - 5.1.5. Keep relevant case notes/records.
- 5.2. Case manager: the case manager has same roles as a key worker with the additional roles of:
 - 5.2.1. Ensuring that the service users' needs are matched by appropriate service delivery through engaging service in the interagency care plan.
 - 5.2.2. Monitoring the agreed interagency care plan and ensuring objectives are SMART (see Assessment and Care Plan Policy).
 - 5.2.3. Undertaking formal care plan reviews every 2 months.
 - 5.2.4. Responding to issues agencies may have in relation to the interagency care plan.
- 5.3. Lead Agency: the agency which houses the case manager.
 - 5.3.1. The lead agency will need to be able commit to providing case management services for a minimum period of six months and will ensure continuity of service should the individual case manager leave their post.
 - 5.3.2. The lead agency will provide managerial support to the case manager should there be any impediments to progression of the service users care plan.

6. Principles

- 6.1. TURAS is committed to ensuring that service users are empowered to become self sufficient, meaning they will no longer require case management.
- 6.2. A service user should only ever have one case manager. Where there are two organisations interested and/or relevant to the role service name will support engaging the service user and the relevant agencies in agreeing upon one lead agency.
- 6.3. Interagency work is essential to good case management, in all instances the service will strive to ensure that other agencies are involved appropriately and effectively in an interagency care plan.
- 6.4. If a service user is no longer appropriate to be case managed by our organisation we will endeavour to find another service to provide case management or key working. If an appropriate service cannot be found then Turas will provide what supports are possible and will attempt to resolve the issues through Gaps and Blocks systems.
- 6.5. The same level of service and potential time commitment will be offered to all service users, though time spent with service users will be relative to need.
- 6.6. If service users do not wish to engage in key working or case management they will still be offered service provision or As part of the project all service users will be expected to have a key worker or case manager and will be informed of this as part of entry procedures.
- 6.7. Service users have a right to request a change of worker.
The point below may be useful for harm reduction services:
- 6.8. The service will aim to build relationships with service users at every opportunity. With this in mind if a service user wants only harm reduction services or crisis interventions, these will be provided and the option of key working or case management will be offered as useful. Where opportunities present staff will use techniques such as motivational interviewing and solution focused therapy to work with ambivalence and resistance and assist service users to identify and work towards achieving goals.

Part One - Case Management

7. Step 1 –Initial Assessment, Agreeing the Most Appropriate Service and Comprehensive Assessment.

- 7.1. The service user will have an initial assessment at the first or second contact as described in the Assessment and Care planning Policy.
- 7.2. After the initial assessment the organisation should know the following:
 - 7.2.1. Whether their most pressing needs can be met by our organisation or whether it is necessary to refer them on.
 - 7.2.2. The seriousness / urgency of the drug / alcohol problem, and the service user's motivation to engage.
 - 7.2.3. Whether the service user would like a key worker.
 - 7.2.4. What other services are engaged with the service user.
 - 7.2.5. Whether they have an existing case manager / key worker.
- 7.3. To determine the course of action that Turas will take, information from the initial assessment will be brought to the care team. Following this the next steps will be communicated to the service user.
- 7.4. In general the service user will go on to have a comprehensive assessment with Turas if:
 - 7.4.1. The service user would like to have a key worker or case manager and understands in principle that this will require interagency sharing of information where required.
 - 7.4.2. If it has been agreed by the manager / at themeeting that our service is best placed to meet the service users presenting needs.

- 7.4.2.1. If not the assessment should be undertaken by the agency who is best able to meet the service users needs and is able to provide case management . Turas will play an active part in referring the service user to the appropriate service.
- 7.4.3. The service user does not already have a case manager within another organisation (the service user will need to be asked about this). To ascertain this, the worker should contact all services that the service user is working with that provide case management or key working. If the service user is homeless then homeless services should be contacted. With service user consent the aim would be find out whether an interagency care plan and case manager already exist.
 - 7.4.3.1. If case manager already exists, then the worker will ask how they can support the care plan.
 - 7.4.3.2. If not, then the worker will ask if the service would like to discuss involvement in the shared care plan.
- 7.5. Following this a comprehensive assessment will be undertaken and the care plan established.
- 7.6. The comprehensive assessment process will involve discussing confidentiality as well as asking the service user to complete the 'Consent to Share Information Form'.
- 7.7. The staff member will assume a case management role if there are other organisations which need to be engaged in the care plan. If Turas is able to meet all of the service users needs then the staff members role will be that of key worker.

8. Step 2 – Involving Other Services in the Shared Care Plan

- 8.1. The engagement of other services in the care plan can be done through mail and phone contact or through an interagency case meeting (as described in the Interagency Case Meeting Policy). The appropriate course of action will be decided in consultation with the manager or in the staff meeting or by the individual worker with support from management as required.
- 8.2. In the instance that two services view themselves as best placed to take the role of lead agency, the following should be done:
 - 8.2.1. If the issue can not be resolved through telephone contact firstly between staff and secondly between service managers. Note that the service user's views should be taken into consideration in this decision:
 - 8.2.2. Then a case meeting should be held with the service user, it may also be appropriate to involve representatives from other agencies. The lead agency should be agreed co-operatively through a chaired discussion, taking the service users views into consideration. In general the lead agency should meet the following criteria, although it should also be noted that different services may have different understandings of the case as well as the requirements and processes of case management, basic principles should be agreed at the beginning of the meeting if possible. In general these may be:
 - 8.2.2.1. The lead agency will have the most contact with the service user.
 - 8.2.2.2. They will provide a dedicated case manager with sufficient time to manage the interagency care plan.
 - 8.2.2.3. They will commit to managing the case for a period of no less than six months.
 - 8.2.3. The only circumstance where there are likely to be two case managers is when there is Social Work involvement, where the social worker is case manager for the child or for the case and where one or both of the adults have case managers. In this instance roles should be clearly agreed and all workers should strive to work together.
- 8.3. When involving another service, sufficient information and actions should be obtained to complete all areas of the care plan. Services should be provided with a copy of the information in relation to their involvement in the care plan. The methadone clinic, where one is involved should receive a full copy of the care plan.
- 8.4. If there are problems in engaging other services then these should be brought to the manager, if they can not be resolved at the service level then they will be brought to the local rehabilitation co-ordinator through the Gaps and Blocks form or other local process.

9. Transfer of Case / Onward Referral

- 9.1. The role of case manager will be need to be transferred to another agency when:
 - 9.1.1. The service is no longer best placed to meet the service users needs
 - 9.1.2. The service user relapses and so is no longer appropriate for the programme / the service user is barred and asked to leave the service.
 - 9.1.3. The service user requests to be case managed by another service.
- 9.2. In any of these instances, the important factors are clarity on role, continuity of the care plan and an assurance of care into the future.
- 9.3. A meeting should be held where the case is handed over with the service users consent to a service more appropriate to their needs at that time. The handover meeting should involve a copy of care plan and assessment being transferred to new case management agency. A reassessment may be undertaken in order to establish the most important supports to be put in place at the current time.

10. Case Closure

- 10.1. Case closure can be divided into two categories, each with their own procedures:
 - 10.1.1. Positive Case Closure: this occurs when the service user has achieved all their goals and both the worker and service user are in agreement that intensive case management is no longer required. If a service user completes a set programme although still has unmet care plan goals and needs, the case should be transferred to another provider. In the case of a positive case closure:
 - 10.1.1.1. A case closure / exit meeting will be arranged which will involve completing a case closure form. The purpose of this is to identify progress made, an aftercare plan and the appropriate support services in the event of a relapse.
 - 10.1.1.2. The case closure meeting will involve the case manager and service user. The manager/supervisor will attend for the last half hour of the meeting in order to review progress made and provide a formal closure of the case management relationship, ensuring that the door is open should support be required in the future.
 - 10.1.2. Other Case Closure: this describes any of the following circumstances:
 - 10.1.2.1. The service user stops attending the service for a period of (enter time frame).
 - 10.1.2.2. The service user decides they do not wish to be case managed or key worked.
 - 10.1.2.3. In these instances the following steps should be followed:
 - 10.1.2.3.1. Attempts should be made to contact the service user (mail, phone, through messages in other services), to ask whether they would like to be case managed/ key worked by another service, or key worked within our service. It is important that the option of having a case manager is kept open to individuals at all times.
 - 10.1.2.3.2. If they are interested in another service the worker should arrange a case transfer if possible.
 - 10.1.2.3.3. If they are not interested in any of these options Turas will continue to be available to the service user to assist with care plan objectives in progress.

11. Managing Case Meetings

- 11.1. If the worker views a case meeting as necessary prior to arranging this they should discuss this with the manager. If the manager agrees that a meeting is the appropriate course of action then the meeting should be run as described in the Interagency Case Meeting Policy.

Part Two – Key Working

12. Key Working Goals

Goals are very specific to each agency. Below are a few examples, although each agency should draft these based on their own programme, goals and approach.

- 12.1. Low threshold – i.e. that all service user receive a 1-2-1 safer drug use session, and an explanation of the service and what can be done for them within three weeks of initial contact.
- 12.2. Educational programme – that an individual learning plan is establish etc.

13. Working with a case manager in another service

- 13.1. If the case manager is located within another service, the key worker should, provided there is service user consent, contact this person and seek to ensure that there is an agreed care plan and there is no replication in service delivery.
- 13.2. At any point in the key working process any changes to service delivery from what was agreed in care plan from the perspective of Turas should be communicated to the case manager.

14. Attending case meetings

- 14.1. Key workers should seek permission to attend case meeting from their supervisor / manager as soon as possible. The service will make all attempts to ensure workers can attend meetings, although the functioning of internal services will be a priority.
- 14.2. If a worker cannot attend the case meeting, they should ensure a written report outlining their contribution to the care plan and any other issues is sent to the case manager. This report should be followed up with a phone call to ensure that any questions and issues can be discussed by phone prior to the case meeting.
- 14.3. The manager may decide to send a substitute in the case that the individual's key worker is not available, in this instance all efforts should be made to handover relevant information in relation to the case.

15. Exiting Key Working / Case Closure

- 15.1. If an individual is leaving the key working relationship a meeting should be held which identifies goals achieved and how supports will be provided in the future.
- 15.2. The door should always be left open for a worker to return to work with us should they need to.

Part Three – Gaps and Blocks

16. Gaps and Blocks Procedures

- 16.1. If the worker encounters a barrier or block to progression in a service users plan that related to the provision of service they should undertake the following steps:
 - 16.1.1. In the first instance raise it with the colleagues for informal advice, as appropriate.
 - 16.1.2. Request advice from the supervisor / manager.
 - 16.1.3. If the issue can not be resolved within Turas then the issue should be recorded on a Gaps and Blocks form and will be sent to the local Task Force treatment and rehabilitation coordinator.
 - 16.1.4. At this point the local Task Force treatment and rehabilitation co-ordinator will work with members of the treatment and rehabilitation group and the national co-ordinator to resolve the issue.
 - 16.1.5. If it cannot be resolved at this level, the Gaps and Blocks form will be delivered to the National Rehabilitation Co-ordinator: HSE.