A KIT ON EFFECTIVE SCHOOL CASE MANAGEMENT

Strengthening Mental Health Programs for Secondary School Students with Support Needs

This kit has been adapted from the MindMatters Plus project developed by APACS (previously AGCA), (author Terry de Jong and project manager Coosje Griffiths) for strengthening mental health programs for secondary school students with support needs. The tools are applicable across education settings and areas of support need for students.

SECTION 3

A kit for developing effective school case management practices

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SECTION 3: A kit for developing effective school case management practices

This section consists of a kit which is designed to engage school-based staff (eg. principals, deputy principals, heads of departments, team leaders, student services personnel, teachers) in consultation with mental health specialists (eg. school psychologists, school counsellors, social workers, youth workers, and G.P.'s) in appraising and developing the quality of their school's case management practices. It is assumed that school-based staff are not necessarily specialists in the area of school case management but are involved in some capacity in working with students who have support needs. The kit comprises seven resources:

1. **Checklists** based on the framework in section 2, which require staff to appraise the extent to which they consider particular aspects of effective school management practices to be developed in their school. These checklists focus on the *processes* associated with effective school case management, and include a section on "establishing a school-based system", and a section on "strategies" (Case Identification; Referral; Assessment; Planning; Implementation; Transition/Closure/Completion; Evaluation). They can be completed either as a paper version or online: http://mmplus.agca.com.au/escm.php ;

2. **Case management development forms** which give staff the opportunity to target particular aspects of their case management practices for development and improvement;

3. **A range of summaries** of the main aspects of school case management which can be used as part of a professional learning program, such as:

   • Why school case management?
   • A Framework for a Comprehensive Whole School Mental Health Program
   • The principles, definition, aims, and strategies of effective school case management
   • Developing a shared vision for the School Case Management (SCM) team
   • The role of the case manager
   • Facilitating case conference meetings
   • Using a Solution-focused approach to case conference meetings;

4. **A pro-forma sample** of a case conference record which includes an action plan and can be adapted to suit particular contexts;

5. **A Power Point presentation** of the main aspects of school case management which can be used as part of a professional learning program (available as a separate Power Point file);

6. **An example** of a school's process for case management (available as a separate Power Point file);
7. **A list of useful websites** which are associated with mental health in schools and case management.

This section can be downloaded as a whole from http://mmplus.agca.com.au/escm.php. Alternatively, each of the resources can be downloaded separately.

Appraising our school's case management: An overview

Ideas for use:

Before completing the detailed checklists that follow (either paper version or online: http://mmplus.agca.com.au/escm.php.), use the table below to record a "first off" appraisal of the overall developmental level your school is achieving in relation to effective school-based case management. This can be done on an individual basis or in small groups where consensus is sought.

FOUR LEVELS OF DEVELOPMENT

1. **Undeveloped** = This CM process/strategy/structure is *not* established at all
2. **Developing** = This CM process/strategy/structure is in the *process* of being established
3. **Developed** = This CM process/strategy/structure *is* established and operating effectively *most* of the time
4. **Well established** = This CM process/strategy/structure *is* established and operating effectively *all* of the time

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A: SCHOOL-BASED CASE MANAGEMENT SYSTEM (has an established schoolbased case management system in place)

B: STRATEGIES

1. *Case identification* (identifying the eligibility of the student for case management)

2. *Referral* (linking student to team member who establishes a professional relationship with the student)

3. *Assessment* (endeavouring to understand the student's perspective, and identifying and assessing the student's needs)

4. *Planning* (a collaborative and dynamic process of establishing a coordinated action plan with key stakeholders)

5. *Implementation* (executing, coordinating, and monitoring the action plan)

6. *Transition/closure/completion* (developing a transition plan to

move to minimal or no case management)

7. *Evaluation* (determining effectiveness of the case management processes and action plan)

1 2 3 4

1 2 3 4

Circle level

1 2 3 4

1 2 3 4

1 2 3 4

1 2 3 4

1 2 3 4

1 2 3 4

Checklist A: Appraising our school's case management

SYSTEM

Ideas for use:

The purpose of this checklist is to offer school-based staff and mental health specialists who work with students who have support needs a means to reflect upon the quality of their case management practice, and where appropriate, implement strategies that will develop and improve their practice. This checklist presents a list of key indicators associated with an **effective school-based case management system.** Using the four levels of development below, you are invited to appraise the extent to which you believe your school is achieving an effective school-based case management system. This can be done on an individual basis or in small groups where consensus is sought. When deciding which developmental level your school's case management system is operating at, simply circle the level (1, 2, 3, or 4) next to the indicator which *best* describes the practice in your school. Determining the overall developmental level can then be done by aggregating all twelve scores, giving you a quick and easy overview of your appraisal of your school's case management system.

FOUR LEVELS OF DEVELOPMENT

1. **Undeveloped** = This CM process/strategy/structure is *not* established at all
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The table below is provided for you to summarise the individual/group ratings of a maximum of 12 individuals/groups of people who have completed this checklist. This distribution can be used as a source for reviewing and planning.

Individual Names/Groups	1: Undeveloped	2: Developing	3: Developed	4. Well established
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Total:				

PLEASE NOTE: An online version of this checklist is available at: http://mmplus.agca.com.au/escm.php. This version will automatically provide you with an aggregation of all your twelve scores, and thus your overall appraisal of the developmental level of your school's case management system. The online version can also provide your school with a summary of the distribution of all participant scores.

(A) SYSTEM

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EFFECTIVE SCHOOL CASE MANAGEMENT

A: SCHOOL-BASED CASE MANAGEMENT SYSTEM

Australian Guidance and Counselling Association

MindMatters Plus

Circle level

This school has an established school-based case management system in place.

1. There is a whole school approach to health promotion

2. The school has a well established school case management (SCM) team or equivalent (eg. student services or welfare team)

   1 2 3 4

3. The SCM team adopts a "wrap-around" approach, which is primarily concerned with collaboratively devising an integrated action plan for individual students with support needs. This involves actively engaging the student him/herself, parents/carers, and school community partners in planning and decision-making so that the needs of the student are adequately addressed within and beyond the school

   1 2 3 4

4. The school executive values and strongly supports the SCM team

5. The core membership of the SCM team is made up of a wide range of school personnel (eg. a school administrator; a student services/pastoral care staff member; the school psychologist/counsellor; an AIEO) and other allied heath services when needed (eg. a local G.P.; and specialist allied health providers such as a clinical psychologist, a chaplain, a social worker, and youth worker)

   1 2 3 4

6. The roles and responsibilities of the members of the SCM team have been clearly established

   1 2 3 4

7. The roles and responsibilities of the members of the SCM team have been communicated to the school community

8. The SCM team has a shared vision characterised by shared goals, a shared understanding of student needs, and agreement on implementing a CM process

   1 2 3 4

9. The SCM team operates as a coordinated team by, for example, having regular meetings, planning workloads, sharing goals and interventions for individual students with support needs, responding to critical incidents and, planning preventative programs

   1 2 3 4

10. The SCM has an established network of alliances and relationships with a range of agencies to facilitate their involvement in the CM process

11. The SCM team has ongoing professional learning/development to assist in effective CM processes

    1 2 3 4

12. The SCM team is well resourced (eg. an appropriate meeting room; access to staff when necessary; allocation of time for communication via phone, e-mail, an/or in person; and allocation of funding to support the work of the SCM team eg. administrative costs, teacher relief)

    1 2 3 4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

Checklist B: Appraising our school's case management

STRATEGIES

Ideas for use:

The purpose of these checklists is to offer school-based staff and mental health specialists who work with students who have support needs a means to reflect upon the quality of their case management practice, and where appropriate, implement strategies that will develop and improve their practice. They present a list of key indicators associated with seven **effective school case management strategies** (i.e. Case Identification; Referral; Assessment; Planning; Implementation; Transition/Closure/Completion; Evaluation)**.** Using the four levels of development below, you are invited to appraise the extent to which you believe your school is achieving each of these strategies. This can be done on an individual basis or in small groups where consensus is sought. When deciding which developmental level your school's case management strategies are operating at, simply circle the level (1, 2, 3, or 4) next to the indicator which *best* describes the practice in your school. Determining the overall developmental level for each strategy can then be done by aggregating all the scores.

FOUR LEVELS OF DEVELOPMENT
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The table below is provided for you to summarise your overall individual/group ratings for each of the seven strategies. It can also be used to record the overall ratings of other participants, thus providing a distribution which offers a collective source for reviewing and planning.

EFFECTIVE SCHOOL CASE MANAGEMENT

SUMMARY OF RATINGS ON KEY SCHOOL CM STRATEGIES

School:

Individual Names or Groups:																									
Levels (√ box) 1 = Undeveloped 2 = Developing 3 = Developed 4 = Well established	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Case Identific																								
Referral																								
Assessment																								
Planning																								
Implementation																								
Trans/Close/Com																								
Evaluation																								

(Left margin vertical label: **Strategy**)

PLEASE NOTE: An online version of this checklist is available at: http://mmplus.agca.com.au/escm.php. This version will automatically provide you with an aggregation for each of the seven strategies associated with effective school case management. The online version can also provide your school with a summary of the distribution of all participant scores for each of the seven strategies.

(B) STRATEGIES

1. CASE IDENTIFICATION

Identifying the eligibility of the student for case management

1. A health professional (eg. clinical or school psychologist; social worker; outside agency) and/or the SCM team carries out a preliminary assessment process to determine the perceived needs of the student

2. The SCM team appraises the student's needs and decides according to the criteria to case manage

3. A case manager is appointed promptly

4. An initial case conference is arranged to which the prospective student and parents/

caregivers (if appropriate) and other stakeholders are invited

NOTES
Circle level

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

(B) STRATEGIES

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2. REFERRAL

**Linking student to team member who establishes a professional relationship
with the student**

1. The CM process is clearly explained to the student and his/her parents/caregivers. This includes the reasons for choosing CM; the roles, rights and responsibilities of

all involved; the procedures for collecting information; and

developing a transition plan

2. The student is invited to discuss the CM process with the SCM, and encouraged to participate collaboratively in shared planning and decision-making   **1   2   3   4**

3. Depending on the age and maturity of the student, written informed parental consent (possibly verbal when including indigenous families and ESL families) is obtained for the student to participate in the case conference (eg. signature at the bottom of an action plan)   **1   2   3   4**

4. In cases where a student has an intellectual disability, written informed consent is appropriately adjusted according to the student's development and particular needs   **1   2   3   4**

5. The values, culture, and language of the student and family are respected by all stakeholders

NOTES

Circle level   **1   2   3   4**

1   2   3   4

EFFECTIVE   SCHOOL   CASE   MANAGEMENT

(B) STRATEGIES

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3. ASSESSMENT

Endeavouring to understand the student's perspective, and identifying and assessing the student's needs

1. Assessment is applied as a dynamic,

educative, and ongoing process of identifying main factors and circumstances (eg. student context, family, school, community, peers etc) that either inhibit (eg. risk factors) or enhance (eg. protective factors) the student's health and well-being

1   2   3   4

2. Information and data are collected from a variety of sources involving a range of disciplines and agencies

3. The student and parents/caregivers are encouraged to participate actively in the process

1   2   3   4

4. The information and data collected form the basis upon which a plan of action is developed and progress evaluated

1   2   3   4

5. Assessment outcomes and student-identified needs are documented and communicated in a language that is understood by the student and all stakeholders

NOTES

1   2   3   4

Circle level

1   2   3   4

(B) STRATEGIES

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4. PLANNING

A collaborative and dynamic process of establishing a coordinated action plan with key stakeholders

1. An agenda is circulated before the case conference

2. Meeting protocols are established and understood by all parties

before starting the case conference

3. Based on the needs of the student, a detailed outcomes focused action plan is collaboratively developed, consisting of intended outcomes and strategies, specific time frames, review dates, a projected date for the transition/closure/completion of CM, the roles and responsibilities of all stakeholders, and a set of criteria/performance indicators to enable an evaluation of the outcomes

Circle level

4. Available quality resources and services to achieve the action plan's outcomes are identified

1   2   3   4

5. Where such resources and services are limited or unavailable, contingency strategies (eg. advocating for new resources/services to be developed) are established to ensure maximum success in meeting the student's needs

6. The student and his/her parents/caregivers are actively encouraged to participate in the identification of resources and services, and where appropriate, independently access alternative options when there are limitations of choice

1   2   3   4

7. The action plan is documented in a format that makes sense to the student and all stakeholders

8. All stakeholders, including the student, are signatories to the action plan

1   2   3   4

9. The action plan is given to all stakeholders at the end of the conference

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

EFFECTIVE SCHOOL CASE MANAGEMENT

(B) STRATEGIES

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5. IMPLEMENTATION

Executing, coordinating, and monitoring the action plan

1. A school-based case manager is designated (eg. student services manager, school counsellor/psychologist, principal) to ensure that there is a coordinated approach and follow up

2. The appointment of a case manager takes into account a range of factors such as ability to relate to the student and family, and the level of skills required for the CM process

3. If required, the appointment of a case manager is done in consultation with an Aboriginal and Islander Education Officer (AIEO)

4. The case manager ensures that the action plan is implemented according to the strategies, time frames, periodic reporting, and stakeholder roles and responsibilities agreed upon

5. When implementing the action plan, the case manager uses a collaborative approach. This involves active interaction, collaborative monitoring and reviewing of progress, mutual problem-solving, and collective strategising between all stakeholders

6. In using a collaborative approach, the case manager ensures that the student's views have been heard and incorporated in the action plan process

7. The case manager

conscientiously shares individualised plans (behavioural and educational) with staff involved with the student, and regularly negotiates teaching and learning adjustments

1   2   3   4

8. The case manager makes sure that appropriate standards of duty of care are applied

9. In general, all stakeholders and school staff maintain a good rapport and communication with the student, and respect the student's legal and human rights, privacy and confidentiality within the bounds of safety and well-being

1   2   3   4

10. The SCM team holds regular meetings to monitor CM processes, actions and case loads

NOTES
Circle level

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

6. TRANSITION/CLOSURE/COMPLETION

Developing a transition plan to move to minimal or no case management

Australian Guidance and Counselling Association

MindMatters Plus

(B) STRATEGIES

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1. In collaboration with the student, service providers, and all stakeholders, a transition plan is identified at the commencement of the CM process

    1   2   3   4

2. The transition plan is comprehensively based on the information gathered at the referral and assessment phases, and shaping the plan through the monitoring and reviewing processes (eg. achievement of the action plan outcomes; compliance with legal requirements; and expiry of time frames)

3. Risks and transitions are planned for by including the provision of ongoing support that assists the student in developing independence and self-advocacy, and maintaining achievements and personal health and well-being

    1   2   3   4

4. The student is aware of his/her right to request re-activation of the CM processes in the future

5. Staff, parents/caregivers, and other stakeholders are informed that a CM process can be re-activated on request

    1   2   3   4

NOTES

Circle level

1   2   3   4

1   2   3   4

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7. EVALUATION

NOTES

Determining the effectiveness of the case management processes and the action plan

Circle level

1. The aims of evaluation are made explicit, which generally are:
   • To ascertain the effectiveness of the CM processes in relation to the extent to which the action plan outcomes have been achieved, and thus the student's needs met;
   • To assess the costs against the benefits attained;
   • To determine student and parent/caregiver satisfaction;
   • To appraise the quality of the CM processes provided

2. Evaluation is embraced as integral to the CM process by including it as part of the interactive learning cycle and thus contributing continuously to the ongoing improvement of the quality of the service

3. Evaluation is included in CM from the beginning, and is considered to be a formal extension of the monitoring and reviewing process

4. The student and all other stakeholders participate actively in the evaluation process

5. The evaluation of each CM process is usually reported. This generally involves:
   • the case manager reporting to the SCM team;
   • the school's student services or equivalent structure reporting to the school leaders on the effectiveness of the process and any system needs in relation to gaps in services, support and resourcing needs;
   • including feedback to student services and the SCM team in relation to commendations, recognition, celebration of success, and recommendations for improving processes

1   2   3   4

1   2   3   4

1   2   3   4

1   2   3   4

MindMatters
Plus

1   2   3   4

MindMatters Plus

Australian Guidance and Counselling Association

Establishing a case management development plan

The purpose of establishing a case management development plan is to give staff the opportunity to target particular aspects of their case management practices for development and improvement. Deciding what outcomes to choose can be based on collating the summaries of the ratings in the two checklists, and then determining which aspects/areas of case management in the school are most undeveloped. This process could also include focusing on areas that are undeveloped/developing but require further action for improvement. The form on the next page is offered as a tool to record the main elements of the development plan so that the participants in the process have a detailed and coherent memo of what needs to be achieved and actioned, how this will be done, by whom, what the time-line is, and the resources required. The sample below illustrates how this could be done.

PLAN FOR DEVELOPING CASE MANAGEMENT PRACTICES			
SCHOOL	Boab SHS	**DATE:**	16 June 2005
COMPILED BY (Name, Position & Signature)	The SCM Team: Graeme Bicks (Manager: Student Services): Jeff Tate (Principal): Ann Madison (School Psych): Carol Reid (Yr 8 Coord): Manuel Bartolini (Yr 9 Coord): Bianca Smith (Yr 10 Coord):		
OUTCOME 1	SCM to **build stronger alliances and relationships** with a range of agencies to facilitate their involvement in case management meetings (School-based CM SYSTEM: # 14).		
STRATEGIES	1. Initial meeting to be convened with the following: Dr Rod Jeppe (Local GP); Dr Peta Thwaite (Clinical Psych: Child and Adol Centre); Len Farro (Youth Worker & Coord: RAPP); Barry Arnold (Dept Community Dev); Eric Pearson (Juvenile Justice) 2. Meeting to focus on main needs of students with SN, and key agencies/ people who can contribute to meeting these needs and being part of CM processes 3. Invite additional agencies to a "round table" meeting to discuss needs of support students and how to develop alliances to meet these needs better 4. SCM to consider most prevalent needs of students pre meeting		
ACTION: WHO?	Graeme to organise initial meeting for Tuesday 2 Aug 3.30 in Jeff's office. Jeff to organise RT meeting – date to be determined. All SCM members to send Graeme summary of most prevalent needs		
ACTION: WHEN?	Initial meeting organised by 30 June Submission of students needs to Graeme by 24 June		
RESOURCES	Admin to send out letters & collate student needs (Jenny?)		
NOTES	Graeme to ask Rod Jeppe to send *GP+ Schools Case Conferencing Model* doc to him. Admin support for next meeting?		

PLAN FOR DEVELOPING CASE MANAGEMENT PRACTICES

SCHOOL		DATE:	
COMPILED BY (Name & Signature)			
OUTCOME 1			
STRATEGIES			
ACTION: WHO?			
ACTION: WHEN?			
RESOURCES			
NOTES			
OUTCOME 2			
STRATEGIES			
ACTION: WHO?			
ACTION: WHEN?			
RESOURCES			
NOTES			
OUTCOME 3			
STRATEGIES			
ACTION: WHO?			
ACTION: WHEN?			
RESOURCES			
NOTES			

Summaries of main aspects of effective school case management

This section of the kit contains a range of summaries of the main aspects of school case management. These summaries can be used as part of a professional learning program (eg. distribution to participants; OHP). The content of these summaries can, of course, be modified to suit the particular context in which they are being used. The summaries include:

- Why school case management?
- Student quote
- A Framework for a Comprehensive Whole School Mental Health Program
- A framework for effective school case management
- Levels of support associated with school case management structures and processes
- The principles of effective school case management
- Definition of effective school case management
- Aims of effective school case management
- Establishing a school-based case management system
- Strategies of effective school case management
- The School Case Management (SCM) Team - developing a shared vision
- The School Case Management (SCM) Team - becoming a coordinated team
- The role of the case manager
- Facilitating case conference meetings
- Using a Solution-focused approach to case conference meetings[1]
- Case Conference Record
- Privacy and Confidentiality handout
- Privacy and Confidentiality OHP summary.

A Power Point presentation of the above summaries and a separate one of Girrawheen Senior High School's process for case management is available at:

http://mmplus.agca.com.au/escm.php

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[1] Given that one of the main aims of school case management is the development of an "action plan" that is based on constructing solutions and establishing outcomes, a Solution-focused approach to case conference meetings is recommended.

Why School Case Management?

• Schools key settings to support young people's mental health and well being.

• Young people with support needs in mental health and wellbeing greater risk if school environment does not develop connections, relationships and provide educational adjustments.

• Four reasons why case management should be used in schools:

1. Offers a coordinating mechanism which promotes a systemic approach to establishing an integrated action plan for students with support needs;

2. Empowers the student and all stakeholders to participate collaboratively in problem-solving, ensuring accessibility of support and services, and ultimately developing an integrated action plan;

3. Encourages clearer processes of accountability and appraising outcomes associated with an action plan;

4. Contributes to the successful retention of students with support needs.

"Having different people around me that I know I can go to for different things that happen for me really makes me feel safe. Sometimes in other schools in the past, when I went to see one person about a problem, they didn't know the answer or where to find out about it for me. Having people working together for me gives me a sense of calmness when things go wrong and knowing who I can turn to and get things happening gives me a lot of confidence in the system around me. I am learning a lot about how to cope in different areas of my life from different people around me. Having someone gather together these people so that I can access them is something I really appreciate."

Year 12 Student on case management
Cyril Jackson Senior Campus
March 2006

A Framework for a Comprehensive Whole School Mental Health Program

Who is involved?

Level of intervention

Curriculum, teaching and learning

School organisation and ethos

Partnerships and Services

Create environment conducive to promoting psycho-social competence and wellbeing

Mental health education – knowledge, attitudes and behaviour

Psycho-social intervention and problems

Professional treatment

Entire school community

Whole school environment

All students and teachers

Part of general curriculum

20 – 30% of students

Students needing additional help in school

CASE MANAGEMENT MAY BE REQUIRED

3 – 12% of students

Students needing additional mental health intervention

CASE MANAGEMENT REQUIRED

Adapted from the MindMatters Kit (Commonwealth Dept of Health and Aged Care, 2000)

A framework for effective school case management

***Principles* of Effective School Case Management**
A *Definition* of Effective School Case Management
***Aims* of Effective School Case Management**
***Processes* of Effective School Case Management**

Establishing a system	Strategies

Levels of support associated with school case management structures and processes

System Support

(eg. policy, central office, district office, community-based mental health programs, mental health specialists)

Individual Support

(eg. the School Case Management (SCM) team, individualised learning and/or behaviour plans, mentoring).

The Student and Family

School Support

(eg. Health Promoting Schools Framework, leadership, student services, teachers, students)

Principles of effective school case management practice

5 principles:

1. The promotion of the student's health and well-being

2. An individualised process

3. Maintenance of legal and human rights, privacy and confidentiality

4. Non-discriminatory and culturally appropriate practice

5. An efficient and purposeful management process.

A definition of effective school case management practice

Effective school case management is primarily a **collaborative process** intrinsic to the delivery of quality services designed to **meet the needs** of school students who have support requirements. Mindful of

including **the views of students**, it is **student focused** and aims to develop, monitor, disseminate, and evaluate a **plan of action** to enable these students **to function to the best of their ability and circumstances** within and beyond the school system despite having support needs.

Aims

Seven core aims:

1. To enable **students to function to the best of their ability** and circumstances within and beyond the school system despite having support needs 2. To contribute to engaging students in **meaningful learning** 3. To develop, monitor, disseminate, and evaluate a **plan of action**

4. To achieve a seamless service delivery through the **coordination of and collaboration** between service providers

5. To ensure that the student with his/her parents/caregivers has **access to these service providers** 6. To actively involve and empower the student(s) and their parents/caregivers in **decision-making processes**

7. To assist **teachers and school staff in their work** with students who have support needs.

Establishing a school-based system

Eight key elements:

1. Using **a whole school approach** to mental health promotion and suicide prevention), **a school case management (SCM) team or equivalent** is established

2. Establishment of the SCM team requires the **strong support of the school executive** and school community in general

3. SCM team is responsible for **collaboratively devising an integrated action plan** for individual students with support needs.

4. **Membership of the SCM team** will vary according to the main support needs of the school student population and individual students, and available resources

Establishing a school-based system (cont.)

5. Ideally, **the SCM team should constitute** a school administrator; a student services/pastoral care staff member; the school psychologist/counsellor and other allied heath services

6. **Roles and responsibilities** of the members of the SCM team should be determined, clearly understood, and communicated to the school community

7. The SCM team should develop a **shared vision**

8. The SCM team needs to be **adequately resourced**.

Strategies

Seven interconnected and cyclical strategies:

1. **Case Identification**: Identifying the eligibility of the student for case management process

2. **Referral**: Linking student to team member who establishes a professional relationship with the student

3. **Assessment**: Endeavouring to understand the student's perspective, and identifying and assessing the student's needs

4. **Planning**: A collaborative and dynamic process of establishing a coordinated action plan with key stakeholders

5. **Implementation**: Executing, coordinating, and monitoring the action plan

6. **Transition or Closure or Completion**: Developing a transition plan to move to minimal or no case management

7. **Evaluation**: Determining the effectiveness of the case management processes and the action plan.

The School Case Management (SCM) Team

Should ideally develop a **shared vision** by explicitly:

- establishing shared goals

- determining the collective base of knowledge and skills that the team has

- recognising the interdependence of the team members

- establishing a shared understanding of student needs

- clarifying their criteria for offering a student case management processes

- identifying SCM team concerns

- establishing evaluation measures

- ensuring that power, decision-making, and accountability for outcomes are shared.

The School Case Management (SCM) Team

The SCM team becomes a **coordinated team** by:

- establishing roles

- having regular meetings

- planning workloads

- discussing and sharing goals and interventions for individual students with support needs

- responding to critical incidents associated with students who have support needs

- planning preventative programs for students with support needs.

The role of the case manager

- identifying the services and resources needed to achieve the action plan's outcomes

- briefing the service provider(s)

- referring the student to the service provider(s)

- convening case conferences

- monitoring the quality of the services provided and progress towards achieving the outcomes

- adjusting the action plan when necessary

- reporting on the outcomes of the action plan;

- consulting and communicating on an ongoing basis with the student, service provider(s), and other stakeholders (eg. family, carers, teachers) about the above processes.

The role of the case manager

Could involve delegation of support or direct support by, for example:

- mentoring the student

- counselling the student

- modelling pro-social behaviour

- educating the student and parent(s)/carer(s) about the nature of the services offered

• accompanying the student to appointments, case conferences etc

• being an advocate for the student (eg. student's views are heard and actioned; lobbying for particular resources).

Facilitating case conference meetings

Good practice includes:

• Clarifying the purpose of the meeting • Checking on participants' understanding of the process and intended outcomes • Ensuring that all participants have an opportunity to speak • Encouraging all participants to listen to each other • Ensuring that the student's views have been heard and incorporated in shared decision-making and planning • Endeavouring to be non-judgemental • Managing conflict in a constructive way • Using a Solution-focused approach • Articulating clear outcomes that all participants understand • Staying within time schedules

- Maintaining accurate written records.

Using a Solution-focused approach to case conference meetings

- Short-term, goal-focused, future oriented

- Focus on constructing solutions, rather than analysing causes of problems

- Elements of desired solution often already present in student's life

- How do we want things to be different?

- What will it take to make this happen?

- Envision a clear and detailed picture of how student's situation will look when things are better

- Focus on student's strengths and resources

- Support student and family to recognise how to use resources to bring about change

- "Action plan" should prioritise goals that are manageable and achievable in short-term.

(Adapted from Brief Therapy Institute of Sydney:
http://www.brieftherapysydney.com.au/btis/brief.html)

EFFECTIVE SCHOOL CASE MANAGEMENT

Case Conference Record

(Adapted from Swan Education District Student Services, DET, WA)

Student:	**DoB:**
Parents/Caregivers:	
Relationship to student:	
Address:	
Phone:	
School:	**Yr Level:**
Date of conference:	
Reason for conference:	
Background:	
Current issues:	

Present	
Name:	*Position:*

Action Plan		
Student:	**Date:**	
Who	**Action**	**By When**
Signed		
Name	**Position**	**Signature**

Review Date:		
Confidential: **Not to be transferred without the District Student Services Team Member's permission**		

Privacy and confidentiality handout

- **Privacy can be promised**. Health professionals and school staff demonstrate a respect for privacy by ensuring that:
  - oral information is gathered in a private location
  - written records are kept in a secure place
  - there are clear protocols about who can access this information
  - any information that is passed on focuses on how to offer learning and pastoral support for the student – details are kept private
  - the student is informed of the above
- **Confidentiality cannot be promised**. Health professionals and school staff are bound by Duty of Care and the law to pass on concerns relating to the students' safety:
  - For doctors, counsellors, case managers, youth workers, interpreters, teachers and any other health professionals, confidentiality is part of the law
  - In most situations, health professionals must keep information given to them by students confidential
  - The exception to this is for a person of any age whose well-being or safety is of serious concern to the health professional (eg. potential suicide; self-harm; harming someone else; victim of abuse). In this situation the health professional might need to break confidentiality in order to keep the person safe
  - This is called "mandatory reporting" and the health professional is breaking the law if he/she doesn't report it
  - If a student is 17 or 18 years old, the health professional can also choose to report the situation, but it is not mandatory (compulsory)
  - Mandatory reporting could be to the student's family or carer, or the Department of Community Services. In very specific situations it could involve speaking in court or to the police
  - If a health professional does have to report a situation they should talk to the student about it first
  - In circumstances that do not require mandatory reporting, if the health professional wishes to disclose any confidential information to maximise support of the student, he/she must seek the informed consent of the student
  - Ensure that the student is informed about the limitations of confidentiality

- For more information about the legal age to automatic rights to confidential health care in your state you can check out www.lawstuff.org.au

- **Respecting privacy and confidentiality is very important** – students often express concerns about 'gossiped communication'

Adapted from: Cahill, H. & Murphy, B. (in press). *Preventing drug-related harm: A manual for the student welfare coordinator*. Melbourne: The Victorian Department of Education and Training, and Reach Out! Confidentiality available at:

http://www.reachout.com.au/default.asp?ti=824

Privacy and confidentiality summary

- **Respecting** privacy and confidentiality is *very important* – students often express concerns about 'gossiped communication'

- **Privacy can be promised**:

    – oral information is gathered in a private location – written records are kept in a secure place – there are clear protocols about who can access this information – any information that is passed on focuses on *how to offer learning and pastoral support* for the student – details are kept private – the student is informed of the above

Privacy and confidentiality summary (cont)

- **Confidentiality cannot be promised**.

– In most situations, health professionals must keep information given to them by students confidential – Exception - a person of any age whose well-being or safety is of serious concern – This is called "mandatory reporting" – Health professional is breaking the law if he/she doesn't report it – If a student is 17 or 18 years old, the health professional can also choose to report the situation, but it is not mandatory – If a health professional does have to report a situation they should talk to the student about it first – Circumstances that do not require mandatory reporting, disclosure of any confidential information must have informed consent of the student – Student must be informed about the *limitations* of confidentiality

Adapted from: Cahill, H. & Murphy, B. (in press). *Preventing drug-related harm: A manual for the student welfare coordinator*. Melbourne: The Victorian Department of Education and Training, and **Reach Out! Confidentiality** available at:
http://www.reachout.com.au/default.asp?ti=824

Useful Websites

1. **Australian Guidance and Counselling Association**

http://www.agca.com.au/

2. **Australian Health Promoting Schools Association**

http://www.ahpsa.org.au/

3. Brief Therapy Institute of Sydney

http://www.brieftherapysydney.com.au/btis/brief.html

Presents a useful overview of what is Solution-focused Brief Therapy

4. Case Management Society of Australia

http://www.cmsa.org.au/

Dedicated to the support and development of the practice of quality CM

5. Hunter Institute of Mental Health

http://www.himh.org.au/site/index.cfm

Promotes mental health and improve outcomes for people with mental illness, through education and training, health promotion, research and evaluation.

6. MindMatters

http://cms.curriculum.edu.au/mindmatters/

A resource to support Australian secondary schools in promoting and protecting the social and emotional wellbeing of members of school communities.

7. MindMatters Plus

http://cms.curriculum.edu.au/mindmatters/plus/plus.htm

Aims to enhance the capacity of secondary schools to support students who have needs in the area of mental health and wellbeing.

8. **MindMatters Families Matter**

   http://cms.curriculum.edu.au/mindmatters/families/families.htm

Families Matter is a national resource for family members and carers to work in partnership with schools to support the wellbeing of young people.

9. **Response Ability** http://www.responseability.org/

Provides information to support use of the Response Ability resources on mental health issues in Australian universities, in Secondary Education or Journalism.

10. **Reach Out! Confidentiality**

http://www.reachout.com.au/default.asp?ti=824

This fact sheet, written primarily for young people, contains information about confidentiality – what it is, the role of health professionals and confidentiality, and a person's rights to confidentiality, the limitations to confidentiality etc.

11. **Law Stuff. Know your rights**

http://www.lawstuff.org.au/

Information about the legal age to automatic rights to confidential health care in your state

12. **Indigenous Psychological Services**

http://www.indigenouspsychservices.com.au/

Indigenous Psychological Services is the only provider of psychology specific services for the Indigenous people of Australia. IPS provides clinical and assessment work in mental health for Indigenous and non-Indigenous people. IPS further supports these services with continuing culturally appropriate and scientifically sound research into the particular needs of Aboriginal people and the ongoing development of resources.

13. **Lifeline Australia** http://www.lifeline.org.au/

Working to help prevent suicide

14. **Lifeline: Just Ask** http://www.justask.org.au/

Just Ask is Lifeline's rural mental health information service. It's an Australia-wide service provided by Lifeline South Coast. They provide information and referral for people with mental health problems, and to friends, relatives and others who want to know how to help. They tell callers about relevant local services, as well as books and web sites. They also provide their own self-help information sheets on a range of areas.

15. Program of Assistance for the Survivors of Torture and Trauma

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-torture

The Program of Assistance for the Survivors of Torture and Trauma (PASTT) promotes the health and wellbeing of people who have experienced torture and trauma prior to their arrival in Australia.

16. SSAFE (Same-Sex Attracted Friendly Environments) in Schools

http://www.ssafeschools.org.au/index.cfm

SSAFE in Schools, a project of Family Planning Victoria and the Australian Research Centre in Sex, Health and Society at LaTrobe University, aims to support school communities in challenging homophobia and creating safe learning environments for same-sex attracted and gender nonconforming students. This website is for anyone in the school community looking for resources, strategies and activities to support curriculum development, teacher training, provision of information to parents and the broader community and support for individual students.

17. CREATE www.create.org.au

CREATE Foundation connects and empowers children and young people in care and improves the care system through activities, programs, training and policy advice.

18. CASE MANAGEMENT: A TRAINING PACKAGE FOR ENGAGING NON-ATTENDING STUDENTS

This is a training package for key teachers and case coordinators working with "chronic truants". The package assists in assessing relevant factors, planning support and processes for individual students and integrates the notion on values as articulated in the Curriculum Framework.

To download the document click here 25/08/00. (size 999K)

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