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 2

A framework for effective school case management

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SECTION 2: A framework for effective school case management

This section encompasses the detailed version of what constitutes effective school case management as contained in the report on the review (de Jong, 2005). This framework is presented in accordance with Table 1 on page 6: *A framework for effective school case management* which consists of four key areas related to the principles, definition, aims, and processes of effective school case management. There are two main aims to this section: firstly, to offer a resource to mental health specialists whose work involves school case management, such as school psychologists, school counsellors, social workers, youth workers, and G.P.'s; and secondly, to provide a comprehensive cross reference for school-based staff who are not specialists in the area of school case management but are involved in working with secondary school students who have support needs. These staff may include administrators (eg. principals, deputy principals, heads of departments, team leaders), student services personnel; and possibly teachers. Section 3, the Kit on effective school case management practice, is closely aligned with the framework so that anyone involved in appraising their school case management practices, or developing an action plan to improve their case management, or facilitating a professional learning program, can make a quick, and easy reference to any specific detail in the framework as and when required. It should be noted though that as a result of editing for easier application, the Kit differs slightly in parts to the framework.

2.1 The three levels of school case management support

Secondary schools are complex organisations. Although there are many similarities in the ways they operate, secondary schools tend to differ in their cultures and are generally unique in their own ethos and ways of doing things. Contextual differences, the capacity of school-based staff involved in student services, and variance in resources provision are some of the important factors to take into account when considering how secondary schools cater for students who have support needs. This is particularly relevant to the way in which case management processes are applied in secondary schools, and indeed how staff understand this concept in the first instance. The review (de Jong, 2005) that preceded the development of this Kit noted that definitions of case management are as varied as the contexts within which it is applied. One study (O'Dowd et al, 2001) pointed out that case management was typically defined as a one-to-one process where the focus was working with individuals. However, this study revealed that most effective case management in schools reflected a *holistic approach* which included working with individuals, groups, and undertaking systemic work within and beyond the school. The framework for effective case management presented in this section is based on this approach. It conceptualises case management structures and processes in the secondary school context as occurring on three inter-connected levels of support:

- **System Support** (eg. policy, central office, district office, community-based mental health programs, mental health specialists)
- **School Support** (eg. Health Promoting Schools Framework, leadership, student services, teachers, students)
- **Individual Support** (eg. the School Case Management (SCM) team, individualised learning and/or behaviour plans, mentoring).

Figure 2 on the next page illustrates these support levels of case management structures and processes.
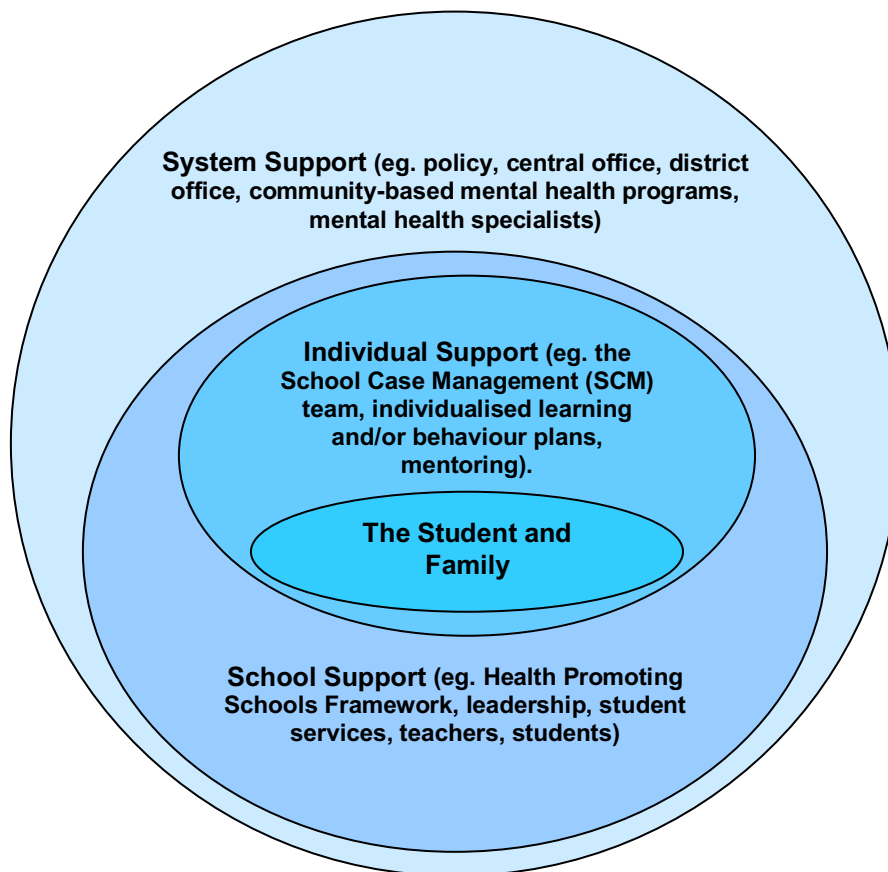
Figure 2: Levels of support associated with school case management structures and processes

2.2 The Framework

2.2.1 Principles

PRINCIPLES OF EFFECTIVE SCHOOL CASE MANAGEMENT
There are 5 principles that should underpin effective school case management:
1. The promotion of the student's health and well-being
1.1 Focus on the **personal** and **educational development** and **empowerment** of the student.
1.2 The student is supported and encouraged to be **self-reliant** and **independent**, and to engage in **appropriate help-seeking behaviours.**
1.3 When responding to a student's needs, the **values** of the student and his/her family are recognised.
1.4 A commitment to establishing a **positive and respectful relationship** with the student.
1.5 A **community based focus** – the maintenance of the student's connections with his/her broader community, including school, peers, and family.

1.6 To maximise participation in shared **decision-making**, the feelings and views of the student, and where possible his/her family, are actively sought and incorporated in consequent planning and action.

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2. An individualised process

2.1 An **individualised action plan** which is based on comprehensive assessment.

2.2 This plan is developed in **collaboration** with the student, and where appropriate his/her parents/caregivers, and includes his/her preferences and choices.

2.3 It builds on the student's **personal strengths**.

2.4 The plan is **flexible and responsive** to the needs of the student.

2.5 It is **outcomes focused**.

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

3.1 The student's **legal and human rights** are respected in terms of the prevention of sexual, physical, financial, neglect and emotional abuse.

3.2 Interventions are **developmentally appropriate** and **least intrusive.**

3.3 Appropriate standards of **duty of care** are applied.

3.4 The student's and parents' right to **privacy and confidentiality** is acknowledged, and he/she is informed about confidentiality policies and practices, particularly in relation to what information is being requested, why it is being requested, and who has access to it[1].

3.5 **All school staff** should be made **aware** of privacy and confidentiality policies and practices.

3.6 The **process of collecting information** is limited only to information that is relevant to the case management process, and is conducted lawfully, fairly, and non-intrusively.

3.7 The student is aware of the **limitations of confidentially** (eg. subpoenas, child protection).

3.8 The case manager **advocates for the rights** of his/her student within the legislative and funding frameworks that apply to the student.

4. Non-discriminatory and culturally appropriate practice

4.1 Access, within its scope and capacity, to a process that is **nondiscriminatory**, and offers a **non-threatening** and comfortable environment.

4.2 A sensitivity to and respect for the student's **values, culture, and language**.

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[1] On page 54 is a handout on the key elements of Privacy and Confidentiality. See Useful Websites on page 57: **Reach Out! Confidentiality** - an informative fact sheet, written primarily for young people, about confidentiality; **Lawstuff. Know your rights** - information about the legal age to automatic rights to confidential health care in your state.

5. An efficient and purposeful management process
5.1 A **well coordinated**, **planned** and **reliable** process.
5.2 **Planning** is **timely**, **inclusive** of all stakeholders, and **collaborative** by involving all stakeholders.
5.3 Processes and strategies to address student needs are **realistically planned** with **available quality resources** in mind.
5.4 An emphasis on **continuity**, **predictability** and **consistency**.
5.5 A process that is **evaluated**, **accountable** and **transparent** to all parties involved, with a view to periodic reviews for efficacy and adjustments being made as needed.
5.6 **Personnel** who are **trained** and **skilled**, adhere to ethical and professional case management standards, and hold appropriate educational qualifications and professional licensure.
5.7 Each case management process is **well documented**, participants, particularly the student, have agreed to the content and follow-up on action and the review process.

2.2.2 A Definition

A DEFINITION OF EFFECTIVE SCHOOL CASE MANAGEMENT
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.

2.2.3 Aims

MAIN AIMS OF EFFECTIVE SCHOOL CASE MANAGEMENT
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.

2.2.4 Processes

2.2.4.1 Establishing a school-based system

ESTABLISHING A SYSTEM FOR EFFECTIVE SCHOOL CASE MANAGEMENT
1. Effective school case management is a process that is integral to **a whole school approach** to mental health promotion and suicide prevention.
2. This approach is consistent with a **Health Promoting Schools Framework** which strives: (a) to create a school environment where students feel safe, valued, engaged, and purposeful; and (b) to support the school community to take positive action in creating and sustaining a climate of health and wellbeing.
3. Working within a Health Promoting Schools Framework, **a school case management (SCM) team** is established. This is usually an existing school team such as a student services or welfare team.
4. The establishment of the SCM team requires the **strong support of the school executive** and school community in general.
5. The main purpose of the SCM team is to offer **a school-based system of care** that is multi-disciplinary and collaborative and aims to achieve better mental health outcomes for students with support needs.
6. In partnership with the student, parents/carers, and community (eg. mental health services, child and family services, recreational services, education services, ethnic associations, juvenile justice) the SCM team is **responsible for identifying or creating referral pathways** which are comprehensive and inclusive processes of addressing the needs of students with support needs more successfully.
7. The SCM team adopts a **"wrap-around" approach.** This is a flexible system of pastoral care 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.
8. The **membership of the SCM team** will vary according to the main support needs of the school student population and individual students, and available resources.
9. The **SCM team should ideally constitute** a school administrator; a student services/pastoral care staff member; the school psychologist/counsellor and other allied heath services if appropriate (such as a local "Divisions of General Practice" G.P.; and specialist allied health providers such as a clinical psychologist, a chaplain, a social worker, and youth worker).
10. The **roles and responsibilities** of the members of the SCM team are determined and clearly understood. This includes identifying a coordinator of the team, establishing arrangements for meetings, deciding on an ongoing case manager, and instituting processes of accountability (i.e. clear line management).

11. The 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.

12. 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.

13. The SCM team have **Professional Learning** to assist in effective case management processes, content and coordination e.g. Brief Strategic/ Solution-focused Therapies; non-punitive counselling skills.

14. The SCM **builds alliances and relationships** with a range of agencies to facilitate their involvement in case management meetings.

15. The SCM team needs to be **adequately resourced**. On a basic level, this entails:
    - making sure that an appropriate meeting room is available (including maintenance of confidentiality);
    - staff are released when necessary;
    - the provision of back-up staff when team members are not available;
    - allocation of time for communication via phone, e-mail, and/or in person;
    - allocation of funding to support the work of the SCM team (eg. administrative costs, teacher relief).

16. The role of the SCM team is **clearly communicated to the school community** so that it is considered to be an accessible and valuable resource for all students who have support needs, and their families.

17. The SCM team should ensure that: (a) ideally **all school staff understand** that at some stage they may be involved in planning for and/or supporting an individual student with support needs (including teaching and learning adjustments, flexible programming, specific behavioural strategies); and (b) the **school staff will be supported** themselves in doing this effectively.

2.2.4.2 Strategies

STRATEGIES OF EFFECTIVE SCHOOL CASE MANAGEMENT

1. *Case Identification*: **Identifying the eligibility of the student for case management process**
1.1 Ideally, a health professional and/or the SCM team carries out a **preliminary assessment process** to determine the perceived needs of the student.
1.2 Using its **criteria** for offering a student case management processes, the SCM team **appraises** the student's needs and decides whether or not case management processes are appropriate.
1.3 If case management processes are considered **appropriate**, a **case manager is appointed** promptly (see 5.1 below).
1.4 An **initial case conference** is arranged to which the prospective student and parents/caregivers (if appropriate) and other stakeholders are invited.
1.5 The involvement of parents/caregivers depends on the **age and maturity** of students – **written informed parental consent** for the student to participate in the case conference would be necessary in many cases.
2. *Referral:* **Linking the student to a team member who establishes a professional relationship with the student**
2.1 The student and his/her parents/caregivers are briefed individually on the **nature** of the case management process; the **roles, rights and responsibilities** of all involved; and the **procedures** for collecting information.
2.2 The case management **process and criteria** for selecting the student and ending case management are explained individually to the student and his/her parents/caregivers.
2.3 The student is **invited to discuss the case management process** with the SCM, and encouraged to participate collaboratively in shared planning and decision-making.
2.4 The student or his/her parents/caregivers undertakes and gives **written informed consent** to participate in the case management process.
2.5 In cases where a **student has an intellectual disability**, written informed consent needs to be **appropriately adjusted** according to the student's development and particular needs.
2.6 With the written informed consent of the student or his/her parents/caregivers, **appropriate accurate information** is collected before and/or after the initial case conference. This includes explaining how the information and records will be securely stored, and right of access to and any arrangements for sharing of this information.
2.7 An invitation to provide important missing **personal demographic information and data** may occur in the context of the initial case conference.
2.8 **Respect** for and true **understanding** of the student is paramount, particularly in terms of values, culture, and language.

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

3.1 Assessment is a **dynamic, educative**, and usually **ongoing process** of identifying main factors and circumstances (eg. student context, family, school, community, peers etc) that either inhibit or enhance the student's health and wellbeing.

3.2 Assessment is likely to involve **collecting and appraising** information and data from a variety of sources involving a range of disciplines and agencies.

3.3 The amount and type of information and data collected and shared will depend on the **nature and level** of student need.

3.4 Assessment improves **understanding** of the student's needs and is the basis upon which a plan of action can be developed and progress evaluated.

3.5 Assessment is **student-centred**, where the focus is on the student-in-context, and the student and his/her parents/caregivers are encouraged to participate actively in the process.

3.6 Assessment is **comprehensive**, focusing upon student strengths, protective resources and risks, the past and present, and including a broad range of student needs in areas such as mental health, education, life-skills, cultural, resilience, social, and family.

3.7 Assessment is embedded in a sound knowledge of **child and adolescent development.**

3.8 An **ecological approach** is adopted in understanding the needs of student-incontext.

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

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

4.1 The **action plan** is **outcomes focused** and, based on the needs of the student, consists of intended outcomes and associated strategies.

4.2 The **action plan includes** specific time frames, review dates, a projected date for the transition/closure/completion of case management, the roles and responsibilities of all stakeholders, and a set of criteria/performance indicators to enable an evaluation of the outcomes.

4.3 Planning is **individualised, inclusive and collaborative**; the student and his/her parents/caregivers are encouraged to identify and prioritise his/her needs, and in partnership with the case manager develop the action plan.

4.4 Planning ensures that **student needs** are balanced with **available quality resources**.

4.5 Where it is likely that **resources will be needed**, an **administrator** is present at the case management meeting and can offer resources as part of the planning process.

4.6 Planning includes the **identification of available quality** resources and services to achieve the action plan's outcomes, and where such resources and services are limited or unavailable, contingency strategies (eg. advocating for new resources/services to be developed) to ensure maximum success in meeting the student's needs.

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

4.8 The action plan is **documented** in a format that makes sense to the student and his/her parents/caregivers, who are signatories of the plan (see example of a Case Conference Record on pp 52 and 53).

4.9 The case management process and implementation of the action plan are **clearly understood** by the student and his/her parents/caregivers so that they are informed participants who can contribute confidently to making decisions and achieving the action plan's outcomes.

4.10 The case management process must take into consideration that the **student's capacity to understand** clearly the case management process and action plan implementation is dependent on his/her developmental age and the nature of his/her needs.

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

5.1 A **school-based case manager is designated** to a student to ensure that there is a coordinated approach and follow up. This case manager will be designated according to a range of factors such as ability to relate to the student and family, and the level of skills required for the case management process. For example, the case manager could be the student services manager, school counsellor, or school psychologist.

5.2 The SCM team holds **regular meetings** to review case management actions and case loads, and generally monitor case management processes.

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

5.4 The designated **case manager's coordination role** includes:
- 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.

5.5 The designated **case manager's role is understood and could involve delegation of support** or it could include 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. ensuring that the student's views are heard and actioned; lobbying for particular resources).

5.6 The designated case manager ensures that appropriate standards of **duty of care** are applied in the implementation process.

5.7 The designated case manager maintains **a good rapport and communication** with the student, and respects the student's legal and human rights, privacy and confidentiality within the bounds of safety and well-being.

5.8 Ideally, case conferences are based on **good practices** associated with **facilitating meetings and group processes** such as:
- 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;
- Making sure 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.

5.9 A **collaborative approach** is used when implementing the action plan, involving active interaction, collaborative monitoring and reviewing of progress, mutual problem-solving, and collective strategising between the case manager, student, parent(s)/carer(s), other stakeholders, and all service providers.

5.10 The **individualised plans** (behavioural and educational) are shared with staff involved with the student (class teachers) and ideas about teaching and learning adjustments are negotiated. In cases where out-of-class issues arise (eg. lunchtimes) a plan for implementation is negotiated and shared with relevant staff.

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

6.1 A **transition plan** is identified at the **commencement** of the case management process and developed in collaboration with the student, service providers, and all stakeholders.

6.2 The transition plan is based on the information gathered at the **referral and assessment phases**, and is informed by the monitoring and reviewing processes.

6.3 The **criteria for completing** the case management cycle usually include achievement of the action plan outcomes; compliance with legal requirements; and expiry of time frames.

6.4 **Planning for risks and transitions** includes the provision of ongoing support that assists the student in developing independence and self-advocacy, and maintaining achievements and personal health and well-being.

6.5 **Completing** the case management cycle can be an **emotional experience** for the student and should be handled with sensitivity and empathy.

6.6 The student is aware of his/her **right to request re-activation** of the case management processes in the future.

6.7 A case management process can be **re-activated on request** of staff, parents/caregivers, and other stakeholders too.

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

7.1 The **aims** of evaluation are:
- To ascertain the effectiveness of the case management 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 case management processes provided.

7.2 Evaluation is a necessary **formative and summative** aspect of evidencebased case management practice.

7.3 Evaluation is a formal **extension** of the **monitoring and reviewing** process, and is included in case management from the beginning.

7.4 Evaluation is **integral** to the case management process by being part of the interactive learning cycle and thus contributing continuously to the ongoing improvement of the quality of the service.

7.5 The student, service providers, and all other stakeholders are an **essential contributor** to the evaluation process.

7.6 **Reporting** on the evaluation of the effectiveness of each case management process is an **integral part of the school-based system of care**. In general, this involves:
- the designated 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.