



Hanover Welfare Services

Client Casework Guide

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1. BACKGROUND AND CONTEXT

1.1 Introduction

1.1.1 Purpose

This document is intended to be a guide to all staff engaged in client casework across Hanover services.

It outlines general and fundamental objectives and standards to be applied to all Hanover casework, whilst acknowledging that service specific differences in practices and procedures exist.

Therefore, this guide seeks to:

- Promote consistent practices across the agency (for example, use of agreed terminology).
- Consolidate and share Hanover's expertise and experience in casework throughout the agency.
- Incorporate and develop Hanover's philosophy of work with people who are experiencing homelessness or at risk of becoming homeless.
- Facilitate new staff orientation to Hanover's casework objectives and standards.
- Document casework practices and procedures which facilitate the provision of casework and evaluate outcomes for clients.
- Increase accountability to funding sources, the general community and clients.
- Complement Hanover's efforts to stimulate and encourage change to benefit people experiencing homelessness, through advocacy, research and service delivery.

1.1.2 Pre-requisites

The following are essential prerequisites for good casework at Hanover:

- An understanding and commitment to working in an empowering way.
- Appropriately qualified staff from the health and welfare professions (eg - social work, community development, psychology, education, and nursing.)
- A commitment to upholding the professional standards and codes of practice of the relevant profession. This casework guide should be seen as an additional guide to professional standards and codes of practice within Hanover.
- A commitment to Hanover's general and fundamental objectives and standards as outlined in this document.
- A commitment to recording and updating case files notes.

- A willingness and commitment to a teamwork approach.
- A commitment to professional development and supervision.
- Knowledge of Hanover's resources and services.
- Knowledge of external resources and services relevant to client needs.
- A case load appropriate to the type of service, characteristics of service users and funding agreement(s).
- Access to appropriate resources and support including supervision.
- An understanding of the Information Privacy principles and legislative requirements.
- A commitment to practices that include clients from different backgrounds, cultures, abilities and psycho social needs.

1.1.3 Broad Context

This guide is intended to provide the broad context for all casework across Hanover programs. It is not a detailed step-by-step handbook for every program. Each program will in fact have detailed guidelines and requirements consistent with this set of standards.

Casework policy and practice also needs to be seen in the context of information privacy legislation and associated policy applicable to Hanover as a result of Funding and Service Agreements it enters with funding bodies such as the Department of Human Services and the Department of Family & Housing Community Services and Indigenous Affairs.

Given, too, that Hanover provides services funded through the Supported Accommodation Assistance Program, it is bound by standards of service delivery set out in the SAAP Standards Implementation Guide and in the national SAAP Case Management Resource Manual (1996). Similar standards of service delivery are specified under other agreements that Hanover may enter from time-to-time.

1.1.4 Definitions

The following definitions are included both to clarify and to promote consistency in Hanover's use and understanding of terminology.

Information Privacy The term refers to the control of the collection, use, disclosure and disposal of personal information, including health information, and the individual's right to control how their personal information is handled.

Personal Information Information or an opinion recorded in any form about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion – but does not include health information as defined below.

Health Information:

- (a) Information or an opinion about:
 - (i) the physical, mental or psychological health of an individual; or
 - (ii) a disability (at any time) of an individual; or
 - (iii) an individual's expressed wishes about the future provision of health services to him or her; or
 - (iv) a health service provided, or to be provided, to an individual – that is also personal (identifying or potentially identifying, recorded) information; or
- (b) Other personal information collected to provide, or in providing, a health service; or
- (c) Other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances.

Health Service:

- (a) An activity performed in relation to an individual that is intended or claimed:
 - (i) to assess, record, maintain or improve the individual's health; or
 - (ii) to diagnose the individual's illness or disability; or
 - (iii) to treat the individual's illness or disability or suspected illness or
 - (iv) disability; or
- (b) A disability, palliative care or aged care service; or
- (c) The dispensing on prescription of a drug or medicinal preparation by a pharmacist.

Sensitive Information Information or an opinion about an individual's:

- (i) racial or ethnic origin; or
- (ii) political opinions; or
- (iii) membership of a political association; or
- (iv) religious beliefs or affiliations; or
- (v) philosophical beliefs or
- (vi) membership of a professional or trade association; or
- (vii) membership of a trade union; or
- (viii) sexual preferences or practices; or
- (ix) criminal record that is also personal information.

Unique Identifier An identifier (usually a number) assigned by an organisation to an individual uniquely to identify that individual for the purposes of the operations of the organisation but does not include an identifier that consists only of the individual's name.

Casework/Management *Hanover* has endorsed the SAAP definition: A collaborative, client focused approach. It is aimed at empowering and working with clients to effectively meet individual needs. It incorporates both direct client service, based on sound assessment and support planning, and coordination of access to and delivery of a range of other appropriate support services. Case management refers to the management of service provision not to the management of people.

Assessment An interactive process between client and practitioner which identifies client needs and informs clients about appropriate services, resources and options.

Empowerment The concept of empowerment within case management involves clients having the opportunity for maximum participation in decision making about their lives, to enhance their capacity to recognise choices and to exercise greater control - eg. in relationships, over information, access to and uses of resources and skills, etc. It is an approach to casework which consistently promotes client's self worth, their belief in themselves, their learning abilities and decision-making capabilities

Inclusiveness The concept of respect for and acceptance of the uniqueness of each individual including their values, beliefs, capacities, cultural and religious background and how they define and identify themselves.

Case Practitioner The primary practitioner is the person responsible for the coordination and implementation of assistance to a particular client and their family where relevant, in conjunction with other team members and their supervisor, and other service providers where appropriate.

Teamwork Approach Working cooperatively and supportively with other colleagues towards the achievement of clients' goals according to Hanover's overall mission and policies.

Referral The process by which a client and accompanying children is assisted to access and maintain the use of appropriate services and opportunities.

Case File The documentation of information relevant to the client's goals, including tasks carried out by the Hanover practitioner and detailed account of interactions between the client and practitioner.

Outcomes The results for the client and accompanying children of the interaction between the service and the client.

"Need to Know" Principle. Consistent with the *Information Privacy Act 2000 (Vic)* and the *Health Records Act 2001 (Vic)*, information

about, or related to, clients and accompanying children and essential to case planning and care can only be disclosed to people who need to know in order to contribute to the management or assessment of the clients' and accompanying children's needs and then only with the client's approval. Exceptions to this are particular circumstances (spelled out in the Acts' disclosure) which should be discussed with and determined by the client in discussion with the primary practitioner and supervisor. The client should also be informed about which people within Hanover will have access to their information or files. The amount of information disclosed too must be limited to those details that are relevant to the required intervention or health treatment.

Supervision Structured meeting time between the staff member and their supervisor with the aims of:

- Achieving greater self awareness about their work with clients
- Gaining information, knowledge and skills to assist their work.
- Accounting for their work, including developing goals, implementing plans and reviewing activity.
- Receiving support (including debriefing and acknowledgement for good practices).

1.2 Hanover's Casework Philosophy

The primary objective of Hanover's work is to assist people experiencing homelessness or at risk of becoming homeless to address the various factors contributing to their homelessness and to achieve outcomes which have been jointly agreed between client and practitioner. All activity should be directed to this end.

Hanover believes that people experience homelessness or often do so as a result of one or more of the following factors:

- an immediate lack of accommodation (houselessness), which may be due to a lack of good quality, affordable housing in the community, and/or
- structural characteristics such as poverty and unemployment, and/or
- individual characteristics, coping mechanisms and patterns have built up over a period of time and are complicated by one (or often more) of a number of contributing factors including: substance abuse, emotional or psychological problems, addictive behaviour, intellectual disability, psychiatric disability, family breakdown, dysfunctional relationships, domestic violence, physical illness or impairment, sexual assault, child abuse, gambling.

There are a number of key principles that underpin Hanover's approach to casework:

- The focus should be on an individual's strengths and identified needs, rather than any pathology that may have been identified.
- Interactions should at all times be purposeful with the view to assisting the development of the client's and accompanying children's capacity to function independently of Hanover's support.
- Goals and objectives need to be set jointly between the client and support practitioner. This provides a sound basis for open, accountable and effective interaction. It is acknowledged that for many clients, this will be an unfamiliar task and practitioners may encounter some resistance. Practitioners can de-mystify this process by showing clients how they already set and achieve goals around basic needs on a daily basis. The goal setting task can be seen as an extension of this process.
- Hanover's approach is to assist the client to set in place a series of realistic 'stepping stones' that all aim to assist clients achieve their identified goals, and maximise their potential for independent living. Key characteristics of the 'stepping stone' approach are:
 - It is client driven. Clients and accompanying children are encouraged to initiate receipt of services at the level they deem to be appropriate. Case practitioners assist in the identification of a series of 'stepping stones', from which clients may choose to take a small step, a larger leap, or in some cases stay put for the time being.
 - The client's progress is jointly evaluated through the use of monitoring tools such as the client outcomes progress sheet.
- An important component of the casework provided by Hanover is the 'Primary Practitioner Approach' – where each client has one primary practitioner allocated from the team. In some services, such as the Housing Information & Referral (HIR) team with the Housing Service, allocation of one specific practitioner is not the model of operation utilised.

Hanover believes that the relationship built between the primary practitioner and the client and accompanying children is an important tool to increase the effectiveness of the services offered. The primary practitioner model offers the opportunity for a trusting professional relationship to be built aiding the capacity for effective progress to be made.

The primary practitioner is always part of a wider team. It is important for clients to understand this, and to know that although they will be working mostly with one practitioner, interventions used by a practitioner may be discussed with other members of the team. The extent of team involvement with individual clients and accompanying children varies in accordance with the type of casework undertaken by a particular Hanover service.

The client should be made aware that important decisions relating to the client and accompanying children are made in consultation with the practitioner's team and supervisor. Where appropriate, the client should be made aware of the names and positions of other members of the practitioner's team.

It is also important for clients and their accompanying children to know that at times, other team members may be working with them (for example, when the primary practitioner is on leave) and that the client can approach other practitioners, if necessary.

A shared, team approach provides the HIR services to clients. This team approach ensures that no practitioner takes sole responsibility but shares decision-making and increases the range of resources available to clients.

- Flexibility should be a hallmark of all Hanover's work with clients. Practitioners and service resources must be responsive to changes in demands and client and accompanying children circumstances in order to maximise the client's opportunities for positive outcomes.
- Hanover subscribes to a holistic approach to its casework, which aims to package together responses to the whole range of client and accompanying children needs taking into account the physical, emotional, spiritual and mental domains. This may include accommodation, finance, food, clothing, health services, counselling, children's services, employment, education and training needs. Where necessary and desirable, Hanover practitioners may assume prime responsibility for coordinating the delivery of a range of support services for a client and accompanying children. At other times they may cooperate with other service providers who have taken case management responsibility.
- All casework interactions should be sensitive to, and respectful of, the needs of individuals. Practitioners need to ensure that they do not take over the decision-making responsibilities of clients, except when duty of care considerations oblige the practitioner to protect the client, or a member of his or her family, or any other person who may be at risk.

An empowering approach to casework actively aims to minimise client dependence on the support practitioner, whilst acknowledging that there may be the need at various points of the client/practitioner relationship for a level of dependency, particularly during the initial stages of crisis resolution.

This approach upholds clients' personal dignity by promoting their fundamental belief in themselves and their capabilities including their children. By so doing, clients are assisted to retain or resume as much responsibility for themselves, as possible.

- Financial resources should be able to be deployed in creative and flexible ways to maximise positive client outcomes in casework. The provision of loans with conditions, such as part or full repayment when the client's circumstances allow, can play an important role in upholding personal dignity and normality. Grants can also be a useful way of assisting clients to access goods or services when their personal circumstances would be disadvantaged if a loan were granted. The overall aim is to alleviate a financial crisis in the most practical way without creating dependence on the practitioner or the service.
- Hanover takes an open-minded approach to requests from previous clients and accompanying children for future service provision. At times, Hanover will refuse to provide services to the former client. The reason for and duration of the refusal should be documented and clearly explained to the client. However, wherever possible, clients who have left a service on negative terms will be considered for vacancies and support services. An open discussion and appraisal of past interactions and difficulties should be held. Hanover believes many of its clients will require more than one opportunity to address their needs. Hanover's experience suggests that often the most unlikely break-throughs occur when we persevere with clients who may appear the most difficult to assist.
- Hanover recognises the importance of ongoing evaluation for the effectiveness and efficiency of service delivery, including case management. This necessitates the collection and analysis of reliable information on client characteristics, services provided unmet needs, outcomes achieved and the resources expended in providing services for clients.
- Hanover adheres to the principles of confidentiality in respect of all client and accompanying children's personal records, storage of such records, research data bases, and protocols for sharing and transfer of information under relevant guidelines and legislation. Duty of care concerns may over-ride client confidentiality in specific circumstances.
- Hanover emphasises ongoing service improvement using a range of methods, including evaluation, client feedback, standard setting and auditing, staff supervision and specific surveys or research projects.

1.3 Service Models

Hanover offers a number of models of service delivery from a range of office and residential sites in metropolitan Melbourne. The following models of operation currently exist.

1.3.1 Information referral and support services

The services offer information and support to people who are in immediate crisis. They include services such as Hanover Cheltenham HIR and Hanover Southbank HIR. This might involve people who are seeking emergency accommodation and people who are seeking financial or other support because their housing is in jeopardy. Assistance may be in the form of financial aid, information, referral and advocacy and general counselling and support services. A range of issues may be addressed including immediate and longer term housing options, health, employment, income, education, training, community services, mental health and drug and alcohol issues. Crisis interventions utilised by staff focus on assisting the client to resolve immediate difficulties or problems they are experiencing.

1.3.2 Short Term Support Services

These services involve support services such as those offered at Hanover Cheltenham, providing short term follow up support service usually following an initial appointment for housing information and referral (as in number one above). This service type assists clients to work through a number of immediate concerns that require short-term interventions. It may involve case practitioners visiting the client in their residential setting, for example a rooming house or special accommodation, or may require the client to attend the office for an appointment. This service may also involve assistance by the case practitioner or HIR worker in obtaining private rental or public housing.

1.3.3. Crisis Supported Accommodation

Crisis Supported Accommodation such as that provided by Hanover Southbank, East St Kilda, South Melbourne and Dandenong. This service type involves provision of emergency accommodation often in the form of single or family rooms and the provision of support services whilst the client is a resident of that service. Follow up support maybe available depending on the needs of the client and the resources available within the service to provide such follow up.

1.3.4 Short term supported accommodation

Short term supported accommodation such as that provided by Hanover East St Kilda, South Melbourne and Dandenong. The services are funded as crisis accommodation by the Office of Housing (as number three above). It involves a more thorough intake process

and may involve a longer length of stay for the client. These services offer a gender specific and a family specific environment for women and families who would be vulnerable within a mixed gender setting, such as Hanover Southbank. The service involves the allocation of a key practitioner to each client who provides casework services to clients who are resident within the facility or community-based houses and flats.

1.3.5 Transitional Supported Accommodation.

A number of Hanover services including East St Kilda, South Melbourne, Windsor, Southbank, Cheltenham and Dandenong provide supported accommodation to clients utilising housing stock, such as flats, houses and rooming houses in the community which are managed by Transitional Housing Managers. These include Hanover Cheltenham, WAYSS in Dandenong, Homeground in the Inner South, St Vincent de Paul Society and North East Housing in the North. The service involves a negotiated support agreement between the primary case practitioner and the client, the aim of which is to assist the client gain some stability in their housing while addressing the issues, which contributed to their homelessness. This may involve direct counselling and the provision of other community support services, such as Mental Health Services, Drug and Alcohol Services, general health, specialist counselling, employment and training, financial counselling, children's services and so on. The length of stay is determined by client needs and the agreements which each Hanover service has with DHS.

1.3.6 Employment Related Assistance

Hanover places a high priority on assisting homeless clients engage with the labour market. Hanover research indicates that the majority of its homeless clients identify stable employment as a major factor in resolving and preventing homelessness. Employment related programs, such as PSP (Personal Support Program) in Northcote and St Kilda and Southbank, utilise case management principles to assist the clients overcome the barriers to their successful engagement with the labour market.

1.3.7 Outreach Support Services

Outreach Support Services such as Northcote Outreach and Windsor Young Women's Intensive program offer support to clients who find it difficult to access other support services and who may find it difficult to obtain and maintain even short-term accommodation options. These services are support services with few structured links to accommodation options. There is flexibility in the length of support period offered by the staff of these services.

1.3.8 Long Term Housing.

Some of Hanover's housing stock managed through Hanover Cheltenham offers longer-term tenancies than most transitional housing. The service utilises rooming house stock and the support services offered vary according to the needs of the clients and vary over time. The support is provided by Southbank and East St Kilda transitional services.

1.3.9 Tenancy Management.

Hanover Cheltenham manages all matters associated with the tenancy in flats, houses and rooming houses associated with Hanover. This includes leases, housing stock management, cleaning, equipping of properties, furnishing of properties, rentals, management of tenancy law matters, etc.

2. ELEMENTS OF CASEWORK PRACTICE

Hanover endorses The Strengths Model of Casework (Rapp & Wintersteen, 1989) which emphasises the following key aspects in casework:

- The focus is on an individual's strengths and identified needs rather than any pathology that may have been identified.
- The client/case practitioner relationship is essential to effective client outcomes.
- Interventions are based on the principle of Empowerment

Casework begins with the initial contact between client and practitioner. The client and practitioner then work together to identify and prioritise client goals and to plan how best to achieve them. Ongoing casework involves the implementation of these plans and the continuing reassessment of the initial goals.

2.1 Initial client contact

Initial client contact starts the process of assessment of clients needs, including accompanying children to determine whether a service is appropriate and/or available. (See Assessment Definitions 1.1.4 p.4 & Assessment 2.4.)

This usually follows either a request for assistance made by a client or referring person, or a decision to make contact with someone as part of outreach work.

Initial client contact may lead to:

- referral to a more appropriate service provider
- provision of information/advice/advocacy
- assessment for further Hanover service provision

Practitioners should be clear about the presenting problem/s and alert to the possibility that the stated problem/s may mask underlying difficulties or concerns which the client may be reluctant to raise.

This may also entail educating parents about the impact that homelessness or family violence has on the social and emotional wellbeing of their children.

When discussing abuse, alcohol and other drugs or family violence issues, parents should be advised not to discuss this in the presence of their children (under 15 years).

However practitioners should also be aware of the client's right to privacy, including accompanying children and should ensure that only relevant information is sought.

2.2 Information/Advice/Advocacy

An important component of the initial contact process with clients and accompanying children is the provision of information or advice about options, available resources, and any consequences that may arise from either accessing or not accessing services that have been suggested.

When advocacy on behalf of a client and accompanying children is requested or offered, practitioners should ensure that they have gathered, and if necessary verified, sufficient information to be an effective advocate.

2.3 Referral

Referral is the process of directing the client and accompanying children to the most appropriate agency or service. At times, depending upon the client's circumstances, this will necessitate a practitioner in assisting the client make contact with the other service and assist them to successfully engage with it. Before this can be undertaken, the problem has to be defined, options discussed and decisions made about the best course of action.

When a service is appropriate for a client and accompanying children but the service cannot be provided, it is essential that every effort is made, within the available service resources, to refer the client and accompanying children to other service providers appropriate to their needs, and to ensure that the client is fully involved in the process.

2.4 Assessment for further service provision

Assessment establishes a rational and planned basis for intervention and goal setting. The goal of assessment is for the client and

accompanying children and practitioner to come to an understanding of the client's situation and needs, including children's needs. This is necessary to determine the type and extent of services which can be offered (for example, housing, financial aid, referral for children to counselling).

With the exception of "one off" crisis interventions, assessment is an ongoing process which is usually most intense in the first few days to weeks of client contact.

The role of the practitioner is to accurately define the client's and accompanying children's needs and issues. The practitioner should seek to understand how the client sees their circumstances and needs, and what they want from the services. This should be done in a way that establishes rapport with the client, in order to facilitate the provision of the most appropriate services.

Assessment should be from a strengths based model and include all family members and their positive attributes.

Relevant information should be gathered using the assessment tools and documentation procedures developed within the specific Hanover service. Information that is essential to provide during the further assessment phase includes:

- Explanation of confidentiality
- Explanation (where applicable) of any policies that may lead to breaches of confidentiality (for example, Child Protection Policy – Police Protocols)
- Explanation of client grievance procedures
- Explanation of data collection processes and recording case file notes.

Information must be collected directly from the individual concerned or their authorised representative unless the individual has authorised collection from another person or organisation or particular exemptions outlined in DHS policy apply.

The tasks for the practitioner broadly include gathering relevant information in order to:

- Identify needs, including children's needs
- Identify personal strengths and resources
- Identify issues and potential risks
- Discuss possible options
- Provide a framework for decision-making
- Develop a case plan

Self harm and/or suicidal ideation are of specific concern due to the multiple risks associated with homelessness. Please refer to the Critical Incidents procedure for information related to self harm/suicide assessment and interventions. The level of “risk” of serious harm should be considered in conjunction with other factors when determining eligibility for service and the type of support required. Service users are not to be excluded from the service for previous acts of self harm or prior suicidal behaviour.

2.5 Planning and goal setting

Planning with clients including accompanying children is done in the context of Hanover's overall goal of assisting clients and accompanying children to secure and maintain safe, affordable accommodation, engage in the labour market, where appropriate and participate in the community, and in so doing address the causes and impacts of homelessness.

Children's needs should be part of the planning process and included in the family's case plan.

Planning includes:

- clarification of goals and expectations,
- agreeing on individual goals
- identifying the process to achieve those goals.

Mutual agreement between practitioner and client concerning the nature and course of interaction is an essential component of service provision. Agreed goals, roles and tasks are fundamental in determining the direction, quality and content of planned interventions. Client and practitioner must share their understanding of the assistance sought and the services offered to avoid misunderstanding. This shared agreement and understanding maximises the possibility of positive outcomes.

Goal setting should include some anticipated milestones or timelines by which particular goals could be achieved.

Written Contracts may be used to achieve these ends. They can assist by clearly defining the rights, roles and responsibilities of all the key players. The contracts should be signed and dated by all those involved.

Once goals are recorded they form all or part of the client's case plan. This includes the needs of children in relation to their well being. Various forms have been designed to assist in the clarification and documentation of goals and plans.

In setting goals, it is important that goals are as specific and tangible as possible. If a goal cannot easily be broken down into small

achievable and measurable steps or tasks, then it is probably too large or abstract to be useful.

It is generally useful to include some goals that are easily achievable. This increases the likelihood of achieving other goals as positive outcomes early on, can reinforce the client's efforts and strengthen the foundations of the relationship.

The client should be encouraged to think about how s/he will know that goals are being achieved, what barrier(s) may impede progress, and what strategies may be used to achieve goals.

The review of goals should be focussed on the positive achievements and what strategies have worked for the client/practitioner. Then as a secondary component, practitioners and client can look at strategies to address the goals not yet achieved, this may include a re-adjustment of proposed timelines.

Goals are generally focused around the following areas:

- housing
- finances
- health
- personal well being, including emotional & psychological health
- training and employment
- social and recreation
- family relationships
- children's wellbeing

The planning process may well involve consultation and advocacy with a range of other agencies or different Hanover services, particularly where access to specialist support is required to achieve outcomes.

2.6 Implementation

A variety of skills and strategies, together with knowledge of services, are used to assist clients to implement the established goals or resolve a crisis. These may include problem solving skills, crisis intervention, identifying "triggers" of emotional and behavioural responses and strategies which have worked in the past to overcome these, resolving conflict, grief work, life skills training, financial planning, recreation, training and employment, counselling, stabilising health problems, family issues, provision of information and utilising community resources.

Given that some clients may not be ready to trust or access mainstream services, Hanover case practitioners may require specialist skills and knowledge in the areas of family interventions, trauma counselling, cycles of violence, drug and alcohol counselling, housing options and employment options, mental health and addictive behaviours.

When and where possible, the casework approach is to link people to mainstream services and resources (eg. GP, Classes at CHC), as well as specialist services, if required (eg. Psychiatric Services, Intellectual Disability Services, Drug and Alcohol Services, Children's Services).

In order to provide a range of services, resources and supports to maximise the achievement of goals, the Hanover practitioner may need to coordinate the provision of services. Convening, planning and managing case conferences are one method of assisting coordination and communication between service providers and the client. Case conferences can be useful for:

1. Gathering information to facilitate assessment and planning
2. Inter-agency planning
3. Inter-agency coordination of activities
4. Review and monitoring of the plan.

2.7 Monitoring and Review

Monitoring and review involves evaluating the effectiveness of the implemented casework in an ongoing way.

It is an assessment of the extent of progress towards the objectives established with the client.

It is essential that evaluation of outcomes against goals for the client and accompanying children is undertaken at regular and agreed intervals.

Depending on the nature of service(s) provided (i.e. crisis assistance, supported accommodation, employment/training), the monitoring process may vary in degree of formality or structure.

Typical methods used in monitoring and review include:

- ongoing discussion with the client
- use of case notes
- casework supervision
- case conferences (may include external agencies)
- review of goal(s) achievement (using client progress sheets)
- quantitative analysis of service utilisation, levels of unmet need and outcomes
- one-off qualitative/quantitative service reviews or specific issue-based projects
- client participation in service review or at exit. (eg. focus groups, surveys)

2.8. Termination/Closure

The following circumstances may result in the termination of the professional relationship with the client:

- The client is ready, willing and able to live independent of Hanover services. The client and accompanying children may gain support services from a range of other community agencies.
- The service can no longer assist the client due to duty of care concerns, other client priorities, legal or ethical obligations.
- The client is not accessing support or utilising the service as agreed.

Failure to plan for and implement the termination process can leave both client and practitioner experiencing emotions such as helplessness, a sense of failure, frustration, anger, sadness or loss. The practitioner has the opportunity to deal with these issues in supervision, but clients and accompanying children are unlikely to have such opportunities.

Each service needs to determine the parameters for time limited service delivery based on its service boundaries, and on the knowledge that all Hanover's services are funded as transitional supports. Approximate time-lines should have been clearly articulated to clients at the initial contact or assessment phase of the case plan. These time-lines should be reviewed from time-to-time as the client's circumstances change. Wherever possible, it is important that the termination process includes information that allows clients and accompanying children to re-establish contact if circumstances require it.

In crisis social work support services, interaction with clients and accompanying children is frequently sporadic. Often there may not be the opportunity or perceived need to develop any ongoing case plan, as presentation is based upon meeting immediate needs. Each interview may be seen by the client in isolation and separate from other contacts. Each single contact will have a beginning, middle, and an end with some agreed goal/s and outcome/s. In these situations the termination may just be the summation of the interaction.

Issues to discuss in final termination should include:

- An evaluation of the change and progress since the client commenced in the service
- A discussion on how to stabilise the gains the client and accompanying children has made, and how these might be generalised into other areas of their life
- Reinforcement about the client's ability to make progress towards other goals

- Confirming any referrals that have been made for the client and accompanying children, with a clarification of the referred service's role.
- Ensuring the client knows how to access other places for assistance
- Confirming that Hanover can be approached in the future.
- Appreciating the opportunity to have known and worked with the client and any accompanying children.

Depending on the significance of the relationship to the client and accompanying children, finding a meaningful way for ritualising the farewell can be an important step in the termination phase. Based on what would be most appreciated by the client and accompanying children, this could be a meal, an outing, a small gift or some type of written memento.

A useful strategy is to write the client a narrative letter outlining their "journey" and progress made by them, focusing on the client's strengths including their children. Clients could use the letter in the future if in crisis to remind themselves of the successful strategies employed in the past.

2.9 Follow-up

Follow-up is the last step in the process of termination and differs among services. Follow-up can be seen as part of an ongoing monitoring process to ensure goals are completed and links to other services are working, leading up to the final case closure. Follow-up can also be seen as providing additional consultation and strengthening coping mechanisms for the client.

Follow-up can be initiated by the client or by the practitioner but it should not be seen as a method of avoiding the termination process.

Follow-up can take many different forms and can vary in intensity and length of time depending upon the client's needs and the service's resources. The following are examples of follow-up:

- one telephone call one week after closure
- one or more visits to help resolve a particular difficulty
- a request for assistance or information from the client
- an evaluation feedback form
- letter several weeks/months after departure
- several phone calls over the first few weeks

The need for follow-up and the extent and type of intervention required, will vary according to individual's needs. It is important for each service to have well defined boundaries about follow-up, which are clearly understood by the clients, to ensure that all parties remain focussed on

the task of enabling the client to live independently of Hanover's support.

3. RELATED ISSUES

3.1 Information Privacy

Please refer to the Privacy Policy for details on privacy.

3.2 Case Notes and Files

Please refer to the Client Files Policy and Procedure for details.

Also refer to the same policy and procedure for confidentiality, consent, client and children's rights, ownership, access, security of files issues.

3.3. Informed Consent

When outside agencies request information that is on a case file, no information should be given out until consent is received from the client to do so, the agency seeking the information has the client's consent and only information essential to that agency's purpose with the client can be disclosed.

Before requesting information about a client from another agency the client's consent must also be obtained.

Wherever possible, the client should be asked to give written consent to the obtaining or releasing of information and this consent should be recorded on the appropriate Hanover Service Consent Form and attached to the client's file. When the consent is verbal, a case note should be made of the manner in which consent was obtained and to what the consent relates.

A client's HIV and HEP. C status should not be recorded on the case file unless the client has given informed written consent. The Health Act requires that a person such as a case practitioner who acquires information that a person is infected with HIV must take all reasonable steps to protect the privacy of that person in relation to his or her HIV status. There is a significant financial penalty for disclosing that information.

3.3.1 Exceptions to the informed consent policy

There will be circumstances where consent from a client does not have to be obtained and these are provided for in the Privacy Legislation. For example, if a case practitioner becomes aware of child abuse then that practitioner has a duty to inform the Department of Human

Services as outlined in Hanover's Child Protection Policy. Similarly, if a client is endangering his or her own or others safety, then it is appropriate to obtain police and medical assistance. If a client is in need of urgent medical attention and unable or unwilling to give consent the appropriate action is to obtain medical assistance. Also, if it is reasonably believed that disclosure of client information is necessary to a law enforcement agency (eg. Police, the Immigration Department, and National Crime Authority) consent does not have to be obtained.

Another situation which can arise is where a client and accompanying children is referred to another agency for accommodation or support and his or her history shows that he or she is a risk to others. Depending on the risk and whether it is likely to re-occur, there may be circumstances where it is appropriate to warn the accepting agency. The determining factor will be based on the practitioner and their supervisor's assessment. Wherever practicable, these circumstances should be discussed with the practitioner's coordinator or manager.

3.4 Duty of Care to Clients

Please refer to the Duty of Clients Policy and the Critical Incidents Policy and Procedure.

3.7. Dealing with the Police

Hanover's ethical and professional responsibility is for all staff to support the legal process. Practitioners should not shield and protect any person from due process of the law. Practitioners will cooperate with police officers engaged in the legal pursuit of their duties by following Hanover's protocol which instructs staff to refer the matter to the Service Manager or Coordinator. The exception to this would be where the practitioner judges the matter to be urgent and to involve an immediate serious risk to persons. In such circumstances, the practitioner should inform the Manager as soon as is practicable.

Illegal activities will not be condoned in any of the services' premises or properties. Any resident conducting illegal activities should be fairly warned and if unwilling to comply with these standards would be counselled and, if necessary, asked to vacate the premises. Where appropriate, they will be given notice in accordance with the Residential Tenancies Act. Examples of unacceptable and illegal behaviour include prostitution, illicit drug use, dealing in drugs, assault of other residents or practitioners and theft from other residents.

It is the duty of Hanover staff, where possible, to protect clients and accompanying children from becoming victims of physical or verbal assault or injury. This means that if any clients offend in this manner, staff should intervene and have the offender removed to minimise the

likelihood of any other client or accompanying children becoming a victim. Removal may involve police, Mental Health Services or agreement by a client to move elsewhere on either a temporary or permanent basis.

In any of these situations practitioners should always consult with their supervisor or manager before decisions are made to report any known or alleged illegal behaviour and all action taken should be recorded.

Staff have the right to a safe working environment. If a Hanover staff member is a victim of physical assault by a client, the staff member is required, as a condition of employment, to press charges against that client. This is Hanover's way of ensuring that clients are aware that assaults on staff will not be tolerated. It is expected that the staff member would inform and consult with the Service Manager and report to the police.

Any staff involved in Police matters or court proceedings will be given support by their Supervisor and Service Manager, and legal advice and support where necessary. Various Hanover services have developed protocols with Police and guidelines for staff contacting police in a crisis are posted near telephones on Hanover office premises.

3.8 Child Protection

Hanover has a Child Protection Policy and Procedure that details the action required by practitioners to ensure that children are protected from abuse while accompanying their parents in Hanover services. All Hanover staff will be trained in the relevant aspects of the policy and procedure and have an obligation to act in accordance with that policy and procedure.

3.9 Unaccompanied 15 - 17 year-olds

In recognition of their age and the complexities of adolescence, 15 to 17 year-old clients not accompanied by an adult should be considered particularly vulnerable. Accordingly, the assessment phase for such clients should be particularly thorough. Information provided by the client should be verified, where appropriate and with the clients consent, by contacting the parents, health authorities and other significant contacts.

If it is judged inappropriate to contact the client's parents, every effort should be made to speak to at least two other helping professionals who may know the client. Any refusal of the client to provide permission to make such a contact should be noted on the client's file. The client's refusal should only be disregarded if it is judged that failure to contact would pose a threat to the life or health of the client and any other associated individual.

Each Hanover service outlet will have particular policies for assisting unaccompanied 15 to 17 year-olds and these should be followed.

3.10 Client/Tenant Complaints Policy

Hanover supports the rights of clients to have their complaints heard fairly, fully and within a reasonable time-frame. The Client/Tenant Complaints Policy and Standards is designed to facilitate this process. The procedures involve a number of steps for receiving and processing a complaint and the referral to, and use of, advocacy services. All staff should ensure that they are familiar with the process as outlined in the Policy and Standards document