



# SCHOOL CASE MANAGEMENT PROJECT



## A KIT ON EFFECTIVE SCHOOL CASE MANAGEMENT

**Strengthening Mental Health Programs for Secondary  
School Students with Support Needs**

### **FULL DOCUMENT**

**Section 1: Overview: MM+ Case Management Project**  
**Section 2: A framework for effective school case management**  
**Section 3: A kit for developing effective school case management practices**

**Terry de Jong**

**Edith Cowan University**

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## Foreword

Teenage suicide and other mental health concerns have been on the increase in Australia for the last 100 years. This was an increase that could not be ignored. Since the early 1990's the federal and state governments of Australia have united behind suicide prevention and mental health strategies to curb this increasingly alarming growth. One initiative that was undertaken from these strategies was the development of the MindMatters resources and professional development in secondary schools.

MindMatters itself took a universal approach to mental health promotion through encouraging schools to review aspects of their whole-school system in terms of its support for mental health.

It became apparent that some secondary students were at greater risk of problems and they needed greater attention. To develop this, the MindMatters Plus Demonstration Project was created. This Project was established in 17 Secondary schools representing all Australian States, Territories and Education systems. The MindMatters Plus Project was funded by the Commonwealth Department of Health and Ageing (DoHA). The Australian Guidance and Counselling Association (AGCA) and the Australian Principals' Associations Professional Development Council (APAPDC) managed this initiative.

MindMatters Plus drew upon existing school strengths and resources, such as pastoral care frameworks and activities, alliances between staff, families and communities, links to other schools, and partnerships with mental health and other agencies. Its intention was to develop sustainable capacity-building models for schools to be able to respond in a comprehensive and flexible manner to students experiencing emotional difficulties.

This Resource on Effective School Case Management is a valuable Toolkit arising out the work on the MindMatters Plus Demonstration Project. It offers a comprehensive model of case management around secondary students with support needs in the area of mental health. Mental health specialists and school-based staff can use parts of the guidelines or the toolkit to examine and improve on their own practice. Using these guidelines and toolkit would enhance the system of care around the needs student. This would then be likely to improve the outcomes for the student and the people supporting the student.

Terry de Jong undertook the development of this Resource on Case Management. Coosje Griffiths, as the Project Manager, supported Terry in this work. Terry is to be commended on the task that he has done. This Resource is a valuable addition to the library of anyone engaged in supporting secondary students with support needs. At times these students do need intensive support. Now we have a manual that thoroughly maps out the principles and processes for effective school case management. Thank you Terry de Jong, Coosje Griffiths, and the many health profession people and educators who contributed to the development of this Resource!

Royce Herbert  
Past President  
Australian Guidance and Counselling Association  
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## About this kit

This kit on Effective School Case Management is the product of the MindMatters Plus Project. The MindMatters Plus Project is aimed at increasing the capacity of secondary schools to better assist students with support needs in the area of mental health. MindMatters Plus (MM+) is jointly managed by the Australian Guidance and Counselling Association (AGCA) and the Australian Principals Associations Professional Development Council (APAPDC). The kit was based on three processes:

1. A review of Australian-based literature on effective school case management;
2. A consensus-building process which was implemented to validate, develop and refine the effective case management principles and processes identified in the literature review;
3. Feedback on the kit itself from health profession specialists and school-based personnel who have experience in school case management.

This kit articulates with another MM+ project on “Student Engagement”. This work-in-progress consists of two phases, namely: (1) The production of a meta-analysis of existing studies of young people’s views on issues that affect their engagement in education with a particular focus on the views of young people with support needs in the area of mental health (completed); and (2), The development of appropriate practical advice and resource/s based on phase one for use within and by schools (in progress). The importance of ensuring that the principles and practices of effective school case management embrace student views is emphasised throughout the kit.

This kit is considered to be a part of a school’s pastoral care system. It designed to supplement the case management processes facilitated by mental health specialists and school-based staff who are involved in one way or another in working with students who have support needs. It is recognised that schools have always been supporting these students, and that context plays a significant part in the range of good practices associated with school case management. As such, this kit is not meant to be a “quick fix” recipe, nor is it intended to be prescriptive, definitive, or exhaustive. Essentially, it offers mental health specialists and school-based staff a means to reflect upon the quality of their case management practice, and where appropriate, implement strategies that will develop and improve their practice.

There are three sections to this kit:

### **SECTION 1: Overview: MM+ Case Management Project**

This section provides a brief background of and rationale for the project. It states the aim and process of the project, and concludes with a summary of the framework for effective school case management;

### **SECTION 2: A framework for effective school case management**

This section encompasses the detailed version of what constitutes effective school case management. It has two main aims: 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.

### **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 in consultation with mental health specialists in appraising and developing the quality of their school's case management practices. 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 case management practices to be undeveloped/developing/developed/well established in their school. They can be completed either as a paper version or online: <http://mmplus.agca.com.au/escm.php> ;
2. **Development Plan forms** which give staff the opportunity to target particular aspects of their case management practices for development and improvement;
3. **Summaries** of the main aspects of school case management, which can be used as part of a professional learning program (eg. distribution to participants; OHP);
4. **A pro-forma sample** of a case conference record;
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.

## **Glossary of key terms**

**Students with support needs (in mental health and wellbeing)** – this term replaces the notion of “at risk” students<sup>1</sup> – students who are emotionally, socially, physically, cognitively vulnerable (students move “in and out” of needing support) and who are in danger of not achieving their learning potential and outcomes. The focus here is on educational and environmental adjustments needed to address student mental health and wellbeing concerns.

**Case conference** – collaborative meeting of stakeholders involved in a case management process

**Case coordination** – sometimes used synonymously with “case management”, but the main focus is on organisational and administrative tasks associated with case management

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<sup>1</sup> “At risk” is a problematic label which has been contested by young people in the “student voice” literature. They do not see it as being applicable to them, nor a useful descriptor, and consider it as being based on externally imposed criteria. Further, the term tends to emphasise a deficit approach to mental health which much of educational literature suggests can reinforce student alienation and thus impact negatively on learning outcomes (Holdsworth, 2005). This term is still used quite widely in Australian educational resources and literature. However, it is not used in this kit. The notion of “students with support needs” is applied instead. As a new emerging concept, this term is not widely used in the literature, and as a label is perhaps not entirely satisfactory either. The intention, though, is to use language that is more inclusive.

**Case management** - a collaborative process that aims to develop, monitor, disseminate, and evaluate a plan of action to enable students with support needs to function to the best of their ability and circumstances within and beyond the school system

**Case manager** – the person responsible for the case management process (convening, briefing, referring, communicating, monitoring, adjusting, reporting)

**Health** – more than the absence of illness. Involves striving towards optimal social, emotional, spiritual, and physical well-being

**Health Promoting Schools (HPS)** – Schools which recognise that health and learning are inextricably linked, and endeavour, by using a whole school approach, to create a school environment where students feel safe, valued, and engaged

**Individual behaviour management plan (IBMP)** – a detailed plan devised to support a student and his/her environment to modify his/her behaviour

**Individual education plan (IEP)/ Individual learning plan (ILP)/ Learning development plan (LDP)/ Negotiated educational plan (NEP)/ Documented plan (DP)** – a learning program designed to meet the specific learning needs of an individual

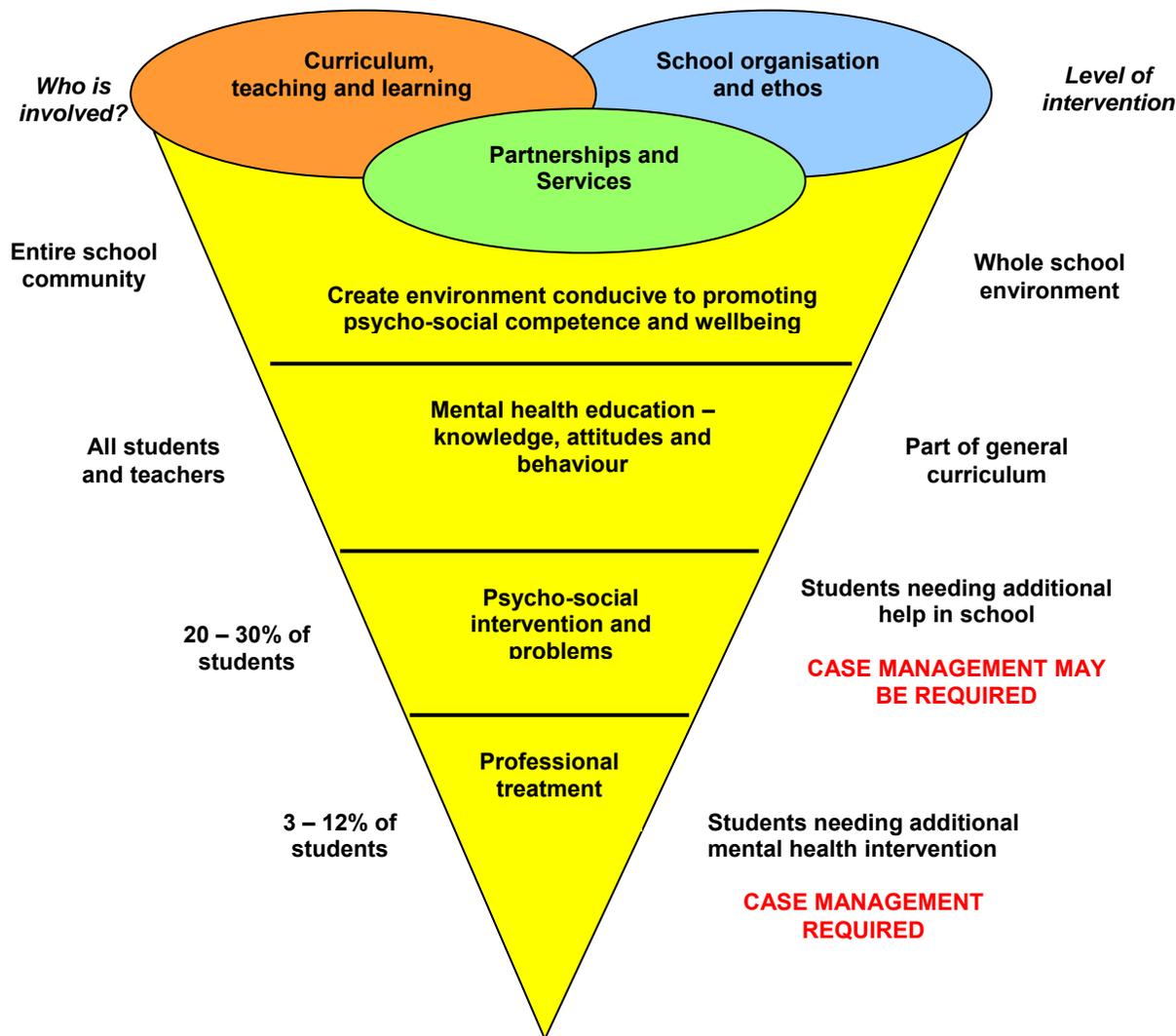
**Mental health and well-being** – includes thoughts, feelings and relationships, along a continuum ranging from a state of optimal health, to having an illness which might affect the latter (Hunter Institute of Mental Health, 2001, p. 1).

# SECTION 1: Overview: MM+ Case Management Project<sup>2</sup>

## 1.1 Background and Rationale

Commissioned by the Australian Guidance and Counselling Association (AGCA), the School Case Management Project is located within the MindMatters Plus (MM+) initiative, which “aims to improve the capacity of secondary schools to cater for students who have support needs in the area of mental health” (MindMatters Plus Report, 2005, p.i). Considerable work is currently being conducted on capacity-building of mental health *programs* in secondary schools. A need to supplement this work with specific processes allied to mental health programs in secondary schools was identified. Effective school case management was one key area of MM+ which subsequently was targeted for further identification and development.

Figure 1 below presents a framework for a comprehensive whole school mental health program and illustrates the relationship between those involved in such a program, levels of intervention, and where case management is likely to be required.



**Figure 1: A Framework for a Comprehensive Whole School Mental Health Program** (adapted from the MindMatters Kit (Commonwealth Dept of Health and Aged Care, 2000))

<sup>2</sup> An electronic version of this kit is available at <http://mmplus.agca.com.au/escm.php>

### 1.1.1 Why use case management in a school setting?

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  
Cyril Jackson Senior Campus  
March 2006

Schools are found to be key settings to support young people's mental health and well being. Young people with support needs in mental health can be placed at greater risk if the school environment does not develop connections, relationships and provide educational adjustments. It is evident from the literature that on a general level case management and coordination in and across agencies is considered to be an essential strategy for the successful delivery of quality mental health services. For instance, in *Case Management. A better approach to service delivery for people with disabilities* (Office of the Public Advocate, 1992, p.6), it is asserted that there is "a growing concern with the lack of case management services, or in some cases, poor quality case management". The publication presents a rationale for case management, and recognises three major problems which case management could address: fragmented services; lack of a co-ordinating mechanism; and lack of accountability.

More recent publications acknowledge that these challenges are intrinsic to quality delivery of mental health services in schools. For example, A Report for the Victorian Full Service Schools Program *Building Scaffolds of Support: Case Management in Schools* (O'Dowd, Ryan, & Broadbent, 2001, p.14) states that the study undertaken sought to examine ways in which case management can "contribute to a more systemic approach to planning pathways", to identify how different stakeholders negotiate and coordinate their efforts to developing pathways plans, and to determine which strategies stakeholders implemented to ensure accessibility of services for students and their families.

There are a number of other publications which profess the significance of case management in Australian schools. In a research report on innovation and best practice associated with "at risk" youth in schools (Department of Education, Training and Youth Affairs, 2001b), school-based case management is highlighted as being a key student focused initiative which contributes to the successful retention of young people with support needs. Likewise, *Turning Lives Around: Effective service responses for young people with intensive support needs* (ACT Department of Education and Community Services, 2002) identifies case management as being a very important aspect in addressing support needs of young people. This report refers to an evaluation of Victoria's *High Risk Adolescent Service Quality Improvement Initiative* which identified intensive case management service as being one of four key service delivery components in improving young people's outcomes. Case management is considered by South Australia's Department of Education, Training and Employment (2000) as being a central strategy associated with issues at school affecting students' care and learning, including effective problem-solving. In a project conducted in 1996 to ascertain elements of practice which contribute to successful outcomes for students at educational risk (SAER) in West Australian government schools, the Education Department of Western Australia (2000) pinpointed case management as being a core element of *interagency collaboration*, one of the nine successful practice areas the project identified. In order to meet its objectives, ACT's Youth

Services Branch has developed an integrated case management framework for all its service areas (ACT Education, Youth and Family Services, 2004).

In summary, the literature suggests that there are four good reasons why case management should be used in schools:

1. Case management offers a coordinating mechanism which promotes a systemic approach to establishing an integrated action plan for students with support needs;
2. Case management 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. Case management encourages clearer processes of accountability and appraising outcomes associated with an action plan;
4. Case management contributes to the successful retention of students with support needs.

### 1.1.2 What is *effective* school case management?

The notion of *effective* case management appeared to be used quite liberally in the literature. In general, this concept was not clearly defined though, nor supported by evidence-based research.

Is effective school case management judged by the extent to which it meets its aims? If so, what are the *strategies* employed by school case management that contribute to the effectiveness of the process? It is the latter question that seemed to be implicit in the literature when reference was made to *effective* case management. The emphasis on strategies was often implied through the use of terms such as “ingredients”, “features”, and “approaches”. Some of the literature made explicit reference to strategies of effective school case management practice though. For example, O’Dowd et al (2001) discuss nine strategies central to the implementation of an effective school model of case management.

The idea of *best* and *good practice* was evident in the literature too. The *Turning Lives Around* report (ACT Department of Education and Community Services, 2002) referred to a “Good Practice Framework” while the Department of Education, Training and Youth Affairs (2001a) talked about case management itself as being best practice in working with young people who have support needs.

Further, *successful* case management was used synonymously with *effective* case management in the literature. For instance, the Education Department of Western Australia (2000) considered effective case management as being key to the successful practice underpinning interagency collaboration. The Department of Education, Training and Youth Affairs (2001b, p.48) made reference to *successful* case management for young people who have support needs when presenting a summary of Fuller et al’s (1999) eight best practice strategies:

- An holistic perspective which views young people in the context of their social family;
- Continuity of staff with someone prepared to support the young person over an extended period of time;
- A comprehensive individualised assessment;
- A coordinated service plan;
- Routine monitoring and follow-up;
- Interagency collaboration between school, and health and community sector;
- Time set aside to review practices; and
- Documentation.

Although not specific to school settings, the *National Standards of Practice for Case Management* (The Case Management Society of Australia, 2004) provides “a framework that will enable case

managers to evaluate their effectiveness” (p.1). This comprehensive document presents a detailed structure of case management standards which reflects “the approach and function of case management (Standards of Practice) and the expected practices present within case management (Standards of Performance)” (p.8).

In summary, for the purposes of the Project, *effective* school case management was defined as being a collaborative process intrinsic to the delivery of quality services designed to successfully meet the needs of secondary school students who have support requirements. Put differently, school case management that is effective meets each of its seven core aims (see page 7) successfully.

### 1.1.3. Effective school case management and student views

A key function and aim of case management (see pages 3 and 7) is to enhance the engagement of students with support needs in meaningful learning. The literature indicates that in order to achieve this outcome, case management must empower the student to participate collaboratively in the process of establishing an integrated action plan. What does this mean, and why is it imperative?

From a legislative perspective, schools are obliged to ensure that *procedural fairness* is applied in any process that involves changes to a student’s curriculum, such as teaching and learning adjustments, flexible programming, and specific behavioural strategies. Basically, procedural fairness means “that all deliberations must be unbiased and inclusive, and the people affected given a fair hearing” (DETWA, 201, p. 9). However, including student views is much more than this.

For secondary students in general, but particularly those with support needs, alienation as a condition and process in the schooling context can be a common experience (Withers & Russell, 2001). Alienated students often experience *powerlessness* when they feel that the school system is controlling and manipulating them, and they are unable to influence their own situation and destiny. Conversely, when students are involved in making decisions about their own learning and future, and have a greater sense of autonomy and internal locus of control, they are more likely to be engaged in their school and education (Geraldton Regional Community Education Centre Association, 1995; Withers & Russell, 2001).

Associated with the development of student engagement in learning is the notion of embracing the views of students. In an extensive literature review on this topic, Holdsworth and Blanchard (2005) indicated that some studies emphasised the importance of going beyond consultation with young people by linking “voice” to “action”. “Student voice” is not merely the provision of data for others to make decisions for the student concerned, but is seen to be “integral to encouraging young people’s active participation in shared decisions and consequent action about their own present and futures” (p. 4). In their analysis of the literature, they identified five key messages from young people with support needs about engagement with school. One of these is “**Control over circumstances:** to be consulted, negotiated with and to share decision-making, particularly over the nature and timing of support” (Holdsworth, 2005, p. 1).

The School Case Management Framework and Kit make numerous references to including the student in the process of establishing an integrated action plan. The idea of *active participation in decision-making* is integral to the first principle of effective school case management (“The promotion of the student’s health and well-being”). It is the basis of one of the core aims of school case management too. The second principle (“An individualised process”) and fourth principle (“An efficient and purposeful management process”) encapsulate the notion of *collaboration* in the development and management of the individualised action plan. The definition of effective school case management embraces the idea of collaboration while many of the strategies emphasise the importance of student inclusion in the process.

Given that empowering the student to participate collaboratively in decision-making and planning is central to good case management practice, it follows that the views of the student should not only be actively elicited and heard, but appropriately incorporated in the shared process of shaping the way forward. This will encourage the student to have a sense of ownership and control over the case management process and its intended outcomes. This assumes that the greater the internal locus of control for the student, the more likely it is that the intended outcomes of the case management process and its action plan will be successfully met.

It is important to note that actively eliciting and hearing the views of students in a case management process must always be promoted within a clear understanding of the developmental needs of adolescents, particularly those who have support needs. Young people do not always have a well developed capacity for making decisions and choices that will best serve their needs. Students with support needs, such as those with a mental health illness (eg. Psychosis), may at times be incapable of making rational judgements. There may be occasions when it is inappropriate to agree with a student's perspective, especially if it threatens the well-being of the student or others. Embracing the views of students does not necessarily mean that everything the student says and wishes to do is supported. It may be essential to challenge the student and encourage him or her to consider alternative perspectives. However, embracing student views does mean being respectful and concerned with student growth and empowerment. Advocating for the views of the student should be balanced by professional responsibility and constantly tempered by Duty of Care, which is an integral part of one of the principles of effective school case management, namely the "Maintenance of legal and human rights, privacy and confidentiality".

## **1.2 Aim of the project**

The overall aim of the project was to produce a practical resource on the principles and practices of effective school case management for staff (eg. student support personnel, school administrators, school psychologists, mental health workers) who work with secondary school students who have support needs in the area of mental health.

## **1.3 Process**

The project consisted of two phases:

*Phase one: A review of effective school case management practice*

This phase was guided by the following question:

What in the Australian context is considered to be effective school case management practice, especially in relation to secondary school students who have support needs in the area of mental health?

Two procedures were conducted in order to answer this question:

1. A review of Australian based literature on this topic. This included research-based literature, resources on case management, policies, and approaches adopted by all the education jurisdictions in Australia (State, Territory, Government and Non-Government Education Departments);
2. Building consensus about effective school case management practices using the Delphi Method (Rayens & Hahn, 2000; Linstone & Turoff, 2002). This involved inviting experts in the field, such as school psychologists, mental health workers, academics, and student services personnel to offer critical comment on what emerged from the literature review. A primary task of the Project was to identify the *strategies* employed by effective school case management. Given the lack of evidence-based research in this area, the project

implemented this process to validate, develop and refine the effective case management strategies identified in the literature review so that they could be applied to school settings.

*Phase two: Production of a practical resource on the principles and practices of effective school case management*

Informed by the review, this phase involved the development of this kit on the principles and practices of effective school case management. This included obtaining feedback on the kit itself from health profession specialists and school-based personnel who had experience in school case management.

#### **1.4 Summary of the framework**

Based on the review of Australian literature on effective school case management practice and the subsequent “Delphi” consensus-building process, a framework of principles and processes associated with effective school case management was developed. This framework is summarised below according to the structure presented in Table 1: *A framework for effective school case management*. This framework consists of four key areas related to the principles, definition, aims, and processes of effective school case management. For a full version of the framework, consult section 2 of this kit.

<b><i>Principles of Effective School Case Management</i></b>	
<b><i>A Definition of Effective School Case Management</i></b>	
<b><i>Aims of Effective School Case Management</i></b>	
<b><i>Processes of Effective School Case Management</i></b>	
<b>Establishing a system</b>	<b>Strategies</b>

**Table 1: A framework for effective school case management.**

### 1.4.1 Principles

Effective school case management practice should be guided by 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.

### 1.4.2 A definition

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.

### 1.4.3 Aims

There are seven *core* aims of school case management, namely:

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.

### 1.4.4 Processes

The processes associated with effective school case management involve two main areas of focus: firstly, *establishing a school-based system*, and secondly, applying a range of *interconnected and cyclical strategies*.

#### 1.4.4.1 Establishing a school-based system

Establishing a school-based system entails eight key elements:

1. Using a **whole school approach** to mental health promotion and suicide prevention (eg. a Health Promoting Schools Framework), a **school case management (SCM) team or equivalent** (eg. student services or welfare team) is established
2. The establishment of the SCM team requires the **strong support of the school executive** and school community in general
3. The SCM team is primarily responsible for **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 (a “wrap-around” approach)

4. 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
5. Ideally, **the SCM team should constitute** a school administrator; a student services/pastoral care staff member; the school psychologist/counsellor and other allied health services where appropriate
6. The **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 ideally develop a **shared vision**
8. The SCM team needs to be **adequately resourced**.

#### 1.4.4.2 Strategies

There are seven interconnected and cyclical strategies associated with effective school case management practice:

1. **Case Identification:** Identifying the eligibility of the student for case management process
2. **Referral:** Linking the student to a 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.

## 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.

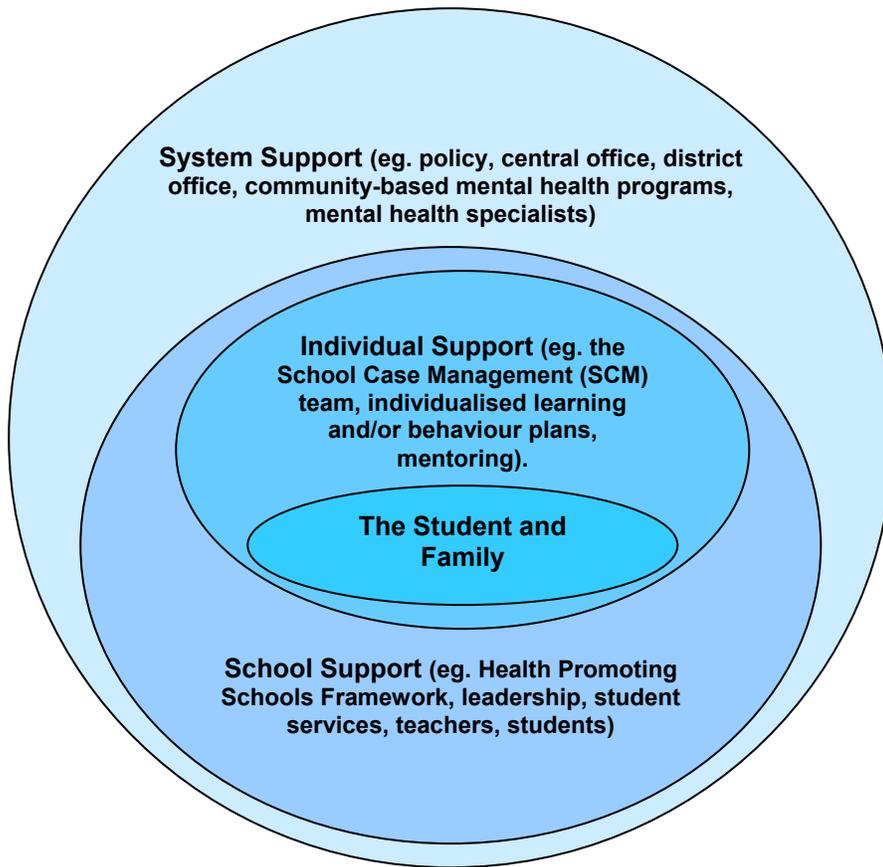


Figure 2: Levels of support associated with school case management structures and processes

## 2.2 The Framework

### 2.2.1 Principles

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

consequent planning and action.
<b>2. An individualised process</b>
2.1 An <b>individualised action plan</b> which is based on comprehensive assessment.
2.2 This plan is developed in <b>collaboration</b> 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 <b>personal strengths</b> .
2.4 The plan is <b>flexible and responsive</b> to the needs of the student.
2.5 It is <b>outcomes focused</b> .
<b>3. Maintenance of legal and human rights, privacy and confidentiality</b>
3.1 The student's <b>legal and human rights</b> are respected in terms of the prevention of sexual, physical, financial, neglect and emotional abuse.
3.2 Interventions are <b>developmentally appropriate</b> and <b>least intrusive</b> .
3.3 Appropriate standards of <b>duty of care</b> are applied.
3.4 The student's and parents' right to <b>privacy and confidentiality</b> 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 <sup>3</sup> .
3.5 <b>All school staff</b> should be made <b>aware</b> of privacy and confidentiality policies and practices.
3.6 The <b>process of collecting information</b> 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 <b>limitations of confidentiality</b> (eg. subpoenas, child protection).
3.8 The case manager <b>advocates for the rights</b> of his/her student within the legislative and funding frameworks that apply to the student.
<b>4. Non-discriminatory and culturally appropriate practice</b>
4.1 Access, within its scope and capacity, to a process that is <b>non-discriminatory</b> , and offers a <b>non-threatening</b> and comfortable environment.
4.2 A sensitivity to and respect for the student's <b>values, culture, and language</b> .
<b>5. An efficient and purposeful management process</b>
5.1 A <b>well coordinated, planned</b> and <b>reliable</b> process.

<sup>3</sup> 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.

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

### 2.2.2 A Definition

<b>A DEFINITION OF EFFECTIVE SCHOOL CASE MANAGEMENT</b>
Effective school case management is primarily a <b>collaborative process</b> intrinsic to the delivery of quality services designed to <b>meet the needs</b> of school students who have support requirements. Mindful of including <b>the views of students</b> , it is <b>student focused</b> and aims to develop, monitor, disseminate, and evaluate a <b>plan of action</b> to enable these students <b>to function to the best of their ability and circumstances</b> within and beyond the school system despite having support needs.

### 2.2.3 Aims

<b>MAIN AIMS OF EFFECTIVE SCHOOL CASE MANAGEMENT</b>
<ol style="list-style-type: none"> <li>1. To enable <b>students to function to the best of their ability</b> and circumstances within and beyond the school system despite having support needs</li> <li>2. To contribute to engaging students in <b>meaningful learning</b></li> <li>3. To develop, monitor, disseminate, and evaluate a <b>plan of action</b></li> <li>4. To achieve a seamless service delivery through the <b>coordination of and collaboration</b> between service providers</li> <li>5. To ensure that the student with his/her parents/caregivers has <b>access to these service providers</b></li> <li>6. To actively involve and empower the student(s) and their parents/caregivers in <b>decision-making processes</b></li> <li>7. To assist <b>teachers and school staff in their work</b> with students who have support needs.</li> </ol>

## 2.2.4 Processes

### 2.2.4.1 Establishing a school-based system

<b>ESTABLISHING A SYSTEM FOR EFFECTIVE SCHOOL CASE MANAGEMENT</b>
1. Effective school case management is a process that is integral to a <b>whole school approach</b> to mental health promotion and suicide prevention.
2. This approach is consistent with a <b>Health Promoting Schools Framework</b> 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 well-being.
3. Working within a Health Promoting Schools Framework, a <b>school case management (SCM) team</b> 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 <b>strong support of the school executive</b> and school community in general.
5. The main purpose of the SCM team is to offer a <b>school-based system of care</b> 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 <b>responsible for identifying or creating referral pathways</b> which are comprehensive and inclusive processes of addressing the needs of students with support needs more successfully.
7. The SCM team adopts a <b>“wrap-around” approach</b> . 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 <b>membership of the SCM team</b> will vary according to the main support needs of the school student population and individual students, and available resources.
9. The <b>SCM team should ideally constitute</b> a school administrator; a student services/pastoral care staff member; the school psychologist/counsellor and other allied health 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 <b>roles and responsibilities</b> 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).

<p>11. The SCM team should ideally develop a <b>shared vision</b> by explicitly:</p> <ul style="list-style-type: none"> <li>• establishing shared goals;</li> <li>• determining the collective base of knowledge and skills that the team has;</li> <li>• recognising the interdependence of the team members;</li> <li>• establishing a shared understanding of student needs;</li> <li>• clarifying their criteria for offering a student case management processes;</li> <li>• identifying SCM team concerns;</li> <li>• establishing evaluation measures;</li> <li>• ensuring that power, decision-making, and accountability for outcomes are shared.</li> </ul>
<p>12. The SCM team becomes a <b>coordinated team</b> by:</p> <ul style="list-style-type: none"> <li>• establishing roles;</li> <li>• having regular meetings;</li> <li>• planning workloads;</li> <li>• discussing and sharing goals and interventions for individual students with support needs;</li> <li>• responding to critical incidents associated with students who have support needs;</li> <li>• planning preventative programs for students with support needs.</li> </ul>
<p>13. The SCM team have <b>Professional Learning</b> to assist in effective case management processes, content and coordination e.g. Brief Strategic/ Solution-focused Therapies; non-punitive counselling skills.</p>
<p>14. The SCM <b>builds alliances and relationships</b> with a range of agencies to facilitate their involvement in case management meetings.</p>
<p>15. The SCM team needs to be <b>adequately resourced</b>. On a basic level, this entails:</p> <ul style="list-style-type: none"> <li>• making sure that an appropriate meeting room is available (including maintenance of confidentiality);</li> <li>• staff are released when necessary;</li> <li>• the provision of back-up staff when team members are not available;</li> <li>• allocation of time for communication via phone, e-mail, and/or in person;</li> <li>• allocation of funding to support the work of the SCM team (eg. administrative costs, teacher relief).</li> </ul>
<p>16. The role of the SCM team is <b>clearly communicated to the school community</b> so that it is considered to be an accessible and valuable resource for all students who have support needs, and their families.</p>
<p>17. The SCM team should ensure that: (a) ideally <b>all school staff understand</b> 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 <b>school staff will be supported</b> themselves in doing this effectively.</p>

## 2.2.4.2 Strategies

<b>STRATEGIES OF EFFECTIVE SCHOOL CASE MANAGEMENT</b>
<b>1. Case Identification: Identifying the eligibility of the student for case management process</b>
1.1 Ideally, a health professional and/or the SCM team carries out a <b>preliminary assessment process</b> to determine the perceived needs of the student.
1.2 Using its <b>criteria</b> for offering a student case management processes, the SCM team <b>appraises</b> the student's needs and decides whether or not case management processes are appropriate.
1.3 If case management processes are considered <b>appropriate</b> , a <b>case manager is appointed</b> promptly (see 5.1 below).
1.4 An <b>initial case conference</b> 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 <b>age and maturity</b> of students – <b>written informed parental consent</b> for the student to participate in the case conference would be necessary in many cases.
<b>2. Referral: Linking the student to a team member who establishes a professional relationship with the student</b>
2.1 The student and his/her parents/caregivers are briefed individually on the <b>nature</b> of the case management process; the <b>roles, rights and responsibilities</b> of all involved; and the <b>procedures</b> for collecting information.
2.2 The case management <b>process and criteria</b> for selecting the student and ending case management are explained individually to the student and his/her parents/caregivers.
2.3 The student is <b>invited to discuss the case management process</b> 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 <b>written informed consent</b> to participate in the case management process.
2.5 In cases where a <b>student has an intellectual disability</b> , written informed consent needs to be <b>appropriately adjusted</b> according to the student's development and particular needs.
2.6 With the written informed consent of the student or his/her parents/caregivers, <b>appropriate accurate information</b> 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 <b>personal demographic information and data</b> may occur in the context of the initial case conference.
2.8 <b>Respect</b> for and true <b>understanding</b> 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 well-being.

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-in-context.

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 evidence-based 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.

## 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.



## EFFECTIVE SCHOOL CASE MANAGEMENT



### 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

	Circle level			
	1	2	3	4
<b>A: SCHOOL-BASED CASE MANAGEMENT SYSTEM</b> (has an established school-based case management system in place)				
<b>B: STRATEGIES</b>				
1. <b>Case identification</b> (identifying the eligibility of the student for case management)				
2. <b>Referral</b> (linking student to team member who establishes a professional relationship with the student)				
3. <b>Assessment</b> (endeavouring to understand the student's perspective, and identifying and assessing the student's needs)				
4. <b>Planning</b> (a collaborative and dynamic process of establishing a coordinated action plan with key stakeholders)				
5. <b>Implementation</b> (executing, coordinating, and monitoring the action plan)				
6. <b>Transition/closure/completion</b> (developing a transition plan to move to minimal or no case management)				
7. <b>Evaluation</b> (determining effectiveness of the case management processes and action plan)				



## EFFECTIVE SCHOOL CASE MANAGEMENT



### 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
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

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.				
<b>Total:</b>				

**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.



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (A) SYSTEM

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

#### A: SCHOOL-BASED CASE MANAGEMENT SYSTEM

Circle level

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

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. There is a whole school approach to health promotion   | 1 | 2 | 3 | 4 |
| 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   | 1 | 2 | 3 | 4 |
| 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 health 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   | 1 | 2 | 3 | 4 |
| 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  | 1 | 2 | 3 | 4 |
| 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 |



## EFFECTIVE SCHOOL CASE MANAGEMENT



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

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.

SUMMARY OF RATINGS ON KEY SCHOOL CM STRATEGIES																									
School:																									
Individual Names or Groups:																									
Levels (✓ box)																									
1 = Undeveloped																									
2 = Developing																									
3 = Developed																									
4 = Well established																									
Strategy	Case Identific																								
	Referral																								
	Assessment																								
	Planning																								
	Implementation																								
	Trans/Close/Com																								
	Evaluation																								

**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.



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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
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### 1. CASE IDENTIFICATION

Circle level

#### 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 | 1   2   3   4 |
| 2. The SCM team appraises the student's needs and decides according to the criteria to case manage   | 1   2   3   4 |
| 3. A case manager is appointed promptly  | 1   2   3   4 |
| 4. An initial case conference is arranged to which the prospective student and parents/caregivers (if appropriate) and other stakeholders are invited  | 1   2   3   4 |

#### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

1. **Undeveloped** = This CM process/strategy/structure is *not* established at all
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## 2. REFERRAL

Circle level

### 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           | 1   2   3   4 |
| 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   | 1   2   3   4 |

### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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### 3. ASSESSMENT

Circle level

#### 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  | 1   2   3   4 |
| 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   | 1   2   3   4 |

#### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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#### 4. PLANNING

Circle level

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

- |  |               |
|--|---------------|
| 1. An agenda is circulated before the case conference  | 1   2   3   4 |
| 2. Meeting protocols are established and understood by all parties before starting the case conference   | 1   2   3   4 |
| 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 | 1   2   3   4 |
| 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   | 1   2   3   4 |
| 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  | 1   2   3   4 |
| 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 |

#### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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### 5. IMPLEMENTATION

Circle level

#### 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  | 1   2   3   4 |
| 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  | 1   2   3   4 |
| 3. If required, the appointment of a case manager is done in consultation with an Aboriginal and Islander Education Officer (AIEO)   | 1   2   3   4 |
| 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   | 1   2   3   4 |
| 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 | 1   2   3   4 |
| 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  | 1   2   3   4 |
| 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  | 1   2   3   4 |
| 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  | 1   2   3   4 |

#### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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### 6. TRANSITION/CLOSURE/COMPLETION

Circle level

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

- |   |               |
|---|---------------|
| 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) | 1   2   3   4 |
| 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   | 1   2   3   4 |
| 5. Staff, parents/caregivers, and other stakeholders are informed that a CM process can be re-activated on request  | 1   2   3   4 |

#### NOTES



## EFFECTIVE SCHOOL CASE MANAGEMENT



### (B) STRATEGIES

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## 7. EVALUATION

Circle level

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

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; 1 2 3 4
  - 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 1 2 3 4
  
3. Evaluation is included in CM from the beginning, and is considered to be a formal extension of the monitoring and reviewing process 1 2 3 4
  
4. The student and all other stakeholders participate actively in the evaluation process 1 2 3 4
  
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; 1 2 3 4
  - including feedback to student services and the SCM team in relation to commendations, recognition, celebration of success, and recommendations for improving processes

### NOTES

## 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	
<b>SCHOOL</b>	Boab SHS <b>DATE:</b> 16 June 2005
<b>COMPILED BY (Name, Position &amp; Signature)</b>	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):
<b>OUTCOME 1</b>	SCM to <b>build stronger alliances and relationships</b> with a range of agencies to facilitate their involvement in case management meetings (School-based CM SYSTEM: # 14).
<b>STRATEGIES</b>	<ol style="list-style-type: none"> <li>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 &amp; Coord: RAPP); Barry Arnold (Dept Community Dev); Eric Pearson (Juvenile Justice)</li> <li>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</li> <li>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</li> <li>4. SCM to consider most prevalent needs of students pre meeting</li> </ol>
<b>ACTION: WHO?</b>	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
<b>ACTION: WHEN?</b>	Initial meeting organised by 30 June Submission of students needs to Graeme by 24 June
<b>RESOURCES</b>	Admin to send out letters & collate student needs (Jenny?)
<b>NOTES</b>	Graeme to ask Rod Jeppe to send <i>GP+ Schools Case Conferencing Model</i> doc to him. Admin support for next meeting?

**PLAN FOR DEVELOPING CASE MANAGEMENT PRACTICES**

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



## EFFECTIVE SCHOOL CASE MANAGEMENT



### 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<sup>4</sup>
- 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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<sup>4</sup> 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.



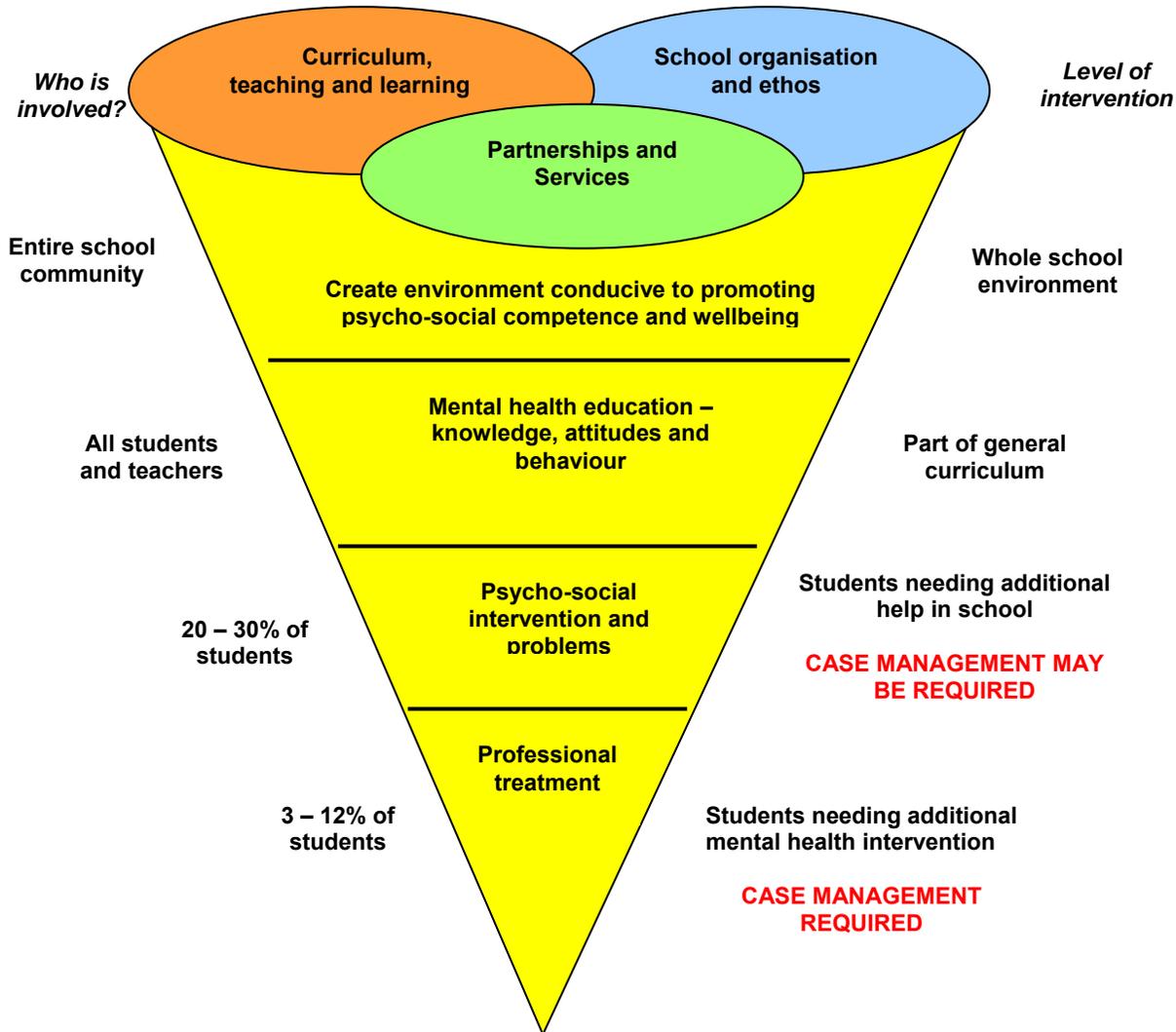
## EFFECTIVE SCHOOL CASE MANAGEMENT



“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**

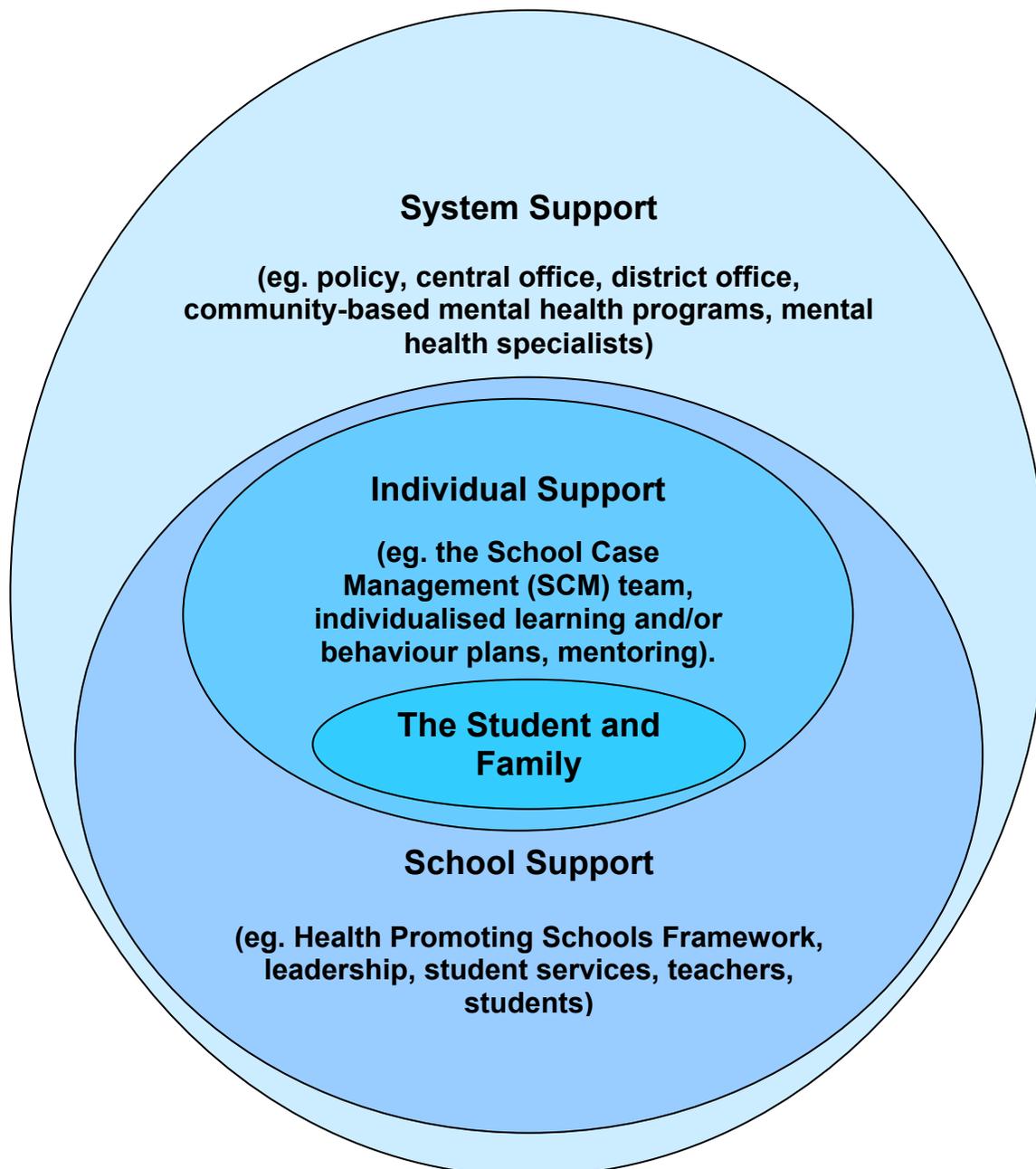


Adapted from the MindMatters Kit (Commonwealth Dept of Health and Aged Care, 2000)

## A framework for effective school case management

<b><i>Principles of Effective School Case Management</i></b>	
<b><i>A Definition of Effective School Case Management</i></b>	
<b><i>Aims of Effective School Case Management</i></b>	
<b><i>Processes of Effective School Case Management</i></b>	
<b>Establishing a system</b>	<b>Strategies</b>

## Levels of support associated with school case management structures and processes





## **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 health 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)

<b>Student:</b>		<b>DoB:</b>
<b>Parents/Caregivers:</b>		
<b>Relationship to student:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>School:</b>		<b>Yr Level:</b>
<b>Date of conference:</b>		
<b>Reason for conference:</b>		
<b>Background:</b>		
<b>Current issues:</b>		
<b>Present</b>		
<b>Name:</b>		<b>Position:</b>
<b>Confidential: Not to be transferred without the District Student Services Team Member's permission</b>		

## Action Plan

<b>Student:</b>		<b>Date:</b>	
Who	Action	By When	
<b>Signed</b>			
Name	Position	Signature	
<b>Review Date:</b>			
<b><i>Confidential:</i> Not to be transferred without the District Student Services Team Member's permission</b>			

## 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](http://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:**
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  - 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>



## EFFECTIVE SCHOOL CASE MANAGEMENT



### 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 non-conforming 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](http://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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