Call for Contributions – April 2014

The April ‘Case Management and Homelessness’ edition of Parity

This edition of Parity is sponsored by VincentCare Victoria, Catholic Community Services NSW, The Salvation Army Tasmania, Blair Athol Queensland, Uniting Communities South Australia, The Case Management Society of Australia and Uniting Care West, Western Australia.

Introduction
Case management has been central to homelessness assistance in Australia since at least the early 1990s, when it was adopted as a key strategy to enhance the Supported Accommodation Assistance Program (SAAP)*. This approach was formally documented in 1997 with the release of the Case Management Resource Kit for SAAP Services. All support services receiving SAAP funding were expected to implement this case management model.

The 1997 Case Management Resource Kit for SAAP Services says: ‘Case management is an approach to service delivery. It is a way of delivering services.’

Case management is defined in the kit as follows:

‘Case management within SAAP services is a collaborative, client focused approach. It is aimed at empowering and working with clients to effectively meet individual needs.

It is a two pronged approach incorporating direct client service, based on sound assessment and support planning, and coordination of access to and delivery of, a range of other appropriate support services.

The Case Management Society of Australia (CMSA) defines case management as ‘...a process, encompassing a culmination of consecutive collaborative phases, that assist clients to access available and relevant resources necessary for the client to attain their identified goals. Key phases within the case management process include: client identification (screening), assessment, stratifying risk, planning, implementation (care coordination), monitoring, transitioning and evaluation.’ Within the case management process ‘...the Case Manager navigates each phase of the case management process (as applicable) with careful consideration of the client’s individual, diverse and special needs, including aspirations, choices, expectations, motivations, preferences and values, and available resources, services and supports.’ (1)

Within the SAAP model the worker operates within an agreed framework of principles, standards and ethics which enhance client choice and responsibility.

Case management in SAAP may involve one worker as a key worker for a particular client or a team approach. The focus is on a strengthened service and support role for each individual service user, to ensure that a high quality service is received.

Case management in SAAP is appropriate in many but not all situations. It is flexible in application and timing in recognition of the many needs of individuals, and the limited control any one agency or worker has over client outcomes. However case management occurs in the context of a transitional, time limited framework for intervention.’ (2)
Hellene Gronda in her 2009 AHURI Report ‘What makes case management work for people experiencing homelessness?: Evidence for Practice’ states that:

‘…..the evidence shows that, for any given client, case management practice which provides a persistent, reliable, intimate and respectful relationship, supported by access to resources, will deliver the best possible outcomes.’ (3)

Gronda identified six major implications for the homelessness sector of her research:

- The need for formal arrangements to provide case managers with access to specialist expertise in allied service sectors (including mental and primary health) potentially through multidisciplinary case management teams
- The need to extend the available duration of SAAP case management support (currently thirteen weeks average) to ensure sufficient establishment time, followed by time to achieve an increase in a person’s self-care capacity
- The need to maintain the existing practical, comprehensive support focus and to maintain or reduce SAAP caseloads (currently average at 10–12)
- The need to allow for case management continuity once a person has been housed (currently homelessness case management ceases at that time) in recognition of the investment required for a relationship-based intervention
- The need to minimise the provision of case management without access to housing for people with a history of homelessness and/or requiring a complex service response
- The need to assess current practice and program settings against the evidence-based principles identified here. (Case management practice can vary widely on the ground. See below for some general implications for case management under the existing SAAP program guidelines). (4)

Gronda went on to say:

‘Possibly the most important conclusion to draw from this synthesis is that effective case management is a time- and resource-intensive intervention. The investment required to establish and maintain the relationship may be wasted in short-term, crisis-orientated programs of 3–6 months duration.’ (5)

Gronda’s research synthesis came at crucial time for the development of policy, program and practice responses to homelessness. The development and implementation of the homelessness White Paper The Road Home and the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH) had major implications for the delivery of homelessness support and in particular saw SAAP replaced by Specialist Homelessness Services (SHS).

The dominance of case management approaches to the provision of homelessness support has not been without its critics. Carol Zuffery citing the work of Rodney Fopp and Chris Horsall argues that ‘adoption of case management in SAAP policy has been criticised for being technocratic, managerialist, individualist, and for increasing the surveillance of service users.’ (6)
An Outline
This edition of Parity will be broken into several discrete and distinct chapters or sections

Chapter 1: The Foundations of the Case Management Response to Homelessness
The aim of this chapter is to examine and discuss the conceptual and theoretical principles and premises underpinning the case management approach to homelessness support.

- How did case management develop to become the dominant approach to the provision of homelessness support?
- What is the relationship between the emergence of case management and the wider political and economic context?
- Where does case management sit in the context of other homelessness policies and program responses to homelessness?
- What do the critics of the case management approach to homelessness support have to say?
- What is the role if any for structural advocacy in case management?

Chapter 2: How Does Case Management Work to Provide Homelessness Support?
The aim of this chapter is to look at the actual work of case management approaches and different models of case management in practice. Following on from the questions that framed Gronda’s 2009 research this chapter will look at the following questions:

- How is case management undertaken in the homelessness sector and how does this compare with practice in allied service sectors?
- Which approaches to case management are most likely to lead to the best outcomes for homeless clients?
- Why do particular approaches to case management prove to be more effective than others?
- What effect do case management practices have on the outcomes for people who experience homelessness?
- What is the impact of case management on durations of support and the implications for improved client outcomes?
- How does case management facilitate accommodation and support options for improved client outcomes?
- What is the likely effect of the creation of ‘front door’ entry points to a range of homelessness services, at which need is assessed and then a referral to a service provider made, on case management practices? (7)
- What resources are required to facilitate effective case management?

Chapter 3: National Best Practice
The aim of this chapter is to provide the opportunity to highlight and promote case management best practice in the response to homelessness with examples from each state and territory.

- What are the key elements of ‘best practice’ in the provision of case management to those experiencing homelessness?
What are the differences in case management practice for different sections or cohorts of the homeless population?

Do case management practices and approaches differ from state to state and jurisdiction to jurisdiction? If so how?

What case management models or protocols have been implemented as part of the NAHA agreements between the Australian Government and the states and territories?

How have case management approaches been affected by the various state reforms to homelessness services?

What are the key ideas and values underpinning case management in the homelessness and family violence sectors? To what extent do these ideas differ from state to state?

How can we distinguish between ‘good’ case management and ‘poor’ case management and the inherent risks that follow when case management is done poorly? For example, when dependence results, where there is only a focus on problems and when clients are not allowed to drive their case plan. What processes are in place to ensure case management is done well?

Chapter 4: The Future of Case Management

The aim of this chapter is to look at the development and evolution of case management approaches and response to homelessness.

Issues include:

- the push for greater levels of service integration
- calls for more holistic approaches to homelessness
- the development of national accreditation for those undertaking case management and the connected issue of quality standards in case management practice
- criticisms of the case management approach, that it diminishes the role of structural factors such as race, poverty and gender in the experience of homelessness.

*Now Specialist Homelessness Services (SHS)

Endnotes

1. The National Standards of Practice for Case Management, 3rd Revised Edition 2013
4. ibid pp.136.
5. ibid pp.136.
7. Gronda H, op cit pp. i
Contributing to this edition of *Parity*

**Deadline:** All contributions need to be submitted by Friday April 11th 2014.

**Submissions:** All contributions should be submitted as Word attachments to an email addressed to parity@chp.org.au

**Word length:** Contributions can be up to 1600 words. This equates to a double page spread in Parity. Single page articles can be up to 800 words in length. Contributions of a greater length should be discussed with the Parity Editor.

**Questions:** If you have any questions at all about contributing to this edition please contact the Parity Editor by email parity@chp.org.au or ring 03 8415 6200

**Referencing**
Due to space considerations, contributors are encouraged to use endnotes when referencing their Parity articles. All works that are cited or referred to in an article should be referenced.

CHP does not encourage contributors to provide a list of books or other references used in the development of an article that are not cited in the article. There is simply insufficient space for the inclusion of extensive bibliographies.

For more detailed information on referencing and writing guidelines for Parity see: http://chp.org.au/services/parity-magazine/contribute-to-parity/

**Assistance**
Feedback, input and assistance can be provided with drafts if required. If prospective contributors have any questions at all they should contact the *Parity* Editor, parity@chp.org.au or ring 03 8415 6200.