

# Care and Case Management: Assessment of the Homeless Agency's Model

**Anne Eustace and Ann Clarke**  
for the Homeless Agency

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# Foreword

I am very pleased to welcome this report on *Care and Case Management: Assessment of the Homeless Agency's Model*, which has been completed by Anne Eustace and Ann Clarke on behalf of the Homeless Agency.

The Homeless Agency is a partnership body that was established as part of the Government strategy on homelessness in May 2001. It is responsible for the planning and co-ordination of the delivery of quality services to people who are experiencing homelessness in Dublin. The Homeless Agency co-ordinates homeless services in Dublin, provides training and other supports, monitors and evaluates the effectiveness of services, carries out research and administers statutory funding to homeless services.

The Homeless Agency is comprised of voluntary and statutory agencies, who are working in partnership to implement agreed plans for the delivery of services people who are homeless, assisting them to move rapidly to appropriate long term housing and independence. A Consultative Forum advises the Board of Management.

This report reviews the Homeless Agency's proposals for case and care management, assessing the capacity of personnel in the homeless sector to deliver on this model. The report also examines the implementation of similar service models and target groups in Ireland.

In its strategy, *Making it Home; An Action Plan on Homelessness 2004–2006* the Homeless Agency committed to introducing a care and case management system across the homeless sector in order to improve outcomes for homeless people. This approach requires that services:

- Support the person to move speedily to settlement
- Be centred on the needs of the person who is homeless
- Be holistic: concerned with all the needs of the people who are homeless
- Be integrated and seamless to the person who is homeless
- Be easy to access locally and available at appropriate times
- Be based on the development of existing services
- Be based on outreach, bringing services to people
- Be efficient: avoiding duplication of effort, activities and expertise
- Be effective: responding to the complex needs of people who are homeless
- Operate to agreed standards and outcomes

The Homeless Agency has recruited an Integrated Services Coordinator who will be responsible for the sector wide planning and coordination of case management, for its monitoring and evaluation and for 'troubleshooting' where there are blocks in the system.

**Dr Derval Howley**

Director · Homeless Agency

The logo for the Homeless Agency, featuring the words "HOME", "LESS", and "agency" stacked vertically in a bold, sans-serif font. "HOME" and "LESS" are in a larger font size than "agency". The text is white and set against a dark teal square background.

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## Acknowledgements

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We would like to express our appreciation to all those who gave of their time, ideas and suggestions during the course of this research. In particular we would like to thank the Homeless Agency and all members of the Steering Group who supported and steered this work. We would also like to thank all members of management and staff who completed 'the matrix' and/or attended the consultation workshops. Your views are invaluable and are reflected in this document.

**Ann Clarke and Anne Eustace**

June 2005

*The Homeless Agency has commissioned and funded this report. Responsibility for it (including any errors or omissions) remains with the Consultants. The views and opinions contained in any reports arising from this contract are those of the authors and do not necessarily reflect the views or opinions of the Homeless Agency*

## i Introduction

In its strategy, *Making it Home: An Action Plan on Homelessness 2004–2006*, Homeless Agency committed to introducing a care and case management system across the homeless sector in order to improve outcomes for homeless people. While there are many different definitions of care and case management, there appears to be general agreement that care management involves the coordination of services at management and administrative level and that case management involves the implementation of care management policies at client level and the delivery of individually, tailored care plans<sup>1</sup>.

The terms of reference of this report were:

- To review Homeless Agency proposals for case and care management.
- To assess the capacity of personnel in the homeless sector to deliver on this model.
- To review international best practice in the delivery of such service models.
- To review the implementation of similar service models and target groups in Ireland.
- To advise on any likely barriers to implementing this approach.
- To advise on any structural, service or organisational changes or developments which may need to be made to make this approach effective.

Overall, this report finds that the time is ripe for the implementation of an integrated sector-wide process of care and case management.

<sup>1</sup> Delaney S., Garavan, R., McGee, H., Tynan, A., 2001, 'Care and Case Management for Older People in Ireland', National Council on Ageing and Older People.

## ii Methodology

The Homeless Agency established a working group comprised of the Northern Area Health Board, Dublin City Council, the Multi-disciplinary Team, DePaul Trust, Merchants Quay Ireland, Focus Ireland and the Homeless Agency to steer this piece of work. The working group met seven times between December 2004 and May 2005 for round table progress reviews and discussions in relation to the research. Members of the group were also very generous with their time on an individual basis in providing information and pointers over the telephone and through email feedback to the consultants. The working group provided an important sounding board for various aspects of the work as follows:

- Development of a model of good practice in care and case management.
- Benchmarking the Homeless Agency's proposed model against the model of good practice.
- Development of An Organisational Capacity and Core Competency Matrix as a tool to gauge organisational capacity to implement care and case management.
- Development of case studies to illustrate how care and case management would work in practice.

International literature on care and case management together with work that Eustace Patterson had been involved in previously in this area was reviewed in order to develop a model of good practice. This model was then used to benchmark the Homeless Agency's proposed model against. The results from the operation of a three-month care and case management pilot in 2004 was used to inform the benchmarking process as well as the experience of working group members.

Twenty-eight organisations operating within the Homeless Sector were invited to participate in the Care and Case Management consultation process. The rationale was to provide an opportunity for organisations to gain an understanding of the proposed plans to implement Care and Case Management and to give their views through confidential discussion (two workshops) and structured individual feedback (Organisational Capacity and Core Competency Matrix – the 'matrix').

The 'matrix' was designed by Eustace Patterson and mailed out by the Homeless Agency to the 28 organisations (see Appendix A of the main report for the full listing). The CEO of each organisation received an explanation of the process and was asked to circulate the 'matrix' within their organisation for consideration, discussion and completion by members of management and staff. The *purpose* of the exercise was to ascertain the level of confidence that organisations have in their own capacity to effectively implement care and case management. The results were returned to Eustace Patterson for confidential analysis. Eighteen organisations returned 'matrix' responses. This represents a response rate of 65%. Follow-up telephone and/or email contact was made with those organisations that did not submit a completed questionnaire(s). It is of some concern that the response rate was not higher given this follow-up communication and the fact that the questionnaire was confidential and for the purposes of consultation and information exchange.

Two consultation workshops were held with service providers in February 2005, one with management and another with staff. Forty people in total attended the workshops with 15 management representatives at the first session and 25 staff representatives at the second session. Fifteen organisations took part representing a response rate of 54%. This is much lower than would be expected given that the purpose of the workshops was to provide an open and confidential forum to consider care and case management and to discuss the implications of implementation within the homeless sector. In particular, participants were invited to outline the burning issues and challenges that they anticipated in any future implementation of care and case management across the sector.

### iii Findings

Care and case management, when implemented effectively, has been shown internationally to significantly improve the delivery of services for clients, meeting of clients' needs and the achievement of positive outcomes for clients.

Care and case management is not about new positions and jobs within a sector; rather it embodies a new way of working using existing resources and staff. However, a clear distinction is made between the role of the care manager, case managers and project workers or key workers, with the client also being assigned a particular role. These roles can be summarised as follows:

- *Care Manager:* Co-ordination, supporting case managers, dealing with barriers and blockages across and between sectors.
- *Case Manager:* Planning and management of individual cases within and across relevant organisations.
- *Key/Project Worker:* Implementation of specific case actions within a specific organisation.
- *Client:* Engagement, buy-in, ownership & participation in their Case.

The core elements and key success factors identified for effective care and case management include the following:

- Agreed definitions and use of common terminology.
- Clear criteria and methods for selecting and prioritising cases for the care and case management process – not all cases need to be care and case managed.
- Selection of the case management team to ensure a team-based, multi-disciplinary approach.
- Consistent use of appropriate tools and information technology.
- Detailed care planning including obtaining client buy-in, detailed needs assessment and reassessment, goal setting, joint planning, agreeing and assigning roles and responsibilities, information management, feedback and review loops and tracking and follow-up.

- Care service plan negotiation to address the needs of the client and agree the roles and responsibilities of the various service providers that will be involved in a particular case, both within and external to the homeless sector.
- Care plan implementation including effective communication, information sharing, inter-agency liaison and co-ordination and managing of blockages.
- Appropriate training, supervision and review processes for management and staff.
- The use of outcome measurement, evaluation and review systems to monitor progress, effectiveness and efficiency.

The findings from the benchmarking process undertaken for this report indicate that most of the elements of good practice are already in place in the Homeless Agency's model of care and case management. The elements that are shown to be operating well form a core part of the activity of service providers. These include contacting and gaining buy-in from clients, involving clients, needs assessment, advocacy and referral (although more work needs to be done on developing referral protocols). A number of systems and support structures are already in place to support case management including the development of definitions and terminology, guidelines, information technology through LINK and supervision systems within service providers. However, there is inconsistent and patchy use of these systems and supports across the sector. In addition, an on-going training programme specific to care and case management needs to be developed and delivered by the Homeless Agency to ensure common understanding and a standardised process across the sector. The rough sleeper pilot project, which only operated for a short timeframe, showed that a team-based approach can work and result in improved inter-agency communication, co-operation and liaison and better outcomes for clients, at least in the short-term.

## iv Conclusions

The *overall* conclusion of this research is that there is currently a high level of commitment to implementing care and case management within the homeless sector in as much as it is seen by most as a means of achieving a more integrated, seamless and results focused service delivery for homeless people. This is reflected in the results of the organisational capacity and core competency matrix used in the research to obtain a *snap-shot* of the current situation in the sector and through the contributions of representatives of management and staff of service providers who attended the consultation workshops convened as part of this research. Commitment to implement case management is also actively manifested in plans and developments, albeit organisation specific, that are currently in train in many organisations across the sector.

The downside is that there is considerable variation and some confusion surrounding the interpretation of what care and case management is and how it might best operate in practice. There is also a significant cohort of organisations (approximately 30%) that did not engage in the consultation process for this research. While it cannot be categorically deduced that this is due to lack of commitment on their part, it is of concern as there *could* be some commitment issues coupled with information and/or resource challenges facing these organisations.

There is a danger that any implementation of care and case management might be fragmented, disjointed and possibly dominated by the bigger and better resourced organisations. This would limit any potential to improve co-ordination of services for homeless people. The results of this research indicate that unless there is strong leadership driving a clear, coherent, inclusive and agreed sector wide plan to achieve good practice, then care and case management is unlikely to achieve its objectives. Thus, as mentioned above in the findings section, the results of this research point towards a model of good practice for care and case management, including the identification of key roles and core elements of this model of good practice.

The principles set out by the Homeless Agency in their 2004–2006 Action Plan *Making It Home* fit with this model of good practice. A care and case management initiative launched by the Homeless Agency in Spring 2004, namely the rough sleeper pilot project showed that there were many benefits to be derived from using a care and case management approach. The benchmarking exercise conducted as part of this report, however, highlights that there are a number of practical, 'how to' aspects that require further development if an effective care and case management system is to be implemented across the homeless sector. These are discussed in more detail below and include agreed selection criteria, prioritisation processes, tools, information and communication, planning, implementation, monitoring and review, outcome measurement and training.

The results also indicate that the time is ripe to take a co-ordinated and integrated approach to the implementation of care and case management across the sector. Elements of good practice care and case management are already in place within the sector and some organisations are in the process of implementing case management locally. However, this work tends to be piecemeal in that it is organisation specific and unable to maximise the opportunities for a standardised, holistic and more outcome focused process across the homeless sector.

## v Key challenges to the successful implementation of care and case management

Based on the consultations with the steering group and service providers, there are a number of areas that require consideration and development in order to effectively implement care and case management across the sector. The key challenges that need to be addressed in order to move forward successfully are as follows:

- **Organisational commitment** – there is a need to achieve a 'critical mass' of organisational commitment and buy-in to any plans to implement care and case management, particularly from top-level senior management. It is of utmost importance that management and staff within the relevant organisations across the sector are informed and understand why care and case management is worth implementing, what it actually is and how it will improve service delivery for homeless people. The consultation process applied for this research went some way to achieve this but further briefing sessions and information dissemination are necessary.

- **Terminology** – there is a need for clarity and shared understanding amongst all players within the sector of definitions and interpretations of the language used in care and case management. This will be achieved through effective communication and briefing during the roll out phase and an ongoing basis through training and development.
- **Networking** – there is a need for greater awareness, knowledge, understanding and familiarity with the wide range of players operating within the homeless sector. This would facilitate more effective networking between service providers and co-ordination of services for homeless people.
- **Training and Development** – there are significant training and development needs identified by this research. These include case management, listening skills, care planning, building relationships within and across the sector, constructive problem solving, information technology and skills for co-ordinating and taking a lead role in care and case management. It is important that all future training programmes relevant to service delivery within the sector include accurate and up to date information and material on care and case management. This will facilitate shared understanding of terminology and the achievement of core skills for effective case management.
- **Communication** within and between organisations and with clients. Strategies and mechanisms need to be developed to overcome resistance or blockages.
- **Confidentiality** – the management of client information (i.e. how confidential information relating to individual cases is protected) and agreement on how this works in practice in the context of care and case management needs to be teased out and agreed protocols developed.
- **Tools** – there is a need to review the existing toolkit and to develop a range of systems and tools to facilitate the effective implementation of care and case management, e.g. assessment tools, care planning, tools for gaining service user feedback, referral protocols and ongoing monitoring and evaluation of service provision and outcome measurement.
- **‘How to’** – there is a long list of practicalities, i.e. ‘how to’ implement care and case management, that need to be teased out and clear guidelines agreed and set down through structured and inclusive consultation across the sector. Particular points that will need immediate addressing include:
  - **Selection** of cases, of case managers and of case management partners – how would this be achieved in an open, transparent, fair and inclusive way? There is a common misconception that all cases should be included in the care and case management process. It is important to be clear from the outset that ‘the case and care management model is necessary in the case of individuals or families who have complex and multiple needs and it is not envisaged that it will be necessary for all people who are homeless’<sup>2</sup>

<sup>2</sup> Making It Home, An Action Plan for Homelessness in Dublin 2004–2006. Page 17.

- **Prioritisation** of cases – the full care and case management process is neither appropriate nor necessary for every client. It is recommended that the process commence with a small number of up to twenty cases building up over time to in the region of 120. It is therefore crucial that a systematic process is devised, in consultation with the sector, to ensure an efficient, fair, transparent and objective means of prioritising cases for inclusion in the care and case management process. Key questions include, what criteria would be used to prioritise cases to ensure a case management approach would yield significant benefits over and above existing methods of operation? Will the selection of cases be determined by the level of motivation of the service user and his/her capacity to take responsibility, or some other means? Will the process home in exclusively on the most needy cases and how will 'most needy' be defined?
- **Care planning** – what will it involve, both for service providers and for clients?
- **Resources** – how will resource needs be agreed, articulated and satisfied, i.e. human, financial and equipment, e.g. information technology, tools for assessment, care planning, etc.?
- **LINK** – how will *all* organisations achieve access to, use of and training in the use of this system?

There are also other practical questions that need to be addressed which include, for example:

- How are the practical issues such as holidays or turnover of staff dealt with in the context of case management?
- How will the system deal with cases that 'relapse'?
- What are the implications, if any, for funding?
- What support will be provided to staff to implement any new systems?

## vi Recommendations

The overall recommendation of this research is that the abovementioned model of good practice care and case management be communicated, discussed and agreed for implementation across the homeless sector over the next two to three years. In reality this model will need to be teased out in *practical terms* through the Steering Group (see below) and other structures as they take shape and there is scope for some tweaking and renaming of roles, etc. However, in order to ensure successful implementation it is imperative that those driving the implementation process remain faithful to the key roles and the core elements of good practice care and case management in their decision-making as regards future structures and roll out.

It is recommended that implementation be on a carefully planned and phased basis to ensure that all organisations are fully included in and informed of the process. This will be best achieved through effective briefing, information provision

and structured consultation during the roll out. In order to proceed, it is recommended that the following steps be taken by the Homeless Agency with immediate effect. The long-term aim should be to have care and case management as an integral and integrated way of working within and across the organisations working in the homeless sector by the end of 2007.

### Proposed Steps in Rolling Out Care & Case Management 2005–2007

1. It is recommended that there be a **gradual roll-out** of care and case management to service providers, starting with those organisations who are already actively planning or implementing case management locally. Over time the aim should be to build a **critical mass** involving those organisations that are currently implementing case management locally and the number of cases being case managed to ensure that full roll-out is inevitable, practical and achievable by the end of 2007.
2. It is recommended that a high-level **Steering Group** dedicated to care and case management be established by September 2005. The principal role of this Steering Group will be to take ownership of the care and case management concept and process, to drive the roll out, to select and prioritise cases for inclusion in the care and case management process and to support the relevant staff within the Homeless Agency. The Steering Group should be comprised of directors of key services (including addiction and acute hospital), government departments (e.g. Environment, Health & Children, Social & Family Affairs, Education & Science), the Homeless Agency, local authorities (e.g. Social Inclusion Managers, Housing Managers, Settlement Managers) and the Health Service Executive. The first tasks of the Steering Group should include:
  - Internal discussion and agreement of the abovementioned Model of Good Practice Care and Case Management.
  - Development and agreement of the Role and Job Description for the Integrated Services Co-ordinator post (see below).
  - Design and agreement of the Recruitment and Selection process for selection and appointment of a suitably qualified individual to take up the post of Integrated Services Co-ordinator.
  - Agreeing the schedule and steps for the roll out of care and case management within the sector. This should include the briefing sessions for the sector, the structured consultation exercise to agree the selection criteria and prioritisation process for cases to be case managed, systems and procedures for evaluation of the roll-out, etc.
  - Agree a sub-group of the Steering Group to work to provide more 'hands on' support to the Integrated Services Co-ordinator post (described in next section).
3. Appointment of an **Integrated Services Co-ordinator** to act, amongst other things, as a sectoral 'care manager'. The primary purpose of the job will be to work with service providers to systematically identify policies, practices and procedures, which act as barriers to the effective implementation of the

continuum of care for people who are homeless, and to work with the relevant voluntary and statutory agencies to resolve these problems. The appointment of the Integrated Services Co-ordinator should be achieved through an open recruitment and selection process that would be managed externally using a competency-based approach. The Steering Group will be responsible for developing and agreeing the selection criteria for this post.<sup>3</sup> The Integrated Services Co-ordinator will be employed by the Homeless Agency on a full-time basis, will report to the Director of the Homeless Agency and be supported by the Steering Group.

The successful candidate will have the following attributes:

- The relevant set of competencies as agreed by the Steering Group. These are likely to include high level interpersonal skills – communication, networking, problem solving, ability to draw people together, analyse information and to facilitate change and development;
- Seniority and ‘clout’ to co-ordinate and integrate systems, people, processes and structures across the homeless sector and beyond;
- Capacity to design and develop common standards, quality assurance and evaluation systems in the operation of care and case management across the sector;
- A proven track record in working in partnership, liaising with a range of different organisations/bodies, mobilising people to effect change and unblock any blockages in the delivery of voluntary and statutory services to homeless people.

The Integrated Services Co-ordinator will take on a co-ordinating role and will not get actively involved in individual cases as this will be the function of case managers appointed by service providers. However, it will be critical that the Integrated Services Co-ordinator works in partnership with service providers and through the Steering Group. A key component of the job will be to draw on the information arising from individual cases to build arguments to promote appropriate changes in policy and practice in the delivery of services to homeless persons.

4. It is recommended that a combination of face-to-face **briefing meetings and seminars** should be conducted between the Integrated Services Co-ordinator and service providers within the homeless sector. The purpose of such meetings/seminars will be to:
  - Promote care and case management.
  - Achieve a common understanding of the roles of the Integrated Services Co-ordinator, the Steering Group, case managers and key/project workers within service providers.

<sup>3</sup> In early June 2005 the Homeless Agency, with the agreement of the Care and Case Management Working Group and other key stakeholders within the HSE and Dublin City Council decided to proceed with the process of recruiting the Integrated Services Co-ordinator

- Assess the level of commitment of organisations to implementing care and case management.
- Gauge the practicalities and capacity of organisations to implement care and case management.
- Determine the first steps of the roll out process.
- Agree common terminology/definitions.
- Agree common practice.
- Agree a common toolkit.
- Develop and agree selection criteria for cases\*.
- Develop and agree prioritisation criteria for cases\*.
- Develop and agree mechanisms for bringing cases forward for consideration for care and case management.
- Develop a set of quality standards for good practice care and case management.

*Note: \* Actual decisions on which cases will be selected and prioritised, using the agreed criteria, should be made by the Steering Group.*

5. In order to facilitate these briefing meetings/seminars it is recommended that a **trawl/audit** should be conducted by the Integrated Services Co-ordinator of existing policies, practices and guidelines within the sector, and from other relevant sectors implementing care and case management, with a view to ascertaining the feasibility of adapting/ tailoring these to develop a common set of guidelines and quality standards for:
  - Assessment
  - Needs analysis
  - Care planning
  - Use of IT
  - Information sharing
  - Consent
  - Confidentiality
  - Monitoring and reviewing cases.
6. It is recommended that a series of clauses are developed and included in all future **Service Level Agreements** linking funding to a demonstrated commitment to care and case management.
7. It is recommended that a specific **training and information programme** is developed and delivered by the Homeless Agency. This programme will aim to build on the skills of existing staff in order to develop a cohort of staff capable of acting as case managers. This programme should also include modules on care and case management, care plan development, quality standards and IT for service delivery *managements* as well as for staff. The purpose will be to ensure

that all service providers have the opportunity to develop the necessary in-house competence to embrace care and case management. It is of particular importance that service providers have in-house staff appropriately trained to take on the role of case manager. The programme should be designed to 'fit' with the overall training schedule currently provided by the Homeless Agency, i.e. common terminology, models and guidelines etc, of care and case management should be presented and referenced, as appropriate across all modules. Any necessary revisions to existing training modules should be made to ensure that there is a common language for care and case management and that this is conveyed consistently in all information and training material.

8. It is recommended that the Homeless Agency provide a **purchasing budget** for case managers to purchase in private treatment or services for clients when other options have failed or do not exist.
9. It is recommended that the initial **caseload** for the care and case management process within the first six months of operation should be between 12 and 20 cases. Over time, as the process rolls out and organisations develop appropriate structures and systems and become familiar with the operation of care and case management, the number of cases is likely to increase to an estimated 100–120 cases. It must be recognised that not all cases need to be case managed and that it will take considerable time (e.g. up to two years or more for some clients) to reach a satisfactory outcome for the more difficult and challenging cases.
10. A review of the **LINK** system is recommended in order to identify data gaps and improvements needed to make it an effective case management tool.
11. **Consultations** should also take place between the Homeless Agency and the statutory sector on the use of LINK, involvement of the statutory sector and the roll-out of care and case management.
12. It is recommended that an '**action-research**' **evaluation framework** should be developed to assess the effectiveness and impact of care and case management and to draw out the learning over time. The fundamental question that should shape this framework will be whether or not the new system is more effective than current systems in addressing the needs of clients? This framework should be built into Service Level Agreements.

## vii Final Comment

The results of this assessment of the Homeless Agency's proposed plans for implementing care and case management within the homeless sector indicate that the time is ripe for implementation of an integrated sector-wide process. There is recognition amongst stakeholders of the need for better co-ordination of services to ensure seamless delivery for homeless people and, in particular, those whose needs are complex and multiple. There is a general agreement that this could best be achieved by service providers working more effectively together, in partnership, in an agreed and structured way, by adopting good practice care and care management principles within the framework of an agreed model to guide the process.

This research highlights some significant challenges to an implementation process, e.g. organisational commitment, understanding of terminology, practicalities around 'how to' implement care and case management and so on. These challenges need to be considered and addressed in order to move forward effectively in implementing care and case management across the homeless sector. Good practice examples from other countries and in Ireland indicate that implementing care and case management is a wise step at this juncture providing the roll out is driven by strong leadership in a strategically planned and phased format and is carefully monitored for outcomes, learning and refinement in tune with the needs of homeless people. The ultimate aim to be borne in mind at all times is to achieve seamless service delivery for homeless people, to focus on positive outcomes and to prevent those in need from 'falling through the cracks'.

The broader recommendations of this report will be available in the report on the recommendations for all reports commissioned by the Homeless Agency under the Action Plan Making it Home 2004–2006.



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The logo for Homeless Agency is contained within a teal square. The word "HOME" is written in a bold, black, sans-serif font. Below it, the word "LESS" is also in a bold, black, sans-serif font. Underneath "LESS", the word "agency" is written in a smaller, white, lowercase, sans-serif font.

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