

GUIDELINES FOR CASE MASTER ACTION PLANNING (CASE MAP)

April 2020

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- Participants in Case Simulation Exercises from Agency for Integrated Care, Family Service Centres, Community Mental Health agencies, Housing & Development Board and Public Healthcare Institutions

1. Objectives of the Guidelines for Case Master Action Planning

1.1 Low-income and/or vulnerable clients^{1 2} who have multiple needs and/or risk factors (see Figure 1 for an example of risk factors and needs) usually require a range of support services from different agencies³ and hence may be seen by multiple caseworkers⁴ (please refer to **Annex A** for examples of such cases) or staff. For example, an individual or family facing multiple stressors concurrently such as mental or medical health, employment, financial, accommodation and children’s behavioural issues are oftentimes known to many different agencies who attend to specific needs according to their mandate or expertise.

1.2 With different agency mandates and caseworkers’ varied perspectives, adopting a common frame for integrated case management work amongst agencies is crucial. It enables agencies to appreciate a holistic view of the client’s needs and provide a multi-prong yet coordinated⁵ and integrated approach to address the risks/needs more effectively.

Indicators of Vulnerability

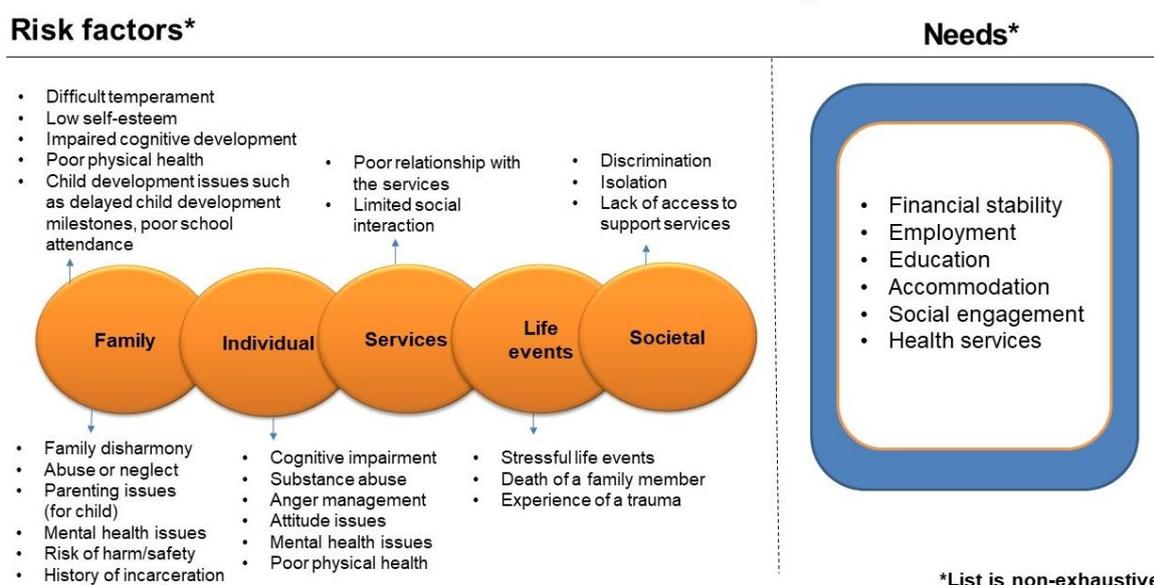


Figure 1: List of risk factors and needs

¹ Agencies may be attending to different issues and hence may have a different primary “client” in the family. In the Guidelines, the “client” is a generic term to refer to the individual, entire family unit (inclusive of the child/children in the family), resident, patient, or case.

² “Clients” can refer to “individuals” and “families” and is used interchangeably in this document.

³ “Agencies” can include both government agencies, social service agencies, as well as Grassroots Organisations, schools and community agencies.

⁴ In this document, “caseworkers”, “workers”, “staff” are used interchangeably.

⁵ In this document, “coordinated” also includes “alignment” and may be used interchangeably.

1.3 The Guidelines for Case Master Action Planning serves as a reference for all agencies / caseworkers engaged in multi-agency⁶ work to:

- (i) Facilitate a coordinated and holistic approach in case planning to meet the needs of cases with multiple risk factors and/or needs;
- (ii) Outline the roles and responsibilities of a lead agency⁷ to help drive alignment of multi-agency case plans and case coordination;
- (iii) Outline the roles and responsibilities of other agencies / caseworkers involved (who may be assisting the individual or family with specific needs or issues); and
- (iv) Provide an escalation protocol for agencies to highlight barriers and challenges in the interagency work or if there are concerns surrounding the coordination and progress of the case.

1.4 The approach adopted in the Guidelines takes reference from the Systems Theory: seeing clients' issues in relation to their family system and the larger ecosystem. Systems Theory aids us in developing a holistic view of individuals within their environment, and is useful for cases when the client is facing multiple stressors and/or known to many agencies, and where several interconnected systems may be influencing one another. As one function of the helping professionals is to aid the clients in navigating the various systems in their lives, it is crucial to have a deep understanding of how subsystems are interrelated and influence one another.

1.5 Having an understanding of the many theories that inform the work with families provides workers with more angles of assessment and more avenues for intervention. It is essential that workers do not make a decision by just focusing on one particular theory of preference.

1.6 The Guidelines also referenced the Resource Dependence theoretical framework which postulates that agencies depend on other organisations for resources needed to meet their objectives. This is especially important as one agency may not be able to meet all of the client's needs, due to a possible range of reasons (e.g. lack of resources, agency mandate, expertise, etc). Hence the collaboration and inter-dependence amongst agencies serves to bring together each other's resources to meet these needs. Coordination serves to manage this increasing inter-connectedness.

1.7 The Guidelines are built upon the Coordinated Case Management (CCM) Framework originally developed in 2016 (please refer to **Annex B** for the CCM Framework) by an inter-agency workgroup convened by the Ministry of Social and Family Development (MSF). The Guidelines should be read in conjunction with existing protocols such as the Hoarding Management Framework, MOE-SSO-FSC referral protocol, and FSC's Case Management Plan.

⁶ "Multi-agency" and "inter-agency" are used interchangeably in the Guidelines, and refer to the process of having more than 1 agency working together on a case.

⁷ "Lead case agency" and "lead case manager" are used interchangeably.

2 Principles of Case Master Action Planning

2.1 The following principles undergird effective practice towards reaching coordinated and aligned multi-agency case plans:

- (i) **Collaborative inter-agency approach:** Adopt a collaborative approach across different agencies in rendering aligned services that minimise unnecessary friction and stress for client and their families; and
- (ii) **Client-centric approach:** Clients' well-being and interests, especially the vulnerable members of the family, should be prioritised over agency's needs. Agencies' decisions and plans should be guided by this principle. Clients' views should also be taken into consideration, in respecting their inherent dignity and worth.

3 Desired Outcome of Case Master Action Planning

3.1 The desired outcome of Case Master Action Planning is to **support clients towards stability and self-reliance⁸ by better coordinating the multi-agencies and their assistance** through the following means:

- (i) **Effective lead agency** that coordinates and aligns help agencies' efforts in supporting families towards achieving stability and/or self-reliance (this may include riding on available levers agencies may have);
- (ii) **Seamless and timely information exchange and clear communication** across help agencies to facilitate more cohesive and prompt delivery of assistance to clients; and
- (iii) **Improved service delivery** through timely resolution of systemic, cross-cutting social issues.

3.2 From this coordinated approach, what a client would see is **one integrated action plan, i.e. One Client, One Case Plan**, (see Figure 2) that includes the various agencies' plans implemented in a coordinated and aligned manner, in some order of priority.

⁸ Having different lens, perspective and mandate, agencies may have different definitions and indicators of what "stability and self-reliance" may look like. A multi-agency case discussion would therefore be a useful platform for all to reach a mutual understanding on the key risk/needs of the case, develop a coordinated plan, and anchor on the primary/key outcomes to work towards (with the clients).



Figure 2: One Client, One Case Plan

4 Framework for Case Master Action Planning

4.1 The framework in Figure 3 identifies three types of levers to support and guide case coordination efforts:

- (i) **Policy** levers - Driven by agency mandate and philosophy, client experience can be enhanced through streamlined information systems and data-sharing arrangement;
- (ii) **Process / Practice** enhancement – Standards, guidelines and inter-agency protocols can be established (e.g. on roles and responsibility of a lead case agency; case escalation protocol etc) and cross-sector systems knowledge can be developed; and
- (iii) **People** development - Capability development of effective case managers and/or case leads can be strengthened through relevant and cross-sector training and attachment etc.

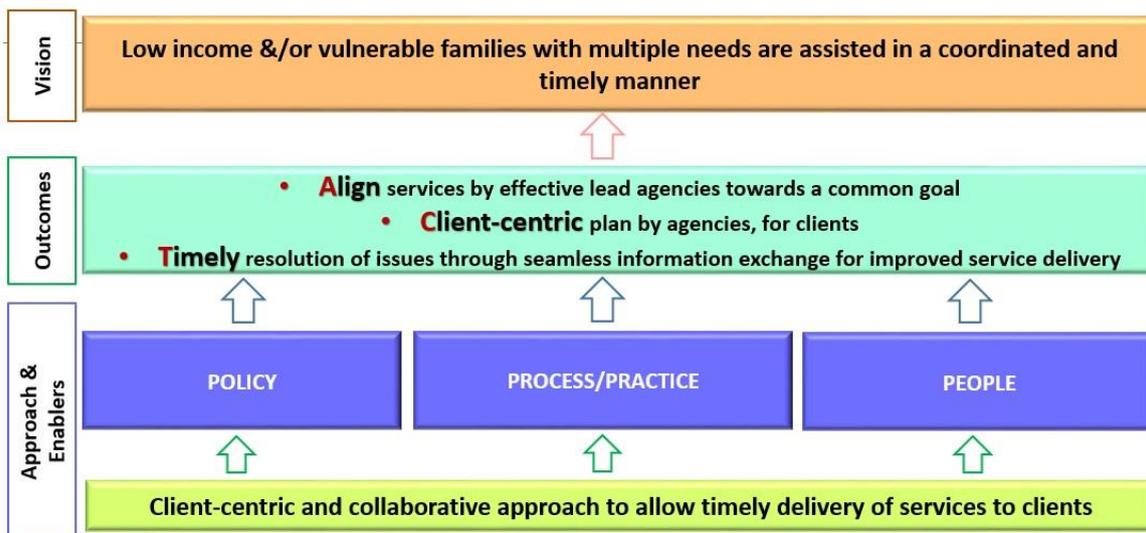


Figure 3: Framework for Coordinated, Aligned Case Plans

5 Development of Case Master Action Plan (Case MAP)

5.1 Effective engagement is crucial in working with families with multiple needs and/or risk factors. This is especially so if these families have had a history of non-engagement or had rejected previous support services for various reasons. Holistic information gathering is thus pivotal in gaining a broader, more detailed and accurate picture of the case. This ensures that appropriate intervention plans are developed, and services delivered in a coordinated manner.

5.2 Figure 4 shows the workflow when a case is surfaced for case coordination, and how agencies can work towards developing a Case MAP (see **Annex C⁹** for a guide on critical information to be captured and **Annex D** for the considerations for an aligned case plan).

5.3 As many agencies may be involved in a case with multiple needs or risks, convening a multi-agency case conference¹⁰ is a useful approach in gathering all relevant stakeholders at one platform to exchange information on their work with the family in a timely manner and coordinate follow-up plans. Coordinating services and prioritising plans would help families navigate the various systems and reduce the likelihood of cases falling through the cracks or families feeling excessively overwhelmed or over-served. This is also a measure of good practice for management of complex cases as families with multiple needs may face bandwidth tax.

5.4 Through case conferencing, the various agencies can discuss and agree on collaborative ways to meet the needs of the family through collectively formulating a holistic assessment and developing a coordinated and integrated intervention plan. Case reviews may be held to take stock of the progress of intervention efforts and

⁹ This serve as a reference. Agencies may use your existing templates or develop one to capture the suggested information.

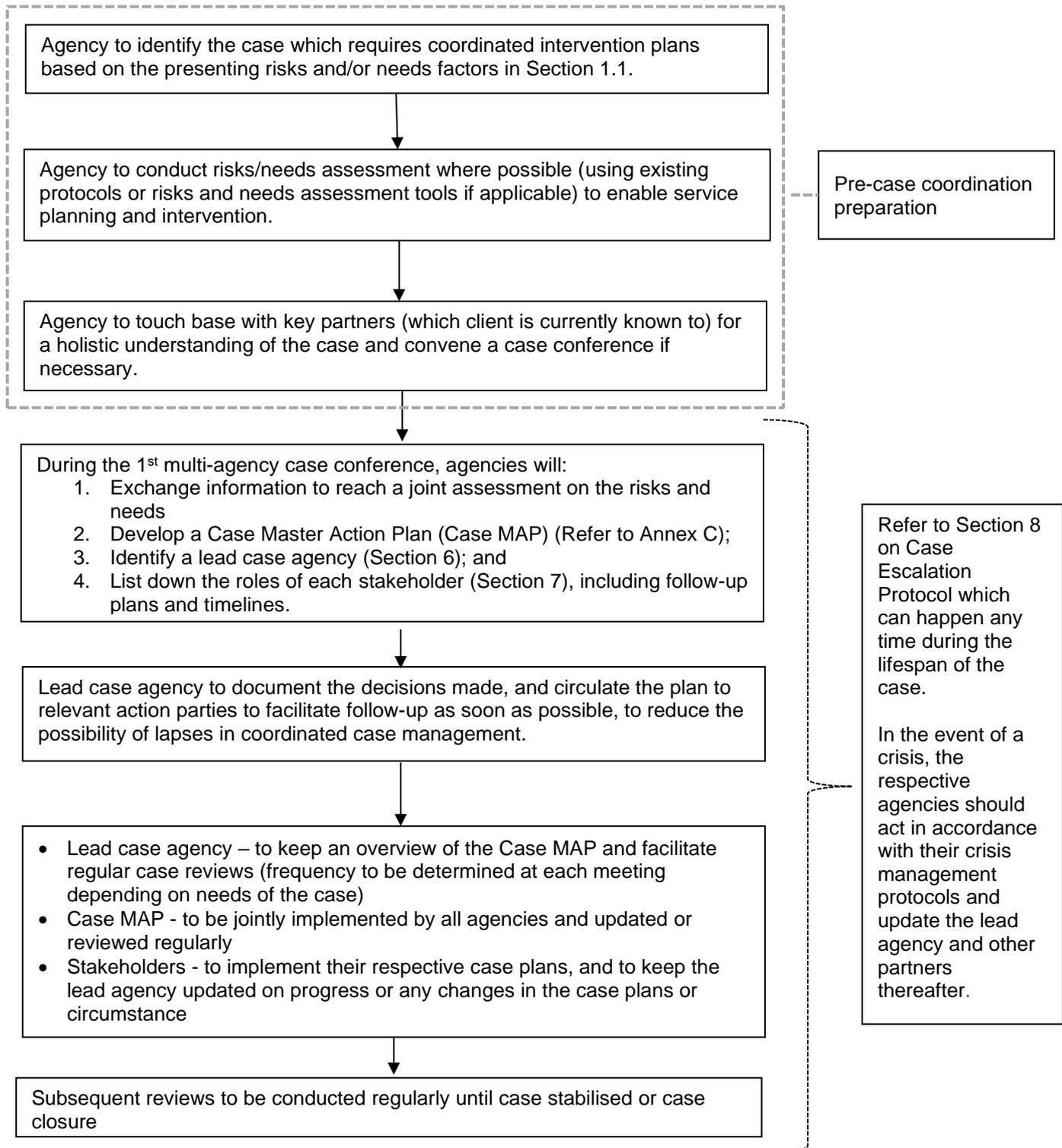
¹⁰ “Case conference” is used interchangeably with “case discussion”. As there may be scheduling challenges, agencies may utilise remote/digital means to join in or may provide the Lead Agency with information prior to the meeting.

revise plans if needed. Depending on the urgency of the issues and role of the agencies, not all agencies have to meet together all the time. Information could be provided to the Lead Agency offline. In the event of a crisis, agencies should refer to their existing crisis management protocols to respond to the crisis, address/lower the risks and bring the situation to stability and ensure safety of persons. A crisis management case discussion may be convened with relevant agencies to address the crisis first, prior to bringing in other partners to work on other needs.

5.5 One key deliverable from the case conference is to develop one Case MAP - an integrated and aligned case plan drawn up by all agencies. The Case MAP is implemented in consultation with the families. After the multi-agency case conference, a family conference may be held where the Lead Agency (or another stakeholder who has good rapport with the family) can discuss with the family on the Case MAP. The family should be guided on drawing up suitable goals within the agreed timeline, take ownership and responsibility for the plans, and commit to working with the respective agencies on achieving these goals.

5.6 Some tips on how to conduct an inter-agency case conference can be found in MSF Strengthening Families Together Practitioner's Resource Guide, Volume 2, Working Effectively with Systems to Support Vulnerable Families, (Apr 2015), Retrieved from <https://www.msf.gov.sg/docs/default-source/odgsw/2019-working-effectively-with-systems-to-support-vulnerable-families-vol-2.pdf>

Figure 4¹¹: Workflow for Case Coordination



¹¹ Agencies may have existing case escalation and review workflows. Where applicable, these may supersede the workflow shown in Figure 4.

6 Roles of a Lead Case Agency in Case Master Action Planning

6.1 A client or family with multiple needs may be known to (or would benefit from referral to) different agencies. Whilst he/she is receiving support services from these agencies, to reduce the likelihood of cases falling through the cracks, one lead case manager/agency - amongst all the help services providers known to the family - should be identified to be the case coordinator. This lead agency should ensure that all agencies' plans are coordinated, aligned and holistic, with each agency playing its part in providing timely services and support for these families until that issue is resolved. The lead agency may change¹² depending on the circumstances of the case (albeit infrequently); but this would have to be agreed upon by the agencies involved. More often than not, the lead agency remains the same whilst another agency may take the lead in managing or addressing certain specific issues/needs that are within the latter's mandate or domain expertise. For e.g. the FSC may remain the lead case agency whilst other agencies come in to lead on decluttering, employment or medical matters.

(i) *Identification of the lead case agency*¹³

6.2 The lead case agency should be determined based on a consensus among the agencies. The following are usually appropriate reference points:

- (a) Need-service fit. The lead agency will normally be the service which has the largest involvement in supporting the needs of the client. The multi-agency team may decide how this should be best achieved. E.g.
 - Which agency has the most interaction and rapport with the client; and
 - Which agency bears the responsibility for most of the items on the action plan or actions.
- (b) Statutory involvement¹⁴ (e.g. the client is under active statutory order and case management for rehabilitation or for the protection of vulnerable adults and children); and
- (c) Has casework and case management capabilities, and able to make a comprehensive needs assessment for the client and family.

6.3 The case manager for a specific issue (e.g. working on a youth's behavioural issues; or helping with a family member's employment or medical needs) may not

¹² A change in Lead Agency is not likely to occur often.

¹³ While the need-service fit and statutory involvement serve as guiding points, there will be instances whereby the lead case agency will be determined by service model requirements (e.g. in the case of crisis shelters where community case worker takes the lead).

¹⁴ Statutory services should take the lead on safety concerns in terms of case direction and close monitoring for risks concerns. However, they need not be the ones taking the lead in coordinating and engaging agencies on needs of the family. There may be some cases known to a statutory agency but the risks may have stabilised enough, and now require community support to address the needs and maintain stability or enhance functioning. For such cases, it may not be necessary for the statutory agency to take the lead. In some situations, where community services are required for the family members who have more complex needs (and not for the primary client, who is under the purview of the statutory agency), the community agency may take the lead.

necessarily be the lead case manager for the entire family. Whilst families with multiple needs tend to have many agencies supporting them, one agency ought to be identified to lead in the integrated case management efforts. For example, a family facing a combination of financial difficulties, marital conflicts, youth delinquency issues, elderly family member with dementia, and hoarding issues may be best managed by a Family Service Centre (FSC) as the lead agency. The Lead Agency (in this case, FSC) would bring all relevant agencies together to develop an aligned Case MAP and follow-up with them to ensure that the family receives assistance to meet their many needs in a timely and coordinated manner.

(ii) Roles of a lead agency or case manager

6.4 The lead case manager serves to drive holistic service delivery and interventions, so that no issue or client falls through the gap. The main roles of the lead case manager are to:

- (a) Touch base with all agencies client is/was known to, regardless of how minimal their involvement might have been. This will reduce the likelihood of important information being omitted;
- (b) Facilitate interagency case discussions amongst various agencies¹⁵ to reach a joint assessment on the risks and needs, and develop a coordinated approach in intervention (based on prioritised risks/needs) within agreed timelines;
- (c) Ensure that discussions, decisions and timelines are documented and followed through;
- (d) Proactively refer to other agencies who can better support clients and meet their needs;
- (e) Work with client to identify their needs¹⁶ (ranging from health, social, economic, to behavioural needs etc.), and prioritise the needs to be addressed. The needs may have to be addressed based on the degree of urgency or impact: some need to be addressed immediately, while others are more long term;
- (f) Be the main contact point for clients, but onus should be on each agency to maintain accountability by conveying their respective action plan items clearly;
- (g) Align help agencies' efforts towards developing a case MAP to achieve the desired outcomes for client and the family;

¹⁵ An interagency case discussion is a useful platform to bring different agencies together, where information shared can contribute to holistic assessment and joint case planning. Where scheduling challenge exist, the agency can join in via remote/digital means or provide the lead agency with information prior to the meeting.

¹⁶ Whilst the lead agency may have one primary client, the needs of the family (including significant others) should be taken into consideration, and hence the value to work collaboratively with other agencies who may be working with other family members.

- (h) Maintain an overview of the actions required of each agency and to follow up with the agencies if necessary;
- (i) Coordinate the review process; and
- (j) Encourage all agencies involved in the case to fulfil their respective roles stated in Section 7, '*Role of agencies involved in Case Master Action Planning*'.

(iii) *Transfer of lead case agency's roles*

6.5 A transfer of roles may be required in the following scenarios:

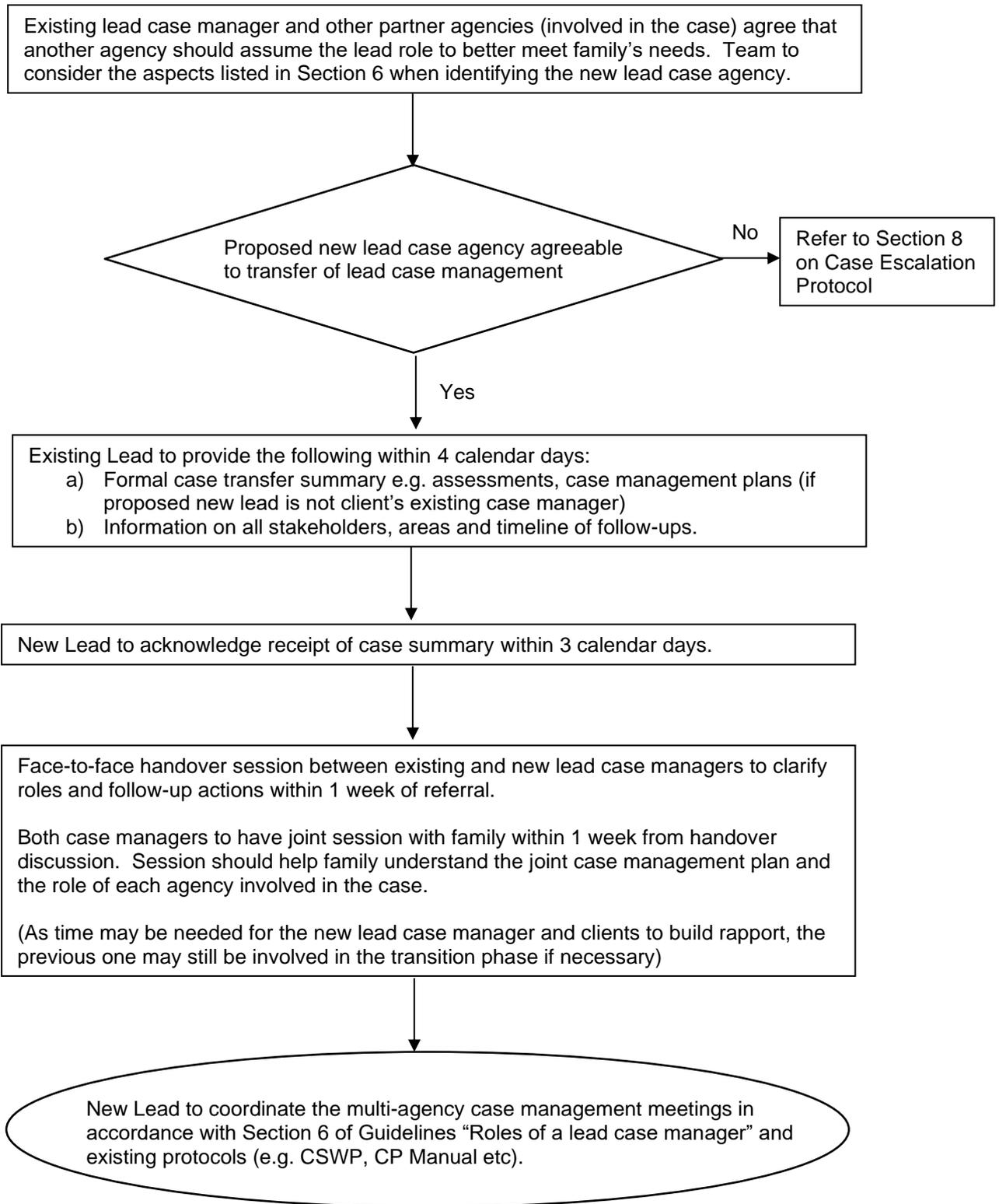
- (a) Statutory order and case management becomes required / no longer necessary (e.g. case is referred to / discharged from Child Protective Service);
- (b) There is a change in client's situation/presenting needs; or
- (c) Changing dynamics in the agency's relationship and rapport with client.

6.6 Any transfer of roles should be communicated to all stakeholders and clients, and documented. When there is a transfer of roles (e.g. transfer of lead case manager, transfer of agency's workers etc), agency staff are responsible for ensuring a proper handover and transitional support of cases. This includes what has worked in the partnerships with all collaborating agencies to ensure that the good practices that had established the strong partnership can continue. Please find Annexes as attached:

- **Annex E** – Principles of case handovers developed by MSF's Office of the Director of Social Welfare
- **Annex F** – Template for transfer of a lead case manager

6.7 The following flowchart (Figure 5) depicts good practice for transfer of roles, with corresponding suggested turnaround times:

Figure 5¹⁷: Workflow for Transfer of Lead Case Agency



¹⁷ Agencies may have existing transfer protocols for selected clientele group. Where applicable, these may supersede the workflow shown in Figure 5.

7 Roles of Stakeholders involved in Case Master Action Planning

7.1 When an individual/family is attended to by multiple agencies, these agencies should share the responsibility and accountability for the action plans and the individual/family's progress. Agencies should seek to utilise their expertise / services and align individual agency efforts to forge a common action plan and not focus solely on their own areas. During the case conference, agencies may offer help to other agencies that serve as levers (where appropriate) to nudge clients towards their goals. To enhance effectiveness of the intervention efforts and better service outcomes, each agency should:

- (i) **Build a relationship** of trust and mutual respect, and support for partner agencies;
- (ii) **Clarify expectations** when working together which include agreeing on the following:
 - (a) The desired outcomes and intervention plans for the individual and family;
 - (b) When agencies will meet for reviews - regular case reviews, ad hoc reviews and joint case conferences / collaborations meant to address developments in the case to meet the dynamic needs of the client;
 - (c) Who should attend meetings - assign appropriate staff to manage cases and attend meetings;
 - (d) How information will be updated (e.g. emails, phone calls if urgent etc.);
 - (e) Expectations, roles, and tasks of each agency and caseworker involved in Case Master Action Planning; and
 - (f) Proper handover/ transition support/update among agencies.
- (iii) **Communicate One Case Plan**¹⁸ (as agreed with other agencies) to the client, who will receive consistent messaging and reduce likelihood of misalignment of goals;
- (iv) **Actively reach out** to other agencies to understand their current efforts with client and/or if the case is already coordinated with other agencies;
- (v) **Maintain accountability** by adhering to the deadlines which were agreed upon at the case discussion and keeping all partner agencies updated on progress and changes to interventions based on agreed actions and timelines;

¹⁸ Agencies will still be responsible for their respective plans with the client.

- (vi) **Keep clear documentation** of decisions made and actions taken to facilitate follow-ups, and reduce the possibility of lapses in case coordination;
- (vii) **Tap on the knowledge, skills and networks of other partners** to provide holistic and effective intervention; and
- (viii) **Adopt an inter-agency approach in case coordination and reviews** to strengthen partnerships and to resolve any disputes that arise. Agency staff should:
 - (a) [If applicable] Utilise common risk and needs assessment tools such as:
 - Family Violence: Child Abuse Reporting Guide (CARG), Danger Assessment Tool, Sector Specific Screening Guide (SSSG);
 - Needs of Family: Bio-Psycho-Social-Spiritual (BPSS), Code of Social Work Practice (CSWP), Family and Adult Support Tool (FAST); and
 - Vulnerable Adult Abuse, Neglect and Self-Neglect: Vulnerable Adult Triage Form.
 - (b) Avoid working in silos by:
 - Practising collective decision-making (together with clients), but be flexible enough to review case action plans in the face of new information;
 - Disseminating all important information promptly to all relevant parties (e.g. key developments in risks, needs and services obtained by client);
 - Undertaking timely response to correspondence by other agencies; and
 - Contributing to case discussions; following through with decisions made and adhering to the agreed timelines (unless circumstances necessitate change).
 - (c) Tap on the knowledge, skills and networks of other partners to provide holistic and effective intervention. Thus, each agency should review risk factors¹⁹ and case action plans in consultation with other agencies involved in the Case MAP effort. Nonetheless, individual agency staff still have the responsibility to monitor the progress of their client.

¹⁹ Risks and Needs Assessment is key to targeted intervention for effective outcome. It is important to have a common risk assessment framework to standardise definitions among agencies for a coordinated approach. See Section 1.1 for Indicators of Vulnerability.

7.2 To ensure that agency staff are able to meet the needs of the client, agencies should ensure that:

- (i) Staff managing complex cases have the requisite skills and competencies;
- (ii) All staff, especially lead case managers [See Section 6], receive regular supervision and consultation; and
- (iii) Covering staff is available when case workers involved in the case are away on leave or away for a period of time and there is a proper handover of cases.

8 Case Escalation Protocol

8.1 The case escalation protocol aims to provide timely and positive resolution of professional differences between agencies working with families of complex needs, and to bring in the necessary support required for certain type of cases with the potential to fall through the cracks i.e. cases with systems-related issues, lapsed cases and refused help cases. Generally, a good working relationship between agencies and professional difference in views can be a driving force in developing good practices. Occasional difference of opinions about the way forward in an individual case may also arise which requires timely resolution so as not to delay decision making.

- (i) **Areas of possible differences** - disagreements can arise in a number of areas, but are most likely to arise around thresholds of risks/needs, roles and responsibilities, or the need for action, when and how. Some examples include:
 - (a) Different views over a particular course of action (e.g. disengagement of client²⁰; taking statutory action) or disagreement in reaching an aligned action plan;
 - (b) Opinion that another agency has not completed or worked on an agreed plan of action for no acceptable or understood reason;
 - (c) Difference in opinion on role or involvement of a particular agency;
 - (d) Unable to determine who the lead case agency should be due to the complexity of the case; or

²⁰ Disengagement of clients should be a last resort. The scope of disengagement will be on the specific issue only, and the client should still be assisted on other matters. The following list serves as a guide to decide on whether disengagement is appropriate:

- (i) Does this pass the test of public scrutiny?
- (ii) Was issue addressed by the agencies earlier?
- (iii) Has the agency pointed client to an alternative solution/s outside their purview?
- (iv) Were there any new developments/ issues that arose?

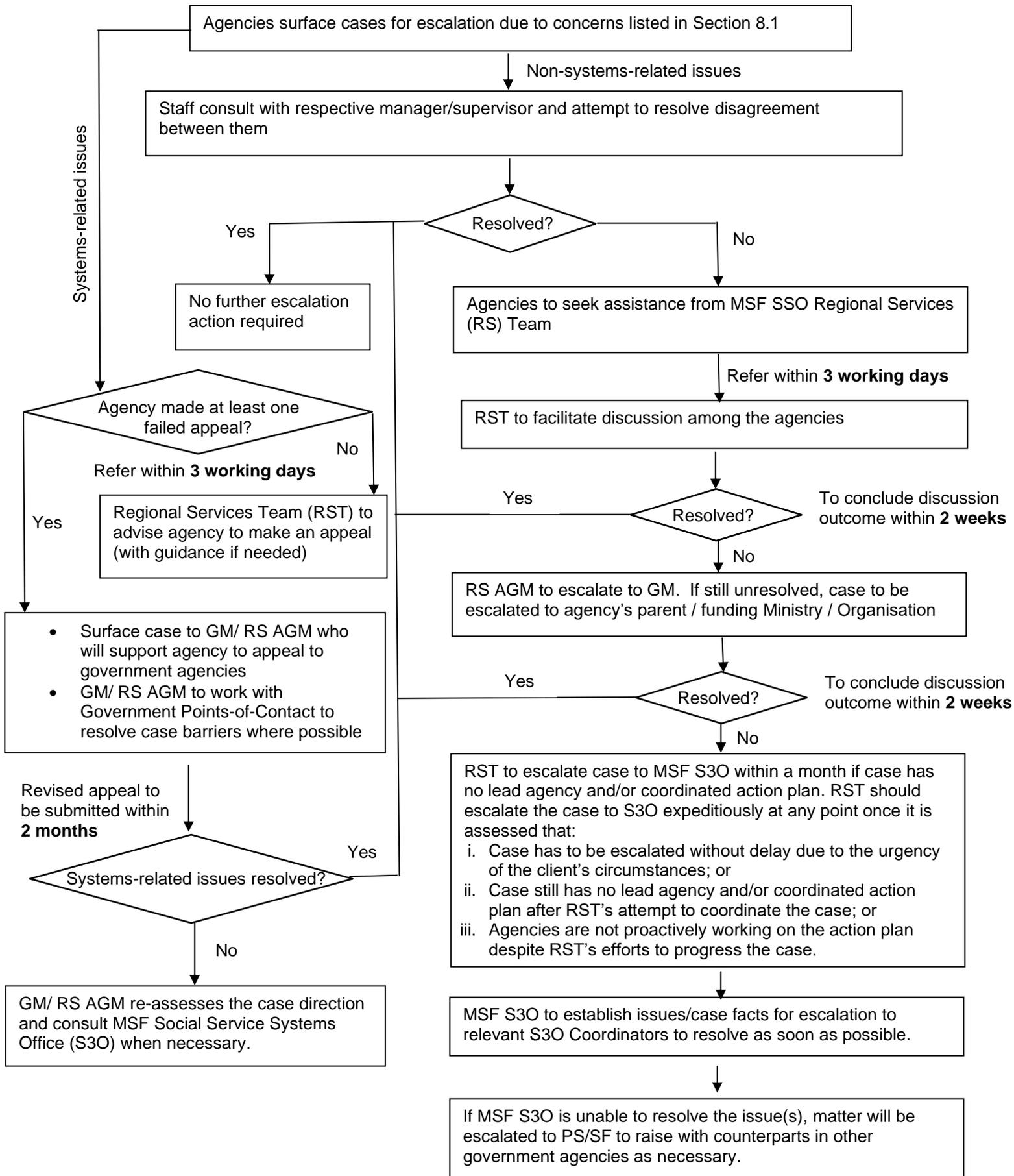
- (e) Difference in agencies' internal processes and guidelines in coming up with an integrated plan for the case.
- (ii) **Systems-related issues** - some vulnerable families face systems-related issues for which a Whole-of-Government policy review would be needed (e.g. transnational families in accessing affordable healthcare and employment support). It is important to systematically identify emerging issues for policy review, to reduce clients churning in the system. This is done through tighter coordination amongst agencies and advocating for flexibility in the provision of tangible assistance with the various help systems (i.e. health, education, housing, etc.) according to the needs of the individual and / or family.
- (iii) **Lapsed Cases** – Cases where another agency did not fulfil the committed intervention within a stipulated timeframe without justifications.
- (iv) **Refused Help Cases** – Cases where clients have refused help from agencies despite attempts made by agencies as per their engagement protocols, but agencies assess that the case presents risk either to client himself or the community.

8.2 Disagreement is reduced by open and regular communication and clarity over roles and responsibilities. The best way of resolving differences is through open and transparent discussion and where possible a face-to-face meeting between parties concerned; to review and revisit the objectives of the case and its direction.

8.3 The following flowchart (Figure 6) relates specifically to situations where there are systems-related issues or inter-agency differences which cannot be resolved by or among the agencies despite efforts to do so. It does not cover differences within individual agencies which should be addressed by their agency's own escalation policy.

8.4 Agencies should reference their existing internal workflows and processes for escalation to their supervising bodies, Statutory Board or Ministry for advice and guidance on when case should be raised to SSO RST or MSF S3O. Government agencies can surface the case to their agency's S3O Coordinator for further support where necessary.

Figure 6: Workflow for Case Escalation



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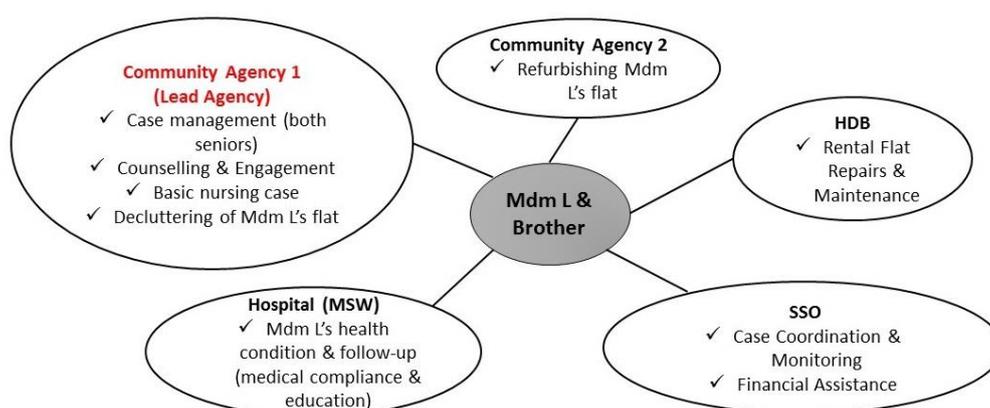
Examples of Complex Cases involving Multi-Agencies and the possible Lead Agencies

1. Case where the lead agency was a community agency

Case Illustration – Mdm L

- ❑ Pair of siblings living in 1-room rental flat have been sleeping outside their home for years and at hospital for several months due to severe hoarding in flat
- ❑ Presenting issues:
 - Lack of proper home environment due to hoarding & leading to rough sleeping
 - Poor health of main Client, Mdm L (who is also main caregiver to brother)
- ❑ Agencies were working separately, providing assistance which they deemed to be in the siblings' best interest, with limited information sharing, incomplete overall view of Clients' situation and lack of coordination on case plans
- ❑ MSF Destitute Branch was alerted to the siblings sleeping overnight at hospital, and the case was brought to the attention of SSO. SSO convened a multi-agency case conference on 9 Jan 2018 to develop a **coordinated action plan** for Mdm L
- ❑ MSF Adult Protective Service was also invited to the case conference to assess for risk(s) to the seniors

Case Illustration – Agencies Involvement

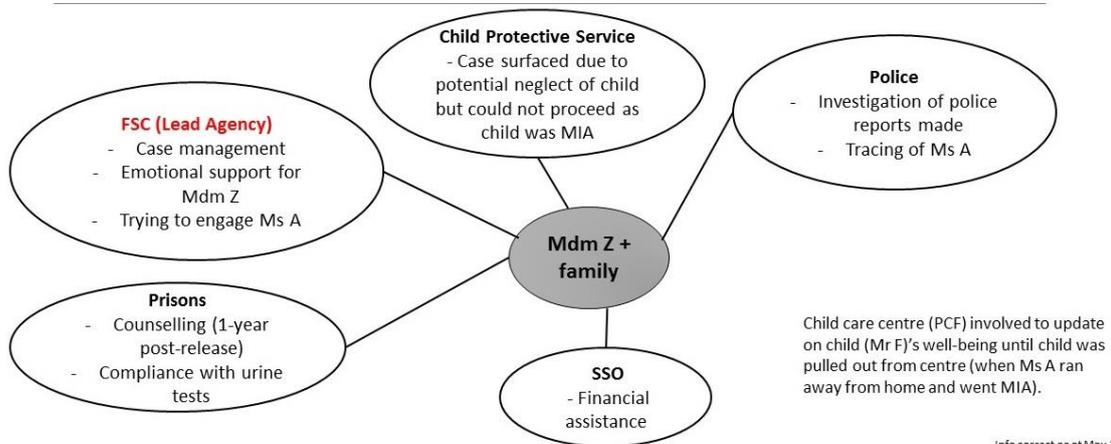


2. Case where the lead agency was the FSC

Case Illustration – Mdm Z

- Four-Generation family living in a 4-room purchased flat
- Presenting issues:
 - Mdm Z's anger management issues and history of incarceration causing strained relationship between Mdm Z and her mother, and daughter
 - Challenges faced by Mdm Z in caring for mother (Mdm S) who has been diagnosed with dementia
 - Mdm Z's 18-year old daughter (Ms A)'s possible neglect of 3-year old son, who was born out of wedlock
- The case was surfaced to SSO by **Adviser**. Despite being supported by multiple parties (Prisons, FSC), family has been approaching MPS to seek help (and ventilate).
- The regular ventilation at MPS by Mdm Z had given the impression that no help was given to her. After checking in with FSC, RS found out that too much focus by the various agencies involved was on Mdm Z, who generally lacked the motivation to work on her issues. SSO highlighted the need to work on Mdm Z's daughter, Ms A, and has been trying to keep things moving by periodically checking with the FSC for updates.

Case Illustration – Agencies Involvement



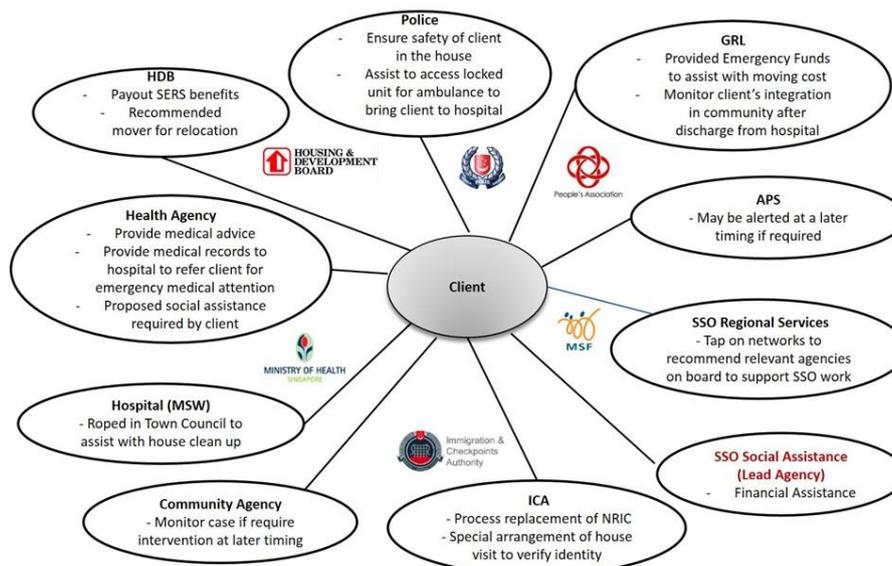
Info correct as at May 2018

3. Case where the lead agency was the SSO

Case Illustration – Ms S

- Presenting issues:
 - Vulnerable adult at risk
 - Single with no support from family
 - Exhibits signs of schizophrenia/mental illness
 - Living with a huge cyst on stomach for past 10 years
 - Immobile on wheelchair and requires ADL
 - Safety concern living alone with tenant(s)
- Client has been out of SSO's (then CDC) radar since 2009.
- SSO picked up the case in Dec 2016 when HDB referred the case seeking assistance for house moving (SERS).
- Client mostly liaised with SSO subsequently with no other agencies involved or rendering help to client.
- Over time, as more agencies were involved after SSO referred case, SSO called for a multi-agency case conference in Apr 2017 to develop a coordinated action plan after health agency assessed life and death risk. At the case conference, SSO was convened the lead agency leveraging on active ComCare financial assistance and client's preferred agency.

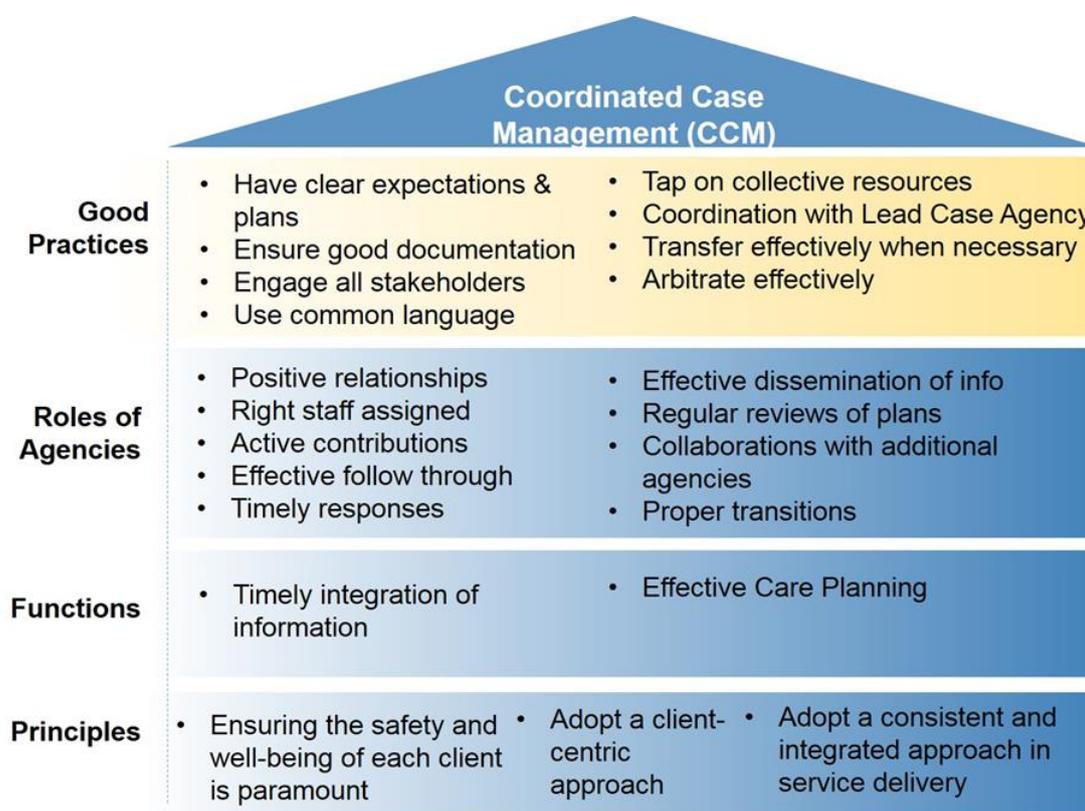
Case Illustration – Agencies Involvement



Coordinated Case Management (CCM) Framework

The CCM Framework was originally developed in 2016 by an inter-agency workgroup convened by MSF following their Serious Case Reviews into cases of child deaths. The Reviews revealed two salient observations:

- (i) Cases were complex in nature and tended to have multiple issues and many agencies involved; and
- (ii) While many agencies were involved in the case, there was limited clarity of roles and expectations of each agency, and little discussion and sharing of information among them. There was weak inter-agency collaboration.



Framework for Coordinated Case Management

The Guidelines sought to plug these gaps (especially when two or more agencies were involved), facilitate a coordinated and holistic approach in meeting the needs of cases with multiple stressors, and provide clarity on the roles of agencies involved. The Guidelines were disseminated to Family Service Centres (FSCs) and partners thereafter (e.g. National Council of Social Service, CARE network agencies and Institute of Mental Health).

These Guidelines were not meant to be prescriptive and should be read in conjunction with agency protocols and other related guidelines (e.g. Social Work Code of Ethics, Counselling Code of Ethics, Code of Social Work Practice for FSCs and FSC Management of Child Protection Cases etc.).

Case Master Action Plan (Case MAP) Template

Name of key household member(s)			
Client known to lead agency		Household Member 3	
Household Member 1		Household Member 4	
Household Member 2		Household Member 5	

Actions / tasks to be taken by the family	Target date/month	Name of officer-in-charge/agency	Contact
<input type="checkbox"/>			

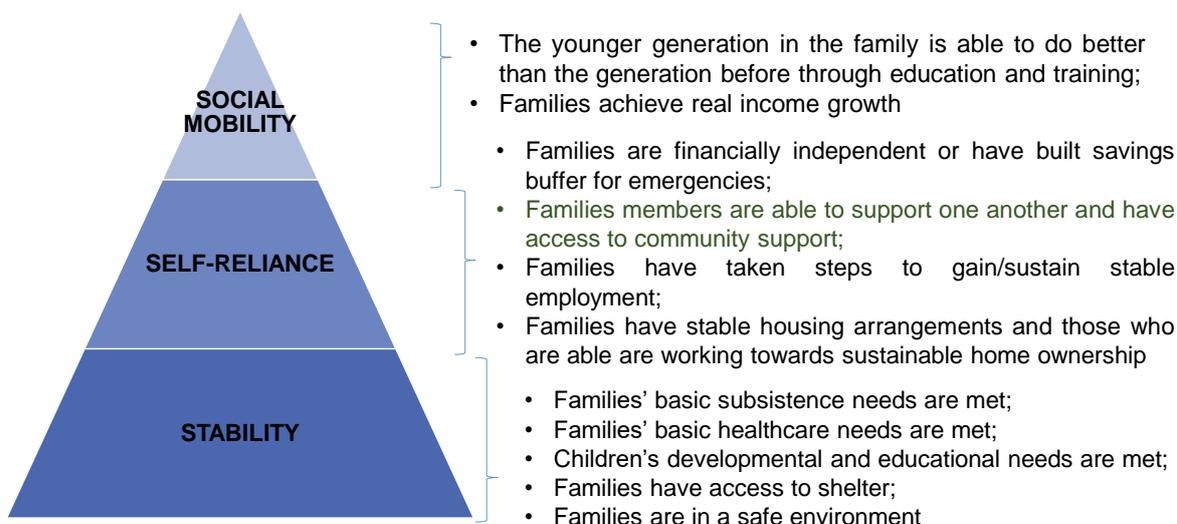
Considerations for an Aligned Case Plan

1 An aligned case plan is one where there is agreement amongst agencies on (i) the prioritised issue(s) to work on with the client, and (ii) how agencies would work together to address the issue(s).

A Common View of Desired Outcomes for the Family

2 While agencies support low-income and vulnerable families in different ways (e.g. SSOs providing financial support and HDB addressing housing needs), one of the key objectives is to help families achieve the '3-S', namely **Stability**, **Self-reliance** (refer to footnote 8 on pg 7), and **Social Mobility (where relevant)** over the longer term. This frame below can provide a common language for agencies to (i) understand what one another's interventions are meant to achieve; (ii) identify tensions or conflicts for further discussion; and (iii) keep a long-term view of the family's outcomes even as interventions may be focused on the short term.

What Stability, Self-reliance and Social Mobility could look like



Prioritising Issues to Address

3 In determining the issue(s) to prioritise, agencies should pay particular attention to issues that affect stability. The issues that pose the greatest threat to a family's stability are safety concerns and risk factors. For a family with multiple safety concerns/risk factors, the following principles could help agencies determine which issues to prioritise:

Have you prioritised case plan items addressing safety concerns/risk factors above those addressing needs?

- Imminent risks should be prioritised above emerging risks²¹, dynamic risks over static²² risks and internal risks over external²³ risks.
- Safety concerns without or with weak protective factors should be prioritised above that with strong protective factors.

4 Once risk and safety concerns have been addressed, families may have more bandwidth to concurrently work on other dimensions of ‘Stability’, as well as ‘Self-reliance’ and ‘Social Mobility’ outcomes. For example, for a family facing financial difficulties, agencies can provide financial assistance to the family while linking the family up with social service agencies providing education support to ensure that children are given a chance to break out of the poverty cycle. For families that are not facing immediate risks, agencies could also consider ways to help them build up savings to provide buffer for emergencies, upskill, and take on jobs with better long-term prospects so that they can achieve self-reliance and, possibly, social mobility in the longer run.

Working Together Across Agencies

5 Besides agreeing on the issue(s) to prioritise, agencies should also consider how to tap on another agency’s assistance/interventions to address the issue(s) jointly. There are three possible ways to do so.

6 First, an agency can **request another agency to exercise flexibility in their assistance/interventions for the client based on compassionate grounds (to ensure that families are able to achieve some level of stability)**. For example, an agency could request HDB to allow a family more time to settle their rental arrears or delay eviction from a rental unit. For families struggling with basic needs, this will provide the space for them to stabilise their situation (note: agencies should discuss the possibility of such flexibility before it is broached with the client).

7 If the agency is able to exercise flexibility (‘y’) subsequent to client undertaking certain actions (‘x’) as a display of commitment, these plan of actions (‘x’) could be prioritised above other case plan items, especially if ‘x’ is critical and addressing this could lead to positive downstream effects. Once flexibility is exercised, the initial action

²¹ An imminent risk would indicate that a person is very likely to be harmed within the near future and this would warrant immediate attention and intervention. Emerging risks are new and unforeseen risk and would require a period of monitoring as their potential for harm is not fully known.

²² Static risks tend to remain largely unchanged over time (e.g. disability, history of mental health), while dynamic risks (e.g. family violence risks, risks of self-harming) have the potential to escalate, de-escalate, or even be eliminated with appropriate intervention.

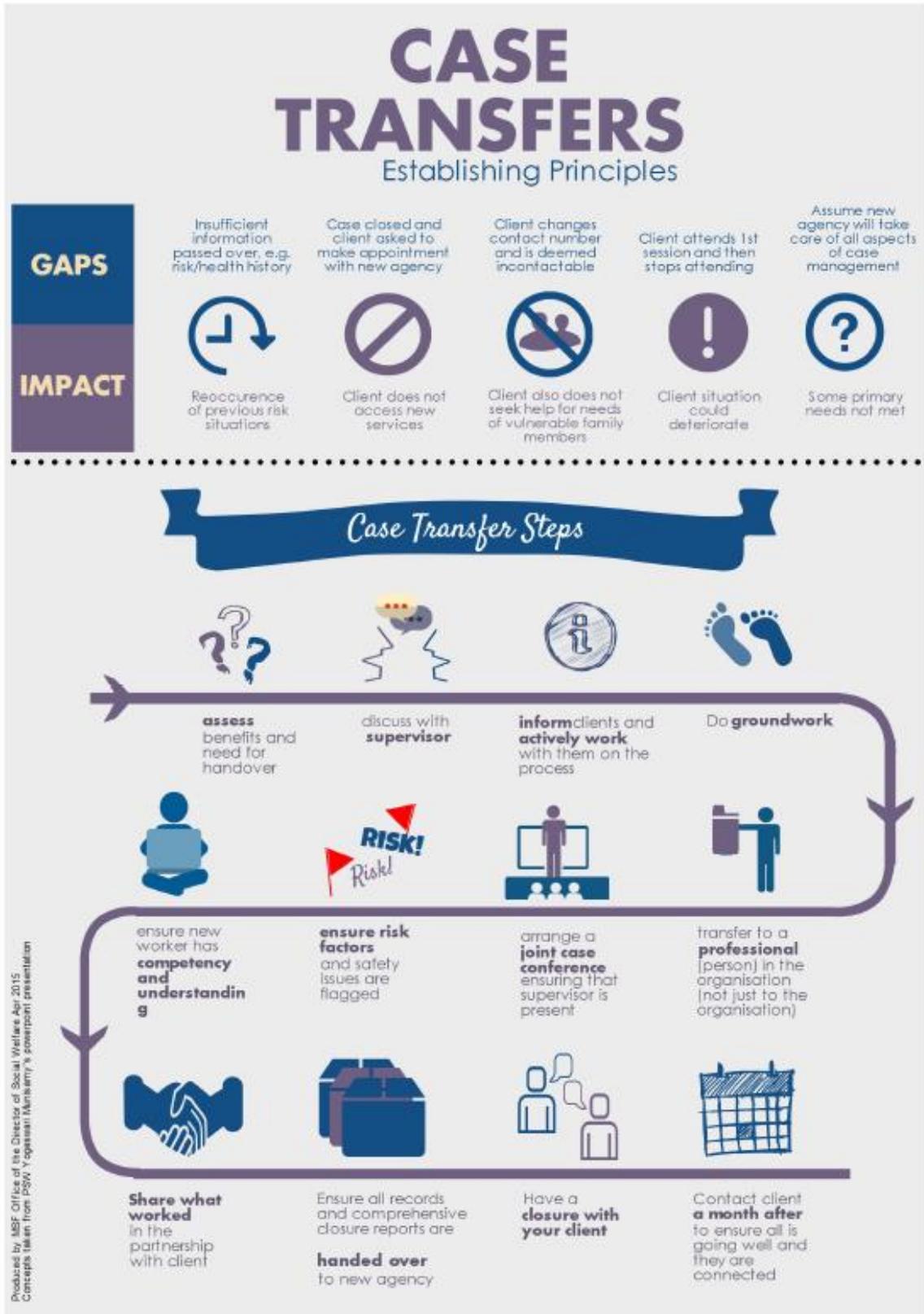
²³ Internal risks refer to concerns that are internal within the individual. Physiological issues (e.g. physical disabilities or limitations), intra-psycho issues (e.g. mental illness including personality disorders), and cognitive issues (e.g. intellectual disability) are classified as internal risks, while interpersonal and environmental issues (e.g. family conflicts, high crime neighbourhoods) are termed as external risks.

to be undertaken by the agency may need to be considered as an ultimatum for client, which could be a lever of “last resort”.

8 Secondly, agencies can **leverage** a different kind of lever by tapping **on the assistance and interventions provided by another agency to nudge the family to take certain actions**. For example, agencies can work with and obtain the agreement of SSOs to use ComCare financial assistance as a lever (i.e. ComCare assistance to be withheld in the event of non-compliance without valid reason) to motivate the family to work on their action plan items. If the assistance/interventions identified as a lever can be provided in the immediate term, it should be prioritised to pave the way for other action plan items to follow. For e.g. if a client is a potential ComCare client, referral to the SSO could be prioritised as agencies can tap on the SSO to tag their case plan items to client’s case plans required for Comcare assistance. This could potentially increase client’s commitment to act on the other case plan items. If the assistance/interventions identified as the lever can only be provided after some time, agencies should follow-up with the case plan items as usual, until the opportunity arises. For e.g. if client’s ComCare assistance is expiring in 3 months, agencies should follow-up with client as usual. ComCare assistance could be tapped on as a lever to motivate client to act on outstanding case plan items when the client’s ComCare assistance is being reviewed.

9 Lastly, an agency can consider how to pull in other agencies in a timely manner to **mitigate the impact of its interventions (which can be a stressor) on a family’s Stability, Self-reliance, and Social mobility**. For example, the Police may need to make an arrest when an arrestable offence has been committed. However, if the suspect is the sole breadwinner of a family, the Police would also pull in other agencies to provide support and assistance to the family before or after the arrest (e.g. waive arrears, provide care to the children or financial assistance) to mitigate the impact of the arrest on the family’s financial and emotional stability.

Principles of case handovers developed by MSF's Office of the Director of Social Welfare



Transfer of Lead Case Manager

Name of client (as in NRIC)	
NRIC No.	
Details of Transfer	
Name of agency	
Name of case worker	
Contact of case worker	
Date of transfer	
Details of Receiving Agency	
Name of agency	
Name of case worker	
Contact of case worker	

Agencies Involved		
Agency	Area/s of focus	Primary client

No	Risk/ Need	Tasks	Time Frame
1.			
2.			
3.			

Other Matters to Note

* Delete appropriately