

Protocol Title: Holding A Case Conference

Protocol Statement: A case conference is a *formal* meeting that brings together three or more staff and can include a client and other community resource persons. The meeting can occur with members of a single, TCSA service unit (e.g. Wellness Centre); or it can be made up of a multi-disciplinary group from a number of different units (wellness workers, school staff, social workers, etc.)

Case conferences may be called to deal with the needs of specific individuals or families, or to deal with a community problem (e.g. setting of fires, vandalism, etc.)

Given the integrated nature of the services we provide, case conferences are an essential service tool for our agency. This protocol provides a standard format for holding case conference. It may be modified, depending upon the individual circumstances.

Purpose

The purpose of a case conference is to develop a care plan for an individual or family—or a strategy to address a community problem.

Procedures

Deciding on a Case Conference

Staff may want to hold a case conference when:

- a simple referral will not adequately address the client's problem because a client has a number of interrelated problems that will require the assistance of staff with different skills and resources;
- the "presenting problems" are beyond the expertise of a single caregiver;
- the staff person needs advice on how best to proceed with helping a client;
- a number of caregivers are already working with a client but there is need for better coordination;
- the client indicates that he or she is receiving conflicting information from caregivers or does not find a simple referral process helpful.

If a case conference seems to be needed, the staff person should discuss the matter with his or her program manager, receive permission to proceed, and organize the case conference.

Organizing the case conference

In organizing a case conference the staff person (the leader) must decide on...

- what kinds of assistance or resources the person may require.
- which staff or community resource persons have the expertise and resources required by the client
- whether to invite the client and or parents, members of the family, members of the community, etc.
- how the leader will present relevant client information to the group and what kind of assistance is being asked for. In some cases this may requires some consultation with other units to access the required information.
- whether, in the case of a child, there may be legislated requirements for the case conference. (The Child and Family Services Act)
- on the technology—whether teleconferencing will be required
- the logistics: place, time, record keeping, etc.

In selecting participants the leader should invite the *right people*. The right people re those people who have the authority to and the ability to take action on the part of the client.

The staff person should ensure that confidentiality is respected. If participants are invited by email the client should not be mentioned by name. If the client will be mentioned by name during the conference, the client should give consent by signing a confidentiality agreement form.

If the client will be present, (either alone or with other family members) the leader should brief the person on what to expect and indicate who else will be present. The leader should also brief the other participants so they will know what to expect and come prepared.

Someone should be appointed in advance to take minutes and record decisions.

Holding the Case Conference

The person who organized the conference usually serves as leader. A typical agenda would look like this.

1. Leader welcomes the participants, describes the purpose of the meeting, and briefly outlines the agenda.

- 
2. The client is introduced, if he or she is present, and the leader stresses confidentiality to reassure the client and remind the participants. He also assures the client that any recommendations coming from the group will not be implemented without the client's support (unless there are legal requirements to do so.)
 3. The leader then provides background information on the client: basic family situation, social history, current issues and concerns, previous efforts to address the client's issues, etc. The leader may do this alone or by asking other participants with relevant information to participate.
 4. The client (or family members) is invited to address the group, if he or she wishes to do so.
 5. The leader then animates the discussion, part of which may be questions or suggestions to the client.
 6. After the discussion is completed, the leader will summarize the issues and recommendations of the group in the form of a *client care plan*:
 - What should be done?
 - Why?
 - By whom?
 - How?
 - In what time line
 - With what resources (if additional resources are required.)
 - Who is the primary caregiver who will monitor the plan and ensure follow-up.
- 

If the client is present the leader should ensure that the client understand the work plan.

7. The leader indicates the next steps for the group—if there are any—and closes the meeting by thanking the participants.

The Follow-up

The leader, or someone appointed by the group, will develop the care plan. One copy will go in the client's file, a second will be given to the client. The minutes will be typed up and placed in the client file.

NOTE. The same format, with appropriate modifications, can be used in conferences designed to create a strategy to address broader community issues.

