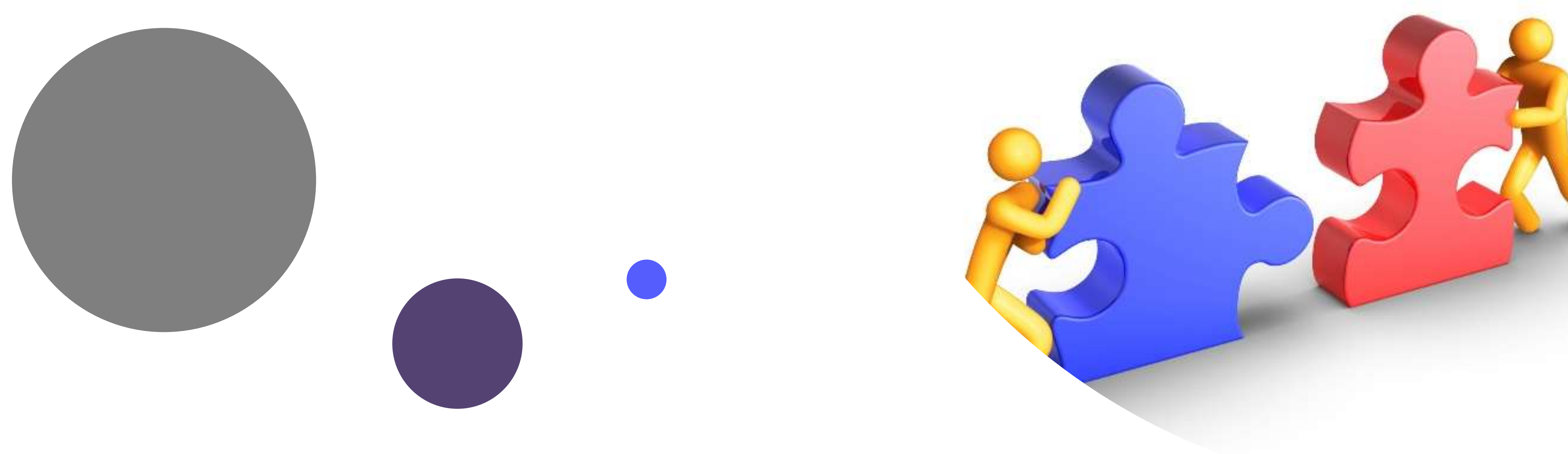


Integration and Intermediation: Case Management in SSN Programs and Social Services

SSN Course – October 2019

Why do we need intermediation and integration and of services?

Countries have a variety of programs and services

- Different scope (large vs. small coverage, national vs. specific territories)
- Very specific target population
- New priority (problem), usually is faced with a new program
- Different providers for the same clients (institutions and government levels).
- Each one with their own entry, exit (when exists) and delivery rules.
- Sometimes programs are competing for the same clients – complementarities???
- Social programs in "non-social sectors".
- It is likely that different programs serve individuals from the same family, but it is not known.
- Probably every vulnerable family has the support of something, but none has support for everything they need.

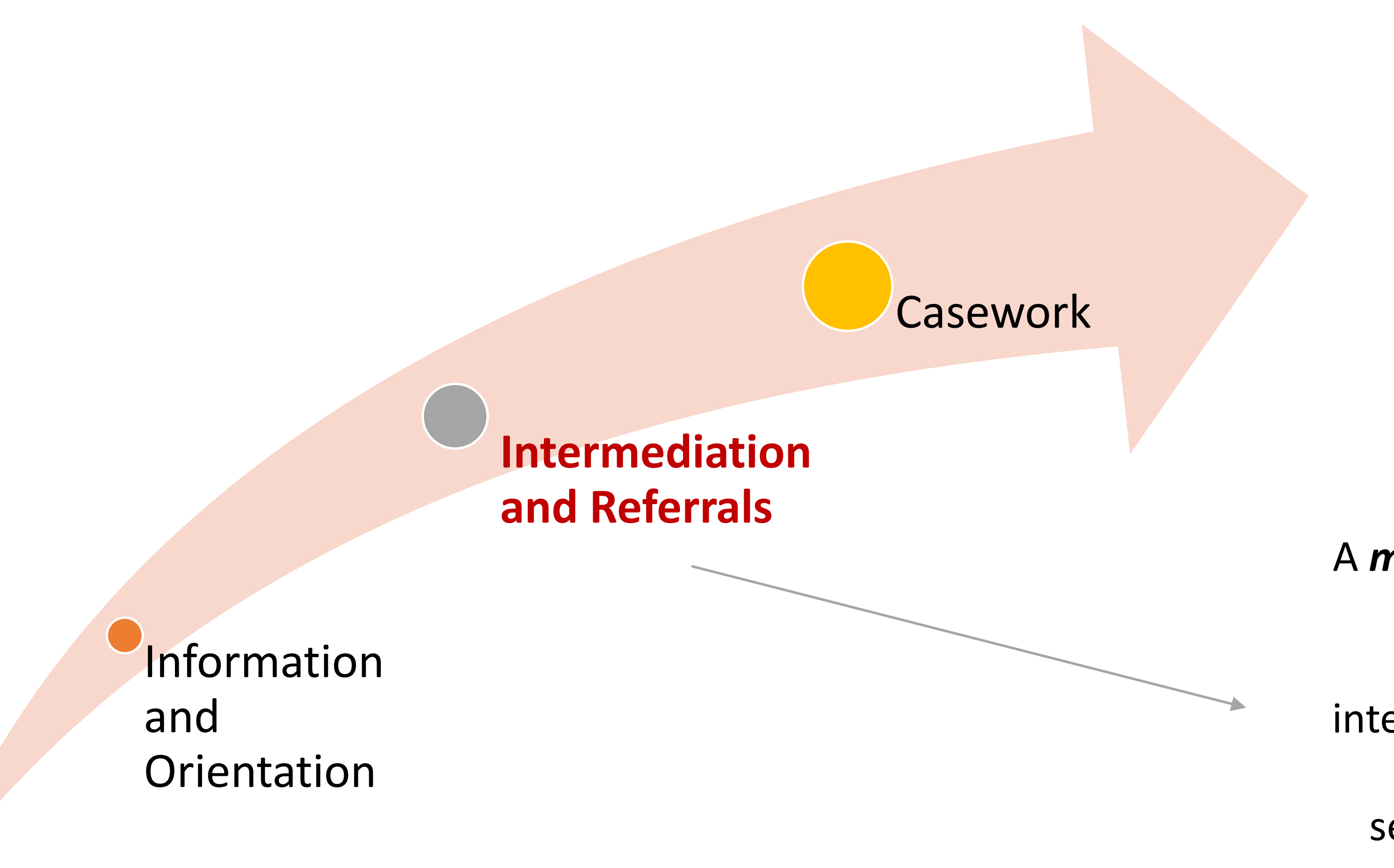
… and clients must navigate through this diversity

- Without enough information.
- Limited abilities to navigate in the services network.
- Costly navigation (money, time, energy).
- Frequent users (“flyers”)= those with more abilities, better information networks, more and better connections = usually NOT THE MOST NEEDED .

Lower quality services for poor clients

- Bad infrastructure (offices, computers, environment, waiting rooms, client bathrooms, etc.)
- Few resources (staff, budget, vehicles, etc.)
- Poor salaries
- Low status within the government
- Crowded front desk
- Complex and frustrated clients (difficult to handle)
- Stressed staff, without self-care strategies
- Fieldwork is “suspicious”
- Quantity versus quality

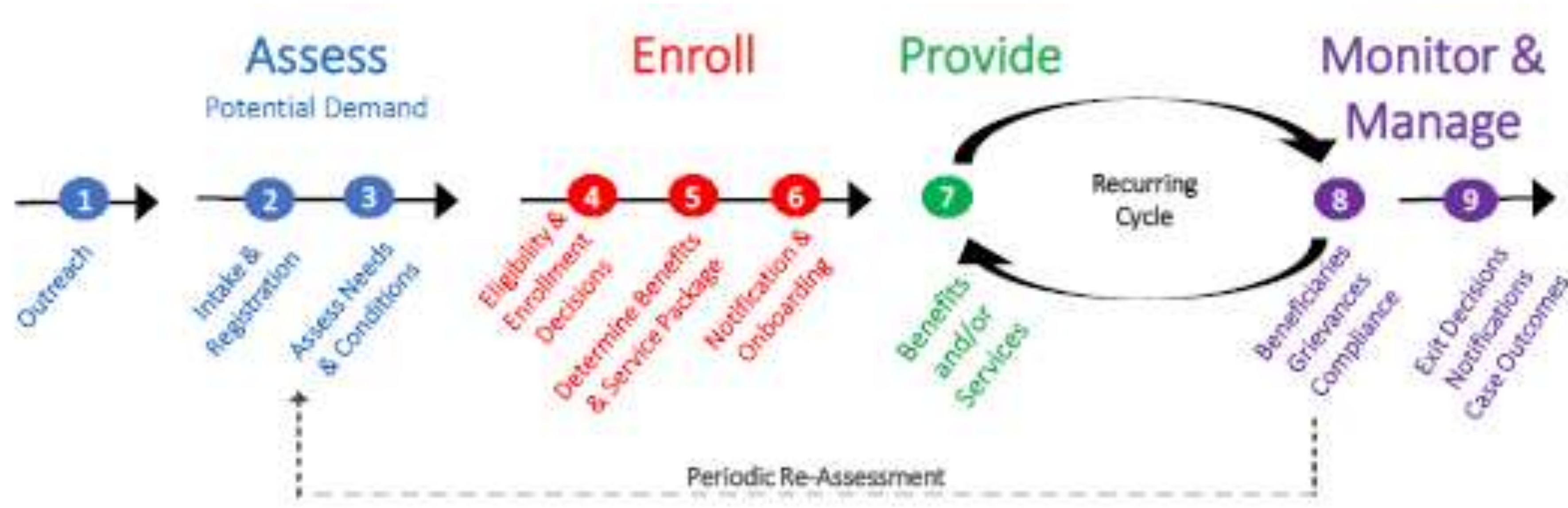
Progressive options for integrated service provision



A ***mediator*** assesses the specific situation of the client and provides information and intermediation through referrals to adequate benefits and services (case management)

What is Case Management

Case Management within the Delivery Chain



Authors' elaboration. Sourcebook on the Foundations of Social Protection Delivery Systems. The World Bank.

Program Case Management

- Manage case activity
- Manage client participation
- Monitor progress and/or compliance with conditions of participation or behavioral requirements.
- Update / revise service strategy
- Inform clients, make referrals
- Close case as needed

What is Case Management

A comprehensive approach to addressing the complex challenges faced by households, which usually cannot be addressed through a single program or intervention

It seeks to make service delivery…

- ✓ Client-centered (flexible, inclusive)
- ✓ Outcome-oriented (accountable)
- ✓ Integrated (comprehensive)
- ✓ More cost-effective
- ✓ Sequenced
- ✓ Sustained

How is Case Management used?

As a ***complementary intervention*** to a main one, focused on a ***selected group*** of beneficiaries.

- Families not complying with co-responsibilities of a CCT (Peru, Panama, Brazil), Families in a graduation process from a CCT program (Jamaica).

As a ***program in and of itself***, providing family support and social intermediation services (integrated package).

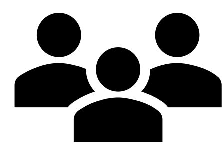
- Outreach Program (Jordan), Unidos (Colombia), Puente al Desarrollo (Costa Rica), Reddito di Cittadinanza (Italy). *All examples related to extreme poor families*.

As a ***component*** of a broader intervention

- Familias en Seguridades y Oportunidades (Chile), Programa PAIF (Brasil)

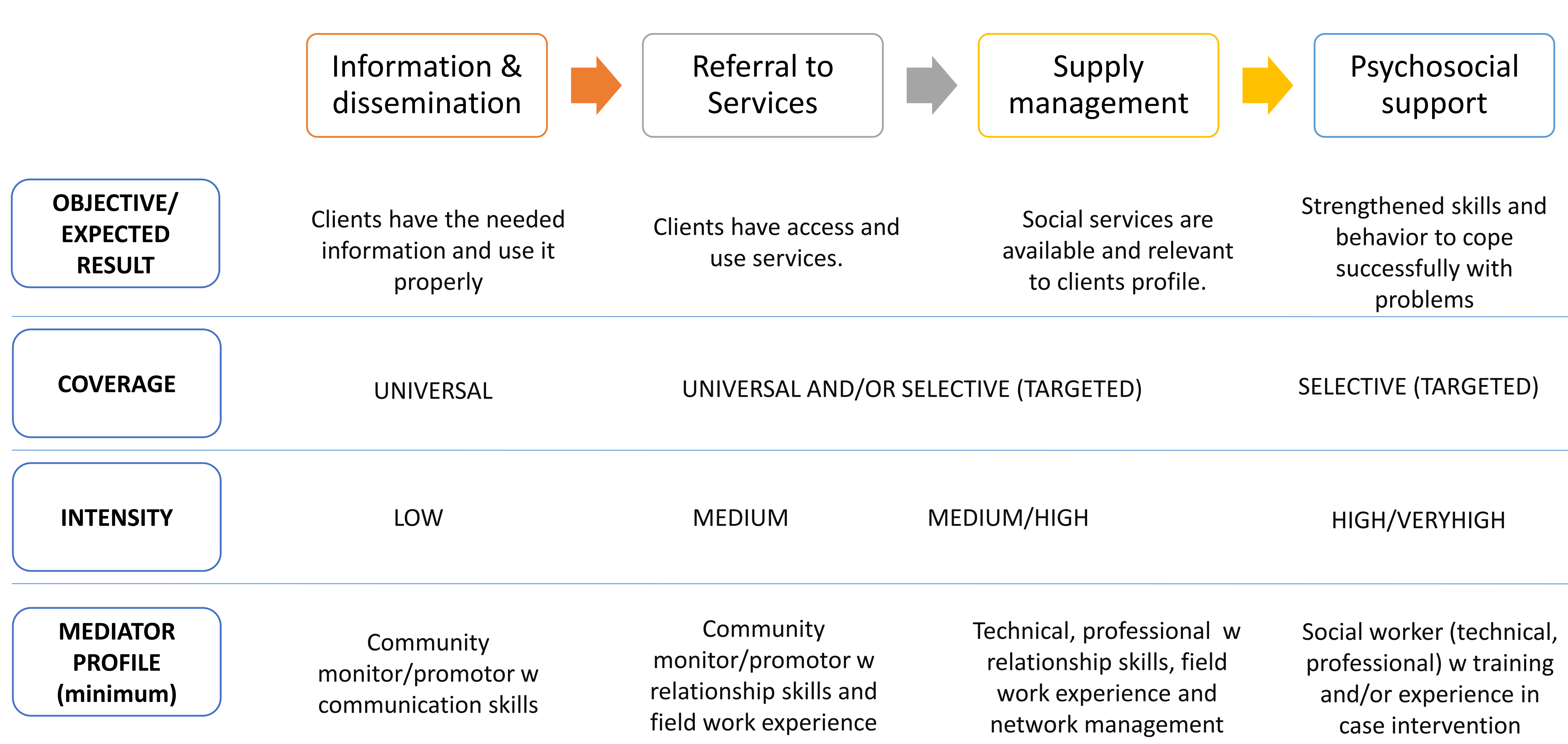
Case management requires a mediator/social worker

- Motivations to face problems
- Interests
- Abilities
- Strategies
- Key needs, challenges
- Priorities

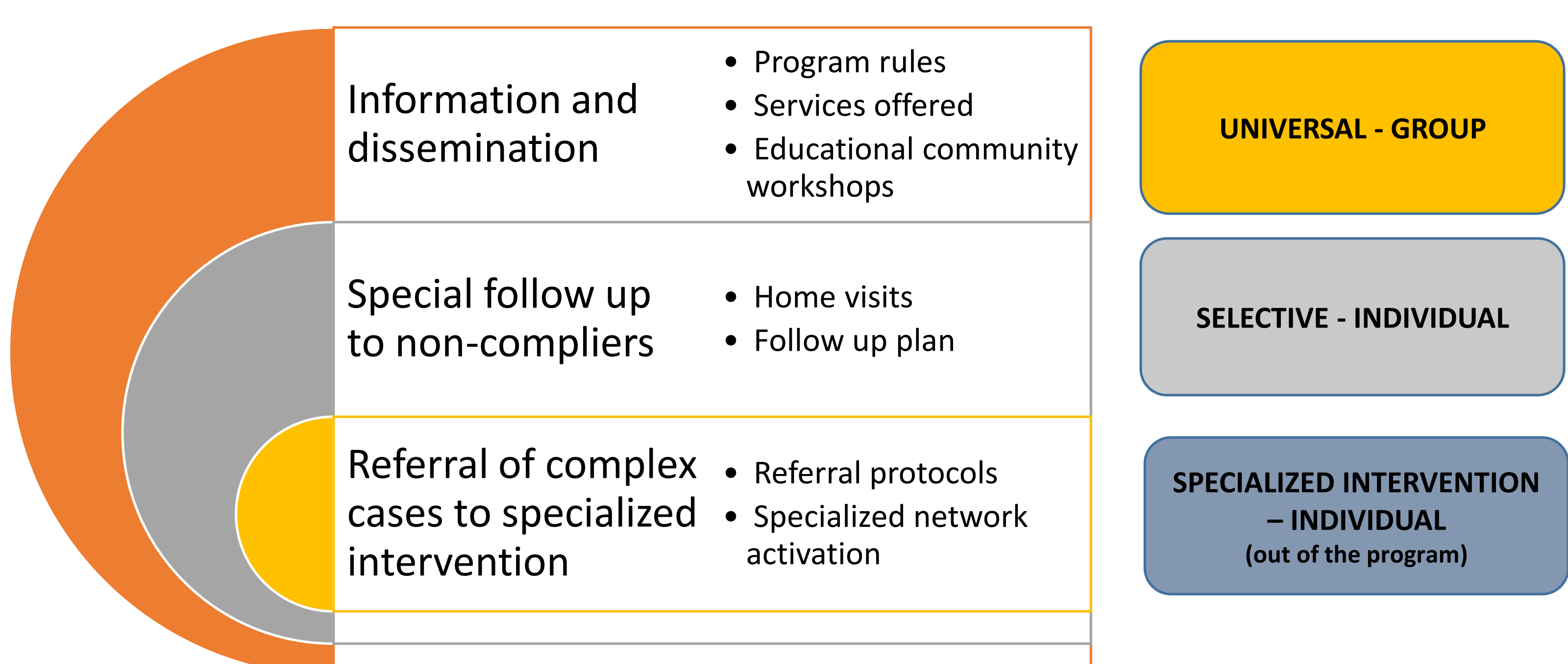


- Requirements
- Timing
- Specific services delivered
- Location
- Availability
- Contact

Different objectives require different levels of intensity for mediation



Same social worker with different roles



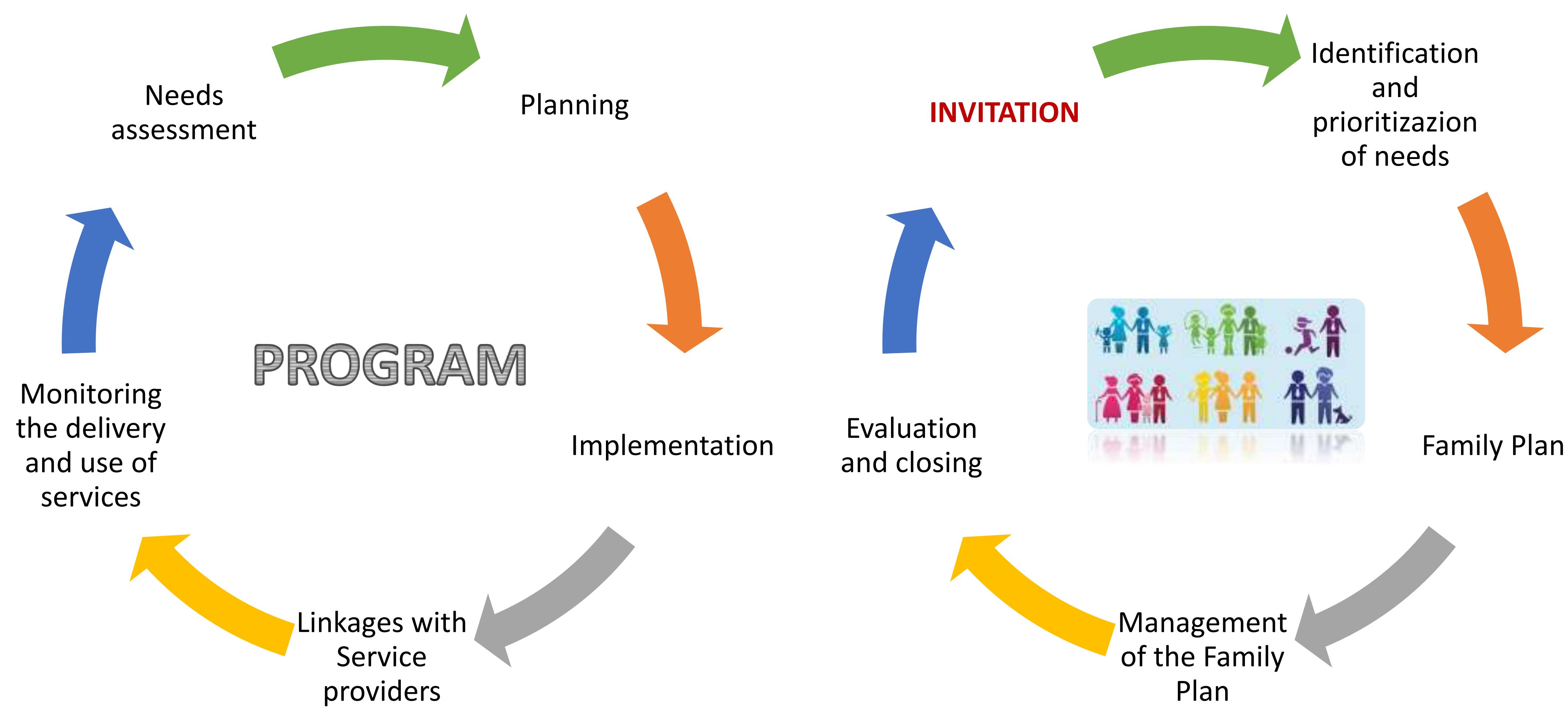
Red de Oportunidades – Panama CCT
Juntos - Peru

Or, different social workers depending on case complexity

Types of Social Work Interventions for MLSS			
	Level I: Basic Information and Referral	**Level 2: Short Term Intervention (6 months)**	**Level 3: Long Term Intervention**
Type of Intervention	Orientation, provide comprehensive information, enrollment in PATH Program, Referrals	Application of TCP Approach combined with methodology of Bridge Program; monitor referrals; frequent follow-up	Application of TCP Approach; work closely with client over long term to ensure link with other MLSS programs (StW)/institutions (MOUs); participation in clinical team (with other ministries) and learning circle to ensure efficacy of intervention. Follow-up
Knowledge and Skills required to Intervene	• Basic social worker training (para-professional) • Front desk management skills • Knowledge of referral programs and their eligibility requirements within the MLSS and other relevant ministries • Interpersonal skills • Interview skills • Basic IT knowledge	• Trained in the development of Individual Development Plans (IDPs) • Problem analyzer and solver • Knowledge on crisis intervention • Ability to investigate and observe situations among clients • Basic family counseling knowledge and skills • Networking	• BSc in Social Work Knowledge and experience with case management • Basic knowledge of clinical psychology/mental health issues • Recognition and observation of social dysfunctions, maladjustment) • Family counseling knowledge and skills • Case recording and record keeping • Evaluation
Profile of Person to work with Client	SSA 1	SSA 2/PS1	PS1/PS2
Type of Referral	Internal and External	Internal and External	Internal and External

Ministry of Labour and Social Security (MLSS) - Jamaica

Main Processes of Case Management: the two sides of the coin



Case management requires a "Toolkit"

For Information & Orientation

Opportunities Map

(catalog of programs/benefits/services available at Parish level – internal (MLSS) + external (public, private, NGO's, others)

Application Forms

For the Interventions

- Social screening (manual & forms)
- Social Assessment/investigation (manual & forms)
- Home visits (manual – guidelines)
- Individual/Family Development Plan /Treatment plan (guidelines & forms)
- Protocols (by case type – including inter-agencies treatment sessions)
- Referral Manual – MOU's

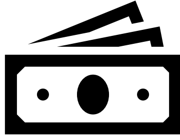
Supporting the Practice

- Practice Analysis Circles (methodology & tools)
- Self-care techniques

Prepared with/for MLSS of Jamaica

Key features of successful Case Management

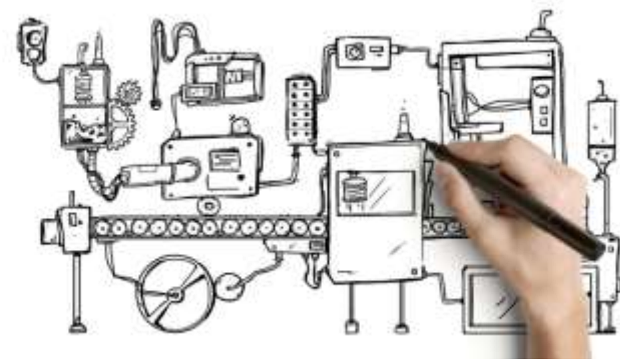
Key features for a successful case management intervention



- ✓ Clear expected results and methodology
- ✓ Linkage function
- ✓ Referral mechanisms
- ✓ Staffing and caseload
- ✓ Information system

1. Clear expected results and methodology

- Results-oriented (for both clients and staff)
- Clear framework for working with clients (from initial screening to completion)
- Tailored to client's needs and local context
- Client goals are achievable and not burdensome
- Complementary to existing programs and services
- Specific timeframe



MAIN CHALLENGE

To decide on the strategy: target group – expected results – methodology – tools

2. Linkage function

- Connecting clients to complementary programs and services, as part of an integrated service provision to beneficiaries.
- Well-established inventory of programs.
- Appropriate information on program capacity and enrolment conditions.
- Deep knowledge of clients needs.
- Well-developed relationship with service providers

MAIN CHALLENGES

To have a **detailed** and **updated** knowledge of available programs and services – select and **prioritize** services related to the expected results – identify the **packages** of services– formal institutional arrangements with service providers.

TURKEY

3. Referral mechanisms

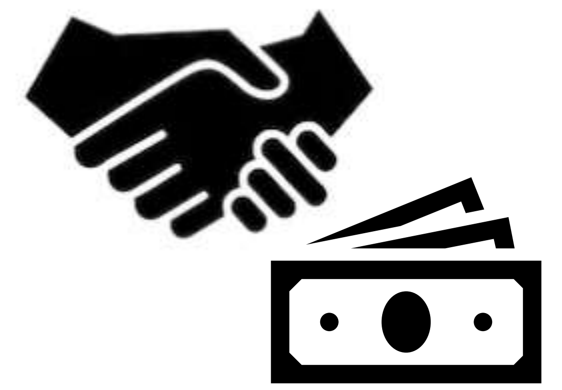
- Well-established protocols for referring clients to complementary programs and services.
- Referral and counter-referral.
- Agreements on granted preferential access for case management clients.
- Timely and clear reporting, monitoring and evaluation of effectiveness of referral processes.

MAIN CHALLENGES

To have formal agreements with service providers – budget mechanisms to finance provision of services – clear and specific agreements on preferential access for referred clients – a common dashboard for monitoring results.

Types of agreements/budget arrangements

- ***Flagged*** resources in sectoral-institutional budgets – identified to finance services to case management clients – existing resources.
  Example: Colombia
- ***Locked*** resources in sectoral-institutional budgets – reserved to finance services to case management clients – existing resources.
  Example: Dominican Republic
- ***Conditional transfers*** to institutions – based on an agreement defining the type of service, unit cost, coverage, access mechanisms, accountability processes – existing and new resources. Example: Chile
- ***New budget program/line*** – allocated in one institution which manages and controls all resources – existing and new resources.

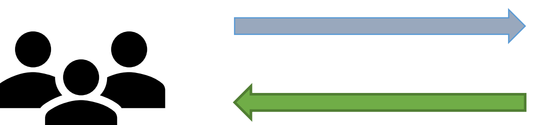


MAIN CHALLENGE

Optimal functioning of a coordination body – definition of members and functions is key – accountability mechanisms.

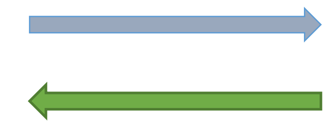
JORDAN

1. Household Information

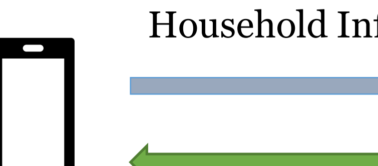


6. Provides Referral

2. Inputs into Tablet



5. Transmits Referrals



3. Transmits Household Info

4. Transmits Client Service Referrals

CMS

- Database
- Survey Questionnaire
- Algorithms (eligibility)
- Referral decision
- Referral follow-up monitoring

Key steps required

MOSD service mapping, including in-depth assessment of 3-4 services

In-depth assessment of 2 third party services

- Assessment of MOSD social workers' capacity, geographic distribution
- Assessment of current MIS and technology infrastructure in MOSD

Develop one master survey questionnaire for the five (5) referral services

- Translate the eligibility rules for the referral services into algorithms
- Test the CMIS internally and in the field with trained MOSD social workers (using designated tablets) and fix any errors

Some key challenges to the model..

- Disconnect between the questions asked for needs identification and the actual current or foreseeable needs of households;
  - Questionnaire was built arounds algorithms of the eligibility determination of several more wide-spread programs,
  - Did not take into account households' preferences in terms of type of assistance
  - Did not account for any limiting factors that may preclude household from accepting assistance or previous attempts
- Outreach workers considered calls effective means of ensuring that beneficiaries contact service providers (86%) and ensuring that the beneficiaries actually receive support from service providers (81%).
- 39% of Ows believed that households may need additional support in connection with referrals.
- Beneficiary FGDs indicate that follow-up was sometimes irregular and initiated by beneficiaries rather than outreach workers.
- It is not also not clear how well the training of outreach workers prepared them to help households navigated the application requirements of different service providers.
- The 11 service providers were identified with supply of services but actual follow up on registration was not part of the business cycle
- Administrative data shows that of 12264 who were given referrals, only 7% (801) households were serviced by service providers.

And options for Improvement of CMS and CMIS

For the referral approach to leverage existing service providers more effectively, there need to be:
Improved social provider mapping and expansion of the list of providers, which should be continuously updated, hopefully including well-established NGOs in addition to government entities

Expanding the list of services to include psycho-social support capacity of social providers and instituting incentive structure in terms of additional case load they can handle, analysis of causes of capacity constraints

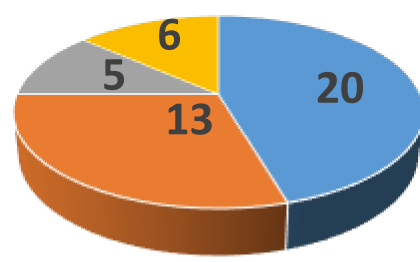
Coordination and financing mechanisms that would allow increasing the capacity of service providers to service referred individuals

Engagements with social service providers to improve their business processes

4. Staffing and caseload

- Well-trained (in-job training) and certified staff.
- Staff with strong interpersonal and communication skills.
- Caseloads are not burdensome.
- Appropriate supervision mechanism in place.
- Self-care strategy

Social Worker weekly agenda
(n hours, Tot: 44)



Interviews & home visits
Networking
Self caring-preventive BOS
Admin work

MAIN CHALLENGE

To optimize current human resources – adjustments in actual functions – identify gaps in skills and training – new staffing as complement.

JAMAICA

- **Description:**
  - Major recruitment drive to increase the number of 50 additional social workers to support the roll-out of a Graduation Strategy for the PATH CCT
  - Current staff complement of 127 social workers to work with the 130,000 PATH beneficiary households
  - Different profiles of social workers in a tiered framework with progressive responsibility:
    - *SSA Social Worker 1*: Basic social work training - front desk management; home visits and applications
    - *SSA Social Worker 2*: Advanced social work training - monitor referrals, routine client interface and follow-up; compliance monitoring and investigation; shelter management for disasters
    - *PS Social Worker (1 and 2)*: At minimum an undergraduate degree in social work – development and monitoring of individual development plans and treatment plans; conducts social investigations and assessments; case management to at-risk families; identifies referrals
  - Standardized procedures in place:
    - Case management manual which includes ethical standards, roles and responsibilities, workflow, techniques and resources for assessments, interviews, counseling etc.
    - Case management handbook for easy reference in the field
  - Partnership with the University of the West Indies to support training and accreditation of social workers

- **Challenges:**
  - Social worker to beneficiary ratio: 1 per 1,000 – well above the ratio of 1 per 100 per international standards
  - Social worker assessment and case management now applied to all new PATH beneficiaries – increasing burden on already strained social work staff
  - Referral mechanisms and staff complement in other agencies not always adequate to support good information exchange and monitoring

5. Information system

- Well-designed MIS in place to support all processes
- Clear distribution of roles among users
- Trained staff to manage the system
- Sufficient resources to finance its regular maintenance and troubleshooting
- Interoperability among related information systems

MAIN CHALLENGES

Definition of differentiated roles and access privileges (data collection, data entry, data quality control, data cross-checking, reporting function, accountability procedures, regular data audit). Effective use of information for decision-making.

ITALY

GePI is the application designed and developed to simplify the work of social workers in assisting beneficiary families of the social inclusion pillar of the Citizenship Income program (*Reddito di Cittadinanza*) in Italy.

It Covers	It does not cover	Work in progress
• Case management • Monitoring	• Application process	• Referrals with employment and specialized services

Main functionalities:

For Social Workers	• Simplifies their work at the municipality
For Municipalities	• Facilitates assignment of cases to social workers
For the Ministry	• Allows for monitoring of the RdC social pillar (dashboards)

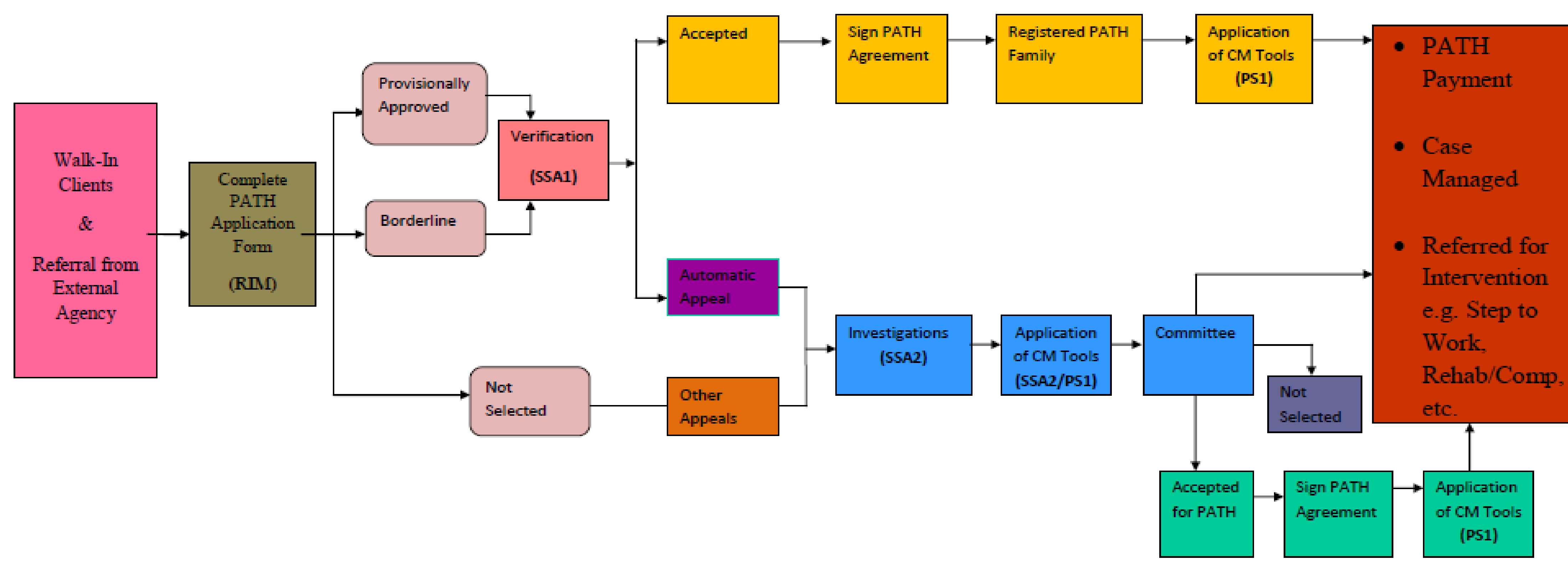
thank you!

Questions for reflection

- What is the key objective/expected results for clients/users?
- What is their profile (needs) and what are available services?
- What are the contact/entry points at the local level? What is local level capacity like?
- What is the ideal way to organize the intervention (home vs. center-based, combination)
- What are the institutional arrangements between national/local level?
- Coordination! ☺

EXAMPLES

Jamaica – Case Management Process



Expected Results

Logros Unidos

Dimensiones IPM

Educación	Niñez y juventud	Trabajo	Salud	Vivienda y servicios públicos
Analfabetismo	Barreras al acceso servicio primera infancia	Desempleo de larga duración	Sin aseguramiento en salud	Sin acceso a fuente de agua mejorada
Bajo logro educativo	Inasistencia escolar	Trabajo informal	Barreras al acceso servicios de salud	Materia inadecuado paredes
	Rezago escolar			Material inadecuado pisos
	Trabajo infantil			Hacinamiento crítico
				Inadecuada eliminación excretas

Needs Assessment/screening

PROSPERIDAD SOCIAL | TODOS POR UN NUEVO PAÍS

RESULTADO DEL ESTADO DE LOGROS DE LA CARACTERIZACIÓN	Código:	
	Fecha de aprobación:	
PROCESO ACOMPAÑAMIENTO FAMILIAR Y COMUNITARIO	Versión:	

Fecha del reporte	01/01/2001
Nombre de usuario que genera	Pedro Peréz
Código único de reporte	100000000001

DEPARTAMENTO	Antioquia	MUNICIPIO	Caucasia
NÚMERO DEL HOGAR	1000123	TELÉFONO CELULAR	1111111111
DIRECCIÓN	Finca El Bagre	FECHA DE CARACTERIZACIÓN	01/01/2001
TELÉFONO FIJO	1111111	NOMBRE COGETSOR SOCIAL	Antiono José de Sucre

Nombre	Apellidos	Edad	Parentesco	Tipo de documento	No. Documento
Juan	Acosta	45	Jefe de Hogar	Cédula	77777777
Martha	Navarrete	40	Cónyuge	Cédula	55555555
Aura María	Acosta Navarrete	12	Hijo	Tarjeta de Ident	1111111111

RESULTADO CARACTERIZACIÓN	
METODOLOGÍA	RESULTADO
POBREZA MULTIDEMENSIONAL -IPM	NO POBRE
POBREZA MONETARIA	POBRE

RESUMEN DE LOGROS		
Logros que aplican al hogar	Logros alcanzados	12
	Logros por alcanzar	6
Logros que no aplican al hogar		8

TIPO	LOGRO	ESTADO
	1. Todos los integrantes del hogar tienen su documento de identificación.	Alcanzado
	2. Todos los integrantes del hogar están afiliados al Sistema General de Seguridad Social en Salud (SGSSS).	Alcanzado
	3. Los niños y niñas del hogar menores de seis (6) años tienen el esquema completo de vacunación para la edad.	No aplica
	4. Las niñas y niños mayores de seis (6) meses y menores de cinco (5) años no presentan tamizaje positivo por desnutrición aguda.	No aplica

TIPO	LOGRO	ESTADO
	12. Los hombres entre 28 y 50 años tienen tarjeta militar.	Por alcanzar
	13. Todas las personas con discapacidad están incluidas en el Registro para la Localización y Caracterización de Personas con Discapacidad – RLCPD.	Por alcanzar
	14. Las personas con discapacidad a las que les prescribieron un producto de apoyo o rehabilitación funcional, la recibieron.	No Aplica
	15. El hogar no presenta inseguridad alimentaria moderada o severa.	Alcanzado

Referral system

PUENTE AL DESARROLLO

Inicio | Parámetros | Referencias | Consultas y Reportes | Salir

Detalle de la Referencia

Número de Referencia 108110 Fecha 19/04/2017 **Estado** ENVIADA

Institución-Programa CCSS - PENSION RNC

Información de la Familia

Provincia SAN JOSE **Cantón** DESAMPARADOS **Distrito** SAN MIGUEL

Barrio LA CAPRI **Caserío** CASERIO CENTRAL **Zona** URBANA

Otras Señas: Tenencia de Vivienda Otra forma de tenencia **Fecha FIS** 10/02/2014

DE LA IGLESIA VIDA Y PAZ 50 ESTE CASA VERJAS BEIGE MANO DERECHA

Número de Teléfono 25106408 Otro Número de Teléfono 85891017 Correo Cogestor echacon@imas.go.cr

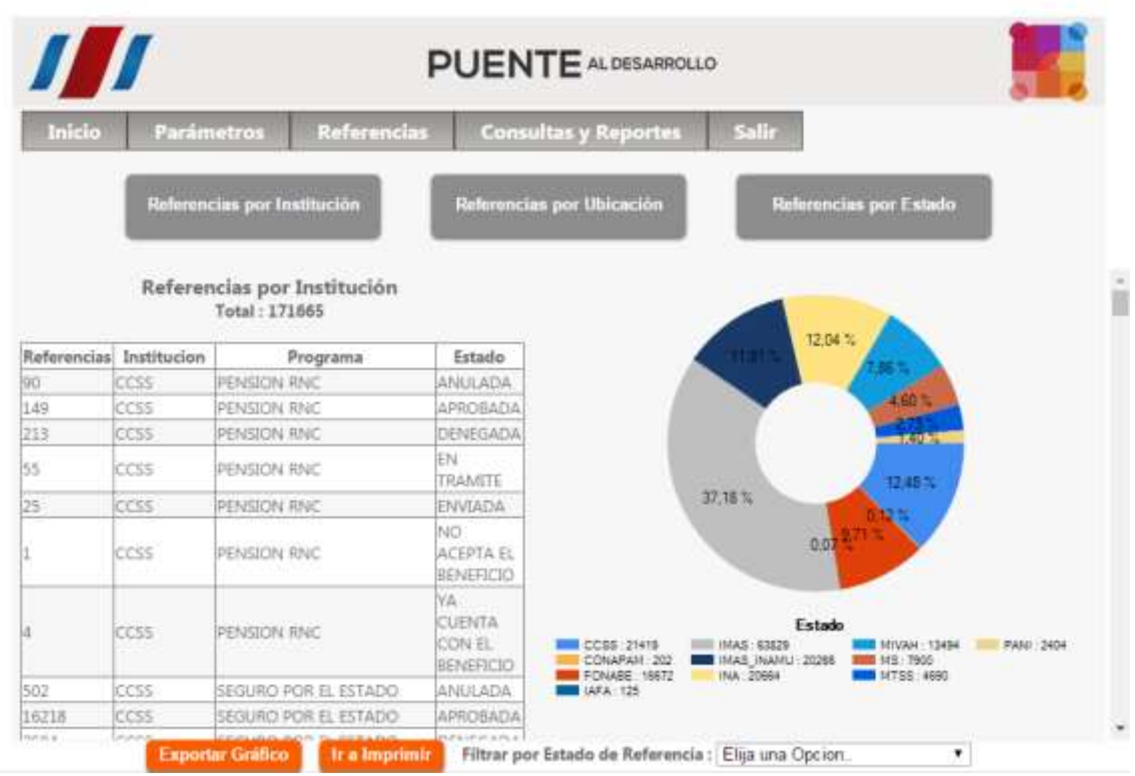
Atendido / Referido en: ARDS NORESTE Usuario EDWIN JESUS CHACON MUÑOZ

Integrantes de la Familia

ID Pobobj	Tipo Id	Identificación	Primer Apellido	Segundo Apellido	Primer Nombre	Segundo Nombre	Fecha de Nacimiento	Nacionalidad	Sexo	Estado Civil	Condición de Actividad
1627792	001	0107210650	MADRIGAL	OLIVAS	RONY	ALEXANDER	15/05/1968	COSTARRICENSE	MASCULINO	UNION	DESEMPLEADO(A

Actualizar Estado | Bitácora de Referencia | Ir a Imprimir | Regresar

Monitoring system



Monitoring System

FICHA REPORTE DE IDENTIFICACIÓN DE NECESIDADES PARA LA POBLACIÓN EN SITUACIÓN DE POBREZA

Departamento	COLOMBIA
Municipio	TOTAL
Código Municipio	0

Número de hogares focalizados	1.067.774
Número de hogares acompañados	598.541

Avances en el acompañamiento

56,1%

200.000 400.000 600.000 800.000 1.000.000 1.200.000

Número de hogares acompañados / Número de hogares focalizados

Hogares acompañados por tipo

Hogares Rurales	315.215
Hogares Urbanos	170.731
Hogares SFVE	61.118
Hogares étnicos	41.417

Hogares Víctimas	178.669

Estado de Logros

Dimensión	Unidad de atención	Logro	Cumple		No cumple	
			Número	Porcentaje	Número	Porcentaje
Identificación	Personas	1. Documento de identificación	2.201.763	99,4%	13.290	0,6%
Salud y nutrición	Personas	2. Afiliación a salud	2.166.573	97,8%	48.480	2,2%
	Niños(as) menores de 6 años	3. Esquema completo de vacunación	153.525	95,4%	8.776	4,6%
	Niños(as) mayores de 6 meses y hasta 5 años	4. No presencia de tamizaje positivo por desnutrición aguda	154.419	98,5%	2.431	1,5%
	Niños (as) hasta 2 años	5. Asistencia a controles de crecimiento y desarrollo	47.260	89,2%	5.738	10,8%
Educación y capacitación	Niños(as) de 2 a 5 años	6. Asistencia a educación inicial	86.881	80,2%	21.515	19,8%
	Personas entre 6 y 18 años	7. Asistencia a educación formal	585.521	82,7%	122.164	11,3%
	Niños(as) de 6 a 15 años	8. No trabajo infantil	483.744	89,9%	54.640	10,1%
Habitabilidad	Hogares	9. Acceso a fuente adecuada a agua	428.881	76,8%	129.833	23,2%
	Hogares	10. Acceso a sistema adecuado de saneamiento básico	403.051	72,8%	155.033	27,8%
Ingresos y trabajo	Hogares	11. Ingreso per cápita superior al umbral de pobreza extrema	175.910	32,1%	373.164	67,9%