Case Management in SSN Programs and Social Services

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Case Management?

Is a collaborative process that assesses, plans, implements, coordinates, monitor and evaluates the options and services required to meet the client’s needs.

It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

CLIENT – ORIENTED OUTCOME - DRIVEN
Case Management?

At the Systems level
• Case Management as a strategy for coordinating the provision of services to client within that System.

At the Client level
• Case Management as a client-centered, goal-oriented process for assessing the need of an individual for particular services and obtaining those services.

Case Management seeks to make service delivery ...

✔ Integrated
✔ Coordinated
✔ Accountable
✔ Sequenced
✔ Sustained

✔ Client-oriented
✔ Goal-oriented
✔ Flexible
✔ Cost-effective
✔ Comprehensive
Networking and Mediation: key roles/functions

- MEDIATOR
- NETWORKER
- LINKING CLIENTS TO SERVICES
Key aspects of networking: demand and supply

• Targeted work at intersections
• Need to know in detail both sides
• Is a specialization (it is done by specialists)
• Results-oriented
• Networking has specific tools
Importance of the **mediator**

<table>
<thead>
<tr>
<th>Client</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Motivations</td>
<td>• Requirements</td>
</tr>
<tr>
<td>• Interest</td>
<td>• Timeline</td>
</tr>
<tr>
<td>• Skills</td>
<td>• Specific services</td>
</tr>
<tr>
<td>• Coping strategies</td>
<td>(that are provided)</td>
</tr>
<tr>
<td>• Priorities</td>
<td>• Location</td>
</tr>
<tr>
<td>• Drivers</td>
<td>• Availability</td>
</tr>
<tr>
<td>• Main problems</td>
<td>• Contacts</td>
</tr>
</tbody>
</table>

✓ Needs to know details about the client and the available services (most important= **how they work**).
### Types and levels of mediation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Coverage</th>
<th>Intensity</th>
<th>Mediator Profile (minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients have the needed information and use it properly</td>
<td>Universal</td>
<td>Low</td>
<td>Community monitor/promotor with communication skills</td>
</tr>
<tr>
<td>Clients have access and use services.</td>
<td>Universal and/or selective (targeted)</td>
<td>Medium</td>
<td>Community monitor/promotor with relationship skills and field work experience</td>
</tr>
<tr>
<td>Social services are available and relevant to clients profile.</td>
<td>Selective (targeted)</td>
<td>Medium/high</td>
<td>Technical – professional with relationship skills, field work experience and network management</td>
</tr>
<tr>
<td>Skills and behavior developed/increased to cope successfully with problems.</td>
<td></td>
<td>High/veryhigh</td>
<td>Social worker (technical – professional) with training and/or experience in case intervention</td>
</tr>
</tbody>
</table>
A mediation model needs to be selected taking into account:

1. Purpose
2. Expected Results (concrete and feasible ones) in a given time
3. Available resources (specially human resources)
4. Psychosocial environment (including local culture)
Social Workers need 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 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 SW’s Practice**
- Practice Analysis Circles (methodology & tools)
- Self-care techniques

Prepared with/for MLSS of Jamaica
Psychosocial support process

- **Supportive relationship**
  - Building confidence
  - Mutual involvement
  - Commitment for actions

- **Specialized conversations**
  - Information related to services.
  - Education
  - Emotional support

- **Promote in clients**
  - Reflection
  - Self awareness
  - Autonomus decisions

- **Action commitments**
  - Access to social services
Clients daily cope with ...

Conflicting ways of social interaction

- Poverty
- Social Exclusion
- Frustration
- Hopelessness
- Subjective experience
- Narrow perspectives for the future
- Difficulties to make a life plan
Complex social situation of clients

Highly demanding tasks for SW’s

EXHAUSTION – BURN OUT

FEELINGS OF UNEFFECTIVE - NESS
NEGATIVE THOUGHTS
IRRITABILITY
PROBLEMS AT WORK
EATING OR SLEEPING PROBLEMS
Main SW skills for a healthy and effective practice

1. REFLEXIVITY:
   • Analyse his/her own practice,
   • Finding new and better ways to do it

2. COMMITMENT CAPACITY:
   • Personal engagement in supporting clients to solve their needs

3. CONVERSATION SKILLS:
   • Lead the clients to make appropriate in-sights and questions needed to be aware of their life situation and make decisions to change it

4. BODY AWARENESS
   • Alert on physical signs of comfort and discomfort
   • Detect emotional exhaustion on time
   • Practice self care activities
Social worker weekly agenda

- Interviews & home visits: 20 hours
- Networking: 6 hours
- Self caring - preventing BOS: 5 hours
- Administrative work: 13 hours
Success Factors of Social Intermediation Programs:

A review of Chile Solidario and Red Unidos (Colombia)

Based on a study written by Adriana Camacho, Wendy Cunningham, Jamele Rigolini and Veronica Silva
The study

- *Chile Solidario* and Colombia’s *Red Unidos* are programs with:
  - Similar designs; but
  - Marked implementation differences
  - Both programs have similar costs per beneficiary household (around US$ 80-130 per average beneficiary family)

- In the study, we associate differences in implementation to differences in the impacts of the two programs.

- In both programs, administrative data show an improvement in beneficiaries’ wellbeing indicators.

- We do find however that implementation details affect substantially the magnitude of program’s effectiveness.
Chile Solidario – Unidos (Colombia)

Psychosocial support phase: family with a social worker makes an assessment, defines priorities, and establishes a set of commitments.

When the family exits family counseling, are operating the mechanisms of a Social Protection System and the family is linked to the corresponding networks.

INTERVENTION STRATEGY

Family

Services Network

Identification

Education

Health

Family dynamics

Housing

Employment

Income

Training

Financial inclusion

Income

Basic
a)conditions
b)achievements

Psychosocial Support/Family Counseling

Family Services Network

Chile Solidario – Unidos (Colombia)
### Differences in implementation between the two programs

<table>
<thead>
<tr>
<th>Implementation Axis</th>
<th>Chile Solidario</th>
<th>Red Unidos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher level institutional support; ability to propose/amend laws and decrees</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Ex ante identification of beneficiaries’ social conditions and needs, and gaps in</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>social assistance coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular and periodical visits of social workers to beneficiary families</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Intensive training and periodical evaluation of social workers’ knowledge and</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated database management across programs and ministries</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>Ability to finance other social programs to expand/prioritize coverage towards</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>program’s beneficiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to finance the expansion/prioritization of services to cover program’s</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>beneficiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community support component</td>
<td>✗</td>
<td>✔</td>
</tr>
</tbody>
</table>
**Chile Solidario** managed similar improvements than **Red Unidos** in a shorter time span

**Achievements by dimension**

*First cohort of beneficiaries; Chile Solidario: 2 years; Red Unidos: 5 years*
Impact evaluations confirm the greater impact of Chile Solidario

• For the initial cohorts of beneficiaries, the family counseling activities of Red Unidos had limited impact on beneficiaries’ welfare indicators.

• On the other hand, impact evaluations of Chile Solidario found a positive impact on access and use of social programs; school attendance; and health care.

• On employment, impacts can only be observed when the supply and type of training programs meets the demand and needs of the most vulnerable.
Lessons for policy design

• Social intermediation programs are effective tools for reaching the extreme and chronic poor
  – The extreme poor exclude themselves from social life, and there is a need to go beyond the classical “passive” social assistance approach.
  – Both programs show improvements in beneficiaries’ welfare indicators.
  – The design details of such programs impacts however their effectiveness.

• Social intermediation programs have to be tailored to local capacity and conditions
  – They do not need to be as elaborate as Chile Solidario to lead to positive effects.
  – Simpler social intermediation programs can also lead to positive impacts, at least along the access dimension.
Lessons for policy design

- **Social intermediation programs should be well integrated within existing institutions and programs**
  - They do not bring additional material benefits to beneficiaries; they are a "pass-through" for the distribution of social assistance benefits and social services.
  - They must be therefore well integrated within the social assistance network.
  - Beneficiaries should be granted preferential access to other programs, which may need additional resources; databases should be integrated; and new programs should be created where vulnerabilities emerge.

- **Do not forget to fuel the supply side**
  - Granting access to poor quality services may lead to little or no impacts.
  - At times the greatest increase in access can be achieved by working directly into solving supply side constraints.
Lessons for policy design

• **Focus**
  – Once a link with a poor family has been established, it is tempting to add “modules” to such programs to accomplish several objectives at once.
  – However, the more is required from families, the less likely it is that families will be able to accomplish the required objectives.

• **Set realistic expectations about impacts**
  – Social intermediation programs target the most vulnerable and marginalized population.
  – The lack of a stable and well remunerated employment may be due to deeper individual challenges, as much as to the enabling environment.
  – Setting expectations about impacts exceedingly high may give wrong impressions about the programs’ performance.
Lessons for policy design

• **Implement all aspects with rigor**
  – Psychosocial support works only if families are visited regularly by trained specialists, who follow strict procedures.
  – Social workers should have some means and discretion to help families overcome potential monetary constraints.
  – Social workers should also be empowered by connecting them to community leaders.

• **(Cost) effectiveness**
  – Social intermediation programs are effective only to the extent that other programs effectively support beneficiaries in surmounting their constraints.
  – To the extent that the social panorama is well developed, they are very (cost) effective in tailoring social services to individual family needs.