



# US Programs Tools for Resettlement and Integration Practitioners



Enhancing Service Delivery and  
Case Management for Refugees

**January 2018**

IRC USP

From Harm to Home | [Rescue.org/ResettlementResources](https://rescue.org/ResettlementResources)

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## Introduction

This toolkit is designed to strengthen case management and service delivery to refugees as they resettle and integrate into their new communities. The collected resources can be used by humanitarian agencies, social service providers, civil service organizations, and other stakeholders. Selected materials are included for the use in training direct practitioners as well as people designing and managing programs and services.

The materials in this toolkit are designed to:

- Describe best practice program models and service delivery techniques for effectively engaging with and supporting refugees;
- Increase practitioner knowledge about fundamental concepts in case management and service provision;
- Provide tangible tools to strengthen refugee resettlement and integration efforts.

## Background

The mission of the IRC is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future. The IRC serves people forced to flee from war, conflict, and natural disaster and the host communities that support them, as well as those who remain within their homes and communities.

The IRC has provided resettlement and integration services to refugees in the United States (U.S.) since World War II. As one of the nine resettlement agencies to have a cooperative agreement with the State Department's Bureau of Population, Refugees, and Migration, the IRC has resettled refugees through the U.S. Refugee Admissions Program since it began in 1980. With decades of resettlement experience, this guide was created as a way to share IRC's expertise and tools with other service providers.

IRC provides services to a wide range of vulnerable populations. For simplicity in this toolkit, the term 'refugee' is used to refer to all populations that may benefit from the resources. These individuals may also be referenced as "clients" or "beneficiaries."



## How to Use This Toolkit

This toolkit includes a mixture of best practice descriptions, guidelines, samples, presentations, training activities, worksheets, etc. These materials were developed for varying contexts and audiences, and are being shared without substantial modification from their original form. Therefore, care must be taken to adapt resources to a local context before use.

The materials have been organized into multiple sub-topic areas:

1. [Fundamentals of Case Management](#)
2. [Program Design](#)
3. [Additional Aspects of Service Delivery](#)

To support the varying needs throughout different offices and different contexts, the resources within this toolkit are designed to be used independently or in collaboration with the other materials. If using these materials, please make sure to properly credit the IRC. IRC staff should check with their supervisors or program leads to confirm they are using the most recent versions as resources are continually improved upon within the IRC.

This symbol indicates a hyperlink: . Click on the text next to it to link directly to the full tool. These resources and others are publicly available at [Rescue.org/ResettlementResources](https://www.rescue.org/resettlement-resources).

### **Acknowledgements**

Materials in this toolkit were created by:

- The IRC in Dallas
- The IRC in Phoenix
- The IRC in Salt Lake City
- The IRC in San Diego
- US Programs Headquarters

Cover Photo: IRC clients meet with staff and volunteers as part of a resume-building event. Photo by Michele Villarreal/The IRC.

# Fundamentals of Service Delivery & Case Management

## Basic Principles

**Service Delivery** is any type of network combining actors, institutions, and means to deliver a certain service. For the purposes of this toolkit, these services include education, healthcare, social protection, and other social services. Service delivery constitutes of a supply side (service providers), a demand side (service users), and the systems required to deliver services to service users.

**Case Management**, a type of service delivery, is “a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client or group of clients. The process enables [staff] in an organization, or in different organizations, **to coordinate their efforts** to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings.”<sup>1</sup>

Caseworkers exist in many kinds of fields, from medical to legal to refugee resettlement. In all situations, caseworkers are employed to coordinate and manage complex cases, ensure the quality of services, and make timely use of available resources.

## The Six Basic Principles Underlying Case Management<sup>2</sup>

1. The dignity and worth of every human being.
2. The capacity of people to change and adapt no matter how desperate their situation.
3. The inherent desire of every human being to belong and to contribute to a larger and supporting community.
4. The right of every person to live a full life, and to improve his or her circumstances
5. The idea that people are entitled to help when they are unable to help themselves, and that others have a duty to provide this assistance when able.
6. The ultimate goal of case management is self-help.

## Strengths-Based Perspective

The various program designs and service delivery elements outlined in this toolkit all developed out of using a strengths-based perspective and framework. This approach to case management **emphasizes the capabilities and strengths of the client**. The strengths perspective is founded upon the belief that individuals have the capacity to grow and change and that all individuals have a range of experiences and roles that contribute to their world views.

Strengths-based practices identify strengths and resources that exist within an individual, family, or group and involve those strengths in the planning and service provision for the client. The basic premise of this approach is that everyone has inherent strengths or assets that allow them to cope with stress and trauma. Service providers embrace, acknowledge, and explore clients' understanding of their situation, or problem, and all of the potential solutions that they already have. One can do so by tailoring each intervention to help the client realize and augment the many solutions he or she already has.<sup>3</sup> A strengths-based practitioner helps clients identify and build on their capacities.

<sup>1</sup> National Association of Social Workers. (2013). NASW standards for social work case management.

<sup>2</sup> Institute for Economic and Social Development. (2012). Case management training curriculum.

<sup>3</sup> Rangan Aarti, S. K. (2006). Strengths perspective in mental health (evidence based case study), *Strengths Based Strategies*.

### Defining Characteristics<sup>4</sup>

- People who experience stressful events develop ideas, capacities, traits and defenses that help them survive.
- Everyone has inherent resources that can be used to help them meet their needs.
- Humans have an innate capacity for health and healing.
- Most people know what is right for them.
- All environments have assets.
- A positive future outlook is conducive to healing.
- Healing and change almost always occurs within the bounds of personal, friendly, and supportive relationships.

### Implementing a Strengths-Based Perspective<sup>5</sup>

- Believe the client and believe *in* the client.
- Affirm and show interest in the client's view of things.
- A focus on dreams, hopes, and visions encourages people to think about what could be.
- Help clients identify assets, resources, reserves, and capacities within them and their environment.
- Believe there are forces for healing, self-righting, and wisdom in and around that person. Use them to help achieve the client's goals.

### There are six 'hallmarks' of strengths-based case management<sup>6</sup>

1. The case management process is *goal oriented*, not problem focused.
2. The client's strengths are *systematically assessed*.
3. The client's *environment* is recognized as being rich in resources.
4. Both *client and environmental strengths* are used to achieve goals.
5. The professional *relationship* fosters a sense of hope.
6. The client is *able and encouraged* to make meaningful choices.

### Client Led Approach

IRC recognizes the value in client led approaches, and uses strategies to ensure *clients are in control of their own lives and decision-making*. From the IRC2020 Portal: "We will make our work more responsive to the aspirations of the clients and communities we serve, both in our international work and US Programs. This will feed into the design, delivery and improvement of our programs. This objective reflects the value we place on local leadership. We also value the transference of power and accountability from donors to clients." The programs and service delivery strategies described throughout this toolkit should emphasize a client led approach and appropriate techniques whenever possible.

<sup>4</sup> International Rescue Committee. (2015). US programs mental health and wellness manual: a practical introduction to mental health in USP.

<sup>5</sup> Saleebey, D. (2000). Power in the people: strengths and hope. *Advances in Social Work*, 1(2), 133-134

<sup>6</sup> Rapp, C.A., Saleebey, D., & Sullivan, W.P. (2005). The future of strengths-based social work. *Advances in Social Work*, 6(1), 79-90.

## Stages of Case Management

There are six stages of the case management process--these are the six types of interactions staff will have with a client during their enrollment in a particular program.<sup>7</sup>



### Stage 1: Engagement

Engagement is the first step of case management, and takes place when refugees first engage with the service provider. Engagement consists of three steps:

1. **Initial Meeting:** At this time, clients should be introduced to services and employees of the office who will be assisting the case. The initial meeting is a significant time in beginning the relationship with a client and establishing the roles of the respective parties.
2. **Eligibility Determination:** Staff determine whether the client is eligible for certain services and provide an initial assessment to determine the appropriate placement of clients in services.
3. **Enrollment:** Clients are offered the opportunity to enroll in programs as needed. Staff should discuss roles and responsibilities, complete applications and enrollment forms, and assist clients with other tasks needed to get them started with the service.

As staff move through these steps, they will become more acquainted with a client's particular circumstances, strengths, challenges, goals, and needs. Practitioners will also learn to act as advocates, representatives, and motivators for the refugee as he or she begins to adjust to life in their new country.

### Stage 2: Assessment

In this stage, the practitioner and the client together identify the client's strengths and areas where they need support. Staff should learn:

- The extent and nature of the client's needs.
- The ability of a client to address his or her own needs, and the ability of friends and family to provide assistance (if relevant).
- The ability of different service providers to address a client's needs.

Staff can use a variety of tools to make a client assessment, including verbal interviews, review of biographical information, interviews with friends and relatives, direct observation of the client, and testing. With all of these tools, active client participation is important. The goal is to work *with* the client, not just on his or her behalf.

### Stage 3: Planning and Goal Setting

The third stage of case management relies on what the practitioner learned about the client during the assessment phase. In the planning and goal-setting stage, staff and clients work to:

- Explore the full range of goals, both short-term and long-term.
- Establish specific goals. These should be both short-term (for example, find an apartment within one month) and long-term (for example, buy a house within five years).

<sup>7</sup> Institute for Economic and Social Development. (2012). Case management training curriculum.

- Develop a plan to achieve goals. Plans should use strengths (previous work experience, language, etc.), address needs (family situation, self-sufficiency, etc.), outline steps to achieve goals, identify areas of responsibility, have specific time lines (within 4 weeks, within 6 months, etc.) and list expected changes and measurements of success.

#### Stage 4: Intervention

In the intervention stage, practitioners begin working with clients to implement the ideas and goals developed in the planning stage. Staff assist in the implementation of plans by:

- Providing direct services, including:
  - Assistance accessing internal services (for example: employment programs, language classes, immigration services, or school enrollment assistance)
  - Referrals to external services (for example: assisting clients to enroll in government programs such as Medicaid or subsidized housing)
- Providing indirect services, including:
  - Advocacy (for example: assisting clients in addressing with cultural, linguistic, or paperwork problems at other agencies)
  - Coordination between different service providers (for example: sharing appropriate information with the client's written consent in order to facilitate information-sharing)
  - Social network intervention
  - Technical assistance to service providers (for example: answering questions, providing background information as needed, etc.)

The practitioner's overall goal during the intervention phase is to be a teacher and mentor, and to provide information and assistance that will allow the client to attain independence and self-sufficiency as soon as possible.

#### Stage 5: Monitoring and Evaluation

While monitoring and evaluation should be ongoing processes, the interest in monitoring and evaluation increases as the client moves through the stages. The objective of the monitoring and evaluation phase is to ensure that:

- ✓ Quality services are being provided.
- ✓ Service delivery is occurring at proper levels.
- ✓ Services are provided in a timely and logical fashion.
- ✓ Service delivery is enabling clients to move toward their goals.
- ✓ All people have equitable access to services.
- ✓ Service users effectively influence how services are delivered and hold service providers to account.
- ✓ Service providers engage clients in participatory decision-making and take into account the needs and preferences of their clients.

To make sure all these objectives are being met, staff and/or supervisors should engage in formal and informal monitoring of a case. Monitoring can take the form of a home visit, an in-office visit, or a

self-assessment test--anything that measures the effort of the client, the adequacy and quality of services, and the progress toward meeting goals.



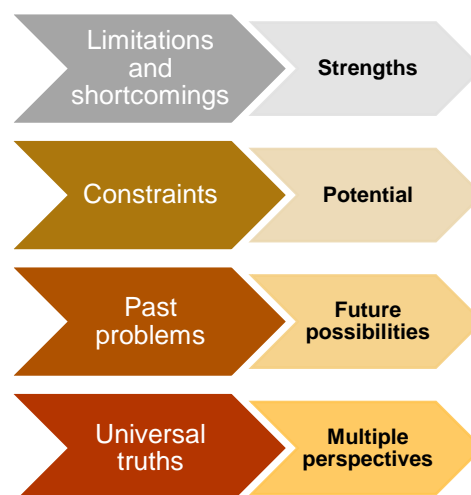
### Stage 6: Case Closure

The last stage of case management is case closure or termination. This stage often receives the least attention of case management, but it is an important part of the process and is an important time to celebrate the client's accomplishments throughout the program period. During this stage staff begin the formal process that establishes the end of the staff-client relationship, and creates a new relationship focused more on providing advice than assistance. Case closure involves four steps:

- **Conducting a close-out interview with the client.** This usually occurs at the end of the service provision period, and clients should be informed in advance regarding this timeline.
- **Planning for the future.** At this stage, staff and clients should discuss the end of the services and outline a plan for future contact and cooperation.
- **Additional referrals.** If ongoing services are necessary or could be beneficial in the future, staff should talk with the client about where they can go to receive additional support in the future if needed

### Appreciative Supervision<sup>8</sup>

Supervision is an essential part of any social service model. All staff members have a supervisor to whom they report; he or she should be part of a network of supporters available to provide supervision in a host of job-related tasks. USP recommends using Cojocar's model of 'appreciative supervision' for supervision of direct services staff. The appreciative supervision model was developed from the strengths-based, or appreciative inquiry model of case work. It involves using solution focused questions and approaches in creating and troubleshooting the client's service plan. By utilizing appreciative supervision, USP is able to maintain a strengths-based, solution-focused approach to working with clients by modeling that approach in supervision.



### Stages of Appreciative Supervision

There are four stages of appreciative supervision which are completed by the supervisor and supervisee working in conjunction. The descriptions on the next stage include example questions and topics to discuss for direct practitioners like caseworkers.

**Stage 1: Knowledge.** Solution-focused knowledge gaining:

- What do you appreciate most about your client? About his/her family?

<sup>8</sup> Cojocar, S. (2010). Appreciative supervision in social work. New opportunities for changing the social work practice, *Revista de cercetare si interventie sociala*, 29, 72-91.

- What successes has your client had since you've started working with him/her? How do you explain these successes?
- What do you appreciate most in yourself as a case manager for the client's situation?
- What is the most important thing you have contributed to changing your client's situation? The organization?
- Which of the work procedures have been most useful to you?
- Which of your qualities have you used in order to change your client's situation?

**Stage 2: Visioning.** The supervisor and direct service staff member build a joint vision:

- The client knows his/her situation and resources, and copes well with the situation.
- The client appreciates the support received from the organization.
- The case manager is receptive to the client's successes and appreciates them.
- The supervisor is open, available and interested in the work of the supervisee.
- The client is the individual most interested in changing his/her own situation.

**Stage 3: Programming.** Establish specific plans to make the vision a reality:

- What can we do to help the client identify his/her resources and overcome any barriers?
- What can we do to help the client appreciate the support he/she gets from the organization?
- What practices should we promote to help the case manager work with the client?
- What does the supervisor do to recognize the efforts, successes, and qualities of the supervisee?
- What can the case manager do so that the client knows s/he appreciates the client?

**Stage 4: Action.** Apply the plan in a strengths-based manner:

- The case manager meets with the client bi-monthly and encourages the client to discover his/her own resources and successes.
- The case manager appreciates the client's experience and lets the client know when such a success is identified.
- The case manager helps the client build in his/her own environment a vision of what he/she desires for himself/herself and supports him/her in drafting an action plan etc.

#### *Helpful Tools & Other Resources*



#### [Supportive Dialogue and Appreciative Supervision](#)

*PowerPoint Presentation, 16 slides*

An overview of supervision from a strengths-based perspective.

## Professionalism and Boundaries

The nature of the relationship between a direct practitioner and a refugee is a professional one and should therefore reflect that environment. Difficulties sometimes arise due to cultural, age, and gender differences, attitudes about the refugee experience and the role a particular staff member will play in a refugee's life. Professional boundaries should be maintained at all times. If the line is crossed between the professional and the personal relationship there can be a conflict of interest, compromising either the staff member or the refugee client or unintentionally negatively impacting the refugee or other clients.

Practitioners should always pay close attention to their actions and work to maintain an atmosphere of professionalism in every interaction with a client. Refugee clients can be unaware of the professional boundaries in the relationship; therefore, staff bear the responsibility of ensuring propriety.

In the event of a problem or concern:

- Document a problem as soon as it arises and notify your supervisor
- Talk with your supervisor about possible ways to resolve the situation
- If problems persist, discuss moving clients to another caseworker
- Record in the case notes all steps taken to resolve a problem
- Be compassionate. Examine the issues in the context they arise. Many problems escalate or result from simple misunderstandings.

### *Helpful Tools & Other Resources*



#### [Professional Boundaries](#)

*PowerPoint Presentation, 13 slides*

A staff training activity with various scenarios for discussion.



#### [Boundaries, Safety, and Self-Care](#)

*PowerPoint Presentation, 22 slides*

An overview of topics, designed for staff serving survivors of domestic violence but easily adaptable to a wider audience.

## Cross-Cultural Differences

Direct practitioners often work within their own ethnic, linguistic or cultural communities, but many times service providers may also work with someone from a different background, nationality, or ethnicity. When people of different ethnic groups work together, there can be some common misunderstandings and miscommunication. Cultural differences, previous experiences, and mutual lack of knowledge about one another can lead to tension.

### Overcoming Cross-Cultural Differences

The first step in avoiding the pitfalls of cross-cultural communication is to become familiar with a client and his or her cultural background. Learning about a client's cultural background can provide good insight into what cultural norms to expect and respect once the client arrives. Some background information about specific refugee populations can be found through the [Cultural Orientation Resource Exchange](https://coresourcesexchange.org) at <https://coresourcesexchange.org>.

If cultural problems arise, try to determine what specific client behavior is bothering you as that may make it easier to identify the reason behind it. It will also allow you to focus on the specific area that makes you uncomfortable, and avoid general misunderstandings and miscommunication.

Some common examples are:

- Bringing the whole family/children to appointments.
- Lack of non-verbal feedback (lack of facial expression).
- Discounting or refusing to deal with women.
- Loudness and apparent aggressiveness.
- Lack of eye contact.
- Standing too close/too far when talking.
- Arriving late to appointments.
- Withholding or not volunteering necessary information.
- Not taking initiative to ask questions.
- Calling/not calling you by your first name.
- Emphasizing formal titles in addressing people.

*How does a direct practitioner work effectively in cross-cultural situations?*

*By developing an understanding of diverse needs and a tolerance for difference; recognizing the complexities of communication; and celebrating differences!*

Consider the cultural reasons why some of these things may happen. Additionally, be prepared for differences of opinion and personality conflicts between people. The behavior that is causing friction may not necessarily stem from cross-cultural differences but from differences in communication styles, personality, or opinion.

### Language

Language is the most obvious cross-cultural difference a practitioner may have to handle. Some refugees receive basic language classes during the application process, although this varies from region to region. Other people may arrive with very few host country language skills. In addition, there may not be a common language between the staff member and the clients. While using trained interpreters is always recommended for any in-depth conversations, here are some general tips for overcoming language barriers:

Tips for Overcoming Language Barriers	
<b>Pay Attention</b>	Listen and focus your complete attention on what is being said.
<b>Paraphrase</b>	After a client has spoken and before you respond, state what you heard and what you thought was said. Add your comments only after the client has assured you that you have understood him or her. You should also confirm that the client has understood you in a similar manner.
<b>Non-Verbal Communication</b>	Use hand signals, gestures, pictures and non-verbal communication.
<b>Speak Clearly</b>	Avoid the use of slang or idioms. Use an even tone of voice with clear enunciation.
<b>Vary Language</b>	Use different words to mean the same thing such as “meeting,” “appointment,” and “gathering.”
<b>Limit Ideas</b>	Break information into small pieces and a few core ideas.
<b>Interpretation</b>	Always use a trained interpreter when giving complex or detailed information.

### *Cultural Norms*

#### **Names**

The study of naming and naming practices is known as onomastics. Different cultures in the world give children anywhere from one to six given names, in addition to matronyms, surnames, or patronyms. General trends include:

- In the Amhara, Ashanti, Somali, Korean, Kurdish, Sinhalese, Malay, and Western cultures, surnames are shared by an entire family and passed to new generations
- Slavic names (Bosnia, Croatia, Russia) consist of two parts, and have common name elements such as rad, mir, and slav (Radoslav, Miroslav or Raszmirez). Feminine forms of the names are created by adding an “a” to the end; for example, Kazimiera or Miroslava.
- Middle Eastern names (Afghanistan, Iran, Iraq, Syria) come from Arab languages, religious figures, or military leaders (Mariam, Ibrahim, Mohammad, Omar, or Tariq).
- African names often reflect time of birth such as the day of the week (“Sisi” for Sunday, “Khamisi” for Thursday), birth order (“Mosi” for first born) or the season (“Wekesa” is common during harvest births). Words like sword (Sefu) and love (Ife) are also common.
- Vietnamese names consist of three parts--a clan name, a middle name, and a personal name, in that order. The formula for Vietnamese names is opposite the one for Western names. For example, in the U.S., Nguyen Van Nam would be Nam Van Nguyen.

#### **Age**

Western societies tend to place a great deal of value on youth and being young, which stands in stark contrast to the rest of the world, where many societies consider elders to be highly respected figures of authority who guide the family, lead the community, and help maintain traditional standards.

To help mitigate and respond to age differences:

- Be respectful of age differences and contact between age groups. Be aware of tone, choice of words, and approach with a client.

- Be aware of the limitations and opportunities of different ages, particularly for older clients who may be seeking work.
- Be sensitive to the traditional role an older or younger person may have had before arrival.

### Gender

All cultures have rules about acceptable interactions between men and women. While Western societies typically assign duties and responsibilities based on experience and interest, other societies have culturally dictated gender roles that govern the important and necessary elements of daily life.

Here are some suggestions to help maintain fairness and equality:

- Be aware of cultural taboos or customs, but stress that the dominant host country culture sees men and women as equal in terms of access to employment and education.
- Be sensitive about perceptions of gender, and how people perceive themselves and their role in society.
- Be aware of who is assuming responsibility for the family, but be sure to include everyone in discussions and plans.
- Be sensitive about gender in case assignment, particularly when discussing matters related to health or personal hygiene

### *Helpful Tools & Other Resources*



#### [Cultural Sensitivity](#)

*PowerPoint Presentation, 32 slides*

A description of the Cross Cultural Adaptability Inventory (CCAI) and group exercises.

# Program Design

## Client Centered Services

The Client Centered Services Model was originally implemented by the IRC in Phoenix office to streamline staff expertise and provide a holistic case management model in which each newly arrived refugee receives targeted, individualized services. This model can be used simultaneously with any of the other program design models (extended case management, intensive case management, and bundled services).

### *Helpful Tools & Other Resources*



#### [Client Centered Service Delivery Model: A Strengths-Based Approach](#)

*PowerPoint Presentation, 43 slides*

An overview of the model; includes theory, history, and implementation steps.



#### [Client Centered Services Implementation Guide Phase I](#)

*Word Document, 13 pages*

An introduction to the model and related team-building activities and tools.



#### [Client Centered Services Implementation Guide Phase II](#)

*Word Document, 23 pages*

Detailed description of the model, includes an implementation plan template and notes.



#### [Client Centered Services Implementation Guide Phase III](#)

*Word Document, 25 pages*

Final notes on making the change to this model and detailed steps.



#### [Sample Framework for Moving Offices to the Client Centered Services Model](#)

*Word Document, 11 pages*

IRC Phoenix's sample description and review of the process.

## Extended Case Management

The Extended Case Management model was originally implemented by the IRC in Salt Lake City office to respond to the needs of recently arrived refugees beyond their initial 90 to 180 day resettlement period. The model was used to inform the program design of the IRC's Preferred Communities grant through the federal Office of Refugee Resettlement.

### *Helpful Tools & Other Resources*



#### [Findings from an Extended Case Management U.S. Refugee Resettlement Program](#)

*PDF, 22 pages*

A research-based evaluation and analysis of the model.



#### [Extended Case Management Timeline](#)

*Word Document, 6 pages*

An overview of the timeline for expected services.



#### [Refugee Coordinated Case Management Self Sufficiency Assessment](#)

*Excel Document, 9 sheets*

An assessment tool.

## Intensive Case Management

The Preferred Communities Intensive Case Management (ICM) Program is designed to significantly extend services for newly arrived refugees who are especially vulnerable. The initial case management period through the Reception & Placement program is often too brief to address complex issues, develop sustainable connections with local support networks, and foster long-term self-reliance. Through the ICM program, the IRC works to bridge this gap by providing intensive case management services for up to 12 months, with a possibility of extending services for a total of 24 months. Caseworkers are required to provide at least one service per month to each active client, though the majority of ICM clients receive a much higher number of services. The IRC approach is a strengths-based, client centered model of service delivery.

ICM program is one of the IRC's flagship US Programs through the Preferred Communities grant funded by the federal Office of Refugee Resettlement. As of December 2017, this model (or some variation of it) is currently in use in 16 US Programs offices.

### *Helpful Tools & Other Resources*



#### [Introduction to the Intensive Case Management Program](#)

*PowerPoint Presentation, 32 slides*

A description of the program history, goals, interventions, and impact, meant to be used as a training and outreach tool for local offices.

**[Intensive Case Management Fact Sheet](#)** *Word Document, 1 page*

A snapshot of basic information regarding the program.

**[Intensive Case Management Program at the IRC in Dallas](#)** *PowerPoint Presentation, 9 slides*

A sample of program design and implementation in a field office.

Find more information about ICM assessments and service plans [here](#), and case file quality assurance documents [here](#).

## Bundled Services

Also known as integrated services, the Bundled Services model is an intentional process to move clients through a series of programs to leverage the amount and quality of client outcomes. Established as a best practice by the Annie E. Casey Foundation, bundled services represent a holistic set of programs centered on public benefits access, employment services and financial capability services. These services have proven to leverage outcomes for clients in a positive manner four to five times higher than if provided alone.

Bundled services becomes the means through which IRC is better able to serve clients. The work of bundled services is creating the streamlined process within an office that allows clients to receive services including screening for public benefits, employment services and financial capability services, all at one time. It is not enough to have the programs existing within an office and relying on referrals; instead, the client flow must be built within the business processes of an office and maintained, monitored and enforced. When achieving this flow, clients receive the benefits promised by this evidence based model. As of December 2017, this model (or some variation of it) is currently in use in 10 US Programs offices.

### *Helpful Tools & Other Resources*

**[Bundled Services Presentation](#)** *PowerPoint Presentation, 28 slides*

An overview of the theories of change behind IRC's economic empowerment programming, including a description of the bundled services model and the process of implementation.

**[Bundled Services Presentation: Client Flow & Business Process](#)** *PowerPoint Presentation, 18 slides*

A presentation on the evolution of bundled services in IRC's US Programs and detailed information about how to smoothly implement services within existing programs.

## Additional Aspects of Service Delivery

### Assessments and Service Plans

The assessment process is meant to be an individualized conversation with a client about their strengths and the areas that are a priority for them. This guides the resulting service plan and thus the services or interventions each client receives through their enrollment in a program. In adherence to a strengths-based and client-led approach, the assessment process should be in partnership with the client and must be completed with recognition that clients have survived thus far with their own knowledge, strengths, and skills. The primary purpose of the assessment is to help facilitate a conversation with the client so the client can tell their story and communicate their priorities, needs, and strengths. This is also an opportunity for staff to learn about the client's beliefs and motivations. Staff are meant to use their judgement when deciding what questions to ask, what questions to omit (in situations where the question may have already been answered), and how much to probe for responses. Assessments may be completed in one meeting or, depending on staff, interpreter, and client time and energy, may be completed over multiple meetings.

The assessment process leads to the collaborative creation of a holistic service plan designed to help bring stability and consistent progress to clients enrolled in programs. The service plan should be revisited on a consistent basis to ensure it is still relevant. It should also be regularly updated in collaboration with the client as goals are completed, priorities shift, and new needs arise.

#### *Helpful Tools & Other Resources*



#### [Intensive Case Management Assessment Technical Assistance Guide](#)

*Word Document, 3 pages*

An overview of the assessment approach, process, tools, scoring, and related information.



#### [Intensive Case Management Assessment & Instructions, Matrix, and Service Plan \(Newest Versions\)](#)

*Various documents*

Sample assessment, currently being piloted through US Programs. Includes assessment instructions, tool, matrix, and sample service plan.



#### [Intensive Case Management Assessments, Alternate Versions](#)

*Word Document, 3 pages*

Three alternate samples of assessments, includes currently used ones and previous ones that may be helpful to practitioners depending on their programs' needs.



#### [Resettlement Self-Sufficiency Plan](#)

*Excel Document, 3 pages*

Another service plan template



#### [Sample Service Plans](#)

*PDFs, 5 documents*

Examples that can be used as a teaching tool.



### [Minor Service Plan Guidance and Sample](#)

*Word Document, 3 pages*

Tips for writing a service plan for minors as well as a sample.

## Documentation: Case Files, Case Notes, & Quality Assurance

Documentation is a critical part of quality assurance measures that should be used to record and communicate activity, monitor client progress, evaluate program effectiveness, and ensure grant adherence. All services, goods, and interactions must be clearly documented to provide an accurate internal record of each individual client's case, to verify program or grant requirements are completed, and to confirm quality assurance standards are upheld. Clear, consistent, and concise documentation is critical to client and programmatic success. All staff should be familiar with the documentation requirements for their role.

### *Case File Best Practices*

- Physical case files should be kept in a locked file cabinet, and may require additional security measures.
- Access should be restricted and monitored. Typically, the only individuals who should have access to case files are direct service staff, supervisors, and monitors, with others only having access on a "need-to-know" basis.
- Case files should not be left unattended when not in use.
- Physical case files and all information in the case files should be kept on file for a set time period in compliance with laws and funder requirements.

### Local Considerations

Check agency preference and/or policy on:

- Where the case files should be kept
- How they should be organized (by client name, date, caseworker, etc.)
- Who has access to case files
- Privacy laws
- Funder requirements
- Maintenance protocols

Remember, if something is not documented in the case file then effectively there is no proof that it ever happened.

*If it is not in the case file --  
it did not happen!*

### *Case Notes Best Practices*

A 'case note' typically refers to a chronological record of interactions, observations and actions relating to an individual client or case. These can also be referred to as progress notes.

Case notes should be:

- Chronological
- Clear
- Concise
- Comprehensive

The SNAP acronym is a tool staff can use to remember the key points that should be addressed in all case notes.

- **Served:** Who is it receiving the service or help?
- **Need:** What is it that the client needs, or what help are they seeking?
- **Activity or Accomplishment:** What are you doing for, or with, the client? What are you trying to accomplish?
- **Plan or Progress:** What is the plan for the client? What is the progress?



Being mindful of SNAP when completing case notes will ensure clear and accurate documentation of the achievement of program requirements and client progress

#### *Case Note Tips and Best Practices:*

- Case notes should be written in a professional and factual manner. Opinions, feelings, or extraneous details should not be included.
- Case notes are meant to capture the full story of the individual resettlement experience. While many of the same services may be completed for each individual, the case notes should provide concise but substantive details that accurately describe each person's varied situation.
- Case notes should be as specific as possible.
  - ✓ For other individuals working with the client, case notes should include his or her name, title, organization, and phone number the first time that individual is referenced. For example, "Jane Jackson, Medicaid Caseworker, Erie County Department of Social Services (123-456-7890)." Subsequent case notes can refer to the individual by full name, last name, or initial, depending on agency preference.
  - ✓ Full addresses the first time a location is referenced. For example, "Kings County Medical Center, 123 Sunset Lane, Apt C., Los Angeles, California, 12345"
  - ✓ Use specific dates rather than days of the week (for example, "12/5/2017" not "next Monday") for clear documentation of when events occurred.
  - ✓ Include times, addresses, and points of contact for various appointments (for example, "client's next appointment is 12/5/2017 at 2:30pm with Jeff Johnson, primary care doctor, Kings County Medical Center [no need to re-write the address if it has already been referenced]."
- Case notes should back up information referenced on form documentation and be consistent with the form documentation. A case note is required to summarize all client interaction, even if there is a file form related to that interaction.
- Wherever a problem is identified, make sure the resolution is documented with a follow-up case note.

- Whenever a required service is delayed and cannot be performed within the required timeframe, make sure the reason for the delay is fully explained in a case note.

### *Local Considerations*

Check agency preference and/or policy on:

- How to refer to clients in case notes. Possible options include the client's full name, initials, 'client,' etc.
- How to refer to staff in case notes. Possible options include the staff member's full name, initials, title, etc.
- Whether to use first or third person while writing case notes.
- What to include or not include in case notes, particularly in regards to legal matters, sensitive topics (such as domestic violence), or medical concerns.

### *Helpful Tools & Other Resources*



#### [IRC Case File Documentation Learning Module](#)

*Online Learning Module, Takes approximately 15 minutes*

An interactive overview of the IRC US Programs case file standards and expectations.



#### [Moving to Impact: The Role of Case File Documentation](#)

*PowerPoint Presentation, 30 slides*

While somewhat specific to the US resettlement program, this presentation gives a good general overview of the challenge of quality service vs. bulky compliance requirements and connects documentation to outcomes and ultimately impact.



#### [IRC Case File Documentation PowerPoint](#)

*PowerPoint Presentation, 40 slides*

A presentation overview of the IRC US Programs case file and case notes standards and expectations.



#### [IRC Case File Documentation, Alternate Presentation](#)

*PowerPoint Presentation, 29 slides*

An overview of case file documentation requirements and standards; an alternate version/style with many good visuals.



#### [ICM Case File Quality Assurance Standard Operating Procedure](#)

*Word Document, 16 pages*

An introduction to the process and case file review forms.



#### [IRC Reception and Placement Case File Review Form](#)

*Word Document, 2 pages*

A sample quality assurance document.

[Sample Case Notes](#)

Word Document, 11 pages

Example that can be used as a teaching tool.

[Sample Suitability Determination for Minors](#)

Word Document, 4 pages

Examples that can be used as a teaching tool or template

## Confidentiality

Confidentiality, in the context of social services, is the pledge made to clients to keep private the information provided by the client to the service provider. In other words, private information should not be disclosed anyone outside of the client-service provider dyad unless explicit permission is given by the client. Confidentiality is a key component of providing high quality services as both an ethical and, in many cases, legal obligation. This commitment includes a professionalism that upholds the confidential nature of the relationship between the direct practitioner and the refugee. Maintaining confidentiality is of utmost importance when working with clients as it directly impacts trust and the ability of many clients to share their struggles and stressors. In order to effectively share information and build a trusting relationship, a refugee must understand and believe that the information he/she provides will be held in trust and not shared with others. Staff should preserve all confidential information provided by the client or other sources before, during, and after the course of the professional relationship; not doing so could put clients at risk and also could result in disciplinary consequences.

### *Local considerations*

Check agency protocol and policy to ensure all confidentiality guidelines are fully understood and adhered to.

### *A Note on Interpreters & Confidentiality*

Interpreters should be trained on confidentiality requirements and best practices. When using an interpreter, it is important to keep in mind that many refugee communities are small. At times it may be better to use a telephone interpreter when very sensitive conversations need to occur so that clients may feel a greater sense of privacy.

Best practice is to always use a trained interpreter who is aware of confidentiality and ethical standards for interpretation. If this is not possible, then consider creating a training standard for both staff and volunteer interpreters. While it is may be easy to use an adult relative or friend to interpret for a client, there are a host of problems of using untrained interpreters, all of which can lead to miscommunication (see the IRC US Programs toolkit: "Increasing Language Access: Best Practices in Interpretation" for more information).

As a reminder, **children should never be used as interpreters**; while children learn languages quickly, they might not fully understand the meaning of all of the words, or they might learn information that is not age-appropriate nor is necessary for them to know. Additionally, using children as interpreters can impact family roles and dynamics.

### *Limitations to Confidentiality*

While maintaining confidentiality should always be a focus of direct service staff, there are situations in which it is necessary to break confidentiality. The IRC USP Client Confidentiality Policy states, “While maintaining confidentiality is a key principle of service provision, in certain situations, caseworkers may be mandated by law to report information revealed to them during interactions with clients. These situations would include a client expressing the intention of hurting her/himself or others or if the welfare of a minor is at risk.”

Review the laws in your area to determine when confidentiality may be required to be broken. Some common examples include during disclosures of child abuse and neglect or intended physical harm to oneself or another person. The clients should be informed of these limitations in advance of any conversation.

### *Recommended Best Practices*

- Adhere to the client confidentiality agreements and protocols as outlined in your agency.
- Exercise care with documents and case files.
  - × Never keep an individual’s original documents (i.e. passport, birth certificate, etc.).
  - × Case files should not be removed from the office and should be kept in a secure location so that unauthorized people cannot view the file (again, check agency policy).
- Confidentiality should be maintained within the file. The names of other clients should not be in a client’s file unless they have some sort of relationship or experience that jointly needs to be documented—there should only be information pertaining to the person(s) whose file it is.
- Sensitive discussions should not occur in public places. Within the office clients should (to the extent possible) be provided a space where confidentiality is maintained and conversations are private. Do not discuss client issues outside the office.
- Keep client information confidential and only share it with other staff as needed to ensure that services are delivered in the best possible manner or to comply with contractual obligations.
- Do not share information outside the agency without prior written authorization from the client specific to the information being shared.
- Always remind interpreters of their obligations to maintain client confidentiality.
- Confidential information should only be revealed:
  - ✓ After a full disclosure and with the client’s consent
  - ✓ When the agency is required to provide such information by law or by court order
  - ✓ When necessary to prevent the client from committing an act that could result in death or serious bodily harm to him or herself or others (check local reporting requirements)
  - ✓ In cases of suspected child abuse or neglect (check local mandatory reporter requirements)

*Helpful Tools & Other Resources***[Client Confidentiality Policy](#)** *Word Document, 5 pages*

A sample description of confidentiality policies.

**[Maintaining Client Confidentiality Presentation](#)** *PowerPoint Presentation, 29 slides*

A presentation about the IRC's US Programs confidentiality procedures.

**[Sample Information Release Forms](#)** *PDFs and Word Documents, 3 samples*

Three different samples, many translated into multiple languages.

**[Sample Volunteer Confidentiality Agreement](#)** *Word Document, 1 page*

A sample document for volunteers to acknowledge confidentiality policies.

**Client Rights**

Clients should be duly informed of their rights, responsibilities, and voluntary participation in all programs. Additionally, staff should be familiar with the internal complaint policy and all clients should be aware of the procedure for them to voice grievances.

*Helpful Tools & Other Resources***[Client Rights and Responsibilities](#)** *Word Document, 2 pages*

A sample reference tool.

**[Sample Client Agreement Form](#)** *Word Document, 3 pages*

A sample description.

**[Client Complaint Policy](#)** *Word Document, 1 page*

A sample description.



[Client Complaint Standard Operating Procedure](#) 

*Word Document, 3 pages*

A sample description.



[Client Complaint Form and Sample](#) 

*2 Word Documents, 1-2 pages each*

A tool for documenting complaints and follow-up, as well as a sample form.



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