**Policy 1:** Case Allocation and Management Policy

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| Case Allocation and ManagementPolicy |
| Preparing For Life Home Visiting  |
| Approval date: September 2020 |
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| 1. Responsibility for approval of policy |  |
| 2. Responsibility for implementation | Preparing For Life Home Visiting Team Leader |
| 3. Responsibility for ensuring review | PFL Manager with PFL Home Visiting Team Leader |

1. **Policy Statement**
	1. Preparing For Life Home Visiting is committed to ensuring that they provide support to as many eligible participants as possible by fully utilising available resources and in the most optimal way to provide quality support
2. **Purpose**
	1. This policy relates to the strategies that will be undertaken to ensure an optimal caseload for the service
	2. To outline specific procedures relating to caseload management.
	3. To offer guidance on what a reasonable caseload for a Home Visitor should be.
	4. To enable the Preparing For Life Home Visiting Team Leader to identify and prevent overload of the individual Home Visitor.
	5. To enhance the quality of service provided to participants.
	6. To highlight unmet needs.
3. **Scope**
	1. This policy applies to any cases that wish to avail of the home visiting service.
	2. This policy should be read in conjunction with the Access, Engagement and Case Completion Policy.
4. **Glossary of Terms and Definitions**
	1. For the purpose of this policy,
		1. Active Caseload- refers to individual families on a Home Visitor’s caseload who are currently engaged in service provision (this also includes families who may have missed Home Visits but have not yet been closed.)
		2. Priority Case- from time to time, a case may need urgent support (If a scenario arises where a case needs to be prioritised, then this will be done with reference to the criteria on the Case Allocation & Complexity Form.)
5. **Principles**
	1. All procedures outlined in this policy shall be carried out:
		1. In a manner which respects the dignity and rights of the participants and supports ease of access to the PFL Home Visiting service.
		2. While retaining due regard to the safety and wellbeing of staff.
		3. In a manner which supports the optimal delivery of quality service provision.
6. **Roles and Responsibilities**
	1. Preparing For Life Home Visiting Team Leader has the responsibility to ensure that:
		1. All staff members are aware of the policy and support adherence to its guidance.
		2. Consideration is given to the details contained in this policy and via the Case Allocation & Complexity Form when allocating new cases to each Home Visitor.
		3. Each Home Visitor receives ongoing monitoring of their caseload complexity via supervision.
		4. The PFL Manager is informed if the caseload exceeds recommendations within this policy for longer than a four- month period.

6.2 Home Visitor

6.2.1 To discuss the complexity of their cases in line with this policy with the Home Visiting Team Leader in supervision or otherwise.

6.2.2 To read and adhere to the guidance in this policy.

6.3 PFL Manager

6.3.1 To support staff in adhering to the guidance contained in this policy.

6.3.2 To attempt to rectify any situation where the caseload guidance is exceeded for longer than a four-month period.

1. **Procedures**
	1. Determining the complexity of cases

**The following criteria should be taken into account when determining the complexity of cases**

1. **Needs of the family-** the level of needs of the family in conjunction with the impact they are having on daily functioning
2. **Support and Contact-** The expected level of support required by the family. For example, some families find monthly contact optimal, but some families may need additional contact time. Furthermore, if separate engagement with another parent (e.g. father/step-parent) is required.
3. **Case management-**If a family is involved with multiple agencies or requires the involvement of multiple agencies then a Meitheal for a child or a case management process for a caregiver/family may be required. This can require additional support time and contact.
4. **Engagement-** Some families may require additional support to engage in the service and may miss scheduled visits. This can take a lot of time on the part of the Home Visitor to contact, follow up and stay engaged.
	1. **Allocating Cases**
		1. Determining the complexity of the case

To determine the complexity of cases at initial engagement, information included in the Referral Form and Registration Form will be reviewed including:

* Where the referral came from such as social work.
* If linked to other services such as mental health or addiction.
* Additional support identified, such as parenting alone, age, i.e. teen pregnancy.
* Any priorities/immediate supports required that are identified by the family.
* Any participation supports required such as language supports, learning supports, visual etc.
* If the additional parent (e.g. father/step-parent) may require support separately.

This process should be recorded in section one of the Case Allocation and Complexity Form.

* + 1. Allocating cases

PFL HV Team Leader will allocate cases in consultation with the team based on the following criteria:

* The individual experience of the HV. For example, some may have experience of DV or addiction that could support a particular family.
* The current caseload and work of the HV. PFL HV uses a traffic light system to consider the complexity of each Home Visitor caseload. This helps to ensure a balance of the different levels of cases that a Home Visitor has.
* What will ensure the most stability and best fit for the family
* The preferences of the family
* The preferences of the Home Visitor e.g., HV may identify with an experience of a family and may wish to keep a boundary by not working with that family. This should be respected.
* Families re-engaging with PFL HV should be allocated to a different Home Visitor to avoid a family becoming dependent on a Home Visitor.

The following process should be completed in section two of the Case Allocation and Complexity Form**.** If there are concerns that a case needs to be reallocated after being assigned to a particular Home Visitor, then the process outlined in 7.3 below should be followed.

* 1. Managing Cases and Supervision

PFL Home Visitors should not exceed a maximum of 30 families. This is not considered a target for which each Home Visitor should reach as the caseload is better determined by considering the complexity criteria as outlined in 7.1 above, the current caseload of each Home Visitor using the traffic light system as well as any other additional responsibilities each Home Visitor has.

* + 1. Reviewing Fit for PFL HV Families
* The PFL HV Team Leader will contact each family within the first six months after case allocation to discuss how the service being provided is progressing and if the relationship between the family and Home Visitor is progressing as expected. Satisfaction with allocation will be recorded in Section Three of the Case Allocation and Complexity Form.
	+ 1. Reviewing management of caseload and fit for Home Visitors
* Home Visitors will discuss their cases in supervision every 4-6 weeks. This provides an opportunity to discuss how new and existing cases are progressing.
* The number of cases on the caseload of a Home Visitor is in itself not a reliable measure of the workload, and therefore, the complexity of cases will be reviewed during supervision considering the four points outlined in 7.1 above.
* When considering the impact of the caseload on a Home Visitor, any extra work they are involved in should be taken into account, such as committees, training, delivery of parenting programmes, and baby massage. Furthermore, as much as possible, workers should have some space to follow any interests they have that may be of benefit to the PFL HV Programme.
* Therefore, supervision will involve a discussion of a) the current caseload, b) time available to take on new cases, and c) any issues in meeting other demands.
* The above discussions will be recorded in the supervision record.
	+ 1. When caseload exceeds recommendations or becomes unmanageable
* If caseloads exceed 30 or less, depending on complexity, then this issue should be raised with the PFL Manager. PFL HV Team Leaders should not carry a caseload to ensure they have time to focus on supporting the programme and Home Visitors.
* If the situation above continues then families interested should be added to a waiting list. Furthermore, the PFL Manager should discuss the situation with the Board of Management and/or Funder(s) to attempt to rectify the situation.
	+ 1. PFL HV Waiting List
* PFL Home Visiting will operate a waiting list when demand exceeds capacity.
* Only families who have completed the PFL Registration Form will be added to the list. This will allow the HV Team Leader to consider the complexity of potential cases.
* The waiting list will be reviewed during the Home Visitors Team Meeting. Any support for the family that may be beneficial in the interim should be considered.
* Families will be allocated based on first come, first served, with priority given to families with high needs. This will be determined based on the criteria outlined in 7.1, i.e., other services involved, age, lone parent, etc, and any immediate needs/supports that can be fulfilled by the programme.

**Forms:**

* **Form 1**: Case Allocation Complexity Form (see attached)