Case Manager's Guide to Collaborative Case Management with Internal Care Teams in Delegated Social Work Services

Overview

LMO's primary objective is to transform child safety services and outcomes for Métis children and families. We have worked hard to reclaim responsibilities in areas such as child protection, early childhood development, mental health, housing and housing supports, CLBC community inclusion services, childcare services and, hopefully in the future, services for children and youth with special needs (CYSN). Our goal is to decolonize these systems by rebuilding them in ways that reflect Métis values and the traditional ways we took care of, supported, and held one another accountable for the safety and well-being of our children. As a result, service delivery at LMO will look and feel different from what families and workers may have experienced in other organizations. This difference is intentional. In fact, it is a sign that we are moving in the right direction.

LMO has created a practice model that honours and values every member of a care team. There is no hierarchy within this model. We often use the image of the wheel from a Red River Cart to describe how the care team functions. Each spoke is essential to the wheel turning and moving a family forward. When one spoke is cracked or broken, the entire wheel is compromised and may eventually fail, leaving the family, represented by the cart, stuck or delayed while repairs are made. Continuing with this imagery, the cart must also have direction. ***In child protection, the delegated social worker acts as the case manager.***

The case manager is responsible for guiding and pulling the cart forward by identifying priority safety concerns, determining what needs to be done to address them, and ensuring a clear plan is created, monitored, and adjusted as what is working well becomes evident. In keeping with Métis-specific practices, a Captain of the Plan is also identified from within the Paraantii. This individual helps keep everyone accountable and supports the transition from an agency-led safety plan to a family-led safety plan. They may also be involved in difficult discussions and decisions if permanency planning becomes necessary for the children.

It is the case manager's responsibility to direct and manage the case, and it is important that members of an internal care team follow the case manager's direction. Without direction, we end up spinning our wheels, and nothing moves. This is what often happens when files remain open for extended periods. If a member of the care team is unclear about expectations or feels that a request falls outside their role or scope of responsibilities, they should first discuss this with the case manager. If the issue cannot be resolved, the team member should then speak with their team leader. Since team leaders share a common understanding of the LMO Michif Practice Model and our overall vision, we expect team leaders to help team members see how a request aligns with our practice, collaborative vision, and willingness to do things differently and think outside the box. If something appears unreasonable or completely outside the scope of our work, the team leader will

consult with the delegated team leader to seek clarity and resolve the concern. If it cannot be resolved at this level, the situation will be presented to our Practice Manager for direction.

This guide supports the case manager in completing the 10 steps of the LMO Michif Practice Model, a model designed to transform service delivery for Métis children, youth, and families. Central to this transformation is strong, coordinated collaboration among all roles involved in the work: delegated social workers, mental health professionals, early childhood development professionals, other prevention staff, and the Captain of the Plan, as identified by the family/youth. Further, when a court order is involved, the views of the Designated Representative, which in BC is the Métis Commission for Children and Families of BC, must be gathered and honoured.

Acting as a case manager in the delivery of intentional child protection services is very hard work. So much so that it can often lead to burnout or a desire to shift into prevention services. The need for culturally safe, trauma-informed and intentional child protection social workers is needed in order to transform and improve the child welfare system. Therefore, it is important that members of a care team contribute in supportive ways, remove barriers, and see each other as equally contributing to child safety, healing and better outcomes.

Strong case management is not about:

- Being the loudest person in the room
- Having all the answers
- Controlling every outcome
- Doing everything yourself

Strong Case Management is about:

- Thinking clearly in complexity
- Holding relationships and accountability simultaneously
- Guiding care teams to purposeful action i.e. safety goals or unmet needs
- Keeping the child/youth's voice at the center of all decision-making
- Flexibility – adjusting approach based on changing circumstances
- Adaptability – shifting style to meet the needs of different people/systems
- Strong Reflection – critically thinking about practice, process, and impact
- Tolerance for Ambiguity – functioning well when there is no perfect answer
- Organization and Follow-Through – translating planning into clear action and accountability

Steps to follow:

1. Identify the Case Manager and Set the Vision

Once the decision has been made at assessment that an agency-led safety plan is needed to ensure sufficient safety and well-being for a child/youth, the team leader will assign the file to a delegated social worker, who will serve as the case manager. The Assessor will organize a Piihitikway Meeting for the family/youth, which will serve as the transfer meeting from assessment to ongoing services. In addition to setting the tone and spirit of culturally safe and trauma-informed service delivery, the reasons for the agency's involvement with the family/youth will be shared with the family/youth, and the case manager will be introduced, who can share with the family/youth what they can expect over the coming weeks and months.

Following the gifting of a Métis Sash and other traditional and educational gifts, a date for the first of a series of planning meetings will be established. The family/youth is asked to begin thinking about who they would like to be part of their Paarantii to bring to future meetings, and someone who they trust to serve as the Captain of their Plan (whose role is clearly explained at the Piihitikway Meeting.

The team leader will ensure the case manager understands their responsibility to lead the 10-step process. Regular case consultation meetings with the team leader are established to monitor and support progress. The case manager begins assembling a care team to promote a supportive, collaborative approach. While the case manager must lead, each member of the care team serves as a spoke on the wheel, carrying the family/youth forward in developing and implementing a strong family/youth safety plan.

2. Share the Timeline and Analysis

The case manager will present their analysis of the file and the timeline they have created to their internal care team at one of their first meetings. This includes outlining how each care team member fits into the work. Team members can highlight their responsibilities on a shared or individual copy of the timeline. If there are questions or disagreements about the analysis or roles, these must be discussed openly in the initial meeting. Keep the focus clear: Are we working toward reunification? Increasing clarity and consistency in a file with chronic involvement? Seeking permanency for a child? Supporting a youth's independence and strengthening their sense of connection and belonging? Whatever the goal, it must be shared and understood by all.

3. Summarize and Track Next Steps

As the case manager, you are responsible for knowing what each member of your care team is doing and whether progress towards the safety goal is being made (using the safety scale in your internal care team meetings). Prior to each care team meeting, the case manager will request an update report from all those working with the family/youth. The update report includes the scale for the safety goal they have been asked to address, followed by a

series of behaviour-focused questions. These reports will help the case manager assess what has been most helpful to the family/youth move towards their goals.

After each care team meeting, the case manager will document and summarize each member's responsibilities and confirm the next scheduled meeting (including any recurring 'standing' meetings) so they can be added to calendars. If a team member is unable to complete their task before the next meeting, they must inform the case manager in advance and identify what is getting in the way, so the team can problem-solve together. If a team member is unable to participate in a care team or Parent-Child Review meeting, it is the team member's responsibility to provide the case manager with any relevant updates and information that should be shared at the meeting.

4. Focus on Adult Behaviour and Impact

Be clear: in delegated child safety social work, we are not creating intervention plans for children's behaviours. We are developing plans to manage adult behaviour, or, in youth work, to understand how past and current adult behaviours have impacted youth. Everyone on the care team must understand the connection between adult behaviour, unmet needs, and the impact on children and youth. For example, If a child is displaying challenging behaviours at school and lives in a home where violence is present, we must focus on how the violence between the adults in the home may be contributing to a child's behaviour at school, as opposed to prioritizing the need for a behavioural intervention for the child.

5. Use Each Team Member's Strengths

Clear is Kind should be your guiding mantra. Each care team member brings a specific skillset to the table. As a case manager, you must be intentional in asking members of your care team to apply those skills to the plan. For example, Early Childhood Development Consultants may help understand the developmental impacts behind a child's behaviour and support a parent develop strategies that will help them gain a better understanding, mental health may support the development of strategies for helping parents in regulating a child's behaviours, or safety planning for youth experiencing suicidal thoughts.

The case manager is responsible for keeping the vision alive and aligning the contributions of care team members with it. There may be times when a service provided by a care team member is placed on hold or discontinued. Moreover, a support worker or other professional may be supporting a family/youth, but may not be on the care team. Many factors determine how a care team is developed and how supports are offered. The case manager must create a team and support network that will best help a family/youth move towards the identified goals – that is the key priority. Everyone working with a family/youth will be required to provide updated reports to the case manager to help in the assessment of what is working well.

6. Communicate with Purpose

Be transparent about why you are doing something, and why you are asking others (professionals or family members) to do something. Explain your intentions clearly, and

always honour your care team's expertise. When the case manager is unclear, the team loses traction and direction. This is when we see the spokes of the Red River Cart wheel begin to crack. This leads to confusion and interferes with a family/youth's progress towards their safety goals, which are often time sensitive.

In internal care team meetings, it is important for the case manager to use the whiteboard (whenever possible) and the Review document, and to delegate one of their internal care team members to serve as the advisor who will take minutes and note the tasks each member has committed to. The document can be copied and shared or emailed to everyone to avoid confusion. Everyone on the care team is responsible for understanding their part of the process and asking questions as they go.

When we are in ongoing delegated social work, the timeline should indicate how we are moving from an agency-led safety plan to a family-led safety plan, which will be monitored and shown to be working, leading to the closing of the file. The case manager must maintain an ongoing relationship with the Captain of the Plan and involve the Captain of the Plan in broader ways throughout the timeline. This will include regularly checking in with the Captain of the Plan to seek their input and updates, and eventually handing their case management responsibility over to the Captain of the Plan. When the Captain of the Plan begins to take on more of the case management of a plan, the family, and the Paraantii begin to develop a sense of ownership and responsibility to the plan and ultimately for the safety and well-being of the children/youth involved. By restoring responsibility for the safety and well-being of children and youth to their families and extended families, we are restoring our traditional values and ways of being as Métis People. By reclaiming this responsibility, we hope to decrease the involvement of Métis children/youth in the child welfare system as we are increasing capacity within families and la Paarantii to care for and protect their children/youth.

7. Hold People Accountable—With Compassion

Your clarity as a case manager allows for accountability. Be prepared for disagreement, but address it in team meetings and not in side conversations. Model how to have hard conversations and lean in when things get messy or confusing. Some helpful questions to ask members of your care team are as follows:

- What is your best thinking about how you can help Mom feel less angry when the kids are all getting rowdy?
- What do you think you could add that would be helpful for Dad and his violence in the home?
- What do you need from me to be able to complete your task before the next Paraantii meeting?
- Since you have been working closely with the family/youth/children, what do you think they would most like to see happening in the plan? And how do you think they envision getting to the safety goal?

- What has been the biggest barrier for you in getting some of these strategies, etc., back to me, and how can we work that through?

If tasks are not getting completed from the internal care team, speak to your Team Leader for strategies. You might also scale the team's capacity, confidence, and willingness to do the work; this can be done collaboratively in supervision or within the internal care team. There may be times when a case manager must adjust a care team to create a team that will be most helpful in moving a family/youth towards the identified goals.

Lighthouse Theory

A lighthouse does not control the storm.
It does not calm the waves.
It does not promise smooth waters.

It stands steady.
It provides guidance.
It helps others navigate safely through chaos.

In Practice

As case managers:

- We cannot control every system, issue or member
- We cannot erase trauma, fix issues
- We cannot guarantee outcomes

But we can:

- Show up consistently
- Act with integrity
- Provide guidance and steadiness with consistent direction
- Humanize experiences for children and families

We are all doing relational work.

The more we humanize our practice, the more effective we become.