

Personalised Public Services for People in Vulnerable Situations in Lithuania

Implementing a Case Management Model

Lithuania: Developing a New Approach to Personalised Services
for Vulnerable Groups
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Activity 3.5 Implementing a Case Management Model

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Implementing a case management model

Introduction

The OECD, together with the European Commission's Directorate General for Structural Reform Support (DG REFORM), is supporting Lithuania through the Ministry for Social Security and Labour (MSSL) to strengthen public services for people with disabilities, people leaving prison and young people leaving care. Lithuania is seeking to ensure personalised services are well integrated and tailored to meet individual needs and that Non-Government Organisations (NGOs) are more involved in policy development and service delivery.

During 2021 and 2022, the OECD gathered and analysed information about existing services in Lithuania together with good practice examples of integrated services in OECD countries, to inform a proposal for a more integrated approach to service provision for people in vulnerable situations in Lithuania. This proposal is set out in the OECD report: *Personalised Services for People in Vulnerable Situations in Lithuania: Towards a More Integrated Approach* (OECD, 2023^[1]).

The next stage of the project is to develop a roadmap for implementing recommendations made by the OECD relating to case management, which was identified by the MSSL and relevant stakeholders as a priority. This report proposes actions to introduce a comprehensive case management model for people with disabilities and people leaving prison in Lithuania and to improve the Transition Service that was introduced in 2021 for at risk young people including young people leaving care.

The report starts with a brief description of case management and how it is currently functioning in Lithuania, followed by an overview of the key elements of a model case management cycle or process and how they would apply to each of the three groups, and finishes with proposed actions to create or improve the foundations on which an effective case management cycle relies.

Case management

Case management is a dynamic, collaborative process where a case manager works with a service user, typically someone with complex needs who requires multiple services, to assess, plan, implement (including accompanying service users to meetings when required), coordinate, and monitor the options and services required to meet those needs. In social and employment services, the case management process is led by a social worker or an employment counsellor respectively, ideally cooperating with each other either formally or informally, and involving either in-house or specialists from outside organisations to deliver more specialised supports when required.

Case management is a common feature of initiatives aimed at better integrating public services and is a well-developed model in many OECD countries. The evidence suggests it is a particularly effective approach for people with disabilities, people leaving prison and young people leaving care as they often require tailored and, in some cases, specialised supports and services from more than one provider.

Several case management models already exist in Lithuania, for example in the Public Employment Service (PES) for job seekers and in child services for families with children and young people in vulnerable situations. The Ministry of Health is launching a case management model later this year in nine Mental Health Centres (*Psichikos Sveikatos Centras* or PSCs) for people with conditions such as schizophrenia, severe and mild depression and alcohol dependence.

The OECD assessed current case management practices, including identifying challenges experienced by both the PES and municipalities in providing integrated services, such as a lack of in-house specialists, the inability to involve specialists from other organisations because of capacity restraints, and insufficient cooperation between organisations (OECD, 2023^[1]). The OECD found that tight cooperation practices are missing, and the lack of coordination between the different institutions and service providers is proving a key barrier to the provision of effective services.

Municipalities have taken steps to improve the coordination of services by introducing inter-institutional coordinators, whose main task is to coordinate the provision of educational assistance and social and health services. The role has proved effective despite a lack of dedicated resources in some municipalities; however, their scope is currently limited to services for children and young people.

The OECD recommended that co-ordinators be introduced for people in vulnerable situations more widely and that the role be strengthened by clearly defining their responsibilities and ensuring adequate human and financial resources. It was also recommended that Lithuania establish a framework and guidelines for cooperation across public services to promote coordination and cooperation between public service providers. A framework would also help improve referral pathways for service users who require multi-disciplinary support and services from more than one provider (discussed further below).

The following actions to implement an agreed case management system and protocols for people with disabilities, people leaving prison and young people leaving care are proposed, organised first by the case management cycle and secondly by the foundations necessary to support an effective case management cycle.

The case management cycle

A standard case management cycle consists of the following core components or phases: intake (or screening for eligibility), assessment including risk screening, planning and implementation, and monitoring and review. The cycle is intended to be iterative, non-linear, and cyclical, which means the phases should be revisited as often as is necessary until the desired outcome(s) is achieved. The service user (and their support network) sits at the centre of the process. This section on the case management cycle should be read together with the three schemas in Annex A.

Intake

For each of the three groups there will be a different entry point to case management i.e., the initial point of referral or assessment. Some entry points already exist, while others will need to be created. It is likely that entry points will continue to emerge as case management practices mature and it is therefore important that this phase of the cycle remains as flexible as possible so that people who would benefit from case management support are not excluded because they came through a ‘wrong’ door.

People with disabilities

Major reforms to the disability sector are being introduced in Lithuania in 2024 and the actions proposed in this report align with those reforms. The reforms aim to coordinate support around the service user rather than the service user having to go to different institutions to find help. Changes include improving disability

assessments, ensuring more co-ordinated, individualised and tailored support, increasing access to services and making more information available to people with disabilities. Case management will be offered to people, initially at least, with a mental health and/or psychosocial disability.

Intake to case management for people with disabilities is anticipated to occur through one of three entry points. The first entry point is via an evaluation by the new Agency for the Protection of the Rights of Persons with Disability (*Asmens su negalia teisių apsaugos agentūra*), which is being established as part of the 2024 reforms. The agency, amongst other things, will be responsible for assessing new entrants' (to the system) eligibility for services and benefits. An Assistance Manager (*pagalbos vadybininkas*) will assess a person's needs and develop a plan. This plan will be sent to the Disability Co-ordinator (*žmonių su negalia reikalų koordinatorius*) in the relevant municipality who will forward the information to a case manager to initiate case management. The Disability Co-ordinator role is a new one; their responsibilities are broader than supporting individual service users (although they will play a role in the case management process as described) and include identifying and advising municipalities on systemic issues affecting people with disabilities, such as service gaps or barriers to accessing opportunities.

The second entry point is through social workers working in group living homes or sheltered homes, which are becoming increasingly common as part of Lithuania's commitment to the deinstitutionalisation of care for people with disabilities. People living in group or sheltered homes have previously lived an institution and are more likely to require additional support. Social workers in these homes will be invited to promote case management and to help people apply. The third entry point, mainly for people with disabilities living in communities, who may not be as visible to the system, people living with their families for example, will be through referrals by NGOs and social workers in subdistricts (*seniūnija*) and Mental Health Centres (*Psichikos Sveikatos Centras* or PSCs). Case managers will collaborate with Disability Co-ordinators and social workers as required to address any issues regarding service provision.

People leaving prison

All people leaving prison (except those serving an arrest sentence¹) will be eligible for case management. Currently, six months prior to leaving prison an inmate is assigned a social worker who works with them to identify their immediate needs upon release e.g., a place to live or help with acquiring basic living skills and/or to find a job. This information is referred to a social worker in the municipality where the inmate will live when they leave prison to follow up on. However, this exchange of information is not systematic nor is it supported by any dedicated digital platform. Furthermore, upon release, contacting the municipality is often left to the inmate.

Case management for people leaving prison would be more effective if there was an earlier start to the process (at least 12 months before an inmate's release date) with the prison social worker working with the inmate to develop a plan and with the relevant municipality to identify the inmate a dedicated case manager. To help build a trusting relationship, this case manager should be able to visit the inmate prior to release and together they can develop an individual plan. Evidence shows that such visits have been found to increase service users' commitment to working with a case manager post-release. The case manager would meet the service user on release and accompany them to where they will be living.

NGOs play a significant role in the provision of support for people leaving prison, more so than for people with disabilities and young people leaving care. For example, Caritas, an NGO in the Kaunas region meets service users when they are first released from prison and take them to their pre-arranged accommodation. Caritas also provides day centres where service users can receive food, clean clothes, and help to find

¹ The Ministry of Justice has not agreed to include this group of people in the Description of Procedures for the Social Integration of Persons Released from prisons at this time because their sentences are only up to three months.

somewhere to live. Service users who have been supported by Caritas speak very positively of their experience.

People leaving prison consider support to be more effective when it is delivered in a community-based setting. Service users consider rehabilitation centres (e.g., *Tėvo namai* in Kaunas) where they can receive immediate supports (a place to live, food, clean clothes) and longer-term skills to be effective. They are often run by people who have been in prison themselves, who have been through rehabilitation and are now providing services to others. Rehabilitation centres create a safe environment where there is less chance of "backsliding" where service users feel valued, accepted, and cared for.

While this report focuses on establishing a model case management system in the near-term, Lithuania should at some point consider progressing greater NGO involvement in providing case management services, particularly given Lithuania's commitment to the ongoing transfer of service provision to community-based services. The OECD provides several recommendations to strengthen the role of NGOs in policy design and service delivery for people in vulnerable situations (OECD, 2023^[1]). There are NGOs supporting people leaving prison who appear capable of providing case management and potentially offer a case study in what would be required to build the capability of other NGOs to do the same.

Young people leaving care

The Transition Service for at risk young people currently has a two-step intake process. Firstly, an application for the service is made either by a young person or by someone working with them e.g., a social worker or youth worker. Eligibility is determined by the municipality; the Transition Service is intended for young people who are:

- without parental care (from the age of 16) and are cared for in a social care institution
- experiencing social risk (from the age of 16)
- living in families experiencing social risk (from 16 years old), or
- aged 18 years (up to 24 years old) and were provided with social care in a social care institution or lived in a family experiencing social risk.

When the Transition Service is offered, the municipality makes an agreement with the institution providing the service and provides them with funding. Once the agreement is finalised a Transition Service co-ordinator is appointed by the institution and case management commences.

A recent survey of how implementation of the Transition Service is progressing (undertaken in March 2023) found that of the 60 municipalities who completed the survey, almost one-half (27) municipalities are not providing the service. Of these 27 municipalities, 21 are planning to offer it this year and six are not. Reasons provided for why municipalities are not providing the Transition Service included:

- No demand or need for the service has been expressed (this was the most frequently provided response)
- No funding for the service is foreseen
- Workforce issues i.e., there is no co-ordinator available or there is no accredited Transition Service provider in the municipality (one municipality advised they have an accredited NGO that can provide transition services as soon as the need arises).

Those municipalities where the Transition Service is operating report the most frequently provided supports include:

- Help interacting with service providers
- Developing daily living skills (managing finances, buying and paying for goods, paying taxes etc.)
- Developing social skills
- Developing work skills

- Organisation of psychological and psychotherapeutic support
- Information, communication, mediation and representation.

Despite the Transition Service only having been operational about 18 months, these findings reveal a surprisingly low up-take by municipalities. In response to the findings, the MSSL should consider several actions:

- Improve outreach – the OECD provides an overview of how institutions and providers can engage in both the promotion of services and pro-active outreach to target groups to raise awareness of available supports and to ensure that services reach the people who need them (OECD, 2023^[1])
- Provide a forum for municipalities to share experiences and good practices (discussed further below).
- Review the service generally in line with the actions proposed in this report to identify where improvements could be made, e.g., reviewing the guidelines for terminating the service, which is also discussed further below
- Review whether the funding model is creating a perverse incentive for municipalities to not promote the service and/or not approve applications to manage costs given they both assess eligibility and fund the service, and consider how any relevant risks could be managed. One municipality reported a lack of dedicated funding as a reason for not providing the service.

Assessment and planning

Integral to successful case management is a comprehensive and individualised assessment of a service user's needs and aspirations. This assessment is formally recorded in an Individual Action Plan (IAP) that set out the services and supports a service user requires, formal and informal, and how the follow-up actions will be undertaken in a co-ordinated and holistic way. IAPs are more likely to be successful if they are based on good and comprehensive information about the service user, tailored to their individual needs, specific and easy to understand, and closely monitored. IAPs are often based on the principle of 'mutual obligations', where the jointly signed agreement clearly defines the commitments of the service user and the service provider(s).

Currently in Lithuania, IAPs based on a service user's individual needs are a central component of the case management process in the PES for job seekers and in two-thirds of municipalities where they are developed for children and young people as part of the child services case management model. Some municipalities use action plans that follow a generic template while others, the minority, do not develop action plans or agreements with service users at all, but rather discuss next steps – either in person or in a phone call. Only one-third of these municipalities record next steps in their IT system (OECD, 2023^[1]).

In terms of the three groups, IAPs are not currently developed for people with disabilities unless they are living in an institution in which case they will have an individual social care plan, or they are receiving case management support from the PES and will therefore have an individual labour market integration plan. Social workers in prisons do not currently develop IAPs with people preparing to leave prison, rather they identify 'immediate' needs that are referred to a municipality for action. Independent Living Plans are developed with young care leavers as part of the Transition Service.

As well as facilitating an assessment of a service user's needs and goals, IAPs help with action planning. Action plans should ideally be developed and implemented in a coordinated manner or better still, jointly with relevant service providers. Actions will depend on the individual service user and could include expert assessments, for example for healthcare and/or addiction services, accommodation, social and/or other services, and/or to ensure service users are connected to other relevant professionals e.g., a probation officer in the case of someone leaving prison or the PES if a service user is work ready.

While it is important to tailor an IAP to the needs and personality of an individual service user, this individualisation should be 'structured' to some extent. IAP templates help provide structure, ensuring the

right questions are asked, organisational requirements are met, any risks and issues identified, and relevant information recorded. Currently there is considerable variation in how IAPs are created in Lithuania, and it is recommended that a common IAP template or templates be introduced.

Multiple assessment, risk screening and/or profiling tools and action-planning toolkits exist, however their development and application is very context-specific, even domain-specific i.e., they reflect the regulations and policies, values, and welfare regimes of individual countries, regions, municipalities and even organisations. It is recommended that the MSSL work together with municipalities and other relevant stakeholders to develop a template(s) that reflects Lithuania's requirements and settings, drawing on relevant good practice examples from other countries and examples of case management plan templates that already exist in Lithuania such as the PES template and the template used by municipalities for children and young people.

Examples of the ideal key features of an IAP exist in the literature. For example, the European Commission's Mutual Learning Programme for Public Employment Services in their report *Activation and Integration: Working with Individual Action Plans: Toolkit for Public Employment Services* describes the most important features of an IAP as:

- A summary of the individual assessment, including any relevant profiling results
- Goals (or objectives)
- Steps towards the goals
- Services available to the service user
- Duties and commitments of both parties
- The rights of the service user
- An individual action plan.

The three schemas in Annex A set out how assessing need and action planning would ideally work for the three groups. Some, but not all elements will be common to the three groups. For people with disabilities for example, an initial assessment of need and planning to meet those needs will start with the Assistance Manager in the Agency for the Protection of the Rights of Persons with Disability, if the service user has entered the case management system via that entry point. The initial planning document will be sent to the Disability Co-ordinator who will forward the information to a case manager who meets with the service user and continues to develop the IAP.

For people leaving prison, developing an IAP will start with the prison social worker who focuses on immediate needs. The case manager appointed for the inmate by the municipality will continue to develop the IAP with the service user, ideally meeting with the inmate at least once before they leave prison. Following the inmate's release, the IAP should be reassessed at an appropriate interval to identify subsequent developments, unforeseen circumstances, any administrative barriers, and longer-term goals such as sustainable housing options and/or work readiness.

For care leavers in the Transition Service, within one month of a Transition Service co-ordinator being appointed, an Independent Living Plan (ILP) must be created with the young person based on an assessment of their needs in terms of care (guardianship), health care, education, training, technical and methodological assistance. The young person is made aware of Transition Service rules and the ILP is agreed.

Implementation

The implementation phase involves executing the actions identified in the IAP. Given the case management process is iterative and non-linear, the different phases can and will merge. For example, in implementing an IAP, other needs may emerge, reverting a case manager and service user back to planning phase. IAPs should be living documents and case managers must be flexible, recognising when

new services are needed, when old services are no longer necessary or are not working and/or when a service user no longer requires case management support.

Every service user's journey is different, and actions will vary, not only across the three groups but also for individuals within each group. However, there will be common actions irrespective of a service user's needs, e.g., referrals to services, coordinating service provision, communicating with other professionals working with the service user, and/or making sure service users attend scheduled appointments. The key role of a case manager is to connect the various services and service providers with each other and to the service user. To ensure case management is successful, it is important this 'connector' role is clearly reflected in a case manager's responsibilities and is well understood by the institutions, municipalities and providers working with service users.

Equally critical to the successful implementation of an IAP is access to and the availability of effective services. Services must be visible, i.e., case managers must be aware of the range of services that exist and who provides them, not just in the social sector but also in the health, education and employment sectors. Services must also be delivered consistently and in a co-ordinated way. The OECD identified several challenges to the provision of harmonised services, finding a lack of cooperation and coordination between institutions, exacerbated by poor or inadequate information to be a leading obstacle to the provision of effective tailored services. Actions to address these challenges are set out below in the section on the system.

Examples of the types of actions that will be in an IAP are detailed in the three schemas in Annex A; again, some actions will be common to all three groups, others not. For instance, a service user from any of the three groups may need help with housing but the type of help they require could differ. A person with disabilities might need help to make a house more accessible, someone leaving prison may need short-term accommodation that comes with wrap around support services post-release and help to transition to more independent living over time. Young people leaving care may also need supported housing in the short-term and advocacy support with landlords in the longer-term. All service users who are work ready should be connected to the PES with some service users needing support from their case manager to attend meetings and to undertake job search activities.

Monitoring and review (including Quality Assurance)

Regular monitoring, review and renewal of IAPs are important components of the case management cycle. Systematic and regular monitoring of IAPs helps ensure dynamic support for service users that evolves in response to their changing needs and/or situation and allows a case manager to keep track of their participation in services. Scheduled, formal reviews of an IAP provide an opportunity for the case manager and service user to review and discuss progress and adjust services and case management support as required.

Action plans in Lithuania's PES are reviewed every four months for people up to 29 years of age, and every 12 months for other age groups. In municipalities however, the approach to monitoring action plans is less clearly defined, with three-quarters of municipalities reporting they only review plans on an as-required basis (OECD, 2023^[1]). IAPs should be reviewed formally at least every six months for all service users. The review should include a discussion about the level of ongoing case management support required; over time for example face-to-face contact could be replaced with virtual meetings or phone calls. At certain points, a review should also explore whether the service user still requires case management support at all. If the answer is no, other options can be explored, and the service user supported to exit from case management and/or to transition to another form of support or service.

The Transition Service for young care leavers has clear guidelines about when the service will be terminated, which includes when a young person:

- is prepared for independent living

- requests termination in writing
- cannot be reached (after at least one month)
- does not take active steps towards study/work if they are NEET (in one month)
- has been warned twice that their contract will be terminated if they don't follow the rules, and they continue to ignore the rules.

It is recommended that these guidelines be revisited. The evidence is very clear that care leavers need time and space to successfully transition from care with ongoing support required, in many cases until well into adulthood. Not all care leavers are ready to access the supports available to them when they reach the age of majority and some OECD countries have implemented a “right to return to care” policy for young people who have initially refused further supports at age 18. Some countries also maintain contact with a young person who has refused aftercare support for up to a year to ensure they know they can change their mind.

Finally, it is recommended that Lithuania establishes quality assurance procedures for IAPs to ensure action plans correspond to the needs of service users and that they are receiving the right supports in a timely way. Aspects of the case management process that could be covered in a quality assurance assessment include timeframes for developing IAPs and whether they are reviewed within regular, agreed timeframes. Examples of quality assurance processes can be found in OECD countries, for example in Estonia, where improvements in the quality of IAPs have been observed over time because quality assurance processes are in place (OECD, 2023^[1]).

The foundations of effective case management

An effective case management cycle relies on solid foundations, such as established cooperation practices between sectors, institutions and providers, an appropriately skilled workforce, clearly defined roles and responsibilities, accessible and comprehensive information, supporting policies, processes and practices and effective services to refer service users to. Proposed actions to create or improve these foundations are set out below.

The system

Effective and efficient support for people in vulnerable situations requires integrated, holistic services often involving specialists from multiple organisations. Achieving holistic service provision can be difficult; established patterns of cooperation, coordination and information exchange between institutions and providers are necessary to ensure service users are receiving the right mix of services, in the right sequence, in a timely way. The OECD found that integrated public service provision that enables a holistic overview of a service user's needs does not exist in Lithuania and that cooperation between service providers is neither systematic nor sufficient (OECD, 2023^[1]).

In the PES, most service users receive support from an employment counsellor with general skills, while service users with more complex needs are referred to case managers with more specific expertise. Employment counsellors can advise service users to contact specialists from other organisations, but this is not done systematically, and they do not tend to actively contact specialists for the service user, except for people with disabilities where the PES does take a systematic approach to connecting people with external service providers.

Most municipalities provide service users with a dedicated social worker and involve in-house specialists as required. Because service users accessing social services can face a broader and more complex range of challenges, social workers in social services centres tend to reach out to more external specialists (e.g., healthcare providers) than PES' employment counsellors do. A quarter of municipalities report that social

workers cooperate systematically and formally with other service providers to ensure more holistic support, the remainder report contacting other organisations only occasionally or suggesting to service users that they contact specific service providers themselves.

To enhance case management, the OECD recommended strengthening coordination across public service providers by introducing a cooperation framework (and guidelines) to reinforce the need to work together rather than in separate silos (OECD, 2023[1]). The aim of the framework would be to establish a practice by which all service providers systematically identify the needs of service users that can be met by other providers and connect with those providers. This more co-ordinated approach would be supported by formalised referral processes and ideally improved IT infrastructure that supports data exchange and case management activities (including referrals and monitoring of service provision).

The MSSL has developed strong relationships with relevant stakeholders at both the national and local level during the project and it is recommended the Ministry leverage those relationships and create a small working group to develop a draft framework for wider consultation with all institutions and providers who would be covered by it.

The cooperation framework should focus on supporting an integrated case management approach and include as a minimum the following high-level components (with supporting guidelines providing detail about how the components would work in practice):

- *Purpose:* a clear statement that the goal of improved cooperation and coordination between public service providers is to improve services for, and the outcomes of service users
- *Governance:* a description of who is responsible for promoting the framework, keeping it relevant and ensuring institutions and providers honour it
- *Alignment with relevant strategic documents:* such as government strategies or international conventions like the UN Convention on the Rights of Persons with Disabilities (CRPD) or the UN Convention on the Rights of the Child
- *Coordination:* an agreement about how social services and the PES will work together to meet the needs of service users. For example, social services will refer to the PES service users with labour market potential, including service users who no longer require intensive social services while the PES will identify and systematically refer to social services any service users who require social services to integrate into the labour market
- *Formal communication channels:* a description of the communication channels through which service providers will exchange information e.g., about existing services and supports and/or any evidence about what services work and for whom
- *Referral management:* an agreement about how referral processes will work
- *Roles and responsibilities:* a clear description of respective roles and responsibilities, in particular the role of a social services case manager, which is to connect the different parts of the system together and to the service user
- *Information about the service landscape:* a mapping of institutions and providers covered by the framework including providers of other case management models. For example, the Ministry of Health has signalled an interest in aligning their new case management model with the social services case management model e.g., to provide information to their PSCs about who to contact for social services
- *Promotion:* an agreement about a joint and systematic approach to disseminating successful experiences and practices within and across different institutions and municipalities to improve public awareness and education.

Norway offers several useful examples of measures the government there has taken to improve cooperation and coordination between providers of services for people in vulnerable situations (see Box 1).

Box 1. Improved cooperation and coordination between service providers in Norway

The Norwegian government introduced, in 2019, a strategy for the equality of persons with disabilities for the period 2020–2030: *A Society for All*. In the strategy the government explicitly states, “it is the government’s ambition that this strategy will contribute to better coordination and more unified governance”. Actions taken to achieve the government’s ambition include: one agency, the Ministry of Children and Equality, being given coordination responsibilities (with those responsibilities being specified); stating which agencies or institutions are covered by the strategy; increasing dialogue with municipal authorities about the content and obligations of the UN Convention on the Rights of Persons with Disabilities (CRPD) to inform their work with people with disabilities; and, more active involvement in international forums to promote better living conditions and strengthened rights for persons with disabilities globally.

In 2022, Norway made legislative changes to strengthen the follow up of vulnerable children, youth and their families who require services from more than one provider. An obligation for welfare services to cooperate with other welfare services beyond the follow-up of specific children or young people to take care of their own tasks was introduced. Welfare services must decide amongst themselves how they will organise cross-sectoral cooperation. The new cooperation regulations are being evaluated with findings due in 2026.

Source: Norwegian Ministry of Children and Equality (2018^[2]), *A Society For All: The government’s strategy for the equality of persons with disabilities for the period 2020–2030*; and Norwegian Directorate for Children, Youth and Family Affairs (2022^[3]), *Cooperation on services for children, young people and their families*, Presentation, unpublished.

Finally, it is recommended that a framework be supplemented by regular face-to-face forums, such as roundtables providing municipality representatives and NGO and other service providers with the opportunity to meet and get to know each other, to better understand respective roles and responsibilities, and to share their experiences, including about practices that are proving to work. Such forums could also be a way of keeping the framework relevant as examples of what contributes to improved cooperation and coordination are shared. The working group developing the framework could identify possible forums and test these when consulting on the draft framework.

The workforce

Case managers carry out a wide range of activities and play a critical role in helping to guide, support, and motivate service users to seek the resources they need to achieve their desired outcomes such as finding a home or a job or simply integrating into society after living in an institution. To be effective guides, coaches and mentors, case managers must employ a wide range of skills and tools, and be supported by sound administrative practices and policies. While all case managers should have certain general skills and competencies, some case management models will require case managers to also have specialist skills, e.g., clinical case managers may need to be nurses or psychologists or have medical or mental health treatment and care experience.

The case literature provides numerous examples of the general skills and competencies required of a case manager (as well as exemplar Job Description templates). A good case manager is described as someone who is empathetic, caring, organized, with strong relationship-building skills. Case managers understand and know about the different resources available in their community. They also have excellent documentation, time management, and multitasking skills. What makes a case manager effective is their ability to communicate with the service user and their family.

There is consistent evidence that the nature and strength of the relationship between the service user and their case manager or professional support person is critically important (OECD, 2023^[4]). The COVID-19 pandemic served to emphasise the importance of relationships. In a study of the lived experience of care leavers in Ireland during the pandemic, aftercare workers and other professionals were identified by participants as a source of support during the pandemic, particularly in relation to helping with practical issues such as housing (Gilligan, Brady and Cullen, 2022^[5]). In the literature on people leaving prison, both practitioners and offenders cite relational continuity and trust as an important aspect of effective case management.

Currently in Lithuania, most case managers in the PES (employment counsellors) have general skills and support tools, while case managers with more specific expertise and working methods are assigned the more complex cases e.g., young people who need more than job search support to integrate into the labour market. Almost all municipalities provide a dedicated social worker for a service user, and involve in-house specialists as required. Case managers for children and young people are employed in institutions that provide social services or in subdistricts (*seniūnija*). Qualification requirements for the latter include:

- Social work qualification (vocational bachelor, bachelor, master gained in HEI); or, another vocational bachelor, bachelor, master degree and qualification as a social worker; or, another vocational bachelor, bachelor, master degree and completed a social work study programme; or, a qualification in social pedagogy (bachelor, master),
- At least one year of experience working with families or children or experience of volunteering,
- Organisational skills,
- No criminal record.

When the Transition Service for young care leavers was introduced, the skills and qualifications required of a Transition Service co-ordinator were not specified. However, there is an intention to introduce a law that will require Transition Service co-ordinators in the future to have one of the following qualifications and/or education:

- a higher education qualification or an equivalent qualification and one year of work experience in the field of social services, or
- a higher education qualification obtained after completing social pedagogy studies, or an equivalent qualification, and/or having obtained a social pedagogue qualification, or
- a higher education qualification obtained after completing first and second cycle psychology studies, or an equivalent qualification, or
- the education specified in Article 26, Part 6 of the law which is about social workers.

It is recommended that Lithuania first focus on employing case managers with general skills and competencies and that the demand for more specialised case managers be assessed over time, with at least some municipalities likely needing to move to a mix of general and specialised case managers.

Ideal caseload size also requires consideration. Caseload size is important for two reasons:

- it influences the effectiveness of assistance to a service user in that it dictates how much time and effort a case manager can devote to each service user, and
- it is a key driver of cost since lower caseloads require more case managers.

Case management is undertaken in a variety of circumstances and caseload sizes vary considerably as a result. A review of the optimal caseload size undertaken by New Zealand's Ministry for Social Development looking at best practice case management models for at-risk young people found caseload sizes varied by intensity of service. Recommended caseload sizes ranged from 20 to 30 cases or more for low-intensity services, 10 to 20 cases for moderately intensive services, and from five to 10 cases for highly intensive services (Ministry of Social Development, 2011^[6]).

Case managers should be hired strategically with recruitment based on a Job Description that clearly describes a case manager's role and responsibilities and sets out skills and competencies such as those outlined above. Requirements regarding qualifications should align with other case management roles in Lithuania, e.g., the new requirements being introduced for Transition Service co-ordinators. However, the literature suggests the right competencies are more important than a specific qualification.

Case managers should be supported both with practice support (e.g., supervision and operational guidelines) and with training and skills development to keep their skills and knowledge up to date. At a minimum, case managers should receive training when relevant policy or programme changes occur, or in administering and interpreting a new assessment tool. It is recommended that municipalities, the PES and any other providers of case management services explore the feasibility of partnering to provide training and other supports for all case managers.

Information

A key responsibility of a case manager is to identify and refer service users to appropriate services. This task requires access to good information about the full range of services that are available across domains and institutions and within each municipality. Service provision in municipalities is segmented by domain e.g., most social services are provided by the municipality, employment-related services are provided by the PES and health services are provided by health care institutions. A lack of information-sharing platforms and a culture of poor cooperation has resulted in fragmented service provision.

Each municipality (or its responsible department) manages information about the social services provided in its region and funded from its budget. However, municipalities may not have information about services provided by NGOs for example, particularly if those services are not funded from the municipality budget. While a service catalogue exists for social services and in the Law on Employment (*Užimtumo įstatymas*), there is a list of labour market services and employment support measures, there is no such directory of information for health, education or other sectors. Furthermore, the existing social services catalogue and list of employment measures do not necessarily offer a helpful overview by municipality, target group or service provider.

A consistent observation made by service users and providers who were asked about their experiences of public services in Lithuania is that poor information is leading to both overlapping/duplication of services as well as gaps in service provision (OECD, 2023^[1]). Both service users and providers observed how difficult it can be to find and/or understand information about services, describing it as complicated and overly bureaucratic. A more user-friendly information system that is available to the public would be welcomed, making information available in a simpler way, so that service users can find out what services each municipality provides. This information system could be supplemented with a directory of partners, compiled, and kept up to date by municipal representatives, who could use the information system to determine the need for an extension of their activities or to coordinate with other municipalities.

One of the first tasks of social services case managers should be to connect with other institutions and providers across sectors to collect information from all sources about the services that are provided in their municipality for the three groups and to create a service map. Ideally, this information should be recorded in one central place/database so that it is available to others. Assuming this information proves useful, over time the information could be developed in an IT system(s) and be public facing. Service mapping could also extend beyond a single municipality with case managers sharing their mapping efforts with case managers in other municipalities. Whatever process case managers use to undertake initial mapping exercises, it should be done systematically and be fit for future purposes.

IT infrastructure

The OECD completed a comprehensive assessment of the IT infrastructure that currently underpins the provision of employment and social services in Lithuania (OECD, 2023^[1]). Based on that assessment, several recommendations were made to modernise the infrastructure to better support coordinated activity across public services. Recommendations included improving data exchange between different public sector registers and the user-friendliness of user interfaces, ensuring better coverage of core business processes, and introducing modern solutions for data analytics to monitor and evaluate service provision systematically. However, such changes would require a major overhaul of IT systems and have significant budget implications. For this report, which focuses on establishing a model case management system in the near term, the proposed actions are based on existing IT infrastructure. However, any future IT developments should include consideration of OECD recommendations relating to supporting an enhanced case management model.

Policies, processes and practices

The case management function should be ‘regulated’ to the extent required to ensure it is delivered consistently to an agreed standard across municipalities. Policies, processes and guidelines are all useful measures that enable a balance to be found between consistent and standardised approaches and regional contexts and individual needs. Several measures are already recommended in this report e.g., the introduction of a quality assurance process and suggestions to make the cooperation framework operational. Furthermore, there are recommendations in the OECD report that while not directly related to case management would contribute to an effective case management system. For example, the OECD recommended that monitoring and evaluation frameworks including key performance indicators, benchmarks and user-satisfaction surveys be developed and disseminated (OECD, 2023^[1]).

The OECD in its report recommended several sets of guidelines to promote enhanced case management. As well as recommending a framework and guidelines to encourage greater cooperation across public services and to facilitate more formal referral pathways the OECD also recommended Lithuania adopt guidelines to ensure standardised and coordinated support for all service users, irrespective of the provider (including contracted-out service providers) or municipality. The Lithuanian PES has a set of internal guidelines that govern service provision and also take measures to ensure that regulations and internal guidelines are followed to provide a sufficient level of services. These measures include both internal and external training options for staff and monitoring practices to ensure regulations and guidelines are followed, with action taken as needed. These are general guidelines however and are applicable to all service users, there are no guidelines in place to support the delivery of services to specific groups.

At the municipality level, not all social services centres have clear and formal guidelines. This creates the risk of a differentiated (but not necessarily best fitting) approach to service provision, provides no means for issues to be identified, and can lead to varying service quality. Just over half of municipalities report they have internal guidelines while the remaining municipalities rely on what is prescribed in regulations, or Social Service Plans or by institutions such as the MSSL. Some NGOs who provide social services have adopted international guidelines to support service provision, particularly for people with disabilities.

Supporting case managers with administrative policies and management information systems can facilitate more effective case management. For example, a management information system can help to keep track of a service users’ actions and provide pop-up reminders about those that are time sensitive. Some systems can analyse a service users’ information and suggest additional programs or services they might be eligible for. Reports for program requirements, participant outcomes, and information on staff performance can also be produced. Information on case managers’ productivity can help supervisors to better understand case managers’ workloads, strengths, and areas for improvement. In the absence of such management information systems, practice guidelines become particularly important, for example, to

prompt a case manager to collect certain information from a service user to identify the full range services they might be eligible for.

Services

As touched upon above, successful case management relies on effective, high quality and harmonised services being *available* and service users having access to those services i.e., ensuring service users are receiving all the supports and services they are entitled to (both universal and targeted).

The OECD recommended actions to improve service design and delivery and address service gaps (OECD, 2023^[1]). These include involving NGOs and service users in designing and implementing services; developing a methodology that municipalities can use to systematically assess the need for social services in their territories; and improving the collection of individual and household level data on service users to understand more about service coverage including intensity and frequency of service use and the socioeconomic characteristics of service users. Implementing these recommendations would help facilitate the work of case managers and improve service delivery overall.

It should be noted that services are not always the answer to improving service users' outcomes. For example, a service user may need a case manager to advocate on their behalf with a potential landlord or employer. A person with disabilities may need help to make their workplace more accessible (OECD, 2023^[1]). For people leaving prison, relocation might be a good solution, however this is hampered currently by the loss of state benefits when people leaving prison change their place of registration. Case managers are ideally placed to identify gaps in service provision and other barriers service users face and to advocate for new or different services and/or changes to current policies or practices. For people with disabilities this will be the responsibility of the new Disability Coordinator; municipalities could look to incorporate this responsibility within an existing role in their municipality for other groups.

Conclusion

Case management is an important feature of initiatives aimed at better integrating public services and is a particularly effective approach for people in vulnerable situations, people who often require tailored and, in some cases, specialised supports and services, from more than one provider. A number of factors contribute to service users achieving positive outcomes as a result of case management, including:

- Putting the service user (and their family) at the centre of the case management process
- Ensuring there is no wrong front door to case management support
- A trusting relationship between the case manager and service user
- Case managers having the right skills and competencies
- A clear description of, and joint understanding of the 'connecting' role a case manager plays
- Institutions and providers cooperating in the best interests of the service user
- Sufficiently resourcing.

Recommended actions

| Recommendation | Responsible authority |
|---|---|
| Case management cycle | |
| <i>Intake</i> | |
| <i>Keep the intake phase of the case management cycle as flexible as possible so that people who would benefit from case management are not excluded because they came through a 'wrong' door.</i> | Municipalities |
| <i>Appoint a prison social worker to an inmate at least 12 months before they are released to start planning for life outside prison.</i> | Municipality and/or Correctional facility |
| <i>Identify a dedicated case manager for an inmate well before they leave prison who ideally can visit the inmate at least once prior to release as well as accompany them to their accommodation when they are released.</i> | Municipalities |
| <i>Individual Action Plans</i> | |
| <i>Develop an IAP template(s) that reflects Lithuania's requirements and settings, drawing on relevant good practice examples from other countries and examples of case management plan templates in Lithuania such as the one used by the PES and the template used for children and young people.</i> | MSSL (working with relevant stakeholders) |
| <i>Ensure every service user has an IAP that has been developed jointly with them.</i> | MSSL |
| <i>Implementation</i> | |
| <i>Ensure the case manager's 'connector' role is clearly described and well understood by institutions, municipalities and providers.</i> | MSSL |
| <i>Monitoring and review (including Quality Assurance)</i> | |
| <i>Formally review IAPs at least every six months for all service users.</i> | Municipalities |
| <i>Review the Transition Service guidelines for terminating the service in line with the evidence about what works to successfully transition young people from care.</i> | MSSL |
| <i>Establish quality assurance procedures for IAPs to ensure action plans correspond to the needs of service users and they are receiving the right supports in a timely way.</i> | MSSL |
| The foundations of an effective case management cycle | |
| <i>The System</i> | |
| <i>Introduce a framework for cooperation across public service providers to strengthen coordination at the local level and reinforce the need to work together.</i> | MSSL |
| <i>Create a small working group of national and local level stakeholders to develop a draft framework for wider consultation with all institutions and providers who will be covered by it.</i> | MSSL |
| <i>Supplement the framework with regular face-to-face forums, such as roundtables to provide opportunities for information sharing, networking and learning.</i> | MSSL |
| <i>Workforce</i> | |
| <i>Base recruitment of case managers on a Job Description that clearly describes a case manager's role and responsibilities and sets out the skills and competencies described in this report.</i> | Municipalities |
| <i>Align requirements regarding qualifications with other case management roles in Lithuania, e.g., the new requirements being introduced for Transition Service coordinators.</i> | Municipalities |
| <i>Assess the ideal case load for case managers in different sized municipalities over time.</i> | MSSL |

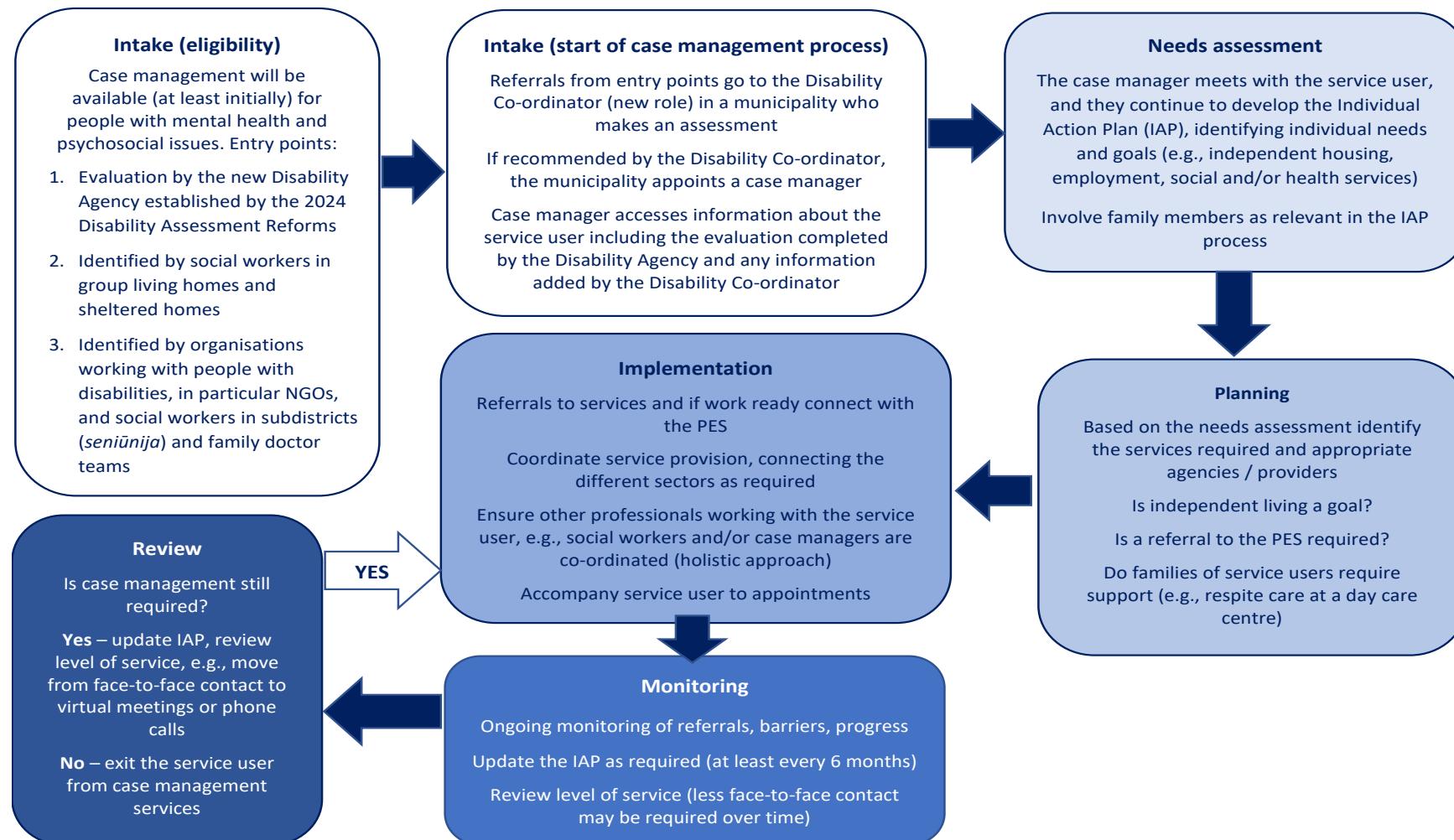
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|---|----------------|
| <i>Explore the feasibility of partnering with other agencies such as the PES to provide training and other supports for case managers.</i> | MSSL |
| Information | |
| <i>Ensure one of the first tasks of the social services case manager is to connect with other institutions and providers across sectors to collect information about the services that are provided in their municipality for the three groups and create a service map.</i> | Municipalities |
| <i>Record the service mapping information in a central place/database so it is available to others and can easily be updated.</i> | Municipalities |
| <i>Ensure the mapping exercise is done systematically and is fit for future purposes so that, assuming the information proves useful in the pilot municipalities, the information can be developed in an IT system(s) and be public facing in future.</i> | Municipalities |
| IT | |
| <i>Ensure that any future IT developments include consideration of the OECD's assessment of the IT infrastructure that underpins the provision of employment and social services in Lithuania and recommendations for modernising it to better support coordinated activity across public services and an enhanced case management model.</i> | MSSL |
| Policies, processes and practices | |
| <i>Develop guidelines to ensure standardised and coordinated support for all service users, irrespective of the provider (including contracted-out service providers) or municipality.</i> | MSSL |
| <i>In the absence of management information systems, ensure there are sufficient practice guidelines to support case managers to do their job efficiently and effectively.</i> | MSSL |
| Services | |
| <i>Regularly review the Catalogue of Social Services using improved information as recommended by the OECD in its report.</i> | MSSL |
| <i>Consider embedding responsibility for responding to information about gaps in service provision and other barriers service users encounter in an existing role in the municipality in line with what is planned for the new Disability Coordinator role.</i> | Municipalities |
| The Transition Service | |
| <i>Improve outreach following recommendations in the OECD's report.</i> | MSSL |
| <i>Review the funding model to ensure it supports uptake of the service.</i> | MSSL |
| <i>Provide a forum for municipalities to share experiences and good practices.</i> | Municipalities |
| <i>Undertake a general review in line with the actions proposed in this report to identify where any further improvements could be made.</i> | MSSL |
| General | |
| <i>Consider involving NGOs in providing case management services in the future, following recommendations in the OECD's report.</i> | MSSL |

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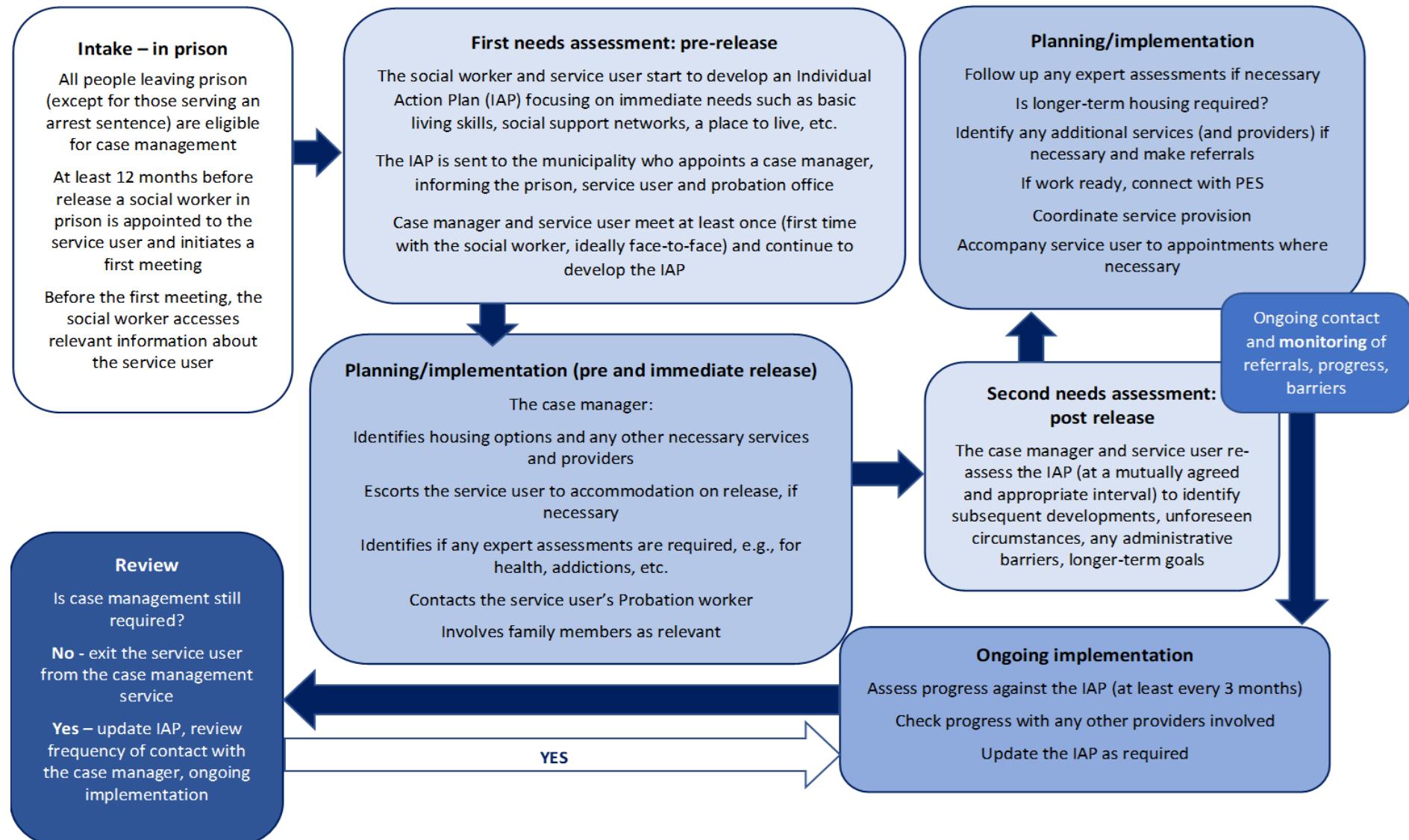
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Annex A. Proposed case management schemas

Case management for people with disabilities



Case management for people leaving prison



Case management for young people leaving care (based on the recommendations in this report)

