

Position Description

Post-Custodial Support Case Manager

Position summary

Reporting to the Program Manager, the Post-Custodial Support Case Manager helps people rebuild their lives after incarceration and supports people released from custody to reduce the risk of harmful AOD use. They help participants reintegrate into the community using a variety of tools and supports such as

- intake and assessment
- transition planning and risk assessment,
- individual counselling and goal setting
- supported referrals for clinical and medical interventions
- referrals for employment, training and housing
- · family and community engagement
- living skills development.

The aim of the program is to reduce risk of harmful AOD use, overdose and suicide, and to decrease re-offending rates.

The role works with people for 3 months prior to exiting centres such as Clarence Correctional Centre or Mid North Coast Correctional Centre and up to 12 months after exiting a correctional centre. This can include those that have exited a correctional centre in other parts of the state who have moved to the mid and north coast of NSW. The role is mobile and operates from an office space and also with participants in correctional centres and in the community.

Organisational relationships

Direct reports: Nil

Internal and external relationships

Internal relationships involves team and staff engagement and collaboration External relationships may include families of choice and carers, HNC, NDIA, Health professionals, clinicians, GP's, agents for housing, Aboriginal and Torres Strait Islander support organisations, Community Mental Health Service Providers and the broader community

| Responsibilities | Outcomes | | | | |
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| Pre-release contact | | | | | |
| Make pre-release contact with people due to exit custody. Build, mentor and model open, | A positive relationship is created with correctional centres to facilitate pre-release contact. There is contact made and an assessment of | | | | |
| supportive, trusting, appropriate and effective professional relationships | needs is conducted. There is positive feedback from participants | | | | |
| with participants as part of their recovery. | indicating that initial contact has been successful, and support has been offered. | | | | |
| Provide comprehensive assessment of participant needs and goals, including risk management and safety planning. | Assessments are conducted within accepted timeframes. | | | | |
| Make contact at the time of release | | | | | |
| Make supported referrals | People released from custody at risk of harmful AOD use are connected to appropriate health and social services, including those associated with cultural and social determinants of health (housing, employment, training, welfare support, MH support connection to Country and community) | | | | |
| | Participants are supported to engage with community based AOD treatment. | | | | |
| Support connection with family and | The supports offered are aimed to reduce reoffending, enhance quality of life and instil hope. There is engagement with family, as appropriate, if | | | | |
| Provide inclusive services. | consented by the participant. Culturally inclusive and competent services that meet the needs of all communities, including CALD, Aboriginal and LGBTQIA+ participants is provided. | | | | |
| Provide counselling support post r | elease | | | | |
| Offer brief intervention counselling support | Access to culturally safe, trauma informed AOD counselling treatment is supported. This can be individual or group support. | | | | |
| | A care plan is developed in consultation with participant, carers (if appropriate) and clinical teams and other support providers. | | | | |
| | Referrals are made to psychiatrists and other Mental Health supports for severe and persistent mental health conditions as appropriate. | | | | |
| Case Management post release | | | | | |
| Case manage participants for in a holistic manner for optimal outcomes. | Effective case management is conducted taking into consideration different cognitive, behavioural, emotional, social, physical and spiritual needs. | | | | |
| | There is positive feedback from completing participants about the program delivery. | | | | |
| | Participants are actively encouraged to engage and remain in the program. | | | | |

| Responsibilities | Outcomes | | | | |
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| Advocate to improve access to a range of support services. | There is evidence that participants have been supported to access services such as NDIS, living skills programs and income support. | | | | |
| Provide follow up care coordination of psychosocial needs. | There is evidence that participants are offered support with practical needs such as housing, employment and training. | | | | |
| | Participants are supported to register and access a GP and other healthcare services and tools to improve physical health and wellbeing. | | | | |
| | There is evidence that participants are offered support with clinical and medical needs. | | | | |
| Promote capacity building and resilience. | Participants are supported to seek out and arrange long term support services beyond the duration of the program. | | | | |
| | Participants are encouraged to build resilience and self-manage their own needs long term. | | | | |
| Refer families and stakeholders to other services. | Families and stakeholders are referred to other outreach services as appropriate. | | | | |
| Ensure there is compliance with all requirements. | Legislative, contractual and audit inspection framework requirements are met. | | | | |
| Occasions of Service (OOS) | | | | | |
| Provide Occasions of Service (OOS) relevant to hours worked. | There is evidence that participants are provided with a reasonable number of Occasions of Service (OOS) which can be conducted in person, via phone or video conferencing. This can comprise of any direct engagement with a participant or any activity that is done in regard to the participant and is usually about 30-60 minutes in length. An average 8-hour day allows for a minimum of five occasions of service. Depending on engagement levels, a full-time case load is generally 15-20 participants, but this can be scaled up or down in line with engagement | | | | |
| Complete relevant assessments | Assessments such as ATOPS are undertaken in line with case management and care planning. Measures will be advised by the program manager. | | | | |
| Representation and Networking | | | | | |
| Develop and maintain a working knowledge of relevant agencies/services. | Connections with Mental Health (MH) and AOD (Alcohol and other Drug) and primary health services and other stakeholders, including carers and other service providers are built and maintained. Regular travel throughout the footprint of service delivery is required. | | | | |
| Actively consult with relevant agencies and other service providers, regarding participant progress and participation. | Relevant agencies are provided with appropriate information to support the participant and grant them access to services they need. | | | | |

| Responsibilities | Outcomes | | | | |
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| Attend interagency and Buttery | Interagency and Buttery meetings are attended as | | | | |
| networking groups as directed. | appropriate. | | | | |
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| Administration and reporting | | | | | |
| Maintain participant files and | Accurate case notes/ files/paperwork/data | | | | |
| undertake other administrative tasks | input/reports are maintained and updated. | | | | |
| as required. Collect data to support future | Sufficient data is available to ensure there is | | | | |
| programs. | evidence of the program's effectiveness. | | | | |
| programo. | There is participation in research projects as | | | | |
| | required. | | | | |
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| Team support | | | | | |
| Participate in peer and clinical | There is adequate preparation and active | | | | |
| supervision processes. | participation in peer and clinical supervision. | | | | |
| Participate in informal and formal | There is active contribution in meetings to reach | | | | |
| case conferences, staff meetings | key program and clinical decisions. | | | | |
| and planned meetings. | | | | | |
| Work autonomously and as part of a | A strong work ethic, respect, punctuality and | | | | |
| team. | commitment to service is demonstrated to ensure | | | | |
| | all team members are well supported. | | | | |
| | Assigned tasks are conducted in a timely manner. | | | | |
| Conoral | | | | | |
| General Be compliant with WHS | There is demonstrated compliance with WHS | | | | |
| requirements and take reasonable | requirements to ensure a safe and healthy | | | | |
| care to ensure your own safety and | workplace. This includes abiding by the non- | | | | |
| health and that of others. Abide by | smoking directive at Buttery sites and compliance | | | | |
| their duty of care provided for in the | with any pandemic directives and protocols. | | | | |
| legislation. Ensure you do not place | Any injury, hazard or illness are reported | | | | |
| others at risk by any act or omission. | immediately, where practical, to your | | | | |
| Ensure you do not interfere with safety equipment. | manager/coordinator. | | | | |
| Take an active role in building your | The importance of wellbeing and self-care as a | | | | |
| resilience and preventing | part of resilience is acknowledged. Strategies are | | | | |
| psychological injury. Take | implemented to maintain personal wellness and | | | | |
| reasonable care for your health and | resilience. Clinical supervision or other supports | | | | |
| safety and that of others who may | are utilised, when needed. | | | | |
| be affected by your conduct. | | | | | |
| Be compliant with codes, guidelines, | Codes, guidelines, policies, procedures, | | | | |
| policies, procedures, confidentiality | confidentiality requirements, legislation, Standards | | | | |
| requirements, legislation and Standards and proactively engage | and quality improvement processes are adhered to at all times. Changes and improvements are | | | | |
| with Buttery continuous quality | supported. | | | | |
| improvement. | All mandatory training programs and team | | | | |
| • | meetings are attended. | | | | |
| | There is mandatory reporting of any suspected | | | | |
| | incidents of child abuse. | | | | |

| Support an environment free from discrimination, harassment, bullying and model appropriate standards of | Interactions with colleagues, participants and stakeholders are undertaken in a courteous manner. | | |
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| professional behaviour in the workplace. | Cultural and linguistic and gender diversity is supported and there is evidence of efforts to encourage inclusion. | | |
| | There is positive feedback from others regarding your interactions. | | |

Other duties relevant to the role as requested by the Program Manager, and in line with Social and Community, Housing and Disability Services (SCHCDS) employee level 4 competencies.

Selection criteria

Qualifications and checks

- Diploma level qualification or above in Community Services, Social Work, Mental Health, Justice, Psychology and/or Welfare Studies
- Current and valid Driver's Licence with an ability to travel around the region
- A satisfactory Criminal Record Check and Working with Children Check with capacity to obtain clearance to attend correctional facilities
- Current COVID vaccination and current First Aid certificate

Professional skills and experience

- Experience working within AOD, criminal justice or another relevant sector with an understanding of complex clinical presentations
- Substantial case work experience to support a range of practical and psychosocial needs and community support for people who have experienced incarceration.
- A lived experience of rehabilitation after staying in a custodial environment with the capacity to outline the steps you took towards recovery and how you remain active in your recovery.
- Demonstrated proficiency using the Microsoft suite, a variety of databases and video conferencing tools such as zoom.
- Demonstrated commitment to cultural diversity, equal employment opportunity, legislative compliance and workplace health and safety
- In line with SCHCDS level 4 classification requirements

Interpersonal skills

- Strong communication skills and the ability to collaborate as part of team
- Ability to work autonomously and use time effectively
- A reasonable level of resilience to manage psychosocial demands, complex clinical issues and exposure to crisis situations
- Self-reflective with the ability to review own work practices and maintain professional boundaries

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| These conditions of employment, your duties and location may be varied by The Buttery |
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| during the term of your employment. The position description duties are to read in |
| conjunction with the terms and conditions that form your contract of employment. |

| la | accept and | agree to | the dutie | s in this | position | description. | I understand | l and a | igree t | o al | bide |
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| by | the terms | and cond | ditions sti | pulated. | | | | | | | |

| Signature | Name | Date |
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