



Key Worker & Co-Worker Procedure

Procedure Number
WCDHB-MHS-0060

Version Nos:
6

1. Purpose

This Procedure describes the joint responsibilities where client care is shared during an episode of care within the West Coast District Health Board (WCDHB) Mental Health Service (MHS).

2. Application

This Procedure is to be followed by all WCDHB MHS staff members working in community settings.

3. Definitions

For the purposes of this Procedure:

Case Manager is the community based MHS clinician who is responsible for treatment planning and care delivery, within the MDT. Case management responsibilities are restricted to team members who hold an appropriate health professional registration.

Co-worker is taken to mean a MHS staff member who contributes to specific care needs of a client, without taking on case manager responsibilities. Co-working relationships are most usually developed when clients present with a dual diagnosis, or with specific cultural or treatment needs.

Key Worker is the term used within the WCDHB Alcohol and Drug (AOD) Services to describe the person responsible for the direct delivery of care. WCDHB AOD Services do not use a case management model.

4. Responsibilities

For the purposes of this Procedure:

Case Manager/Key Worker is responsible for oversight of the client's ongoing care. This will include regular communication with the person acting as a co-worker, in order to:

- Maintain a collegial approach to care delivery
- To facilitate ongoing assessments
- To share any concerns with the co-worker
- To undertake regular comprehensive reviews of the clients progress.

Co-Worker is responsible for ensuring the Case Manager/Key Worker is involved in any changes to the agreed treatment approach, including:

- Maintaining a collegial approach to care delivery
- Providing the specific input implicit to the co-working arrangement
- Sharing any concerns with the co-worker
- Contributing to the regular comprehensive reviews of the clients progress.

5. Resources Required

This Procedure requires:

- i) Client's Clinical Record



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- 1.00 The need of co-working will be endorsed through the Multi Disciplinary Team (MDT) as part of the development of the 8-point case management plan.
- 1.01 The Case Manager/Key worker will provide the co-worker with clear outline of the specific treatment concerns.
- 1.02 The Case Manager retains overall responsibility for the delivery of treatment.
- 1.03 The Co-Worker will document any assessments, interventions and review of progress in the clinical file, as per WCDHB Clinical Documentation Procedure.
- 1.04 The Co-Worker will attend the MDT and contribute to the clinical review.
- 1.05 Co-working may be appropriate to address the following clinical needs:
 - Case Manager Co-Working Required
 - CMH Nurse Maori MH Worker for cultural intervention
 - AOD intervention (*Dual Diagnosis Clients*)
 - Specific psychological intervention
 - Specific social work intervention
 - MH Social worker *All of the above plus*
 - CM Nursing intervention
 - AOD Key Worker *All of the above plus*
 - Specific nursing interventions
 - Psychologist / Therapist *All of the above plus*
 - Specific nursing interventions

7. Precautions And Considerations

- ➔ When the Case Manager's professional expertise no longer required, but the client continues to require intervention from the Co-Worker the MDT will consider transferring case management responsibilities to that staff member.
- ➔ The Case Manager and Co-Worker maintain joint responsibility for the management of any identified risk.

8. References

Health & Disability Sector Standards NZS 8134:2008

9. Related Documents

WCDHB MHS Service Provision Framework

Revision History	Version:	6
	Developed By:	CBT Working Party
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