CHCCSM013

Facilitate and review case management

Aspire
Learning Resources

CHCCSM013
Facilitate and review case management

Release 1

Learner Guide

Aspire Version 1.1

Aspire
Learning Resources

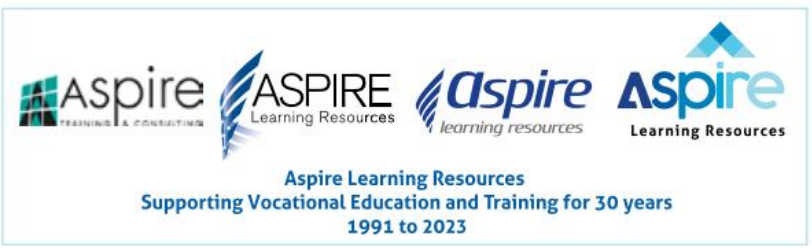
CHCCSM013 Facilitate and review case management, Release 1

PO Box 5107, Bentleigh East, VIC 3165 Australia
Phone: (03) 9820 1300

First published March 2023

Cover design Anne-Marie Reeves Design
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76123-169-8 (PDF version)
ISBN 978-1-76123-168-1



Contents

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

Before you begin

This Learner Guide is based on the unit of competency *CHCCSM013 Facilitate and review case management*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	These highlight learning points and provide realistic examples of workplace situations.
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.  
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	• Understanding how documents are presented and being able to navigate through documents • Understanding industry- and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	• Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	• Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	• Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

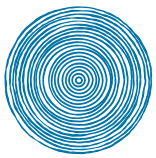
Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Determine response to case management	1A Develop and use case management processes	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Implement processes to enable the person to set goals and participate	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Integrate cultural considerations into all aspects of case management planning	❑ Confident ❑ Basic understanding ❑ Not confident
	1D Provide information on rights of appeal and avenues of complaint	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 2 Conduct case management meetings	2A Facilitate information sharing and establish rapport	❑ Confident ❑ Basic understanding ❑ Not confident
	2B Identify and agree on roles, responsibilities, boundaries and processes of service delivery	❑ Confident ❑ Basic understanding ❑ Not confident
	2C Determine and agree on organisation, family and community needs, responsibilities and rights	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 3 Develop a case management plan	3A Develop a case management plan	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Identify strategies to deal with complex and high-risk situations	❑ Confident ❑ Basic understanding ❑ Not confident
	3C Assist clients to set and achieve realistic targets for change or action	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 4 Monitor and review case work activities and processes	4A Regularly monitor and assess case management and negotiate changes when needed	❑ Confident ❑ Basic understanding ❑ Not confident
	4B Document all case work interventions in accordance with organisational requirements	❑ Confident ❑ Basic understanding ❑ Not confident



Topic 1: Determine response to case management

1A Develop and use case management processes

1B Implement processes to enable the person to set goals and participate

1C Integrate cultural considerations into all aspects of case management planning

1D Provide information on rights of appeal and avenues of complaint

1A Develop and use case management processes

Case management involves playing a central role for a person or family to help them liaise with other professionals, networks and services to meet their needs and goals.

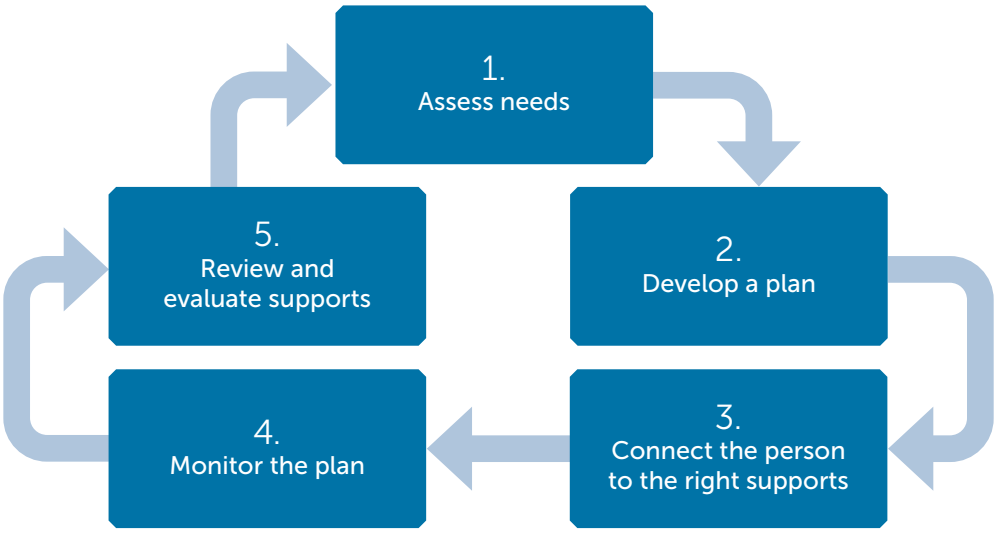
Case manager
A worker or professional who has the central role of liaising with other professionals, networks and services to help make sure the person can meet their needs and goals.

A **case manager** is the 'go-between' – the person who shares information between a client and other services or professionals. Case managers investigate different options available to deliver services, and then help to link the person to that service.

Many people who use community services are referred by a case manager. The case manager might be a social worker or other professional who links the person with different services.

Workers in a range of settings – such as mental health, alcohol and other drugs (AOD), homelessness, child protection and family violence services – also have case management responsibilities and, in this sense, are part of the case management team.

Case management is a continuous cycle in which the case manager identifies, analyses and addresses the person's needs.



The case manager:

- helps the person to identify their needs or problems
- works with the person to develop a plan and goals for support
- helps the person to choose and connect to services to meet their individual needs
- follows up on the person's progress
- reviews and evaluates the outcomes of supports.

As additional issues and concerns are identified, this process may be repeated.

Rights and responsibilities come from acts of legislation, industry standards, practice standards, codes of conduct, and service policies and procedures. These rights, and your role and responsibilities, must be explained to the person at the beginning of the case management relationship.

Privacy and confidentiality

A case manager will often have access to privileged and sensitive information about clients.

All people who receive services have a right to privacy of their person and of their information.

Confidentiality means keeping information about people who receive services private. This includes:

- holding meetings in a place where other people cannot overhear
- discussing cases with other workers only where necessary and in a private place
- protecting documents (including plans and case notes) in secure storage
- taking care to check recipients when sending emails
- protecting computers, phones and tablets that contain client information with passwords.

Confidentiality
The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

The Australian Privacy Principles (APPs) apply to the collection, use and storage of people's information. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these principles.

While the APPs apply to all Australian states and territories, additional legislation may also apply, such as the *Health Records Act 2001* (Vic.) in Victoria or the *Health Records and Information Privacy Act 2002 No 71* (NSW) in New South Wales.

Detailed information about privacy principles can be found at:
aspirelr.link/privacyfactsheet

Informed consent

Clients must usually give consent to have their personal information shared with other services, such as during a referral. Informed consent means that the person:

Referral to other services is a significant part of the case manager role.

- has been fully informed – by you or by the other service – about what information will be shared and how it will be used
- is able to understand this information, including the risks and benefits
- has agreed to allow you to share the information with other services, and has signed a written consent to allow you to do so.

Some clients cannot legally give informed consent. This includes children, people

with cognitive impairments such as dementia, and some people with intellectual disabilities. If the person is not able to give consent, their guardian or substitute decision-maker is able to do so on their behalf.

Duty of disclosure

As a case manager, you will get to know clients over time and may hear or see things that are concerning.

Your duty of disclosure refers to the legal requirement of case managers and other professionals to report anything you see or hear that could mean the person or someone else may be harmed.

This can include:

- anything that makes you concerned that a person might be considering self-harm or taking their own life
- violence or threats of violence made to the person or by the person to others
- signs that give you reason to suspect that a child or vulnerable person is, or is at risk of, being neglected or abused.

Your duty of disclosure takes precedence over your responsibility to respect the person's confidence. For example, if a person tells you that they are contemplating taking their life, but asks you not to tell anyone, you must act on this information to protect the person from harm, such as by contacting the person's general practitioner (GP), their mental health professional or even the police in an emergency.

Industry standards

Industry standards provide mandatory requirements for people working in that industry. Case managers must be aware of the standards that apply to the services that support clients. This knowledge can help you to:

- know when a person's rights are being breached by a service
- advocate for the person to ensure that their rights are upheld
- support a person to make a complaint about a service
- recognise the minimum benchmarks of care that must be met by the services you are referring clients to.

For example, the Aged Care Quality Standards provide eight standards for community services organisations in Australia. Standard 6 outlines the requirements for consumers, their family and friends, carers and others to be encouraged and supported to provide feedback and complaints.

For more information about the Aged Care Quality Standards, go to: aspirelr.link/aged-care-quality-standards

Practice standards and guidelines

Practice standards are developed for and applied to a particular occupation or profession, such as social workers.

Members of that profession must meet these standards in everything that they do. For example, Guideline 2, Indicator 2.3 of the Australian *Community Work Practice Guidelines* describes how a community services practitioner should perform their role in relation to ensuring service users understand their right to make complaints.

You can read the full Australian Community Work Practice Guidelines at: aspirelr.link/acwaguidelines

Codes of ethics

A code of ethics will outline the behaviours expected of a professional working in your role. There can be serious consequences for breaching a code of ethics.

Here are some examples of codes of ethics for different workers in community services.

Industry/profession	Code of ethics that applies
Social workers	Australian Association of Social Workers Code of Ethics: aspirelr.link/aasw-code-of-ethics
Alcohol and other drugs (AOD) workers	The code of ethics for AOD workers: aspirelr.link/aod-coc
Home and community workers	Australian Community Workers Association Code of Ethics and Practice: aspirelr.link/acwa-ethics-and-standards
Public sector workers, including child protection and mental health	Code of Conduct for Public Sector Employees in your state or territory – for example, the Victorian Public Sector: aspirelr.link/vpsc-coc
Services funded through the National Disability Insurance Scheme (NDIS)	The NDIS Code of Conduct: aspirelr.link/ndis-coc

Mandatory reporting

Certain professionals and people working in specific sectors, including some case managers, are required by law to report cases of suspected or actual child abuse to a government body or to the police. This is called **mandatory reporting**.

Mandatory reporting
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

In some states, every adult (not just professionals working in community services) has the legal obligation to report to police if they have a reasonable belief that a child is being or has been sexually abused. This includes situations in which the child is not a client of your service.

As the legislation varies greatly across Australian states and territories, it is important to understand your own obligations. In some states, you can be charged with an offence if you fail to report any type of child abuse. In others, the law only applies to sexual and/or physical abuse.

For more information about mandatory reporting of child abuse in your own state or territory, go to: aspirelr.link/aifs-mandatory-reporting

Mandatory reporting of suspected or actual abuse also applies to managers and health professionals, such as nurses working in aged care and disability services.

Statutory interventions

Statutory interventions can occur when a court, an authority such as the police or a government department has created an order for or on behalf of your client.

This can be common in areas that deal with child protection, youth justice, mental health and domestic violence. Statutory interventions must be followed and managed appropriately when you undertake case management work.

Example

Statutory interventions

You might have to consider court orders when working with clients in some industries – for example:

- A person with schizophrenia is at serious risk of harm to himself and others, and has an order to be held as an involuntary inpatient in a mental health unit under the *Mental Health Act 2014* (Vic.).
- A female client has been granted an Apprehended Violence Order (AVO) against her ex-partner, who has made threats to her life.
- A child has been ordered by the courts to be placed in out-of-home care because of ongoing neglect and abuse.
- A father who has been charged with family violence offences has been ordered to undertake a family violence behaviour change program.

Practice Task 1

Question 1

Match each term about case management processes on the left to its description on the right.

Informed consent	A set of mandatory requirements for a service set by the industry
Disclosure	A set of responsibilities that workers in a particular role or profession must follow to protect boundaries and behave professionally
Industry standards	The duty to report anything that makes you concerned that a client or another person is at risk of harm
Code of ethics	The requirement for a client to have full understanding of benefits and disadvantages before they agree to a decision

Question 2

List two responsibilities you have for protecting a client's personal information during a referral.

1B Implement processes to enable the person to set goals and participate

Preparation for a case helps enable a new client to set goals and participate fully in their case plan and progress.

Case management follows a series of accepted principles and processes. The first step to understanding case management is an awareness of these principles and processes.

Best-practice approaches have been developed to help ensure that service provision works in the best interest of the client at all times. These best-practice principles underpin every communication and action performed during case management. They set the groundwork for planning, so that the person is empowered to participate in developing goals for their case plan and progressing towards their goals.

Discrimination
The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Principles and practices of case management

A number of core principles underpin case management. These approaches are accepted as best practice at all stages of case management.

Case management is a particularly valuable approach to the needs of people in community services because of the often complex and changing nature of the needs of vulnerable people.

People in our community who are vulnerable are also prone to disempowerment, **discrimination** and power imbalance. Best-practice principles help to reduce the impact of vulnerability, and of the power imbalance between worker and client.

Evidence-based practice
Making use of real, current and validated research, data and information collected about the person and the industry to inform your work.

Evidence-based practice

Evidence-based practice uses real, current and validated research, data and information collected about the person to inform your work as their case manager.

Lived experience
A person's personal knowledge about their own situation gained through direct, firsthand experience, or through cultural or generational exposure to discrimination, trauma or other experiences.

Evidence-based practice does not rely on assumed knowledge. It requires you to listen to feedback from the person and to make use of their **lived experience**. You might make assumptions about a person based on what you think you know about them given their age, culture, social background or appearance, but none of these are evidence-based.

Evidence-based practice also means that you must maintain ongoing professional development in the area of industry you work in, and change or improve your practice according to industry updates.

Example

Evidence-based practice

Here are some examples of how to maintain evidence-based practice.

Strategy to maintain evidence-based practice	Example
Keep updated on industry changes	• Subscribe to and read industry journals and websites about new and emerging best practice. • Attend webinars, conferences and training sessions on your area of work. • Maintain email subscription to updates from your industry regulator.
Network with other professionals	• Attend networking events to meet and talk with others in your industry about how they have improved services. • Ask for input from other professionals in your organisation about how to manage a challenging case or problem. • Engage experts where needed, such as talking to a psychologist about your approach to counselling a person who is angry and resistant. • Use the expertise of community leaders and community groups, such as LGBTQI+ advocacy groups or Aboriginal and Torres Strait Islander community leaders.
Harness the lived experience of people from marginalised groups	• Listen to and use feedback from past and current clients about their experience with your service and your practice – and make changes accordingly. • Use surveys, forums, advisory groups and interviews with clients and workers to improve your work practice and when developing new programs. • Listen to the person's own ideas and preferences when developing and reviewing goals. • Listen to and use lessons from the lived experience of communities, such as people from Aboriginal or Torres Strait Islander backgrounds, when delivering services to people from marginalised or disadvantaged groups.

Strengths-based approach

In the past, community services focused mainly on what they saw as 'wrong' with a person, and worked to try and fix or replace these 'deficits'.

Strengths-based approach Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

A **strengths-based approach** means focusing instead on the person's existing strengths, rather than providing support that tries to 'fix' their weaknesses.

A strengths-based approach makes use of a person's:

- abilities and skills
- personality traits
- knowledge
- natural resources, such as family or community.

Example

Strengths-based approach

Jameer is a teenage boy who has become homeless. A case manager, Jordan, is assisting Jameer to reconnect to his family. Jameer does not communicate well; he is shy and replies to questions with one-word answers. Jordan is not able to find much information about how Jameer became homeless, but he knows that Jameer spends time posting his photography on Instagram whenever he can from his only possession – a mobile phone. Jordan asks Jameer if he would mind showing him his Instagram photos, and uses the photos as starting points to find out about Jameer's home life and his life on the streets. The pictures help Jordan to understand Jameer's background and strengths, and they increase Jameer's interest in communicating.

Person-centred approach

Person-centred approach Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

In a person-centred approach, planning is tailored to the person and focuses on their unique needs, goals and preferences.

A person-centred approach respects differences and helps the person to make their own way in the world, whatever that means to them. It respects the contribution the person can make to meet their own needs.

A person-centred approach means that you must:

- encourage and help the person to make choices
- listen to and follow the person's choices wherever possible and whenever it is safe to do so
- find ways to try and understand the person's preferences, even if they are nonverbal.

Video: Person-centred care in practice
For more information about person centred-care, go to:
aspirelr.link/youtube-person-centred-care

Trauma-informed approach

People who require community services may be in need of these services due to a traumatic event, such as child abuse or family violence. Clients may present to services with a wide range of symptoms and behaviours due to their trauma.

A trauma-informed approach is based on the understanding of how trauma affects service needs.

Substance Abuse and Mental Health Services Administration (SAMHSA) defines the six key principles of a trauma-informed approach as:

- safety – clients need to feel safe, both physically and psychologically
- trustworthiness and transparency – if organisations are transparent, client trust can be built
- peer support – from other trauma survivors
- collaboration – taking a collaborative approach to healing with staff, clients and the service provider
- empowerment, voice and choice – by using a strengths-based approach to foster recovery and healing
- cultural, historical and gender issues – using policies and processes that are responsive to the needs of clients.

Child Family Community Australia have published a paper covering this approach in further depth: aspirelr.link/aifs-trauma-informed-care

Needs-based approach

A needs-based approach to case management means focusing on the person's needs when developing, implementing and reviewing a case management plan, rather than simply ticking boxes on a checklist of your job role requirements.

Holistic approach
A way of looking at human needs that suggests we have different types of needs that are all interconnected.

When developing a case management plan, you must take a **holistic approach** to make sure it reflects the person's needs.

A person has several needs, all of which contribute to the whole person. Case management best practice considers that all aspects of a person's needs are important in developing their physical and emotional wellbeing.

Example

Needs-based approach

Jenny is a case manager for a refugee family who have recently arrived from Somalia. She uses a needs-based approach to help the family settle into their new community, focusing first on immediate needs, such as for financial assistance and housing. Later, Jenny supports the family to make cultural connections with Somalian community groups, the local church and local schools. She helps the family to connect with a GP to assist with medical needs. When the mother of the family shows signs of distress from her experiences of war in her country, Jenny connects her to a counselling service and interpreter.

Practice Task 2

Question 1

List three needs that are included in a holistic needs-based approach to care.

Question 2

Which of the following are examples of person-centred approaches? Tick all that apply.

- ❑ Suggest financial support for all clients from an Aboriginal or Torres Strait Islander background.
- ❑ Support a person with an intellectual disability to understand their rights by providing them in Easy English with pictures.
- ❑ Encourage an older person to provide input into their plan, and to make choices about how they want to use their aged care funding.
- ❑ Assume that all young people love to use social media, and always build that into their plan.
- ❑ Refer older people into programs that cater for quiet and gentle activities to reduce their risk of heart conditions or falls.

Question 3

Briefly explain what a trauma-informed approach is.

Read the case study, then answer the questions that follow.

Case study

Mariah is an older Jewish lady who is finding it increasingly difficult to live at home on her own. She has arthritis and is finding it hard to perform basic tasks. Her mobility has decreased and she hates the thought of losing her independence. Mariah has family and friends she can call on for support, but she does not want to worry them. Her daughter has approached a care service to enquire about Mariah receiving home support or moving into an aged care facility.

Karen has been appointed as Mariah's case manager. She makes an appointment to see Mariah in her own home to talk to her about her needs. Mariah is concerned that if she moves into a facility, she will not be able to observe the Sabbath. She would prefer to stay in her own home, but her daughter says that her safety is at risk.

Question 1

Give an example of a strengths-based approach that Karen could use with Mariah.

Question 2

Explain how Karen could put a person-centred approach into practice.

Question 3

Give one example of information about Mariah that Karen could draw on using evidence-based practice.

1C Integrate cultural considerations into all aspects of case management planning

Australia is a multicultural society; case management must take the background of the person into account.

Culturally and linguistically diverse (CALD) The preferred term for describing different ethnic communities.

Australia has a **culturally and linguistically diverse (CALD)** population. Culture can come from our upbringing or background, the historical experiences of our family or ancestors, our religious affiliation or from our country of birth. It can also refer to how a person identifies. For example, a person who identifies as transgender might consider that they belong to the LGBTQI+ community. Many people understand this community as a cultural group with a common set of experiences and understandings.

Cultural beliefs can affect how a person communicates with you, and how they access health care or other support. For example, a particular person or group may be hesitant about seeking assessment or accessing support because of a history of mistrust.

Setting goals and organising referrals using a person-centred approach takes the person's voiced preferences about culture into account.

If the person prefers, you might consider searching for referral and support options that are specifically designed for people from their own culture. You might think about supports that help the person with language and communication. You might also need to incorporate your knowledge of the person's cultural background into your own communication during meetings and planning.

Body contact or gestures	Some cultures are more tactile than others. For example, within some cultures, shaking hands or touching a person's arm as you speak to them is not unusual, but within others it is considered rude to touch people and to offer objects using your left hand.
Eye contact	In some cultures, making eye contact is a sign of respect, while in others it is a sign of aggression.
Proximity	People from densely populated areas may be used to smaller areas of personal space than people from sparsely populated areas, and may therefore sit or stand quite close to others. People from some areas and cultures may require a large amount of personal space to feel comfortable.
Male/female interactions	In some cultures, people interact freely regardless of their gender, while in other cultures women can only interact with other women, and males and females are not permitted to interact or touch unless they are related or married to each other.
Role of family	In some cultures, the concept of family is limited to direct relatives, whereas in others it extends to distant relatives and longstanding family friends. Family expectations and obligations also vary.

Language

English language proficiency is a major consideration when working in the community services sector.

Approximately 21 per cent of the Australian population speak a language other than English at home, with the most commonly spoken languages after English being Italian, Greek, Cantonese, Arabic, Vietnamese and Mandarin.

It is your responsibility to ensure that communication is provided in a format that the person and their family or significant others can understand. Written information should be translated into the person's preferred language. This is particularly important when informing people about their rights, such as the right to make a complaint or appeal a decision.

The Victorian Government Health Translations website is an online library of free translated legal rights resources for people from CALD communities.

For more information about Victorian Government Health Translations, visit:
aspirelr.link/health-translations

Use professional interpreters and/or phone interpreter services

When language barriers could disadvantage a person in their communication with you, a language or cultural interpreter can be accessed via public or private interpreter services.

Funding bodies such as the NDIS will sometimes include interpreter services as part of a person's individual funding package.

TIS National is a national translating and interpreting service that provides free immediate online and phone interpreting to help registered services communicate with people from non-English-speaking backgrounds.

For more information about TIS National, visit:
aspirelr.link/translating-and-interpreting-service

Aboriginal and/or Torres Strait Islander peoples

Case managers must be aware of the importance of their role in helping to close the significant social gaps and disadvantages faced by First Nations peoples.

Aboriginal and Torres Strait Islander communities are among the most disadvantaged people in Australia, in terms of education, employment, health, life expectancy, standard of living and incidence of family violence. They are also over-represented in the child protection and criminal justice systems. A 2021 report from Child Protection Australia found that Aboriginal and Torres Strait Islander children were eight times more likely than non-Indigenous children to be involved in protective services.

These gaps are significant largely because of the effects of generational trauma, discrimination and social disadvantage. Government policies are attempting to meet targets to reduce disadvantage through the Close the Gap program, which should be familiar to all workers in community services.

For more information about Close the Gap: Indigenous Health Campaign, visit: aspirelr.link/hr-close-the-gap

Cultural histories and trauma

Between 1909 and 1969, it was official government policy to remove Aboriginal and Torres Strait Islander children from their families.

Many were psychologically, physically and/or sexually abused. The effect of this trauma was then passed on to successive generations, with members of the Stolen Generations having few role models of parenting to draw on, often resulting in a tragic cycle where their own children were also removed.

From 1900 to the 1980s, many state and territory governments withheld wages and other payments, which had flow-on effects, such as the widespread disadvantage and poverty experienced today. The rights of Aboriginal people to be included as citizens only happened in 1967, when a referendum gave Aboriginal people the right to vote.

However, ongoing discrimination and under-representation in education and the workforce has continued to trap many Aboriginal people in a **cycle of poverty**, which can lead to reduced expectations of each generation to follow.

Cycle of poverty
A generational cycle that is difficult to escape due to the barriers that poverty creates, such as lack of access to education, good housing and employment.

Health outcomes are also lower for people from Aboriginal and Torres Strait Islander communities. Histories of trauma from interactions with Western medicine and social services continue to affect many communities today, with a deep distrust for Western health and social services.

Initiatives to increase the number of First Nations workers in health and social services can help, and many communities have access to an **Aboriginal Community Controlled Health Organisation (ACCHO)**.

Aboriginal Community Controlled Health Organisation (ACCHO)
An organisation run by Aboriginal and Torres Strait Islander communities to increase access to health and social services.

Understand First Nations issues in case management

Improving the health and social status of Aboriginal and Torres Strait Islander peoples is an important goal for governments and community services organisations in Australia.

While there have been improvements made in some areas since the 1970s, notably in reducing high rates of infant mortality, overall progress has been slow and inconsistent. The inequality between Aboriginal and Torres Strait Islander peoples and other Australians remains wide and has not been progressively reduced.

Here are some important considerations for working with Aboriginal and Torres Strait Islander peoples.

Use culturally appropriate supports	Make use of ACCHOs in your own community where possible, or try to refer people to services that employ First Nations workers or to people who are trained in First Nations affairs. This can help to create trust and improve outcomes for the person or family. Furthermore, consider the importance of language and communication in the way that you manage the case.
Understand the context of families in First Nations communities	First Nations peoples often have a different context of family than Western societies. The roles and responsibilities of families can extend into the community, and decisions about a person's health and wellbeing can be made at a community level. Encourage self-determination but respect the person's need to include or defer to the wishes of their family or extended family. The Aboriginal and Torres Strait Islander Child Placement Principle must be followed in child protection services when a child is being placed in out-of-home care. This principle requires children to be placed wherever possible with kinship carers (First Nations foster families) in the child's own community.

Australian Indigenous Health Infonet is an online portal that provides a list of Indigenous services and organisations by area. For more information, visit: aspirelr.link/health-info-org

The Narragunnawali Terminology Guide can help you to understand the importance of using respectful and inclusive language and terminology when communicating with Aboriginal and Torres Strait Islander peoples: aspirelr.link/narragunnawali-terminology

People with disability

Factors such as the impact of disability on the individual and family, and the impact of discrimination, must be considered when developing case management plans for people with disabilities.

Disability is defined as a permanent condition that limits or impairs a person's abilities. Disability may be physical, sensory, neurological, cognitive or psychiatric. Negative images and stereotypes of people with disabilities have often led to them being excluded from full participation in the community. In the past, little provision was made in the way we built and developed society for people with physical limitations, sensory impairments and other disabilities.

It was not until the late 1960s that efforts were made to reverse this damage and include people with disabilities in society. Moves to de-institutionalise and re-integrate people with disabilities into society continued into the 1980s and still happen today.

People with disability are still less likely to gain employment and participate in education than people without disability. They can still find it difficult to be accepted as a person deserving a place in the community, and are often discriminated against in trying to seek accommodation, employment and access to transport and other services.

Here are some aspects to consider when working with a person with a disability.

Understand the impact of past histories

Many older people with disabilities grew up in a world where people with disability were segregated and treated as though they had no authority. It can be difficult for some people to make their own decisions or to be independent when they have not had opportunities to practise independent thinking.

You can play an important role in helping a person with a disability to build skills in making choices and understanding their rights to speak up when they are not provided with independent choice.

Cycles of poverty can be common in people with disabilities. The person might find it more difficult to gain employment and access education because of societal barriers and discrimination. This can lead to ongoing poverty, which also affects the children of people with disabilities. Education and employment, along with opportunities to be actively involved in the community, can help overcome these barriers. The person might need to have their skills built up slowly.

Work towards participation in mainstream services

People with disabilities belong in the community. In the past, they have often been

rendered invisible because of society's tendency to think that people with disabilities belong in special schools, sheltered disability workplaces or disability-specific housing. There has been a significant move towards helping people with disabilities to access mainstream services wherever possible, rather than matching them with services that cater to people with disabilities only.

Part of this shift requires education not of the person with a disability, but of the community itself. Managers and patrons of mainstream schools, restaurants, entertainment venues, workplaces and public places must be encouraged to understand their responsibility to make reasonable adjustments so that people with disabilities feel welcome and can participate.

Example

Support a person with disability to participate

George is a 35-year-old man with Down Syndrome and an intellectual disability. He attended a special school for people with intellectual disabilities and worked in a 'sheltered workshop' for people with disabilities. He loves cooking, but has limited access to the community and poor social skills.

George's case manager, Rose, has helped him to enrol in a Certificate I course in commercial cookery. Rose has also helped George to make friends through a local community program. He is developing social skills and employment skills, with the long-term goal of being employed in a restaurant or café.

Older people

Population trends show that the number of Australians aged 85 years and over is projected to double by 2042, increasing to over 1 million people. As this trend continues, challenges and opportunities will arise. These will require new ways of thinking to ensure all Australians have the ability to participate in and contribute to their choice of paid work and community activities.

The Australian population is projected to change significantly, due to future levels of fertility, life expectancy and migration.

Currently, older Australians are under-represented in paid work. Underemployment is often symptomatic of other forms of exclusion, including participation in the community. Social exclusion and isolation, in turn, have significant effects on physical and emotional wellbeing.

In many cases, it is negative attitudes about older people, and the resulting behaviours, which drive this exclusion. These attitudes and behaviours are a result

of stereotypes that ignore the individual differences, breadth of contribution and rich diversity of older Australians.

Attitudes towards ageing

In some cultures, ageing is seen as a positive thing and older people are respected for their experience and wisdom.

While few Australians would admit to holding negative attitudes towards older people, and legislation reinforces the rights of older Australians, many older people experience negative stereotyping and discrimination.

Research has shown that ageing as a concept is clearly positioned from a negative standpoint. In many ways, the term 'ageing' is a loaded one that holds predominantly negative connotations.

Recent research shows that people aged under 30 are generally more negative about the concept of ageing. Their views are more likely to be linked to the concept of loss associated with ageing (e.g. loss of health, loss of hearing, loss of mental capacity and loss of income).

Devaluation, invisibility and discrimination

Many older people feel isolated and devalued by society, and that their years of experience and depth of knowledge have been overlooked, especially in the area of employment.

Another commonly experienced form of age-related discrimination is the experience of invisibility. People can be made to feel invisible because of their age and this invisibility manifests itself in different ways. Types of invisibility are described below.

Service invisibility
Some older people may feel ignored or overlooked. For example: 'I walk into a nice dress store. I don't get served – they see me and think that I can't possibly be interested in something fashionable and that I am probably killing time waiting for my grandkids'.
Product invisibility
Older people may feel that once they reach a certain age, they are ignored by corporate Australia except for age-specific products and services such as 'insurance and funeral services'.
Relationship invisibility
Older people may feel that they are a burden or feel forgotten or ignored because of issues associated with ageing. This is underpinned by stereotypical views about the physical abilities of older people and a lack of understanding about the diversity of interests that older people have.

Cultural invisibility
Some older people feel that there is a lack of representation in popular culture, resulting in the important role of older people in the community being overlooked, devalued or ignored. Discrimination is often subtle and linked to a sense of condescension and a lack of understanding of the capabilities of older people.

Aspects to remember when working with older people

Here are some factors to consider when working with people who are older.

Structural factors (economic, social and political)
• Many older people are affected by poverty. • Women typically have less superannuation and other savings for their age than men do. • Many older people are reliant on a Centrelink benefit as their primary source of income. • Although aged care is a high-profile service area, resources are limited. • Economic status affects access to services.
Physical effects
• Many people experience increasing impairment, loss of mobility and health issues as they age. • The physical effects of ageing affect daily living and general functioning.
Attitudes and stereotypes
• Attitudes towards ageing are often negative. • Stereotypes tend to disempower, exclude and isolate older people. • Stereotypes also affect a person's self-perception, emotional state and psychological health.
Rights and legislation
• Contemporary legislation supports rights; however, these are not always respected. • Legislation sets clear service standards. • Discrimination occurs, especially in the area of employment, which in turn affects the economic status of older people. • Anti-discrimination legislation applies to older people. • There are legal provisions for advocacy and guardianship. • Reporting elder abuse is mandatory.

Cultural factors
• It is important to take into account cultural factors, values and beliefs about ageing. • Engaging with family networks and specific communities is important in case management.
Individual needs and characteristics
• As with any diverse group, it is important to treat older people as individuals. • Older people may have negative perceptions of services and facilities; for example, their opinion of residential services may be based on past models and experiences with their own parents. • Loss of control over one's life is a common fear that needs to be addressed in case management.

People who identify as lesbian, gay, bisexual, transgender, queer or intersex

Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) communities face cultural histories that have led to ongoing trauma and disadvantage.

Decriminalisation of same-sex sexual activity between men only occurred in Australia between 1973 and 1997. This, along with ongoing negative community attitudes, continue to have significant effects on LGBTQI+ people and contribute to fear, shame and secrecy.

LGBTQI+ rights have gradually progressed since the late 20th century. Anti-discrimination laws such as the *Sex Discrimination Act 1984* (Cth) protect LGBTQI+ people in many areas of employment and service access. In 2013, the Australian Federal Parliament passed the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth), making discrimination against lesbian, gay, bisexual, transgender and intersex people illegal for the first time in the world at a national level. Transgender Australians are now able to change their legal gender in all states and territories and are recognised as their identified gender.

In December 2017, the *Marriage Act 1961* (Cth) was amended. The *Marriage Amendment (Definition and Religious Freedoms) Act 2017* (Cth) redefined marriage as 'the union of 2 people to the exclusion of all others, voluntarily entered into for life'. This means that sex or gender no longer affect the right to marry under Australian law and same-sex marriage is now legal in Australia. Aged care providers owned by religious groups are also no longer able to exclude people from aged care services based on their LGBTQI+ or same-sex relationship status.

For more information about LGBTQI+ history, visit: aspirelr.link/sbs-lgbt-rights-aus

Gender and sexual diversity

A person's gender identity may be an identity other than male or female. People with various gender characteristics or sexual orientation can identify as:

- heterosexual (people attracted to those of the opposite sex)
- homosexual (people attracted to those of the same sex)
- bisexual (people attracted to both males and females)
- gender neutral (people who do not connect to being either male or female).

Terms commonly used to describe a person's sexual orientation include gay, lesbian, homosexual, bisexual, pansexual, straight and heterosexual.

Terms commonly used to describe a person's gender identity include trans, transgender, gender diverse, gender queer and gender neutral. It does not matter what sex a person was assigned at birth or whether the person has undergone any medical intervention – their identity is formed by how they perceive themselves.

Intersex status refers to people who have physical, hormonal or genetic features that are:

- neither wholly female nor wholly male
- a combination of female and male
- neither female nor male.

Being intersex is about having biological variations, not about gender identity. An intersex person may have the biological attributes of both sexes, or lack some of the biological attributes considered necessary to be defined as one sex or the other.

Aside from Commonwealth anti-discrimination laws, including the Sex Discrimination Act, each of the states and territories have their own laws that protect LGBTQI+ people from discrimination. The Human Rights Commission has the power to investigate complaints of discrimination in employment and occupation on various grounds, including sexual orientation. Legal support of rights often comes before social change. There remains a degree of stigma which continues to affect the status, experiences, needs and self-perceptions of LGBTQI+ people.

Disclosure must be treated with sensitivity. Some people who identify as LGBTQI+ are not comfortable disclosing their status to others, including to services or professionals. There can be many reasons for this.

Example

Fear of disclosure

Older Australians who are accessing aged care services, and who have experienced actual or threatened abuse and trauma in their past, can have significant fears about disclosing their LGBTQI+ status for fear that they will be judged or treated differently by staff or aged care residents. Often these fears are well founded, given that homophobia still exists in these generations, and people who are residents in aged care can lack acceptance and tolerance.

The current best practice in addressing disclosure in community services is to:

- inform all service users (not just those who 'appear' to be LGBTQI+) that disclosure could help you to provide better supports, but that it is not essential for them to disclose
- let all service users know your service is LGBTQI+ friendly, and that any disclosure of LGBTQI+ status will remain confidential
- not tolerate any form of homophobia from others, including workers or other clients.

Consider LGBTQI+ specific supports

Unlike support for people with disability, where mainstream supports are preferred, it can be helpful for people from LGBTQI+ communities to access services where they feel less threatened by homophobia, and where unique needs can be better understood. For example:

- Help the person to access services that can prove they are inclusive and supportive of LGBTQI+ rights, such as services accredited by the **Rainbow Tick Standards**.
- If required, access advocates from the LGBTQI+ community.

Rainbow Tick Standards
An accreditation program specifically designed to suit health and community organisations that are committed to safe, inclusive practice and service delivery for LGBTQI+ people.

For more information about the Rainbow Tick Standards, visit:
aspirelr.link/rainbow-tick-standards

For more information about services and supports, visit LGBTIQ+ Health Australia:
aspirelr.link/lgbtiq-services

The impact of clients' value systems

We learn many of our values from our upbringing. They are also influenced by our cultural background, religious beliefs, peers, and personal history and experiences.

People who access community services all come from different backgrounds. For instance, they may have grown up in a community where dependence on welfare is accepted, or where poverty and lack of opportunities have contributed to generational anger towards government and social structures.

As a case manager, your values may differ from your clients' values in relation to:

- what you consider to be good parenting or good role modelling
- appropriate language to use in public, such as swearing
- dress codes for attending a job interview or other important meeting
- the importance of paid work versus obtaining welfare
- what you consider to be appropriate hygiene, such as managing body odour
- gender roles, such as the male being the head of the family
- attitudes towards gambling, violence, drug taking and alcohol use
- attitudes towards receiving charity
- beliefs about government, science and medicine, including belief in conspiracy theories.

In most cases, you must try to be non-judgmental about values and beliefs that are different from your own. This does not mean that you have to accept or agree with other people's values, but it does mean that in your work you must strive to be impartial and to work effectively with people who have a wide range of value systems and beliefs.

In some cases, however, such as when harm is being done by behaviours or values that differ from your own, you have a role to play in helping to change beliefs or values. This can be especially important when a child is at risk of harm or violence because their family's value system is leading to neglect or violence.

Example

Client values and beliefs

Jonathon is homeless and has developed a negative attitude towards many people in his community. He swears frequently and uses confronting language designed to shock others, including his case manager, Thomas. Jonathon believes that dressing well for a job interview, or changing his manner of speaking, is 'conforming to the social hierarchy' and that potential employers will have to take him as he comes. At the same time, he is struggling with his health, and his homelessness is contributing to his medical and social problems.

Thomas can see that he needs to help Jonathon change some of these beliefs. This can only happen slowly. Thomas might say to Jonathon that he is allowed to have these values and beliefs, but to consider changing his behaviours for his own benefit. Thomas might also need to spend time helping Jonathon to see that the clash between his values and those of potential employers is, in the end, only affecting Jonathon himself.

The impact of your value system on clients

It is important that you are aware of your own values and the effect they can have on clients and their outcomes.

In the same way as a worker's values are shaped by culture, social status, social norms, beliefs, personal history and experiences, so are the values of clients. Imposing your own values may influence people's choices of goals and services, which in turn affects the outcomes.

Working in a non-judgmental way can be difficult, as our personal values are fundamental to the way we respond to those around us. It takes practice, self-awareness and the ability to take a professional attitude to your work.

Be aware of your communication skills, and avoid giving positive or negative messages through your body language, facial expressions and tone of voice, for example, by frowning or smiling, nodding or shaking your head. Do not express personal opinions, criticise or disapprove of the other person's beliefs and values.

Remember that what is right for you may not be right for someone else. For example, a woman who grew up in a culture where men are considered to be the head of the family and the only decision-maker, might be happy in this arrangement because it fits with the beliefs of her upbringing and pleases her family.

If you are openly judgmental of this situation, your attitude could prevent the family

from seeing you or other services in future, reducing their chance of getting help for problems such as poverty, drug or alcohol use, or homelessness. Unless you have concerns about abuse, you may need to suspend your own values and approach the family's needs without judgment.

Unconscious bias

Having unconscious bias is a common human trait. It refers to a tendency to treat people differently without realising we are doing it.

Unconscious bias
Subconsciously forming social stereotypes about certain people and expressing these.

This can be the result of beliefs and assumptions that we grew up with, or those that have developed over time.

Unconscious biases can cause people working in community services settings to make judgments that might prevent them from seeing signs that should alert them to issues, or to assume issues are present when they are not.

Example

Unconscious bias

We all have unconscious biases – for example:

- We might talk differently to an older person or attempt to take over something they are doing in an attempt to protect them. This can reduce the person's sense of control.
- We might consider that people from some social backgrounds are more likely to be dishonest or involved in crimes. This can cause us to treat them with suspicion.
- We might think that people from wealthy and educated backgrounds are unlikely to be involved in family violence, and miss important signs that might indicate the presence of violence.
- We might be concerned that a child from a family from a low socioeconomic background is being abused, because of the old clothes he or she is wearing, when this is not the truth.
- We might automatically assume that a person from an Aboriginal or Torres Strait Islander background lives in poverty, and try to help them with charity services that they do not need.

Overcoming unconscious bias

The first step to overcoming unconscious bias is to be aware of it.

Remind yourself and others that it is normal, and sometimes even helpful, to make assumptions, but they should not shape your decisions about a person's need for supports. Instead, use an evidence-based approach to concerns that might be founded on unconscious bias, by asking yourself:

- What evidence do I have that this assumption fits this individual?
- What benefits could be gained by asking questions about my assumption based on culture or socioeconomic status, such as possible needs for welfare or protection?
- What disadvantages could result from raising questions about my assumption, such as the person feeling judged or misunderstood?

Impact of key stakeholders' value systems

The differing value systems, interests, needs and abilities of stakeholders can affect the way a case plan is developed and the options that are used.

This can create conflict and difficulty in creating a balance between the best interest of the client and that of others.

Stakeholder
Anyone who has a 'stake' or interest in a case management plan, service or intervention.

A **stakeholder** is any other person involved in the development or delivery of a case plan and can include:

- parents, family members, partners or close friends
- other service providers involved in care or support
- members of the community.

Here are some examples of stakeholders.

Stakeholder	Example
Parents/carers Parents/carers in some families can have very different values to their children. This can be especially true when the child is a first generation Australian. The child can easily develop beliefs and values from their peers at school that differ from those of their parents.	• A parent might have different expectations of the gender roles of boys and girls. • A parent might discipline or protect a child in ways that seem extreme to Western cultures. • A parent might disapprove of a child's choice of clothing, appearance, employment or education pathway.

Stakeholder	Example
Other family members Interactions between family members can often only be understood inside the family.	• An older man might prefer to allow his wife to make all decisions about his life and medical treatments. • Adult children might consider that their older parent is ready to be placed in aged care, while the parent does not wish to leave their home.
Service providers Service providers are often led by values that are required by their industry standards and legislation, but that are not communicated or well understood by families with lived experience.	• The family of a woman with an intellectual disability might ask for her to be surgically sterilised as a way to reduce the chance of pregnancy or sexually transmitted disease. The service should question this decision and refuse to assist the family to access this type of intervention because it goes against the principle of least restrictive practice.
Community members The rights and interests of the community can be affected by differing values.	• The neighbours of a man with a mental illness might feel threatened by his abusive behaviour towards them. • Members of the public might respond negatively to a person with an intellectual disability who tends to be overly affectionate towards strangers while out in the community. • A person seeking treatment from an AOD service can put other people at risk if he or she drives while under the influence of alcohol.

When you are faced with competing value systems, the most important consideration is the level of harm that could result from the situation.

Your first priority is always to the person you are working with, and your work should take their interests and needs into account first. Sometimes this requires you to withhold judgment. For example, nothing may be gained by insisting that the older man in the example above should not listen to his wife's decisions, because their marriage may have worked that way for decades. It is the man's choice to listen to his wife, even if you do not agree that this is in his own interests.

However, when there is a risk of harm to the person or others, this principle does not apply and your duty of care must take priority. For example:

- You must act if you are concerned that family values could lead a child, older adult or person with a disability to be neglected or abused.
- You must follow industry requirements when a family's wishes differ from standards or legislation. Sometimes this requires merely educating the family about the law. Other times, it might mean referring conflicting decisions to a higher body, such as a guardianship tribunal or Office of the Public Advocate.
- You must respond to and act on situations of threat or violence to the general public.

Practice Task 3

Question 1

Match each term about values on the left to its description on the right.

Discrimination	The tendency to make assumptions about certain groups
Culturally and linguistically diverse	Reluctance to tell others about LGBTQI+ status because of the effects of discrimination
Unconscious bias	An example of the generational impact of social disadvantage
Fear of disclosure	The exclusion of a person because of an irrelevant characteristic
Cycle of poverty	Communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions

Question 2

Provide two examples of past and present issues faced by Aboriginal and Torres Strait Islander peoples.

Question 3

Which of the following are terms used to describe gender and sexual orientation? Tick all that apply.

- ❑ Heterosexual
- ❑ Homophobic
- ❑ Homosexual
- ❑ Bisexual
- ❑ Gender neutral

Question 4

Provide two examples of how a person might be living if they are homeless.

Question 5

Give one example of an available service that is designed to match specific cultural needs.

Question 6

Which of the following are ways that a case manager can ensure that their value systems are not imposed on a person? Tick all that apply.

- ❑ By explaining their values to colleagues
- ❑ By being non-judgmental
- ❑ By being impartial
- ❑ By not assuming that everyone shares the same values
- ❑ By handing out pamphlets for religions

Question 7

Briefly describe what disability is, and provide two examples of ways you can support a person with disability.

Question 8

Provide two examples of invisibility that older people may feel.

1D Provide information on rights of appeal and avenues of complaint

One of the initial responsibilities of a case manager is to inform the person about their rights, including their right to make a complaint or appeal a decision.

The rights of clients are based on principles of human rights and standards of service delivery that are expressed in:

- charters of rights and responsibilities
- the Universal Declaration of Human Rights
- industry standards
- legislation, such as Commonwealth, state and territory privacy and anti-discrimination laws
- client handbooks.

This information should be given in the early stages of a case, and not after a problem arises.

Standard 6 of the Aged Care Quality Standards outlines the requirements of services in relation to complaints processes: aspirelr. link/aged-care-quality-standards

Making a complaint

All people who receive services have the right to provide both positive and negative feedback about their experience, without fear of being treated differently because of it.

Community services organisations must by law have specific policies and procedures for managing complaints internally. The person making the complaint has the right to have a support person present when they make a complaint, or know who can make the complaint on their behalf. This may be:

- an informal advocate, such as a family member or friend
- a formal, professional advocate.

Procedures for making complaints must be transparent and easy for the person to access, regardless of disability, age, financial disadvantage or other difficulty. You must help the person to access complaint procedures, and they must never be discouraged from making a complaint or treated differently because they have made

one. All community, health and social services must welcome complaints, and must show evidence that they have responded to or acted on complaints appropriately.

An overview of principles and processes for best practice complaints management may be accessed at: aspirelr.link/betterpracticeguides

Information about making a complaint must be provided in a way that the person can understand, and you must check their understanding after providing the information.

For example:

If the person:	You might:
has low literacy	read the material to them, and ask questions about their understanding
speaks a language other than English	provide the material to them translated into their own language
is a child or has an intellectual disability	access resources to help explain rights using pictures, easy English words or short videos
has dementia	explain the person's rights to them in the presence of a family member or advocate

Video: DHHS Out Of Home Care
This video was produced to help children understand their right to complain in out-of-home care: aspirelr.link/yt-dhhs-out-of-home

If the service is not able to resolve the complaint, the case manager or service provider should assist the person to take their complaint to an external body. This is usually the industry regulator and will depend on the industry in which the person receives services.

Appeals

Appeals can be taken to specific authorities if the person, their family or advocate does not agree with a decision made by the regulator. A case manager might initiate an appeal on the person's behalf, or with their help.

Decisions about support options, fees and compulsory treatments can have major impacts on a person's future. In all community services, the right to appeal decisions made by funding bodies, medical specialists, administrative and guardianship tribunals and government bodies is particularly important.

Some decisions can be appealed, but others, such as when a child is deemed to be in need of protection, cannot. An appeal can also be lodged if the person or others

believe due process was not followed when the decision was made.

External bodies of appeal include:

- the industry commissioner
- tribunals such as guardianship tribunals in the client's state or territory
- decision-making authorities such as the Office of the Public Advocate
- authorities such as the Administrative Appeals Tribunal (AAT).

The AAT reviews decisions made by government departments and authorities. This body does not examine or reverse a decision itself; instead, it determines whether or not the correct procedures and policies were followed in making the decision.

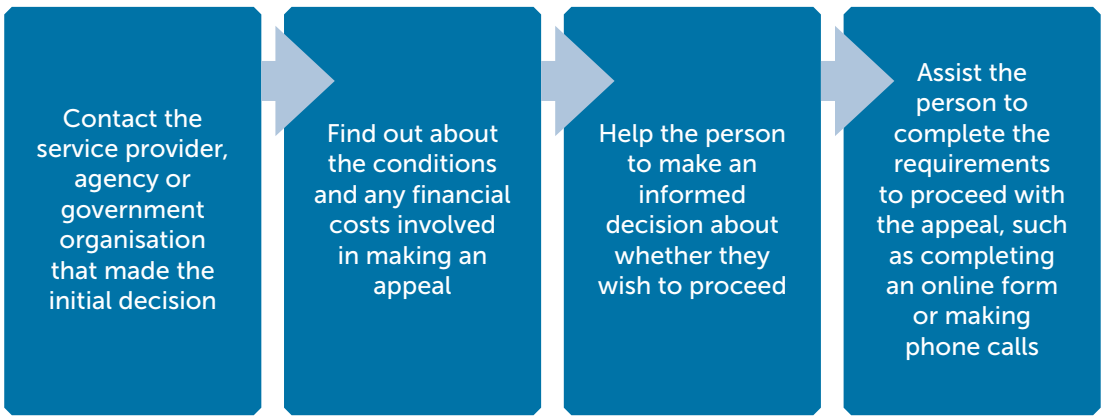
Help the person to seek legal advice if necessary. This can be costly, but many people undergoing case management are eligible for legal aid or low-cost legal support.

They might need the support of a formal and qualified advocate to help them with appeals. Vulnerable groups in society, such as people with a disability, older people, First Nations peoples or people who identify as LGBTQI+, can often seek free or low-cost advocacy from specialised community organisations who work with people from specific disadvantaged groups.

For example, a person who is unhappy with the decision to appoint a guardian who will make decisions on their behalf, can appeal to the guardianship tribunal in their state or territory. The person's case manager will need to understand the appeals process and be able to assist the person with the documentation needed for an appeal.

For more information about the AAT, visit: aspirelr.link/aat

Here is an overview of common steps involved in lodging an appeal about a decision made for a person.



Example

Provide information on rights of appeal and avenues of complaint

Angela is 19 years old and is experiencing family violence. She has a three-year-old son, and they are currently living in emergency accommodation. Angela is feeling threatened by one of the workers, whose manner towards her is aggressive. On one occasion, the worker pushes Angela out of the way and Angela falls against a wall. Angela mentions this incident to her case manager, who encourages Angela to make an official complaint to the organisation. The case manager shows Angela the policy and assists her with lodging the complaint. Angela is concerned that the worker will find out and threaten her further. The case manager assures Angela that her complaint will be treated confidentially.

Practice Task 4

Question 1

Provide one example of your legal requirements relating to client complaints.

Question 2

List the four steps to helping a person appeal a decision that has been made by an external body.

Summary

- Case management involves playing a central role for a person or family to help them liaise with other professionals, networks and services to meet their needs and goals.
- Case management follows best practice approaches that include evidence-based, strengths-based, person-centred, trauma-informed, rights-based and needs-based practice.
- Organisational policies and legal requirements apply to case management. They include:
  - respecting privacy and confidentiality
  - applying a duty of disclosure
  - informing the person of their rights
  - following statutory interventions
  - following codes of ethics and industry standards.
- Cultural considerations include providing specific support for:
  - different cultural backgrounds, including First Nations backgrounds
  - people who identify as LGBTQI+
  - people with disability
  - people from a range of social backgrounds.
- Value systems can sometimes clash between your own, the client's and other stakeholders.
- It is important to be non-judgmental about differing values, unless the person's values could or have caused harm to others.
- Inform clients of their rights to make a complaint or appeal a decision at the outset of the case management process.
- A person must be supported to make a complaint and never treated differently because of it.
- Appeals can be made to external bodies, and the person can be supported through the process with legal or advocacy help.

Learning Checkpoint 1

Determine response to case management

Part A

1. Which of the following are steps you can take to ensure that a client's information is kept confidential? Tick all that apply.

- ❑ Hold meetings in a common area.
- ❑ Discuss cases with other workers only when necessary.
- ❑ Store case notes in your desk drawer for safe-keeping.
- ❑ Take care to check recipients when sending emails.
- ❑ Use password-protected computers, phones and tablets.

2. Describe two of the principles that a trauma-informed approach to case management is based on.

3. Give two examples of areas of a person's life you might draw on when using a strengths-based approach.

4. Which of the following are holistic needs that are addressed in a needs-based approach? Tick all that apply.

- ❑ Physical
- ❑ Emotional
- ❑ Appetite
- ❑ Intellectual
- ❑ Sexual

5. Provide one example where external reporting is mandatory.

6. List one piece of legislation that protects the rights of LGBTQI+ people.

7. When managing a complaint, briefly describe what should be done if the issue is not resolved at an internal level.

8. List three ways that support workers can demonstrate cultural competency and respect for differences.

9. Which of the following statements are correct? Select yes or no for each one.

a. Evidence-based practice can include using practices that are known to have worked for that person in the past.	Yes / No
b. Policies and procedures for case management can vary between organisations.	Yes / No
c. Today's Aboriginal and Torres Strait Islander peoples are no longer affected by past wrongs.	Yes / No
d. Person-centred practice includes encouraging people to make their own decisions.	Yes / No
e. It is preferable for people with disabilities to be referred to disability-specific services because their needs are different than other people.	Yes / No
f. Gender is set at birth and cannot be defined by the person.	Yes / No

10. What outcomes could result if you show your feelings about equal gender roles to a family who see the male as the head of the family?

11. List three contributing factors that may put a person at risk of homelessness.

12. Name two special needs that an older person with dementia who requires case management may have.

Part B

Read the case study, then answer the questions that follow.

Case study

Graeme is a 50-year-old man from an Aboriginal background with an acquired brain injury. He works in a garden centre and has an interest in people and nature. Graeme is seeing a case manager reluctantly, and tells him that he would rather rely on his community leaders to help him to make decisions. The case manager will be helping Graeme to transition from a shared house with other people with disabilities to living alone on his own.

The case manager initially makes several assumptions about Graeme. He assumes that Graeme:

- is unemployed
- developed his brain injury through alcohol use
- will not have a lot of money to rent or buy a house for himself.

In fact, none of these assumptions are correct.

1. What historical factors might have led to Graeme's mistrust of the service?

2. How might someone with Graeme's disability have been supported in the past, and what differences might there be for Graeme's outcomes today?

3. Explain how unconscious bias might have caused the case manager to make incorrect assumptions about Graeme.

4. What effects could these biases and incorrect assumptions have on Graeme and on the case management relationship?

5. How could the case manager make use of Graeme's statement that he prefers to rely on his community and family to help him make decisions?

6. What information would the case manager need to provide to Graeme about his rights of appeal and avenues of complaint at the beginning of the relationship?

7. Who else might need to be provided with a copy of these rights and why?

8. Explain how the case manager could draw on Graeme's experience and skills to help develop his independence so he can live alone without relying on supported living.

Topic 2: Conduct case management meetings

2A Facilitate information sharing and establish rapport

2B Identify and agree on roles, responsibilities, boundaries and processes of service delivery

2C Determine and agree on organisation, family and community needs, responsibilities and rights

2A Facilitate information sharing and establish rapport

Open communication and respect build rapport and help ensure the client's needs are met.

Communication needs to be maintained throughout the case management process. Case management meetings are central to the case manager role. Meetings may be held at various points to:

- establish a relationship and set expectations and boundaries
- assess the person's needs
- establish goals
- make decisions
- monitor progress
- evaluate outcomes
- close the case.

Meetings are a good forum for all stakeholders to share insights about what is and is not working, to develop a shared sense of purpose, to find out how each of the stakeholders are feeling about the process and to develop better ways of working together to improve care.

Privacy and confidentiality

All people who receive services have a right to privacy and that their information will be kept confidential.

Part of developing a rapport with the people you support involves them trusting you with their life story and personal information. This information may be difficult for people to disclose – for example, due to past trauma. All information disclosed during case management meetings falls under the Australian Privacy Principles (APPs).

The Australian Privacy Principles

The APPs apply to the collection, use and storage of people's information.

Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these principles.

Detailed information about privacy principles can be found at:
aspirelr.link/privacyfactsheet

While the APPs apply to all Australian states and territories, additional legislation may also apply, such as the *Health Records Act 2001* (Vic.) in Victoria or the *Health Records and Information Privacy Act 2002 No 71* (NSW) in New South Wales.

Example

Protect client privacy

Dayna is a case manager who is providing support for a homeless man called Blake. Blake is reluctant to discuss the reasons he has become homeless because he is afraid that he will be unfairly judged if anyone knows all of the details. Dayna explains that she must pass on information that could cause harm to himself or others, such as threats of suicide or violence, or potential harm to a child.

Dayna reassures him that she is bound by law to keep other information that he tells her private, and Blake feels more able to open up honestly about his past experiences with drugs and alcohol. This information helps Dayna to assess Blake's needs more accurately.

Gain agreement to commence services

Agreement can only be reached once the person understands the roles and responsibilities of each party, along with their rights.

After the person and other stakeholders are satisfied with the information and responsibilities you have outlined, you will need to gain informed consent from the person to initiate the case management relationship.

Consent must be voluntary. You must never encourage or insist that the person provides consent.

The consent form might look like this.

Client consent form
I, _____ (insert client name) hereby acknowledge that _____ (insert name of organisation) has advised me of the following: • Privacy and Confidentiality Policy • My right to access personal information • My right to withdraw my consent at any time

Client consent form	
I am aware of, and understand that, the organisation may need to collect and disclose personal information to third parties (as required) in order to provide an improved level of care. I nominate that my personal information be disclosed only to the person or agencies listed below: • _____ (insert names of third parties as agreed with client, e.g. Aboriginal Health Worker, Youth Worker). I understand that _____ (insert name of organisation) must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.	
Name of client:	
Signature:	Date:
Name of program supervisor/case worker:	
Signature:	Date:

Example

Explain the role of the case manager in child protection

Helena is working with a new family who are being supported to continue to keep their child at home, with regular visits from child protection officers. Helena explains to the family the principles of child protection, along with the family's rights and responsibilities:

'My role requires me to act in the best interests of the child before anyone else. My focus will be on supporting you to connect with services that help to prevent any risks to the child. It is important that you are honest and open when you feel there is something I should know. We can then act early on problems and prevent them from causing harm.'

Helena tells the child, 'What you want is very important. I will listen to you and ask you to help me to make decisions. Is that okay?'

The child's mother expresses a concern that the child will be placed in out-of-home care without the need for this. Helena explains: 'Placing children in out-of-home care is always a last resort. None of us want that to happen, and we want to work with you to make sure it doesn't.'

Involve stakeholders in meetings

The case manager's role is to assist the person to develop and implement a case management plan. This may include other workers who deliver services and implement aspects of the plan – with the case manager overseeing, monitoring and evaluating.

The decision-making process may require input from a multidisciplinary team.

Often, disciplines may overlap. When this happens the case manager must work with the practitioners to gain agreement and clarity regarding who is providing what service and where the boundaries fall.

Here are some examples of people who may be required to participate in case management planning.

People who may be required to participate	
Case managers	Provide input regarding treatment plan, recovery progress, recommendations
Allied health professionals	Provide input regarding physiotherapy, speech pathology, mental health, occupational therapy
Medical professionals	Provide input regarding physical health
Child safety officers	Provide input regarding assessment and management
Legal representatives	Provide input regarding rights

Formal meetings are planned and follow standard procedures, which usually include the following steps.

Before the meeting

Prepare the person by discussing the purpose, process and expected outcomes of the meeting and who will be attending. Make sure you have the person's consent to include others who will participate in the meeting.

Invite relevant stakeholders, including a support person for the client if desired. In child protection services and youth work, children under 18 must by law have a support person or advocate present. They will be required to confirm their attendance with the case manager.

Write an agenda, which is a series of points that must be discussed, and allocate an approximate time for each agenda item. The agenda is distributed to meeting attendees prior to the meeting if possible. At this stage, additional items can be added by participants and the agenda finalised.

Meeting agendas should include:
• meeting date, start and finish times, and location
• name of the person convening and chairing the meeting
• meeting purpose
• items to be discussed
• proposed time allocation for the items to be discussed.

During the meeting

The meeting will be chaired by a chairperson, a role that is usually filled by the case manager.

Most meetings proceed in the following order:

1. The chairperson introduces participants and outlines the purpose and aims of the meeting.

2. The minutes of the previous meeting are determined as true and correct by at least two members who were present at the previous meeting.

3. A minute taker writes down the names of the attendees, and the main points and outcomes discussed during the meeting. Plans for actions and the person responsible for each action are included. These form the meeting minutes.

4. During the meeting, the chairperson works through each of the agenda items. Discussion may take place to identify what is working well and opportunities for improvement, and whether any modifications or changes are required. While the case manager may make suggestions and offer the person options and choices, it is not their role to make decisions for the person.

5. At the end of the meeting, a date for the next meeting is agreed upon.

After the meeting

After the meeting, ensure that the person understands the outcomes of the meeting and the implications of decisions that were made. Give the person adequate time to understand and respond to the information. Enter the details that were agreed upon in the person's file notes, or attach the meeting minutes.

Send the minutes to everyone who attended the meeting, confirming what is to happen and who is responsible for each action.

The case manager and other delegated stakeholders should now follow up on actions arising from the meeting. This can include making phone calls and referrals, contacting services or applying for funding.

The first client meeting

The first meeting is an important opportunity to get to know each other and to help the client understand the rights and responsibilities of all parties.

You will usually be given some information about the person prior to the first meeting. This might take the form of:

- a referral from a health service
- an assessment from an **Aged Care Assessment Team (ACAT)**
- an assessment or report from police, child protection officers or other officials
- a service application form.

Aged Care Assessment Team (ACAT)
A group of medical and allied professionals who assess a person for aged care funding and/or placement in residential aged care.

Check this information for any individual requirements that you must prepare for. For example, if the person has difficulty communicating, you might be responsible for providing appropriate supports. If the person is unable to give consent, an advocate, interpreter or guardian must be included.

Establish rapport

To facilitate the sharing of information during meetings, there must be **rapport** between the person and those attending the meeting, particularly the case manager. Rapport may be established by:

Rapport
A close relationship between two entities that promotes mutual understanding.

- reassuring the person that you are on their side
- listening carefully
- working *with* the person rather than *for* them.

Where possible, demonstrate that you have heard and understood the person's needs and are interested in supporting them.

Ask questions and provide information

Many people accessing support have specific communication needs or may be in vulnerable situations and find it challenging to communicate effectively.

Each person needs to understand what they are expected to do, what tasks they are responsible for and how they should communicate with each other.

Good oral communication skills are vital in all interactions with people, which means speaking clearly and concisely and giving people plenty of time to respond. Match your language use with the needs of the person. For example, if someone has a neurological impairment, you may need to use short, clear sentences and speak slowly. Do not use jargon, acronyms or technical language unless you are absolutely sure the other person understands.

Here are some ways that communication skills can help you to establish rapport, ask questions and share information.

Address the person's needs	• Make sure you are aware of the person's communication needs. • If they need language or cultural support, provide an interpreter or have written material translated. • If the person needs technological aids or equipment, ensure they are readily available and working correctly.
Listen carefully	• Listening is the most important communication skill. • Your ability to listen actively – by acknowledging and rephrasing what you have heard, by demonstrating respect and by allowing people to communicate according to their preferences and needs – provides people with support. • Listening carefully provides people with a model and valuable practice in good communication skills.
Clarify and reframe	• We all often need another person's perspective to help us clarify and reframe what we are trying to communicate. • As part of active listening, you can facilitate people's self-determination by assisting them to clarify their needs, goals and choices. • Thinking strategically and in an ordered, logical manner can be challenging when dealing with complex or personal issues, so your input and assistance can greatly assist people to identify clearly what they are trying to communicate and how to do so in the most effective manner.
Use body language	• While good verbal skills and active listening are vital, so is the way you communicate nonverbally. • Your posture, lack or length of eye contact, tone of voice and gestures all communicate powerfully. • Make sure your body language communicates respect and attention. • Learn to read other people's body language, while being aware of any differences that may occur as a result of a specific disability; for example, a tremor or shaking could indicate indecision or cold, or it could be a symptom of Parkinson's disease. • You can support people to communicate effectively by changing their body language; for example, sitting or standing up straight helps people to communicate and to feel confident. • Remember, a genuine smile communicates a great deal.

Example

Establish rapport at the first meeting

James is a case manager who is providing support for Thomas, who has been newly diagnosed with diabetes. Thomas has complex needs, including a mild physical disability that affects his mobility. James invites Thomas to a case management meeting to determine the best way of collaborating on Thomas's support.

James makes Thomas feel at ease by using a warm, friendly, welcoming approach. He reassures Thomas that no decisions will be made without him.

James asks Thomas what he feels he needs. Thomas replies that he needs help managing his diabetes, including assistance with strategies to help him remember when to eat and how to recognise signs that he needs food to balance his blood sugar levels. He needs someone to monitor his sugar levels on a regular basis.

James talks to Thomas about how a case manager could help him to meet these needs. Once Thomas agrees that he could benefit from the process, James provides Thomas with written copies of his rights and responsibilities in the case management relationship, and talks through these with him.

Practice Task 5

Question 1

Describe the purpose of the Australian Privacy Principles (AAPs).

Question 2

Which of the following are ways that you can establish professional rapport during a first client meeting? Tick all that apply.

- ❑ Use active listening.
- ❑ Give them a nickname.
- ❑ Keep quiet throughout the meeting so they feel they need to talk more.
- ❑ Reassure the person that you are on their side.
- ❑ Work for the person, not with them.

Question 3

Name one legal responsibility that you have when working with a child in a case management meeting.

Question 4

Describe the role you must play when obtaining consent from a person to commence the case management process.

2B Identify and agree on roles, responsibilities, boundaries and processes of service delivery

Clear roles, responsibilities and boundaries should be agreed upon during the planning stage.

The person you are working with must have clear expectations about your role and limitations. Expectations of the person must also be clear so they can achieve their part of the plan. Roles and expectations from all agencies and professionals must be clearly documented and signed off as a show of commitment to their agreed responsibilities.

The person is always at the centre of all communications. It is important to make this clear to the person and other stakeholders during the first meeting. Explain the basis of person-centred approaches, and outline how these are used in case management. Reassure the person that no decisions will be made without them, except in extreme circumstances where there is the potential for harm. Let them know that their input is valuable and that their lived experience is respected.

The person also has responsibilities that come with this central role – these can include:

- making efforts to attend case meetings as planned
- communicating with the case manager in a reasonable time frame when there have been significant changes that affect the case plan
- speaking up about their needs and preferences.

Provide crucial information

Your service policy might require you to provide a range of information to the person before asking them for consent to start the case management relationship.

You must provide the following information to the person.

Information that must be provided	
Service policies	• Eligibility criteria for entry to the service and procedures for prioritising access • How the person can participate in feedback processes to assist the service to improve • Privacy and confidentiality policy and procedures in relation to the use of, and access to, personal information held about people accessing services • Procedures for release of personal information to another party and the requirement for informed consent for release
Right to a support person	• The client's right to access a support person of their choice when entering or exiting the service, and in developing their personalised plan • Procedures for accessing or nominating a support person of their choice
Additional support (such as for communication)	• Support that can be offered to assist the person to use the service • Support that will be provided, how the support will be delivered and how frequently the personalised plan will be reviewed
The case management process	• How the service works with clients to develop a personalised plan to assist them to achieve their goals

Charter of client rights and responsibilities

Many organisations and industries require you to provide the person with a written copy of their rights and responsibilities. This is often called a charter of rights.

In many industries, there is a legal requirement to help clients understand this document, along with giving them a copy. The process might include:

- giving the person a copy of the charter signed by your service manager or you
- reading the charter with the person and/or their representative, and explaining any parts they do not understand
- providing different formats or languages if required
- giving the person and/or their representative reasonable time to understand and sign the charter, to acknowledge that they have read and understood it
- advising the person whether they also have the right not to sign the charter before continuing with support from your service
- keeping a copy of the signed charter in the person's file.

In some funding models, such as aged care and National Disability Insurance Scheme (NDIS) services, the same charter is used across Australia. In others, such as services run by a state or territory, charters will vary depending on the jurisdiction.

For information about the Charter of Aged Care Rights, visit: aspirelr.link/acqsc-consumer-rights

For information about the NDIS Service Charter, visit: aspirelr.link/ndis-service-charter

Case manager role and responsibilities

The person must have a clear understanding of the responsibilities and limitations of your role as case manager.

You must help the person by:

- providing additional supports if needed
- assisting them to provide feedback or make complaints
- enabling the presence of a support person.

However, you are not trained to do or know everything. It may help your client to think of your role as a 'go-between' – someone who helps them to make contact with the right services.

Your service policy might require you to explain the following, before asking the person for consent to start the case management relationship.

Case manager role	Example
To provide the person with options and choices	You are not a decision-maker; instead, you help the person to navigate options.
To give only the help that the person needs	Sometimes the person simply needs to know who they can call to get help with a particular need. In other cases, they might need you to make a phone call or fill in a complaint form online. Always encourage and support the person to make as much of this contact as they can themselves.

Case manager role	Example
To use or recommend external resources if you or your service cannot meet the person's needs	You and the other people in your service are not trained to do everything for the person. Health and allied health professionals can also play an important part in the person's wellbeing. Government sources and other authorities, including websites, helplines and local government services, can provide many supports for the person that you and your service might not be able to provide. For example: • People with diabetes and their families can seek help and advice from Diabetes Australia. • Lifeline and Beyond Blue can provide free counselling and advice for people experiencing depression.

Explain client/case manager boundaries

Firm and clear personal and professional boundaries protect both you and the person you are supporting.

Case managers must remain impartial in order to act in the best interests of the person and the community. If you are not impartial, you might be taken advantage of by the person, or make decisions that put you at risk of conflicting interests. There must be a clear definition of boundaries that separate your working role from your personal life.

Boundaries also protect you from becoming burnt out, and protect the client from feeling let down by unrealistic expectations of you.

Professional boundaries include the following:

- Do not attempt to be a friend to the client. A case manager/client interaction is a professional working relationship. Do not share personal details about yourself, including your personal contact details, or agree to see the person outside of your work role.
- Declare any conflicts of interest to your manager, such as prior relationships with clients or family members.
- Avoid touching the client. This could be misconstrued as friendship or a sexual advance.
- Refrain from making sexual jokes or innuendo.
- Avoid entering into two-way discussions about politics, religious beliefs or other sensitive topics. It is important to stay neutral in most discussions, unless you are concerned that the person is at risk of harm or abuse because of their beliefs.

- Do not provide medical, legal or financial advice. Your role is only to refer the person to others who can help with these decisions.
- If an issue seems to be outside your ability to solve or refer, speak to a supervisor before providing options to the person.

Example

Professional boundaries

Tony works as a case manager in a small country town where everyone knows each other. He has started a new case manager relationship with a family he knows well. The family members run a small grocery business and Tony regularly hears gossip from the locals about the family.

The family are seeking help with services relating to alcohol and other drugs (AOD) and a family violence complaint. While Tony keeps the family's information confidential, he feels embarrassed to hear some of the information given to him by other professionals. He also wonders whether the family members hold back important information from him, in fear that it will get out into the community.

Eventually, the family's involvement with AOD and family violence services becomes the subject of gossip and whispers, and spreads widely around the town. The family are concerned that Tony is the source of the gossip and refuse to continue to see him or other services. Tony knows that he did not breach confidentiality, but he is concerned that the family's chances of overcoming the problems they face are now very low.

Practice Task 6

Question 1

Give three examples of professional boundaries that you must follow.

Question 2

Which of the following must be provided to your client at the start of the case management process? Tick all that apply.

- ❑ A non-disclosure agreement
- ❑ The service policies
- ❑ The role of the worker
- ❑ The right to a support person
- ❑ The case management process

2C Determine and agree on organisation, family and community needs, responsibilities and rights

Once the case manager and client have established and agreed to a professional relationship, there are other responsibilities to discuss.

For instance, the person's family might be sharing responsibility for the person's case progress and goals. The person also has responsibilities to your organisation, their family and the community. Many of these responsibilities will be discussed and outlined in more detail in the person's plan, once this has been developed.

In their case management contract, the person agrees to certain behaviours and responsibilities. These can include:

- respecting staff and other clients and visitors to the service – remind the person that abuse, harassment or violence will not be tolerated
- contacting the service and giving adequate notice if they are not able to attend an agreed appointment
- letting the case manager know when a situation that affects their plan changes or might change.

Family responsibilities and rights

In many community services settings, the person's family or significant others play an important role in case management.

You must respect the person's confidentiality around family. Include the family in discussions about the person's support when the person is happy for you to do so. However, they may not wish to share details of their condition or support needs with family members and they must give consent if you are to share information.

When in meetings with the person and their family, talk directly to the person as the centre of the discussion. However, their family can also provide valuable insights and share important information.

Family members can also have significant responsibilities, and be held to legal orders. It is sometimes the family's responsibility to give information to the service provider so that a case plan can be developed and delivered. Family members always have the responsibility to behave respectfully towards staff and other clients and service users.

Here are some other industry-specific examples of family and community responsibilities.

Setting/industry	Example of family and community responsibilities
Child protection	Parents might be under court orders to surrender their child, or they might see their child only under department supervision or other conditions. The parents will need to be included in case management when the child is being reunified with them, or when they have been assessed as at risk but still have custody of the child. Foster families or kinship carers might be involved in the child's case plan too, and take responsibility for decisions made in the child's best interests.
Family violence	A person might be fleeing a family violence situation from a partner, with or without their children. The person will need protection, while the perpetrator might be placed under court orders to attend training or other services arranged by a case manager.
Youth work	The youth's parents, relatives or community might take responsibility for supporting the youth to change behaviours or lifestyle, such as to avoid being involved in crime.
Aged care	The adult children of an older person with dementia might take responsibility for helping them to choose an aged care facility.

Families and significant others also have many of the same rights as the person does. This can include the right to:

- privacy
- make complaints without fear
- information about the service process
- be treated with respect.

Some legal roles provide family members or significant others with additional rights. For example, a substitute decision-maker (in some states called a legal guardian) is given the right to access the person's file and to make decisions on the person's behalf.

In children's services, parents have the right to seek legal advice at any stage of an intervention. They also usually have the right to participate in certain types of decisions about the child, even if the child is in out-of-home care.

Community rights

In services such as mental health and AOD, this may need to be addressed with the person. For example, if a person who is being treated for alcohol use is likely to drive while intoxicated, the case manager might have the responsibility to warn the person that they will act on any knowledge or concerns about these issues that they have. In some cases, agreements by the person to avoid these situations need to be written into the plan and supported by family members or others.

Practice Task 7

Question 1

Give one example of a responsibility that a client has to you and your service.

Question 2

Explain your duty of care to the community if a client tells you that they have committed a violent crime that they have not been charged with or accused of.

Question 3

What rights does a family member appointed as the person's substitute decision-maker have in relation to accessing personal information about them?

Summary

- It is important to develop rapport with the person you are supporting and, where possible, to demonstrate that you have heard and understood their needs and are interested in supporting them.
- Ensure that you have the person's consent to include all others who will participate in case management meetings.
- Meetings generally follow a set process, including:
  - working through an agenda
  - taking minutes
  - sending copies of the meeting minutes to all parties after the meeting.
- Prepare the person for the meeting by discussing the purpose, process and expected outcomes and who will be attending.
- In order to provide a coordinated approach to support, all roles, responsibilities, boundaries and processes must be clearly defined.
- Ensure the expectations of the person are clear so they can achieve their part of the plan.
- The service, families and community also have rights and responsibilities to vulnerable clients.

Learning Checkpoint 2

Conduct case management meetings

Part A

1. Provide two pieces of information that must be shared with the person before a case management meeting.

2. Which of the following should be included in an agenda when conducting a formal meeting? Tick all that apply.

- ❑ Meeting date, start and finish times, and location
- ❑ Meeting purpose
- ❑ Meeting objectives
- ❑ Proposed time allocation for the items to be discussed
- ❑ The solutions to items discussed

3. List two tasks the case manager should complete after a formal case management meeting.

Part B

Read the case study, then answer the questions that follow.

Case study

Harrap is a 10-year-old boy involved in child protection. He will be undergoing reunification with his family after a period in out-of-home care. Harrap's family are loud and swear a great deal, talking about their distrust of the government and their belief in a range of conspiracy theories.

1. Provide two examples of who might be responsible for making decisions and sharing information during this meeting.

2. Briefly explain theprofessional boundaries must you be aware of prior to and while working in this case.

3. What particular duty of care and legal responsibility must you follow when planning for and undertaking a meeting with the child?

4. Give two examples of how you can establish rapport with the family and the child at the beginning of the meeting.

5. What roles, rights and responsibilities must be determined and agreed on at the beginning of the meeting?

Topic 3: Develop a case management plan

3A Develop a case management plan

3B Identify strategies to deal with complex or high-risk situations

3C Assist clients to set and achieve realistic targets for change or action

3A Develop a case management plan

Case management is a collaborative activity between all people and agencies involved in providing support.

A case plan is a document that includes the person's assessment, needs and goals. It also includes tasks that need to be undertaken by the person, case manager, support workers, health providers and other agencies.

The person receiving services is the primary stakeholder and has the primary responsibility for making decisions about their goals and needs.

An initial needs assessment is carried out to identify and prioritise the person's needs in order to develop a case plan to meet them. Once urgent and immediate needs have been identified and addressed, the case manager then works with the person to comprehensively identify short- and long-term needs. Where a specialist is required to identify needs, the person is also referred appropriately.

You might assess a person's needs in several different ways.

Read professional reports and referrals from other services	Often, the service or professional who referred to you will have already completed a thorough assessment of the person's needs. These will be shared via referral letters and reports. It is in the person's interests to avoid repeating questions and assessments that have already been performed by other services.
Use standard assessment tools	Depending on your industry, standard assessment forms can be used to collect and document information about the person's needs, including urgent needs.
Ask questions of the person and significant others	Ask the person about their needs, and the order in which they feel they should be addressed. This can start with a simple question like: 'What problems do you think I could help you with?'
Make observations about urgent needs	Some people do not feel comfortable speaking up about needs that make them feel embarrassed or guilty. This can include financial distress or not coping with caring for dependents. Other people may not have the insight or ability to discuss these with you. You can often gather clues about a person's needs from: • the way they are dressed and groomed • the way they interact with you, family members and others • behaviours that might indicate distress, depression or other needs.

Identify urgent and immediate needs

An assessment helps the case manager to understand the person's immediate problems, such as why they are seeking or have been referred to case management.

The most urgent needs must be addressed first in the case plan, and in your interventions or referrals. These include needs that threaten the person's health, safety or wellbeing, for example:

- the risk of poverty or homelessness
- the person's ability to pay for and access food or utilities, such as power and gas
- risks that threaten the person's safety, such as risk of falls if the person is older, or risk of not coping with independent living
- harm or risk of harm, such as suicide, self-harm, family violence, neglect or abuse
- the person's ability to provide effective care for dependents, such as children or other vulnerable people.

Where possible, professional supports should be accessed as soon as you become aware of urgent or life-threatening needs. Services that address urgent needs include crisis intervention and accommodation services, ambulance or general practitioners (GPs), mental health crisis intervention, urgent income support and food services, domestic and family violence intervention, and child protection.

Initial assessment of the person's needs	
Collect information about the person's needs and goals	Collect information about the person's needs and goals by: • interviewing • using formal assessment tools • seeking feedback from key stakeholders • reviewing case notes • asking for advice.
Allied health professionals	Provide input regarding physiotherapy, speech pathology, mental health, occupational therapy
Medical professionals	Provide input regarding physical health
Child safety officers	Provide input regarding assessment and management of child safety
Legal representatives	Provide input regarding rights

Identify short-term needs

Short-term needs are those that need to be addressed within a reasonably short period of time – for example, within the next month or so – after services that meet urgent and immediate needs have been completed.

Case managers can also help the person by recognising the needs of others who support them. For example, if a primary carer is struggling to meet the person's needs, then the needs of the primary carer should also be identified.

Short-term needs will be documented and addressed in the case management plan. They might include:

- ensuring mental, emotional and physical health is maintained and support provided
- connection to relevant support services
- access to social networks
- respite care
- assessment for support funding or residential care.

For example:

- An older person may require a temporary living solution while appropriate housing is located.
- The family of a person with complex needs may require access to respite services.

Identify long-term needs

Long-term needs often refer to more permanent solutions and the person's ability to access ongoing support.

The long-term needs of people and their families may include:

- a stable housing situation
- employment
- sustained health and wellness
- ongoing support
- social networks
- connection to a culturally and linguistically diverse (CALD) community.

Example

Work with the person to identify immediate, short- and long-term needs

Angelo is an older man who lives alone. He recently fractured his hip and is due to have a hip replacement operation within the month. His daughter, Diana, is concerned about how her father will manage following the operation, and Angelo is worried about being alone. Diana contacts the Regional Assessment Service, an organisation that is responsible for assessing the home support needs of older people. The service links Angelo to a case manager who can offer short-term case management and care coordination.

The case manager, Jack, comes to assess Angelo and develops a case management plan to address his immediate, short- and long-term needs. Jack establishes that Angelo has the following needs:

Immediate needs	• Physical support leading up to the operation • Psychological support to address Angelo's distress • Practical support with activities of daily living following Diana's departure
Short-term needs	• Transport and practical support getting to and from the hospital for the operation • Possible short-term respite accommodation following the operation • Support with activities of daily living following the operation • Rehabilitation exercises and monitoring following the operation
Long-term needs	• Ongoing rehabilitation support • Ongoing psychological support, if necessary • A permanent housing solution, with additional care if necessary • Social networks and activities to connect Angelo with members of the community

Develop a case management plan to reflect needs and goals

In case management, the person works with the case manager to identify and clarify their needs and goals and decide on the best means of achieving them. The relationship between the person and their case manager is collaborative.

The person has the best information and knowledge about their own needs and goals, although they may not always be able to articulate them clearly or identify the best means of achieving them.

Collaboration recognises that each party in a case management plan has something to contribute and each is equally valued. The more complex the person's needs are, the more rigorous the case management plan needs to be.

In some cases, the process will be fairly simple; in others, it will be more complex. It may take several meetings to develop the plan.

Case management plan formats

A case management plan outlines the needs and goals of the person, and how the case manager and others will help the person to achieve these goals.

This person-centred framework lists the strategies, supports and resources that will be drawn upon and used.

While different services use different plan formats, the following sections may be included in the plan template.

A typical case plan format includes:
1. The person's urgent, short- and long-term needs
2. How the person's urgent or immediate needs will be met
3. The person's short-term goals
4. The person's long-term goals
5. The person's strengths, skills and abilities that can be drawn on to meet the goals
6. Barriers that might be in the way of meeting goals
7. Strategies to overcome barriers
8. Agreed upon strategies, supports and resources that will be used to meet goals
9. Time frames, roles and responsibilities of all involved in the plan
10. How the plan will be monitored and reviewed

Example

Develop a case management plan to reflect needs and goals

Here is an example of a case management plan that can be used to meet a person's identified needs and goals.

Case management plan		
Name: Bernice Rothko		**Contact number:**
Ethnicity (circle):	Aboriginal	Torres Strait Islander
	Aboriginal and Torres Strait Islander	Other (please specify) Russian
Nominated support person:	Alexander Rothko	**Contact number:**
Case Manager:	Molly Ralph	**Contact number:**

Presenting issues:

- Dementia
- Risk of falls
- Emergency respite is needed

Assessment:

Bernice has dementia and lives at home with her husband, Alexander, who is her primary carer. Alexander is finding it increasingly difficult to cope, and he has recently been admitted to hospital for a heart condition.

Bernice is confused and asking where her husband is. Her daughter Olga joined us from interstate via Zoom call, and she is concerned about her mother's safety at home alone.

A report from Bernice's GP states that she has had several falls in the past month.

Strategies/interventions to be used:

Immediate

- Order ACAT assessment urgently so that urgent respite can be arranged.

Short term

- Request home assessment with a view to home care funding once Alexander returns home from hospital.
- Organise occupational therapy assessment for home modifications to reduce risk of falls.

Long term

- Organise ongoing monitoring and assessment of safety and coping at home once Alexander returns from hospital, and when Bernice's dementia deteriorates.

Case management plan		
Strengths and resources:		
Networks • Daughter Olga lives interstate but has agreed to fly down to be with her mother until respite can be sought. • Olga will get in touch with Bernice's next-door neighbour to ask her to mind the dog and collect mail while Alexander is in hospital. **GP** • Will initiate an urgent ACAT assessment by completing application paperwork today • Will notify me when Alexander is due to be released from hospital		
Individual's desired outcomes of support received:		
Olga stated the following goal on her mother's behalf: 'I would like to stay in my own home and care for myself for as long as possible, with supports to keep me safe'.		
Case management plan developed in consultation with: Olga (Daughter) Tilak Peters (GP) Molly Ralph (Case Manager)		
Who will provide the required support?	Olga	
	GP	
Commencement date: 7 June 2022		
Review date for individual case plan: 7 December 2022		
Case management plan authorised by:		
(Signature of client)	Date:	
(Signature of client or nominated support person)	Date:	
(Signature of Case Manager)	Date:	

Collaborate to identify strengths and abilities

Person-centred case management focuses on the inherent strengths and skills that people already have.

Assisting a person to identify and recognise their own strengths is an essential part of the assessment process. Remember that strengths can include:

- the person's natural networks, such as family and friends
- networks and resources available to the person in their community
- the person's skills, experiences and abilities
- personality strengths.

The following principles apply when utilising the person's own strengths and personal or community resources.

Principle	Example
Make use of natural resources and networks that the person already has	Family members, friends and other people in the person's life are the first point of call when they need help to access services.
Use the resources from one person or service as much as possible	Too much information, or too many services, can complicate the person's choices and mean that important needs are missed.
Use resources in the person's own community	Where natural resources in the community meet the person's needs, these are usually preferred over disability- or dementia-specific resources. Just because a person is older or has a disability does not mean that they can and must seek out services that only cater to 'their own kind'.

Example

Identify strengths and abilities

Jasmin is 57 and has severe and debilitating arthritis. She is lonely and is seeking support to make new connections in the community. She is shy and finds it hard to make small talk.

The case manager has identified Jasmin's strengths:

- She is good at art and won prizes for her painting when she was younger.
- She is practical and creative and misses being able to work with her hands.

- She has regular contact with Arthritis Australia, who might be able to support her with aids and equipment.

The case manager discusses with Jasmin whether it might be a good idea for her to take up art again and join a local mainstream art group, so she can make gradual, unforced friendships with people who live in her community, while practising a hobby that she misses. Together, they work on a goal that includes supporting Jasmin to collaborate with Arthritis Australia to source adapted brushes and painting supplies. The case manager will also help the local community art group to understand their role in providing reasonable adjustments that allow Jasmin to participate.

Collaborate to identify goals

If the person sets their own goals, they are more likely to be empowered to realise the desired outcomes.

Formal meetings and interviews provide opportunities for you to develop an understanding of a person's goals. Help the person to identify and set their own goals and desired outcomes.

Goals are different to outcomes in the following ways.

Outcome	Goal
States what is wanted to be achieved	States actions or methods that will help to achieve the outcome
For example: I would like to be more independent.	For example: I will be able to live independently in my own home by the end of July.

You can help the person to understand the range of options that might be open to them, and support them to find goals that meet their needs and strengths.

Goals should follow the SMART format – they need to be:

- **specific** (be clear about what will be done)
- **measurable** (have a measure or signpost that allows you to determine whether it has been achieved or not)
- **achievable** (within the person's reach and not setting them up for failure)
- **realistic** (reasonable time and resources are available to help the person to achieve the goal)
- **time-framed** (a specified time frame helps to motivate you and the person to achieve the goal).

Once you have developed a set of goals, list and agree upon actions that can help to meet these goals, along with a time frame and the person or people responsible for these actions. Once a goal has been completed, the person responsible signs off on the action they are supporting the person to achieve. The person can then move on to a new goal. The aim is for the person to regain as much independence as possible.

Example

Set goals

Henry is 22 and has an acquired brain injury. He lives with his parents but would like to move out on his own. Here are the goals and actions that Henry and his case manager developed together.

Goal: Henry will be able to live independently in his own home by the end of July			
Action to meet goal	**Who is responsible for this action?**	**Time frame**	**Date and sign when completed**
Assess Henry's ability to manage on his own	NDIS assessor GP Henry and his family	By 1 January	
Build Henry's skills in self-management	Case manager will help Henry to enrol in a living skills course	By 6 February	
Source aids to support Henry at home and train him to use them	Occupational therapist	By 15 March	
Determine requirements and funding for home help	Case manager	By 21 March	
Search for suitable rental accommodation in Henry's preferred location	Henry His family	By 30 May	

Goal: Henry will be able to live independently in his own home by the end of July			
Assess need for modifications to be made to bathroom, including shower rail and floor levelling	Occupational therapist	By 1 June	

Identify available services to support plan

The network of services and agencies – government, non-government (not for profit) and commercial (for profit) – is vast and complex. A case manager needs the ability to navigate this network and to keep up to date with information about new services and changes to existing services. Some services address a range of needs, while others specialise or focus on a particular kind of need or a particular sector of the population.

Here are some examples of services and resources that can help to meet specific complex needs or problems.

Problem or need	Service or resource
People in financial need	• Services like Centrelink can help the person to access financial supports and rental assistance. • Charities such as St Vincent de Paul and the Salvation Army can help provide emergency accommodation, food parcels and short-term financial support. • Many utility companies and services in the community provide discounts for people who have a Health Care Card. This may allow the person to access cheaper medicines, cheaper admission to activities, and free or reduced-cost travel on public transport.
People who need help to communicate	• There are several funded services across Australia that can assist in creating and recommending communication technologies, such as Hearing Australia, Vision Australia and Scope's Communication and Inclusion Resource Centre. • People who speak languages other than English can access translating or interpreting services. These services can help a person to read and understand documents, complete forms and communicate in meetings.

Problem or need	Service or resource
People who need help to communicate (cont.)	• The Translating and Interpreting Service (TIS National) can help people access a free interpreter for health and other services [https://www.tisnational.gov.au]. • The National Auslan Interpreter Booking and Payment Service (NABS) provides free or paid Auslan interpreters for people who use sign language [https://www.nabs.org.au].
People with mental health needs	• Beyond Blue provides free counselling support through phone and online chat. • QLife is a counselling and referral service for people who identify as LGBTQI+.
Older people who need advocacy	• The National Aged Care Advocacy Program (NACAP) provides a National Aged Care Advocacy line, a telephone service that offers advice, assistance and advocacy on behalf of older people who have a cognitive impairment such as dementia. • Seniors Rights Victoria (SRV) provides legal services and advocacy to any Victorian aged over 60. • Elder Rights Advocacy (ERA) provides advocacy and information for aged care residents and their families.

Establish and agree on processes to monitor and change plan

The case management plan is a dynamic document that must be updated in response to the person's changing needs.

In case management, monitoring is performed against the plan. Monitoring means to check on the progress of the plan, and whether or not the person is meeting their goals over time.

Needs change, and goals may no longer be relevant or have been achieved ahead of schedule. If a person is not achieving their goals, there may be a good reason.

Monitoring activities help to determine the progress of each goal and should be determined while you are writing the initial plan.

Establish monitoring processes

Work with the person to establish how and when you will monitor goals in the plan against the person's progress.

When determining monitoring strategies and schedules, consider the complexity of the person's needs and the likelihood of risk or harm being caused if goals are not met. When the person's needs are urgent, complex or life-threatening, you may need to plan for more frequent monitoring activities.

Here are some examples of strategies that you and the person might agree on to monitor goals.

Strategy	How to implement
Meetings	• Schedule a series of regular case manager/client meetings for the person and/or their family to provide feedback about progress. • Schedule meetings with other services or professionals to discuss the person's progress and adjustments that need to be made to the plan.
Phone calls	• The case manager can make regular check-in phone calls to the person at agreed intervals. • The client can contact the case manager at agreed points, such as when a milestone has been reached or when there is a problem or setback.
Reports	• Ask to be included in reports from other services and officials. Depending on the services being used, this could include reports from child protection officers, police officers, aged care assessors, allied health professionals or NDIS assessment officers. • You must first obtain the person's consent to share information with other services.
Written feedback	• Use feedback forms, including questionnaires or surveys completed by the person, to obtain information about their level of satisfaction with your service and whether or not they have met their goals.

Example

Establish and agree on processes to monitor and change a case plan

Wendy is working with George on a case plan. After they have agreed on goals, Wendy asks George about how she can contact him regularly to determine whether his needs and goals are being met. They are both aware that George's chronic medical condition may deteriorate, and that he might suddenly need further interventions and supports.

George lives on a farm in a rural location, and regular meetings will be difficult for him to attend. Together, they develop a schedule for regular videoconferences. George also agrees to travel to the service once a month to meet with the rest of his team in person. On these dates, they establish a series of meetings that include George, his wife, his doctor and allied health professionals.

Between meetings, George's wife agrees to contact Wendy whenever there is a change in George's needs or if there are other concerns.

Practice Task 8

Question 1

List two principles of using a person-centred framework in a case plan.

Question 2

Which of the following should you do when developing a case management plan? Tick all that apply.

- ❑ Start with the person's long-term goals and work backwards.
- ❑ Help the person to develop their own goals, rather than writing them yourself.
- ❑ Focus only on the needs of the person, rather than on their carer or family.
- ❑ Prioritise immediate needs.
- ❑ Seek the person's agreement on the plan before proceeding with actions.

Question 3

Give two examples of methods that could be used to assess a person's needs if they are not able to communicate due to dementia.

Question 4

Which of the following are recommended when planning monitoring strategies? Tick all that apply.

- ❑ Develop strategies to monitor the plan after the person has met their goals.
- ❑ Monitoring can include agreement from the person to check in at regular intervals.
- ❑ The level and type of monitoring can depend on the urgency and complexity of the person's needs.
- ❑ Taking informal feedback from the person is not a monitoring activity.
- ❑ You must ask the person's permission to be included in reports shared between professionals.

Question 5

Give one example of a service available for someone in financial need.

3B Identify strategies to deal with complex and high-risk situations

Many people accessing community services experience complex social or health problems, and they can be more vulnerable to risk, crisis and harm.

Situations of high risk can be the result of interwoven, complex factors, including poverty, social or cultural disadvantage, discrimination, and mental or physical illness or disability.

These disadvantages can not only put people at greater risk of social and physical harm than others, but can also reduce their ability to speak up or recognise their rights. Be clear about your role and seek outside assistance if you do not have the confidence or competence to respond appropriately to situations of high risk or complex cases.

Situations that require higher-level responses often need a wider range of services and more significant interventions. They can include:

- child protection cases
- people with multiple health issues or disabilities
- children and young people in other services, such as youth justice, disability or family services
- domestic and family violence
- crisis situations, such as when a person voices suicidal ideation
- situations where there has been or might be abuse of a vulnerable person, such as a child, person with a disability or older person
- people who are homeless or at risk of homelessness.

Many of these situations require multiple specialist or legal interventions from community services organisations, health and mental health practitioners, or police and court services.

The interconnection of complex factors

Disadvantage and vulnerability to risk can be complicated by many different factors that sometimes become interconnected.

Here is a diagram that presents an example of a person experiencing interconnected, complex disadvantage and vulnerability.

This means that the case manager will need to help the person access a range of different supports and services, often at the same time.

Deal with situations of immediate crisis

People who work in community services are often the first to see or hear signs that something is not right. As you become familiar with the person's circumstances over a long period of time, you can develop a position of trust and familiarity.

In situations of immediate crisis, follow the crisis management and emergency procedures outlined in your service policies. Sometimes your duty of care requires you to report a crisis to a manager, or other professional or authority. At other times, you will need to support the person to find options to help them through the crisis. Occasionally it might mean taking charge yourself and overriding the person's choices or preferences.

Always call the police if you are concerned that someone is at risk of immediate harm, or if a crime has been committed.

Duty of care to children and young people

Children have most of the same rights as adults, along with additional rights to be protected from vulnerability.

Throughout history, children have traditionally been seen as the exclusive property of their parents. Until recent decades, this meant that parents were afforded all rights over their children, even if that level of control was not in the best interests of the child.

The International Year of the Child in 1979 opened up new conversations about children's rights, and sparked the development of a new human rights treaty in

1990 – the United Nations Convention on the Rights of the Child (CRC). The CRC recognises that children have the same human rights as adults, while also needing special protection due to their vulnerability.

You have a duty of care, as well as a legal duty, to ensure that all children in Australia enjoy the rights set out in the treaty.

The CRC outlines the requirement to:

- make the best interests of the child your priority over the interests of all other parties
- work towards protecting the child from harm
- help to contribute to the child's learning and development
- allow children to express their views freely on all matters that affect them.

Learn more about children's rights at the Australian Human Rights Commission: aspirelr.link/hr-childrens-rights

Legislation and other regulations aim to protect children from harm in services and settings other than child protection. For example, you and other workers must have a Working with Children Check (WWCC) relevant to your state or territory if you work with children and young people, or if they are present in your workplace.

Hold meetings with children

Children's advocacy groups can also help the child to have a voice during or outside of case management meetings. In addition, a child under 18 cannot be questioned by police officers without the presence of a parent, guardian or independent person (such as a lawyer or advocate).

When you hold a meeting that involves decisions about a child, you must ensure that the child has a support person of their choice present.

Video: Communicating with young people

Watch this video from the Queensland Department of Education on 'the secrets of effective communication with young people': aspirelr.link/yt-comm-young-people

Share information about children and young people

You have a responsibility to speak up for the child's interests when they cannot do so for themselves.

For example, when you become aware that an out-of-home care placement is not working in the child's interests, it is your duty of care to speak up on their behalf to initiate change.

Allow the child to practise making decisions and to speak for themselves in low-risk situations, so they build experience that will help them to speak up in future.

The Child Information Sharing Scheme is an initiative that workers in certain sectors – such as child protection, youth justice, maternal and child health, and police – are responsible for following. These workers are responsible for sharing information with each other that could affect a child's safety. It works on the premise that even small pieces of information can alert authorities to potential harm when they are pieced together from multiple sources.

Make referrals that involve children

It benefits children when supports are provided to their parents during crises, or when the child and/or family are vulnerable.

You might consider providing referrals for parents that include maternal and child health services, parenting classes, anger management or conflict resolution, and community groups that help to more closely connect parents to their community.

Child Safe organisations are assessed as having met Child Safe principles and should be used as a priority when providing referrals for children.

The Australian Human Rights Commission has more information about Child Safe organisations and principles: aspirelr.link/child-safe-human-rights

Child abuse

Child abuse
Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Like other types of abuse, **child abuse** can occur in all parts of society. However, certain groups are over-represented in child protection services.

There are complex factors involved in these backgrounds of child abuse, including isolation, lack of role models, social problems and generational repetition of their own childhood abuse.

These groups who are over-represented in child protection services include:

- families from low socioeconomic backgrounds
- parents with a history of child abuse
- Aboriginal and Torres Strait Islander communities
- people living in rural and remote communities.

Here is a table showing types and examples of child abuse.

Type of abuse	Example
Physical abuse	Physical abuse is any deliberate use of force towards a child. It includes being: • pushed or thrown • slapped, hit or punched • burned (e.g. with a cigarette) • kicked • bitten • choked • tied down • assaulted with a weapon • shaken violently.
Neglect	Neglect happens when the person or people responsible for a child fails to provide the basic necessities to ensure physical and emotional wellbeing. These include: • food • love • warmth • clothing • shelter • medical attention • proper supervision.
Sexual abuse	Sexual abuse involves exposing a child to sexual activity. It includes: • grooming (a common behaviour used by a child sex offender to prepare a child for sexual abuse) • fondling a child's genitals • masturbation • oral sex • vaginal or anal penetration • exposing a child to pornography.
Emotional abuse	Emotional abuse involves subjecting a child to ongoing verbal intimidation or humiliation. This can include: • name calling • threats of harm • put downs • isolating the child from social interactions.

Grooming is a common behaviour used by a child sex offender that includes slowly introducing sexualised comments and actions to determine the child's response, developing trust and confidentiality, and setting up situations where the abuser can be alone with the child.

Grooming
Common behaviour used by a child sex offender to prepare a child for sexual abuse.

Child protection services

Each state and territory has a department that investigates, assesses and manages child protection cases. Non-government organisations may also provide child protection services. Other legislation – in areas such as adoption, human rights, family law, young offenders, family violence and working with children – is also relevant to child protection.

In all jurisdictions, child protection legislation is based on shared principles that include:

- acting in the best interests of the child
- early intervention and prevention
- including children and young people in decision-making
- placing children in out-of-home care as the last resort
- providing culturally specific responses
- providing continuing after-care and support after the child reaches the age of independence, which may vary from one state to another
- providing permanency and stability of care as much as possible.

Mandatory reporting of actual or suspected child abuse

Mandatory reporting of child abuse describes the legislative requirement imposed on selected people to report suspected cases of child abuse and neglect to government authorities.

These people in the community interact with children and young people in the course of their work and are required to report. They include doctors, dentists, nurses, midwives, teachers, police officers, counsellors, coordinators of home-based care for children, public servants who deal directly with children, and some others.

In many states and territories, all adults in the community also have the legal responsibility to report to police if they have reason to believe that a child has been sexually abused. This is true even if the child is not your client, such as a grandchild visiting their grandparent in an aged care facility. Penalties can apply to all adults who had good reason to suspect abuse but did not alert authorities.

Requirements for mandatory reporting of child abuse vary between states and territories.

To find out more about mandatory reporting requirements in your area, go to: aspirelr.link/mandatory-reporting-child-abuse-and-neglect

Duty of care to older people

Many older people experience complex and chronic health and mental health issues. In addition, many older people experience negative stereotyping and discrimination, which can make them feel excluded from the community. Social exclusion and isolation, in turn, have significant impacts on physical and emotional wellbeing.

The percentage of older people in our community is rising steadily, and older people account for a significant volume of community services supports that require case management.

The Australian Royal Commission into Aged Care Quality and Safety uncovered multiple breaches of human rights and other abuses occurring regularly in Australian aged care services. This has led to strengthened legislation around the rights of older people receiving aged care services, including tighter rules on the use of restrictive practices and increased reporting obligations for providers when incidents have occurred that could put the person at physical or emotional risk.

Dementia and other decision-making disabilities can make older people especially vulnerable to rights abuses. All older people using aged care services have rights that are written into aged care legislation, and expressed in rights charters and the Aged Care Quality Standards. These include the right to:

- make choices about their own life, or be supported to make decisions where they cannot communicate them
- have freedom of movement that is balanced with safety
- speak up and/or make a complaint without fear of reprisal
- be free from fear, neglect and abuse
- be a part of the community.

You have a duty of care to report any concerns you might have about breaches of a person's rights or freedom to make choices for themselves.

Elder abuse

Elder abuse refers to deliberately harming an older person physically, emotionally, psychologically or financially.

Elder abuse
Harming an older person using financial, physical, sexual or emotional means, or through neglect.

It can include bullying, exploitation and failing to provide the necessities of life.

The Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) requires reporting to the Aged Care Quality and Safety Commission (ACQSC) and, in some instances, to the police, any of eight types of incidents that put a person at risk. This includes any suspicion, observation or claim of these incidents, even if the person making the claim is an unreliable witness, such as if they have dementia.

Mandatory reporting of abuse and neglect is a legal requirement for managers in all aged care services.

Incidents that must be reported under this scheme include:

- unreasonable use of force

- unlawful sexual contact or inappropriate sexual conduct
- neglect
- psychological or emotional abuse
- unexpected death
- stealing or financial coercion by a staff member
- inappropriate use of restrictive practices
- unexplained absence from care.

For more information on the ACQSC's Serious Incident Response Scheme, visit: aspirelr.link/sirs

If you are concerned that an aged care service has not taken the correct steps of reporting to the police or the ACQSC, you can take your concerns to a higher-level manager, or you can go to the police or make a complaint to the ACQSC yourself.

Example

Recognise and respond to signs of abuse

Beryl has dementia and receives home care services from a local provider. She often makes up stories and says things that are not true.

Beryl tells Jackie, her case manager, that a staff member hit her. Jackie knows that this might not be true and she cannot see any signs of bruising. However, she knows that she must report what Beryl has told her, because abusers are more likely to target a person who is less likely to be believed. As Beryl's advocate, Jackie does not need to have proof of abuse, but she must act on Beryl's statement.

Jackie reassures Beryl that she will keep her safe. Jackie informs the service manager about what Beryl has said. She then ascertains that the manager has reported the claim to the ACQSC, who direct the service to undertake an investigation. After talking to Beryl and other staff, the managers are reassured that Beryl was not abused. However, the ACQSC require the service to document every new claim that Beryl makes in future, and to review any new evidence or concerns.

Restrictive practice
Any intervention or practice that restricts rights or freedoms of movement of a person.

Use of restrictive practices

In the past, older people and people with disabilities have been exposed to unregulated use of **restrictive practices** such as physical and chemical restraint.

The use of restrictive practices is now closely legislated and monitored in residential aged care.

Here are the requirements for the use of a restrictive practice:

- It must be the last resort.
- It can only be used to prevent harm to the person or someone else.
- It must be the least restrictive alternative.
- It must be carefully approved and documented by a health practitioner such as a GP who knows the person.
- There must be informed consent.
- It must be used for the shortest amount of time possible.
- It must be monitored and reviewed.

Duty of care to people with disabilities

A case manager has a duty of care to prevent foreseeable harm to people with disabilities at all stages of the case management process.

People with disabilities are exposed to a number of risk factors that make them particularly vulnerable to harm, neglect and abuse. Disability services have many similar protections to aged care services, including legislation regulating the use of restrictive practices and a zero-tolerance abuse framework.

All National Disability Insurance Scheme (NDIS) providers have obligations under the NDIS Code of Conduct, including to:

- provide supports and services in a safe and competent manner, with care and skill
- promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
- take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
- take all reasonable steps to prevent and respond to sexual misconduct.

Case managers can play an important role in educating the community about illegal practice relating to discrimination when it happens, or when it threatens to happen.

The *Disability Discrimination Act 1992* (Cth) makes it illegal to discriminate against a person with a disability, such as refusing access to a public place, when the exclusion is based only on the person's disability. Assistance dogs, mobility equipment and communication aids must be considered an essential part of the person, and cannot be refused entry into public places, transport, taxis or other services.

Complaints about discrimination can be made to the Australian Human Rights Commission.

Find out more about reportable incidents for people with disabilities receiving NDIS supports at the NDIS Quality and Safeguards Commission: aspirelr.link/ndis-incidents

Duty of care to people experiencing domestic and family violence

Violence is about exercising control or power over someone else using force or emotional intimidation.

Domestic and family violence Threatening, violent or coercive behaviour towards a partner, spouse, child, parent, housemate, carer or care recipient.

Violence can be physical or emotional. It is illegal and sadly common at all levels of society. **Domestic and family violence** can be inflicted on married or de facto partners of any gender, children, parents, flatmates, other relatives, carers or care recipients.

Each state and territory in Australia has its own laws on domestic and family violence. Legislation in many state jurisdictions defines domestic and family violence as being threatening and coercive, and including behaviour such as 'causing or threatening injury to a person'. It can include physical violence, threats or intimidation, coercive control or isolating the person from others.

Understand your responsibilities in regard to domestic and family violence

In many job roles in community services, you have a responsibility to report physical or sexual abuse that has been or might have been perpetrated against a child.

If you become aware that a child is experiencing violence, you must report your concerns to the relevant authority in your state or territory, such as child protection services or the police. You must then take actions to protect the child from further abuse, such as insisting that the child does not return to the abuser.

While you do not have a mandatory responsibility to report domestic and family violence that is perpetrated against an adult, you have a duty of care to ask or encourage the person to report the abuse to police or other authority. There can be many reasons for a person not wanting to make a report, and it is important to gain their trust when they are reluctant to do so.

People exposed to violence may feel that reporting it will make it worse. They may feel there is no escape, particularly if the harm is coming from within the home or family. The nature of abuse is that people often blame themselves or feel they may deserve it in some way.

Even if the person does not want to report the abuse, attempt to support them to find safe emergency or other accommodation. This can be done through domestic and family violence safe hubs and services in your local area.

Make referrals for domestic and family violence

If you have concerns about domestic and family violence, encourage the person to call the police. If you suspect that children are at risk of violence, you must ensure that police are notified. Police make the majority of referrals to domestic and family violence services.

Male perpetrators of family violence can be referred to men's behaviour change programs in your state or territory.

In some situations, Aboriginal families experiencing family violence can be referred to Aboriginal services as part of local Koori Family Violence protocols.

Domestic violence legislation by jurisdiction can be accessed at:
aspirelr.link/domestic-violence-laws-aus

Example

Duty of care in regard to family violence

A woman who is being physically abused by her male partner is reluctant to seek help from the police. She talks to Yvonne, her case worker, about her concerns. The woman is distressed and crying. Yvonne encourages her to go to the police as soon as possible, but the woman is adamant that this will put her at more risk of harm.

Yvonne locates emergency accommodation. She encourages the woman to pack and leave with her children. At first, the woman refuses, but Yvonne focuses on the need to be safe. Once they are relocated, a family violence worker will talk further with the woman about the benefits of having the police involved, and information on how the police will respond to the crisis.

Duty of care to people at risk of suicide

In Australian society, suicide is not often openly discussed, often because it is tied to feelings of embarrassment and shame.

Tragically, these feelings stop some people from getting the support they need. Sometimes there is no obvious trigger or life situation that leads a person to have ideas about ending their own life. Other times, there can be clear reasons for a person's feelings of desperation, despair or hopelessness. They can be triggered or complicated by events and situations such as relationship breakdowns, unemployment, grief and loss, ill-health or loneliness.

Suicidal ideation
Having thoughts of suicide.

While suicidal thoughts (**suicidal ideation**) can affect anyone from any section of society, there are some groups at greater risk than others. People who have made previous attempts to end their life are often one of the highest risk groups.

Other risk factors can include:

- people with a mental illness
- young people
- people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+)
- men in rural communities
- older people
- Aboriginal and Torres Strait Islanders
- people with social problems such as gambling.

Respond to risk of suicide

If you are concerned that a person is at risk of taking their own life, there are a set of procedures that are considered to be the safest way to approach this.

You have a legal obligation to report this information to a manager, health professional or other authority when needed to keep the person safe.

Here are some guidelines:

- Ask direct questions about your concerns – ask the person whether they are considering taking their life and how they intend to do it.
- Do not allow the person to be left alone if possible.
- Call the police or ambulance if the person is alone or at imminent risk.
- Call a **crisis assessment team (CAT)** if the person has a mental illness and is in need of immediate support.
- Otherwise, take the person to the emergency department of a local hospital.

Crisis assessment team (CAT)
A team of emergency mental health professionals usually attached to a local hospital.

Referrals to Centrelink

Centrelink can help vulnerable people with financial and other supports during times of crisis, or can help them to avoid a crisis.

This can come in the form of regular or one-off payments, practical support or emotional support.

Find more information about Centrelink supports at: aspirelr.link/sa-centrelink-book

Referrals to a social worker

Social workers can help to link people in crisis to the right support services.

They can help people who are at risk of:

- domestic and family violence
- homelessness
- mental health concerns
- being involved in the youth justice system
- poverty.

The person can access help from a social worker at no cost by contacting or visiting Centrelink.

Find more information about accessing a social worker at Services Australia: aspirelr.link/social-work-services

When the person is resistant to help

Some people who are experiencing homelessness, for example, are resistant to community supports. This is particularly true for people who have been homeless for long periods, and have developed a mistrust for officials such as police and community officers.

While the person might be resistant to support, it is important to provide information about services that can help to address their needs, and allow them time and space to make decisions about accessing services themselves.

The more involved a person is in developing a solution, the more invested they will be in making that solution work. Therefore, gaining agreement on any actions to be taken greatly increases the chances of good outcomes that will last.

Aim for the highest level of support you can both agree on, if this is still a safe option for the person. They may be deeply threatened by a proposed course of action, even if on some level they understand it is the right thing to do.

If you are concerned for the safety of others around the person, and you cannot agree on an option that is safe, you might need to act without the person's agreement, such as calling the police without their consent.

If a person who is homeless has an acute medical condition but refuses to seek help, you might offer basic physical support and a gentle suggestion to see a GP, until they make their own decision about seeking medical help.

Referrals to mental health services

A mental health treatment plan is written in collaboration with the GP and the patient. It includes agreed treatment options and support services, such as an agreed number of visits to a psychologist.

In Australia, free or subsidised mental health treatments (such as visits to a psychologist) can be provided for people who score a certain level on a standard mental health assessment. A mental health treatment plan must be completed in

order to claim subsidies for psychology. If cost is an issue for the person, you or their GP might help them to find a psychologist who bulk bills so they do not have to pay out-of-pocket fees.

A plan allows the person to claim up to 20 free or subsidised sessions with a mental health professional each calendar year. The person can be referred for up to six sessions at a time. If they need more, they can then be referred for further sessions.

For more information about Medicare-funded mental health treatment, visit Services Australia: aspirelr.link/mental-health-services-medicare

Mental health referrals for people in rural and remote areas

If the person lives far away from services, they might be able to complete a telehealth video consultation with their GP, and then with a mental health professional.

These telehealth consultations can also be covered by Medicare.

A list of mental health telehealth services is available on the healthdirect website: aspirelr.link/hd-health-services-aus

There are a range of phone and online services available to support people in rural and remote areas with mental health:

- Lifeline (13 11 14) is a phone helpline for crisis support that operates 24 hours a day, 7 days a week.
- Kids Helpline (1800 55 1800) is a 24-hour phone counselling service for children, teens and young adults aged 5 to 25.
- ReachOut Australia has information to support young people experiencing mental health issues.
- Head to Health has helpful resources from a range of mental health websites and service providers.
- Beyond Blue is an online resource for help with depression and anxiety.
- The Department of Health lists a range of mental health programs to suit different mental health needs.
- MensLine Australia provides telephone and online counselling services for men.

For a full list of online and phone supports, go to: aspirelr.link/services-australia-mental-health

Practice Task 9

Question 1

Which of the following are examples of high risk or complex case management situations? Tick all that apply.

- ❑ People in the community
- ❑ Children and young people
- ❑ People experiencing family violence
- ❑ People with complex physical or mental health conditions or disabilities
- ❑ Older people using aged care services

Question 2

Explain the steps involved in your duty of care when responding to a person at immediate risk of suicide.

Question 3

Research the mandatory reporting laws for reporting child abuse via the following link, and provide a short summary of how they apply in your own state or territory.

This information is available at: aspirelr.link/mandatory-reporting-child-abuse

3C Assist clients to set and achieve realistic targets for change or action

Within each industry, best practice guidelines can help guide you to support a person to change a particular behaviour.

Behaviours that the person might be motivated to or need to change can include:

- negative thinking patterns that lead to anxiety and depression and/or thoughts of suicide
- aggressive and violent behaviours
- self-harming behaviours
- gambling
- alcohol or drug use
- poor parenting practices.

These behaviours can be responses to complex social and physical problems, and might be very difficult to change, especially when they have become habitual. This is generally a role for a professional, such as a psychologist or specialist alcohol and other drugs (AOD) worker.

However, you can provide support to a person who is ready to accept and change their ineffective patterns of behaviour.

Behaviour change can come from:

- teaching the person new coping strategies to help them to support themselves or avoid future episodes of crisis
- helping the person to access networks, charity, welfare or resources that can support them to get back on their own feet again
- providing suggestions and referrals for other services and professionals who can help the person to cope and seek further practical help, such as AOD and gambling services
- referring the person to training programs, such as men's behaviour change programs or Alcoholics Anonymous
- helping the person to understand why their current behaviours, networks or coping strategies might not be working for them.

Contemporary behaviour change models

Behaviour theories and models suggest strategies for developing effective behaviour change interventions and programs.

These are frequently used in the areas of health and health promotion – for example,

initiatives aimed at changing behaviour around smoking, drinking and substance abuse; and in campaigns aimed at addressing widespread issues, such as domestic and family violence or child protection.

These theories, models and strategies can also be applied to planned interventions with individuals or families. Each theory or model has something to offer in practice.

Social cognitive theory	To use this theory, the case manager assists the person to identify personal factors that influence their ability to achieve a goal. For example, there is a link between social anxiety and alcohol consumption. A better understanding of a person's reasons for drinking offers the possibility of supporting the person to achieve the goal of not drinking alcohol excessively.
Planned behaviour theory	The person is assisted to identify the factors that affect their intention to change their behaviour. For example, if a person realises they need to stop drinking alcohol, the case manager can help them to identify what leads them to consume alcohol. They can discuss how to control their urges to drink.
Transtheoretical model	In this approach, the case manager works with the person to identify where in the 'stages of change' model they are and to develop a plan that takes their readiness to change their behaviour into account. This increases the likelihood of success, as people will rarely make a permanent behavioural change before they are ready to do so.

Overcome barriers to change

Expecting dramatic change in a short space of time can set people up for failure. Instead, change may be achieved in smaller, manageable steps and over a reasonable length of time.

People might display internal barriers in different ways. They might bargain or make promises they do not intend to keep, out of fear or other strong emotions. Rather than directly refuse help, they might say things like:

- 'I'm not quite ready.'
- 'The time's not quite right.'
- 'I promise I will never let it happen again.'

Many external barriers, such as poverty or isolation, are common to people in certain groups, such as people who are experiencing homelessness. These can be easy to identify. However, other external barriers might need to be explored with the person, and attempts made to try and overcome them as they are identified.

Only once the barrier/s are removed can many people start to move on from past traumas and harmful or self-destructive behaviours. Community supports – such as

interpreters, charitable aid, companionship volunteers, Centrelink and employment services – might need to be suggested and mobilised. Counselling can also help the person to identify and overcome internal barriers.

The more involved a person is in creating goals to make changes to behaviours, the more likely they are to succeed. Help the person to take responsibility for their own change, by giving them information about change strategies and then helping them to write their own goals and targets.

Address and engage with the person

Everyone has strengths that can be used as a 'life raft' to help them take responsibility for their own change.

You can help by supporting the person to identify their own strengths and to make use of them. Strengths could include:

- skills at a particular task
- a family who loves them
- an inner resilience they have drawn on in the past
- experience in using healthy coping mechanisms, such as meditation
- a talent such as writing or painting that might help them to express their thoughts and make sense of them.

Explore negative thinking patterns

Thoughts and thinking processes often follow a cycle.

When people are in distress, often their options narrow to three: fight, flight or freeze. They lose the ability to see shades of grey. As well as using extreme language, they tend to exaggerate the frequency of things using terms such as 'always' and 'never'.

The person might say things like:

- 'I am hopeless at everything I do.'
- 'There is no chance of me ever being happy again.'
- 'I'm a bad mother, and my kids would be better off without me.'
- 'This was all my fault. If I was a better person, he wouldn't have hit me.'

Some people become stuck in black-and-white thinking in order to protect themselves, rather than as a sign of their despair.

For example, a person who has been the perpetrator of family violence might avoid any type of thinking that casts them as perpetrator, to avoid having to manage feelings of guilt and shame. Instead, they see themselves only as a victim, with no possibility that they might have been wrong. They might become stuck in blaming their past or blaming others, such as a violent childhood or other injustice, in order to protect themselves from unbearable feelings of guilt. This means that the person is stuck in a cycle that prevents them from being motivated to change.

Reframing

In this situation, your initial response will be to help break down this thought process so the person can see other possibilities, no matter how far away the possibilities might seem.

To enable a person to consider the possibility of a better future, one strategy is to help them imagine a range of possible states that they cannot currently see.

Do not challenge the person's thought processes head on, by saying 'Those things are not true'. Instead, highlight to the person the language they are using. Look for instances when the person says words like 'always' and 'never'. Reflect this back to them as a question; for example, 'So you've never done anything good for your children?' They may start to see the exaggeration for themselves and therefore be able to come around to a more useful way of looking at things.

Set targets for behaviour change

Encourage the person by setting small targets for them to build on. Targets should be gradual. For example, a person will be unlikely to change habitual alcohol use in one step. Instead, small steps can include replacing old behaviours or thinking styles with new ones.

Practice is vital. The more the person uses new behaviours or thinking styles, the more ingrained they will become. Remind the person that setbacks are inevitable, but with each setback there has been some growth.

Suggest new, more effective coping strategies and support the person to use them by building them into the plan as strategies to help them action change.

Build coping strategies

We all use strategies to help us cope with stress and change. The problem is that many coping strategies are counterproductive or even dangerous and destructive. If this is the case, you can help the person to learn more helpful strategies.

Coping strategies Individual behaviours that we use to help us to cope with stress.

Coping strategies that might help the person feel better in the short term, but that have long-term destructive consequences, include:

- drinking alcohol
- taking drugs
- self-harming
- engaging in risk-taking behaviour, such as gambling
- taking anger out on others
- withdrawing from people.

Use alternative coping strategies

Alternative coping strategies can help the person do something different in those moments when, in the past, they would have felt stress. The person may need support and reminders to slowly change these habits.

Examples of effective alternative strategies to try include:

- exercising to release pent-up energy and endorphins that make a person feel good
- keeping a diary to allow thoughts to be recorded and kept in perspective
- replacing negative thoughts with positive ones as they occur, even if the person does not believe them
- phoning an AOD worker, friend or other agreed individual from their network when they feel overwhelmed with stress
- practising meditation or mindfulness
- practising gratitude
- turning to a task or hobby that shifts focus away from negative thinking patterns.

Practice Task 10

Question 1

Briefly explain how alternative coping strategies can be used to replace harmful behaviours.

Question 2

Name one strategy that can help a person to take responsibility for their own behaviour change.

Question 3

Which of the following are examples of strengths that a person can draw on to set their own behaviour change? Tick all that apply.

- ❑ Doing hobbies they enjoy, such as painting
- ❑ Knowing they have family to support them
- ❑ Having a glass of wine to help relax
- ❑ Practising meditation
- ❑ Asking their case worker to set their goals for them

Summary

- A case management plan is based on:
  - assessing the person's immediate, short- and long-term needs
  - identifying the person's strengths and abilities
  - developing goals for action.
- The methods that will be used to monitor the plan are developed before the plan is put into action.
- The person must be involved in and agree to the goals set out in the plan.
- Complex and high-risk situations include:
  - people involved in child protection
  - domestic and family violence
  - suicidal ideation
  - potential or actual elder abuse
  - people with complex or multiple disabilities.
- When referring the person to services, you must consider factors such as:
  - the experience and constraints of the service
  - the current workload of the service
  - the geographical location of the service.
- Behaviour change happens slowly, by setting realistic targets for action.
- Encourage people to take personal responsibility for changing harmful behaviours and thinking styles.

Learning Checkpoint 3

Develop an appropriate case management plan

Part A

1. Which of the following are examples of immediate needs in case management? Tick all that apply.

- ❑ Crisis intervention and accommodation services
- ❑ People who identify as LGBTQI+
- ❑ Urgent income support and food services
- ❑ Child protection from abuse
- ❑ Protection of other vulnerable people

2. List two situations where you may be required to develop a complex or high-risk case management plan.

3. Explain what your duty of care is if a woman tells you that she is experiencing family violence, but does not want to go to police.

4. Describe what your responsibility is if an older person tells you that he thinks a home care worker has been roughly handling his wife, who has dementia, while helping her in the shower.

5. Explain who you can make a report to if a person with a disability is refused access to a supermarket unless they leave their assistance dog outside.

6. Provide one responsibility relating to child protection.

7. Match each of the following resources on the left to the type of help they can provide on the right.

Lifeline	Financial help for a person experiencing homelessness
Home help	Financial help for a person experiencing homelessness
Centrelink	Community support agency accessed through My Aged Care
The Salvation Army	Community support agency accessed through My Aged Care
Planned activity groups	Emotional help for a person at risk of suicide
Beyond Blue	Emotional help for a person at risk of suicide

8. Research options available in your local community to help a person who wants to reduce his gambling, and write a target that might help him to take responsibility for changing this behaviour.

9. Describe how social cognitive theory can be used for behaviour change in case management.

Part B

Read the case study, then answer the questions that follow.

Case study

Hannah is a 14-year-old girl with cerebral palsy who lives with her parents on a farm in a semi-rural area. She has recently been assessed and allocated 2 hours a day of funding to support her personal care needs, including showering and getting ready for school. Hannah loves reading and cooking with her mother. She is confident and outgoing and enjoys being sociable. She would love to use social media and post Instagram photos with her friends, but her increasing unsteadiness makes this difficult for her.

Manish is Hannah's case manager and is responsible for finding her a suitable provider. Together, Manish and Hannah are developing a case plan with goals that Hannah wants to achieve.

1. Use a person-centred framework to write a short-term goal for Hannah's case plan that reflects her strengths and abilities, as well as two actions that support the goal.

2. How could this goal be monitored?

3. Where might Manish locate an NDIS provider who matches Hannah's needs?

4. Manish has located an NDIS provider who can allocate a 19-year-old female worker with similar interests to Hannah. List two questions that Manish should ask the provider to determine their suitability.

5. What long-term needs might Hannah and her parents have, and how could Manish collaborate with Hannah and her parents to start preparing for these needs?

6. In what ways might support for Hannah's involvement with her friends and her future goals have been different in the past compared with today?

Topic 4: Monitor and review case work activities and processes

4A Regularly monitor and assess case management and negotiate changes when needed

4B Document all case work interventions in accordance with organisational requirements

4A Regularly monitor and assess case management and negotiate changes when needed

Monitoring is a continuous process of gathering information, and reviewing involves analysing the information and drawing conclusions.

Monitoring
Observing and checking the progress or quality of something over a period of time.

Case management is ongoing in nature. Continuous **monitoring** and assessment are required to ensure that changing needs are met, and that when goals are achieved, they can be replaced or the case closed.

The person should be aware of the flexible nature of a plan, and that they have not failed you or themselves if they have not achieved goals as expected. Reassure them that sometimes a trial-and-error approach is needed, and that adjustments can be made to supports and services until there is the right fit between the person and the service.

In Topic 3, you worked through examples of monitoring activities that can be included in a case plan while it is being developed. Now that the plan is being implemented, it is important to carry out these strategies so they are not overlooked.

You might monitor the progress of the case plan against three distinct areas:

- Goals
- Service provision
- Client and stakeholder satisfaction

Monitor progress against goals

Check each goal and determine whether it is on track to being achieved within the time frame set.

If a goal is not being met, you might consider extending the time frame, supporting the person to access new or different resources, or changing the goal altogether.

If the person is taking some responsibility for helping you to monitor the plan – such as agreeing to contact you after a certain goal, milestone or referral has been achieved – you can remind and support them to follow through. Calendar reminders, written schedules or phone messages might be required.

Monitor against service provision

If you have scheduled communications with other services or professionals, follow up on this action. This can include sending invitations to meetings, setting up videoconferencing or sending emails to request information.

When you have an agreement with the person and other services that information and reports will be shared with you, encourage the other services to continue to do this by remaining active and communicative with them. Also ask the client to remind professionals included in information-sharing agreements that you would like a copy of reports or changes. It can be helpful to email or phone the service when you know that a report is due, such as shortly after a scheduled appointment.

Collect a range of feedback and viewpoints from the person and their family, the service itself, and other providers or professionals involved in the person's care.

As in all community services, seeking feedback from clients and other stakeholders helps you to make judgments about the effectiveness of service provision, and how you could improve your ability to meet client outcomes.

Feedback can be gathered informally, such as by asking the person during a meeting whether they are happy with the help they have received so far, and whether they have ideas or suggestions for improvement. It can also be collected formally, through mailed or emailed feedback forms, to assess the person's level of satisfaction. These are best administered and collected by workers other than the case manager, so that the client feels able to provide honest feedback.

Assess the need for changes to the case plan

Your monitoring activities might indicate that there is a need to make changes to the case plan.

Following the review and assessment of ongoing interventions, it may become apparent that changes need to be made to the case plan.

Source of information	You might determine the need for changes based on:
Meeting with the person or having direct communication with them or their family	• feedback from the person or their family that a service is not meeting their expectations • signs that the person is not safe, such as accidents or incidents, fear or anxiety • observations of the person and their behaviour and demeanour, such as looking unkempt or unwell.
Collecting information from other sources, such as services or professionals	• new needs that have arisen, such as medical complications • feedback from a referred service or specialist indicating that the referral is not suited to the person • suggestions from other services that support be discontinued, reduced or increased • recommendations for other services that could meet the person's needs.

Source of information	You might determine the need for changes based on:
Gathering information from client feedback about your service or other services	• whether the person is happy with the service • whether the person feels that the strategies are meeting their goals.

Example

Assess the need for changes to the case plan and develop strategies for appropriate alternatives

Robert is an older man in the early stages of dementia who has been living on his own. Frances is the case manager who has organised domestic support for him. During a case management meeting, Frances notices that Robert has become increasingly forgetful and disoriented. He arrives with a bruise on his arm, and says that he fell over in the shower. Robert's son, Paul, says that he is worried that his father is not eating well.

Frances contacts the home and community provider and asks for feedback on Robert's progress with home supports. The supervisor confirms Frances's fears that Robert might not be coping alone. Frances arranges for Robert to visit his general practitioner (GP) with his son, so that he can be assessed for higher-level funding and personal care supports.

Negotiate changes to the case plan where needed

The next step is to work with the person to develop strategies for appropriate alternatives or new interventions.

Any changes to the plan must be discussed with the person, and all stakeholders should be consulted. When concerns or changes have been proposed during case review and monitoring, you must continue to work with the person to develop alternatives. This can mean negotiating with them to make sure that services are meeting their best interests.

You might offer alternative services to help the person address the area requiring change. In some cases, you might negotiate with the service to alter or change the way that the support is being provided.

Negotiation when the person is reluctant to make changes

Although you and other services might want to help the person to access the most

appropriate supports for their needs, you might meet with opposition from the person.

For example, the person might recognise the need to move into residential care, but not feel ready or willing to do so. When suggesting services that the person might not agree to, it is important to listen to their point of view. Remain respectful of their right to make decisions about their own life.

Focus on the issues and the changes that need to be negotiated, and talk about the reasons why the service might help them. Consider and discuss possible options, such as home modifications or increased home care supports, but be realistic about what these can offer the person.

If there are no other options but the proposed change, tell the person why, and explain the harm that could be done to them if they continue to refuse to agree. For example, if a person has dementia and has been falling at home, you might talk to them about their past falls and the risks that might pose for them in future, such as hip fractures and hospitalisation.

Practice Task 11

Question 1

Which of the following are starting points commonly used to measure the effectiveness of case management processes? Tick all that apply.

- ❑ Client's age
- ❑ Agreed goals
- ❑ Service provision
- ❑ Staff availability
- ❑ Client and stakeholder satisfaction

Question 2

Give one example of an indication that you could observe in a person that shows their case plan might require changes.

Question 3

Explain why it is important to negotiate changes for alternative supports or interventions with a person before making a change to their case plan.

4B Document all case work interventions in accordance with organisational requirements

Your workplace will have specific policies and procedures for documenting case management activities.

Documentation is an important activity that shows the level and frequency of interactions you have had with clients. It has many functions, including sharing important information so that the person does not have to repeat themselves, as well as ensuring that important information is not overlooked. Documentation also protects you and the person when there has been feedback or complaints about the level or quality of service provided.

Detailed and accurate documentation is equally important when closing a case. Case records must be kept for many years after case closure, and can be subpoenaed by certain departments, such as police or the courts.

Record case notes and reports

A case note is a running record that shows the progress of a case.

Case notes are recorded after each meeting or contact with the person, or another person or communication that is relevant to the case. This contact might have been made in person, via phone or email, or when you have received an update or report from another party.

Case notes and reports can range from a short to a detailed entry, depending on the level of interaction and the type of support you gave. It is important to include an entry even when you have attempted to contact a person, but failed to do so or left a message, so that the case notes are a complete record of your interactions and attempted interactions with the person.

Some services require you to complete a record in a set format, either in digital form or hard copy. Many sectors use online portals in which client records are kept and shared between services that support the client.

For example:

- The myplace portal is an online portal used to help authorised people share and access information about National Disability Insurance Scheme (NDIS) participants.
- Software programs, like client relationship management (CRM) systems, are information systems that capture, store and record information. They can be used for many purposes, such as in family violence and child protection, so that information can be shared between service professionals, police and other authorised people.
- In aged care services, Serious Incident Response Scheme (SIRS) reporting must be followed up with documentation in a specific format on an online portal, within a certain time frame.

For information on how to use the myplace portal, go to: aspirelr.link/ndis-myplace

Documentation protocols

Organisations will have their own documentation protocols and procedures. Generally, at a minimum, each record should include:

- the date and time of the meeting or communication
- a description of the nature and outcome of contact that was made
- any follow-up that was performed, such as reporting information to a supervisor or professional
- your name, signature and date.

Here are some principles to follow when writing case notes and other workplace reports.

Be objective and factual	Objective language describes what you have seen or heard, and what others have observed or heard, while subjective language is based on feelings, emotions or opinions. Include only objective facts and observations in reports. Record the important details of what you saw or heard, and be as concise as possible.
Be timely	Write down what you saw or heard as soon as you can, while it is fresh in your mind.
Be careful with language, jargon and acronyms	Each industry has its own language and jargon. Where possible, use complete words, unless abbreviations are accepted and common. Use plain English rather than long words and jargon.
Use correct spelling and grammar	Good spelling and grammar makes your writing more professional and easier to read.

In some industries, there are additional requirements for more detailed reports at key times during a person's relationship with you. For example, case managers in child protection services are required to provide detailed reports when children are being transitioned from out-of-home care to the care of their parents, which is known as **reunification**.

Reunification
The transitioning of a child in out-of-home care to the care of his or her parents.

Example

Document case notes

Jemima works for a family violence service. She has just seen Kenneth for his second meeting. Jemima records the following details in Kenneth's case notes.

17/03/23

Kenneth and I worked together on his case plan, and he developed the following goal:

'Kenneth will successfully complete a men's behaviour change program within six months.'

We developed actions and strategies to help him meet this goal. I provided him with details of local men's behaviour training courses. We worked on strategies to help distract him from anger. He has suggested that he would like to try to give up alcohol, and I provided him with a list of services that could help.

Jemima Black

Jemima Black

Write referrals

Referrals often involve sharing personal information, and this must be done with consent and care. Each service will have its own referral procedures, and it is professional to understand and follow these before attempting to refer a client. For example:

- You may need to phone or email ahead before writing a referral.
- You may need to complete an online form to refer the client.
- There may be criteria that must be met prior to the referral, such as approval for access to funding or authority from a health or allied health professional.

Your service will have policies and procedures for writing referrals, and these must be adhered to closely to protect the person's sensitive information.

A well-written referral letter provides concise information about what you are asking the service to do. It also provides a brief background of the client.

Referrals usually require you to provide the service with sensitive information. You must gain consent from the client using your service's consent procedures, and you can only use this information for the purposes the person agrees to.

To give informed consent, the person must understand to whom and why you are providing the information, and what will be done with it. If the person is not able to give consent – for example, because of a cognitive impairment – their substitute decision-maker must do this.

When emailing referrals, take care to protect the person's information from anyone who is not authorised to receive it.

Here is a guide for sharing information with other authorised professionals employed by service agencies in child and family services in Victoria: aspirelr.link/sharing-info-vic

Implement case closure

Your service will have specific documents and processes to be used for case closure.

Cases may be closed for a range of reasons. Often the decision to close a case needs to be made by a **multidisciplinary team**, led by a senior member of the person's care professionals. In areas like child protection and family violence services, this decision might be made by the courts or might follow the expiration of a court order.

Multidisciplinary team
A team of professionals from different disciplines, such as health and allied professionals, including a case manager, who work together on a person's case.

In other industries, a case may be closed when:

- the person no longer wants or needs the service
- there are other agencies that can better coordinate the person's needs
- the person requires a higher level of support, such as entering residential aged care
- the time frame for service delivery has ended
- the person is no longer eligible for the service.

Here is an example of case closure procedures for child protection services in Queensland (from 'case planning' in the Child Safety Practice Manual): aspirelr.link/cspm-close-a-case

Processes for case closure

Case closure is usually performed over a period of time, which helps the person to transition out of case management.

Here is a list of processes that might be used in your industry for closing a case.

Case closure steps
• Establish reasons and authority for closing the case. You may need approval from: – a senior manager – a health professional – the courts – a child protection officer.
• Follow the requirements of your service policies, such as obtaining: – professional assessments and reports – risk assessments – court orders.
• Communicate with all stakeholders in writing about the proposed date of case closure. This will include informing: – the person, their family, carers and/or substitute decision-makers – any services that are continuing to work with the person – other professionals in the person's team.
• Talk with the person about linking them to resources and supports in the community that can continue to support them after case closure.
• Hold a case closure or service exit meeting with the person and other relevant stakeholders, to discuss: – their progress and successes in meeting their goals in case management – their feelings about case closure, including reassurance about their abilities and other supports available – strategies that they can continue to use when they need help – concerns they might have, and how they might be managed in the community, such as seeing a GP if they have symptoms of anxiety or depression – feedback about the case management process.
• Complete a report outlining the details of the final meeting and of the case closure.
• Follow any other service procedures, such as sharing the case closure report with authorised services, or completing a client follow-up by phone or email.

Support the person during case closure

The person may have mixed emotions about the closure of their case. They may feel afraid or angry, or experience a sense of freedom or satisfaction that they have achieved their goals.

Help the person to reflect on the progress they have made and emphasise their independence. Work with them to acknowledge any negative feelings they have and capitalise on their positive emotions. Validating and normalising a person's fears and anger towards the closure process, if they feel this way, will help them to process the closure.

It may be part of your role to help the person transition to another service or to independence from services. Connect the person with a range of family and community resources prior to case closure, to ensure that support continues, if necessary.

For example, you might link or refer the person to:

- phone and online supports (such as Lifeline)
- an Intensive Family Support Service
- a Family Wellbeing Service (for Aboriginal or Torres Strait Islander families).

Example

Case exit form

Here is an example of a client exit form.

Client exit form			
CLIENT DETAILS Name: Address: Phone number: Date of birth:			
Next of kin or contact person: Address: Phone:			
PROGRAM/ACTIVITY DETAILS Broadly, what programs/activities did the client access?			
❑ Children	❑ Youth	❑ Substance misuse	❑ Training
❑ Older persons	❑ Parenting	❑ Disabilities	❑ Health
Other (please specify):			
Has a client feedback sheet been completed?	❑ Yes	❑ No	
Reason for exit:			

Client exit form	
Additional comments:	
EXIT APPROVAL	
Referral office/case worker: Signature:	Date:
Supervisor/manager: Signature:	Date:

Source: communitydoor.org.au

Practice Task 12

Question 1

List two responsibilities that you have for protecting personal information during a referral.

Question 2

Give four examples of reasons that a case may be closed.

Summary

- Once established, goals and implemented services and programs need to be continually monitored for effectiveness.
- Effectiveness of a case plan can be measured against goals, service provision and the satisfaction of clients and stakeholders.
- Changes may occur or need to be implemented during the case.
- Negotiation should occur with the person and relevant stakeholders about which changes need to be made, and how and when these changes should be made.
- Your service will have policies for completing documentation, which will ensure compliance with confidentiality requirements.
- Follow organisational policies and procedures when closing a case to ensure the process is successful for all involved.

Learning Checkpoint 4

Monitor and review case work activities and processes

Part A

1. Describe one example of feedback from another service that might indicate a need for changes in a case plan.

2. Which of the following parties may be involved when negotiating changes to a case plan? Tick all that apply.

- ❑ The person's family
- ❑ A guardian or advocate
- ❑ The person's former partner
- ❑ Involved professionals, such as psychologists
- ❑ Relevant community services

3. Number each step from 1 to 5 in the order you would follow to close a case.

	Complete a report outlining the details of the final meeting and of the case closure.
	Establish reasons and authority for closing the case.
	Hold a case closure or service exit meeting with the person and other relevant stakeholders.
	Communicate with all stakeholders in writing about the proposed date of case closure.
	Link the person to other relevant services.

Part B

Read the case study, then answer the questions that follow.

Case study

Roberta is a case manager in a small town. She has been managing a case involving an Aboriginal family, and has become aware that the teenage son has been perpetrating violence towards the adult women in the family. Roberta follows her service policy and refers to the local Koori family violence protocols, which instruct that this situation should be managed by an Aboriginal Community Controlled Organisation (ACCO).

1. Why is it important for Roberta to check her service procedures before referring the situation directly to authorities or family violence services?

2. Give one example of how Roberta could determine the referral requirements for the ACCO in her local area.

3. How can Roberta ensure that the referral protects the family's confidentiality?

4. Because of the referral to the ACCO for family violence interventions, changes will need to be made to the family's case plan. List the steps involved in Roberta making and documenting these changes to the plan.

5. Provide four measures that could be built into the new plan to monitor the effectiveness of the ACCO service against the family's continuing safety.

Glossary

Aboriginal Community Controlled Health Organisation (ACCHO)

An organisation run by Aboriginal and Torres Strait Islander communities to increase access to health and social services.

Aged Care Assessment Team (ACAT)

A group of medical and allied professionals who assess a person for aged care funding and/or placement in residential aged care.

Case manager

A worker or professional who has the central role of liaising with other professionals, networks and services to help make sure the person can meet their needs and goals.

Child abuse

Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Confidentiality

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

Coping strategies

Individual behaviours that we use to help us to cope with stress.

Crisis assessment team (CAT)

A team of emergency mental health professionals usually attached to a local hospital.

Culturally and linguistically diverse (CALD)

The preferred term for describing different ethnic communities.

Cycle of poverty

A generational cycle that is difficult to escape due to the barriers that poverty creates, such as lack of access to education, good housing and employment.

Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

Domestic and family violence

Threatening, violent or coercive behaviour towards a partner, spouse, child, parent, housemate, carer or care recipient.

Elder abuse

Harming an older person using financial, physical, sexual or emotional means, or through neglect.

Evidence-based practice

Making use of real, current and validated research, data and information collected about the person and the industry to inform your work.

Grooming

Common behaviour used by a child sex offender to prepare a child for sexual abuse.

Holistic approach

A way of looking at human needs that suggests we have different types of needs that are all interconnected.

Lived experience

A person's personal knowledge about their own situation gained through direct, firsthand experience, or through cultural or generational exposure to discrimination, trauma or other experiences.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Monitoring

Observing and checking the progress or quality of something over a period of time.

Multidisciplinary team

A team of professionals from different disciplines, such as health and allied professionals, including a case manager, who work together on a person's case.

Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

Rainbow Tick Standards

An accreditation program specifically designed to suit health and community organisations that are committed to safe, inclusive practice and service delivery for LGBTQI+ people.

Rapport

A close relationship between two entities that promotes mutual understanding.

Restrictive practice

Any intervention or practice that restricts rights or freedoms of movement of a person.

Reunification

The transitioning of a child in out-of-home care to the care of his or her parents.

Stakeholder

Anyone who has a 'stake' or interest in a case management plan, service or intervention.

Strengths-based approach

Recognises that all individuals are resourceful and resilient experts in their lives, and can progress in a way that enhances their quality of life.

Suicidal ideation

Having thoughts of suicide.

Unconscious bias

Subconsciously forming social stereotypes about certain people and expressing these.