

CHCCSM005

Develop, facilitate and review all aspects of case management

Release 1

Learner guide

Aspire version 1.5



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Release 1, version 1.1	April 2017	First release
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Release 1, version 1.4	July 2019	Updated to reflect the new Aged Care Quality Standards.
Release 1, version 1.5	October 2019	Updated to reflect marriage equality legislation amendment.

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CHCCSM005 Develop, facilitate and review all aspects of case management, Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCCSM005 Develop, facilitate and review all aspects of case management*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

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. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ 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 and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help <div data-bbox="1163 1328 1353 1610" style="text-align: right;">   <p style="font-size: small; margin-top: 5px;">V1234</p> </div>
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

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.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

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 outcomes	Rate your confidence in each section
Topic 1 Determine the appropriate response to case management in accordance with organisational and legislative requirements	1A Develop and utilise case management processes in accordance with statutory requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Implement appropriate processes to enable the client to set goals and participate in case management processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Integrate appropriate cultural considerations into all aspects of case management planning	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Conduct case management meetings	2A Facilitate information sharing with the client and establish an appropriate rapport	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify and agree client and worker roles, responsibilities, boundaries and processes of service delivery	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Determine and agree on organisation, family and community needs, responsibilities and rights	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Develop an appropriate case management plan	3A Collaborate with the client to identify strengths, abilities and goals and agree to case management	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Develop a case management plan to reflect initial assessment of needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
	3C Work with the client to identify immediate, short and long-term needs of the client and others	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Establish and agree on processes to monitor and change case plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Identify strategies to deal with complex or high-risk situations	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3F Match requirements of case plan to experience, workload and location of service provider	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3G Assist clients to set and achieve realistic targets for change or action and to take personal responsibility	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Monitor and review case work activities and processes	4A Implement strategies to regularly monitor the effectiveness of case management processes	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Assess the need for changes in the case plan and develop strategies for appropriate alternatives/ interventions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Negotiate with relevant parties any proposed changes arising from the case review	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Document all case work interventions in accordance with workplace requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4E Implement case closure in accordance with organisation procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

- 1A** Develop and utilise case management processes in accordance with statutory requirements

- 1B** Implement appropriate processes to enable the client to set goals and participate in case management processes

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

- 1D** Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities

Determine the appropriate response to case management in accordance with organisational and legislative requirements

Case management is used across a range of community services industry sectors, including mental health, aged care, disability, child protection, domestic and family violence, homelessness, alcohol and other drugs (AOD), youth work, and any sector where the service addresses individual needs.

1A Develop and utilise case management processes in accordance with statutory requirements

Case management takes a 'systems approach' to identifying, analysing and addressing people's issues. This approach supports ethical principles and professional values by addressing the needs of the whole person (a holistic approach).

Case management is a systematic process that follows the general steps of:

- ▶ identifying and defining the issue, need or concern
- ▶ establishing goals
- ▶ developing and implementing a service or intervention plan
- ▶ evaluating, following up and terminating.

As additional issues and concerns are identified, this process may be repeated so that case management often follows a cycle of identifying needs, implementing and evaluating services.



Develop case management processes

All case management takes place in the context of statutory requirements. The processes developed may include models of working, steps to follow, applying theory, knowledge and evidence, and conforming to organisational policies and procedures. In cases where a statutory mandate applies, for example, where there are child protection issues, the mandated processes for identifying, reporting and following up will influence the case management processes.

Most case management structures include:

- ▶ assessing the person's needs and strengths
- ▶ developing a service or intervention plan
- ▶ establishing a written contract
- ▶ implementing the plan
- ▶ monitoring services and making adjustments as required
- ▶ evaluation; assessing what has been achieved, what worked, what did not and why
- ▶ closing the case
- ▶ follow-up, which includes checking to see what happens to the person after the intervention is completed, or identifying new needs and establishing a new case management plan.

Case management process

To develop a case management plan, it is important to have a basic understanding of the five key steps in the case management process.

Step 1: Assessment

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.

Note: Types of assessment will depend on the person. Case conferences may be organised to collect information from stakeholders.

Step 2: Planning

Work with the person and others to develop a plan, which should include:

- ▶ goals and intended outcomes
- ▶ strategies
- ▶ supports and resources required
- ▶ how the services will be delivered
- ▶ time frames
- ▶ people responsible
- ▶ review dates
- ▶ criteria for measuring progress and outcomes.

Note: In some cases this may be fairly simple; in others, more complex. It may take several meetings to establish rapport, trust and respect. Types of supports, services and resources required will depend on the person's goals, needs and preferences and on organisational policies and procedures.

Step 3: Implementation

- ▶ The plan is followed and changes and modifications are made in response to progress and changes in needs and goals.

Step 4: Review

- ▶ It is good practice to review and evaluate on a regular basis as part of a continuous improvement cycle.

Note: How often the plan is reviewed will depend on the person's needs and progress.

Step 5: Case closure

- ▶ This means ending the case management process.

Note: Time allowed for case closure may vary according to how long the person has been connected to the service provider and whether or not the goals have been achieved.

Approaches to service delivery

There are a number of core principles that underpin how community services and health workers provide service delivery. Approaches include a strength-based approach, rights-based, person-centred and needs-based. These approaches are different ways of addressing the experience, skills, values and development of people that are the focus of and the participants for whom case management is developed for.



Strengths-based approach

Strengths-based case management aims to assist individuals to identify and achieve personal goals with an emphasis on the case manager relationship and self-determination. This approach has been used successfully in working with people with mental health issues, people with disabilities, older people, children, young people and families, and with Aboriginal and Torres Straits Islander people. Strengths based practices are associated with a greater engagement with people who receive services.

Strength-based strategies include:

- ▶ asking people about their strengths, skills and interests to find out what they have done well
- ▶ giving them feedback on their strengths
- ▶ recognising successes and achievements
- ▶ encouraging self-determination
- ▶ supporting the person to build their confidence, strengths, responsibilities and resilience.

Rights-based approach



A rights-based approach to case management emphasises the importance of human rights and uses strategies that support people to attain their rights. This approach focuses on advocacy and addressing structural issues and barriers.

To work effectively using this approach you will need a sound understanding of human rights and legislation supporting the rights of diverse groups of people, including anti-discrimination legislation, and of avenues for making complaints, appealing decisions, and redressing injustices. Rights-based case management approaches follow common case management processes and steps, beginning with analysing rights-related issues. Principles of empowerment and self-determination apply.

Person-centred approach

A person-centred approach respects the contribution a person can make to meet their own needs. It respects the specific needs and goals of the individual. This approach relies on an alliance and a positive relationship between the case manager and the person, and working collaboratively and flexibly with one another. This approach improves motivation, engagement and ultimately improves the person's outcomes.

Needs-based approach

A needs-based approach to case management utilises theories about human needs and applies concepts such as Maslow's hierarchy of needs to developing case management plans and processes. Applying this to case management means focusing on the person's needs in developing, implementing and reviewing a case management plan.

When developing a case management plan, the plan needs to reflect the person's needs and those of other parties, such as family members, workers, health professionals and community service providers. The needs identified may be immediate, short- or long-term.

To identify needs, they may need to be categorised as follows.

Immediate

- ▶ Immediate needs of the person and relevant parties are the highest priority needs. They must be met immediately for the person to be able to survive.
- ▶ Physiological needs include having food, water, shelter and clothing. It is also important that the person and relevant parties feel safe, and that their property is secure. If a person is feeling threatened by their environment, the case manager needs to address this, and work with them to change the situation.

Short-term

Short-term needs must also be addressed in the case management plan. They include:

- ▶ ensuring mental, emotional and physical health is maintained and support is provided
- ▶ factors required to support short-term goals
- ▶ relevant support services
- ▶ social networks
- ▶ connection to a culturally and linguistically diverse (CALD) community
- ▶ temporary housing
- ▶ respite.

Long-term

Long-term needs may overlap with short-term needs. Long-term needs may include:

- ▶ a stable housing situation
- ▶ employment
- ▶ sustained health and wellness
- ▶ ongoing support
- ▶ social networks
- ▶ connection to a CALD community
- ▶ religious and spiritual needs.

Utilise case management processes

Most organisations have established policies and procedures regarding following the case management process. Policies and procedures will include who should be involved, the forms that should be used, documentation requirements and legislative requirements that must be followed. Case management policies and procedures are underpinned by regulatory standards, legislative requirements and statutory mandates.



Legislative requirements

When developing a case management plan and using case management processes you must work within legislative and statutory requirements and follow organisational policies and procedures to ensure that service and practice standards are met.

Mandatory reporting of neglect or abuse of children is an example of a legislated mandate. Mandatory reporting of harm, neglect and abuse is also compulsory in residential aged care services under the *Aged Care Act 1997* (Cth).



Depending on the area of health and community services in which you work, there may be specific legislation that must be followed regarding case management. These areas include community health, child care and protection, disability services and family relationships. In some instances case management is specifically mentioned, as in the *Supported Accommodation Assistance Act 1994* when referring to the responsibility of service providers to provide case management when supporting the homeless. If you are

working with young people who are under the guardianship of the state, your service needs to be very clear about any mandatory reporting requirements in their state and need to build these requirements into their case management policy and procedures.

Privacy

All people who receive services have a right to privacy. This means that information about them must be protected and only shared with others who have a right to see it. Effective case management requires a well-organised system for storing and retrieving client information and community resource information.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 privacy principles that apply to the collection, use and storage of people's information. These Principles cover the collection, use, storage and disposal of personal data. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these Principles.

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

Confidentiality



Confidentiality is critical to work in the community sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access and self-concept, self-esteem and wellbeing.

Confidentiality refers to the requirement to keep information about people who receive services private. This includes written and verbal information and maintaining the security of documents such as file notes, case notes, case management plans and peoples' files. Passing information to other workers as part of the case management process may be part of a service or case management agreement and should be made clear at the beginning of the case management process. When required by a court, or when there is a clear immediate risk to a person's safety, breaching confidentiality may be justified.

While the Australian Privacy Principles apply to all Australian states and territories, there may be additional legislation that applies, 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.

Policies

Policies are statements about how an organisation deals with a particular issue or activity; for example, how an organisation handles case management. Procedures are the steps to be followed in applying a particular policy. Policies regarding case management may address coordinated service provision, providing holistic support, use of resources, how to conduct interpersonal interventions and how to manage behavioural change interventions.

Practice standards and guidelines

Practice standards or guidelines are a set of standards developed for and applied to a particular occupation or profession, which members of that profession are expected to meet in their work; for example, community work practice guidelines. 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:

<http://aspirelr.link/acwaguidelines>

Service standards

Sector-specific state and federal legislation regulates service provision by setting service standards that providers must meet. These service standards are used by organisations to develop policies and procedures, which you must follow. You can find information about service standards from the relevant state or federal government authority or



department's website; from the department's publications; from relevant legislation; and from your organisation's website and other documents such as annual reports and information published for people who receive services.

Statutory requirements and statutory mandates

All case management takes place in the context of statutory requirements. The processes developed may include models of working, steps to follow, applying theory, knowledge and evidence, and conforming to organisational policies and procedures.

In cases where a statutory mandate applies; for example, where there are child protection issues, the mandated processes for identifying, reporting and following up will of course influence the case management processes.

Even where there are no statutory mandates, all processes must follow relevant legislation; for example, conform to anti-discrimination legislation. All processes must also meet relevant service standards, and workers must adhere to relevant codes of practice. While ethical behaviour is not always governed by legislation, it is also expected that workers behave ethically at all stages of the case management process.

Example

Develop and utilise case management processes in accordance with statutory requirements



Dayna is a case manager who is providing support for Blake who is experiencing homelessness. When speaking with Dayna, Blake is reluctant to discuss the reasons that have contributed to his current situation because he is afraid he will be unfairly judged if anyone knows all of the details. Dayna tells Blake that there are specific principles that apply to the collection, use and storage of his information and assures Blake that she will protect his privacy.

Dayna also explains that, as Blake's case manager, she is compelled to protect his rights to privacy by complying with the regulations and legislation that apply to privacy and confidentiality.

When completing case notes regarding Blake, Dayna writes that maintaining privacy and confidentiality are paramount in building a trusting relationship with Blake.



Practice task 1

Case study

Tyrone is a case manager working with Victor, a 13-year-old boy who has been charged with shoplifting and physical assault. During initial meetings with Victor, Tyrone interviews him about his home life. It becomes apparent to Tyrone that Victor has experienced physical abuse from his father and is frequently a witness to domestic abuse. Tyrone understands his legal obligations to report Victor's situation. He is genuinely concerned about the outcome, as Victor is close to and receives a lot of support from his mother, but Tyrone knows he has to make the report to the police and let authorities make a decision. Tyrone will continue to support Victor emotionally and with making practical decisions. Tyrone makes case notes of all interactions with Victor and his family.

1. Identify one mandatory reporting requirement that Tyrone needs to uphold.

.....

2. Provide two places where Tyrone could find information regarding his legal and mandatory responsibilities.

.....

.....

3. Provide two ways that a strengths-based approach to case management would benefit Victor.

.....

.....

Click to complete Practice task 1

1B Implement appropriate processes to enable the client to set goals and participate in case management processes

Case management processes include working with the person and others to set goals, identify and choose strategies and services to attain those goals, and to monitor, review and evaluate outcomes. You need to use skills to support the person to identify goals that are relevant to their needs and situation and to participate actively in all case management processes and stages. You must be aware of contemporary models and theories applied to changing people's behaviour in order to meet their identified goals.



Facilitate goal-setting and participation

If a person sets their own goals, they are more likely to be empowered to realise the desired outcome. Informal and formal meetings and interviews provide opportunities for you to develop an understanding of a person's goals. Write down the outcomes, so the person and you have a tangible record of goals set and how they can be achieved. Involve the person in the case management plan by encouraging them to determine the time frame for achieving the goal and identifying whether the goal is achievable and measurable. You can assist them in determining which goals are short term and which are long term.

Ensuring that people have opportunities to participate in setting goals and choosing strategies to achieve those goals empowers them, builds confidence, and increases the likelihood of success. Collaboration is central to implementing an effective case plan. Therefore, the case manager must use strategies to encourage participation.

Contemporary behaviour change: models

A model is an example or pattern that can be followed in practice. Contemporary literature identifies three main models of behaviour change: social cognitive, planned behaviour, and transtheoretical. These are summarised below.

Social cognitive theory

- ▶ In this theory, human behaviour is seen as driven by external rather than internal forces. The theory is based on the premise that personal factors, environmental factors and behavioural factors influence one another and impact the person's functioning.

Planned behaviour theory

- ▶ In this theory, behaviour is dependent on a person's intention to perform the behaviour, which is determined by the person's attitudes (beliefs and values about the outcomes of the behaviour) and subjective norms (beliefs about what other people think the person should do, or social pressure).

Transtheoretical (stages of change) model

The transtheoretical model of behaviour has six stages:

- ▶ Pre-contemplation – when there is intention to change
- ▶ Contemplation – awareness of the pros and cons of changing
- ▶ Preparation – there is a plan of action and intention to change
- ▶ Action – where the change is made
- ▶ Maintenance – where people work to prevent relapse
- ▶ Termination – where the behaviour is maintained

Contemporary behaviour change: practices

Each of these theories and models suggests 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 can assist the person to identify personal factors which 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 excessively.

Planned behaviour theory

- ▶ The person is assisted to identify what factors impact 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 alcohol.

Transtheoretical model

- ▶ In this approach the case manager can work with the person to identify where in the 'stages of change' model they are and 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.

Contemporary behaviour change: interventions

Interventions are used to address a person's needs, issues and concerns. It is important to remember that in most circumstances intervening to change a person's behaviour is only done at their request; strategies and responsibilities must be agreed; and the case manager works in collaboration with the person and with others involved in providing services. These are called voluntary interventions. The rights of all parties must be respected and ethical principles must be applied. Most case management interventions are goal-directed and should include all the significant people in the person's social network.

Statutory interventions

Statutory interventions occur when a court, an authority, a department or agency has a legal obligation to become involved in an issue. This may happen before, during or as a result of involvement with a court of law. Court-based interventions are most appropriate in cases where a person's needs cannot be met by voluntary agreement and where a vulnerable person is at risk of harm. This most commonly happens in areas such as child protection, domestic and family violence, elder abuse, disability abuse and, in some situations, mental health.



Non-voluntary interventions

Non-voluntary interventions may only be carried out when there is a statutory or judicial (court) mandate. In all other situations, the person's autonomy and rights to make their own decisions must be respected. In situations where a person is held involuntarily; for example, as an involuntary patient in a psychiatric hospital, or serving a custodial sentence, there are strict guidelines and protections around interventions intended to change behaviour. A restrictive practice or intervention is one that restricts or limits a person's autonomy and there are strict guidelines around their use.

Here are examples of restricted practices.

Exclusionary time out

This is when a person is forcibly removed from one setting to another and is unable to leave for a period of time. To use this practice it must be part of a planned strategy, time-limited and contingent on behaviour change. It must also be recorded. If time-out is intended to humiliate the user, or has that effect, then the practice is prohibited.

Physical restraint

Physical restraint applies to devices that are used beyond the scope of ensuring safety. Physical restraint does not apply to physical assistance.

NOTE:

Section 158 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) includes circumstances where physical restraint may be used and the extent and limitations which apply under these circumstances.

Psychotropic medication on a p.r.n basis

Psychotropic medication may be used in circumstances when it is used on a routine basis and is NOT a restricted practice.

This refers to any medication which affects:

- ▶ cognition
- ▶ mood
- ▶ level of arousal
- ▶ behaviour.

NOTE:

- ▶ Consent is always required.
- ▶ Consent is of no effect if the treatment is for a purpose other than promoting the health and well-being of the person.

Response cost

This is when there is a recommendation to withhold items or activities in a response to behaviour, such as the TV or a computer game. Items which must not be withheld include:

- ▶ money
- ▶ personal possessions
- ▶ food
- ▶ shelter
- ▶ comfort
- ▶ access to toilet facilities.

Restricted access

Restricted access is when physical barriers or locks impose boundaries to limit a person's access to items or activities in order to manipulate behaviour.

Seclusion

Seclusion is when a person over the age of 18 is placed in a setting from which they cannot leave. This should only be used in response to a critical incident or crisis.

NOTE:

Seclusion of people under the age of 18 is a prohibited practice and is not permissible under any circumstances.

Impact of values systems of worker

It is important that a community services worker is aware of their own values and the impact they can have on the people they work with and on the outcomes the person can achieve. We acquire many of our values from the family that raises us (whatever our 'family' consists of). Our values are also influenced by our cultural background, religious beliefs, peers; and personal history and experiences. Many of our values are held subconsciously; we take them for granted and sometimes assume that everyone shares the same values.

As a community services worker you must be non-judgmental, which includes being 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 from a wide range of values systems and beliefs.

Demonstrate non-judgmental practice

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. If you are not able to do this, you may inadvertently affect the outcomes of a service or case management plan. Imposing your own values may influence people's choices of goals and services, which in turn affects the outcomes. Remember that what is right for you may not be right for someone else.

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.

Impact of values systems on client

In the same way as a worker's values are shaped by culture, social status, social norms, beliefs, personal history and experiences, so are those of people who receive services. These can be incorporated into developing a case management plan by collecting information about the person's values by asking open questions and by exploring the person's cultural background.

In developing a case management plan, you can address a person's experience by recognising that we all learn from experience and the person may have relevant and valuable experiences to bring to the planning process. Asking open questions and exploring the person's history with them and collecting information about the person's experience from other stakeholders (with the person's consent) are two ways in which you can incorporate this into a case management plan.

In case management, the interaction between the values of the worker and the values of the person is crucial. Identifying common or shared values and areas of difference, and agreeing how to negotiate any differences, is essential for establishing a trusting and respectful professional relationship. You can encourage a trusting relationship by being open about values and beliefs, and by maintaining a non-judgmental attitude so that the person feels safe in disclosing differences and in 'agreeing to disagree' where there are unresolvable conflicts. Openness about values is part of defining boundaries and negotiating ways of working with diverse people.

Impact of values systems of key stakeholders

A stakeholder is anyone who has a ‘stake’ or interest in the case management plan, service or intervention. Different people will have different interests and different levels of engagement and concern. Stakeholders typically include people close to the person receiving services (family members, partners, close friends); other service providers, especially those to whom referrals are made; people within the primary service organisation such as team members and supervisors; and, in some cases, members of the community. The value systems of all these parties will influence choice of service goals, strategies, and how outcomes are evaluated. Getting everyone ‘on side’ is important for ensuring success.

The case manager’s role is to consult and engage with stakeholders and to encourage their participation and support.

Example

Implement appropriate processes to enable the client to set goals and participate in case management processes

Ajay is a case manager who is currently working with Vikram, who has paraplegia. Vikram’s goal is to be able to travel independently by car. Ajay and Vikram start by placing this long-term goal at the top of the outcomes in his case management plan.



Goal: To be able to travel independently by car

They then brainstorm some of the outcomes that need to be achieved before Vikram can travel independently by car:

- ▶ Be assessed by GP and occupational therapist.
- ▶ Buy a modified car that allows me safe driving.
- ▶ Take driving lessons.
- ▶ Pass the practical driving test.

Practice task 2

1. Provide one way that you could demonstrate working in a non-judgmental manner.

.....

2. Provide one reason why it is important to ensure the person participates in setting goals and strategies.

.....

.....

3. Provide a brief description of the basis of the social cognitive theory.

.....

.....

Click to complete Practice task 2

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

Working with diversity is an essential component of case management and all community services work. The term 'diversity' refers to differences between people, and includes differences based on age, gender, sexual orientation, abilities and disabilities, ethnicity, culture, language and social situation, history and experience. It is important to be aware of how these diversities affect people's lives and situations, and how they interact with economic, political and cultural factors in our society.



Culturally and linguistically diverse people

Australia is often called a 'multicultural' society; there are people from a wide range of different cultural backgrounds and origins within the population, and these diversities contribute to the richness of Australian society, as do other diversities based on other factors.

However, differences and diversities can also be confronting and challenging; we tend to feel more comfortable with people who are 'like us' rather than with people who are very different from us. To work successfully and effectively in community services, learning to accept, work with and feel comfortable with diversity is important.

Cultural and linguistic diversity

Australia has a very culturally and linguistically diverse (CALD) population. This is reflected in Australian Bureau of Statistics data, which estimates that 40 per cent of the Australian population is made up of immigrants and their children. You will encounter this diversity in the people you work with. Legislation and associated government policies and procedures relevant to working with CALD people include federal and state anti-discrimination acts, equal opportunity acts, and legislation supporting human rights. Current legislation and policies relating to migrants and asylum seekers are also relevant. Individual organisations will have their own policies and procedures for addressing CALD issues and needs, based on relevant legislation and government policy.

Here are aspects of culture that you need to take into account in case management.

Cultural aspects to consider

- ▶ Ethnicity or country of origin – Western cultures differ in some ways from eastern cultures
- ▶ Identification – for example, people who identify and are accepted as Aboriginal and/or Torres Strait Islander people have certain cultural obligations
- ▶ Geographic location – the behaviours and experiences of people in metropolitan, regional, rural and remote Australia may vary
- ▶ Religion – the customs of people from one religion vary from the customs of people who follow different religions

Cultural considerations

Australian federal and state governments have policies on access and equity, diversity and multiculturalism which reinforce acceptance of diversity, fair treatment and celebrating cultures.

Cultural considerations that impact directly on the case management process include the following:

- ▶ Language
- ▶ Religious and spiritual practices
- ▶ Customs, rituals and norms
- ▶ Food preferences
- ▶ Relevant community resources

Language

Approximately 15 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. English language proficiency is therefore a major consideration when working in the community services sector.



People need to be able to participate in the decision-making and planning processes, so if language is a barrier to participation, an interpreter should be arranged. It is recommended that an official interpreter is used rather than a member of the person's family to avoid any conflict of interest.

Ensure that any documentation presented to the person is translated into their first language. This is particularly important when informing people about their rights, such as the right to make a complaint or appeal a decision.

Source: Australian Bureau of Statistics, www.abs.gov.au

Religious and spiritual practices



Australia has no official state religion, with individuals free to practise any religion they choose. Although it is a predominantly Christian country, with around 64 per cent of all Australians identifying as Christians, most other major religious faiths are also practised. Like the range of languages spoken, the diversity of religious and spiritual practices is reflective of Australia's culturally diverse society.

Case management plans need to take into account this diversity by ensuring that religious and spiritual practices are respected. Some religious beliefs may mean strictly following set practices and rituals that impact all aspects of daily life; for example, the timing and frequency of prayer, days of worship, religious holidays, dietary requirements and dress. For others, beliefs and practices may change over time.

An understanding of religious and spiritual practices helps you integrate cultural considerations into case management planning. However, it is important that you do not assume that all people of the same religion follow the same religious and spiritual practices. By consulting each person, you can determine their individual requirements.

Customs, rituals and norms

Customs, rituals and norms are essentially shared beliefs, behaviour patterns and established practices that may be common to a particular group of people and/or place. Cultural norms can significantly impact case management as they may affect a person's beliefs about health care or accessing support. For example, a particular person or group may be hesitant about seeking assessment or accessing support because of a history of mistrust. In order to develop a viable case management plan, you need to work collaboratively with the person, and avoid making judgments about any customs, rituals and norms of their cultural group.

You need to be aware of the ways in which cultural customs, rituals and norms can impact interactions, which are outlined below.

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 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.

Diet

Orthodox Jews may observe a particular diet in which, among other things, meat and dairy foods must not be mixed; within other cultures certain foods are forbidden, or vegetarianism is practised.

Church and ceremonies

In some cultures church attendance is voluntary, while it is obligatory in others; some cultures conduct their religious practices only in private, and some require people to pray or participate in religious activities at specific times of the day.

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.

Aboriginal and/or Torres Strait Islander people

Research shows that in relation to all social indicators, Aboriginal and Torres Strait Islander peoples rate among the most disadvantaged people in Australia, far worse in terms of education, employment, health, standard of living and incidence of family violence. They are also grossly over-represented in the child protection and criminal justice systems. It is widely accepted that there is a close link between child abuse and neglect and broader issues of poverty. The disparity between Aboriginal and Torres Strait Islander peoples and other populations is so great that their life expectancy is

12 years less for males and 10 years less for females than the corresponding rates for their non-Aboriginal and Torres Strait Islander counterparts. Cultural factors and disadvantage related to history, social and economic factors must be considered in working with Aboriginal and Torres Strait Islander people.



Photo © Ludo Kuipers, OzOutback.com.au

Historical implications

Between 1909 and 1969, it was official government policy to remove Aboriginal and Torres Strait Islander children from their families. Once in 'care' many were psychologically, physically and/or sexually abused. The impact of this trauma has been 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 children are also removed.

From 1900 to the 1980s many state and territory governments withheld wages and other payments, which had economic, social, cultural, civil, political and historical implications related to the disadvantage and poverty experienced today. To date the

Australian government has not compensated Stolen Generations and their families or established a national scheme for the repayment of stolen wages. Aboriginal and Torres Strait Islander peoples have suffered and continue to suffer significant effects.

Historical and present Aboriginal and Torres Strait Islander issues include:

- ▶ discrimination at all levels
- ▶ land dispossession with little chance of effective redress
- ▶ less access to housing, education, employment and health care
- ▶ limited opportunities for self-determination
- ▶ limited opportunities for participation in decision-making in matters directly affecting their communities
- ▶ limited opportunities maintenance of their distinct political, legal, economic, social and cultural institutions
- ▶ barriers to gaining living skills
- ▶ lack of trust in institutions
- ▶ emotional impact on their wellbeing.

Challenges and factors



Improving the health status of Aboriginal and Torres Strait Islander peoples is a longstanding challenge for governments 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 gap between Aboriginal and Torres Strait Islander peoples and other Australians remains wide and has not been progressively reduced. With a significant proportion of Aboriginal and Torres Strait Islander peoples in younger age groups, there is an

additional challenge to programs and services to keep up with the future demands of a burgeoning population.

Interplay of complex historical and contemporary factors contributes to these enduring issues, including:

- ▶ dispossession of land
- ▶ structural disadvantage
- ▶ racism
- ▶ intergenerational poverty and trauma
- ▶ substance misuse
- ▶ mental illness
- ▶ chronic underfunding of legal and interpreter services.

Factors to consider when working with Aboriginal and/or Torres Strait Islander peoples

All community services workers need to have an understanding of this history and its impacts on people's lives today. Service providers need to work with Aboriginal and Torres Strait Islander communities to discover appropriate ways of providing services.

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

Culturally appropriate

- ▶ Use appropriate language that can be easily understood.
- ▶ Provide a relaxed and comfortable environment.
- ▶ Use culturally appropriate communication; for example, learn cultural conventions for eye contact, asking direct questions, telling stories.
- ▶ Develop an understanding of the person's family network and responsibilities.
- ▶ Enlist support from Aboriginal workers.
- ▶ Encourage the person to bring a support person with them.
- ▶ Do not expect all people to share information about culture or history.
- ▶ Offer accurate information about Aboriginal and Torres Strait Islander services available.
- ▶ Maintain networks with Aboriginal and Torres Strait Islander services and workers.

Living skills

- ▶ Do not make assumptions about knowledge and skills based on stereotypes.
- ▶ Understand the impacts of the Stolen Generations on living skills.
- ▶ Offer practical support.
- ▶ Be organised and flexible; for example, make appointments, send reminders and be prepared for unexpected events and cancellations.
- ▶ Share some neutral personal information to put people at ease; for example, family.
- ▶ Be sensitive about asking questions; for example, about literacy levels.

Trust

- ▶ Lack of trust means people may not approach services.
- ▶ People may need a support person to get to know a service.
- ▶ It may be helpful to share information about yourself; for example, where you come from, where you have worked.
- ▶ Accept that some questions may not be answered.
- ▶ Reassure people that information they share with you will be confidential and will not be shared with other family members without their consent.
- ▶ Raise awareness of Aboriginal and Torres Strait Islander culture within your workplace.
- ▶ Make services welcoming for Aboriginal and Torres Strait Islander peoples; for example, with posters, Aboriginal flag.
- ▶ Develop genuine relationships with Aboriginal and Torres Strait Islander organisations; for example, invite representatives to participate in planning meetings.
- ▶ Talk to Aboriginal and Torres Strait Islander organisations about days of significance to them; ask how you can recognise and acknowledge these.

People with disability



Disability is generally defined as a physical or mental condition that limits, handicaps or impairs a person's ability to do what is expected of them and function within their society. Disability is in part defined by values, norms and expectations within a culture or society, and a condition that may be 'disabling' in one society may not be in another. Perceptions of and attitudes towards disability vary across cultures and across time. Explanations of why disability occurs also vary widely across cultures and across time. In contemporary Australian society we look for scientific

explanations, but some older belief-based explanations may persist and affect social attitudes.

Factors such as the impact of disability on the individual and family, the history of past treatment of people with disabilities, stereotypes and attitudes must be considered in developing case management plans for people with disabilities.

Historical perceptions of disability

In the past there were many myths and stereotypes about people with disabilities. Some of these still persist today. Stereotypes reflect prejudices and usually bear little relation to reality. Negative images and stereotypes of people with disabilities often led to them being badly treated in the past and denied full human rights.

By the 1940s, people with disabilities had been out of circulation for so long that the people without disabilities had almost forgotten their existence. The social and physical environment developed without them, so no provision was made in society for people with physical limitations, sensory impairments and other disabilities. The world outside the institutions was designed for the able bodied, and people outside institutions had little or no exposure to people who were different from the norm.

It was not until the late 1960s that efforts were made to reverse this damage and include people with disabilities in society again. Movements to de-institutionalise and re-integrate people into society; empower people to take more control of their lives; reduce stigma and devaluation; and advocate for the rights of people with disabilities continued into the 1980s and still continue today.

Factors to consider when working with people with a disability

Disability may be physical, sensory, sensory-motor, cognitive, psychiatric or multiple, and may be caused at any stage of the life cycle by any of a myriad of causes including genetic factors, physical injury, illness, deprivation, exposure to toxins, or many others which are not yet known.

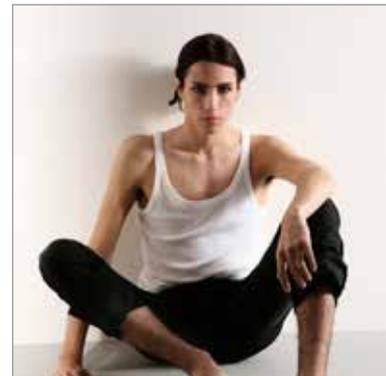
Here are some aspects to remember when working with a person with a disability.

Factors to consider in working with people with disabilities

- ▶ History of services and past treatment
- ▶ Impact of past institutionalisation
- ▶ Impact of stereotypes on attitudes and service models
- ▶ Disability services legislation, standards and policies
- ▶ Empowerment, supporting rights, autonomy, independence and inclusion
- ▶ Initiatives to reduce and reverse past devaluation
- ▶ Individual needs
- ▶ Barriers to participation
- ▶ Enduring poverty and disadvantage

Lesbian, gay, bi-sexual, transgender and intersex

LGBT or GLBT stands for lesbian, gay, bisexual and transgender. The acronym term is intended to emphasise a diversity of sexuality and gender identity-based subcultures. It may be used to refer to anyone who is non-heterosexual instead of exclusively to people who are lesbian, gay, bisexual or transgender. Whether or not LGBT people openly identify themselves may depend on local political concerns and whether they live in a discriminatory environment, as well as on the status of LGBT rights where they live.



Past and present discrimination and stereotyping affect the status of LGBTI people in society. Attitudes are affected by cultural, religious and personal values and beliefs. Addressing LGBTI issues can raise deeply felt responses and emotions and, as a community services worker, this is one of the challenges you will face. As with other diversities, remaining professional, objective and non-judgmental is important.

LGBTI in Australia

In Australia LGBTI rights have gradually progressed since the late 20th century to the point where anti-discrimination laws protect LGBT people in many areas of employment and service access, and same-sex couples enjoy many of the same rights and benefits as non-same-sex couples – with the notable exception of marriage.

History and LGBTI

During the 18th century, laws regarding same-sex sexual activity between men were influenced by British law and it was considered a capital crime, resulting in execution. This obviously had significant impacts on LGBTI people and contributed to fear, shame and secrecy surrounding LGBTI issues. Decriminalisation occurred in all states and in the Commonwealth of Australia between 1973 and 1997. All states and territories except Queensland have age of consent laws that apply equally – regardless of

the gender and sexual orientation of participants. The age of consent in all states, territories and on the federal level is 16, except for Tasmania and South Australia, where it is 17.

Same-sex relationships

In 2009 the Australian government introduced reforms designed to equalise treatment for same-sex couples and same-sex couple families. The reforms amended 85 Commonwealth laws to eliminate discrimination against same-sex couples and their children in a wide range of areas. The reforms came in the form of two pieces of legislation: the *Same-Sex Relationships (Equal Treatment in Commonwealth Laws–General Law Reform) Act 2008* (Cth) and the *Same-Sex Relationships (Equal Treatment in Commonwealth Laws–Superannuation) Act 2008* (Cth).



Same-sex marriage

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 two people to the exclusion of all others, voluntarily entered into for life’. This means that sex or gender no longer affects the right to marry under Australian law and same-sex marriage is now legal in Australia.

Discrimination protections

In response to Australia’s agreement to implement the principle of non-discrimination in employment pursuant to the International Labour Organisation Convention No.111 (ILO 111), the *Human Rights and Equal Opportunity Commission Act 1986* (Cth) established the Human Rights and Equal Opportunity Commission (now known as the Australian Human Rights Commission). It has the power to investigate complaints of discrimination in employment and occupation on various grounds, including sexual orientation.

On 25 June 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. Aged care providers who are owned by religious groups will no longer be able to exclude people from aged care services based on their LGBTI or same-sex relationship status. Religious private schools and religious hospitals are exempt from gender identity and sexual orientation provisions in the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth). No religious exemptions exist on the basis of intersex status.

Aside from Commonwealth anti-discrimination laws, each of the states and territories have their own laws that protect LGBTI people from discrimination.

Aspects to remember when working with people in the LGBTI community

Transgender Australians are able to change their legal gender in all states and territories and are recognised as their identified gender. There remains a degree of stigma, which continues to affect the status, experiences, needs and self-perceptions of LGBTI people. As with other diverse populations who have experienced discrimination, legal support of rights often comes before social change.

Here are some aspects to remember when working with a person in the LGBTI community.

Aspects to remember when working with LGBTI people

- ▶ Impact of past criminalisation
- ▶ Past and present attitudes and stereotypes
- ▶ Individual needs and characteristics
- ▶ Legislation and policy
- ▶ Shift to rights focus
- ▶ Cultural factors, values and beliefs
- ▶ Impact of worker's personal values and beliefs
- ▶ Intensely personal nature of issues
- ▶ Impact of rapid social and attitudinal changes

People who are experiencing homelessness

There is no consistent definition for homelessness but it is more than simply being without shelter. People experiencing homelessness include those who sleep rough on the streets, in their cars or under makeshift dwellings. Although people who sleep rough are most visible to the public, research shows that they only represent 7 per cent of the homeless population.

Homelessness includes the following:

- ▶ Staying in refuges or crisis accommodation, or moving from one temporary accommodation to another
- ▶ 'Couch surfing' or staying with friends and/or family for limited periods of time
- ▶ Living in cheap hotels and/or sleeping in cars
- ▶ Living in severely overcrowded dwellings or accommodation that falls well below basic community standards, such as boarding houses and caravan parks



Risk of homelessness

Studies show that Australians of all ages and backgrounds may become homeless. However, some people are more vulnerable to homelessness than others. Aboriginal and Torres Strait Islander Australians, for example, account for a quarter of all people who are homeless. This is despite making up only 2.5 per cent of the population.

And while 56 per cent of homeless people are male, the number of women experiencing homelessness is rising significantly. Being over the age of 45, renting and single increases a woman's risk of becoming homeless.

Children and young people are disproportionately affected by homelessness. In 2010, studies showed that half of the people who sought help from specialist homelessness services were under 25 and a third were under 17. Two-thirds of these children were with mothers escaping domestic violence.

Causes of homelessness

Research indicates that domestic violence is the single biggest cause of homelessness in Australia. Homelessness can be the result of many social, economic and health-related factors. People can become homeless after many years of experiencing poverty, poor relationships and drug, alcohol or mental health issues. People who have been managing well in life, but are thrown off course by a stressful episode like a relationship break-up, job loss or death of a loved one can become homeless.



Statistics indicate that:

- ▶ 25 per cent of homeless people are escaping family violence
- ▶ a further 15 per cent seek help because of financial difficulties, while 12 per cent are in housing crisis
- ▶ another 10 per cent have been living in inadequate or inappropriate conditions
- ▶ shortage of affordable housing and declining home ownership rates also contribute to the nation's homelessness problem.

Homelessness and rights

People experiencing homelessness face violations of human rights. Access to safe and secure housing is one of the most basic human rights. A person who is homeless may be facing violations of the right to an adequate standard of living, the right to education, the right to liberty and security of the person, the right to privacy, the right to social security, and the right to freedom from discrimination, the right to vote and many more.

Every person has the right to an adequate standard of living, which includes the right to adequate housing (ICESCR, article 11). The right to housing is more than simply a right to shelter. It is a right to have somewhere to live that is adequate. Whether housing is adequate depends on a range of factors including:

- ▶ legal security of tenure
- ▶ availability of services, materials, facilities and infrastructure
- ▶ affordability
- ▶ accessibility
- ▶ habitability
- ▶ location
- ▶ cultural adequacy.

Aspects to remember when working with people are experiencing homelessness

Here are some factors to consider when working with people who are homeless or are at risk of being homeless.

Structural factors – social, political and economic

Structural factors contribute to homelessness by disadvantaging some groups and categories of people.

Structural factors may limit available resources and services.

Vulnerability

Homelessness can affect all ages and sectors of the population but some groups are more vulnerable than others. These include women, children, Aboriginal and/or Torres Strait Islander people, older men, and groups who are already disadvantaged.

Cultural factors

Cultural factors need to be addressed in any community services work; it is important to house people in accommodation that meets cultural needs.

Location

Affordable housing is less available in some areas; for example, regional and remote.

Legislation

Legislation relevant to housing and homelessness includes tenancy laws and anti-discrimination legislation.

Rights

Homelessness affects a wide range of human rights.

Human rights legislation, policies and conventions can be used to support people.

Impact of homelessness

Being homeless can affect the wellbeing of the whole person, of families and communities. Contributing factors include shortage of affordable housing, domestic and family violence, intergenerational poverty, financial crises, long term unemployment, economic and social exclusion, mental illness and overcrowding.

Older people

The Australian population is expected to change significantly in the next 50 years. Statistics indicate that by 2056 it is estimated that around 25 per cent of the Australian population will be aged 65 and over, while the proportion of younger Australians is expected to decline.

With this radical shift, challenges and opportunities will arise. These will require new ways of thinking to ensure all Australians have the ability to participate and contribute to their choice of paid work and community activities.



Currently, older Australians are underrepresented 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 impacts 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, the breadth of contribution and the 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 term, which holds predominantly negative connotations.

Recent research shows that people 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 (for example, loss of health, loss of hearing, loss of mental capacity, and loss of income).

Devaluation invisibility and discrimination

Many older people experience a sense of being devalued by society and being isolated and may feel that their years of experience and their 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

- ▶ A feeling of being ignored or overlooked
- ▶ 'I walk into a nice dress store, I don't get served – they see me and they think that I can't possibly be interested in something fashionable and that I am probably killing time waiting for my grandkids.'
(55–64 years)

Product invisibility

- ▶ Older people feel that once they reach a certain age, they are ignored by corporate Australia beyond age-specific services such as 'insurance and funeral services'.

Relationship invisibility

- ▶ People feel that they are a burden or they 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 feel that there is a lack of representation in popular culture that leads to a sense that the important role of older people in the community is 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 age than men.
- ▶ 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 of ageing

- ▶ Many people experience increasing impairment, loss of mobility and health issues as they age.
- ▶ These factors 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 people as individuals
- ▶ Older people may have negative perceptions of services and facilities; for example, residential services, based on past models and past experiences with their own parents
- ▶ Loss of control over one's life is a common fear that needs to be addressed in case management.

Children and young people

As a case manager, you require a basic understanding of the laws that apply to and may vary with the age of the person. The following are examples of this variation in law for individuals under the age of 18 years:

- ▶ Children under 10 cannot be charged with a criminal offence as they are deemed too young.
- ▶ Children between 10 and 14 can only be charged with a criminal offence if evidence is found that they knew and understood that their actions were a criminal offence. Once a child is 14, they are responsible for any offence they commit.



- ▶ Various state, territory and Commonwealth Acts address administering medical treatment to minors. For example, in some states, patients under 16 years of age require a parent or guardian to decide what medical treatment should be administered, or to refuse treatment. However, if the medical practitioner believes that the child can understand the nature, consequences and risks associated with the treatment, the minor under 16 can make the decision without the parent's consent, as long as another practitioner has provided written support for the treatment.
- ▶ A person under the age of 18 cannot be questioned by police officers without a parent, guardian or independent person (for example, a lawyer). If arrested, people under the age of 18, like adults, have the right not to comment when questioned by police. Except for providing their correct name and address, minors can refuse answering questions. Minors also have the right to make a private phone call to a parent, guardian or lawyer before being questioned.

Child protection

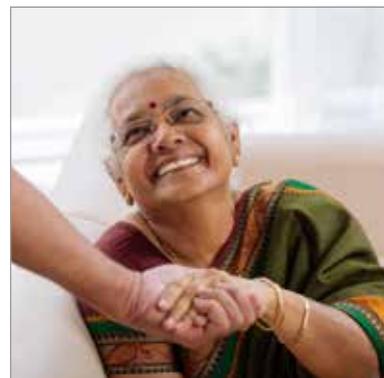
Each state and territory has an Act that addresses child protection. In some cases, child protection legislation is combined with legislation governing the care and education of children. State and territory governments in Australia are responsible for administering and operating child protection services. 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, including:

- ▶ 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 far as possible.

Integrate cultural considerations

A case management plan may need to link the person to relevant community resources. Individuals from CALD backgrounds, particularly refugees or people who have recently moved to Australia, may experience isolation and loneliness. They may feel disconnected from those who speak their language, their cultural heritage, religious practices and cultural norms. Introducing people to relevant cultural community centres or associations can help to connect them with others from their culture so they feel more socially integrated.



Example

Integrate appropriate cultural considerations into all aspects of case management planning

Amir is 50 years old and is from Lebanon. He has an intellectual disability and is on the autism spectrum. Amir is partially nonverbal, but understands Lebanese. He is currently transitioning to a new residence and his case manager, Rohan, is working with him to ensure the transition is as seamless as possible. As Amir is moving from a rural location to a metropolitan one, Rohan identifies the opportunity to connect Amir with a Lebanese community. Rohan introduces Amir to the Australian Lebanese Association of NSW. Amir joins a touch football team, and finds the contact with other Lebanese people beneficial. Rohan also works to ensure that the food at the new residence takes into account Amir's preferences.



Practice task 3

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

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2. Provide one example of homelessness.

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3. Provide two examples of invisibility that older people may feel.

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Click to complete Practice task 3

1D Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities

A fundamental right is to have avenues to appeal a decision or to complain about something that is unfair. Service standards and charters of peoples' rights all refer to avenues for appeals and complaints. Informing people about their rights to disagree with and appeal a decision that affects them, or to make a complaint about a service, is a key strategy in empowering them.



An important aspect of working appropriately as a case manager is informing people about their rights, including their right to make a complaint or appeal a decision. Making clear their rights, and the avenues of appeal and complaint available to them if their rights are ignored or their needs not met, should occur in the early stages of a case, not after a problem arises.

Avenues of complaint and appeal

Complaints about services often refer to failure to meet a service standard. Service standards provide clear benchmarks to support a complaint.

The Aged Care Quality Standards provide eight standards for community services organisations in Australia. Standard 6 details feedback and complaints. It covers the requirements for consumers, their family and friends, carers and others to be encouraged and supported to provide feedback and complaints. Appropriate action must be taken in response to complaints.

For more information, go to: <http://aspirelr.link/aged-care-quality-standards>.

Clients' rights

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

- ▶ charters of rights
- ▶ freedom from discrimination principles
- ▶ freedom of information principles
- ▶ general human rights
- ▶ outcomes standards
- ▶ industry and organisation service standards
- ▶ legislation such as Commonwealth, state and territory privacy and anti-discrimination laws
- ▶ mission statements
- ▶ resident handbooks.

Respect the right of the client

Respecting the rights of a person promotes dignity and contributes to the self-worth and wellbeing of individuals. Respecting the rights of all people involved in case management planning, including family and community members, is a legal requirement and is the basis of privacy laws, anti-discrimination and equal opportunity legislation.

Uphold and support clients' rights and interests by:

- ▶ informing the client of their rights
- ▶ providing relevant information so clients can make informed choices
- ▶ encouraging clients to make decisions and choices about matters that affect them
- ▶ respecting clients' independence and ability to care for themselves as far as possible
- ▶ being accepting of their religious, emotional, sexual and cultural needs
- ▶ respecting their privacy
- ▶ advocating on a client's behalf when necessary
- ▶ recognising the client's right to freedom of association (their right to mix with whom they please)
- ▶ ensuring all workers understand organisational policies and procedures and their duty-of-care obligations.

Appeals

All people who receive services have the right to appeal decisions that affect their lives. These rights may be expressed in service standards for the particular sector, such as disability services standards and aged care service standards supported by legislation; in practice standards; and in organisational policies and procedures.

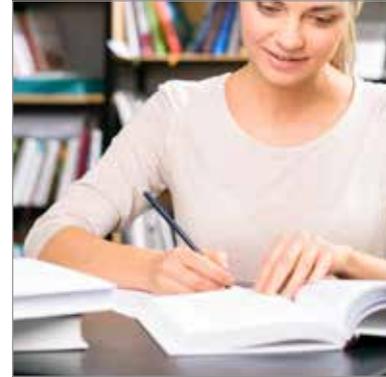
Appeals are usually dealt with internally initially and referred to outside bodies if the matter cannot be resolved internally. External bodies of appeal include formal commissions, tribunals and authorities such as the Administrative Appeals Tribunal (AAT), with the courts being the final avenue of appeal. In complex formal appeals, a person may need the support of a qualified advocate.

Procedures for dealing with appeals must be transparent and must follow rules that are applied fairly and without bias. Proper procedures must be followed. These aspects of dealing with appeals reflect common law concepts relating to due process.

It is important to make sure that people receiving services are aware of their rights and responsibilities and related policies and procedures. Information must be provided in a form which they can understand, taking into account factors such as literacy, language and any barriers to communication.

The appeals process

In all community and health sectors, the right to appeal decisions made by funding bodies, medical specialists, administrative and guardianship tribunals and government bodies is particularly important. Decisions about assessment results, care plans and fees can have major impacts on your peoples' lives. You need to be able to provide support and information about the options available for people who wish to appeal such decisions.



Appeals processes typically relate to a person or other stakeholder's dissatisfaction with decisions. 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 and Administrative Tribunal in their state or territory. The person's case manager would need to be aware of this, understand the appeals process and be able to assist the person with the documentation needed for an appeal.

Some appeals processes are the same Australia-wide, but processes for appealing decisions made by state and territory government bodies often vary.

Steps of appeal process

Here is an overview of the steps to follow in the case of an appeal.

Step one

Contact the service provider, agency or government organisation that made the initial decision. They should always be the first point of contact.

Step two

Help your person to seek legal advice, which can be costly, but many people undergoing case management are eligible for legal aid. It is part of your role as a case manager to be informed about the low-cost legal support available to the people you support. This includes knowing how and where your people can access advocacy groups and government and community-based legal centres, understanding the relevant eligibility criteria for these services and staying informed about any changes.

Step three

Find out about the conditions and any financial costs involved in making an appeal. Some decisions can be appealed, but others cannot. For example, a person can appeal a decision made by a government-funded organisation based on an incorrect interpretation of policy, but cannot directly appeal a government policy. An appeal can also be lodged if the person or others believe due process was not followed when the decision was made. The time frames within which appeals can be made vary for different sectors. You need to find out about any such time frames when a person considers making an appeal, so you, your person and any legal representatives involved can make good use of time.

Step four

If your person chooses to make an appeal once all the related information is in hand, assist them with contacting the relevant appeal organisation. Provide a brief summary of the circumstances leading to the decision and information about why the person is appealing, and state the desired outcome.

Complaints management

Every person who receives a service has the right to make a complaint or report a concern about that service. Having this right contributes to dignity and respect. Most community services organisations have specific policies and procedures for managing complaints internally. The person making the complaint has the right to have a support person present at any interview. Depending on the service context this may be an informal advocate, a family member, friend or a formal advocate. The facts of the situation must be investigated and discussed.



The person about whom the complaint is made has a right to know what is said in the complaint, and a right to present their side of the story. They may also have a support person present at any interviews; for example, a fellow worker, manager or union representative.

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

Steps to manage complaints

Here are some steps that may be included in resolving a complaint.

Step 1

Raise the concern or complaint

Raise concern or complaint with the person responsible in the first instance if this is possible. For example, if a person is not happy with the way a worker talks to them, or feels that a worker has not carried out a particular service properly; speaking to that staff member is the first step in resolving the issue. If a person does not feel confident about approaching the staff member directly, the organisation will provide avenues for the person to raise the concern with a manager, an advocate or through a more formal complaints procedure.

Step 2

If the issue is not resolved

If the issue is not resolved at this level, the complaint is reviewed and taken to a higher level within the organisation. It is usually part of the role of a manager or supervisor to deal with complaints about operational matters and staff performance.

Step 3

Unresolved internally

If the complaint cannot be resolved internally, again depending on the service context, it may be referred to an external complaints body or advocacy service.

Example

Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities



Angela is 19 years old and is a victim of sexual abuse and domestic 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 both aggressive and flirtatious. On one occasion, she pushes Angela against a wall. Angela mentions her experience to the case manager, who explains to Angela that she

has the right to make an official complaint about the worker to the organisation through official complaint avenues. 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

1. List two rights that a person has that are based on the principles of human rights and standards of service delivery.

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

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3. List two rights of a person about whom a complaint is made.

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Click to complete Practice task 4

Summary

1. Case management is a systematic goals-directed process.
2. Behaviour change models can be used in the goal-setting process.
3. Theories of behaviour change include cognitive, planned and stages of change approaches.
4. Case management models include strengths-based, rights-based, person-centred and needs-based.
5. Integrate cultural considerations such as language, customs, rituals and religious and spiritual preferences when developing a case management plan. Needs of groups such as children, older people, people who are homeless and people with disabilities should be considered.
6. Organisational policies should include procedures for submitting a complaint and appealing a decision.
7. Clients should be informed of their rights to make a complaint or appeal a decision at the outset of the case management process.

Learning checkpoint 1

Determine the appropriate response to case management in accordance with organisational and legislative requirements

This learning checkpoint allows you to review your skills and knowledge in determining the appropriate response to case management in accordance with organisational and legislative requirements.

Part A

1. Provide a brief description of the things to consider in the planning phase of the case management process.

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2. Provide two strategies of a strengths-based approach to case management.

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3. Provide two considerations that a rights-based approach to case management is based on.

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4. Provide two benefits of a person-centred approach.

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5. Provide a brief explanation of one type of need that a needs-based approach to case management will identify.

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6. Provide one example where reporting is mandatory.

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7. Provide two aspects of information that the Australian Privacy Principles cover.

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8. Provide two examples of documentation that must be kept confidential.

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9. Provide a brief description of the social cognitive theory of behavioural change.

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10. Provide a brief description of how the planned behavioural theory of behavioural change is demonstrated in practice.

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11. Describe two areas where statutory interventions are most commonly carried out.

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12. Provide two ways that a case manager can ensure their values systems are not imposed on a person for whom they are providing support.

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13. List three ways that a case manager can involve a person in goal-setting.

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14. List three considerations that impact directly on the case management process.

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15. Read Standard 6 of the Aged Care Quality Standards: <http://aspirelr.link/aged-care-quality-standards> and list two points that must be included in the complaints process.

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15. List two complex historical and contemporary factors that contribute to the enduring issues faced by Aboriginal and Torres Strait Islander peoples.

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16. List one piece of legislation that protects the rights of LGBTI people.

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17. List two contributing factors that may put a person at risk of homelessness.

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18. Provide two principles included in all child protection legislation.

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Part B

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

Case study

Mariah is an older lady of Jewish descent and is finding it increasingly difficult to live at home on her own. Mariah has arthritis and is finding it difficult to perform basic tasks. Her mobility has decreased and she hates the thought of losing her independence. Mariah has approached a care service to inquire about receiving home support, or the availability of moving into an assisted living facility.

Karen has been appointed as Mariah's case manager and makes an appointment to see Mariah in her own home to talk to her about her needs. Mariah talks to Karen about her dietary needs and is concerned that if she moves into a facility she will not be able to observe the Sabbath.

1. Provide one cultural aspect that Karen needs to keep in mind when considering a facility for Mariah.

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2. Provide one way that Karen can ensure Mariah's cultural considerations are integrated into the case management plan.

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3. Provide one of the physical aspects of ageing that Karen needs to remember when supporting Mariah.

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4. Provide one aspect of disability that Karen needs to remember when supporting Mariah.

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5. Provide one way that Karen could use a strengths-based approach to support Mariah.

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Topic 2

In this topic you will learn how to:

2A Facilitate information sharing with the client and establish an appropriate rapport

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

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

Conduct case management meetings

When working with clients in a case management context, it is important to facilitate the sharing of information and to establish rapport between parties. Information sharing may occur in a case conference, a case review meeting or in formal briefings on client progress. Open communication, respect and effective conflict resolution are fundamental to building rapport and ensuring the necessary information is obtained, so the client's needs are met.

This needs to be maintained throughout the case management process. Meetings may be held at various points to establish goals, make decisions, monitor progress, and evaluate outcomes.

2A Facilitate information sharing with the client and establish an appropriate rapport



Case management generally involves a number of people, all of whom should be actively involved in the review. 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. As a case manager, you are also responsible for facilitating the person's active involvement in monitoring through meetings, interviews and informal discussion.

Information sharing with the person

The key person in the meeting is the person receiving support. If a person has difficulty communicating, the case manager is responsible for providing appropriate supports.

Information must be shared with the person regarding the purpose of the meeting and why certain people have been asked to attend. The case manager must have consent from the person. If the person is unable to give consent, an advocate, interpreter or guardian must be included. The person must be given adequate time to understand and respond to the information.

Establish rapport with the person

'Rapport' is a French term which means a harmonious relationship in which people understand each other's feelings and communicate effectively. To facilitate information-sharing in the meeting, there must be rapport between the person and those attending the meeting, particularly the case manager. Rapport may be established by listening effectively to all that is being said, reserving judgment and refraining from interrupting. Reflection and paraphrasing are also useful as this gives the person an opportunity to clarify misunderstandings.

Whether the person has simple or complex needs, do not judge them or use patronising or derogatory language. Where possible, demonstrate that you have heard and understood their needs and are interested in supporting them.

Formal meeting processes

Formal meetings are planned and follow rules for procedure which are agreed upon prior to the meeting. An agenda is circulated prior to the meeting, so that attendees can prepare to constructively participate in any discussions. A chairperson is responsible for chairing the meeting and ensuring that the agenda is followed and that everyone has a chance to speak. Minutes are taken and agreed actions, responsibilities and deadlines are documented.

By following the agenda as closely as possible, the meeting is more likely to run smoothly and on time. It is possible, however, that the meeting may not run exactly to the agenda, as a certain item may demand more attention than others. If this is the case, an additional meeting may need to be scheduled.

Meeting agendas should include:

- ▶ meeting date, start and finish times and location
- ▶ name of the person convening and chairing the meeting
- ▶ meeting purpose
- ▶ meeting objectives
- ▶ running order of the items to be discussed
- ▶ proposed time allocation for the items to be discussed.

Stages of planning and conducting meetings

When organising a meeting, there are three stages involved: tasks to do before the meeting, tasks to do during the meeting and tasks that need to be completed after the meeting has taken place.

Before the meeting

The case manager must ensure that they have the person's consent to include all people that will participate in the meeting. The case manager should prepare the person for the meeting and discuss the purpose, process and expected outcomes of the meeting and who will be attending the meeting. All people and services that need to be included in the meeting must be notified with an outline of any information they may need to contribute to the meeting, such as recommendations. They will be required to confirm their attendance with the case manager.



During the meeting

The meeting will be chaired by as chairperson. This person introduces people that have attended and will state the purpose and aims of the meeting. Time allotted for the meeting may be clarified and notice given that the meeting will be minuted.



During the meeting, the chairperson works through each of the agenda items. Discussion may take place regarding the identification of what is working well, opportunities for improvement, and whether any modifications or changes are required. All discussions are documented, along with any plans for action. This information forms the basis for the minutes to be prepared. At the end of the meeting, a date for the next meeting is agreed upon. Depending on the nature of the meeting, an emergency meeting may be required.

After the meeting

After the meeting, the case manager should enter details that were agreed upon in the person’s support plan. Minutes should be sent to all people who attended the meeting detailing what is to happen, who should action what and the outcome. The case manager should follow up on issues arising from the meeting and check that the plans of action have been implemented. The case manager must also ensure that the person whom they are supporting understands the outcomes of the meeting and the implications of decisions that were made.



Example

Facilitate information sharing with the client and establish an appropriate rapport

Here is an example of a consent form that may be required sharing information with health professionals or support workers that are attending a case management meeting.

Client consent form

I, (insert client name) hereby acknowledge that (insert name of organisation) has advised me of the following:

- ▶ (Insert name of organisation) Privacy and Confidentiality Policy
- ▶ My right to access personal information
- ▶ My right to withdraw my consent at any time

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, 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

Source: www.communitydoor.org.au

Practice task 5

1. Provide two reasons why case management meetings are beneficial to all stakeholders.

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2. Provide two aspects of information that the case manager can provide to the person to prepare them for the meeting.

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3. Provide two aspects of a formal meeting procedure.

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Click to complete Practice task 5

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

Having clear roles, responsibilities and boundaries is essential for effective case management. These should be agreed upon during the planning stage. Each person needs to understand what they are expected to do, what tasks they are responsible for, how they should communicate with each other, and when to step back and allow another person to carry out a role or part of a role. Clear boundaries reduce the likelihood of conflict and are essential for ethical practice.



Specification of roles and responsibilities

The case plan is a document that includes the person's assessment, needs and goals. The case plan also includes tasks that need to be undertaken by the person, case manager, support workers, health providers and other agencies. As a result, the plan must be viewed as a collaborative activity between all people and agencies providing support. In order to provide a coordinated approach to support, all roles, responsibilities, boundaries and processes must be clearly defined. The expectations of the person must also be clear to 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 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 that may be required to participate.

Examples of 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

Range of available services

Knowledge of the range of available services to meet a person's needs is essential for a case manager. Skills in researching services and resources and in networking with other agencies, organisations and services are also essential to ensure that the person has access to all the possible options for addressing their needs and concerns.

Community services include those provided directly by government departments such as child protection authorities, Centrelink, health departments, mental health departments, disability services, and juvenile justice authorities; and by non-government organisations, many of which are also funded at least partly by state and federal governments.

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



Rights of people within the decision-making process

People that receive support services have rights afforded by the Universal Declaration of Human Rights. Human rights are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives. Respect for human rights underpins the values and principles of community work, which should be applied by all workers when providing support. All aspects of human rights apply to all people that participate in the decision-making process.

Here is a description of how human rights are integrated into work practices, procedures and policies.

Human rights in the workplace

Practices

The workplace should inherently support individuals' human rights and needs. Workplace practices will observe the right to dignity, privacy, security and safety.

Procedures

Workplace procedures are step-by-step instructions that underpin practices. Procedures such as WHS procedures ensure people maintain safety.

Policies

Policies inform procedures and practices. Policies such as the anti-discrimination policy ensure that all individuals are treated equally and fairly.

Client input into decision-making

The person who receives services has the best information and knowledge about what their goals and needs are, although they may not always be able to articulate those goals clearly or to identify the best means of achieving them. In case management they work with the case manager to identify and clarify their goals and to decide on the best means of achieving them. The relationship between the person and the case manager is collaborative.

Workers' input into decision-making

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. 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. The case management models and approaches discussed earlier all focus on promoting self-determination, autonomy and empowerment, and on addressing the needs of a person holistically.

Example

Identify and agree on client and worker roles, responsibilities, boundaries and processes of service delivery

James is a case manager who is providing support for Thomas. Thomas has complex needs that include diabetes, compromised cognitive abilities and a mild physical disability, which affects his mobility. James invites Thomas's general practitioner, a cognitive therapist and a physiotherapist to a case management meeting to determine the best way of collaborating Thomas's support. It is determined that Thomas needs help managing his diabetes, assistance with strategies to help him remember when to eat and how to recognise signs that he needs food to balance his sugar levels. He needs someone to monitor his diabetes on a regular basis. James documents who is responsible for which assistance by clearly defining who is providing what service and outlines processes of how the care will be collaborated. All parties agree that the plan will provide the best support for Thomas.



Practice task 6

1. At what stage of the case management planning should roles, responsibilities and boundaries be agreed upon?

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2. Briefly describe the input that a person has in the decision-making process.

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[Click to complete Practice task 6](#)

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

Each party in the case management process has their own needs, responsibilities and rights. For effective case management these must all be identified and addressed. It is important to agree on these in the early stages of developing a case management plan so that there is no confusion. The family is often a key part of case management so to be an effective case manager you will need to understand family structure and dynamics and how the family communicates and makes decisions.



The parties to a case management process include:

- ▶ the organisation(s) providing services
- ▶ the person receiving services
- ▶ the family of the person receiving services
- ▶ the community.

Organisation needs, responsibilities and rights

The organisation is responsible for providing services in a way that addresses the needs and rights of the person, meets ethical and legislative requirements and service standards. Part of this responsibility includes ensuring that the case manager and other workers have the requisite skills and knowledge to work effectively in their roles, and that resources needed to implement the case plan are available.

The organisation has the right to receive whatever resources have been agreed to with their funding body and to expect people who receive services to keep their agreements and to work with staff members respectfully. It also has the right to expect workers to follow organisational policies and procedures and to work within their job role descriptions, meet service standards and follow ethical principles.

The organisation needs resources relevant to its work. It also needs information from the person receiving services about the person's situation, needs, goals and other factors affecting the case.

Family structure and dynamics

Understanding family structure and dynamics is important. Even in cases where the person's family might not be present or involved in the person's life, the family's influence is significant. Family is the first social group with which we have contact and the group where we develop our values, beliefs and understanding of how things should be done. Family relationships are powerful and enduring and affect us throughout our lives.

Roles within the family affect the dynamics and how members communicate with each other. Family members' behaviour may change according to which roles are operating.

Family communication and decision-making



When it comes to making decisions regarding a person's support plan, the relationship between families and support workers can be fraught with misunderstandings on both sides. In any 'helping' relationship there is a potential imbalance of power. Service providers may feel they are the 'experts' or may make assumptions about what constitutes a 'good' family. Workers are often judgmental about families, labelling them as cooperative or difficult according to how far the family complies with the worker's wishes or instructions.

Families and workers can establish real relationships if both recognise that each has something to contribute, that they each have a different relationship with the person, and that both are trying to achieve the best for the person. Establishing a good working relationship can take time and a strong commitment from both parties.

Family needs, responsibilities and rights



Different cultures and different families will see rights and responsibilities differently. These variations may be culturally based and related to how different roles are constructed. While family is not the primary focus of the support plan, families can provide support and insights into the person's history and needs; however, involving families must be done sensitively and carefully.

In children's services, parents have the right to seek legal advice at any stage of an intervention. They also have the right to participate in decision-making. In the Charter of Care Recipients' Rights and Responsibilities for Home Care, it is the family's right to be involved in deciding what care will meet the needs of the person. It is the family's responsibility to give enough information to the service provider so that a care plan can be developed and delivered.

Community needs, responsibilities and rights



The community has needs, responsibilities and rights that must be considered in the case management plan. While the community has a right to safety and a secure environment, it also has the responsibility to ensure it does not disadvantage those within the community or restrict the rights of those in the community in any way. As a case manager, it is important to balance the needs, responsibilities and rights of the community with the rights of the person receiving support.

In order to find agreement, it may be necessary to involve a community member in the case management meeting to ensure all responsibilities and boundaries are clearly defined.

Example

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

Here is an excerpt of a Charter of Rights and Responsibilities for Home Care.



Care recipients' rights—home care

1. General

Each care recipient has the following rights:

- ▶ to be treated and accepted as an individual, and to have his or her individual preferences respected;
- ▶ to be treated with dignity, with his or her privacy respected;
- ▶ to receive care that is respectful of him or her, and his or her family and home;
- ▶ to receive care without being obliged to feel grateful to those providing the care;
- ▶ to full and effective use of all human, legal and consumer rights, including the right to freedom of speech regarding his or her care;
- ▶ to have access to advocates and other avenues of redress;
- ▶ to be treated without exploitation, abuse, discrimination, harassment or neglect.

Source: www.legislation.gov.au/

Practice task 7

1. Provide two examples of parties that may be involved in the case management process.

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.....

2. Describe two rights of an organisation in the case management process.

.....

.....

Click to complete Practice task 7

Summary

1. It is important to develop a rapport with the person you are supporting and, where possible, demonstrate that you have heard and understood their needs and are interested in supporting them.
2. The case manager must ensure that they have the person's consent to include all people that will participate in the case management meeting. The case manager should prepare the person for the meeting and discuss the purpose, process and expected outcomes of the meeting and who will be attending the meeting.
3. In order to provide a coordinated approach to support, all roles, responsibilities, boundaries and processes must be clearly defined. The expectations that are required from the person must also be clear so they can achieve their part of the plan.
4. The organisation is responsible for providing services in a way that addresses the needs and rights of the person, meets ethical and legislative requirements and service standards.
5. It is the family's right to be involved in deciding what care will meet the needs of the person. It is the family's responsibility to give enough information to the service provider so that a care plan can be developed and delivered.

Learning checkpoint 2

Conduct case management meetings

This learning checkpoint allows you to review your skills and knowledge in conducting case management meetings.

Part A

1. Provide one piece of information that must be shared with the support recipient before a case management meeting.

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2. Provide two pieces of information that should be included in an agenda when conducting a formal meeting.

.....

.....

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

.....

.....

4. Provide one reason why it is important for a case manager to be familiar with a range of available support services.

.....

.....

5. When taking a collaborative approach to case management, describe one aspect that must be considered in order to provide coordinated support.

.....

.....

6. Provide one reason why it is important to consider family structure and dynamics in case management.

.....

Part B

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

Case study

Sarah is a young girl with complex behavioural concerns. She would like to be able to go to the local community centre to participate in playing bingo and asks her case manager John if he would be able to organise it for her. John is reluctant because Sarah is prone to uncontrolled outbursts and gets frustrated very easily. John does not think that the quiet environment of people playing bingo would be suitable.

John calls the community centre and speaks with David, the event organiser. David explains to John that, while he does not have a personal problem with Sarah attending, he does need to know the level of behavioural issues that Sarah has and what responsibility the community centre would have if the centre Sarah harmed herself while she was there. David also needs to discuss this with the community centre committee, as the other members have a right to a safe environment when participating in their activities. John and David come to the agreement that John will provide David with more information regarding the risks involved with Sarah's behavioural concerns if Sarah agrees. Then David will consult with the community centre committee to see how Sarah could safely participate in activities at the community centre.

1. Provide a brief description of the rights of the community in this case.

.....

2. Provide one of Sarah's rights.

.....

3. Provide one responsibility that John and the service have toward Sarah.

.....

.....



Topic 3

In this topic you will learn how to:

- 3A Collaborate with the client to identify strengths, abilities and goals and agree to case management**

- 3B Develop a case management plan to reflect initial assessment of needs**

- 3C Work with the client to identify immediate, short- and long-term needs of the client and others**

- 3D Establish and agree on processes to monitor and change case plan**

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

- 3F Match requirements of case plan to experience, workload and location of service provider**

- 3G Assist clients to set and achieve realistic targets for change or action and to take personal responsibility**

Develop an appropriate case management plan

A case management plan may be simple and short-term, or more complex and long-term. It may be subject to change as the person's needs and goals change, so a good case management plan is flexible. Relevant cultural, social and structural factors must be considered and addressed.

3A Collaborate with the client to identify strengths, abilities and goals and agree to case management

Case management plans are developed in collaboration with the person receiving services and other stakeholders. The person receiving services is the primary stakeholder and has the primary responsibility for making decisions about their goals and needs. Collaboration recognises that each party in a case management plan has something to contribute and that each party is equally valued. In all approaches to case management, collaboration is used to ensure that the person is empowered to develop and retain as much autonomy and control over their life as possible. As a case manager you will need strong skills in communication, conflict resolution and negotiation to work collaboratively.



Initial assessment

Depending on the person, the needs assessment may take more than one session. The assessment helps the case manager to understand the person's strengths, needs, goals and resources that may be required to support the person.

The most important thing in case management is that the case manager uses an approach that is appropriate for the person. This will involve speaking with the person to identify aspects such as their medical needs, living environments, functional requirements and financial situation which will inform the case management approach. The more complex the person's needs, the more rigorous the case management plan needs to be. If the person's needs are simple and short-term, the management plan may not need to be approached with the same intensity as a person in crisis or someone with underlying issues. The complexity of the case management plan may be determined in the initial assessment with the person.

Identify client strengths

Strengths-based case management focuses on the inherent strengths and skills that people already have, and can be used as building blocks. This approach accepts that people aren't defined by their problem, diagnosis or illness. Instead they are defined by their capacity for growth and change.

Assisting a person to identify and recognise their own strengths forms an essential part of the assessment process. This information can be used to inform the case management approach that will be used.

Identify client abilities

Abilities are skills that are within the person's capacity to perform. An ability is something a person can actually do, maybe not perfectly or even well, but it is something within the range of capabilities. Case management involves working with a person to identify and recognise their abilities. Identifying a person's abilities and providing support and encouragement for them to realise what they are capable of empowers them and encourages independence. Identification of the person's abilities and what they feel capable of doing feeds into the information used to create the case management approach.

Identify client goals

When developing an appropriate approach to case management, it is important to establish processes that allow the person to identify and set their own goals. By doing this, the person may be more motivated to achieve the goals set. Goals should be realistic and measurable to increase the person's chances of achieving their goals that have been identified. Practicalities need to be considered, such as the geographical location and availability of workers to service the person's needs. Once the goals are identified, they can be used to inform the case management plan.

There are two types of goals that may be identified:

- ▶ Process goals, which are activities or habits that help achieve outcomes; for example, 'see a psychologist once a week for a period of 10 weeks'
- ▶ Outcome-based goals, which focus on the desired outcome; for example, 'achieve better mental health'

Develop agreed approach

Once the initial assessment is complete, continue collaborating with the person to work out the best and most appropriate way to approach the case management plan. Allow enough time for the person to consider the information. This is when you decide if your service is best placed to take a lead role in the support or if another agency needs to take on that role. Referrals and networks need to be considered to work out who can provide the most practical response. Work to meet the most urgent needs first, by offering concrete assistance, especially if this is a crisis situation. Some people will need more intensive intervention early in the case management cycle to address initial needs, with intensity declining as the situation improves. People may need support at transition points and may require several sessions of support. Other people with complex needs may need frequent support and contact with the case manager. Once the approach to the case management plan is established, you can begin to develop the plan.



Example

Collaborate with the client to identify strengths, abilities and goals and agree to case management

Here is a checklist that can be used to document collaboration with the person regarding their personalised plan to assist them to achieve their goals.

Assessment Officer: _____

I have explained the following information to: _____

Signed by assessment officer: _____ Date: _____

Topic	Tick
Eligibility criteria for entry to the service, and procedures for prioritising access	
Individual's right to access a support person of their choice to assist them when entering or exiting a service, and in developing their personalised plan	
Information and support which can be offered to assist individuals using the service	
How the service works with individuals accessing services to develop a personalised plan to assist them to achieve their goals, and the format of the copy of the plan which will be provided to the individual accessing the service	
Procedures for accessing or nominating a support person of their choice	
Support which will be provided, how the support will be delivered, and how frequently the personalised plan will be reviewed	
Privacy and confidentiality policy and procedures in relation to the use of, and access to personal information held about individual accessing services	
Procedures for release of personal information to another party and the requirement for informed consent for release	
How the individual accessing services can participate in decision making processes to assist the service to improve	

The above information has been explained to me.

Signed by individual: _____ Date: _____

Signed by nominated support person: _____ Date: _____

Source: www.communitydoor.org.au

Practice task 8

1. Provide one aspect of collaboration.

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2. Provide two aspects of the person that need to be considered to ensure the case management approach is appropriate.

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3. Provide two aspects of strengths-based case management.

.....

.....

Click to complete Practice task 8

3B Develop a case management plan to reflect initial assessment of needs

The initial needs assessment is intended to identify and prioritise the person's needs in order to develop a plan to meet those needs. The plan should use the information that was collected in the initial assessment with the focus on assisting the person. The plan will also include how the person and the case manager are going to work together, what actions the service can assist with and the external resources required.



Develop case management plan

The case management plan should be overarching and include all the roles and responsibilities of people involved in the support plan. It will also include a clearly defined primary goal and steps that may be required to work towards this goal. Barriers to achieving the goal need to be addressed and strategies to overcome the barriers need to be defined. Actions that need to be taken, who is responsible for the actions, other agencies that are required and any specialist needs or requirements must be documented. During the development phase, research may be undertaken to determine availability and accessibility of other agencies or services.

Here is a list of information that may be included in a case management plan.

Information you may find in a case management plan

- ▶ Date, location and who was included in the case management planning process
- ▶ Person's strengths, abilities, short term goals, long term goals
- ▶ Barriers to plan
- ▶ Strategies to overcome barrier
- ▶ Agreed goals and interventions
- ▶ Time frames, roles and responsibilities of all involved in a plan
- ▶ Strategies to ensure cultural and linguistic circumstances are respected
- ▶ Signatures of everyone involved in the plan
- ▶ Date that plan is to be reviewed

Example

Develop a case management plan to reflect initial assessment of needs

Here is an example of a case management plan.

Case management plan		
Name:		Contact no.:
Ethnicity (circle):	Aboriginal	Torres Strait Islander
	Aboriginal and Torres Strait Islander	Other (please specify)
Nominated support person:		Contact no.:
Case Officer:		Contact no.:
Presenting issues:		
Assessment:		
Strategies/interventions to be used:		
Action to be taken:		
Individual's desired outcomes of support received:		
Case management plan developed in consultation with:		
Who will provide the required support? Other agencies	Within the organisation	
For what length of time is support required? Other agencies	Within the organisation	
Commencement and proposed end date:		
Review date for individual case plan:		
Under what conditions:		
Case management plan authorised by:		
(Signature of client)		Date:
(Signature of client or nominated support person)		Date:
(Signature of Case Officer)		Date:

Source: <http://communitydoor.org.au>

Practice task 9

1. Provide one aim of the initial needs assessment.

.....

2. Provide two aspects of the person's goals that need to be included in the case management plan.

.....

.....

Click to complete Practice task 9

3C Work with the client to identify immediate, short- and long-term needs of the client and others

The management plan has been developed to reflect the initial needs of the person. The initial needs are the most urgent and the highest priority, such as safety, food and shelter. Once the initial needs are addressed, the case manager works with the person to identify the range of immediate, short- and long-term needs comprehensively. Where it is indicated that a specialist is required to identify needs, the person is referred to the appropriate specialist.



Identify immediate needs

Immediate needs are the needs that should be met as soon as possible. Services that address urgent immediate needs may include crisis intervention and accommodation services; urgent medical services; mental health crisis intervention; urgent income support and food services; domestic and family violence intervention; child protection; and the protection of other vulnerable people.

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, perhaps after services that meet urgent immediate needs have been completed. Clear short-term goals must be identified, with time frames and responsibilities clearly allocated. Short-term goals may be 'process' goals that relate to strategies to engage with services.

The following are examples of short-term needs:

- ▶ An older person requires a temporary living solution while appropriate housing is located.
- ▶ A family of a person with complex needs requires access to respite services.

Identify long-term needs

Long-term needs may overlap with short-term needs. They inform the application of more-permanent solutions and accessing ongoing support.

Long-term needs for 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 client to identify immediate, short- and long-term needs of the client and others

Angelo is an older man who lives alone. His daughter Arabella has, until recently, lived close by and helped her father with activities of daily living. Arabella’s husband is suddenly required to relocate interstate for his work, so Arabella will no longer be able to assist her father.



Angelo recently fractured his hip and is due to have a hip replacement operation within the month. Arabella is concerned about how her father will manage following the operation and Angelo is worried about being alone.

Arabella contacts the Regional Assessment Service who is responsible for assessing all the home support needs of older people and will link Angelo to a case manager to offer short-term case management and care coordination.

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

<p>Immediate needs</p>	<p>Physical support for Angelo leading up to the operation Psychological support to address Angelo’s distress Practical support with activities of daily living following Arabella’s departure</p>
<p>Short-term needs</p>	<p>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</p>
<p>Long-term needs</p>	<p>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</p>

Practice task 10

1. Provide two examples of long-term needs.

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.....

2. Provide one example of short-term needs.

.....

.....

Click to complete Practice task 10

3D Establish and agree on processes to monitor and change case plan

The case management plan is a dynamic document that must be updated in response to the person's changing needs. Not only may the person's needs change, but goals may no longer be relevant or may have been achieved ahead of schedule. Case managers need to have formal processes in place to regularly monitor and change the plan as required. Monitoring is when aspects of the planning and implementation phases are reviewed.



Agree on monitoring processes

Agreement should be reached with the person on how the plan is going to be monitored. Together you need to decide how and how often the plan will be reviewed. If, as part of the monitoring process, the person's personal information is to be shared with another service, written permission must be obtained. The processes for monitoring the plan may be generic to the organisation you work for, or specific to the client. Generic processes may need to be modified for the needs of each person.

Monitoring processes may include:

- ▶ scheduling meetings at regular intervals
- ▶ preparing and distributing referral forms
- ▶ preparing and distributing feedback forms
- ▶ preparing and distributing client consent forms
- ▶ developing a directory of services
- ▶ developing methods of communication between services (phone, face-to-face meeting, email)
- ▶ accompanying the person to a service.

Establish monitoring and changing processes

A schedule of regular meetings should be set up with the person. During these meetings, the plan can be reviewed and indicators of success examined. If it appears that goals are not being met, the plan may need to be revised and adjusted.

If agreed to by the person, the case manager should communicate with the service providers to gain an insight into the person's progress. Communication may occur through a formal meeting or conference session, via telephone or in writing via email or letter. Doctors, for example, usually write a letter to the referrer to inform them about the person's progress.

A feedback form can be prepared for community services workers to complete. This will give them an opportunity to provide information about the person's progress. Most services will also document events and incidents as part of their organisational protocol.

Community services workers may also contribute suggestions in relation to how the action plan should be modified. For example, a support worker in an aged care residence may notice a decline in functioning of a person who has dementia. By reporting their findings and making suggestions to address the issue, the support worker is able to contribute positively to the person's case and work with the case manager to modify the program. In this situation, the person may require additional support, or may need to move to a residence that can better cater for clients with dementia.

Example

Establish and agree on processes to monitor and change case plan

Wendy is a home care nurse. She is working with George, who lives in a rural location. Initially case management involved visiting George at home to assist with his medical needs. During one visit Wendy notices that the house is not as well maintained as it once was. George's wife Ruth apologises profusely for the condition of the house.



She says, 'I'm so sorry about the state of the house. I've been worried about the farm. We've had to shear early this year and I've been left responsible for cooking for the shearers. I used to be able to do it, but now I'm exhausted. I've let the housework go and now I don't know where to start.'

Wendy empathises with Ruth, reflecting on her own responsibilities. Wendy asks Ruth whether she would be interested in receiving some home help just to get things back under control. Ruth says that she would really appreciate it.

Wendy and Ruth discuss changes to George's case management plan, which needs to include domestic help assistance. Wendy notifies the case manager, who makes the appropriate referrals in order to facilitate changes to George's care plan.

Practice task 11

1. Provide one example of when a case management plan may need to be changed.

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2. Provide one purpose of monitoring the person's case management plan.

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Click to complete Practice task 11

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

Complex high-risk situations are those where a number of factors combine to create a situation where someone is at high risk of harm. In such cases, managers and other workers have increased responsibilities and duty of care, especially towards people who are vulnerable; for example, people with disabilities and mental health issues, children and young people, older people, and people who experience domestic and family violence. The complexity of a situation may be related to multiple issues and needs being present, requiring services from multiple agencies.



Neglect and/or abuse

Harm may arise from neglect and/or abuse. It is important to understand the types of abuse that can occur and how neglect may present in a person or situation. Abuse and neglect can be intentional or unintentional. Intentional abuse or neglect is when acts are deliberate. Unintentional abuse may occur without realisation or through ignorance. If the person has issues relating to neglect or abuse, these concerns may contribute significantly to the situation being complex or high-risk.

Neglect

Neglect is when the person with care needs is neglected either through intentional or unintentional acts that result in the person not being provided with basic necessities.

Here is further information about neglect.

Neglect

- ▶ Not providing enough food or drinks
- ▶ Not spending time with the person – leaving them alone for prolonged periods
- ▶ Inadequate provision of clothing or personal items
- ▶ Unwillingness to allow for adequate medical, dental or personal care
- ▶ Inappropriate use of medication; for example, overdosing a person so they sleep for longer periods of the day
- ▶ Leaving the person in the same continence aid for the whole day

Indicators of neglect

- ▶ Weight loss, dehydration, poor skin quality
- ▶ Person appears unkempt – same clothing worn every day of the week, loose or baggy clothing, clothing in poor state, hair unwashed, untrimmed nails, poor hygiene
- ▶ No dentures, hearing aids, mobility aids or glasses
- ▶ Skin burns from urine being in contact with the skin for prolonged hours

Abuse

Abuse, like neglect, can be intentional or unintentional. Intentional abuse is when a person deliberately causes harm to the other person by depriving and/or hurting the other person. Unintentional abuse can occur when another person doesn't realise, through ignorance or other reasons, that their behaviour towards the person with care needs is abusive. An example would be when a primary carer hasn't had a break and is caring for someone with very high needs. If there is no-one else the carer can call on, they can become very tired and resentful; not realising the impact their behaviour is having. This is still abuse and needs to be reported.

Here are some other causes of abuse.

Causes of abuse

The primary carer may be stressed at home or at work.

A person may be in debt and may steal from the person.

There is conflict, arguments and fights within the family.

The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly.

A carer may be using drugs or drinking too much alcohol and cannot care for the person properly.

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is in fact being abused.

Here are some indicators of abuse.

Behaviour changes in person with care needs

- ▶ A person may become withdrawn, depressed and anxious, or display signs of being scared. They become quite ambivalent or non-responsive.
- ▶ You might find the person is becoming disorientated or making contradictory statements. (This of course can be a sign of a range of illnesses, so should be thoroughly assessed before making an assumption that the person is being abused).

Behavioural signs from the carer

- ▶ You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.
- ▶ The carer might be overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship.
- ▶ You might find the carer is giving conflicting accounts of incidents or is hostile towards the person with care needs.

General indicators

- ▶ Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks
- ▶ Unexplained injuries or continual injuries
- ▶ Person's personal care needs not being met which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions
- ▶ Inappropriate use of medication, such as drugging the person so they sleep for longer periods of the day and night

Types of abuse

Abuse can occur in various ways. Abuse may be physical, sexual, financial, psychological/emotional or social. Abuse in any form must be reported and addressed in the care management plan, as all types of abuse can contribute to the person having complex needs and being in a high-risk situation.

Physical abuse

Physical abuse is when a person is being physically assaulted. This can occur through physical acts of violence. Indicators might include physical pain or injuries. Physical acts of violence include hitting, slapping, punching, pulling hair, spitting, pinching, biting, twisting their arm or wrist, physical restraint such as being tied to a bed or chair, confinement to a room and using objects to hurt the person (throwing rocks, using a strap). This abuse needs to be reported.

Here are some common indications of physical abuse.

Indicators of physical abuse

- ▶ Bruises, cuts, scabs and scars
- ▶ Abrasions, welts, rashes
- ▶ Swelling, burn blisters
- ▶ Loss of weight, agitation, cowering
- ▶ Tenderness, pain, restricted movement
- ▶ Broken or healing bones
- ▶ Drowsiness, unexplained weight loss, unexplained hair loss

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is classified as sexual abuse. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported.

Here are examples of indicators of sexual abuse.

Sexual abuse indicators

- ▶ Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
- ▶ Unexplained difficulty sitting or walking
- ▶ Bruising of genital areas or thighs
- ▶ Unexplained sexually transmitted diseases
- ▶ Unexplained bleeding from the genital areas

Financial abuse

Financial abuse is not always easy to spot. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations where a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes:

- ▶ embezzlement, fraud, forgery and stealing
- ▶ withholding money from the person or not paying accounts or debt
- ▶ forcing a person to change their will
- ▶ enduring power of attorney refusing to provide enough money for the person to be able to live
- ▶ enduring power of attorney refusing to provide money for the person to buy clothing or other required items
- ▶ forcing a person to hand over their money or assets.

Psychological/emotional abuse

This form of abuse is an ongoing intimidating behaviour that is designed to disempower a person. Psychological and emotional abuse can be both verbal and nonverbal. It can include belittling, threats and withdrawal of affection. Here are some indicators of this form of abuse. This abuse needs to be reported.

Indicators of psychological/emotional abuse

- 1 **Sense of hopelessness**
Fearfulness, helplessness, withdrawal, reluctance to make decisions
- 2 **Behaviour swings**
Anxiety, anger, moodiness, agitation, depression, passivity, low self-esteem
- 3 **Tiredness**
Sleep deprivation, insomnia, confusion
- 4 **Unexplained weight loss or gain**
Change in appetite, increased intake of alcohol

Social abuse

This occurs when another person behaves in ways to reduce or restrict a person's social contact with others. It can include stopping a person from being involved in activities with others and/or preventing contact with friends and family, resulting in social isolation. This abuse needs to be reported.

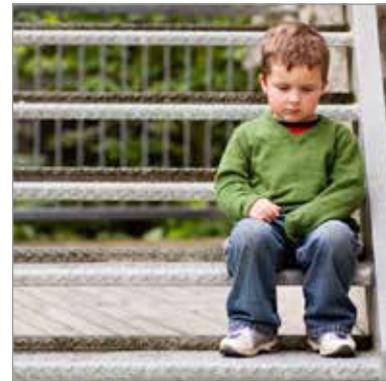
Indicators of social abuse include:

- ▶ seeming withdrawn and sad
- ▶ grieving for loss of family and friends
- ▶ low self-esteem and passive behaviour.

Complex and high-risk situations

When developing a case management plan, you may need to apply strategies to deal with complex or high-risk situations including:

- ▶ life-threatening situations
- ▶ cases where at least three of the following factors are combined:
 - serious/sustained abuse
 - multiple difficulties present in family
 - intellectual or psychiatric disability
 - chronic and serious drug addiction affecting an individual's capacity
- ▶ where a wide range of other agencies are involved; for example, community services, legal, medical and police agencies
- ▶ where the involvement of protective and custodial agencies with the family has been over a lengthy and sustained period
- ▶ when the age of the client creates special considerations
- ▶ cases with high public/political sensitivity requiring sensitive and experienced case investigation and management.



Strategies to deal with complex or high risk situations

As a case manager, you must have strategies in place for dealing with combinations of complex factors. Complex cases usually require numerous services, which increase the need to coordinate services to ensure they run as smoothly as possible. For example, a person with an intellectual disability who has an alcohol addiction and is being physically abused by her partner will require the coordination of several services. Services must be planned to support the person's disability, the decision-making process regarding the domestic abuse situation and support to manage alcohol addiction. Referrals, client reports and regular case conferences should be organised. Remember, if information is being shared between services, the person must consent to their information being shared. Integral to this coordination is:

- ▶ following policies and procedures
- ▶ distributing a directory of services
- ▶ reviewing and monitoring client progress by all service deliverers.

Child protection

Whenever a child is present, an adult has a duty of care to protect and act in the best interests of the child and to prevent reasonably foreseeable harm. There are also legislative requirements in relation to protecting children. Each state and territory has an Act that addresses child protection.

Australian child protection legislation by jurisdiction may be viewed at: <http://aspirelr.link/aifs-mandatory-reporting-laws>.

When identifying strategies to deal with complex situations that involve child protection, there are risks that must be considered and responsibilities that must be upheld.

Risks	Responsibilities
<ul style="list-style-type: none"> ▶ Failure to comply with child protection reporting requirements constitutes a breach of duty of care that could result in the case manager committing a criminal offence. 	<ul style="list-style-type: none"> ▶ To report urgent cases immediately to police. ▶ To report concerns to the relevant state or territory authority.

Domestic violence

When identifying strategies to deal with complex situations that involve domestic violence, there are risks that must be considered and responsibilities that must be upheld. As a case manager you can demonstrate your duty of care by upholding relevant legislation, policies, resources and services and providing people with information about these and about their rights.

Each state and territory has an Act that addresses domestic violence.

Domestic violence legislation by jurisdiction may be viewed at: <http://aspirelr.link/domestic-violence-laws-aus>.

When identifying strategies to deal with complex situations that involve domestic violence, there are risks that must be considered and responsibilities that must be upheld.

Risks	Responsibilities
<ul style="list-style-type: none"> ▶ Failure to conduct appropriate intervention results in failure to meet best practice duty-of-care obligations. 	<ul style="list-style-type: none"> ▶ To assist the person affected from family violence in having their needs met through a coordinated response. ▶ To provide empathetic, accepting and non-judgmental service delivery. ▶ To provide intervention or programs appropriate to the needs of the person.

Suicide

As a case manager you have a duty of care to avoid foreseeable harm through your actions or your failure to act. This applies to situations where someone is at risk of suicide. In such cases you may be justified in breaching confidentiality requirements in order to safeguard someone.

Life-threatening situations may include the risk of suicide, drug overdose, dangerous driving or extreme, violent behaviour. If a life-threatening situation is identified, case managers must apply strategies promptly to ensure the client has the best chance of surviving and others are not put at risk.

Risks	Responsibilities
<ul style="list-style-type: none"> ▶ Breach of duty of care occurring if case manager does not foresee a risk or situation that results in bodily injury or death. 	<ul style="list-style-type: none"> ▶ To demonstrate relevant and timely risk management strategies. ▶ Follow all related procedures in regard to incident reporting, management and review.

Elder abuse

Elder abuse refers to deliberately harming an older person physically, emotionally, psychologically or financially. It can include bullying, exploitation and failing to provide the necessities of life.

As a case manager you have a duty of care to avoid or prevent foreseeable harm to older people.

Risks	Responsibilities
<ul style="list-style-type: none"> ▶ Failure to adhere to compulsory reporting of abuse obligations contravenes the requirements set out in the <i>Aged Care Act 1997</i> (Cth) and may result in criminal response. 	<ul style="list-style-type: none"> ▶ To report to the police and to the Department of Social Services (the Department), incidents involving alleged or suspected reportable assaults. ▶ To take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the approved provider (or other authorised person). ▶ To take reasonable measures to protect the identity of any staff member who makes a report and protect them from victimisation.

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 which make them particularly vulnerable to harm, neglect and abuse.

Risks	Responsibilities
<ul style="list-style-type: none"> ▶ It is unlawful to contravene the <i>Disability Discrimination Act 1992</i> (Cth) and a breach may result in disciplinary action and legal proceedings against the case manager and the service provider if duty of care regarding people with disabilities is not upheld. 	<ul style="list-style-type: none"> ▶ To uphold the <i>Disability Discrimination Act 1992</i> (Cth), which protects people with a disability from unfair treatment. ▶ To demonstrate equal rights, responsibilities and access when providing case management support. ▶ To demonstrate support for and adhere to the principles outlined in the United Nations Convention on the Rights of Persons with Disabilities.

Example

Identify strategies to deal with complex or high-risk situations

Jenny is a case manager who provides support for Michael, a young man who receives case management for mental illness and self-harm. When Jenny meets with Michael she notices that he is unusually despondent. As Jenny tries to engage Michael in conversation he gets angry and uncooperative. Jenny understands that self-harming behaviours cannot be changed quickly and that Michael needs time to learn healthy coping mechanisms. However, when she asks him how he has been coping since their last meeting, he replies, 'It doesn't matter, it is over.'



Jenny knows she must uphold her duty of care to Michael in foreseeing a situation that may result in bodily injury or death. As Jenny continues to talk with Michael, she notices that he is becoming increasingly confused and sleepy. Jenny calls an ambulance for emergency help. When making notes in Michael's case file, she outlines the incident and schedules an immediate review of Michael's case management plan.

Practice task 12

1. Provide one example of vulnerable people.

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2. Provide two indicators of neglect.

.....

.....

3. Provide one risk that must be considered regarding child protection.

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.....

4. Provide one responsibility of the case manager that must be upheld regarding suicide.

.....

[Click to complete Practice task 12](#)

3F Match requirements of the case plan to experience, workload and location of the service provider

Case managers need to take into account the requirements of the case plan and find the most appropriate service, the location and the most appropriate person to provide support. This involves looking at the specific skills of support workers and matching them with the needs of the person requiring support. It also involves researching available services and programs in an area convenient for the person who requires support and ensuring that the support person is able to provide support within their workload.



Experience of service provider and workers

When developing an appropriate case management plan, matching the type of support and the experience of a service with the experience and skills of a support worker, can improve and maintain the quality of support the person receives. To determine the match may require research and consultation with available services. Depending on the support needs of the person, a range of services and skills may be required. For example, if the person requiring support has complex needs involving cognitive needs, research may be needed to locate a service that can provide the right level of cognitive support as well as support workers with experience in the particular kind of cognitive disability that the person has.

Workload of service provider and workers

When researching support, it is important to look at the case management plan and gauge the level of services required. This is to judge the amount of time a support worker will be needed and match it to a support worker who can provide the anticipated level of support.

Check workers' hours of availability; you may be organising a skill-building program for the person, and you need to know if their availability fits in with the support worker providing the service.

Geographical location of the service provider

After assessing the person's needs, the selection of appropriate services depends on a number of factors, including the geographical location of the service provider. The requirements of the case management plan need to match the geographical location to allow easy access to one another and the service/s provided.

Example

Match requirements of case plan to experience, workload and location of service provider

Edith is an older woman living in regional Australia. She lives in a remote community where the closest town, Murrayvale, is 100 km away. Jessica, a travelling nurse based 350 km away in Harts Valley, visits Edith's community and identifies that she is in a very dangerous domestic abuse situation. Jessica knows there is a women's refuge located in Harts Valley, but thinks it won't be appropriate for Edith as it is a great distance from her support network of family and friends. Jessica also knows that there are specific appropriate services (and workers) located closer to Edith. With Edith's permission, Jessica contacts a crisis centre in Murrayvale and requests that a case manager assesses Edith's situation to assist her to access services that are geographically close to her and the new case manager. Jessica also organises for a support worker to transport Edith to an appointment in Murrayvale the following morning to begin the case management process.



Practice task 13

1. Provide one reason that it is important to consider the geographical location of a service provider when developing the case management plan.
.....
2. Provide one way that a case manager can identify whether a service provider and support worker are appropriate for the person requiring support.
.....

Click to complete Practice task 13

3G Assist clients to set and achieve realistic targets for change or action and to take personal responsibility

Central to the case management plan are the person's goals, which create a structure and give the plan direction. Goals should be person-directed and client-focused, realistic, achievable and direct a change of behaviour. To be functional, goals should be set by the person, who should have a full understanding of their participation in goal-setting and taking actions to achieve targets.

Behaviour change models and practices can help you and the person focus on how to set goals that direct a desired change of behaviour.



Set targets for change or action

Target actions need to be identified to focus for the goal-setting. Targets must be realistic and achievable. A realistic achievable goal is within the person's repertoire of behaviours. The change may be achieved in smaller, manageable steps and over a reasonable length of time. Expecting dramatic change in a very short space of time can set people up for failure. Incremental changes are more achievable, especially if incentives and rewards are built in to the program. In the early stages it may be necessary to use 'artificial' incentives, rewards and reinforcements, but the most effective incentives or rewards for reinforcement in behavioural change are those which occur naturally within the person's environment, such as positive responses from others; internal reinforcements such as feelings of achievement, improved feelings of wellbeing, so these should be used wherever possible.

Assist the client to take personal responsibility

It is important that the person participates in goal-setting and planning target actions, and is prepared to take responsibility for achieving targets.

People should identify what changes they would like to make and which actions will help them make necessary changes. The case manager can guide the process and provide prompts, such as asking questions such as:

- ▶ What is the most important change you would like to make?
- ▶ What steps do you envision yourself taking to make this change?
- ▶ How will you ensure you meet this target action?
- ▶ What factors in your personal life make it difficult for you to make this change?
- ▶ What factors in your personal life make it possible for you to make this change?

Example

Assist clients to set and achieve realistic targets for change or action and to take personal responsibility

Gordon is a 24-year-old man who has spent several years experiencing homelessness. Samuel is his case manager and has been working with Gordon to set goals that Gordon wants to achieve and are within his capabilities to reach. Samuel works with Gordon to prioritise his goals. Within a few weeks, supportive housing has been located for Gordon and government agencies are organised to help him with rent and living expenses. When speaking with



Gordon, Samuel realises that there may be underlying mental health issues that have contributed to Gordon’s situation of homelessness. He realises that if these issues are not addressed that there is a risk of Gordon entering the homelessness cycle again. With Gordon’s permission, Samuel speaks to a health professional regarding Gordon’s feelings of isolation and depression. Upon further discussion with Gordon, they set an additional goal that requires Gordon to attend a nearby community centre once a week to participate in an activity of his choice. Samuel continues to monitor Gordon and provides support in reaching additional goals.

Practice task 14

1. Provide one way that changes can be made more achievable.
.....
2. Provide two prompts that a case manager could provide to assist a person in taking responsibility for making changes.
.....

Click to complete Practice task 14

Summary

1. Develop appropriate case management plans.
2. Collaborate to identify strengths, abilities and goals.
3. Develop approaches to case management.
4. Ensure that case management plans reflect the person’s immediate, short- and long-term needs.
5. Set immediate, short- and long-term goals.
6. Agree on processes for monitoring and changing plans.
7. Identify strategies for addressing complex and high-risk situations, including child protection, domestic and family violence, suicide, elder abuse and disabilities.
8. Match plans to the experience, workload and location of workers.
9. Set realistic goals and targets for action.
10. Encourage people to take personal responsibility.

Learning checkpoint 3

Develop an appropriate case management plan

This learning checkpoint allows you to review your skills and knowledge in developing an appropriate case management plan.

1. Provide one benefit of including the person in identifying their abilities.

.....

2. Provide two aspects that need to be considered when collaborating with the person to determine the approach to their case management.

.....

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3. Provide two types of information included in the initial assessment of needs.

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.....

4. Provide two examples of immediate needs.

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5. Provide two aspects that the monitoring process may include.

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.....

6. Provide two situations in which you may be required to develop a complex or high-risk case management plan.

.....

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7. Provide one responsibility relating to child protection.

.....

8. Provide one responsibility relating to domestic violence.

.....

9. Provide one risk relating to suicide.

.....

10. Provide one responsibility relating to elder abuse.

.....

11. Provide one responsibility relating to people with disabilities.

.....

12. Provide one thing to consider when matching the requirements of the case plan to the best support service.

.....

13. Provide one example of effective incentives or rewards for reinforcing behavioural change.

.....



Topic 4

In this topic you will learn how to:

- 4A Implement strategies to regularly monitor the effectiveness of case management processes**
- 4B Assess the need for changes in the case plan and develop strategies for appropriate alternatives/interventions**
- 4C Negotiate with relevant parties any proposed changes arising from the case review**
- 4D Document all case work interventions in accordance with workplace requirements**
- 4E Implement case closure in accordance with organisational procedures**

Monitor and review case work activities and processes

Monitoring and reviewing case management activities and processes is an essential part of a case manager's role. Monitoring is a continuous process of gathering information, and reviewing involves analysing the information and drawing conclusions from it. Continuous monitoring and assessment is needed to ensure that changing needs are met, and that when goals are achieved they can be replaced or the case can be closed.

4A Implement strategies to regularly monitor the effectiveness of case management processes

Processes must be in place for monitoring and potentially changing the case plan. A person's circumstances may change during the course of the plan. Changes may also be required if complex or high-risk situations arise, such as life-threatening situations or those involving complex factors such as drug addiction and mental illness. The case manager can use a range of processes to effectively monitor the progress of the case, including reviewing case notes and satisfaction surveys, conducting meetings with stakeholders and having informal discussions with the person.



Implement monitoring strategies

Once the strategies for monitoring the case management plan have been agreed upon by the person receiving support, the strategies can be implemented and actioned.

Here are some examples of how the strategies can be implemented.

Implementing strategies

- 1** **Scheduled meetings at regular intervals**

 - ▶ Implemented by participating in meetings to identify if person's goals are being met
- 2** **Distributing referral forms**

 - ▶ Implemented by reading referral feedback to ensure the referral was appropriate and the best option for the person.
- 3** **Distributing feedback forms**

 - ▶ Implemented by reading feedback forms to evaluate the services provided and satisfaction level of the person
 - ▶ Implemented by reading feedback forms to establish satisfaction level of all stakeholders
- 4** **Person's consent forms**

 - ▶ Implemented by referring to consent forms to see if there were any activities the person did not agree to, and remove them from the program
- 5** **Directory of services**

 - ▶ Implemented by checking the directory of services to see if they are still relevant and appropriate

6

Communication

- ▶ Implemented by speaking with all involved in the person’s case management to identify preferred methods of communication
- ▶ Implemented by seeking feedback from all stockholders to identify satisfaction level of communication methods

7

Accompany person to service

- ▶ Implemented by accompanying the person to service and observe whether the service meets their goals
- ▶ Implemented by observing the person’s level of participation

Example

Implement strategies to regularly monitor the effectiveness of case management processes

Beth and her 7-year-old daughter Alicia have been referred to Miguel’s service for motel support and crisis accommodation. When developing the case management plan, Miguel makes referrals to services that provide support on family and domestic violence. This also includes health professionals and the police. Miguel’s plan includes constant contact with Beth and develops a plan with the goal for Beth and Alicia to return home. Beth also expresses financial concerns, a concern for her emotional wellbeing and child protection for her daughter Alicia. Miguel addresses these concerns in the case management plan and sets up regular meeting times to monitor Beth and Alicia’s changing needs. Miguel also gives Beth a directory of other services that may be able to provide her with support.



Practice task 15

1. Provide one way that a case manager can monitor the progress of the case.

2. Explain one way referral forms can be implemented as a monitoring strategy.

Click to complete Practice task 15

4B Assess the need for changes in the case plan and develop strategies for appropriate alternatives/interventions

If, during the monitoring processes, it is established that a service is no longer required or a goal is not realistic or achievable, the plan should be amended. People have the right to be informed of service or program changes. If they are discontented with how a service is being changed, they have the right to ask for it to be discontinued. People also have the right to make a complaint or appeal the decision regarding changes to their support plan.



Assess need for change in case plan

To assess the need for changes in the case management plan, you need to refer to the strategies that you used to review the plan. For example, if you established that feedback forms were required, to assess the need for change, you will need to analyse the feedback to determine where, if any, changes are required.

Here are examples based on monitoring strategies.

Participating in meetings

To assess need for change:

- ▶ Were the meetings frequent enough or did the schedule need to be adjusted?
- ▶ Were the right people at the meeting or did the meetings need to include different people?
- ▶ Was the focus of information on the person achieving their goals?
- ▶ Did the meeting highlight any issues or concerns regarding the person meeting their goals?

Referral feedback

To assess need for change:

- ▶ Did the feedback from referred service or specialist indicate that the referral was unnecessary or not suited for the person?
- ▶ Did the referral feedback suggest support be discontinued or intensified?

Feedback forms

To assess need for change:

- ▶ Does feedback from external services suggest that support is appropriate?
- ▶ Does feedback from the person suggest they are happy with the service or wish to change service providers?
- ▶ Does feedback from the stakeholder indicate satisfaction or dissatisfaction regarding support provision?

Consent forms

To assess need for change:

- ▶ Do the consent forms suggest that a person does not wish to participate in suggested support?
- ▶ Do the processes regarding consent support fit the legal requirements of the person?

Services

To assess need for change:

- ▶ Are the services included in the service directory still relevant, current and appropriate?
- ▶ Does the person still fit the criteria for the services included in the directory?

Communication

To assess need for change:

- ▶ Are the communication methods efficient?
- ▶ Are the communication methods suitable for all stakeholders?
- ▶ Do the processes of communication work efficiently?

Person at service

To assess need for change:

- ▶ Is the person happy in the service environment?
- ▶ Does the person participate when at the service?
- ▶ Does the person indicate that the service helps them meet their goals?

Develop strategies for alternatives or interventions

If the assessment of the case management plan indicates that changes need to be made to support services, activities or processes, the case manager needs to develop strategies to address the changes. This involves looking for alternatives and introducing interventions to address the area requiring change. Any changes to the plan must be discussed with the person and all stakeholders should be consulted.

Re-strategise

When updating goals and strategies, the involvement of other services or agencies may be required. If services are no longer suitable or appropriate, the case manager should take a lead role in identifying alternative services. If another service is identified, ensure that it is planned well in advance to reduce potential anxiety relating to the change.

Alternative strategies may require adjusting the plan to:

- ▶ respond to urgent needs
- ▶ address needs that have become complex
- ▶ intensify support
- ▶ reduce support
- ▶ change focus of support
- ▶ introduce additional support services.

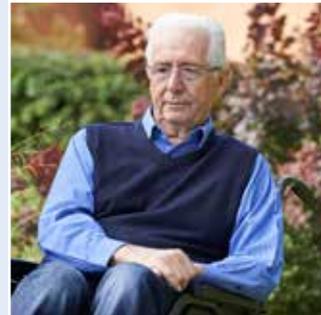
Example

Assess the need for changes in case plan and develop strategies for appropriate alternatives/interventions

Robert is an older man who has been living on his own. Frances is the case manager who has organised domestic support for him. Recently Frances has noticed that Robert has become forgetful and disoriented and is concerned that he may require more care, or need to live in a full-time supported care.

Frances reviews his case management plan to see if the current service provider is the most appropriate for Robert's changing needs. Frances speaks with Robert about participating in a physical and mental assessment to help her plan an alternative strategy for supporting him.

It is determined that his current case plan needs to be adjusted to include transitioning into full-time supported care.



Practice task 16

1. Describe how accompanying a person to a service can help assess whether there need to be changes made to the management plan.

.....

2. Provide two reasons why alternative strategies may be needed to meet the person's needs.

.....

.....

[Click to complete Practice task 16](#)

4C Negotiate with relevant parties any proposed changes arising from case review

Following the review and assessment of ongoing interventions, it may become apparent that changes need to be made to the case plan. Processes should be in place to ensure that changes are introduced with minimal disruption to the person's progress. When initially negotiating and planning the case with relevant parties, be clear about the fact that conditions can change. This can help prevent disappointment, anger or confusion if changes are required.



Negotiate proposed changes arising from case review

For changes to be negotiated, you may need to organise one or more case review meetings. Communication about the meeting should be clear and unambiguous; for example, if you are informing parties about scheduling a meeting to discuss changes to the case plan, state: 'The meeting will address changes that need to be made to the case plan.' Any documentation to be referred to as part of the negotiation should be completed according to organisational policies and procedures. This includes minutes made in meetings and case notes following conversations and formal briefings with the person.

If changes need to be made to the case, discuss and negotiate them with relevant parties, which may include:

- ▶ the person
- ▶ the person's family
- ▶ a guardian or advocate
- ▶ involved professionals such as a psychologist, doctor, psychiatrist or nurse
- ▶ relevant community services.

Negotiation process

The priority for any negotiation for change is to ensure the person has access to the most appropriate program and services. In order to achieve this, the following negotiation process can be employed.

Recommended negotiation process

- ▶ Identify the people who will be affected by any changes to the case management plan.
- ▶ Establish the goal of the negotiation and develop a range of acceptable outcomes from the minimum acceptable outcome through to an ideal outcome.
- ▶ Be prepared to listen and remain confident, calm, courteous and objective.
- ▶ Focus on the issues and the changes that need to be negotiated.

- ▶ Do not lose sight of the goal.
- ▶ Consider possible concessions that you or the other person can make to keep the negotiations moving.
- ▶ Be conciliatory. Treat the other people like team members rather than the opposition.
- ▶ Remain aware of the other parties' timing. They may vary in terms of the time they need to make a decision.
- ▶ Do not make any agreements without confirming with all involved.
- ▶ Clarify and confirm the outcomes suggested.

Example

Negotiate with relevant parties any proposed changes arising from case review

Robert has had his case management plan reviewed because of apparent changes to his mental and physical health. Through assessments, it has been determined that his case plan needs to be adjusted to assist Robert to transition into full-time supported care. His case manager, Frances plans a meeting to include Robert's family, the psychologist and doctor who provided the recent assessments. In the meeting, Robert and his family talk about how they will be affected by changes to the case management plan and remain focused on Robert's emerging issues and the changes that need to be made. It is agreed that the transition to full-time care will be made as smoothly and seamlessly as possible to reduce any anxiety or confusion for Robert. Robert's family say they are happy to work as part of the team to make the transition as easy as possible.



Practice task 17

1. List two people that should be included in case plan negotiations.

.....

.....

2. What is the main priority for changing a case management plan?

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.....

Click to complete Practice task 17

4D Document all case work interventions in accordance with workplace requirements

When planning an intervention, there are protocols relating to documentation that must be adhered to. If working between agencies, there are inter-agency and service agreements that need to be created to record the agreed terms and conditions of the collaboration. Protocols may be included in inter-agency documentation to provide a hands-on outline of how the agencies will work together.



Relevant documentation protocols

There are various reasons that protocols need to be developed. It may be in response to an issue or concern, or to provide guidance for a new process or goal. Case management documentation protocols may include roles and responsibilities of various agencies, referral processes, assessment, delivery of support and exit planning.

Protocols are usually developed to assist:

- ▶ service delivery
- ▶ sharing of information
- ▶ case management and coordination for people with complex needs.

Documentation requirements

If there is more than one service or agency providing case management support, it may be necessary to develop documentation that outlines the basis for the collaboration of the different parties. Collaboration may be required at state, regional or local levels. To enable inter-agency partnerships, there must be documented agreements between all parties. The documentation requirements may include:

- ▶ background information
- ▶ the purpose and aims of the collaboration
- ▶ the parties to be involved
- ▶ principles that underpin the partnership
- ▶ the participating services' roles and responsibilities
- ▶ arrangements for monitoring and reviewing.

Evidence-based practice documentation requirements

Evidence-based practice (EBP) is an approach to support that focuses on applying the best available evidence to the person's circumstances and preferences. EBP is based on combining the best available research, professional expertise and the characteristics of the person, including culture and preferences. The goal of EBP is to provide a more systematic approach to support coupled with rigorous documentation of assessments and outcomes, which will in turn clarify which strategies work best and will accelerate progress in quality of care.

EBP relies on documentation that:

- ▶ is accurate and concise
- ▶ is objective
- ▶ provides standardized, systematic assessment protocols
- ▶ provides information that supports the formulation of a treatment plan.

Confidentiality requirements

Confidentiality is critical to work in the community services sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access and self-concept, self-esteem and wellbeing.

Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside the scope for which the information was collected. Confidentiality refers to both written and verbal information. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent.



Example

Document all case work interventions in accordance with workplace requirements

Here is a sample of a confidentiality agreement that may be used between agencies or supporting staff.

I have read and understand the content of the **Organisation Name** Confidentiality Policy. I agree to act in accordance with the Confidentiality Policy.

I am aware that information that:

- a. is or has been obtained during, or in the course of my involvement, or has otherwise been acquired in trust due to involvement with the organisation,
- b. relates particularly to the organisation’s business, clients or that of other persons or bodies with whom we have dealings of any sort, and
- c. has not been made public by, or with our authority, is confidential, and (save in the course of our business or as required by law) an employee/volunteer/service user shall not at any time, whether before or after the end of their involvement, disclose such information in any form to any person without our written consent.

I agree to exercise care to keep safe all documentary or other material containing confidential information, and at the time of end of my involvement with the **Organisation Name** or at any other time upon demand, return to the organisation any such material in my possession.

I agree not to disclose any information held by the organisation and not independently available to a third party without the individual’s written consent and permission from Management.

I realise that a breach of confidentiality is considered an act of gross misconduct and is subject to disciplinary action.

Signed: _____

Dated: _____

Source: www.communitydoor.org.au

Practice task 18

1. List two inclusions that may be required in inter-agency documentation.

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2. Provide a brief definition of evidence-based practice.

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.....

Click to complete Practice task 18

4E Implement case closure in accordance with organisation procedures

Monitoring processes may reveal that a person has reached their goal, they are satisfied with the outcomes and no longer require support. If relevant parties agree, the case can then be closed according to service protocols. All parties involved in the case should have a clear understanding of why a case can be closed, and understand the processes and procedures for doing so. Cases may be closed when:

- ▶ the person no longer wants the service
- ▶ the person no longer requires the service
- ▶ all goals in the case management plan have been achieved
- ▶ there are other agencies that can better coordinate the person's needs
- ▶ the person requires a higher level of support
- ▶ the time frame for service delivery has ended
- ▶ the person is no longer eligible for the services.



Implement case closure

It is important to take great care when closing a case so the person does not have feelings of abandonment. Case managers should work with the person to acknowledge any negative feelings and capitalise on their positive emotions. Validating and normalising a person's fears and their anger towards the closure process is helpful. Case managers can also help the person reflect on the progress they have made and emphasise the person's independence.

It is the case manager's role to help the person to transition from the service, whether the transition is to another service or whether the person will no longer participate in any form of case management. The person should be connected with a range of family and community resources prior to the case closing to ensure that support continues if necessary. People from culturally and linguistically diverse (CALD) backgrounds may benefit from social connections with people from a similar background. Likewise, many Indigenous Australians benefit from connecting with services and resources that are run by other Indigenous Australians.

Processes for case closure

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

Here are processes for closing a case.

- Case closure steps**
- ▶ Establish reasons for closing case.
 - ▶ Communicate with all stakeholders.
 - ▶ Link the person to resources and supports in the community.
 - ▶ Document the person’s exit.
 - ▶ Develop a follow-up plan with relevant stakeholders.
 - ▶ Write a formal letter to participants.
 - ▶ Supervise and delegate tasks within the boundaries of your role.
 - ▶ Keep a copy of forms in the person’s files.

Example

Implement case closure in accordance with organisational procedures

Here is an example of a client exit form.

Client exit form

CLIENT DETAILS

Name:

Address:

Phone no.:

Date of birth:

Next of kin or contact person:

Address:

Phone:

PROGRAM/ACTIVITY DETAILS

Broadly, what programs/activities did the client access?

Children <input type="checkbox"/>	Youth <input type="checkbox"/>	Substance misuse <input type="checkbox"/>	Training <input type="checkbox"/>
Elderly <input type="checkbox"/>	Parenting <input type="checkbox"/>	Disabilities <input type="checkbox"/>	Health <input type="checkbox"/>

Other (please specify):

Has a client feedback sheet been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Reason for exit:

Additional comments:

EXIT APPROVAL

Referral office/case worker:

Signature: Date:

Supervisor/manager:

Signature: Date:

Source: www.communitydoor.org.au

Practice task 19

1. List two reasons that a case may be closed.

.....

.....

2. List three case closure steps.

.....

.....

.....

Click to complete Practice task 19

Summary

1. Once established, goals and implemented services and programs need to be continually monitored for effectiveness.
2. Procedures should be in place for how and how often goals, services and the satisfaction of clients and stakeholders will be monitored.
3. Changes may occur or need to be implemented during the case. Processes need to be in place to facilitate these changes, and for alternative interventions to be decided upon.
4. Negotiation should occur with the client and relevant stakeholders about which changes need to be made, how changes need to be made and when changes need to be made.
5. Facilitation, assertiveness, effective communication and interpersonal skills are required to successfully negotiate changes or sustain ongoing interventions.
6. Organisational policies and procedures must be followed when closing a case to ensure the process is successful for all involved.

Learning checkpoint 4

Monitor and review case work activities and processes

This learning checkpoint allows you to review your skills and knowledge in monitoring and reviewing casework activities and processes.

1. Briefly describe one way a communication strategy could be implemented in the monitoring process.

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2. Describe one way you could use referral feedback to assess the need for change in a case plan.

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3. List two parties that may be involved when negotiating changes to the case plan.

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4. List two requirements of evidence-based practice documentation.

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5. Provide two reasons why documentation protocols may need to be developed.

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6. Provide two reasons why a case may be closed.

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