

CHCCSM006

Provide case management supervision

Release 1

Learner guide

Aspire version 1.2



Copyright Warning

This product is copyrighted to
Aspire Training & Consulting
(ABN 51 054 306 428).

Aspire Training & Consulting owns all copyright to its products. Except as permitted by the *Copyright Act 1968* (Cth) or unless you have obtained the specific written permission of Aspire Training & Consulting, you must not:

- reproduce or photocopy this product in whole or in part
- publish this product in whole or in part
- cause this product in whole or in part to be transmitted
- store this product in whole or in part in a retrieval system including a computer
- record this product in whole or in part either electronically or mechanically
- resell this product in whole or in part.

Aspire Training & Consulting:

- invests significant time and resources in creating its original products
- protects its copyright material
- will enforce its rights in copyright material
- reserves its legal rights to claim its loss and damage or an account of profits made resulting from infringements of its copyright.

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	September 2017	First release
Release 1, version 1.2	November 2019	Updated to reflect the new Aged Care Quality Standards

Aspire is committed to developing quality resources that meet the needs of our customers. However, occasionally Aspire finds, or is notified of, errors. Please refer to our website at www.aspirelr.com.au to see if there are any updates that may be relevant to you.

Every effort has been made to ensure the information in this book is accurate; however, the author and publisher accept no responsibility for any loss, damage or injury arising from such information.

Except where an information source is acknowledged, the names and details of individuals and organisations used in examples are fictitious and have been devised for learning purposes only. Any similarity to actual people or organisations is unintentional.

All websites referred to in this unit were accessed and deemed appropriate at time of publication.

Aspire Training & Consulting apologises unreservedly for any copyright infringement that may have occurred and invites copyright owners to contact Aspire so any violation may be rectified.

CHCCSM006 Provide case management supervision, Release 1

© 2017 Aspire Training & Consulting
Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone (03) 9820 1300

First published September 2017
Reprinted (with amendments) November 2019

Cover design Rewind Creative
Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street,
Port Melbourne VIC 3207

e-ISBN 978-1-76059-448-0 (PDF version)
ISBN 978-1-76059-442-8

Contact details

Participant

Name:

Start date:

Phone number:

Email:

Work location

Name:

Address:

Postal address:

Workplace supervisor name:

Phone number:

Fax:

Email:

Registered Training Organisation (RTO)

Name:

Address:

Postal address (if different):

Phone number:

Fax:

RTO contact name:

Mobile:

Email:

Contents

Before you begin	vii
Topic 1 Provide leadership	1
1A Leading and supporting case workers	2
1B Staff training and development	14
Summary	21
Learning checkpoint 1	22
Topic 2 Legal and ethical compliance	25
2A Best practice in case management	26
2B The legal and ethical framework	36
Summary	51
Learning checkpoint 2	51
Topic 3 Continuous improvement	55
3A Monitor and evaluate	56
3B Meet legal compliance	61
3C Evaluate own performance	66
Summary	72
Learning checkpoint 3	73

Before you begin

This learner guide is based on the unit of competency *CHCCSM006 Provide case management supervision*, 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.

Icon	Feature	How you can use each feature
	Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	▶ These highlight key learning points and provide realistic examples of workplace situations.
	Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
	Video clips	▶ Where QR codes appear, you can use a smartphone or other device 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
	Summaries	▶ Key learning points are provided at the end of each topic.
	Learning checkpoints	▶ 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 ▶ 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. ▶ 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 Provide leadership	1A Leading and supporting case workers	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Staff training and development	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Legal and ethical compliance	2A Best practice in case management	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B The legal and ethical framework	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Continuous improvement	3A Monitor and evaluate	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Meet legal compliance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Evaluate own performance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn about:

1A Leading and supporting case workers

1B Staff training and development

Provide leadership

Strong and supportive leadership is necessary for case workers to be able to provide clients with high-quality services.

Effective case workers must be able to manage multiple challenges on a day-to-day basis. They are required to deal with complex and diverse client needs and manage a range of contingencies in a changing and increasingly complicated service environment.

It is vital that those in leadership roles have the skills and knowledge necessary to appropriately lead, supervise and support these case workers. Effective leadership involves applying a wide range of skills to facilitate optimal work performance from case workers, resulting in high-quality outcomes for clients.

Watch the unit introduction video here.



1A Leading and supporting case workers

Sound leadership and support enables case workers to deliver high-quality case management services that reflect best practice.

The role of case workers can be complex and challenging. However, support can be provided in various ways, as long as it occurs in line with organisational policies, procedures and protocols.

Case management

Case management is a process in which a case manager (also known as a case coordinator or service coordinator) coordinates a range of services to address a client's co-existing needs.

The case management process involves:

- ▶ identifying and assessing client needs
- ▶ setting goals and implementing strategies to meet client needs
- ▶ monitoring and evaluating the effectiveness of client services and strategies.

Case management is a collaborative process involving the case manager, the client and relevant stakeholders. The client is the most significant stakeholder in the process, and their needs and aspirations inform the basis of the case plan.



Case management involves dealing with a wide range of legal and ethical obligations, including duty of care, and managing the risks that have been identified in relation to the client and the case worker. These will be discussed in detail in Topic 2.

Each organisation that offers case management services has their own policies, procedures and protocols that they use to implement the case management process. Case management must always be implemented systematically and transparently, within the relevant legal and ethical framework.

Theory and practice of case management

In theory, best practice case management is based on a client-centred approach.

In practice, case management has become increasingly dependent on the interpersonal and communication skills of the case worker to acquire resources, negotiate waiting lists, work within budgetary constraints, arrange funding and negotiate services from other health professionals.

As a supervisor, you need to nurture, mentor and monitor the interpersonal and negotiation skills of case workers to ensure the best client outcome is achieved. Different models of case work may be used. Regardless of the model of case management implemented, the underpinning approach must be person-centred, strengths-based and goal-oriented.

The following table outlines various models of case management.

<p>Brokerage model</p>	<p>In the brokerage model, the case manager provides no direct services to the client. Instead, they act as a conduit, facilitating and arranging access to services to meet needs ranging from personal care through to social and psychological support.</p>
<p>Clinical model</p>	<p>The clinical case management model is an extension of the brokerage case model, in that the case manager facilitates and arranges access to services. The clinical case manager also provides services. The case manager must be appropriately qualified to provide services. Examples of personnel qualified to provide clinical case management services include social workers and nurses.</p>
<p>Assertive community treatment model</p>	<p>In both the brokerage and clinical case management models there is usually a single case manager. Assertive community treatment instead involves a team approach. There is no single case manager, but a team whose members all contribute.</p>
<p>Rehabilitation model</p>	<p>Rehabilitation case management focuses on outcomes. The key aim of this model is to restore clients to their previous levels of functioning, or their own optimal level of functioning. This model can be effective because it helps the client focus on their goals and achievements.</p>

Case plans

A case plan is used to support a client (usually with complex needs) to access the range of services they require.

The case plan is an overarching plan that sets out the goals, strategies and resources that will be used to support clients with complex needs. These clients will most likely be accessing multiple services. It is a living document that offers practical opportunities for the client to reach goals and experience the highest possible quality of life (QOL).

Case plans have different names, including:

- ▶ care plans
- ▶ person-centred plans
- ▶ support plans
- ▶ service agreements
- ▶ NDIS plans
- ▶ individual service plans (ISPs).

The case worker will be largely responsible to ensure that the case plan is appropriately developed, implemented, monitored and reviewed. This requires them to liaise with the client and any other stakeholders who need to be involved in the case planning process.

As well as an overarching case plan, which indicates all the broad client goals and strategies, most of the practitioners who are working with the client will have a plan specific to their own area of service delivery.

Components of a case plan

Case plans have a number of components. Client needs and aspirations must be identified as these will form the basis of the case plan.

Planning services and support strategies should be a collaborative process, involving the client or their representative, significant others, and relevant stakeholders from organisations providing services.

Planning should occur at a formal planning meeting (or series of meetings), and should be person-centred and client-driven.

The components of an effective case plan are outlined here.

Goals

- ▶ These are the outcomes the client wishes to achieve through the services they access. Goals may be in relation to any area that is within the parameters of the organisation's services. The client must be supported to have an optimal level of self-determination when setting goals and making decisions about their life. Aim to make the goals measurable.

Strategies

- ▶ These are the actions that will be taken to support the client to work towards their goals. All case plans should specify what each service, the client and any natural supports will do in relation to reaching the goals.

Specification of roles

- ▶ This involves specifying the roles and functions of other services/organisations and the job roles of staff involved in the support strategies.

Specification of resources

- ▶ This refers to the human, material and/or financial resources required to support the goal. It is vital that funding opportunities and limits are clear, so that the case worker can manage the costs involved with services from the client's individual funding package or other funding source.

Time frames and review dates

- ▶ Set out the time frame for the case plan and the scheduled time at which the plan or elements of the plan will be reviewed. At the time of formal service planning, establish how the plan will be monitored to see if the client is making progress towards their goals, or if issues or concerns have arisen.

SMART goals

Goals should be set in a 'SMART goal' format. If they are not, it will be very difficult to measure when or if they have been reached.

Goals that do not follow this 'SMART' format will be difficult to monitor. For example: 'Ronald will get fit' – There are no indicators of what 'fit' is or when this needs to be accomplished.

The 'SMART goal' format is outlined here.

Specific



Examples:

- ▶ Adele will reduce the incidence of falls by 50 per cent by 1/10/2018
- ▶ Amanda will be heroin-free by 15/5/2018

Measurable



The progress towards the goal must be measurable. This means it can be tracked, and there are clear and specific outcome indicators with which to measure progress towards the goal.

Attainable



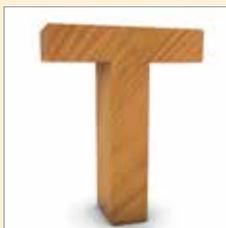
Goals should have a reasonable degree of challenge, but must not be set beyond clients' capabilities.

Realistic



The goal should be within the capacity of the service provider to support. Resources and time must be available, and costs must be factored in.

Time-framed



A time should be set by which the goal will be met.

Specialist assessments

Before the case plan can be developed, clients may require clinical assessments to determine how best to manage their complex needs.

Clinical assessments relating to medical, psychiatric, psychological, allied health or other specialty areas must be undertaken by appropriately qualified personnel. You will need to access this specialist knowledge and use it to develop the case plan. Specialist input in the assessment stage provides critical information that informs the goals and objectives of the case plan.

As a supervisor, you need to monitor case workers when they are developing the case plan to ensure the information is used and incorporated correctly so the outcomes and case work objectives can be met. Each client's situation is individual, and only specialist information relevant to the client's situation will be used to inform the case plan. As a supervisor you need to make sure the plan is achieving effective outcomes by monitoring:

- ▶ the case worker
- ▶ the progress of the case plan
- ▶ progress of the client.

Provide supervision

Taking a leadership role when providing case management services involves a range of supervisory and leadership skills, which are interconnected.

Supervision involves:

- ▶ watching over or observing staff
- ▶ directing staff to perform their roles
- ▶ providing staff with support and professional development.

When providing leadership through supervision, you must have a sound understanding of your role requirements, as well as the limitations and boundaries of your role. This means you must ensure that any support, practice advice and direction provided to case workers is within the parameters of your role and authority determined by the organisational structure.



Scope of practice

The scope of practice refers to the actions and procedures that a worker is permitted to undertake as part of their role.

Each job role will have its own position description reflecting the scope of practice, qualifications, skills, knowledge, and any licensing or endorsements connected with the role. You must only undertake activities and duties that are outlined in your position description.

The scope of practice assigned to a job role will reflect the qualifications, licences and duties that apply to the role. For example, if a case worker does not have supervisory

experience or qualifications, providing supervision may be outside of their scope of practice. Providing legal advice to a client would also be outside a case worker’s scope of practice.

As a supervisor, you must monitor case workers to ensure they only provide services that are within their scope of practice.

Theory and practice of supervision

Supervisors must ensure that case workers understand how the underpinning knowledge of case management links with the practical tasks and duties of the case management role.

The overarching model of supervision used in case management is situational learning – learning that takes place in the environment or context of service. This may include clinical supervision or group supervision. Both types are explained below.

Clinical supervision



Clinical supervision involves a more experienced or senior member of staff (the supervisor) undertaking regular, formal sessions with a staff member (the supervisee), usually one-on-one. Clinical supervision aims to improve the skills of the supervisee. It includes planning for observation, analysis and treatment of the case worker’s performance. Supervision sessions are usually recorded or documented. The developmental needs identified in the sessions will be used to inform the supervisee’s professional development plan.

Group supervision



Group supervision involves case workers learning by group discussions and interactions with each other. This model may use case studies and simulations for approaching problems and situations. Group supervision gives the supervisees the opportunity to learn by observation.

Strategies to provide support

All support, practice advice and direction provided by a supervisor must be appropriate to the needs of the case worker and the organisation.

As a supervisor, you need to identify strategies that can be used to ensure continuous improvement of the skills and knowledge of case workers. These strategies must be developed into procedures and practices, and become part of the work systems used to provide client care. You must use the most appropriate strategy to ensure continuous improvement.

Strategies to promote the continuous improvement of case workers include:

- ▶ implementing a formal performance review process into work systems
- ▶ helping case workers to access subject matter experts
- ▶ implementing a mentoring program where case workers can receive support from a more experienced case worker
- ▶ holding regular meetings to address issues and give advice
- ▶ holding one-on-one discussions or catch up meetings to monitor the progress of the case worker.

Reasons to provide support

Case workers have many responsibilities and may require support in their role for a number of reasons.

Support must occur within the organisation's policy and procedural framework, and be underpinned by professional service standards, codes of practice and legislation. The following provides reasons why case workers may require support.



Case loads

Some case workers have a large case load (number of clients they are providing case management services to). This may be due to internal operational matters and/or high demand for services from clients. Case loads must be monitored to ensure they are manageable for the case worker, and to ensure clients do not receive substandard services due to case workers being overworked.

Client needs

Clients in this sector are likely to present with complex needs. Resources may not always be readily available, and the volume and inter-relationship of client needs can sometimes create additional service priorities, which stretch case workers' abilities.

Legal and ethical issues

Case workers may need to follow intricate procedural requirements, and often need support and guidance to navigate complex policy and procedural requirements, such as the legal and ethical requirements of their role.

Inexperience

New case workers may require intensive professional guidance, support and supervision when they first start out.

Specialised client needs

A client may have specialised support needs, which the organisation may not be familiar with. A case worker may therefore need support to understand the specialised needs, and facilitate service provision.

Personal safety and risk

Case workers may require support to remain safe when working with clients in particular circumstances. Some clients may display behaviours of concern (BOC), resulting from disability, mental health issues, or alcohol or other drug (AOD) issues. Strategies may need to be in place to ensure case workers' safety during contact with clients and to eliminate or minimise the risk of harm.

For example, a home visit may require two case workers to attend, or a case worker may need to phone their team leader at pre-determined intervals during the home visit. If the phone call is not made, there is a contingency plan to establish the case worker's safety.

Such strategies must be made with and approved by senior staff, and the risks associated with clients must be assessed and managed so that case workers are not placed at unreasonable risk.

Emotional demands

Case workers may be exposed to situations that can produce intense emotional responses. This may include situations involving family or intimate partner violence, child abuse, removal of children from the home, terminal illness, palliative care and death.

Case workers may require support to manage their emotional responses, particularly if they are less experienced.

It is critical that you monitor such situations, and take actions to prevent case workers from experiencing stress, trauma or burnout.

Legal issues

Case workers may be dealing with client issues of legal significance. For example, certain matters in a client's case may be under court orders. You may need to advise case workers not to undertake any actions that are unlawful or may compromise a court hearing.

Changing service industry

Changes may occur in relation to a range of practice areas, including funding, legislation and industry determinations of best practice. Case workers need to understand and respond to these changes.

Professional development

An integral part of your role as a supervisor is to support the professional development of case workers. This is an inherent element of leadership, and a standard expectation across organisations in the health and community services industries.

Provide practice advice

Practice advice is information that is given to a case worker to assist them to act or make decisions in their case work.

Case workers may seek advice from their supervisor or others, if appropriate. You may provide advice to a case worker in meetings or in one-on-one discussions. As a supervisor, you may offer practice advice without the case worker asking for it because you have observed that the case worker needs the advice.

A case worker may also seek advice from a subject matter expert (SME) in a specific area of practice; for example, seeking specialist advice on a client's AOD issues from a qualified AOD practitioner. Even client family members may be considered an SME.

Advice is not a direction or instruction to do something, but may be discussed, weighed up and analysed by the case worker. Case workers should keep in mind that advice given by senior staff or other SMEs is probably very valuable, as it is usually the result of significant experience in similar situations.

Case workers may seek advice from the following SMEs and government bodies:

- ▶ psychologists
- ▶ psychiatrists
- ▶ behavioural specialists
- ▶ medical specialists
- ▶ communication experts
- ▶ educational experts
- ▶ cultural experts
- ▶ allied health practitioners
- ▶ work health and safety (WHS) experts
- ▶ legal experts
- ▶ funding bodies
- ▶ regulatory bodies.

Debriefing

Debriefing is a process to support staff who have been involved in a critical incident.

Debriefing may occur one-on-one or in a group discussion with staff who have been involved in the incident. Debriefing sessions may be led by peers, other suitably skilled professionals, or a therapist/counsellor, depending on the situation and organisation. The main purpose of debriefing is to assist the worker to process the effects of the critical incident, and to reduce the likelihood of long-term trauma. Debriefing helps to identify whether further counselling may be needed.



Examples of critical incidents are:

- ▶ natural disasters
- ▶ violence or sexual assault directed at a staff member or other person
- ▶ life-threatening situations
- ▶ siege or hostage situations
- ▶ bomb threats
- ▶ client self-harm
- ▶ client or staff death (including suicide and murder).

Provide direction

Direction may involve suggestion and guidance, or giving direct instruction to a case worker.

Supervisors frequently give directions to case workers by formally directing or instructing the case worker to undertake or refrain from doing a specific action.

As a supervisor, you need to identify when to give directives to case workers; case workers may not understand the full implications of the situation they are in and may require decisive direction from you.

The following table outlines further information on development strategies that can be used to support a junior case worker.

<p>Provide support</p> <p>What it involves</p> <ul style="list-style-type: none"> ▶ Demonstrate active and reflective listening. ▶ Demonstrate empathy. ▶ Undertake appropriate measures to assist and reduce the case worker's perceived burden. <p>Considerations and cautions</p> <ul style="list-style-type: none"> ▶ Maintain professional boundaries. ▶ Ensure support remains professional and does not become personal. ▶ Uphold client confidentiality. ▶ Uphold duty of care obligations to the organisation, case worker and their clients.
<p>Provide practice advice</p> <p>What it involves</p> <ul style="list-style-type: none"> ▶ Share professional experience and knowledge with the case worker to help them make decisions and take appropriate actions. ▶ Support case workers to access relevant SMEs. <p>Considerations and cautions</p> <ul style="list-style-type: none"> ▶ Maintain professional boundaries. ▶ Uphold duty of care obligations to the organisation, case worker and their clients.
<p>Provide direction</p> <p>What it involves</p> <ul style="list-style-type: none"> ▶ Guide and influence the case worker. ▶ Give formal directives to staff in a group or one-on-one meeting. ▶ Give verbal or nonverbal feedback. <p>Considerations and cautions</p> <ul style="list-style-type: none"> ▶ Ensure directions are within parameters of policies and procedures, and level of authority. ▶ Maintain professional boundaries. ▶ Uphold duty of care obligations to the organisation, case worker and their clients. ▶ Uphold the case worker's confidentiality. ▶ Document verbal directives given to staff, especially if staff performance issues are involved.

Example

A case plan

Adele is 82 years old and has Parkinson's disease. She is receiving case management services through Upper City Community Services Association (UCCSA). Her case worker is Maureen.

Adele lives in her own home, but requires a range of services to remain living there safely. She does not have any family and is socially isolated. As a result, she experiences ongoing depression.

Adele's mobility is compromised by her Parkinson's disease, and she has been classed as a high falls risk by her neurologist and physiotherapist.

Adele often skips meals, as she struggles with motivation to prepare her food due to her depression.



In collaboration with Adele and her medical and allied health practitioners, Maureen has developed a suite of services to address her key needs, including:

- ▶ Neurologist to treat her Parkinson's disease.
- ▶ Psychiatrist to monitor and treat her depression.
- ▶ Psychologist to provide counselling in relation to her depression.
- ▶ GP to monitor and treat her general health needs.
- ▶ Physiotherapist to monitor and prescribe strategies to optimise her mobility, strength and balance to reduce her falls risk.
- ▶ Occupational therapist to monitor and provide strategies, aids, adaptive devices and home modifications to optimise her safety, functional capacity and independence.
- ▶ Social support to provide opportunities for social connection and reduce her social isolation.
- ▶ Personal care support to assist with showering and self-care.
- ▶ Meals-on-Wheels service to ensure that Adele receives an adequate nutritional intake.

Adele's overarching case plan includes all of the above service inputs. However, each of the practitioners involved will maintain their own plans so that they can monitor and evaluate Adele's progress in their specific area of expertise.



Practice task 1

Click icon to complete interactive version

Check your understanding of leading and supporting case workers.

Question 1

Match each model of case management to its definition

- | | |
|---|---|
| * The brokerage model | * This model focuses on outcomes. |
| * The clinical model | * The case manager provides no direct services to the client. |
| * The assertive community treatment model | * There is no single case manager, but a team whose members all contribute. |
| * The rehabilitation model | * The case manager may facilitate, arrange access to and provide services. |

Question 2

Which of the following outline the aims of clinical supervision? Tick all that apply

- Develop the supervisor's practical skills
- Assist the case worker's professional development
- Ensure the case worker upholds all legal and organisational requirements
- Ensure the case worker understands and upholds ethical responsibilities

Question 3

Briefly describe what is involved when providing support for a case worker, including the considerations and cautions that may apply.

Question 4

How should support be provided to a junior case worker and what does this need to comply with?

1B Staff training and development

Providing opportunities for staff training and development is an important aspect of your role as a supervisor.

Case workers need to be trained so that they can provide clients with the best possible case management. Training also helps to ensure that the case workers meet the legal requirements of service provision. As a supervisor, you need to be aware of and implement any additional training required by case workers. You may also need to access emotional support for a case worker and undertake their formal performance review.

Training and development strategies

To provide the highest possible case management services to clients, it is vital that case workers undertake training and professional development.

This is to ensure that current best practice approaches continue to be implemented.

Laws apply in relation to staff training and development. Organisations must comply with these laws to achieve and maintain accreditation.

Organisations may use a training matrix to specify which staff members require training and when this will occur. This systematic approach ensures that no staff training is missed. Training priorities are determined by the urgency of risks to service provision, operations and other legal risks, as well as resourcing issues.

Training needs analysis

Supervisors who are responsible for training and staff development may undertake a training needs analysis (TNA) to determine which case workers should undergo training and developmental activities.

The TNA will consider the following factors to determine the training and development needs of staff.

Staff roles



The TNA will consider the knowledge and skills required by case workers to demonstrate best practice when providing client care, ensuring they keep up to date with best practice approaches.

Professional development requirements



The TNA will consider training that must be undertaken in some job roles, such as allied health professionals, and registered and enrolled nurses. Services and organisations consider these requirements when planning their organisational training calendars.

Client needs



The TNA will consider the continually evolving needs of the client base. Organisations must ensure that their case workers are equipped to provide the highest possible standards of support services. The health and support needs of the client may change suddenly or gradually. As these needs change, the case worker may require new skills or need to build on existing skills.

Mandatory training



The TNA will consider case workers in specific sectors, such as aged care, who must undertake mandatory training in manual handling, and fire and emergency management. This must be demonstrated at accreditation audits. If the training has not been done, the facility may compromise its accreditation status.

Health and safety legislation also requires organisations to provide health and safety training as appropriate to the specific needs of the workplace.

Staff performance appraisals



The TNA will consider areas that require further professional development. Case workers can identify areas they have an interest in, where they may want to receive further training and development. Professional development areas may include evidence-based practice skills, alcohol and other drugs (AOD) issues, or dealing with behaviours of concern.

Clinical supervision



Development needs and gaps in practice knowledge may be revealed in clinical supervision sessions. The TNA will identify these gaps as an area that needs to be addressed with further training.

Changes in legislation and regulations



The TNA will consider the requirements of new laws and regulations that impact on service delivery. Legislation, standards, obligations and codes of practice are regularly updated and adjusted. It is critical that all case workers receive training in the current practices and approaches to case management.

Changes to funding systems and criteria



The TNA will consider changes to funding systems, mechanisms or criteria. Case workers need to be aware of changes in requirements and eligibility guidelines when developing client plans.

Increasing complexity and diversity of client support needs



The TNA will consider changes in the diversity and complexity of clients' support needs. This may be a catalyst for training to ensure that case workers can provide high-quality services to increasingly diverse client cohorts.

Other indicators of staff training and development needs

Events may occur in an organisation that indicate staff training and development is needed.

The following may trigger staff training and development.

Critical or adverse incidents

- ▶ If a critical or adverse incident has occurred, it may indicate that case workers were unable to deal with a particular situation. They will require debriefing and further training in relation to such incidents.

Complaints

- ▶ Complaints may indicate that a case worker may need additional training and development in a specific area.

Audits

- ▶ Internal audits and external accreditation audits may indicate skills or knowledge gaps that need to be addressed.

Staff self-assessment and self-reflection

- ▶ A case worker may request specific training or professional development if they have identified a lack of skills or proficiency in a specific area.

New, unique or specialised client support needs

- ▶ A client may have care or support needs that case workers are not familiar with, such as chronic mental health needs or the use of an EpiPen. Alternatively, the needs of the client may have changed or increased.

New service areas

- ▶ An organisation may diversify or expand its areas of service delivery, meaning that staff will require training in these new areas.

Staff turnover and absenteeism

- ▶ A high level of staff turnover and absenteeism may indicate low morale and poor motivation. Staff training and development may be required to address the factors that have led to this.

Increased rate of accidents or injuries

- ▶ This may indicate that health and safety training is required.

Client dissatisfaction and withdrawal from services

- ▶ This may indicate poor-quality services, which must be addressed so the organisation can appropriately service clients and continue to operate.

Unmet client goals

- ▶ A high rate of unmet client goals in case management plans may indicate skill gaps in relation to providing the support activities and facilitating client success.

Service duplication

- ▶ This may indicate case workers' inability to appropriately coordinate client services.

Provide consultation

Consultation is a way of providing informal training and professional development to junior case workers.

Consultation with other case workers helps to support case workers emotionally and psychologically, as they often deal with challenging situations and may feel isolated. Such support can result in long-term and sustainable careers for case workers. A supervisor should facilitate opportunities for case workers to undertake consultation.

Strategies that can help to facilitate consultative relationships with other case workers

- ▶ Conduct team meetings with other case workers in the organisation, or with service providers from other organisations in relation to specific clients and cases.
- ▶ Establish working committees in specific areas, such as health and safety, quality management and new areas of practice.
- ▶ Allocate a buddy when a case worker is first employed in the organisation to help them learn the ropes. The new case worker will work closely with their more experienced buddy, sometimes initially shadowing them.
- ▶ Establish a mentorship – pair an experienced case worker with a less experienced staff member in an ongoing and supportive relationship, in which the mentee learns from the professional practice of the mentor.
- ▶ Conduct clinical supervision.
- ▶ Monitor case workers' outputs, and identify opportunities for collaboration and consultation between case workers who have clients with similar issues.

Give case workers access to specialist knowledge

Case workers may need to consult a specialist or an SME to extend their knowledge to manage a case plan.

You must ensure that scope of practice issues are managed when arranging consultation with experts. For example, if a staff member needs advice on client medical issues, they will need to be able to understand and implement the advice.

The specialist or SME must be selected carefully and be appropriate for the situation the case worker will be engaged in. This will ensure high-quality and relevant advice and consultancy.



Specialist input may be needed when:

- ▶ there are complex legal/ethical matters
- ▶ the client has medical issues
- ▶ changes have occurred to the law and regulations
- ▶ changes have occurred to funding systems or criteria
- ▶ client matters are under legal proceedings
- ▶ there are significant legal risks
- ▶ there are health and safety risks
- ▶ clients have care/support needs that are unique or new to the organisation
- ▶ client cases and issues are leading to worker stress, trauma or burnout
- ▶ there are emotional issues, such as child abuse and death.

Example

Support case workers

Roy is a case worker who has been transferred to the rehabilitation unit. His client Jackson is recovering from an acquired brain injury (ABI). Roy has not worked with ABI clients before, and is looking forward to this new role.

Libby is Roy’s supervisor and meets with him to discuss the support that will be available to him, including the training and development she will be providing in her supervisory role.

Libby introduces Roy to an ABI expert who provides Roy with advice on setting realistic goals and outcomes for Jackson. Libby also gives Roy the contact details of a cognitive therapist he can meet with to discuss the activities he should access to improve Jackson’s cognitive function.

Libby organises Stuart to be Roy’s mentor. Stuart is an experienced case worker who has worked with ABI clients before. Stuart sets up a meeting to discuss areas to include in the mentoring program.

As a result of Libby’s efforts, Roy feels supported and is looking forward to his new role.



Watch the example video here.





Practice task 2

Click icon to complete interactive version

Check your understanding of staff training and development.

Question 1

Which of the following statements in relation to training and development strategies are correct? Tick all that apply.

- Conduct a training needs analysis to identify training and development needs.
- Identify new or changed job role requirements.
- Train staff in tasks that are not relevant to their job roles.
- Identify legislation or regulations that impact on current job requirements.
- Consider the complexity and diversity of the client base.

Question 2

List **two** experts that you could direct a case worker to consult to gain knowledge and understanding of a complex client case.



Summary

- ▶ Case management is a process in which a case manager (also known as a case coordinator or service coordinator) coordinates a range of services to address a client's co-existing needs.
- ▶ The case plan is an overarching plan that sets out the goals, strategies and resources that will be used to support clients' needs.
- ▶ Before the case plan can be developed clients may require clinical assessments to determine how best to manage their complex needs.
- ▶ As a supervisor, you must ensure that any support, practice advice and direction provided to case workers is within the parameters of your role and authority, which is determined by your position description and the organisational structure.
- ▶ Clinical supervision assists the case worker's professional development and aims to ensure the case worker understands and upholds all legal, ethical and organisational responsibilities.
- ▶ Debriefing after a critical incident may occur one-on-one or in a group discussion with staff who have been involved in the incident.
- ▶ To provide the highest possible case management services to clients, it is vital that case workers undertake training and professional development.
- ▶ Supervisors that are responsible for training and staff development may undertake a training needs analysis (TNA) to determine which case workers should undergo training and developmental activities.
- ▶ Case workers may need to consult a specialist or subject matter expert (SME) to extend their knowledge to manage a case plan.



Learning checkpoint 1

Click icon to download this in Word format

This learning checkpoint allows you to review your skills and knowledge in leading and supporting case workers.

1. Identify at least **two** strategies that can be used to ensure the continuous improvement of case workers' skills and knowledge.

2. Explain how each of the following may indicate that staff training is required:
 - a. Clinical supervision
 - b. Changes in legislation
 - c. Changes to funding systems and criteria
 - d. Increased complexity and diversity of client support needs
 - e. Critical incident

3. A training needs analysis (TNA) will determine which case workers should undergo training and developmental activities.

Explain what the TNA will consider in relation to the following:

- a. Staff roles
- b. Professional development requirements
- c. Needs of clients
- d. Mandatory training
- e. Staff performance appraisals

4. As a supervisor, you may need to meet with case workers to offer support and provide leadership in best practice.

Suggest **three** considerations when providing direction, support and advice to case workers.

5. Provide **two** reasons why case workers could benefit from consulting with other case workers. Outline **two** strategies you could implement as a supervisor to ensure this consultation takes place.

6. Occasionally specialist input and knowledge is needed when managing a case plan. Give **three** examples of when specialist knowledge may need to be accessed and used by a case worker.

7. The overarching model of supervision used in case management is that learning takes place in the environment or context of service. Explain the characteristics of **two** types of supervision that can occur in this type of environment.



Topic 2

In this topic you will learn about:

2A Best practice in case management

2B The legal and ethical framework

Legal and ethical compliance

All strategies and developmental processes must be implemented according to best practice requirements and the organisation's legal and ethical framework.

Professional standards and ethical work practices provide the foundation for case management, and a wide range of legislation underpins and informs case management practices.

As a supervisor, you need to understand relevant legislation and other legal mechanisms that govern case management practices, and ensure these are implemented by case workers for optimal service delivery.

2A Best practice in case management

'Best practice' refers to the approach, practices and systems recognised by a particular industry that must be used to achieve quality outcomes, while upholding legal and ethical obligations.

Best practice forms the professional benchmarks that services are expected to achieve across service delivery. The funding and accreditation status of a service may depend on its ability to demonstrate it is operating according to best practice standards.

Best practice is underpinned by legislation and other elements of the legal and ethical framework and is put into practice through organisational systems, leadership and staff commitment. There is also a requirement for transparent service delivery, in which all organisational processes are open and applied equitably to everyone. Mistakes must be recognised and acknowledged by the organisation and staff.



Case plans must meet requirements by:

- ▶ being up-to-date
- ▶ complying with legislation
- ▶ reflecting current best practice.

Case plan requirements

Supervisors should challenge and support case workers to ensure their case plans meet legislative and organisational requirements.

Case plans should be up to date and in line with legislation. Ways to ensure case plans meet these requirements are described below.

Up to date

To ensure case work is up to date, check that the following occurs:

- ▶ Goals are time-framed.
- ▶ Reviews occur when scheduled.
- ▶ Appointments are kept.
- ▶ Milestones occur when anticipated.
- ▶ Documentation is current.
- ▶ Monitoring occurs in a timely manner.

Comply with legislation

All case work should occur within the policy and procedural framework of the organisation to ensure high-quality service delivery and legal compliance.

To do this, take the following steps:

- ▶ Ensure case workers have sufficient time to complete documentation and administrative duties to facilitate case planning and implementation. This may involve adjusting rosters, or delegating duties to other staff to free up a case worker.
- ▶ Support case workers to develop the skills, knowledge and capacity for contingency management to ensure their case plans meet the standards.
- ▶ Monitor the case work of staff.
- ▶ Seek feedback from clients.
- ▶ Devise professional development strategies to address developmental needs of case workers.
- ▶ Undertake performance management or disciplinary action, if required.

Ensure case workers reflect best practice

Case plans must reflect best practice approaches to case management, which put the client as the primary focus.

There are many factors that need to be considered and acted on to ensure that case workers are performing optimally and clients receive high-quality services.

Ensure that case workers implement best practice by:

- ▶ upholding the rights and responsibilities of clients
- ▶ addressing language, literacy and numeracy (LLN) issues
- ▶ upholding the client's right to self-determination
- ▶ using a CDC model of care
- ▶ demonstrating cultural competence
- ▶ upholding their ethical responsibilities
- ▶ using evidence-based practice.

Check case plan information

To ensure best practice is implemented into the case plan, discuss options with case workers to improve the case plan.

Strategies to access this information need to be implemented and used to ensure case plans reflect best practice and high-quality service provision. This information can be used to explore further client options, alternatives and adjustments to the provision of care. Once strategies have been determined, you can develop organisational policies, processes and procedures for the case worker when collecting key information.



Strategies you can implement as a supervisor include:

- ▶ Schedule regular case management meetings with specialists, e.g. allied health and mental health professionals.
- ▶ Participate in meetings with service providers seeking input into possible case plan options.
- ▶ Conduct research into funding bodies regarding available funds for additional services.

Processes and procedures for the case worker

- ▶ Procedure for stakeholder identification
- ▶ Procedure for scheduling meetings (including setting agendas and participant notification)
- ▶ Procedure for off-site meetings approval (including travel request and approval forms)
- ▶ Procedure for collecting confidential information
- ▶ Procedure for disclosing private or confidential information

Best practice approaches to case management

The best practice approach may depend on the type of clients accessing the service or industry sector.

Some services may use a combination of approaches to meet the needs of the client. A supervisor must ensure the case worker is following the guidelines of the approach that is used for clients they are case managing.

Current best practice approaches used in the health and community services industry are outlined here.

Strengths-based practice

Strengths-based practice focuses on what clients can do and what motivates them, rather than what they cannot do. It builds on existing skills and interests, and seeks to set people up to experience success.

Client self-determination is optimised, and value and respect are at the forefront of all interactions. The client is supported to set goals based on their aspirations and interests, which build on their existing skills and capabilities.

Strengths-based practice encourages the client to access the range of services that best suit their existing strengths and interests, and to build on these so that they will be more likely to reach their potential. Empowerment and capacity-building are central to strengths-based practice.

Person-centred practice

The person-centred practice begins at the intake and assessment stage and continues through the care coordination cycle. The person-centred practice encourages the client and/or their representative to identify services that best align to their goals and aspirations. It seeks to utilise the client's informal support as the client makes choices about their life.

Person-centred practice involves the following principles:

- ▶ Assumes that the client, rather than the case worker, should have the greatest say over their life.
- ▶ Places the client at the centre of decisions about their life and the support services they receive.
- ▶ Supports the client to identify and work towards their own goals and aspirations, rather than those that someone else has determined to be appropriate.
- ▶ Optimises self-determination and choice.
- ▶ Encourages the case worker to form meaningful partnerships with the client's significant others in the process of planning and support.
- ▶ Ensures that the priorities of service delivery are driven by the client's needs, not the organisation's interests.

Recovery-oriented practice

Recovery-oriented practice involves understanding the client and their perspective.

This facilitates inclusion and purpose, and helps clients with mental health issues to:

- ▶ gain and retain hope
- ▶ understand their abilities and struggles
- ▶ live the most fulfilling life possible with an optimal level of self-determination.

Some mental health conditions are chronic, and have no cure. Recovery-oriented practice does not give clients false hope; it works towards reducing the adverse impact that mental health issues have on the person's life to the lowest level possible.

Rights of the client

Case workers must uphold the rights of the client when managing their case plan.

Clients have service user rights that are specific to each sector, and are drawn from the wider legislation and standards that govern the particular sector. Client rights must be upheld throughout all aspects of service delivery. As a supervisor, you must ensure case workers are aware of their clients' rights and that all organisational responsibilities are upheld.



Language, literacy and numeracy (LLN) issues

Some clients may have LLN issues and find written or verbal information a challenge to understand.

Clients may need simplified information about their case plans or may need to receive predominantly verbal information. They may have difficulty understanding particular terms used to explain components of the case plan. Ensure case workers can identify when information is not being understood by clients and work to address this.



Methods to confirm that a client understands information include:

- ▶ Ask the client if they understand the information that has been given to them verbally.
- ▶ Check with the client to make sure they understand all written information that has been given to them.
- ▶ Ask the client whether they need any information explained or clarified.

Ensure client rights to self-determination

Clients of community services organisations have the inherent right to self-determination, which means having choice and control over their lives and the decisions about the services they receive.

Service providers and case workers must uphold the client's right to be free to make their own decisions. Self-determination is built on respect for the dignity and worth of clients. Codes of ethics apply to various sectors in the community services industry, which explain case workers' responsibilities.

Client outcomes achieved through case management services should reflect client choices, and be aligned with clients' ethics and values. Clients should be supported in their beliefs, even if these beliefs are not shared by staff or the organisation.

However, there are cases when the clients' beliefs will be not supported.

Clients' beliefs will be not supported in the following circumstances:

- ▶ The beliefs or practices associated with them are illegal.
- ▶ Actions arising from the beliefs may cause harm to the client or others.
- ▶ Case workers may be endangered.
- ▶ Abuse is occurring or reasonably suspected.
- ▶ The client cannot make an informed decision.
- ▶ There are issues relating to client age and consent.
- ▶ The organisation cannot provide a particular service.
- ▶ Court orders or other legal factors prevent certain actions from being taken.

Consumer Directed Care (CDC)

Under a CDC model, funding is attached to the client rather than given to service providers.

CDC is both a philosophy and a practice. It recognises that the client should have the greatest possible say in the services they receive, and enables them to do this by being able to choose where they use their funding for services. This means that if clients do not receive high-quality services, they may go elsewhere. The intended effect is to make community services organisations lift their standards, as they need to attract and retain clients. Disability services and subsidised home care are currently moving into CDC with the National Disability Insurance Scheme (NDIS).

Cultural competence

Culturally competent services must be planned and delivered with respect and consideration for clients' cultural identity.

Supervisors must support case workers to have the skills and knowledge to deliver culturally competent services. The ability for clients to express their cultural traditions and needs is a key factor in maintaining their emotional and psychological wellbeing. You must also demonstrate cultural competence towards case workers you are supervising.



Cultural competence can be demonstrated by:

- ▶ acknowledging case workers' cultural differences
- ▶ accommodating case workers' cultural holidays and festivals in work schedules, where possible
- ▶ learning about a culture that is specific to a case worker
- ▶ accepting cultural differences without bias or prejudice.

Consult with culturally specific workers

Ensure that case workers have access to culturally specific workers to support their development in cultural competence.

Some clients may have significant and complex cultural considerations requiring specialised service delivery. Specialised or culturally specific personnel may be needed to provide additional guidance and support for case workers to ensure their care is appropriate. If a culturally specific worker is needed, but is not directly employed by the service, they must be accessed using the relevant organisational protocols and processes.

To provide case workers with access to culturally specific workers you may use the following strategies:

- ▶ Develop policies that enable cultural consultation to take place.
- ▶ Allow case workers to meet with cultural experts as part of their professional development.
- ▶ Create a cultural competence plan that schedules regular information sessions with cultural experts, providing a platform for case workers to expand their cultural knowledge.

In addition, you may need to consult with cultural experts when supervising case workers, who could come from diverse cultures. You may need to build a professional network to access the knowledge and experience of peers and higher management in relation to working with staff of varied cultures.

Value base and belief systems

Your own beliefs and values must not affect your supervisory role.

Values stem from beliefs; both can change over time in response to different priorities and life conditions. Beliefs and values affect a person's behaviours and can influence judgments.

Assist case workers to develop an awareness of their own values and belief systems to ensure these do not impact on client care.

Your own values and beliefs may impact on the support you give a case worker. Take the following steps to ensure values and beliefs do not affect your attitude towards a case worker:



- ▶ Reflect on your personal values and beliefs.
- ▶ Ensure your personal values and beliefs do not affect your attitude towards case workers.
- ▶ Understand how your values and beliefs affect those you come into contact with.
- ▶ Ensure that any supervisory decisions made are not based on bias or prejudice.
- ▶ Understand that everyone is entitled to their own values, beliefs and attitudes.
- ▶ Avoid communicating your values and beliefs to case workers through your body language, gestures or actions.

Evidence-based practice

Evidence-based practice ensures that decisions about client support are informed by the relevant evidence.

It is used to assess needs and determine, monitor and evaluate services for effectiveness.

Evidence-based practice integrates input and information from the following sources to determine the best service options:

- ▶ Professional judgment, including the expert assessments, diagnoses and conclusions of relevant clinical specialists relating to the individual client.
- ▶ Stakeholder input – feedback from the client, their family and service providers.
- ▶ Research – external scientific evidence relating to the area of service need.
- ▶ Organisational data, including client observations and documentation, and organisational policies and procedures.

Evidence used in case plans

Evidence is information that can verify or disprove something, and can be used to draw conclusions and plan actions.

Evidence is collected to determine clients' needs in the assessment and case planning process. This informs the next steps in the case management process from planning and implementation, through to evaluation and review. Ensure that case workers use evidence-based data to inform the case plan by checking that decisions made, and strategies and resources used in the client plan are based on appropriate evidence.



Evidence may be gathered from:

- ▶ appropriately qualified practitioners using industry-endorsed assessment tools and screening methods
- ▶ feedback from clients and their family members
- ▶ input from service providers
- ▶ medical tests and clinical assessments
- ▶ records of interventions and their effectiveness.

Quantitative and qualitative evidence

A sound assessment process considers the full range of quantitative and qualitative evidence in relation to clients.

When collecting and analysing evidence as part of the assessment process, it is important to collect both quantitative and qualitative evidence.

Quantitative evidence

Quantitative evidence can be counted, weighed or measured, and is given a numerical value. It includes statistical data.

For example, if a client's goal is to lose weight, the total weight that is lost is quantitative evidence.

Qualitative evidence

Qualitative evidence is descriptive. It is evidence of people's perceptions, experiences and feelings about something. It can be drawn from interviews, direct feedback and observations.

The case worker needs to understand not only what the client's assessed needs are, but also how the client feels about their situation and the services provided. If this is not properly understood, services may be put in place that the client does not wish to utilise.

For example, the client on the weight-loss program may say that they found the meals on the program to be 'boring' and 'bland'. This was their perception of the experience, so forms qualitative evidence.

Example

Ensuring case workers meet best practice requirements

Chen has recently been employed as a case work supervisor in an organisation that specialises in services for homeless youth. Chen has had more than 10 years' experience as a case worker and understands the importance of documentation such as case plans.

One of Chen's first tasks as a supervisor is to prepare for an internal audit. The compliance manager wants Chen to check that case plans meet the required standards of service delivery and client outcomes.

Chen has developed a checklist of items she will be looking for in her audit. Her manager has asked her to focus on the evidence-based practices of the staff to ensure their research skills are adequate for the job. To do this, Chen will take a sample of case plans developed by each of the case workers from the last two years. She will then analyse and discuss the case plan documents with each case worker.

Chen wants to be able to demonstrate that the documentation produced by case workers meets not only the service standards, but also the professional expectations of the industry. Chen wants the case workers to come away from the exercise feeling confident they can identify best practice examples in their work, as well as areas they need to improve.

After the audit Chen produces a report on her findings. One of her recommendations is that case workers be given more time to keep their documentation up to date, and she has recommended the organisation runs a professional development activity to make sure staff are aware of current legislation and any recent changes.

Chen will also work with two case workers to ensure they have strategies for working with clients who have LLN issues. Chen has some good ideas she used in her practice as a case worker.

**Practice task 3**

Click icon to open online version

Question 1

Explain evidence-based practice and how it can be used

Question 2

Why do supervisors need to implement strategies to ensure consultation with stakeholders?

Question 3

Why do supervisors need to develop organisational policies, processes and procedures when collecting key information?

Question 4

Describe how values, beliefs and behaviours are linked.

Question 5

How should you respond when you suspect that clients may be exposed to risks?

2B The legal and ethical framework

All strategies and developmental processes must be implemented in line with the organisation's legal and ethical framework.

This framework imposes legal obligations, rights and responsibilities on the organisation, its staff and its clients. Some of the key components of the framework are:

- ▶ legislation and regulations
- ▶ professional standards
- ▶ service standards
- ▶ codes of practice, ethics, conduct and compliance
- ▶ funding criteria
- ▶ policies, procedures and protocols
- ▶ organisational structures
- ▶ position descriptions
- ▶ professional boundaries
- ▶ scope of practice boundaries
- ▶ awards and enterprise bargaining agreements (EBAs)
- ▶ duty of care obligations.



Legislation, regulations and codes of practice

Relevant legislation and regulations, together with codes of practice, conduct and ethics underpin case management practice.

Depending on the level of supervision required, you may need to:

- ▶ observe case workers participating in case management processes
- ▶ enable discussions on performance and improvement strategies
- ▶ mentor case workers in personal and professional growth through professional networks.

The following outlines how legislation, regulations and codes apply to the community services industry.

Legislation and regulations

Legislation refers to statutes (or laws) passed in parliament, either at a state or federal level.

Regulations are legally binding, and specify how duties imposed by legislation must be performed. Regulations also prescribe administrative and procedural processes to support the legislation.

Codes of practice

A code of practice is a written set of rules that provide guidance around upholding duties in legislation. These codes are usually reflected in the organisation's policies and procedures, indicating how professionals in a particular industry are expected to carry out their duties. They may also set out industry requirements for fair conduct and appropriate professional activities.

Codes of practice are usually state-based, and are published by the relevant state regulator. They are not always legally binding, but organisations that implement the code of practice in a particular area are usually deemed to be compliant with the relevant legislation.

Codes of practice that apply to supervision cover the following areas:

- principles of supervision
- practice plan responsibilities and requirements of supervisors
- responsibilities of supervisee
- reporting requirements
- requirements for supervisory changes.

Codes of conduct

Most community services organisations have a code of conduct that staff are required to adhere to. The code outlines the organisation's expectations and rules around staff behaviour, dress and professional conduct.

Codes of conduct usually align with an organisation's mission statement and require principled behaviour from staff. If a professional upholds all the legal requirements of their role, they will be applying ethical practice. They will be honest, respectful, transparent, fair and inclusive in all dealings with clients and other stakeholders.

Codes of ethics

A code of ethics is a core document that informs ethical practice. Ethical practice relates to the values and responsibilities of a profession or discipline. Codes of ethics that apply to case management may include:

- principles and standards of professional conduct
- ethical guidelines and responsibilities
- ethical decision-making.

When providing case management supervision, an ethical situation can occur when:

- there is a clash or conflict of values
- a relationship other than a professional one develops
- a case worker confides in a supervisor regarding harm from domestic violence
- you are required to evaluate a case worker you supervise.

Standards of practice

Standards set the levels of performance and outcomes that organisations are expected to achieve throughout their operations.

Two main types of standards that apply to the community services industry are professional and service standards. All organisations in the community services industry are governed by professional and service standards relevant to the specific workplace or industry sector. All staff are expected to uphold the standards that apply to their organisation.

Standards are legally binding if they have been referenced in legislation. Providing high-quality case work in the community services industry requires sound leadership and a robust organisational policy framework. This framework should facilitate ethical practices based on professional standards.

Professional standards

These standards outline the professional and behavioural expectations required of the industry, and the specific legal mechanisms that apply to each organisation. These relate to professional outcomes, processes and behaviours.

Service standards

These standards apply to specific sectors of the community services industry. They outline the required standards of service delivery and client outcomes. They also serve as the basis for organisational accreditation, or certification or registration of individuals and organisations.

Accreditation, standards and certification

As a case manager, you are required to uphold the professional obligations of all service standards applicable in the areas you work in.

Accreditation standards and certification that may need to be upheld in the case management environment are outlined below.

Accreditation

All subsidised residential aged care service (RACS) providers are required to meet all 44 outcomes to receive accreditation status from the Australian Aged Care Quality Agency (ACQA). These standards are enshrined in the *Quality of Care Principles 2014* (Cth) and are legally binding.

Standards

Victorian Department of Health and Human Services (DHHS) Standards are applicable to Victorian services funded and managed by DHHS.

National Standards for Mental Health Services 2010 are applicable nationally to most public mental health services (inpatient, rehabilitation and community), as well as non-government organisations (NGOs), and private office-based providers.

Case management certification

The Case Management Society of Australia & New Zealand & Affiliates (CMSA) is the national body that registers and regulates certified case managers. CMSA has developed the *National Standards of Practice for Case Management* (3rd Revised Edition, 2013), which details the benchmark standards of practice to be achieved by certified case managers. This applies to case management workers who are in the Australia & New Zealand region.

Privacy, confidentiality and disclosure

Privacy, confidentiality and disclosure legislation must be followed when in a supervisory role.

The *Privacy Act 1988* (Cth) outlines how organisations can collect, use, share and store clients' personal information. It aims to optimise the level of clients' privacy while accepting that personal client information must be accessed and used for effective service delivery.

Under the Privacy Act, case workers are not permitted to discuss clients with people who are not authorised, including the case worker's own family and colleagues. You must ensure that case workers uphold the requirements of this legislation during their practice, and that no client rights to privacy are breached while providing advice or support to a case worker.



Private information of case workers

- ▶ Ensure a case worker's personal information is protected.
- ▶ May be required to disclose information regarding the case worker to comply with a lawful request.
- ▶ Ensure a case worker's confidential information remains confidential.

Private information of clients

- ▶ Ensure clients and their representatives understand why the organisation needs to collect personal information, and the type of information required.
- ▶ Only collect information that is required to facilitate effective service delivery.
- ▶ Do not share personal information between services without the informed consent of clients or their representatives.
- ▶ Store paper-based private information securely.
- ▶ Ensure electronic personal information is password-protected.
- ▶ Ensure clients' rights to privacy is upheld by case workers.

Anti-discrimination legislation

There is a range of anti-discrimination legislation that supports access and equity, and ensures that services are delivered to clients without favouritism or discrimination.

Anti-discrimination legislation also protects staff, including case workers, from discrimination by employers and clients.

As a supervisor, you must monitor your own attitudes and professional conduct to ensure you are upholding access and equity provisions to case workers and clients. Ensure your management and supervisory processes are transparent, objective, fair and consistently applied to all staff, regardless of gender, age, religion, culture, sexuality or any other personal characteristic recognised in anti-discrimination law.



Here is some of the key anti-discrimination legislation.

Age Discrimination Act 2004 (Cth)

This Act makes it illegal to discriminate against someone on the grounds of age or age-specific characteristics.

The Act applies to:

- ▶ employment
- ▶ education
- ▶ access to premises
- ▶ provision of goods, services and facilities
- ▶ accommodation.

Disability Discrimination Act 1992 (Cth)

This Act makes it illegal to discriminate against someone on the grounds of:

- ▶ disability
- ▶ diseases and disorders, including diseases that affect thought processes, perception of reality, emotions or judgment, or result in disturbed behaviour.

The Act applies to:

- ▶ employment
- ▶ education
- ▶ provision of goods and services.

Racial Discrimination Act 1975 (Cth)

This Act makes it illegal to discriminate against someone on the grounds of:

- ▶ race
- ▶ colour
- ▶ descent
- ▶ national or ethnic origin
- ▶ immigrant status.

The Act applies to:

- ▶ employment
- ▶ accommodation
- ▶ provision of goods and services
- ▶ access to places and facilities
- ▶ right to join unions
- ▶ access to land and housing.

Sex Discrimination Act 1984 (Cth)

This Act makes it illegal to discriminate against someone on the grounds of:

- ▶ sex
- ▶ marital or relationship status
- ▶ pregnancy or potential pregnancy
- ▶ family responsibilities
- ▶ breastfeeding status
- ▶ sexual orientation
- ▶ gender identity and intersex status.

The Act also outlaws sexual harassment.

The Act applies to:

- ▶ employment
- ▶ provision of goods, services and facilities
- ▶ education
- ▶ accommodation.

Health and safety legislation

Health and safety legislation imposes duties on employers and employees to optimise safety in the workplace.

Hazards in community services may relate to the physical nature of the work, client behaviours or the specific service area you work in.

You must be aware of hazards that present a risk of harm to case workers. Case workers need to be made aware of situations, people or physical items that can pose a risk to their safety.

You must provide case workers with support, practice advice and direction to minimise risks to their health and safety, including providing training, instruction and supervision. Additionally, you cannot give practice advice, support or direction to case workers that may create unreasonable risk to their physical or psychological safety or wellbeing.



Employee responsibilities

- ▶ Maintain safe equipment and systems of work.
- ▶ Eliminate or reduce risks in the workplace as far as reasonably practicable.

Supervisor responsibilities

- ▶ Provide workers with adequate supervision, training and instruction to enable them to safely carry out their roles
- ▶ Minimise risks through robust policies and procedures.
- ▶ Minimise risks to case workers whose clients display physically aggressive behaviours.
- ▶ Design rosters and work schedules to avoid staff exhaustion and burnout.

Risk of harm to case workers

You must be aware of and respond to risks that are present in the areas you supervise, including to case workers.

Encourage case workers to identify and report hazards and risks, and ensure these are assessed and controlled according to organisational processes.

Here are areas that may pose the risk of harm to a case worker and control measures that can be taken to control the risk.

Behaviours of concern (BOC)



BOC, including verbal and physical aggression, may result from:

- ▶ cognitive disabilities
- ▶ mental health issues
- ▶ the effects of alcohol or other drugs (AOD)
- ▶ personality issues
- ▶ frustration and disempowerment.

Suggested control measures:

- ▶ Identify the specific BOC through organisational processes and in collaboration with the relevant stakeholders.
- ▶ Devise positive behaviour support strategies to reduce risk of BOC to staff.
- ▶ Use proactive and reactive strategies as appropriate for the client and organisation.
- ▶ If necessary, refer the client to alternative services, or seek funding/resources to increase the organisation's capacity to support the client.

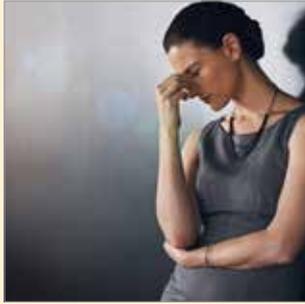
Working in new and unstable environments



Suggested control measures for working in new or unstable environments, such as clients' homes, include:

- ▶ Ensure pre-service delivery WHS inspections/ audits are conducted to identify any hazards and risks.
- ▶ Determine if the environment is appropriate for staff to attend.
- ▶ Determine any control measures/strategies required.
- ▶ Have robust process in place to ensure that case workers do not enter unsafe environments.

Stress from the emotional and psychological requirements of the role



Stress may be due to:

- ▶ clients who self-harm
- ▶ clients who have committed suicide
- ▶ exposure to family/domestic violence
- ▶ ongoing exposure to trauma.

Suggested control measures:

- ▶ Conduct ongoing monitoring of case load, and the nature of case work.
- ▶ Conduct clinical supervision sessions.
- ▶ Have an approachable management style in which case workers are encouraged to share their concerns or struggles.
- ▶ Encourage case workers to use the employee assistance program (EAP).
- ▶ Ensure recreation and other leave is taken appropriately, not stockpiled.

Exhaustion



Exhaustion may be due to:

- ▶ working long hours
- ▶ having large case loads
- ▶ inadequate human resources
- ▶ dealing with contingencies and crises.

Suggested control measures:

- ▶ Conduct ongoing monitoring of case loads.
- ▶ Collaborate with case workers to determine priorities.
- ▶ Use forward-planning regarding acceptance of new clients.
- ▶ Conduct clinical supervision sessions.
- ▶ Have an approachable management style.
- ▶ Encourage case workers to use the EAP.
- ▶ Ensure recreation and other leave is taken appropriately, not stockpiled.
- ▶ Implement a formal, fair and consistent time in lieu system to ensure staff are able to take time off if they have worked additional hours.

Risk of harm to clients

Clients must be protected from hazards and the risk of harm must be controlled. Clients may be at risk from themselves, others or their environment.

Clients with complex needs may experience a range of risks in relation to their physical, psychological and psychosocial safety. Qualified professionals may need to identify and respond to these complex risk areas.

If a case worker has any reason to suspect that clients may be exposed to these or other risks, you must respond to and report them according to organisational protocols.

Clients may be at risk from:

- ▶ self-harm
- ▶ suicide
- ▶ family/intimate partner violence
- ▶ child abuse or neglect
- ▶ elder abuse
- ▶ medical issues
- ▶ harm from alcohol or other drug (AOD) use
- ▶ reduced capacity due to physical or mental disability.

A supervisor and case worker may protect clients from harm by ensuring:

- ▶ their emotional and mental wellbeing
- ▶ clients are treated ethically
- ▶ clients are not at risk from physical harm.



Duty of care

Duty of care is an obligation that requires an individual to take all reasonable actions to prevent reasonably foreseeable harm occurring to someone.

Duty of care is a critical obligation of the legal framework that applies to the community services industry.

Supervisors and case worker have a duty of care to themselves, their clients, their employer and all people they interact with while performing their role. A supervisor has a duty of care to take reasonable steps to ensure the physical and psychological safety of case workers. The support, practice advice and direction you give must uphold this duty.

Steps to uphold duty of care

- ▶ Monitor staff for signs of burnout.
- ▶ Debrief staff after an incident has occurred.
- ▶ Ensure staff understand and demonstrate best practice manual-handling techniques.
- ▶ Help staff to access the employee assistance program (EAP) when required.
- ▶ Notify security and senior management if urgent action is required.
- ▶ Take actions to reduce risks.
- ▶ Conduct a risk assessment.
- ▶ Ensure case workers' physical safety is protected.
- ▶ Complete incident reports.
- ▶ Refer the incident to higher management.

Mandatory reporting

Community services staff at all levels have legal and ethical obligations to report known or suspected abuse according to organisational protocols.

Some of these obligations are specified in legislation, while others are embedded in policy frameworks.

Your organisation may have its own organisational policies, procedures and protocols that apply to mandatory reporting. As a supervisor, you must:

- ▶ ensure case workers understand reporting protocols that apply
- ▶ uphold their own reporting requirements regarding incidents involving case workers.

Disclosure of private information

A case worker may be required to disclose information a client has given them to uphold their duty of care to the client or another stakeholder.

For example, if a client discloses information that indicates there is risk of self-harm or harm to others (especially in relation to children or minors), the case worker is required to report this to their supervisor to prevent harm from occurring, or to deal with harm that has already occurred.

Any collection, use, sharing or storage of a client's personal information must occur in line with legislative privacy and confidentiality protocols. In some instances clients may be required to give informed consent for information to be shared. If the client is unable to give consent, an appointed advocate, family member or legal guardian can give consent on behalf of the client.

You need to uphold privacy legislation in the following circumstances:

- ▶ When a case worker discloses information to the supervisor that is reportable.
- ▶ When a supervisor receives information regarding a client that must be disclosed.
- ▶ When a supervisor is required to disclose information to authorities regarding an incident involving a case worker.

Complaints management

As a supervisor you may need to manage complaints about case workers, client care, service provision or complaints resulting from staff conflict.

Each organisation will have a complaints procedure and protocols that must be followed. Services may also have internal protocols that must be followed. The actions taken to manage the complaint will depend on the nature and urgency of the complaint. Resolving a complaint may involve clarifying and assessing the complaint, referring the complaint to the appropriate body or reporting the complaint to the appropriate management or department.



Codes of practice and ethics

It is important that case workers uphold the ethical requirements of their role.

Case workers need to be able to identify the presence of an ethical issue and make an appropriate judgment in response. As a supervisor you need to monitor case workers to ensure all aspects of ethical practice are upheld, and assist them to develop reflective and ethical practice strategies.

To do this, take the following steps:

- ▶ Encourage case workers to evaluate their own performance by reflecting on feedback from clients and peers.
- ▶ Encourage case workers to develop self-awareness by reflecting on their own behaviours, belief systems, values and biases.
- ▶ Have the case worker participate in role-playing ethical situations.
- ▶ Practise active listening with the case worker.
- ▶ Explain how ethical situations can cause harm to the client and the case worker.
- ▶ Encourage the case worker to reflect on emotions that trigger ethical responses.
- ▶ Encourage case workers to keep a reflective journal, noting:
 - ethical dilemmas that have occurred, and strategies that were or could have been used in response
 - values that were previously unnoticed, but became apparent in a situation with a client. What triggered the conflict? What was the response? What could have been done differently?
 - reactions and responses to situations based on cultural differences and diversity. What biases, expectations and assumptions contributed to how the case was managed? What could be done to change biases, expectations and assumptions?

Ethical dilemmas

An ethical dilemma occurs when there are two or more competing sets of values or ethical belief systems, and a decision must be made about a course of action.

In an ethical dilemma, neither of the options being considered are illegal, but they are seen as ethically questionable or wrong by at least one person involved. When dealing with actual or potential ethical dilemmas, determine if the proposed action or inaction breaches any legal requirements. If it does, refuse to proceed, and report it to your supervisor.



If not, try to step back from your personal value system, and encourage all staff to do the same. Remember that staff are not to impose their beliefs on clients. If you need support or direction, or feel that an action you are required to take in your role is something you cannot undertake, speak with your manager.

Breach of ethics

A breach of ethics is when the principles of ethical conduct and practice are not upheld.

Breaches can be very serious, incur legal action and cause physical, emotional or psychological harm to the client. If a case worker has committed a breach of ethics, inform the case worker that the matter is to be referred to a manager.

To provide the highest possible level of services based on access and equity, all staff must undertake ongoing self-reflection and self-awareness so they can professionally identify any ethical or behavioural issues before a breach occurs.

Watch this video on potential breach of ethics.



Example

Case work across multiple services

Cynthia is an 18-year-old girl with schizophrenia. Since leaving school at the age of 15, she has not been able to hold down a job due to frequent and severe episodes of psychosis caused by schizophrenia. Cynthia has also developed a significant reliance on alcohol, which began when she was 14 years old, as she attempted to block out some of the effects of the schizophrenia, including auditory hallucinations, paranoid thoughts and extremely low motivation.



Cynthia lives with her mother, and their relationship is strained because of Cynthia's symptoms. Cynthia's self-care has suffered because of the schizophrenia and alcohol use, and she rarely eats any nutritional food because she thinks that her mother is putting poison in her food. She often refuses to take her medication, or has no money to purchase it because she has spent most of her money on alcohol. This leads to the worsening of her symptoms. Consequently, Cynthia has no real social network.

Cynthia was referred to a local community services organisation by her GP, who, along with Cynthia's mother, feels that Cynthia is malnourished, and in need of swift interventions to address her situation.

After a series of assessments by relevant professionals, Cynthia and her case worker, Megan, have identified a range of services which Cynthia will access to address her needs.

These include:

- ▶ mental health services, including a psychiatrist and community outreach support services
- ▶ alcohol and other drug (AOD) services to support Cynthia to reduce her alcohol intake
- ▶ social and recreational support from a home care provider
- ▶ TAFE for Cynthia to enrol in a pre-vocational course to support her further studies and improve her job opportunities
- ▶ a dietician to support sound nutritional intake
- ▶ respite services to give Cynthia's mother a break from the demands of caring for her.

A range of sector-specific legislation applies to each of these service providers. As Cynthia's case worker, Megan will need to ensure she is aware of and able to apply any sector-specific requirements in her role.



Practice task 4

Click icon to open online version

Check your understanding of the legal and ethical framework.

Question 1

Provide one way a supervisor can assist case workers to develop reflective and ethical practice strategies.

Question 2

If an issue arises that is beyond the area of the supervisor's expertise, what action should be taken?

Question 3

How can a supervisor demonstrate cultural competence to case workers?



Summary

- ▶ ‘Best practice’ refers to the approach, practices and systems recognised by a particular industry that must be used in order to achieve quality outcomes, while upholding legal and ethical obligations.
- ▶ Current best practice approaches include strengths-based practice, person-centred practice and recovery-oriented practice.
- ▶ Cultural competence can be demonstrated by acknowledging case workers’ cultural differences, learning about a culture that is specific to a case worker and accepting cultural differences without bias or prejudice.
- ▶ Values stem from a person’s beliefs. Beliefs and values affect a person’s attitude toward situations, cultures and people.
- ▶ Evidence-based practice ensures that decisions about client support have been informed by the relevant evidence. It is used to assess needs, and determine, monitor and evaluate services for effectiveness.
- ▶ Two main types of standards that apply to the health and community services industry are professional and service standards.
- ▶ Duty of care is an obligation that requires an individual to take all reasonable actions to prevent reasonably foreseeable harm occurring to someone.
- ▶ An ethical dilemma occurs when there are two or more competing sets of values or ethical belief systems, and a decision must be made about a course of action.



Learning checkpoint 2

Click icon to download this in Word format

This learning checkpoint allows you to review your skills and knowledge in relation to ensuring that strategies and developmental processes are implemented according to the organisation’s legal and ethical framework.

1. Give **two** examples of strategies you could use to promote best practice among case workers.

2. Case plans must follow best practice requirements. Provide examples of how you can challenge and support case workers to meet each of these requirements:
 - a. Case plans are up to date
 - b. Case plans are evidence-based

3. As a supervisor you must demonstrate culturally competent services when supporting case workers. You must also help case workers access and consult with culturally specific workers.
 - a. Give **two** examples of culturally competent behaviour.
 - b. Give **two** examples of strategies to help case workers access culturally specific workers.

4. List **three** examples of legislation relevant to case management.

5. List **three** legal responsibilities, procedures and protocols you need to ensure case workers understand and apply in their work.

6. To ensure best practice is implemented in the case plan, you must enable consultation with stakeholders to discuss options and improve the client plan.

Provide examples of **two** strategies you can employ that will give access to specialist information for future actions.

7. List **two** organisational processes and/or procedures case workers need to follow when collecting key information from key stakeholders.

8. Occasionally a case worker is required to escalate a client issue because it is beyond their role. Provide an example of when a client issue needs to be escalated according to organisational requirements.

9. You need to ensure your own values and belief system do not affect your supervisory role. Give **two** examples of strategies you can employ to make sure this does not happen.



Topic 3

In this topic you will learn how to:

3A Monitor and evaluate

3B Meet legal compliance

3C Evaluate own performance

Continuous improvement

Service providers that foster a culture of continuous improvement use feedback from all service users and stakeholders to improve client care.

Case workers and supervisors must monitor the progress of case plans to ensure they are providing the services required to assist clients to meet their goals. Case plans may need to be adjusted as clients' needs change, or if the services or funding is no longer available. Making adjustments to plans contributes to continuous improvement of client care. Supervisors and case managers can use reflection to improve their practice through continuous improvement.

3A Monitor and evaluate

Monitoring requires data and information to be collected, which will be used for evaluation.

Monitoring and evaluation is the process through which service providers can measure the quality of their services. This is to identify areas of service where improvements are required to facilitate optimal outcomes for clients. A supervisor must monitor activities, check progress, and identify any issues or problems a case worker is having. Issues may arise as a result of work systems, staff skills and abilities, or because of operational challenges when providing services.



Evaluation involves reviewing the data and information gathered through monitoring. The information is used to make judgments and draw conclusions that help to determine the next course of action.

Strive for optimal client outcomes

Service providers and case management staff must consistently strive to provide high-quality services.

Clients should not be disadvantaged and should be supported to experience optimal quality of life (QOL), which is underpinned by empowerment, independence and self-determination. Services across the community services industry must implement effective protocols and processes to monitor and evaluate the work performance of case workers at all levels. Such processes will help to identify staff strengths and areas in need of improvement. Services can support staff to build on their strengths and develop areas of professional interest.

Analyse and assess case plans

A supervisor needs to assess the case plans developed by the case worker to determine if all components of the case plan are addressed, implemented and effective in helping the client meet their goals.

Assessing a case worker's case plan may involve taking the following steps:

- ▶ Conduct an audit or review of the client files and documentation maintained by the case worker.
- ▶ Review assessments and referrals prepared or facilitated by the case worker.
- ▶ Hold discussions with the case worker during clinical supervision sessions, team meetings and one-on-one meetings.
- ▶ Analyse incident reports that are relevant to activities in the case plan.
- ▶ Analyse complaints relating to the plan, its implementation or the case worker.

Consider the following when analysing and assessing a case plan:

- ▶ Are client eligibility and funding criteria met?
- ▶ Have the required client appointments been made?
- ▶ Are goals being met?
- ▶ Is progress being made?
- ▶ Are the required client services in place?
- ▶ Are client goals in the 'SMART' format? Are the resources and time lines appropriate?
- ▶ Are the required resources available?
- ▶ Are the goals person-centred? Does the client have optimal input into their case plan?
- ▶ Is the plan strengths-based? Do the strategies and resources set the client up to succeed?
- ▶ Are the goals and strategies in the case plan legally and ethically sound?
- ▶ Is duty of care being managed appropriately? Are risks controlled effectively?
- ▶ Have evidence indicators and monitoring mechanisms been specified in the case plan?
- ▶ Have appropriate review dates been set? Have reviews occurred as planned?
- ▶ Is monitoring occurring appropriately?
- ▶ Is the case plan culturally competent?
- ▶ Have the relevant stakeholders been consulted?
- ▶ Are any sensitive or personal issues managed appropriately?
- ▶ Is service duplication likely to occur through poor planning or monitoring?

Monitor case plan progress

Monitoring the progress of case plans involves checking the effectiveness of support strategies towards meeting client goals.

Monitoring facilitates the review and evaluation of services, which informs ongoing service delivery. The monitoring processes and evidence indicators that will be used must be identified at the planning stage. Effective monitoring ensures that issues are identified and rectified as early as possible. For example, if a client has reached a goal before the predicted time, new goals can be set so the momentum of progress continues.

Monitoring may be done through:

- ▶ observation
- ▶ reporting and documentation
- ▶ feedback from clients and other stakeholders.

The following people have responsibility for monitoring the progress of case plans.

Clients

The client should be encouraged to monitor their own progress or difficulties by keeping notes or recording improvements they have made or any issues that have arisen.

Case workers

Case workers monitor case plans to ensure that all participating service providers are fulfilling requirements and agreements within time frames and budgets. Both funding and the client's progress need to be monitored. This involves acknowledging milestones that have been reached, and identifying and responding to issues. It may also involve monitoring the plans that different service providers have with the client.

Supervisors

Supervisors are required to monitor case workers to determine whether additional training is needed to increase the case workers' practical skills or underpinning knowledge. Feedback may be given in the form of advice, guidance and professional development support.

Provide feedback

Once a supervisor has analysed and assessed the case worker's care plan, feedback must be given to support the case worker and help them improve their practice.

Feedback may be given during clinical supervision sessions or formal performance review sessions. Feedback may also be given on an ad hoc basis, when the situation requires it.

Feedback must be constructive, positive, timely and aimed at reinforcing the case manager's skills. A supervisor must make sure the case worker understands the feedback and how implementing suggestions will strengthen their skills and improve the standard of care given to the client.



Example**Evaluating a case plan**

Lily is supervising Jayden, who is Miriam's case manager. Miriam requires living at home assistance. Jayden has written an individualised plan that includes Miriam's goals, needs, support networks and services that need to be accessed. The case plan includes bathroom modifications designed by the occupational therapist and a referral action plan for additional services, such as meal support, domestic and shopping assistance, and personal care assistance.

Lily checks the plan to make sure it addresses Miriam's needs holistically and that specialists who can provide support have been identified. Lily provides feedback to Jayden on the importance of ensuring the support enhances Miriam's independence and quality of life. She also discusses how Jayden can manage the time lines for Miriam's goals, and how to adjust the plan when Miriam's needs change.

**Practice task 5**

Click icon to open online version

Check your understanding of monitoring and evaluating case plans.

Question 1

Briefly describe monitoring and evaluation.

Question 2

How could you assess a case plan developed by a case worker?

Question 3

Which of the following statements in relation to feedback are correct? Tick all that apply.

- Feedback may be given in review meetings.
- Feedback may be given in clinical supervision sessions.
- Feedback is given only when something goes wrong.
- Feedback must be constructive.
- Feedback should not be given on the spot.

3B Meet legal compliance

It is up to each organisation to ensure that its policies, procedures, protocols and practices comply with the relevant legal requirements, and that all staff understand and uphold these requirements.

As a supervisor, you need to be able to develop and promote standards of practice, and advise case workers on the law, including mandatory reporting and changes to legislation.

You must also ensure case workers act in accordance with all legal and ethical requirements, and that they seek clarification or support if they do not understand or are unable to implement this.

Develop standards of practice

As a supervisor, you may be required to develop and promote professional standards to case workers in the organisation.

To do this you may need to:

- ▶ be involved in the development of organisational policies or procedures aimed to implement professional standards
- ▶ effectively communicate information regarding standards of practice to case workers
- ▶ develop protocols for case workers to help them apply professional and service standards
- ▶ use supervision and leadership skills to promote standards of practice to case workers
- ▶ review and amend workplace practices in response to complaints or incidents, which may indicate that applicable standards are not being upheld.



Promote standards of practice

The most appropriate and effective way to promote information regarding standards of practice must be considered so that all case workers can access understand the information.

How information regarding standards of practice is promoted will depend on the nature of the information, the characteristics of individual case workers and the needs of the workplace.

Standards of practice may be promoted:

- ▶ during regular team meetings
- ▶ via emails or memos
- ▶ through bulletins/alerts from regulatory and funding bodies
- ▶ at formal clinical supervision sessions
- ▶ during debriefing following an incident
- ▶ through staff performance appraisals and performance management
- ▶ in training sessions (including mandatory training) – training may occur during induction or on a regular basis, and may be facilitated by internal or external providers.

Promote legal compliance

As a supervisor, you must ensure that case workers understand and comply with legislation relevant to their role.

Some laws are sector-specific, while other laws, such as health and safety legislation, apply to all sectors and job roles.

Areas in the community services industry that may have sector-specific legislation include:

- ▶ disability services
- ▶ aged care
- ▶ home and community care
- ▶ mental health services
- ▶ indigenous services
- ▶ family and intimate partner violence (also known as domestic violence) services
- ▶ alcohol and other drug (AOD) services
- ▶ homelessness services
- ▶ ethno-specific cultural and community services.



Advise case workers of their legal obligations

Proactive and reactive mechanisms may be used to inform and advise case workers of their legal obligations.

Proactive mechanisms are planned in advance, with the intention of ensuring that all case workers have an optimal understanding of their roles and responsibilities.

Reactive mechanisms are implemented in response to an incident that indicates corrective action is required, and that case workers need to be better informed of their legal obligations.



The following outlines proactive and reactive mechanisms that can be used to inform case workers of their legal obligations.

Proactive mechanisms

- ▶ Follow effective recruitment processes which ensure that incoming case workers have the required qualifications.
- ▶ Conduct comprehensive orientation and induction training sessions so that new case workers understand the organisation's legal and ethical obligations, and how these should be met.
- ▶ Follow industry- and organisation-specific mandatory annual training schedules – these are often determined by the professional requirements of the industry and industry professionals.
- ▶ Conduct other training as required to ensure case workers fully understand their role.
- ▶ Model professional behaviour that upholds and implements the required legal provisions, setting positive examples for staff to follow.
- ▶ Use clinical supervision sessions to identify gaps in the skills and knowledge of case workers.
- ▶ Be approachable and welcome staff queries about elements of their roles. Answer these queries to ensure staff fully understand their role requirements.
- ▶ Monitor staff appropriately – take time to become familiar with staff activities, including their challenges and achievements, and any areas in need of support and development.
- ▶ Ensure effective handovers occur and that information is exchanged between staff who are working with the same clients – this can be an opportunity to reinforce and reiterate appropriate courses of action to take in relation to particular clients.
- ▶ Discuss skills and knowledge gaps during annual performance appraisals. Work with case workers to develop professional learning and development strategies to address these gaps.

Reactive mechanisms

- ▶ Complaints may reveal that a case worker lacks understanding of, or the capacity to implement, certain legal provisions. By investigating and resolving these complaints, you may be able to effectively address case workers' skills and knowledge gaps.
- ▶ An adverse or critical incident may also reveal that a case worker lacks understanding of, or the capacity to implement, certain legal provisions. Through post-incident investigation, you may identify areas in which staff require professional development in their legal obligations.

Monitor legal compliance

Case workers must understand how to apply legal requirements and obligations when case managing a client.

Legislation and other regulatory mechanisms change over time. As a supervisor, you must monitor these changes and adjust policies and procedures to ensure legal compliance. Monitoring may occur during team meetings, handovers, clinical supervision sessions or training sessions.

You are responsible for monitoring the case worker to ensure requirements are being followed and that obligations are being upheld in case plans and in practice. This includes the following legislation and obligations.

Anti-discrimination law

Anti-discrimination law protects someone from experiencing discrimination based on age, disability, race, sex, intersex status, gender identity and sexual orientation. You must monitor case workers to ensure that clients are receiving services based on eligibility and assessed need, and free from bias, preferential treatment or prejudice.

Work health and safety (WHS)

WHS regulations require that all business provide a safe workplace for employees. You must ensure case workers are safe, and that hazards in the workplace are eliminated or reduced to the lowest possible level. This includes minimising risk of harm from a range of substances and situations that may occur.

You can uphold health and safety legislation by taking the following steps:

- ▶ Ensure case workers follow processes to identify and report hazards and risks.
- ▶ Conduct regular risk assessments and devise risk control strategies in response to risks.
- ▶ Ensure case workers attend all relevant health and safety training, including emergency response training.
- ▶ Hold debriefing sessions following a critical incident.
- ▶ Conduct in-home and other environmental safety assessments before case workers attend clients in their homes.
- ▶ Ensure that case workers' schedules and rosters do not contribute to the risk of exhaustion, stress and burnout.
- ▶ Update case workers on changes to regulations or legislation.

Duty of care

Duty of care is a specific obligation under health and safety legislation to ensure the safety and wellbeing of others. This obligation applies both to the supervisor-supervisee relationship and to the case worker-client relationship.

As a supervisor, you can ensure case workers are meeting their duty of care obligations by taking the following steps:

- ▶ Monitor documentation completed by case workers, such as incident reports, referrals, case notes, hazard reports, specialist reports and maintenance reports.
- ▶ Encourage case workers to report hazards.
- ▶ Conduct clinical supervision sessions with case workers.

Example**Keeping up to date with legislation**

Paul is an elderly client who has just arrived at the rehab centre. Camilla is assigned as Paul's case worker and starts to develop his case plan. Camilla speaks to Paul about services he will need when he returns home. Paul tells Camilla that he is struggling financially and will not be able to access services that are not subsidised or funded. Camilla knows there is a government initiative aimed at supporting people to stay in their home and remain in their community for as long as possible.

Camilla researches government support programs to check on recent changes to programs, policies or funding arrangements. Camilla makes notes of her findings and takes the information to her supervisor, Claire. Claire confirms the information and incorporates the changes into service procedures for accessing government support. The updated procedures are discussed at the next team meeting so that all case workers are informed of changes to government support and how it affects them when they are planning client support programs.

**Practice task 6**

Click icon to open online version

Check your understanding of meeting legal compliance.

Question 1

List ways you can develop and promote professional standards to case workers.

Question 2

Which of the following statements are reasons to monitor changes in legislation? Tick all that apply.

- To ensure legal compliance.
- To ensure that policies and procedures remain current.
- To ensure that legal obligations are upheld in case plans and in practice.
- To identify changes that do not impact on case management.

3C Evaluate own performance

Self-evaluation is a process used to identify achievements and strengths, as well as areas in need of professional development.

There is a range of formal organisational and professional processes that you can use to evaluate their performance as a supervisor. Self-evaluation should occur against the requirements of the supervisory role. Self-evaluation must occur as part of a wider range of evaluation mechanisms. These are explained below.

Self-reflection



Self-reflection involves reflecting on or thinking about your actions and motives. Professional self-reflection is a form of self-evaluation.

Here are examples of self-reflection:

- ▶ Think about how you handled a complex or difficult situation with a case worker. Objectively attempt to understand why you took a certain course of action, and whether this was the best action in the circumstances.
- ▶ Keep a journal to make notes about key events and your responses to them, including your emotional responses.
- ▶ Consciously acknowledge your own discomfort in relation to specific professional situations. These may include times when you experienced a lack of confidence, fear or anxiety. Such emotions may indicate that you need additional support or skill development in a specific area.

Peer review



You may seek review from your peers – those who are at a similar level – or from higher management.

Peer review may involve discussion about workplace situations or dilemmas, including difficulties with staffing or supervisory matters. Peers may also review any case management practices you have implemented.

Performance appraisals



A '360 degree' appraisal is a performance appraisal in which managers, peers and staff who report to you anonymously provide their feedback in a structured and formal manner as part of a performance appraisal.

The feedback is analysed and discussed with you to identify strengths and areas in need of development.

Clinical supervision



You may need to participate in a clinical supervision session with an experienced practitioner or senior management. The session provides feedback to help analyse the level of your supervisory skills.

Formal complaints



Analysis of formal complaints lodged by staff, clients, clients' families and other stakeholders can provide an effective mechanism for self-evaluation. It is important to examine and analyse complaints carefully and objectively.

Critical incidents



If you have been involved in a critical incident, the incident must be investigated to determine what went wrong and who contributed to the incident. Incident reports provide objective information you can use to self-evaluate your performance.

Respond to areas in need of improvement

Once self-evaluation has taken place, and areas in need of improvement have been identified, measures can be taken to develop professional and practical skills.

The role of a supervisor can be challenging. You may have been promoted to a supervisor role because you are good at direct care, but have had little preparation or experience in a supervisory role.

When areas of improvement are identified, you can develop your skills by seeking opportunities to:

- ▶ pair with a mentor or experienced supervisor
- ▶ access off-site or on-site training
- ▶ join networks of other supervisors
- ▶ access support from a manager.

Escalate and refer issues

Even the most experienced supervisor will be confronted with situations that are beyond their scope of practice or area of expertise.

Depending on the complexity and urgency of the situation, the matter may need to be escalated to upper management or referred to experts. The following are situations when escalation or referral may be required.

Disciplinary action is required

- ▶ If a case worker requires disciplinary action to be taken, the situation may need to be referred to the human resources (HR) department and/or senior management.
- ▶ A referral to the Fair Work Commission or the Fair Work Ombudsman may be required.

Personal difficulties affecting work performance

- ▶ Personal difficulties may require referral to the HR department and/or senior management.
- ▶ The case worker may need to be referred to the employee assistance program.
- ▶ You may need to contact the case worker's medical practitioner.

Cultural conflict

- ▶ The matter may require escalation to the HR department and/or senior management.
- ▶ The matter may need to be referred to cultural mediators.
- ▶ Consultation may be required with representatives from cultural or ethno-specific community groups.

Case worker injured while completing duties

- ▶ You may need to escalate the issue and refer to relevant authorities (such as police or emergency personnel).
- ▶ The case worker may need to be referred to the relevant workers' compensation authority.
- ▶ The case worker may need to be referred to the return to work coordinator.

Case worker requires training or professional development

- ▶ If urgent training is required, you may need to escalate the issue and refer to in-service training or refresher training.
- ▶ The case worker may need to be referred to the HR department and/or senior management.

Employee conflict

- ▶ If the issue is urgent, you may need to escalate it and refer to the HR department and senior management.
- ▶ Refer employees involved to an external mediator.
- ▶ Refer employees involved to legal services or to the Fair Work Commission.

Example

Self-evaluation of supervisory practice

Rhonda manages a team of four case workers in a local community services organisation. Rhonda is hardworking and dedicated to her job, and she expects the same from her team.

She usually enjoys the many challenges of her role, but lately she is starting to feel stressed. In the past month, two different clients have lodged complaints against two of the case workers she supervises, claiming they did not follow up on matters they had promised to take care of. Rhonda speaks to both case workers, who tell her they feel that they have too much work to do, and are struggling to get everything done.

Another of Rhonda's case workers, Amanda, has been advised by her doctor to take a period of leave due to exhaustion.

Rhonda often works late so that she doesn't fall behind, but with the extra workload resulting from the issues in the team, she is starting to feel overloaded. She is glad that her clinical supervision session with her senior manager, Peter, is later that afternoon.

Rhonda shares her concerns with Peter in the clinical supervision session. Peter asks Rhonda to evaluate what is occurring in her team and to interpret what the recent events mean.

Rhonda begins to think objectively about how she has been managing the team. She acknowledges that if two case workers are unable to keep up with their work, there may be an issue in the way the work is allocated or with the time management skills of the staff involved. Either way, something needs to be done. Rhonda tells Peter she will review this.

Peter also asks her to think about why Amanda has been advised to take leave due to exhaustion. Rhonda tells him she had seen Amanda working back late some evenings, but since she routinely does this herself, she didn't think it would cause problems.

During the supervision session, Rhonda is courageous and open about her personal work ethic and management practices. She realises that she had been expecting too much from her staff. She had the same expectations for them that she places on herself: to stay back late and meet sometimes overwhelming deadlines. She realises she had been driven by a fear of failure.

Rhonda's frank self-reflection leads her to realise that she needs to ensure her team have more manageable workloads, and that they are not expected to stay back late to keep up. She tells Peter she will call a team meeting that week, and discuss this with the case workers. She will also review each case worker's workload. Peter tells Rhonda she should aim to work more reasonable hours.

Rhonda continues to think about how she had let this situation occur. She is grateful that she realised she needed to change her practices before the problem intensified and led to deteriorating services to clients, staff resignations or workers' compensation claims.

Peter suggests that Rhonda keep a journal about the changes she is making with the team and with her own work patterns to identify how she is coping emotionally. He asks Rhonda to bring the journal to their next clinical supervision session.

Rhonda agrees to Peter's suggestion that she implement some monitoring mechanisms that will identify issues before they result in complaints or staff exhaustion.



Watch the example video here.





Practice task 7

Click icon to open online version

Check your understanding of evaluating your own performance.

Question 1

Match each term about evaluating your performance to the correct definition.

- | | |
|-------------------------|---|
| * Peer review | * A process used to identify achievements and strengths, and areas in need of professional development. |
| * Clinical supervision | * Involves reflecting on or thinking about your actions and motives. |
| * Performance appraisal | * Seeking feedback from colleagues who are at a similar level or from higher management. |
| * Self-reflection | * A formal and structured session based on feedback from peers, staff and management. |
| * Self-evaluation | * Used to provide feedback to help analyse the level of supervisory skills. |

Question 2

What opportunities could a supervisor use to develop their skills?

Question 3

List a situation in which a supervisor may need to refer or escalate a matter concerning a case worker.

Summary

- ▶ Monitoring and evaluation is the process through which service providers can measure the quality of their services.
- ▶ As a supervisor, you need to assess the case plans developed by case workers to determine if all components of the case plan are addressed, implemented and are effective in assisting the client to meet their goals.
- ▶ Monitoring the progress of case plans involves checking the effectiveness of support strategies towards meeting client goals.
- ▶ Once you have analysed and assessed the case plan developed by a case worker, feedback must be given to support the case worker to improve their practice.
- ▶ You may be required to develop and promote professional standards to case workers in the organisation, and you must ensure case workers understand and comply with legislation relevant to their role.
- ▶ Proactive and reactive mechanisms may be used to inform and advise case workers of their legal obligations.
- ▶ Self-evaluation can be used to identify your achievements and strengths, as well as areas in need of professional development.
- ▶ Once self-evaluation has taken place, and areas in need of improvement have been identified, measures can be taken to extend and develop professional and practical skills.



Learning checkpoint 3

Click icon to download this in Word format

This learning checkpoint allows you to review your skills and knowledge in fostering a culture of continuous improvement. This includes reflecting and improving your own supervision skills and providing feedback to case workers to ensure high-quality services are provided to clients.

1. One of the roles of a supervisor is to develop professional standards and promote these to case workers. List **two** strategies that can be used to develop standards and **two** strategies that help to promote standards.

2. Identify **three** methods you can use to evaluate your own performance as a supervisor.

3. After an evaluation, areas for improvement are identified and opportunities for development are considered. List **two** examples of opportunities that can help to develop professional and practical skills.

4. Provide **two** examples of how you could monitor and assess a client's case plan.

5. Give **two** reasons why a supervisor should routinely monitor the case plans developed by case workers.

6. Feedback given to case workers provides them with ways to make adjustments to their case plans, improve client care and address areas for improvement. Identify **three** things a supervisor should consider when providing feedback to a case worker.

7. As a supervisor, you must update case workers on changes to legislation, policy and organisational procedures, and make sure they apply these requirements when working with clients. Give **two** examples of how updated information would be used when case managing a client.

8. Provide **three** examples of situations where a supervisor may choose to escalate and refer issues that are beyond their scope of practice.