



CHCCSM014

Provide case
management
supervision

Learner Guide



CHCCSM014

Provide case management supervision

Release 1

Learner Guide

Aspire Version 1.1

CHCCSM014 Provide case management supervision, Release 1

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Before you begin

This Learner Guide is based on the unit of competency *CHCCSM014 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.

How to work through this Learner Guide

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

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





Foundation skills

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

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<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
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
Problem-solving	<ul style="list-style-type: none"> • Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	<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
Teamwork	<ul style="list-style-type: none"> • Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
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
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<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

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

What do you already know?

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

Topic	Key outcome	Rate your confidence in each section
Topic 1 Follow and promote practice standards	1A Follow standards of best practice models and promote to colleagues	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Use strategies for continuous improvement and integrate into supervision sessions	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Work collaboratively to support reflective and ethical practice strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Support colleagues in case management practice	2A Provide support, advice and direction on legal and ethical industry standards and organisational requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Challenge and support workers to ensure case management plans and actions are up to date and evidence-based	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Provide workers access to casework consultation to maximise effectiveness and achieve plan objectives	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



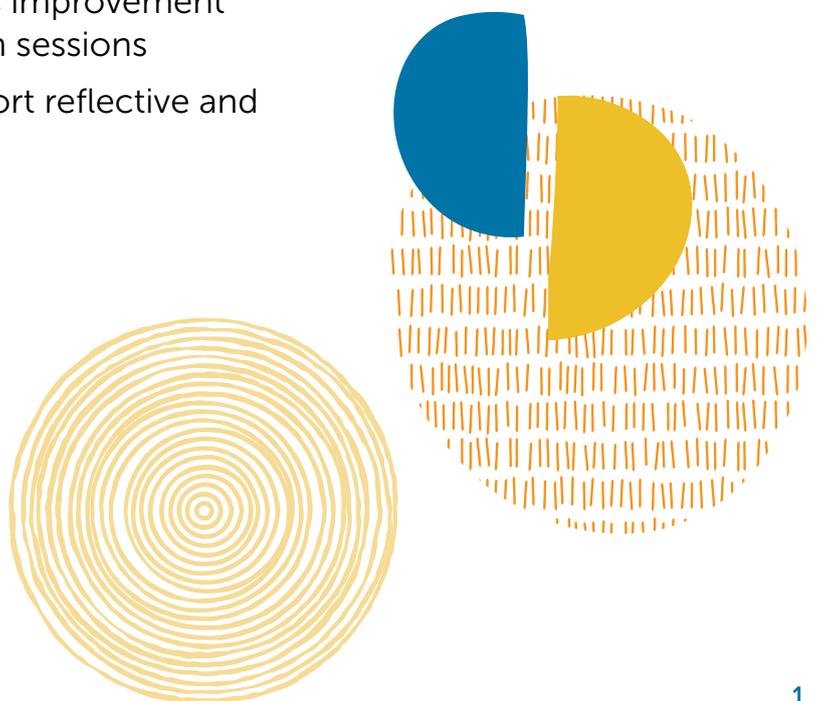
Topic	Key outcome	Rate your confidence in each section
Topic 3 Provide practice, support and advice on complex cases	3A Analyse and assess case management plans and provide feedback and advice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Consult stakeholders for specialist advice and advise workers on information gathering protocols	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Update workers on changes to legislation, policy and organisational policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Escalate and refer issues beyond scope of practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3E Evaluate own supervision and identify areas for improvement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1 Follow and promote practice standards

- 1A Follow standards of best practice models and promote to colleagues
- 1B Use strategies for continuous improvement and integrate into supervision sessions
- 1C Work collaboratively to support reflective and ethical practice strategies



1A

Follow standards of best practice models and promote to colleagues

Best practice in case management places the client at the heart of care. Case workers adopt a client-centred approach, empowering clients to make informed decisions about their needs and goals.

Best practice occurs when case workers follow legislative requirements in addition to their organisation's values, ethical standards and operational requirements when delivering services to clients. Supervisors are vital in monitoring and assessing the case worker's performance. They ensure workers use best practice and provide workers with the opportunity to reflect and improve their case management skills.

Many practices underpin case management across the community and health sectors:

Person-centred approach

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

- **Person-centred approach**
- Strengths-based approach
- Evidence-based practice approach
- Early intervention and proactivity approach

These are summarised in more detail below:

Person-centred approach

- Planning is tailored to the person and focuses on their unique needs, goals and preferences. The person accessing services is at the centre of decisions about their life and the support they receive.
- This approach respects differences and helps the person to make their own way in the world – whatever that means to them. It respects the contribution the person can make to meet their own needs.
- The client is supported to identify and work towards their own goals and aspirations, rather than goals someone else has determined to be appropriate. The priorities of service delivery are driven by the needs of the client – not by the interests of the organisation.
- **Self-determination** and choice are the goals of a person-centred approach to supports. Clients have the inherent right to self-determination, which means having choice and control over their lives and the decisions about the services they receive.
- Clients should be supported in their beliefs, even if these beliefs are not shared by staff or the organisation.
- The client's family, friends and significant others become partners in the process of planning and support; they are encouraged to identify services that best align to their goals and aspirations.

Self-determination

A person's right to have control over their own life and make independent choices about decisions that affect them.



Strengths-based approach	<ul style="list-style-type: none"> The focus is on the person's existing strengths, rather than providing support that tries to 'fix' their weaknesses. The emphasis is on what clients can do and what motivates them, rather than what they cannot do. A strengths-based approach aligns with a person-centred approach. The case worker encourages empowerment and capacity building. This build on existing skills and interests and seeks to set people up to experience success.
Early intervention and proactive approach	<ul style="list-style-type: none"> This approach aims to identify issues before they arise by recognising risk factors and taking action to prevent or minimise risk of harm. When needs or issues are identified early, risks and problems can be identified and addressed before they become more complex. Early intervention requires that organisations have processes to identify and respond to needs, risks and barriers as early as possible, rather than using a reactive approach to issues (after the event).
Evidence-based practice approach	<ul style="list-style-type: none"> Evidence-based practice is used to assess needs and determine, monitor and review services for their effectiveness; therefore, support decisions are informed by relevant and reliable evidence. The tools, screening methods, client feedback and service provider feedback facilitate the collection of reliable and current information about the person receiving services.

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

Empowerment
The process of gaining strength and confidence to voice one's own opinion.

Capacity building
Helping people to develop and strengthen skills that enable them to maintain independence.

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

Video: Person-centred care in practice

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

Alzheimer's WA uses a model of person-centred care with its staff through training and ways they can put it into process in the way they work with the people they support.

Models of case management

Different models of case work are used in different sectors and across organisations. Regardless of the type of case management model, the underpinning approach is always person-centred, strengths-based and goal-oriented.

The following table outlines various models of case management.

Brokerage model	<ul style="list-style-type: none"> The case worker does not provide any direct services to the client. <ul style="list-style-type: none"> Instead, they act as a conduit, facilitating and arranging access to services to meet needs that can range from personal care through to social and psychological support.
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Clinical model	<ul style="list-style-type: none">• This is an extension of the brokerage model: the case worker facilitates and arranges access and provision to services.<ul style="list-style-type: none">- For example, early intervention identifies and addresses needs and issues at the earliest possible point to prevent them from escalating or worsening.• This model focuses on continuity of care with the case worker relationship as an ongoing relationship.<ul style="list-style-type: none">- Other services are brought on board for specific purposes; for example, financial support.• The case worker must be appropriately qualified to provide services.<ul style="list-style-type: none">- Examples of personnel qualified to provide clinical case management services include social workers, psychologists and nurses.
Network model	<ul style="list-style-type: none">• This model focuses on improving the social network of the client to increase capacity for the network to provide social, practical and emotional support.
Rehabilitation model	<ul style="list-style-type: none">• This model focuses on outcomes and goals of the person.• There is first high engagement between the client and professional and this decreases over time once knowledge and skills are built up.
Assertive Community Treatment model (ACT)	<ul style="list-style-type: none">• This model is mostly used with people who have complex or co-existing needs, such as mental health difficulties, AOD issues, family and domestic violence situations, and intellectual disabilities.• ACT is an intensive model and includes collaboration with the client, intense support during crisis, integrated health and social needs and community team-based support.<ul style="list-style-type: none">- The range of services provided by the ACT team can be building daily living skills (e.g., cooking, cleaning, shopping), building communication skills, developing financial management skills, exploring work and education opportunities, providing medical appointment support and exploring life goals.



Example

Using a clinical model

Rocky played football at a high level until he was injured at 20 years of age. He was enrolled in a Bachelor of Business, but, after his injury, he became more socially isolated and stopped going to classes.

Rocky was referred by his GP to Didsbury Mental Health Services, where Susan was appointed as his case worker. Rocky explains that he would like to understand his experiences better and connect with his friends again.

Susan works with Rocky to develop a care plan to address some of his needs. Susan coordinates the services using the clinical model and:

- arranges weekly sessions with a counsellor to explore the trauma related to the accident; the sessions focus on Rocky's desire to understand his experience and reconnect with his friends
- connects Rocky with a local mental health support service where Rocky meets people with similar experiences
- connects Rocky to an adviser at his university to help motivate him and provide academic support when needed.

Rocky's case plan is reviewed at regular intervals to see how he is progressing towards his goals.

Principles of case management

The principles of service coordination and case management are built into organisational policies, procedures and practices.

The principles used in case management link to and stem from industry standards, legislation and regulatory requirements that govern the sectors of the industry. These underpin the delivery of services to clients and define the parameters of a case worker's role. They outline standards and indicate the benchmarks for quality service delivery; they also stipulate how to treat individuals receiving services.

Logical and systematic approach	<ul style="list-style-type: none"> • Case coordination requires a logical, structured, step-by-step approach, starting with intake, undertaking full needs assessment, and involving well-considered planning, monitoring and review.
Sound assessment	<ul style="list-style-type: none"> • A robust assessment process (using evidence-based information) is undertaken to assess the full range of client needs, priorities and preferences.

Case coordination

When multiple workers involved with the client come together to purposefully discuss, share information, plan, share case plans, utilising each workers skills and distinctive role.



Inclusion
 Providing equal access to opportunities and resources for people who might otherwise be excluded or left out.

Collaboration and partnership focus	<ul style="list-style-type: none"> • Case coordinators build partnerships and collaborative relationships with: <ul style="list-style-type: none"> - people accessing services, their families and significant others - formal networks of government and non-government service providers - the community. • Collaboration and inclusion are central features, and partnerships benefit the client giving them opportunities for service provision.
Outcomes-driven	<ul style="list-style-type: none"> • All services and inputs are focused on supporting clients to achieve their agreed outcomes. • When working with complex clients with little advancement, supervisors may encourage case workers to celebrate the "small wins".
Advocacy	<ul style="list-style-type: none"> • Service providers support clients to understand, access and claim their legal rights and entitlements to funding and service options.
Accountability	<ul style="list-style-type: none"> • Service providers hold themselves accountable for providing high-quality services by implementing processes and policies to facilitate this.
Holistic services	<ul style="list-style-type: none"> • Services are planned and delivered to support the whole person, including their physical, social and emotional needs.
Dynamic delivery	<ul style="list-style-type: none"> • Revision of goals, strategies, resources and outcomes is ongoing throughout the process of case management. <ul style="list-style-type: none"> - Case workers need to be responsive to the client's changing circumstances.
Competency of staff	<ul style="list-style-type: none"> • All services and support activities are carried out by appropriately trained and qualified staff. <ul style="list-style-type: none"> - The scope of roles is managed, and staff are supported through supervision, training and mentoring.
Privacy and confidentiality	<ul style="list-style-type: none"> • Clients have a right for their personal information to remain private. <ul style="list-style-type: none"> - Information can be shared within the organisation specified in relevant consent forms. • Case workers have a duty of care to share information with other services in instances where the risk of harm would increase if this does not occur. • Clients should be informed when information sharing occurs. <ul style="list-style-type: none"> - Clients have a right to confidentiality whereby information is not shared anyone outside of the organisation in which they are employed. - Sharing sensitive information to other colleagues must be carefully considered to reinforce clients' dignity and respect.
Transparency	<ul style="list-style-type: none"> • All processes are open and applied equally to all staff.



Complaints	<ul style="list-style-type: none"> • Procedures for making complaints must be transparent and easy for the person to access, regardless of disability, age, financial situation or other difficulties. • Clients must be supported to access complaint procedures; they must never be discouraged from making a complaint or be treated differently if they make one. • Complaints must be welcomed; organisations need to show evidence that they have responded to or acted on complaints appropriately.
Inclusion and diversity	<ul style="list-style-type: none"> • Diversity is respected and valued. • People receive services based on eligibility, assessed needs and priority. • There is no discrimination based on personal characteristics. • Services are planned and delivered so that client diversity is supported and respected.

Practice model of supervision

Case worker supervision can occur as individual/clinical supervision or group supervision. The supervisor's role is to ensure that case workers under their supervision understand how to apply their knowledge of case management to the practical tasks and duties of their role.

The supervisor is generally a team leader or line manager. Supervision can be conducted during work hours either weekly, fortnightly or monthly. Supervision sessions need to have plan with a dedicated date, time and an agreed purpose. Case workers and supervisors must be allocated enough time to reflect and debrief. Case workers can provide consistent feedback to case workers through the entire course of their supervision.

The success of supervision relies on both parties being:

- respective and supportive of each other
- actively involved in their contributions during the session
- guided by confidentiality between the participants
- willing to learn and change in the process of receiving support
- challenged in their thinking.



Clinical supervision

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

Group supervision

- Group supervision involves case workers learning through group discussions and interactions with each other.
- This model uses case studies and simulations to approach problems and navigate difficult situations.
- Group supervision gives case workers the opportunity to learn through observation.

Example

Practice model of supervision

Ray works as a mental health case worker at a public hospital. Once a month, his team meets for clinical group supervision. The purpose of group supervision is for case workers to have the opportunity to share a challenging or complex case plan with the group. It also provides case workers the with opportunity to hear different professional perspectives, insights and approaches. Ray reflects that group supervision has been fundamental in helping him trial alternative approaches and strategies with his current case load.

Roles and responsibilities in supervision

Situational learning is the overarching model of supervision used in case management. It takes place in the environment or context of service delivery. The supervisor's role is to ensure that knowledge discussed during supervision sessions is practically applied.

Supervision requires an interactive professional relationship with case workers that focuses on the case worker's practice, professional development and wellbeing. It aims to improve, develop, support and provide a safe environment for the case worker and their practice.



Roles and responsibilities of the supervisor	<ul style="list-style-type: none"> • Provide constructive feedback using a variety of case scenarios and within the employment/workplace context. • Adhere to the privacy and confidentiality requirements of the organisation. • Share knowledge, information and resources that may assist case workers to improve practice and address issues. • Encourage case workers to examine best practice and reflect upon areas for improvement. • Work in accordance with legal and ethical frameworks that guide organisational and direct practice. • Record the sessions and store documentation in a secure organisational database.
Roles and responsibilities of case workers	<ul style="list-style-type: none"> • Actively provide case examples and provide a description of client challenges. • Provide honest recounts of client interactions and challenges that occur with clients and between external staff and agencies. • Work in accordance with legal and ethical frameworks that guide organisational and direct practice. • Critically reflect upon personal and professional values and the impact of these values upon client interactions. • Be receptive to constructive feedback and willing to challenge pre-existing practice and beliefs. • Refer to feedback after each supervision session.

The practice of supervision

Case management is increasingly dependent on the interpersonal and communication skills of the case worker to acquire resources, negotiate waiting lists, work within budgetary constraints, organise funding and negotiate services from other health professionals.

Supervisors must critically assess case worker performance to ensure ongoing improvement and development in service delivery. Services must also reflect the values and ethics of the organisation. The supervision relationship aims to help the case worker improve their interpersonal and negotiation skills to achieve positive client outcomes.



Below are initial considerations relevant to case management supervision.

Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
Value individual strengths and capabilities	<ul style="list-style-type: none"> • Every client has differing capabilities and strengths. • Case workers should acknowledge their client’s capabilities as they work towards achieving the client’s goals. • Case workers can empower clients by consistently acknowledging their client’s desire to change. • Case workers use a strengths-based framework to support a client’s capacity to change. 	<ul style="list-style-type: none"> • Supervisors encourage case workers to reflect and paraphrase what clients report, inviting further discussion and introspection of interactions with clients. • They may challenge the case workers notion of client limitations by discussing the client’s case plan.
Collaboration and case co-ordination	<ul style="list-style-type: none"> • Case workers work collaboratively with other services and organisations to promote and enhance the wellbeing of clients. • Case workers must collaborate with external organisations to support the client. • Case workers may be met with challenges and difficulties from workers at other organisations. • Case workers use advocacy to help secure resources from other organisations. • Services may decline to support workers requests for referral. 	<ul style="list-style-type: none"> • Supervisors explore issues via referral and case coordination, which may include external organisations. • Supervisors confirm if clients have provided consent to share information. • Supervisors ensure clear boundaries have been established between service providers. • They ensure the roles and responsibilities of the person and organisation are shared and agreed upon.

Advocacy
Public support for or recommendation of a particular cause or policy.



Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
<p>Match appropriate service and support</p>	<ul style="list-style-type: none"> • Case workers assess and determine that services and supports are appropriate for clients. • Many factors must be considered when determining appropriate supports for people, such as age, sex, location, cultural background, familial background, overall health, mental health, substance use, recreation goal, and individual and traumatic experiences. • Case workers may feel constrained when accessing resources for their clients due to the limitations of their own organisation. 	<ul style="list-style-type: none"> • The supervisor’s role includes recommending appropriate services and helping the worker identify short, medium and long term supports. • Supervisors help determine the boundaries of service delivery and identify available service organisations.
<p>Assist with time management</p>	<ul style="list-style-type: none"> • Case workers can feel pressure to respond to crisis scenarios and satisfy the immediate needs of clients. • There are also often limitations applied on the duration of service provided to clients. 	<ul style="list-style-type: none"> • Supervisors can assist case workers to manage their time efficiently when there are limitations on the duration of service provided to clients. • Supervisors can evaluate the urgency of client’s needs and determine the time required to assist clients with their needs.



Below are considerations while undertaking case management supervision.

Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
<p>Monitor performance</p>	<ul style="list-style-type: none"> The case worker's role and responsibilities can be challenging. 	<ul style="list-style-type: none"> A supervisor can encourage case workers to meet the demands of the role while identifying potential challenges and solutions. Supervision provides opportunities for staff to communicate where their practice could be improved. The supervision session is an opportunity to reflect on what is and is not working with clients.
<p>Provide support</p>	<ul style="list-style-type: none"> Case workers can take on the emotional impacts of their work when working with vulnerable, marginalised and traumatised populations. Compassion fatigue can occur when case workers neglect interpersonal boundaries. 	<ul style="list-style-type: none"> Supervision should provide a safe, non-judgemental, and supportive environment to discuss fears, anxieties and insecurities in the work. Case workers are encouraged to reflect upon situations that create anxiety and explore ways of working that mitigate the impacts of these anxieties. A supervisor must help case workers identify vicarious trauma passed on from clients who have experienced trauma. Supervision should explore the emotional impacts and wellbeing of staff and seek to reduce burnout which may be caused from frequent exposure to traumatic situations. Supervision provides the opportunity to discuss and identify strategies to support case workers in managing their workload, such as self-care to prevent burnout.

Vicarious Trauma

Second-hand distress Experienced through watching or listening to the activities of other people.



Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
<p>Maintain transparency and privacy</p>	<ul style="list-style-type: none"> • Case workers should be clear when presenting information and opportunities to clients to ensure that it is well communicated and understood. • Clients must receive information in relation to their supports so they can make an informed decision. • Administrative processes, organisational policies and procedures can be confusing and overwhelming for some clients. • Case workers must ensure their client's privacy. • Personal data must be stored securely on a database; information that is non-relevant must not be shared with other services or organisations without the client's consent. 	<ul style="list-style-type: none"> • The supervisor must ensure transparency for the client in the delivery of services but also ensure documentation, such as the client's case plan reflects honest and factual evidence so it informs the decision making. • Privacy is a legislated requirement in the Australian Privacy Act 1988. • Supervisors must ensure the client's right to privacy and prevent disclosure to other organisations without the client's consent.
<p>Respect diversity and equity</p>	<ul style="list-style-type: none"> • Case workers should make cultural considerations to inform their communication and relationship with clients. • Case workers must respect clients' rights to self-determination and recognise that this varies according to cultural background. • They must reflect on their own understanding of their culture to ensure cultural generalisation does not occur. 	<ul style="list-style-type: none"> • Supervisors can encourage case workers to reflect on their own cultural background and attitudes and determine if unconscious biases are present. • Culturally safe organisations should seek to promote cultural diversity in the workplace via culturally inclusive knowledge sharing and cultural immersion events. • Supervisors can arrange training for staff on cultural attitudes and providing culturally safe service delivery.



Below are considerations you may make once you have undertaken case management supervision.

Reflexivity
Being able to examine one's own feelings, reactions and motives – and how these influence what they do or think in a situation.

Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
Reflexivity and adapting to change	<ul style="list-style-type: none"> Case workers should display reflexively and be open to new methods of service delivery and practice interventions. 	<ul style="list-style-type: none"> Supervisors should explore conflicts that arise between the worker and client and assess the interventions that have been used. Supervisors can provide alternative methods to solving case problems. This may include working with challenging and aggressive behaviours, de-escalation, conflict resolution, setting clear boundaries and how to reinforce boundaries that have not been adhered to. Supervisors should seek to explore the transference process between client and worker. This will inform what interventions are to be implemented to support the case worker under their supervision.
Align to professional standards	<ul style="list-style-type: none"> Case workers are accountable for maintaining a high level of clinical or community practice. 	<ul style="list-style-type: none"> Supervision provides a link between front line work, organisation and professional standards and practices and accountability to funding bodies. Supervisors can confirm the expectations of legislation and organisational requirements, such as following policies and procedures and the standards for the industry.



Area of case management supervision	Case worker role and responsibilities	Supervisor role and responsibilities
Case notes and reporting	<ul style="list-style-type: none"> Writing of case notes and recording client information is a legal and organisational requirement for case workers. 	<ul style="list-style-type: none"> A supervisor monitors case reports so they are factual, relevant and purposeful for the needs of the client. They check that case notes are updated and stored within time frames. Supervisors can assist case workers to determine when observations should be stated clearly and when observations are not as relevant.

Video: Trauma-informed care

Watch the following video for an example of adaptable case management for trauma-informed care: aspirelr.link/yt-trauma-informed-care



Example

Debriefing after about a client's trauma

Case worker Stanley provides short term case management at the Brothers of Christ emergency relief centre. He has been referred a new client via the local council support centre. His new client, Jeff, is a First Nations male who reports he is experiencing homelessness and mental health challenges. As they explore Jeff's most immediate needs, Jeff discloses he "feels lost" having had little contact with his mob and people in recent years.

He goes on to describe the traumatic experiences he was exposed to while sleeping "rough" over the last year. Although Stanley can empathise and provide emotional support to Jeff regarding his cultural loss and grief, Stanley is aware he may not be the most appropriate person to support Jeff on his journey to reconnect with his culture.

In consultation with Jeff and Stanley's supervisor, a plan is made to refer Jeff to his local specialised Indigenous health and housing centre.

During his next supervision session, Stanley discusses how he felt when Jeff explained his traumatic experiences.

Example

A client's expectation vs the system resources

Rahir is 54 years old and arrives at his local support centre seeking professional support to detox from heroin. He states that he has actively used heroin for over 14 years.

Rahir presents irritable and anxious; staff report he is very eager to find a detox program today before entering a local rehab facility. Ali is assigned as Rahir's case worker and assesses his current needs and completes a case plan.

Ali spends the afternoon on the phone speaking to numerous detox facilities statewide. He locates a detox facility three hours from Melbourne that is able to admit Rahir in four days' time. Ali speaks to his supervisor and discusses his frustration at the time it is taking to find Rahir the most appropriate support while he awaits his treatment.

The supervisor suggests Ali call Rahir and introduce him to an AOD worker working at the service. Rahir agrees to speak with the AOD worker and consents to Ali completing the detox facility intake form. Although disappointed with the detox entry date, Rahir reports he is still committed to entering in four days.

Practice Task 1

Question 1

Which of the following examples demonstrate a person-centred approach?

Tick all that apply.

- The client's goals are defined and imposed by the service provider, focusing on organisational efficiency.
- Plans are customised to the client's unique needs, with their active involvement in decision-making processes.
- Services are standardised without considering individual client preferences or unique life circumstances.
- Client self-determination and choice are central, respecting their rights to control their life decisions and services.
- The client's family and friends are excluded from the planning process to maintain professional boundaries.

**Question 2**

Describe three ways that the Assertive Community Treatment (ACT) model is used.

Question 3

Describe the practice model of supervision.

Question 4

Which of the following statements are correct about the supervisor's role in case management? Tick all that apply.

- Supervisors assist in identifying appropriate services and support for short, medium and long-term needs.
- Supervisors focus exclusively on long-term strategic planning.
- Part of the supervisor's role is to help determine the boundaries of service delivery.
- Supervisors are responsible for all decisions in case co-ordination
- Supervisors assist case workers in navigating issues related to referrals and case co-ordination with external organisations.

1B

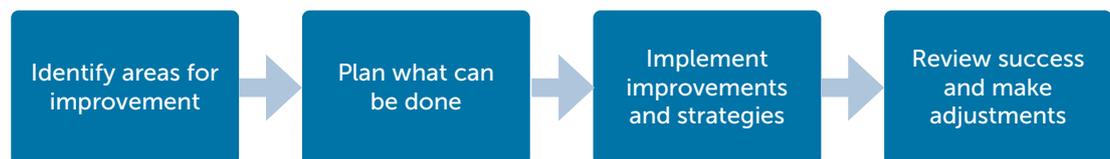
Use strategies for continuous improvement and integrate into supervision sessions

Continuous improvement is a systematic, ongoing effort to improve the quality of services and support a case worker is providing to clients.

Continuous improvement

An iterative (repeated) process that involves an ongoing cycle of identification, planning, implementation and review.

We can always learn and improve our skills and knowledge. This is why **continuous improvement** is a repeated process with no end point. As a supervisor, you need to assist case workers in identify strategies which enable their skills, knowledge base and professional development to progress and show improvement over time.



Strategies that improve practice must be built into workplaces procedures and practices. This ensures they are part of the overarching work systems case workers provide to clients.

The Australian Community Workers Association states that, “Community workers are placed in a unique relationship to other people and have a responsibility, as well as an ethical obligation, to remain professionally current. ACWA members must undertake 20 hours per year of targeted continuing professional development (CPD)”.

See a list of endorsed training suggestions offered by the Australian Community Workers Association: aspirelr.link/acwa-endorsed-cpd

Supporting continuous improvement

Nurturing passion and professional development are key to fostering a case workers longevity in a work role.

As a supervisor you may be required to provide case workers with emotional support, conduct debriefing sessions and oversee formal performance reviews. During a supervision session, a supervisor can encourage case workers to identify an area of practice they feel less confident in or would benefit by some training or expertise.

Providing opportunities for professional development is a fundamental aspect of your role. Supervisors can promote and help support the continuous improvement through internal or external activities available in the public and community sector.



Strategies to promote the continuous improvement include:

- implementing a formal performance review process into work systems, such as an annual professional development review
- assisting case workers to identify and contact subject matter experts and industry authorities
- implementing a mentoring program where case workers can receive support from more experienced case workers and colleagues
- scheduling regular supervision sessions to discuss issues and concerns and to monitor the progress of the case worker in improving their skills in case management.

Professional development

Professional development is used to maintain skills, knowledge and awareness of current trends and practices used in case management. Below are some examples of ways case workers and supervisors can use professional development to support evidence-based practice.

Evidence-based practices needs to be at the heart of case management service delivery.

Strategy to maintain evidence-based practice	Example
Keep updated on industry changes	<ul style="list-style-type: none"> • Attend inhouse tailored training in required a particular practice area. • Subscribe to industry journals and websites about new and emerging best practice. • Attend webinars, conferences and training sessions on your area of work. • Maintain email subscription to updates from your industry regulator.
Network with other professionals	<ul style="list-style-type: none"> • Ask workers to share their knowledge, expertise and challenging case plans with the wider team, such as during team meetings. • Attend networking events to meet and talk with others in your industry about how they have improved services. • Ask other professionals about how to manage a complex case or problem. • Engage experts where needed, such as a psychologist about your approach to supporting a person who is highly distressed or aggressive. • Source the specialised skills knowledge and expertise of community organisations, such as First Nations community consulting organisations.

Lived experience

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

Strategy to maintain evidence-based practice	Example
Learn and listen to people with lived experience from marginalised groups	<ul style="list-style-type: none"> • Listen to and use feedback from past and current clients about their experience with your service and your practice. • Use surveys, forums, advisory groups and interviews with clients and workers to improve your work practice and assist when developing new programs. • Listen to the person's own ideas and preferences when developing and reviewing their goals. • Listen to and use lessons from the lived experience of communities, such as First Nations peoples, when delivering services to people from marginalised or disadvantaged groups.

Training and development strategies

Some organisations 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 ask their staff to undertake a training needs analysis (TNA). This determines which case workers should undergo training and developmental activities. The TNA considers the following factors to determine the training and development needs of staff.

Staff roles	<ul style="list-style-type: none"> • The knowledge and skills of case workers is analysed to ensure they are up to date with best practice approaches.
Client needs	<ul style="list-style-type: none"> • The continually evolving needs of the client base is a key focus. • Organisations must ensure that their case workers are equipped to provide the highest possible standards of support services. • The health and support needs of clients can change. <ul style="list-style-type: none"> - As these needs change, the case worker may require new skills or need to build on existing skills.
Mandatory training	<ul style="list-style-type: none"> • Case workers in specific sectors must undertake mandatory training, such as Workplace Health and Safety training in manual handling, First Aid and CPR training, and Working with Children Checks. <ul style="list-style-type: none"> - If the training has not been completed, the organisation can lose their accreditation status.



Staff performance appraisals	<ul style="list-style-type: none"> • Appraisals can uncover areas that case workers have identified 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	<ul style="list-style-type: none"> • Development needs and gaps in practice knowledge may be revealed in clinical supervision sessions. <ul style="list-style-type: none"> - These gaps are areas to be addressed with further training.
Changes in legislation and regulations	<ul style="list-style-type: none"> • Requirements of new laws and regulations may impact service delivery. • Legislation, standards, 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	<ul style="list-style-type: none"> • Case workers need to be aware of changes in requirements and eligibility guidelines when developing client plans, such as when preparing a referral for a client. • This may apply to changes to funding systems, mechanisms or criteria.

Supervisor continuous improvement

Supervisors must also work to improve their own practice and reflect on their supervision skills. There are multiple avenues to achieve this:

- Attend appropriate networking meeting and formal trainings session designed for senior staff.
- Attend training to improve their case management skills and present what they learned to their team to foster collective improvement.
- Improve their own supervision proficiencies, such as discussing this with a more senior staff member or external psychologist experienced in providing professional supervision support.
- Review their supervision notes over time to reflect upon achievements.

Example

Integrating continuous improvement into supervision

Mary has been working as a case worker at a family violence service for five months. Her supervisor has observed that Mary often arrives late to work and is reserved in her interactions with colleagues.

Mary's supervisor, Trish, requests a meeting with Mary for the following week. During their discussion, Mary reveals that she has little confidence in her ability to support her clients. She feels overwhelmed with her case load, fearful that she will "miss something crucial which could put a client at risk".

Trish encourages Mary to express herself, then offers the following suggestions as a way of supporting Mary in her role:

- Plan weekly supervision sessions instead of one every third week – and agree to revisit and revise this in three months.
- With Mary's consent, her colleague and case worker, Melanie, will be allocated as an additional case worker for a three-month period.
- Mary is referred to the organisation's counsellor for consultation, emotional support and debriefing.

Mary leaves the meeting feeling better after communicating her anxieties and feels supported with the actions now in place to help her perform her role.



Practice Task 2

Question 1

List four examples of factors that need to be determined when doing a training needs analysis (TNA).

Question 2

Which of the following ways can supervisors integrate professional development into their practice? Tick all that apply.

- Consulting case workers within your practice for advice on clients who are highly distressed or aggressive
- Subscribing to industry websites and journals to find out about news and emerging best practice
- Listening to the lived experience of communities, such as First Nations peoples
- Attending networking events to broaden your industry connections
- Asking the case workers you supervise to attend webinars in your absence

1C

Work collaboratively to support reflective and ethical practice strategies

Reflection involves thinking deeply about a particular subject, considering past experiences and learning from them.

Reflection allows professionals to learn by examining their experiences, how they react to these and using this knowledge to improve. It sets up the opportunity to build on their practical skills, knowledge and professional competence.

There are various reflective practice models in use. The 'Gibbs Reflective cycle' allows the person to focus on their and other's views, perceptions and feelings. It uses empathy as a way of reflecting on practice.



The supervisor can use reflective practice to examine their own role; it can also be used to encourage case workers to think about their performance. Here are some questions a supervisor may ask a case worker:

- What are your professional goals? Have they changed over time?
- Where would you like to focus your professional development?
- What personal strengths assist you in your role?
- What client facing skills are you developing or focussed on currently?
- Are there areas of your practice you would like specific feedback on?
- Where do you see your practice in 6 months?



Here are some examples of reflective questions that prompt the case worker to reflect on their own actions in relation to their client:

- What was happening that made the client react this way?
- Why did you choose to take the actions that you did?
- What factors contributed to your decision making?
- What was the client's perspective or views on the steps taken?
- Has this incident affected you personally or professionally?
- What did you learn from the case?
- How would you improve next time?

Value and belief systems

Beliefs and **values** affect a person's behaviours and can influence decisions and actions taken at work. Your own values and beliefs may impact on interactions with colleagues and clients. Case workers must adhere to the principle of self-determination: clients should be supported in their beliefs, even if these beliefs are not shared by staff or the organisation. This does not mean that you must accept or agree with other people's values; but it does mean you must strive to be impartial and work effectively with people who have a wide range of value systems and beliefs.

- Be clear about your own personal values and beliefs.
- Recognise that everyone is entitled to their own values, beliefs and attitudes.
- Check that you don't make judgements or decisions about others based on your own values and beliefs.
- Think about how your own values and beliefs may affect those you encounter.
- Body language can provide a subtle indication of your values.

Supervisors can assist case workers to develop an awareness of their own values and belief systems; they can also provide guidance to ensure personal convictions do not impact on client care. For example, a supervisor may ask the case worker to identify client presentations or situations that they may struggle working with, such as working with a perpetrator of family violence or a client facing criminal charges. They can discuss how opposing values or beliefs can filter into the case decision making process and interfere with the best interests of the client.

Here are other examples where your values may differ from others:

- What you consider to be good parenting or good role modelling
- Appropriate language to use in public, such as swearing
- Dress codes for attending a job interview or other important meeting
- The importance of paid work versus obtaining welfare

Beliefs

An idea that is accepted as true by somebody.

Values

The degree of importance of an idea or principle to a person.

- What you consider to be appropriate hygiene, such as managing body odour
- Gender roles, such as the male being the head of the family
- Attitudes towards gambling, violence, drug taking and alcohol use
- Attitudes towards receiving charity
- Beliefs about government, science and medicine

Example

Opposing values and beliefs

Kat works as a mental health support coordinator with a legal aid agency. A legal aid lawyer within the agency refers a pregnant client, Bella, who requires support for her mental health needs as her legal matters progress through the Magistrates' Court.

Kat arranges a meeting with Bella. Bella arrives late and abruptly states she must use the bathroom as she is very nauseated having recently found out she is pregnant.

Kat congratulates Bella on her pregnancy and enquires about how many weeks she is. Bella becomes quiet and reports she is thinking of having an abortion. Kat is deeply religious and feels herself becoming warm and flustered, aware of her reaction to Bella wanting an abortion and her own anti-abortion beliefs.

Kat takes a breath, reflecting she must not impose her personal views on her client. After they discuss Bella's Mental Health Plan, Kat encourages Bella to visit her GP to discuss her options.

Once Kat returns to her desk she reflects although she found the initial meeting with Bella difficult, she feels proud she was able to remain impartial and not allow her own values to interfere with Bella's decision.

Codes of practice and ethics

Organisations use policies and procedures to educate, instruct and provide guidance of the job role. Every organisation has their own set of policies and procedures related to service delivery and operational guidelines. Supervisors must promote the use of these documents so case workers complete tasks and responsibilities – as well as comply with all relevant legal and statutory provisions within their role.

Codes of practice are documents that provide practical guidance on how to comply with duties in the workplace. They sometimes supplement a code of ethics (discussed in greater detail shortly), sometimes referred to as code of conduct.

Codes of practice are usually state-based and 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 related to supervision could outline the responsibilities of the supervisor and the responsibilities of the case worker in the supervision process. It could outline the reporting requirements, the privacy and confidentiality requirements and frequency of the scheduled supervision sessions.

Some general areas covered by codes of practice are listed below:

- Risk and safety
- Person-centred empowerment
- Collaboration and advocacy
- Responsibilities of the case worker to the client
- Staff use of social media
- Aboriginal self-determination
- Inclusion and Equity
- Anti-discriminatory practices
- Privacy and confidentiality
- Capable and sustainable workforce
- Quality governance and leadership

Organisational policies also reflect legal requirements and codes of practice. Some examples relevant to case management include:

- respecting privacy and confidentiality
- applying a duty of disclosure
- informing the person of their rights
- following statutory interventions
- following codes of ethics and industry standards.

For examples of codes of practices, visit: aspirelr.link/manage-whs-risks-code-of-practice

Codes of ethics

A code of ethics outlines the behaviours expected of workers. Ethical standards relate to the values represented by an organisation and the responsibilities of services and service providers. Here are some examples of codes of ethics for different workers in community services.

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

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 a case worker is struggling with an ethical dilemma, invite the worker to bring the problem into formal supervision, pausing the decision making while consultation ensues.

Activities that encourage reflection on ethical practice

- 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.
- Arrange for the case worker to participate in role-playing ethical situations.
- Discuss how ethical situations can cause harm to the client and the case worker.
- 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 and assumptions contributed to how the case was managed? What could be done to change biases, expectations and assumptions?

You can find more information, guidance and strategies for resolving ethical dilemmas at: aspirelr.link/ethics-org

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.

Example

Supporting ethical practice

David, a newly qualified community worker meets Harper, a 21-year-old male, at a local community health drop-in centre. David notices that Harper and himself are similar in age. David finds out that Harper also follows the Collingwood Football Club. Through these shared similarities, David feels invested in supporting Harper to receive the highest quality of care.

David books Harper an appointment with the GP and an initial consultation with the nurse. After Harper is seen by the nurse, he goes outside the service for a cigarette and invites David.

Harper tells David about his difficult childhood and that he is struggling to pay rent. He asks David for \$50. David acknowledges how hard it is for Harper and he feels obliged to assist him.

David hands over a \$50 note from his wallet to Harper. Another worker sees this interaction and tells the supervisor.

The supervisor asks David to explain the situation. The supervisor reminds David of the organisations code of ethical practice that states that workers will maintain professional boundaries with clients and refrain from forming personal relationships that compromise the practitioner and client relationship.

David acknowledges that he has not acted in an ethically professional manner and feels supported by the supervisor to abide by appropriate codes of conduct in future.



Practice Task 3

Question 1

Explain what reflective practice is, and provide an example of a reflective practice model.

Question 2

Which of the following are areas covered by codes of practice in case management?
Tick all that apply.

- Person-centred empowerment
- Personal beliefs and values
- Use of social media
- Inclusion and equity
- Digital proficiency

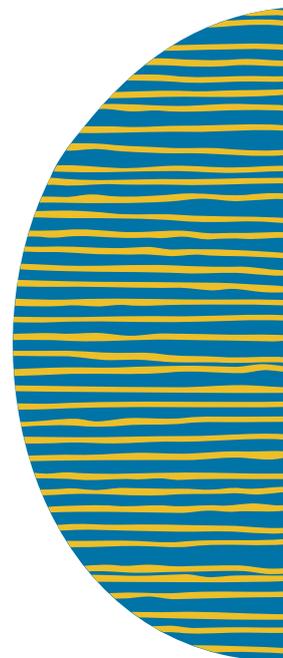
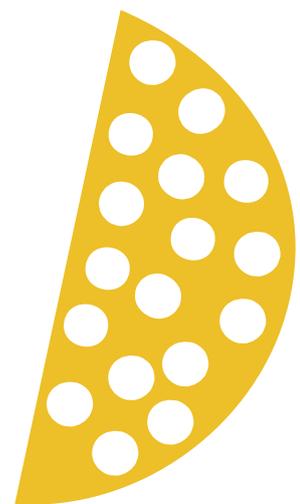
Question 3

Describe what value and beliefs systems are.



Summary

- Best practice in case management involves a client-centred approach, respecting client autonomy and preferences, and focusing on their unique needs and goals.
- Key approaches underpinning case management include person-centred, strengths-based, early intervention and evidence-based practices, which guide service delivery and decision-making.
- Supervisors play a vital role in ensuring case workers adhere to these best practice standards by providing regular monitoring, feedback and opportunities for professional development.
- Continuous improvement in case management is a systematic effort to enhance service quality, involving identifying improvement areas, planning, implementing strategies and reviewing outcomes.
- Supervisors play a key role in fostering continuous improvement, by encouraging professional development, emotional support, performance reviews and implementing formal processes for improvement.
- Strategies for continuous improvement include regular supervision, accessing expert advice, mentoring programs, and keeping updated with industry changes and evidence-based practices.
- Reflective practice, including models like Gibbs' Reflective Cycle, helps professionals learn from experiences and improve skills and competence.
- Values and belief systems should be consciously examined to ensure they do not influence professional decisions by respecting client self-determination.
- Codes of practice and ethics provide guidance on professional conduct, helping case workers navigate ethical dilemmas and maintain high service standards.





Learning Checkpoint 1

Follow and promote practice standards

Part A

1. Describe the early intervention and proactive approach of case management.

2. Which of the following statements about the clinical model of case management are correct? Select yes or no for each one.

a. Case workers in the clinical model are required to be qualified professionals like social workers or nurses.	Yes / No
b. In the clinical model, the case worker's role is limited to administrative tasks without direct client interaction.	Yes / No
c. The clinical model of case management prioritises continuity of care.	Yes / No
d. The clinical model involves integrating other services, such as financial support, for specific purposes as needed.	Yes / No
e. The clinical model of case management emphasises early intervention.	Yes / No



3. Which of the following statements about the practice model of supervision are correct? Tick all that apply.

- Supervision in case work is always conducted monthly, as per standard practice.
- Supervision involves consistent feedback to case workers, helping them to effectively apply their knowledge in practical tasks.
- Supervision sessions are planned with a dedicated time and date, ensuring they are focused and purposeful.
- The success of supervision relies solely on the supervisor's expertise, with little input from the case workers.
- Supervision includes respecting confidentiality, being actively involved, and being open to learning and change during the sessions.

4. Explain the differences between clinical supervision and group supervision.

5. Which of the following statements about the theory and practice of case management and supervision are correct? Select yes or no for each one.

a. Supervisors in Australian case management help case workers establish clear boundaries with service providers.	Yes / No
b. Supervisors evaluate the urgency of clients' needs and determine the required time for assistance.	Yes / No
c. Supervisors focus on long-term support rather than short and medium-term needs.	Yes / No
d. Supervisors challenge case workers by discussing only future goals and plans for clients.	Yes / No
e. Supervisors in Australian case management encourage case workers to paraphrase and reflect on clients' reports.	Yes / No



6. Explain how supervisors can support continuous improvement in case management practice.

7. Provide four examples of questions a supervisor may ask to encourage reflective practice in a case worker.

8. Explain how codes of practice are applied in supervision.



Part B

Read the case study and answer the questions that follow.

Case study

Anna works as a team leader within a child protection case worker office. She is responsible for providing formal supervision to four case workers in her team. Anna also holds seven clients, often making it difficult for her to juggle her client case load and supervisor duties. Anna feels guilty, aware she has cancelled supervision with case worker Ned the last three weeks due to client crises which required her immediate attention.

Supervision is rescheduled, with the pair meeting the following Monday morning. Ned reports he is “feeling overwhelmed”, still feeling affected by an incident which occurs on outreach a fortnight ago. The pair agree the supervision session could not have waited another week due to Ned’s current distress and need for debriefing support. Ned reports a fortnight ago he was visiting a child in a foster placement: Ned, the child and the foster carer were in the driveway saying their goodbyes when the child’s father arrived at the property. Ned notes the father presented substance affected, notably elevated and aggressive towards Ned and the foster carer.

Supervisor Anna validates how frightening this incident must have been for all present. Throughout the session, it becomes apparent to Anna that Ned is seeking more support than Anna can realistically provide within her working hours. Ned accepts Anna’s offer to refer him to the ‘Employment Assistance Program’: a free debriefing/counselling service available to all child protection employees. The pair work together to identify trainings and tools that could be useful if Ned is confronted with a similar situation in the future. Over the following months, Ned books in for three external trainings session which provide frontline workers with de-escalation and safety planning skills. Ned further attends a session called *Responding to people affected by Methamphetamine*.



1. How does Anna promote continuous improvement while supervising Ned?

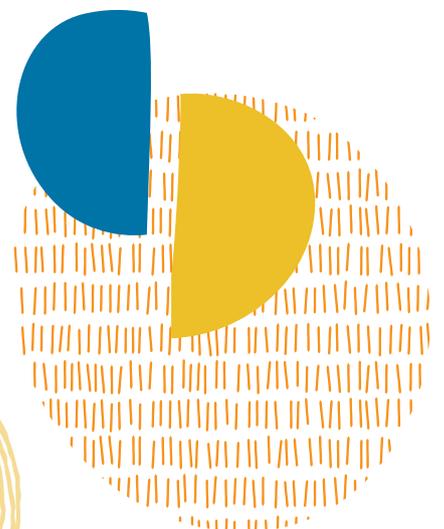
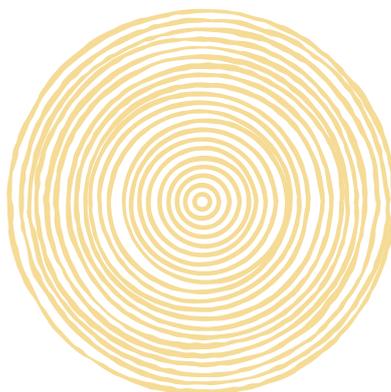
2. Describe whether Anna reflects an ethical practice mindset while supervising Ned.

3. Explain how explain how Anna's own value and belief system could be seen in her supervision.



Topic 2 Support colleagues in case management practice

- 2A Provide support, advice and direction on legal and ethical industry standards and organisational requirements
- 2B Challenge and support workers to ensure case management plans and actions are up to date and evidence-based
- 2C Provide workers access to casework consultation to maximise effectiveness and achieve plan objectives



2A

Provide support, advice and direction on legal and ethical industry standards and organisational requirements

Case workers can perform their work effective and safely when they understand the standards and operational protocols for case management.

In your role as a supervisor, you can provide support, guidance and advice to ensure case work aligns with the legal, ethical and organisational guidelines that regulate practice. You are in a unique position to provide advice based on your own experiences and challenges as a case worker. This support is important for help staff understand the requirements and standards expected of them and ensure best practice principles are applied in practice.

Provide direction and advice

Case workers in the early stages of their career need support and advice. Working with a diverse range of clients means balancing the limits of service delivery and the work required for appointments, meetings, case reporting and communication with the team. At the same time, you must consider the best actions for their client. You can assist case workers to recognise when they have set unrealistic goals and offer advice on ways to improve time management. This is especially important for those staff new to case management – who don't have the experience to understand the complexities and processes of their roles.

The following table outlines some examples of support, advice and direction that can be provided during supervision:

Case loads	<ul style="list-style-type: none">• Some case workers have large caseloads (number of clients they are providing case management services to).<ul style="list-style-type: none">- This may be due to internal operational matters such as lack of experienced staff and/or high demand for services from clients.• Caseloads can be discussed and monitored to ensure they are manageable and to ensure clients receive the services they have the right to receive.
Client needs	<ul style="list-style-type: none">• Clients across the community services sector present with a range of complex needs.• Resources may not always be readily available, and the volume and inter-relationship of client needs can mean changes in service priorities, which can stretch a case worker's abilities.



<p>Inexperience</p>	<ul style="list-style-type: none"> • New case workers can require frequent professional guidance, support and supervision when they are in the early stages of their career.
<p>Specialised client needs</p>	<ul style="list-style-type: none"> • A client may have specialised support needs, which the organisation may not be familiar with. • A case worker may need support to understand the specialised needs and facilitate service provision. • The client may require specialist services such as homelessness, people experiencing a mental health episode or drug induced behaviours.
<p>Personal safety and risk</p>	<ul style="list-style-type: none"> • Case workers can need support so they are 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. <ul style="list-style-type: none"> - 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. • These strategies are made with and approved by senior staff, and the risks associated with clients are assessed and managed so case workers are not placed at unreasonable risk.
<p>Emotional demands</p>	<ul style="list-style-type: none"> • Case workers can be exposed to situations that can produce intense emotional responses. <ul style="list-style-type: none"> - This includes situations that involve family or intimate partner violence, child abuse, removal of children from the home, terminal illness, palliative care and death. • Additional support can assist the person to manage their emotional responses, particularly if they are less experienced. <ul style="list-style-type: none"> - If these are left unaddressed, case workers can experience stress, trauma or burnout.
<p>Professional development</p>	<ul style="list-style-type: none"> • 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.

Example

Supervising a case worker assessment of a client

Abby is a new AOD worker at a residential rehab facility. She has an intake meeting with Billy who was referred from a local detox clinic. Abby's job is to assess Billy's readiness to enter the program and conduct a psychosocial assessment. Billy begins speaking about his childhood: because of experiencing domestic violence at a young age, he began using heroin and marijuana and has experienced homelessness multiple times. He explains he dropped out of school because of his drug use.

Abby feels overwhelmed by this story and continues to ask questions about Billy's childhood and forgets to discuss Billy's current drug use and his willingness to change. Abby seeks the advice of her supervisor Kirra.

Kirra empathises with Abby and confirms she did well building trust with Billy and being open as he told his story. Kirra suggest Abby review the model for AOD called 'The **stages of change**' and asks Abby if she can identify where Billy is on this scale. Kirra and Abby discuss the stages and develop a plan for the questions she will ask Billy in their next session.

Stages of change

Describes the different stages a person goes through in order to facilitate a behaviour change.

Legal obligations of case workers

Case workers must know about the laws relevant to case management and the case management framework. 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. The organisational policies and procedures of a service are written to reflect laws relevant to case management.

Some legislation is important for case workers because it determines the basic requirement for their roles and they must be knowledgeable about the specific laws in their jurisdiction and how these laws impact their direct practice with clients.

Example 1

When case work involves children under the age of 18 years of age, the worker must understand the child safe legislation in their state of territory. Each state and territory in Australia has its own child protection legislation. For example, in Victoria, the *Children, Youth and Families Act 2005* (Cth) specifies the obligation to report unsafe child behaviours and sets out organisational and community standards for working with families and children.



Example 2

A case worker in a community legal centre will know legal terms like bail conditions, community corrections order, time served and good behaviour bonds. These terms define the legal boundaries within which clients operate and inform how case workers deliver their services.

Here are some other examples of legislation specific to various community services sectors. Each state or territory may have specific acts for particular sectors.

Mental health services	<ul style="list-style-type: none"> • In the mental health sector, workers must be familiar with the <i>National Standards for Mental Health Services 2010</i>. Each state and Territory also has its own mental health Act. • These standards stipulate how services are to be delivered and provide a benchmark to indicate whether a service provider complies. • They also cover communication standards and consent and the appropriateness of policies and procedures for working in this sector.
Aged care	<ul style="list-style-type: none"> • Aged care in Australia is regulated by the principles outlined in the <i>Aged Care Act 1997</i> (Cth). It aims to: <ul style="list-style-type: none"> - promote accessible, affordable, high-quality care and accommodation - protect the health and wellbeing of residents - help residents enjoy the same rights as all other Australians - plan effective delivery of services - ensure that services and funding are able to target people and areas with the greatest needs - encourage diverse, flexible services that are responsive to individual needs - provide funding that takes account of the quality, type and level of care - provide respite for carers - promote 'ageing in place'.
Disability services	<ul style="list-style-type: none"> • In disability services, the National Standards for Disability Services (NSDS) apply. <ul style="list-style-type: none"> - These standards were set by the <i>Disability Services Act 1986</i> (Cth). - The objectives of the NSDS are to promote a person-centred approach that grants as much choice and control as possible to people with disability. • Some states have guardianship and administration Acts that provide for a guardian to be appointed for adults who do not have the capacity to make decisions about their own lives and affairs.

To read the standards in full, visit The Department of Health's website here: aspirelr.link/doh-national-standards-mental-health



Inform staff of their legal and ethical obligations

The following list outlines strategies you can use to inform case workers under your supervision of the legal and ethical obligations of their role:

- Use supervision sessions to identify gaps in the skills and knowledge of case workers.
- Discuss skills and knowledge gaps and develop professional learning and development strategies to address these gaps.
- Conduct orientation and induction training sessions so 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 so staff stay up to date with changes and their knowledge is current.
- Arrange for 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.
- Ensure effective handovers occur and that information is exchanged between staff who are working with the same clients. This is an opportunity to reinforce organisational requirements and appropriate courses of action to take in relation to particular clients.

Responsibilities for privacy, confidentiality and disclosure

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Confidentiality

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

People receiving services have a right to expect that their personal and health information will remain private and secure. Organisations base their **privacy** policies and **confidentiality** procedures and protocols on these principles.

Records about a person, such as case notes and case plans, are legal documents and must be collected and archived according to the workplace's policies and procedures, which are informed by legislation.

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



Confidentiality

Maintaining confidentiality is essential for respecting a person's privacy and individual rights.

Confidentiality is critical to work in case management. Workers often have access to privileged and sensitive information about their clients. The way workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities, self-concept, self-esteem and wellbeing.

Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information (written or verbal) about a person that is outside of the scope for which the information was collected.

Case workers need to know what confidential information they are allowed to, and should, share about people. Confidentiality protocols require that there is a reasonable purpose for collecting, storing, accessing and distributing information about a person. Organisations and workers must not collect generalised information without an explicit reason. Personal information must be securely stored, and access must be limited to those working directly on the case, in accordance with organisational policies and procedures.

In practice, confidentiality means not discussing an individual's personal information unless the person has given their consent. There are exceptional circumstances a case worker may **disclose** private information, but this is generally only when they become aware that the person is at risk of being harmed or of harming themselves or someone else.

Disclosure

The act of sharing or releasing private or personal information.

You can read more about the Privacy Act at: aspirelr.link/oaic-privacy-act

Video: Dignity in care

Watch the video 'Dignity in care: privacy' at: aspirelr.link/yt-dignity-in-care

This video looks at privacy and how it is necessary for providing dignity in care for people living with disability and for aged care. Discuss how this might apply to your role.



Sharing information

When working with a range of other agencies, the person receiving case management must give consent before any information is shared with, or is authorised to be accessed by, another agency. Most community organisations obtain this consent on a specific form. Consent needs to be given for access to particular information for a particular purpose. Case workers need to know that they must not pass on information without the person's consent.



You can view an example of an 'Authority to request or disclose personal information to external parties' form at: aspirelr.link/personal-information-form



Disclosure of confidential information

There are some instances when disclose information is part of a case worker's duties. For example, when a person is being referred for medical treatment, to the hospital, to a doctor or to a specialist, the medical professional needs to know the person's history, allergies and relevant personal details. Again, the person's **informed consent** is required before it is disclosed to a third party.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Here are some examples of such situations when confidential information must be disclosed:

- If the person has consented to the disclosure
- If a person's interests require disclosure and there is a serious risk which justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others
- If there is a duty to the public; for example, there is a public threat or concern
- If compelled by law; for example, if the person has a reportable disease or the information is requested by a court of law



Example

Privacy, confidentiality, disclosure

Case worker Emma mistakenly emails a document containing sensitive client information to the wrong recipient. The document includes details of a client's goals and contact information. Emma is frightened of the implications this mistake may have on her and the affected client. She promptly notifies her supervisor, Penny, about the breach.

With the support of her supervisor, Emma calls the affected client, informing her of the breach. An internal review is conducted within the service to understand the cause of the breach. Supervisor Penny highlights how rapid response, client notification and ongoing staff training are crucial in mitigating the impact of privacy breaches, preserving trust in community services.

Responsibilities for mandatory reporting

Mandatory reporting refers to the legal obligation to report instances of suspected abuse or neglect.

Reporting requirements vary between the states and territories, but in most cases, any suspicion that a person is endangered, or subject to abuse or neglect, requires the worker to report their concerns to appropriate authorities. A case worker's role varies across occupations and from one state to another.

In many workplaces, mandatory reporting requirements are set out in the workplace's reporting policies and procedures.

You can read more about mandatory reporting at: aspirelr.link/1800-respect-reporting-obligations

To identify which mandatory reporting laws and legislation you and your team are working under, visit: aspirelr.link/aifs-mandatory-reporting-child-abuse-neglect

Consequences of breaching mandatory reporting legislation

If a case worker's role includes mandatory reporting, they are legally required to do it. As a supervisor, you can educate and assist case workers in understanding and fulfilling their organisational and legislative obligations to report unsafe child practices.



Case workers must also follow the policies and procedures of the state government department that is responsible for child protection and/or the protection of other vulnerable people.

Not complying with this requirement may result in harm to a child or other vulnerable person. From a professional standpoint, it may result in a reprimand, performance management, disciplinary action, dismissal and possible legal action. It is important that staff take these responsibilities seriously.

As a supervisor, you play a key role in supporting case workers who report unsafe child practices. These workers should be given the opportunity to debrief about the reporting process and its impact on their future practice.

Supervisors should encourage case workers to read each state or territories 'Mandatory reporting of child abuse and neglect' laws. For further information, see: aspirelr.link/aifs-mandatory-reporting-child-abuse-neglect

Mandatory aged care reporting

Elder abuse can present itself in many different forms such as: emotional (or psychological), neglect, financial, physical, social and sexual abuse. Case workers must be able to recognise signs of elder abuse. You can provide workers with information on when they must report to you and the appropriate authority to report to based on the jurisdiction. In Australia, reports of elder abuse are often directed to the relevant state or territory's elder abuse hotline or helpline. 1800 ELDERHelp (1800 353 374) is a free call phone number that automatically redirects callers seeking information and advice on elder abuse with the phone service in their state or territory.

To view the extensive signs of elder abuse please refer to Senior Rights website, see: aspirelr.link/senior-rights-elder-abuse

Video: Elder abuse

Watch the following video for signs of elder abuse: aspirelr.link/yt-signs-of-elder-abuse

Reflect on the video and list some signs of abuse you might recognise in your own work role.





Legal and ethical responsibilities for duty of care

Duty of care is an obligation in the legal framework in the community services industry. Case management workers have a duty of care to themselves, their clients, their employer and all people they interact with while performing their role.

As a supervisor, you have a **duty of care** to take reasonable steps to ensure the physical and psychological safety of case workers by providing regular and effective supervision. You must provide opportunities to discuss cases, challenges, and personal well-being. You can offer guidance, feedback, and assistance in problem-solving and address any ethical concerns promptly.

The following table outlines a proactive approach to identifying, addressing, responding and mitigating risks to case workers.

Ways a supervisor can support duty of care for case workers	
Monitor staff for signs of burnout	<ul style="list-style-type: none"> • Implement regular check-ins and observe changes in behaviour, such as increased absenteeism, decreased productivity or mood changes. • Provide a supportive environment where staff can openly discuss their workload and stress levels. • Encourage work-life balance and offer resources or adjustments to workload if necessary.
Debrief staff after an incident has occurred	<ul style="list-style-type: none"> • Arrange a meeting as soon as possible after an incident to discuss what happened. <ul style="list-style-type: none"> - This debrief should be a safe space for staff to express their feelings and concerns. • Focus on understanding the incident's impact on staff and identify any support or changes needed to prevent future occurrences.
Help staff to access the employee assistance program (EAP)	<ul style="list-style-type: none"> • Inform staff about the availability and benefits of the EAP. <ul style="list-style-type: none"> - Guide them on how to access these services and assure them of the confidentiality and support offered by the EAP. - Encourage the use of EAP for personal and professional issues.
Notify security and senior management when there is a risk to safety	<ul style="list-style-type: none"> • Establish clear protocols for situations requiring urgent action. • Train staff on these protocols, including when and how to alert security and senior management. • Ensure there are accessible means for staff to quickly communicate these urgent needs. • Regularly review and update safety protocols. • Provide safety equipment and ensure the working environment adheres to health and safety standards. • Train staff in emergency procedures and ensure they are aware of exits and safety equipment locations

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

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



Ways a supervisor can support duty of care for case workers	
Identify hazards and conduct a risk assessment	<ul style="list-style-type: none">• Identify potential hazards in the workplace and implement strategies to mitigate these risks.• This might include modifying work practices, providing additional training on manual handling and lifting techniques, or introducing new safety equipment.• Regularly evaluate the working environment and practices to identify potential risks.• Involve staff in this process and document the findings.• Develop a plan to address any identified risks.
Complete incident reports and refer to management as required	<ul style="list-style-type: none">• Train staff on how to accurately and promptly complete incident reports.<ul style="list-style-type: none">- These reports should include details of the incident, any actions taken including any mandatory reporting requirements and recommendations for preventing future occurrences.• Establish clear guidelines on when and how incidents should be escalated to higher management.

Example

Following duty of care obligations

Supervisor Julia works at a child, youth and family support service. Julia is responsible for providing direct supervision to case worker Nikita. Julia is contacted by Nikita one afternoon, sounding flustered and upset. Nikita reports she was transporting a female client to an appointment when the client became highly agitated. She reports she pulled over the car and the client moved across to her side of the car and attempted to hit Nikita as she was getting out of her vehicle.

Julia meets Nikita as soon as she arrives back to the office offering an opportunity to debrief. Julia takes the following steps to best support Nikita. Julia offers Nikita immediate emotional support and debriefing, refers her to the employee assistance program (EAP) and encourages her to take break from client facing work and an opportunity to finish the day early.

Nikita and Julia complete an incident report furthermore updating other relevant staff of the current client risk to workers.



Responsibility for clients at risk

Duty of care to clients means taking responsibility to ensure responses to the well-being and support of clients at risk is implemented. Here are some examples:

Ensure client-centred practices	<ul style="list-style-type: none"> • Ensure that case workers tailor services to meet the individual needs, preferences, and cultural backgrounds of clients. • Regularly review and assess case plans to ensure they align with client goals.
Quality assurance and compliance	<ul style="list-style-type: none"> • Regularly review case files, documentation and service delivery to ensure compliance with organisational policies, legal obligations, and industry standards – especially in cases involving vulnerable clients.
Risk assessment and management	<ul style="list-style-type: none"> • Implement and oversee risk assessment and management processes by collaborating with case workers to assess potential risks to clients and develop risk management plans. • Ensure that strategies are in place to mitigate risks and that appropriate interventions are implemented.
Regular case reviews	<ul style="list-style-type: none"> • Conduct regular reviews of high-risk cases by scheduling frequent case reviews to assess progress, identify emerging risks and adjusting interventions as needed. • Provide additional support or resources when risks escalate.
Advocate for resources and client rights	<ul style="list-style-type: none"> • Advocate for the resources needed to support clients at risk. • Work with the leadership team to secure additional resources, funding or specialised services that may be required to address the unique needs of vulnerable clients. • Advocate for and protect the rights of clients. • Ensure that case workers are aware of and uphold the rights of clients, especially those who may be at risk or vulnerable. • Address any violations promptly and ethically.
Trauma-informed practices	<ul style="list-style-type: none"> • Provide training on trauma-informed care and ensure that case workers integrate trauma-sensitive approaches into their interactions with clients. • Recognise the impact of trauma on clients' conduct, choices and well-being.
Cultural competence	<ul style="list-style-type: none"> • Ensure that case workers are culturally competent and sensitive to the diverse backgrounds of clients. • Address any cultural barriers that may impact the effectiveness of interventions.
Continuity of care	<ul style="list-style-type: none"> • Develop protocols to facilitate smooth transitions between services and programs, especially for clients at risk. • Collaborate with other agencies to ensure a seamless continuum of care.



Feedback and complaints handling	<ul style="list-style-type: none"> • Ensure that case workers are receptive to client feedback and that there are clear processes for handling complaints. • Use feedback as a means to improve service quality.
Ethical decision-making	<ul style="list-style-type: none"> • Provide guidance on ethical considerations and ensure that case workers are equipped to navigate complex ethical dilemmas in their work with vulnerable clients.

Practice Task 4

Question 1

Describe how supervisors can provide support, practice advice and direction to case workers.

Question 2

Match each legal term to its definition.

Duty of care	The legal obligation to report instances of suspected abuse or neglect.
Mandatory reporting	The principle of keeping personal information private – unless the person consents to sharing the information with other parties.
Confidentiality	The act of sharing or releasing private or personal information.
Disclosure	An obligated requirement that an individual to takes all reasonable actions to prevent reasonably foreseeable harm occurring to someone.



Question 3

Which of the following statements about advising workers on legal requirements are correct? Tick the correct answers.

- Supervisors use supervision sessions to identify and address gaps in case workers' knowledge of legal requirements.
- New case workers receive training on their legal and ethical obligations through ad-hoc meetings as needed.
- Supervisors arrange additional training as necessary to ensure case workers fully understand their legal responsibilities.
- Supervisors should use supervision sessions to identify and address gaps in case workers' knowledge of legal obligations.
- Supervisors should ensure that case workers participate in mandatory annual training to stay updated on legal changes.

2B

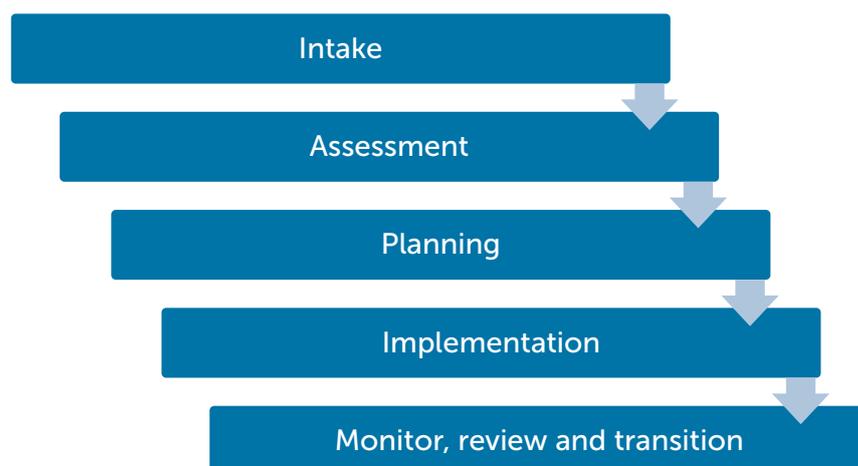
Challenge and support workers to ensure case management plans and actions are up to date and evidence-based

As a supervisor you can create an environment where case workers can thrive, innovate and most importantly help clients fulfil their goals outlined in their case plans.

Case plans must reflect best practice approaches to case management, which put the client as the primary focus. You have a pivotal role in both challenging and supporting case workers to ensure that case plans reflect best practices and the principles of:

- person centred and strengths-based approach
- the rights and responsibilities of clients are upheld
- the client's right to self-determination is upheld
- cultural competence is demonstrated
- ethical responsibilities are upheld
- evidence-based practice is used.

You must confirm the case management framework is being undertaken and follows your organisations process.





Case plans must be up to date so they reflect the current needs and goals of clients. You can check in with your case workers to monitor the case plan process by confirming:

- Client goals are SMART:
 - **Specific** – it is clear exactly what must be done.
 - **Measurable** – everyone knows when they have been achieved.
 - **Achievable** – can be accomplished in a set time period using the available resources.
 - **Realistic** – are they feasible in the current circumstances.
 - **Timely** – are based on understanding the family's risks, strengths, ability, motivation to change and availability of resources.
- Reviews occur when scheduled.
- Appointments are kept.
- Milestones occur when anticipated.
- Documentation is current.
- Monitoring occurs in a timely manner
- Case plans are updated and changed as required to reflect changing client needs and goals.

Information gathered can be used to explore further client options, alternatives and adjustments to the provision of care. These can include:

- Scheduling case management meetings with specialists, such as allied health and mental health professionals.
- Participating in meetings with other service providers for services.
- Investigating into funding options for additional services.

Evidence based practice

Evidence shapes case management practice principles and ensures decision-making is based on facts and not guesses or circumstantial situations. It provides case workers with a structured approach and allows for consistency so each client receives support based on evidence-based guidelines. It also means that case workers must be able to provide evidence that accounts for decisions and actions being taken.



Current research

At its core, evidence-based practice is about ensuring that research identifies the best model of practice and that workers and organisations can act in alignment with what the research is suggesting.

Research is constantly being gathered and reported by researchers from universities and funding bodies. It provides a reliable source of information to guide practice for case workers, supervisors and management.

Research can be collected from scientific evidence that is relevant to the area of service need. Research is conducted in many service areas and speciality fields, such as mental health, alcohol and other drugs, child protection, legal and criminal facilities, **family violence** and counselling programs.

Family violence

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

Research attained directly from clients and families who participate in service provision allows direct stakeholder input. It can be gathered from client observations, documentation, program surveys and feedback in the form of complaints and compliments. Data gathered in this way can be used to improve services, better streamline resources and lead to better client outcomes.

Organisational data includes, but is not limited to, organisational policies and procedures. Data informs case workers to better identify risks that occur as part of their role and implement strategies that minimise those risks.

Staff can be asked to provide feedback on program delivery. This can be practical advice that is shared with staff at general meetings but also during supervision sessions.

Research significantly influences the language that case workers should use in practice. It provides a 'shared' language between case workers and with other professionals. For instance, in the AOD field, individuals using substances should now be referred to as "people experiencing drug and alcohol misuse". This language choice shifts the focus onto the substances (drugs and alcohol) rather than the individuals themselves. Such an approach helps to avoid stigmatising the service users and aligns with the harm minimisation model.

Professional development is essential for workers to stay current and up to date of latest research and development in their field to continue providing high service delivery to their clients.

You can take the following actions to ensure plans and actions are up to date and evidence based.



<p>Critical analysis</p>	<ul style="list-style-type: none"> • Encourage staff to use critical analyse in their case plans. • Critical evaluation and analysis prompt case workers to question their preconceived assumptions, consider alternative interventions and evaluate the evidence supporting their decisions.
<p>Professional development</p>	<ul style="list-style-type: none"> • Support staff to attend internal and external training sessions, conferences and workshops to stay update on emerging trends and evidence-based interventions.
<p>Complex case discussions</p>	<ul style="list-style-type: none"> • Create a platform for discussing complex cases, such as team case reviews and discussion meetings. • By facilitating regular case review meetings, case workers can present challenging cases, receive feedback and collaboratively explore flexible solutions to challenging client presentations.
<p>Learning from setbacks</p>	<ul style="list-style-type: none"> • View and discuss setbacks as opportunities for growth. • By debriefing cases where outcomes were not as expected, supervisors can assist case workers in identify what best practice decisions or actions could have been chosen instead.

Example

Achieving case plan objectives

Sarah is an experienced supervisor who oversees a team of case workers at Bayjook Community Care Hub. Case worker Alex Patel is responsible for a caseload of ten clients who have intellectual disabilities.

Alex faces challenges in achieving case plan objectives for a particular number of his clients. These challenges included complex family dynamics and limited access to resources. Recognising the need for targeted support, his supervisor, Sarah, decides to implement an approach to empower Alex and others in their team how are facing similar challenges. Sarah conducts an assessment of each case worker's strengths and areas for growth.

For Alex, she identified a need for additional training in conflict resolution and engaging resistant clients. A targeted training plan was developed and implemented, equipping Alex with the skills needed for challenging cases. Sarah and Alex increased the frequency of their supervision sessions.

During these sessions, they discussed specific cases, identified barriers, and collaboratively developed strategies for overcoming challenges. Sarah provided constructive feedback, highlighting areas of success and areas for improvement.



Practice Task 5

Question 1

List three reasons why supervisors must challenge case workers to ensure case management plans are up to date.

Question 2

Explain why supervisors must support case workers to ensure their case management plans and actions are in line with organisational policies and procedures.

2C

Provide workers access to casework consultation to maximise effectiveness and achieve plan objectives

Consultation allows workers to measure, monitor and strengthen outcomes for their clients through progress toward agreed goals.

Consultation with peers and other people with specialist knowledge supports case workers to improve their practice, maximise their effectiveness and achieve case management objectives.

Consultation has several benefits by providing a range of ideas and perspectives that may not yet have been considered. Various viewpoints based on past experiences with clients can provide insights into decision making and improving outcomes for clients. In the case of more complex cases, such as people at risk or with multiple challenges, it can provide a forum where the group can discuss options and brainstorm and discuss various approaches.

Consultation with other case workers

You can facilitate casework consultation for staff to foster a culture of learning where case workers seek advice, share knowledge and problem-solve together.

Consultation with other case workers can significantly enhance problem-solving, decision-making and overall client service delivery. It is a valuable tool for building confidence in staff and where emotional and psychological effects of the role can be shared.

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

- Arrange team meetings with case workers from other areas of 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 system' for new employees to encourage information sharing. The new case worker will work closely with their more experienced buddy, sometimes initially 'shadowing' them.
- Establish a mentorship program where a more experienced case worker is 'paired' with a less experienced staff member. This allows sharing of information from staff with varying levels of experience and expertise.
- Monitor case workers' outputs, and identify opportunities for collaboration and consultation between case workers who have clients with similar issues.



Seeking advice from experts

You might arrange for case workers to meet with SMEs who can provide specialised advice on a specific area.

Advice from senior staff or an SME is valuable because it stems from experience with clients and provides the case worker access to knowledge they do not have. For instance, a qualified AOD practitioner can give expert insight on a client. Even family members or carers of clients can be considered SMEs in certain contexts. However, advice does not always need to be acted upon: you can discuss, consider and analyse information provided with the needs of the client being the most important consideration.

Case workers may seek advice from the following SMEs some of whom may be allied health professionals and government department staff either internal or external to the organisation. In discussion with the case worker, you need to decide when it is appropriate to make contact or contact a network to arrange for them to speak to an expert for their input and advice.

Here are some examples of the types of expertise available:

- Psychologists
- Psychiatrists
- Behavioural specialists
- Medical or health providers
- Communication experts (e.g., working with assistive technologies)
- Educational and career experts including language literacy and numeracy (LLN) skills
- Cultural experts
- Allied health practitioners such as physiotherapists, occupational therapist, social workers.
- Work health and safety (WHS) experts
- Legal experts
- Funding bodies
- Regulatory bodies



When specialist input may be needed

- There are complex legal/ethical matters
- The client has medical or health issues and/or health and safety risks
- 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
- 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

Provide practice advice

Anna is case worker Melanie's direct supervisor. They both work at Community Centre providing short term case management to community members facing housing instability. Melanie asks to speak to supervisor Anna after lunch noting she is seeking practice advice.

Melanie reports she is supporting a 42-year-old woman who is 'couch surfing' after being evicted from her rental due to rental arrears. Melanie explains she is struggling to assist the client understand her legal rights ahead of her upcoming VCAT hearing (Victorian Civil and Administrative Tribunal). Anna identifies she may require a subject matter expert (SME), such as a legal aid lawyer. Anna suggests the client could contact 'Tenants Victoria' for their advice regarding her rental eviction.

Example

Support for a client with an acquired brain injury (ABI)

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 and occupational therapist who 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 people with ABI's 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.

Specialist practice knowledge to achieve case management plan objectives

Supervisors can provide advice and monitor if the necessary priority steps for each goal in the client's case plan is being achieved and if specialist practice knowledge is required.

To enable staff to obtain specialist reports and information from others, you need to be well-informed about the process involved. A case worker may need support to be able to educate and prepare clients for what to expect during a specialist assessment or appointment. Providing ideas on ways to prepare can be crucial in ensuring the client's case plan goals are achieved so case workers can effectively advocate for their clients.

Disability support pension
Financial help if you have a physical, intellectual or psychiatric condition that is likely to persist for more than 2 years and stops you from working.

NDIS
A government funding scheme that supports people with disabilities achieve greater independence, wellbeing and health.

In the following examples, the case worker has the expert knowledge to advocate for their client. This strengthens their relationship with the client by acting upon their best interests and are working from a client-centred approach.

Example 1 – Court assessment for mandatory counselling

Psychiatrists perform specialist medical reviews of a patient's medical history and medication management to decide on their ongoing care needs. In a forensic drug and alcohol setting, an AOD counsellor might provide a specialist assessment to the courts following mandatory counselling. This assessment evaluates the effectiveness of the treatment and the likelihood of the client reoffending.

Example 2: Assessment for government resources

A client has an ongoing disability that has significantly impacted their ability to complete daily living tasks and work for more than 15 hours per week. One of the goals for the client is to access the **disability support pension** from Centrelink and to obtain access to the **NDIS** (National Disability Insurance Scheme).



Example 3: Requirements for the disability pension

The client requires documentation from their general practitioner including a medical summary and previous hospital admissions as evidence to submit with the application.

Example 4: Access the NDIS (National Disability Insurance Scheme)

For an assessment, multiple specialist assessments are needed. These assessments could be conducted by allied health specialists, including speech pathologists, physiotherapists, social workers, psychiatrists, occupational therapists and mental health nurses.

Example 5: Access public housing

A non-profit organisation liaises with public housing offices and case workers need to understand governmental housing policies but also how they can be applied. A worker from a government housing department requires a client pays two weeks' rent upfront to secure a property.

With specialised knowledge, you are aware that the policy allows for one week's rent to be paid upfront, with an agreement to pay the second week on a payment plan. The housing worker may be acting on managerial directive to ensure financial security for their organisation, while you are working for the best interests of your client.

Provide culturally competent supervision

Culturally specific supervision aims to bridge cultural gaps, foster cross-cultural understanding, and improve communications and the engagement of the team when they feel their culture is respected and welcome. It recognises the diverse needs of staff and clients.

Cultural competence can be demonstrated by:

- acknowledging case worker's cultural differences
- accommodating case worker's 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
- being a role model and demonstrating culturally competent behaviours in all communications with staff across the organisation.

Culturally competent services are planned and delivered with respect and consideration for the clients' cultural identity.

Cultural competence
Having awareness, respect and understanding of the cultural diversity around you.



Expressing cultural traditions and needs are key to maintaining emotional and psychological wellbeing. Here are some things to consider when providing culturally competent supervision to staff:

- Each culture has their own rituals, beliefs, hierarchies, and practices that influence the way people act and react
- Family dynamics mean families have individual ways of relating to each other
- We learn how to behave and what to expect out of life and relationships through the families we grow up in; often, this shapes the way you view family life and the roles of each member
- In many cultures, there are clear roles for each gender to perform, and discussion of non-conforming gender (such as non-binary or transgender) is prohibited.
- CALD families, as well as Aboriginal and Torres Strait Islander families, can be actively engaged in their cultural community and this can sometimes be central to family life.

Video: Cultural Competence Introductory Video

Watch the following video to learn more about cultural competence:

aspirelr.link/yt-cultural-competence

Identify instances where you might need to adjust your own practices to demonstrate cultural competence.



Strategies for culturally specific supervision

Individualise supervision plans	<ul style="list-style-type: none"> • Develop individualised supervision plans for each team member, considering their cultural background, communication style and specific needs. • Recognise the unique strengths case workers from differing backgrounds bring to the team and client work.
Cultural competence training	<ul style="list-style-type: none"> • Supervisors should organise cultural competence training sessions for the entire team. • These training sessions can include culturally relevant guest speakers and workshops that focus on cultural awareness and can be part of staff professional development.
Create a safe space for discussion	<ul style="list-style-type: none"> • Establish an open and non-judgmental environment where team members feel comfortable discussing cultural differences and challenges they may face in their roles.



Cultural resource hub	<ul style="list-style-type: none"> • Establish a central hub or platform where cultural resources, articles and relevant research materials are accessible to all team members. • This can serve as a go-to source for case workers wishing to enhance their cultural understanding. • Having this resource available can help case workers maintain their cultural awareness at the forefront of their practice.
Celebrate cultural diversity	<ul style="list-style-type: none"> • Celebrate cultural diversity within the team and community. • By recognising cultural events, holidays, and festivals; for example, fostering a sense of inclusivity, respect and appreciation for differing backgrounds.

Consult with culturally specific workers

Some clients may have significant and complex cultural considerations requiring specialised service delivery. Specialised personnel may be needed to provide additional guidance and support for case workers to ensure their interactions are appropriate.

Many case management organisations work with Aboriginal and Torres Strait Islander peoples, elders and community leaders to guide their practices for working in a culturally competent way. This promotes case workers to understand how to provide services in ways that reduces the ongoing generational trauma caused by the removal of children from Aboriginal and Torres Strait Islander families. There is a focus on ensuring culturally sensitive practice, as well as working using a kinship care model and training, is provided to ensure they engage in a respectful and trauma-informed manner. At all times, a focus on self-determination and empowerment is used and referral to appropriate Aboriginal and Torres Strait Islander partner organisations is best practice.

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.

Video: Working with First Nation Australians in case management

This video discusses working with Aboriginal and Torres Strait Islander peoples in case management: aspirelr.link/yt-trauma-informed-care

List some of the way you would adapt your approach to ensure best practices when supporting and Indigenous person.





Example

Culturally specific supervision

Multicultural Inclusion Services (MIS) in Perth, Australia, focuses on supporting culturally diverse communities. Supervisor Aisha recognises the need for culturally specific supervision after case worker Mei Ling highlights challenges in understanding cultural nuances during team meetings.

Aisha works with each case worker to create a training plan to cover cross-cultural communication, understanding cultural values and recognising the impact of diversity on service delivery.

Aisha organises multilingual resources so Mei Ling and others have access to guidelines and documentation in their preferred languages. Supervision sessions include cross-cultural reflective practices and encouraging the team to share experiences and learn from each other about their diverse perspectives.

Mei Ling feels more supported and understood by her supervisor through improved communication with colleagues and clients.

Practice Task 6

Question 1

Briefly describe cultural competence and outline how to demonstrate this.

**Question 2**

Explain the benefits of providing access to culturally specific supervision.

Question 3

Describe the benefits of providing access to culturally specific workers.

Question 4

Which of the following strategies for casework consultation would maximise effectiveness? Tick all that apply.

- Limit casework consultation to only those cases that are considered high-risk or complex to manage time efficiently.
- Encourage case workers to independently solve cases without seeking advice or collaboration to promote self-reliance.
- Arrange team meetings with case workers from different areas of the organisation to discuss specific clients and cases.
- Establish mentorship programs pairing more experienced case workers with less experienced staff for knowledge sharing.
- Implement a 'buddy system' for new employees, encouraging close collaboration and information sharing with experienced colleagues.



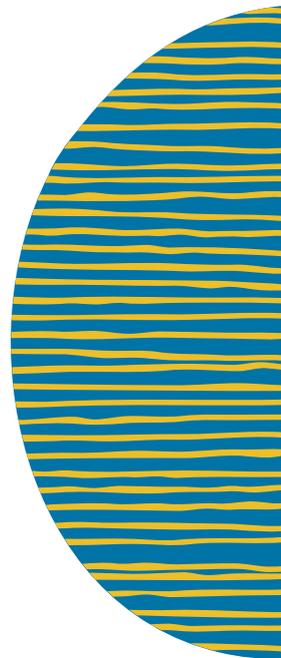
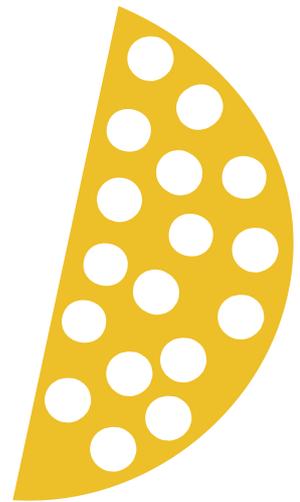
Question 5

Provide two reasons why specialist practice advice might be needed in the workplace.



Summary

- Supervisors help guide case workers to align with legal, ethical and organisational guidelines by using their experience to help staff understand and meet these standards.
- Support and advice on caseload management, client needs, personal safety and professional development are essential for case workers, especially those new to the field.
- Case workers must be knowledgeable about legal obligations, including confidentiality, privacy, mandatory reporting and duty of care; supervisors assist them in understanding and fulfilling these responsibilities.
- Supervisors are pivotal in ensuring case management plans are client-focused, evidence-based and adhere to best practices (i.e., person-centred approaches and cultural competence).
- To maintain current, effective case management, supervisors regularly review and update case plans, ensuring they align with the latest research and best practices in the field.
- Casework consultation enhances effectiveness by allowing workers to gain diverse perspectives, share knowledge and improve client outcomes through collaborative problem-solving.
- Supervisors should facilitate consultations with peers and experts, fostering a learning culture where case workers can seek advice, discuss complex cases and receive specialised input.
- Culturally competent supervision requires awareness and respect for cultural diversity, individualised supervision plans, and training in cultural competence to support diverse teams and clients.
- Supervisors must guide staff to access and utilise expert advice for complex legal, medical, or ethical issues to achieve client-centred outcomes.





Learning Checkpoint 2

Support colleagues in case management practice

Part A

1. Provide at least two examples of how supervisors can provide support, direction and advice in line with legal and ethical requirements.

2. Describe two strategies supervisors can use to support case workers to ensure their case plans are evidence-based and in line with legal requirements.



3. Explain at least two strategies supervisors can use to advise workers of their legal and ethical obligations.

4. Describe how duty of care applies in case management supervision for case workers and for clients.



5. Explain the consequences of breaching mandatory reporting responsibilities.

6. Which of the following statements about confidentiality, privacy and disclosure are correct? Tick all that apply.

- Personal client information can be shared with family members of the client, as there is implied consent.
- Consent is required from a person before their private information is disclosed to third parties for medical treatment.
- Confidential information may be disclosed if there's a serious risk to the person or others – or if required by law.
- Organisational confidentiality protocols allow for sharing client information in staff meetings.
- Maintaining confidentiality is crucial in case management, as it respects the individual's privacy and rights.

7. Provide two examples of when specialist practice knowledge is required and briefly outline how it benefits clients.



Part B

Read the case study and answer the questions that follow.

Case study

The Harmony Community Services organisation operates in a culturally diverse suburb in Sydney, Australia. The team, comprised of case workers and support staff, serves a community with a rich tapestry of ethnicities, languages and traditions.

Maria is an experienced supervisor with a background in mental health case management. She is committed to fostering a culturally competent and inclusive environment within the team.

Ahmed is a dedicated case worker who works closely with clients from Middle Eastern backgrounds. He brings linguistic and cultural insights but faces challenges in bridging cultural nuances within the broader team.

Ahmed has been working with a newly arrived Syrian refugee family. While he has built trust and rapport with the family, he finds it challenging to convey the cultural intricacies and needs of the clients during team meetings. The broader team, including his supervisor, Maria, are keen to support Ahmed but recognises the gap in understanding and acknowledge.

Maria schedules a one-on-one supervision session with Ahmed to discuss the challenges he is facing. She creates a safe space for open dialogue, allowing Ahmed to express his experiences, frustrations and ideas for improving cultural understanding within the team. Recognising the need for cultural competence enhancement, Maria organises a cultural competence training session for the entire team. The training includes insights into Syrian culture, communication styles and the impact of trauma, promoting a deeper understanding among team members.

During team meetings, Maria introduces a collaborative learning approach. Team members, including Ahmed, share cultural insights, challenges and success stories related to their clients. This creates a dynamic exchange of knowledge and fosters a sense of shared responsibility for culturally competent service delivery.



1. Why is it important for Ahmed to enhance his cultural competence while working with the newly arrived Syrian family? Explain your answer.

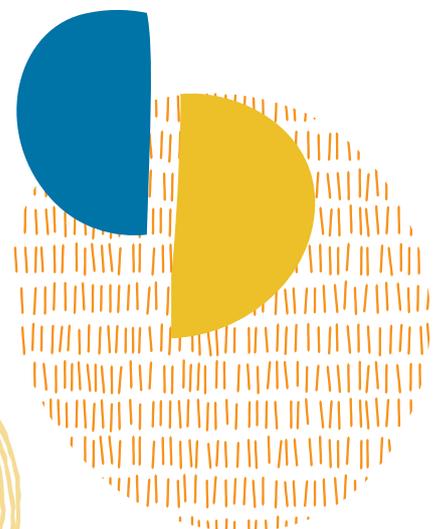
2. Briefly outline how Maria encourages her team to collaborate with other workers to maximise effectiveness and cultural competence.

3. Provide an example of a strategy Maria uses to provide her team with access to culturally specific supervision.



Topic 3 Provide practice, support and advice on complex cases

- 3A Analyse and assess case management plans and provide feedback and advice
- 3B Consult stakeholders for specialist advice and advise workers on information gathering protocols
- 3C Update workers on changes to legislation, policy and organisational policies and procedures
- 3D Escalate and refer issues beyond scope of practice
- 3E Evaluate own supervision and identify areas for improvement



3A Analyse and assess case management plans and provide feedback and advice

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 plans are abiding by best practice and clients receive high-quality services.

- Uphold the rights and responsibilities of clients.
- Understand and communicate best practice principles – providing comprehensive training and education is key.
- Uphold the client's right to self-determination.
- Use a consumer directed care (CDC) model of care.
- Demonstrate cultural competence.
- Uphold their ethical responsibilities.
- Use evidence-based practice.

Analyse and assess case plans

Supervisors play a pivotal role in ensuring the effectiveness and quality of case management interventions. One of the key responsibilities in this capacity is the adept analysis and assessment of case worker's detailed case plans. This determines if all components of the case plan are addressed, implemented and effective in helping the client meet their goals.

Analysing a case worker's case plan can involve taking the following steps:

- Analyse incident reports that are relevant to activities in the case plan.
- Analyse complaints relating to the plan (e.g., of its implementation or of a case worker).
- Analyse the case workers documentation quality by reviewing if a case worker provides clear, detailed and accurate records of assessments and interventions.

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

- Conduct an audit or reviewing the client files and documentation maintained by the case worker.
- Review assessments and referrals prepared or facilitated by the case worker.
- Identify risk, and evaluate how well case workers recognise and assess potential risks for staff, clients and the community.



- Assess for the presence of clear strategies and mitigate identified risks in complex case plan.
- Hold discussions with the case worker during clinical supervision sessions, team meetings and one-on-one meetings.
- Assess whether case workers incorporate trauma-informed care principles into their practice and case panning. This involves understanding and responding appropriately to the impact of trauma on clients' lives.

Consider the following points 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 timelines 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?

Example

Analyse and assess a case plan

Lily is supervising Jayden, who is Miriam's case worker. 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, personal care assistance and social inclusion activity goals.

Lily reviews the case plan to make sure it addresses client Miriam's goals and identified aspirations. Lily provides feedback to Jayden, outlining the importance of ensuring the support provided focusses on enhancing Miriam's independence as Miriam first highlighted in her intake assessment.

Lily reports that Miriam has numerous social inclusion goals in her case plan that have not been actioned upon in the last six months. Jayden notes he had put the social inclusion goals on hold as he worked on Miriam's home assistance requirements. Examining Jayden's ability and time capacity, Lily encourages Jayden to re-focus on Miriam's social inclusion goals, which are pivotal in improving Miriam's autonomy and wellbeing. The pair discuss how Jayden can adjust the plan timeline and his actions to meet all of Miriam's needs.

Routinely monitor progress of case management plans

After case plans are formulated and documented with the client, it is crucial for organisations to conduct ongoing assessments of these plans. This maintains that service delivery remains flexible and that goals are regularly updated and reviewed. Organisations may have specific timelines for this monitoring, such as at 1, 3, 6, 9, and 12 months. This routine monitoring is often a requirement, especially when managers need to provide evidence of objective achievement to funding bodies. This evidence typically includes tracking data from completed case management plans for inclusion in reports.

When creating and executing case management plans with clients, case workers must consider both organisational and funding body requirements. As a supervisor, part of your role involves monitoring case workers' management plans to ensure adherence to processes, organisational values and ethical considerations.



Case workers possess a set of unique values, independent of their organisations. These values encompass the ability to work reflexively, an understanding of structural barriers affecting clients, non-judgmental practice, self-reflection and commitment to ongoing professional development. As a supervisor, monitoring case plans offers an opportunity to encourage case workers to reflect on their personal values and consider how these can be leveraged to assist clients in achieving their self-directed goals.

This monitoring process not only ensures compliance with organisational standards and funding requirements but also fosters a reflective and value-driven approach in case work. It helps in aligning case management practices with both the organisational objectives and the individual needs and values of clients, ensuring a comprehensive and client-centred service delivery.

Provide feedback

It is a supervisor's responsibility to ensure case workers are developing and formulating case plans that focus on providing timely responses to clients' needs and goals.

Throughout the support period, case workers are likely to encounter various challenges while assisting clients in achieving their self-directed goals. It is important that these challenges are documented within the case plan. This documentation is crucial, as it informs the process and methods used to effectively navigate and address these challenges.

It is the role of supervisors to ask proactive questions to support goal achievement and provide options for further development. To provide feedback, supervisors may ask questions of case workers about their plans:

- What goals do you think is the most important to achieve in this case plan?
- Can this goal be broken down into a smaller goal?
- Do you think this time frame is realistic for achievement?
- What supports are needed to assist the client in achieving this goal?
- What other professionals could you consult that could assist the client to achieve this goal?

Recommend changes to improve outcomes

Supervisors play a pivotal role in improving case management plans through both formal supervision and informal discussions. They provide recommendations that are informed by company policies and procedures, as well as their knowledge of the criteria used by funding bodies to assess client outcomes. The feedback from supervisors is meant to be direct, timely and practically feasible for implementation.



When offering recommendations, it is crucial for supervisors to engage in discussions with case workers. This dialogue allows for deeper probing and enables case workers to understand the context of the feedback. It is also an opportunity for case workers to ask questions and gain clarity on specific aspects of the recommendations.

The process of making recommendations for case management plans is a valuable tool for supervisors. It reinforces the importance of goal setting within the case management framework and reaffirms the duties and responsibilities of the worker under organisational policy agreements.

For example, a supervisor might recommend a more tailored approach in a case plan to better align with a client's specific needs, based on organisational guidelines and successful outcomes in similar cases. The supervisor could provide specific suggestions on how to modify the plan, such as incorporating additional support services, adjusting timeliness or redefining goals to be more achievable.

Example

Provide case management plan recommendations

Riley is a case worker working within a community health clinic. She is assisting Tom, one of her clients, to obtain legal assistance, as he has received a warrant for his arrest in the mail, after being charged with breaking and entering. The offence has recently occurred, and Tom brings the paperwork into the clinic and advises Riley that he needs assistance. She sits down with Tom and writes in the case plan, "Assistance with legal help and resolution of legal matter". Another goal identified and added into the case plan is, "Write referral to legal aid lawyers and obtain client consent". Riley then seeks guidance on how to best achieve these goals of Tom's.

Sara, her supervisor, provides recommendations of three community legal clinics that could assist the client. As Sara has worked with these clinics previously and understands who can assist in meeting the needs of the case plan. She recommends a lawyer from the community justice centre who is an expert in 'break and enter' charges, such as Tom's. Sara advises Riley to seek written consent to speak with the lawyer on Tom's behalf. She advises Riley where to access organisational consent forms and where they need to be uploaded once completed and signed off.



When considering further development of these goals, Sara recommends a case conference with Tom and the lawyer to discuss the matters. This will allow the lawyer to provide an overview of how the assistance will proceed, depending on how the client wishes to plead.

Sara asks Riley to phone Tom and arrange a time to discuss the next steps. She recommends Riley book a secure room to hold the meeting with the client.

Practice Task 7

Question 1

Explain what best practice in assessing case management plans involves.

Question 2

Describe three points that should be addressed while analysing and assessing case management plans.



Question 3

Explain how case management plans should be routinely monitored.

3B

Consult stakeholders for specialist advice and advise workers on information gathering protocols

By consulting stakeholders, organisations can clarify internal decisions that need to occur and make changes as necessary.

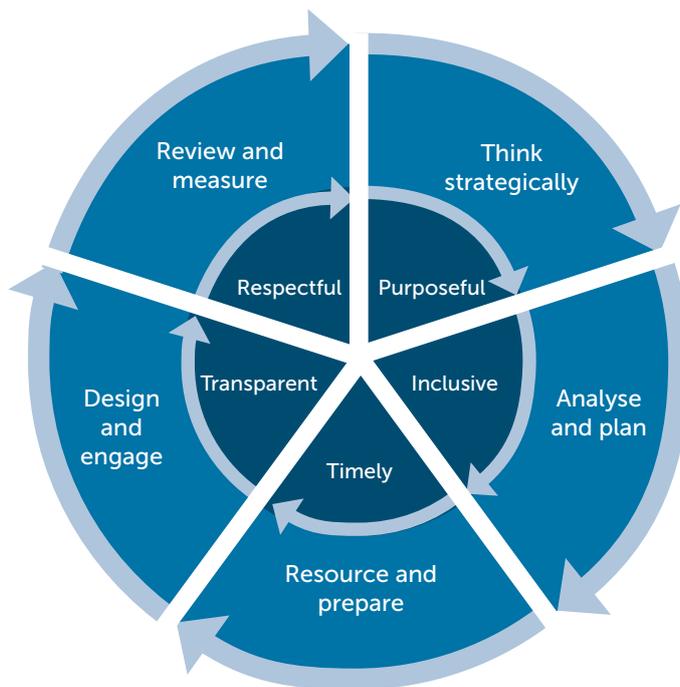
The focus should be on creating an environment that encourages the sharing of specialist insights and feedback, which are critical for refining case management practices. It is essential to ensure that these discussions are structured to align with organisational objectives and the specific needs of clients.

Stakeholder consultation strategies

Organisations can assure stakeholders that they will be kept informed about any formal changes in the implementation of contemporary service delivery methods. Organisations must seek to engage stakeholders early in the process of change to get them to buy in (APSC 2023).

The process below outlines an example of stakeholder engagement methods and consultation strategies:

Organisations need to think strategically in how they can reach set targets and goals and allocate effective resources to do so.



Adapted from *Department of health* (2005).

Organisations can adopt various strategies for stakeholder consultation. These might include inviting personnel to complete a survey at the end of each appointment, providing feedback on potential improvements. Focus groups with industry professionals can also discuss enhancements in service delivery across sectors. Additionally, after implementing changes, focus groups could be organised with NDIS organisations, support coordinators and support workers to assess how the CDC changes within the NDIS have impacted consumers. Online surveys are another useful tool for gathering feedback, as demonstrated by Centrelink's use of them to identify areas needing improvement. For instance, in 2023, a survey revealed that consumers were struggling to log in to report for their payments (Services Australia 2023). In response, Centrelink introduced a voice recognition system, allowing clients to report via phone once their voice is identified. This solution, developed through research and consultation, addressed a specific need effectively.

Options for future action

Options for future action in stakeholder consultation include participating in industry conferences in specialist areas. An example of this is the Victorian Homelessness Conference, which occurs late November each year. Experts from other sectors, including mental health, AOD, child protection and the Victorian Department of Justice, are encouraged to strengthen partnerships between organisations. This is achieved by sharing information that may assist organisations to make referrals and better understand the sector in which they work. Speakers provide specialist information on the challenges facing the homelessness sector, inviting guest speakers to share specialist information that will assist attending staff to understand issues and opportunities for service improvement.

Example

Surveying key stakeholders

A not-for-profit organisation surveyed a diverse group of Centrelink recipients about their lived experience receiving Centrelink payments. Participants then shared their personal stories and struggles. Many detailed how the existing level of benefits was insufficient to meet their daily living expenses. They spoke of the difficulty in affording basic necessities and the constant financial stress they endured.

The non-profit compiled these consumer statements into a report. This report's findings highlighted a significant issue – the current Centrelink payments were not keeping pace with the cost of living, leaving many recipients in financial hardship.



Armed with this report, the organisation made a compelling case to the Australian government. They strongly urged for an increase in the social security payments, using the real-life accounts as evidence of the urgent need for change. The report was submitted as part of a broader government submission, aiming to influence policy makers and drive meaningful change.

Documentation protocols

Case workers are required to complete a wide range of documentation related to their role. Documentation is a written record of all aspects of services delivered to clients and the client's responses to the services. It may be in electronic or paper form, depending on organisational protocols. These include:

- case notes, progress notes and file notes
- assessment tools
- incident reports
- referral forms
- client plans
- funding applications
- hazard identification and risk assessment forms
- inter-organisational correspondence
- charts showing use of funding

Case management documentation must be completed in line with the protocols and principles for professional reporting. Organisations have their own policies and procedures for how and where to complete and store documentation. Case workers need to understand these procedures and follow them to uphold the responsibilities of their role, particularly the confidentiality and privacy principles.

Most organisations have protocols for storing personal and private documents, ensuring they are secure and unable to be accessed by unauthorised people. This might include having password protected access. Other protocols can include not leaving personal information in places where it can be read by others, such as on computer or iPad screens or in physical folders.



There are also some general principles for completing documentation that must be implemented to ensure accurate and ethical record keeping:

Objective	Documentation must be: <ul style="list-style-type: none">• free from the influence of personal feelings, interpretations or prejudice• factual and not contain speculation (including speculation or suggestion about diagnoses)• free of judgment and bias.
Clear	Documentation must be: <ul style="list-style-type: none">• easy to understand• logical• legible• concise and relevant (avoid writing lengthy and story-like notes)• written using professional language• free from unauthorised abbreviations or jargon.
Timely	Documentation must be completed: <ul style="list-style-type: none">• according to organisational or legal time requirements (e.g. within 24 hours of an incident)• as soon after the events as possible, to ensure accurate recall.
Legally compliant	Documentation must comply with: <ul style="list-style-type: none">• privacy legislation• human rights• any other relevant legal provisions such as anti-discrimination or work health and safety legislation.
Compliant with organisational requirements	Documentation must be: <ul style="list-style-type: none">• in an approved format or template• signed off with your name, signature, designation, date and time.

Legal implications of documentation

Organisational documentation may be used in a court of law if legal action is undertaken. A party in a court proceeding may issue a subpoena, which is an order that includes the power to compel a person or organisation to provide documents to the court.

In general, an organisation needs documentation to prove that it has complied with financial, ethical and other obligations relating to government departments, anti-discrimination and legislation that govern community services.



Purposes of legal documentation

- Form a record of care
- Inform the next steps to be taken in client support
- Facilitate continuity of care/support
- Substantiate/prove duty of care
- Record client refusal of services
- Access and substantiate funding
- Substantiate the need for extra or adjusted services
- Substantiate eligibility for services
- Determine appropriate services
- Monitor and review services for ongoing effectiveness

Policies and procedures for gathering information

Organisations in the community services sector are guided by policies that align with ethical industry standards, including adherence to ethical practices and best practice principles. One of the key principles outlined in the Australian Community Workers Association (ACWA) 2023 standards is the provision of a confidential service.

This involves ensuring that client information is protected and only shared with appropriate staff and key funding bodies.

Organisations must respect clients' decisions to make independent and informed decisions. This includes asking for consent to store personal and private information. This consent also extends to providing health information and referral information to other organisations. Organisations often collect feedback from clients for continuous improvement to services. This might be conducted as an interview or a survey that clients complete. It may occur soon after they have started to receive services or when they are leaving the service provider.

Consent is typically required in written form. However, verbal consent may be accepted temporarily for a period of 48 hours, within which written consent must be secured and documented. The process of gathering information should ideally occur when the client is physically present. If this is not feasible, such as in cases where a client is unable to attend the service in person, the information can be collected over the phone. In such instances, workers should use work phones and computers to ensure that client information is securely maintained within the office and on company property.

Clients must be informed about the policies and guidelines that the organisation adheres to, which must be consistently upheld. To ensure the integrity and quality of information collection, training on these procedures should be provided by supervisors or managers. This training is crucial for maintaining quality control at the point of information collection, ensuring that the process is not only compliant with organisational and ethical standards but also respectful of client rights and privacy.



Policies and procedures for maintaining documentation

Maintaining documentation in organisations helps to safeguard the privacy and security of sensitive information. To ensure this, organisations rely on IT systems that actively monitor for software vulnerabilities, threats from hackers, and unusual activity on company websites and servers. It is crucial for staff to be promptly notified via email if there is a breach of sensitive information. Additionally, notifications about software updates should be communicated to staff, enabling them to inform clients when access to information may be temporarily unavailable.

One effective method to ensure continuous improvements and quality control in managing information privacy is through external audits. These audits, conducted every six to twelve months by external agencies, scrutinise the information collected by the organisation. They assess whether all relevant consents are obtained and whether health data is up-to-date and organised correctly. The auditors also evaluate if the organisation adheres to its processes and policies during the information gathering and maintenance phases.

Incident reports must be accurately timestamped and stored in a secure database, separate from client files. This ensures that any incidents are recorded in a manner that maintains the confidentiality and integrity of client information.

Another critical aspect of maintaining information integrity occurs when there is a change in case workers assigned to a client, which might happen due to staff leave or at the client's request. Such transitions provide an opportunity for the new worker to review the existing client information in the system. This review allows for any necessary updates, including the input of new information and reformatting of existing data, to ensure continuity and accuracy in client records.



Example

Promoting continuous improvement when gathering information from stakeholders

Sharon is a health liaison officer working at a public hospital. She has worked in the role for three years and has noticed changes in the way patients that have presented to the emergency department. Sharon regularly sits in patient review meetings run by the emergency doctors and head nurses. She recognises the limitations of the care that the hospital can provide to patients. Sharon notices this limitation is due to pressure from key stakeholders that include upper management. She notices that patients are sometimes discharged prematurely and that alarmingly that the initial hospital assessment services are not conducive for assessing and caring for patients who are in hospital due to family violence incidents. Stakeholders from the Western Australian Government, Tully health and the Royal Women's Hospital also identify crucial gaps in the service delivery.

In an effort to promote continuous improvement, Sharon attends training for health professionals in Strengthening Hospital Responses to Family Violence. She nominates herself within the team to be a family violence quality control officer, ensuring policies and procedures were followed during regular family violence presentations at the hospital.

She also attends additional training under the MARAM framework and presents her research to health practitioners in a formal meeting. Sharon is asked to consult on individual family violence cases and regularly refers clients to family violence services, including Orange Door and Safe Steps, for further support. Hospital executives interview Sharon and provided a formal summary of her support in an all-staff meeting. This report was circulated throughout the hospital and provided to the Western Australian Department of Health, allowing the data to be stored and accessed to improve service delivery state-wide in the future.



Practice Task 8

Question 1

Which of the following statements about information gathering are correct?

Tick all that apply.

- Focus groups can be used to discuss service delivery enhancement across sectors.
- Information gathering includes using personal devices for collecting client data to ensure convenience.
- Consent for storing personal information can be initially verbal but must be followed by written consent within 48 hours.
- Training on information collection procedures is provided to maintain quality control and ensure adherence to ethical standards.
- Client feedback is only collected when they first start receiving services, not at any other time.

Question 2

Describe how stakeholder feedback can be used for further action.



Question 3

Explain how documentation must be maintained within an organisation.

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3C

Update workers on changes to legislation, policy and organisational policies and procedures

Legislation and other regulatory mechanisms in Australia change over time.

Case workers must comprehend and be aware how to apply legal requirements and obligations when case managing a client. Case workers must likewise align their case plans and practices with the most current legal requirements, maintaining the highest standards of compliance.

As a supervisor, you must monitor any changes to legislation and adjust your organisational policies and procedures to ensure legal compliance. Supervisors must be able to advise case workers of the following legislation and obligations:

Anti-discrimination law	<ul style="list-style-type: none">• Anti-discrimination law protects someone from experiencing discrimination based on age, disability, race, sex, intersex status 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)	<ul style="list-style-type: none">• 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.<ul style="list-style-type: none">- 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:<ul style="list-style-type: none">- 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	<ul style="list-style-type: none"> • Duty of care is a specific obligation under health and safety legislation to ensure the safety and wellbeing of others. <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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.
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Update case workers on changes to policies and procedures

Updating case workers on changes to policies and procedures maintains a high standard of practice and ensures compliance. Supervisors must establish a robust communication framework for sharing policy and procedure updates to case workers. Here are some strategies supervisors can utilise when communicating policy and procedure updates:

During regular team meetings	<ul style="list-style-type: none"> • Supervisors should schedule policy and procedure updates as regular agenda item in team meetings. • Supervisors can use these team meetings to communicate changes, discuss implications, and address any questions or concerns case workers may have. • By ensuring policy and procedural updates are addressed in meeting agendas, supervisors can ensure all staff are briefed and up to date.
Posting on the Intranet	<ul style="list-style-type: none"> • Supervisors can establish a centralised hub on the internet, dedicated to sharing important organisational, procedural and policy updates. • The organisation’s intranet is ideal for this. • Updates via workplace newsletters and bulletins are also useful tools when ensuring all staff are up to date and informed.
Sending via email	<ul style="list-style-type: none"> • Supervisors can provide clear and concise emails as a tool to update staff regarding policy changes as they arise. • Including any relevant attachments or links for case workers to access more detailed information can also be valuable.
Through training sessions	<ul style="list-style-type: none"> • Supervisors can provide focused workshops and training sessions specifically addressing policy and procedure updates to case workers. • Supervisors can use these sessions to explain the rationale and practical examples behind the policy changes, inviting questions from case workers.



Practice Task 9

Question 1

Briefly describe why supervisors must inform case workers of any changes to legislation.

Question 2

Which of the following are ways supervisors should inform case workers of changes to policies and procedures? Tick all that apply.

- Sending it to colleagues via email
- Putting post it notes on display in the staff lunchroom
- Including it in position descriptions
- Posting it on the staff intranet
- Informing staff through training sessions

3D

Escalate and refer issues beyond scope of practice

Scope of practice refers to the actions and procedures that a person is permitted to undertake as part of their role.

Each job role has its own position description reflecting the scope of practice, qualifications, skills, knowledge and licensing connected with the role. You must only undertake activities and duties that are outlined in your position description. An example of working outside of the scope of practice would be a case worker providing clinical supervision when they do not have supervisory experience, training or qualifications.

Understanding and adhering to the scope of practice in case management is essential for promoting ethical, effective and client-focused interventions. When working with complex clients and case plans, case workers may feel pressed by the client, family, organisations or the governing system to step out of their allocated role. As a supervisor, you must support case workers to ensure they do not put themselves or others at risk.

Referral process

Some outgoing referrals require little client information; others, however, require in depth client information, history and detail. Effective policies and procedures for referrals in case management are essential for ensuring streamlined processes, ethical practices and optimal client outcomes.

When completing a referral on behalf of a client, the case worker requests the client's consent. According to Health NSW, "The only exceptions where consent is not required are: in an emergency when the patient lacks capacity and the patient's express wishes are unknown; or where the law otherwise allows or requires treatment to be given without consent." If unsure, supervisors and case workers should refer to their organisations individual policy and procedures around consent and external referral.

Outgoing referral to external support services within the community sector greatly differ in the information they required.



Some of the services that case workers and supervisors may need to refer clients to include:

- doctors
- allied health professionals
- alcohol and other drug services
- family support services.

The supervisor may need to confirm the following information before a referral is forwarded to a referral service provider:

- Availability of services provided by referral service provider
- Suitability and expertise of the referral service provider, such as cultural and language needs
- Funding and eligibility for the new/additional services, such as Centrelink supports
- Urgency of accessing services, such as being able to pay rent
- Practicality of different services, such as the distance from home, transport requirements, appointment times that fit in the client's employment and childcare arrangements

Example of consent and referrals laws in the state of NSW: aspirelr.link/health-nsw-consent-restraint-referral

Complaints management

Supervisors are required to be well versed in the legal and ethical considerations of handling complaints.

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 entity or reporting the complaint to the appropriate management or department. Addressing complaints ethically and in compliance with the law maintains trust, accountability and upholds the wellbeing of clients and staff. Clients and staff need to know how to submit a complaint; they must also be aware that if they are dissatisfied with the service they have been given, they can have these issues addressed. Updates on the progress of their complaint (i.e., who is reviewing it and long it will take to provide a response) must also be provided to them.



Supervisors should stay informed about any changes in relevant laws and regulations and seek legal advice when necessary. They should also work to foster a culture of ethical conduct and continuous improvement within the organisation, as this contributes to effective and compliant complaint handling processes.

Supervisors should be aware of the following legal and ethical considerations when dealing with complaints:

Legal considerations	<ul style="list-style-type: none"> Supervisors must be knowledgeable and alert to the Australian privacy laws case workers must uphold. Supervisors must ensure complaints are handled in a respectful and confidential manner.
Anti-discrimination	<ul style="list-style-type: none"> Supervisors must ensure all complaints are handled with impartially, confirming that no discrimination occurs based on factors such as race, gender, age, disability, or other protected characteristics under anti-discrimination laws.
Employment law	<ul style="list-style-type: none"> Organisations may have a legal duty to investigate complaints, especially those involving serious allegations or potential harm. Supervisors should refer to their individual organisations policies and procedures in regard to particular legal duty to investigate complaints.
Fairness and impartiality	<ul style="list-style-type: none"> Supervisors should ensure they are transparent when communicating the complaint handling process to clients, staff and external services. Supervisors should ensure all parties are informed of the steps involved and the expected timeline.

Refer to the link below to reference Australia’s anti-discrimination laws: <https://aspirelr.link/ag-gov-anti-disc-law>

Escalate and refer supervision 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	<ul style="list-style-type: none"> 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.
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Personal difficulties affecting work performance	<ul style="list-style-type: none">• 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 in an emergency.
Cultural conflict	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

Rebecca manages a team of four case workers in a local community services organisation. Rebecca 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. Rebecca 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 Rebecca's case workers, Alyssa, has been advised by her doctor to take a period of leave due to exhaustion.

Rebecca often works late so that she does not 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.

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

She 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. Rebecca tells Peter she will review this.

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

During the supervision session, Rebecca 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.

Rebecca'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 Rebecca she should aim to work more reasonable hours.

Rebecca 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 Rebecca 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 Rebecca to bring the journal to their next clinical supervision session.

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



Practice Task 10

Question 1

List three examples of situations where a supervisor may need to refer or escalate a matter concerning a case worker.

Question 2

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



Question 3

Describe how complaints are managed by supervisors within case management providers.

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Question 4

Provide a list of three examples of information that may be required before a client can be referred to another service provider.

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3 E Evaluate own supervision and identify areas for improvement

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

Evaluating your own performance as a supervisor involves a combination of self-reflection, feedback from others and a commitment to ongoing professional development.

There is a range of formal organisational and professional processes that you can use to evaluate your 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	<ul style="list-style-type: none">• Self-reflection involves reflecting on or thinking about your actions and motives. Professional self-reflection is a form of self-evaluation.- 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	<ul style="list-style-type: none">• You may seek review from your peers or 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.



<p>Professional Development</p>	<ul style="list-style-type: none"> • Stay Informed: Keep abreast of industry trends, best practices, and changes in policies or regulations within the community services sector. • Training and Workshops: Attend relevant training sessions, workshops and conferences to enhance your skills and knowledge as a supervisor. • Mentorship: Seek mentorship from experienced leaders in the field; their guidance can provide valuable insights and perspectives.
<p>Formal complaints</p>	<ul style="list-style-type: none"> • Analysis of formal complaints lodged by staff, clients, clients' families and other stakeholders can provide an effective mechanism for self-evaluation. • Examine and analyse complaints carefully and objectively.
<p>Critical incidents</p>	<ul style="list-style-type: none"> • 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.
<p>Documentation</p>	<ul style="list-style-type: none"> • Maintain a record of your achievements, challenges faced, and strategies implemented. • This documentation can serve as a reference point during self-evaluations and performance reviews.
<p>Goal Setting</p>	<ul style="list-style-type: none"> • Establish clear goals for yourself as a supervisor. • These goals should align with both your personal and professional development, as well as the overall objectives of the community services organisation.

Video: Self-awareness

Watch this video that introduces the concept of self-awareness and describes various influences on how we think we are perceived by others: aspirelr.link/yt-self-awareness.

Briefly outline why self-awareness of yourself may help you in your practise.



Reflective writing

A reflective journal can be used to record and explore your working life. It involves reflecting on your professional practice. Here are some suggestions on how to maintain a practice or reflective journal.



Monitor your development	<ul style="list-style-type: none">• Keeping a written record helps you monitor your own development over time and identify areas of practice that you are confident in, as well as those you have difficulty with.• The more you use your journal to reflect on and explore your role in the workplace, the better you will become at thinking in a critical way about your practice, solving problems, making decisions and being accountable for your actions.• Your writing is about your professional experience so try to include personal issues only when it impacts your clinical experience.• Do not use your reflective writing purely as an avenue to vent negativity or frustration – make it constructive and productive.
Develop your skills	<ul style="list-style-type: none">• You may find that regular periods of self-reflection and recording your thoughts in a reflective practice journal may enhance your ability to express yourself and use language appropriate to your occupation.• By developing these thinking and use-of-terminology skills, you may improve your skills in providing and interpreting written and oral information about workplace requirements.
Use an appropriate space and format	<ul style="list-style-type: none">• A journal can be a book or electronic documents with enough space to write reasonably lengthy daily entries.• The format of the journal is not important – as long as it can be used specifically to record your reflections.• It is better not to combine it with a personal diary, as a journal is essentially a tool for self-evaluation and development. Keep all your reflective notes together so they can be easily referred to in the future.
Maintain security of information	<ul style="list-style-type: none">• Your reflective journal must be always kept secure, as it may contain notes about clients' personal details.• Your entries will also describe client behaviours and how you have dealt with them.• Ensure others cannot access your entries.• Be careful to never identify any clients or colleagues by name, to ensure their privacy and confidentiality is maintained.
Make regular entries	<ul style="list-style-type: none">• Write in your journal as often as possible.• Self-reflection is most beneficial when carried out on a regular basis, as this reinforces the habit and helps you become more skilled at self-analysis.• Your reflective practice journal notes can also be used as a means of identifying professional development opportunities and for raising points of discussion in evaluation sessions with your supervisor and/or peers.



Reflect on your performance	<ul style="list-style-type: none"> • A useful way to begin self-reflection is to have a series of questions that you ask yourself at the end of every day. These questions may include: <ul style="list-style-type: none"> - 'What did I do well today?' - 'What could I have done better?' - 'What can I learn from the experience?' • When using it to reflect on your practice, acknowledge what you are doing well and where you are improving, as well as any difficulties you are having.
Go back and read your reflections	<ul style="list-style-type: none"> • You need to go back and read your reflections on a regular basis so that you can monitor your professional/personal development and follow up on areas needing further development. • When you re-read over your comments, you should expect to see development in your knowledge, skills and perspective.

Video: Reflective practice

Watch this video about understanding reflective practice, and the difference between reflective thinking and reflective practice: aspirelr.link/yt-reflective-practice



Example

Reflecting on supervision

Ben is eight months into his supervisory role at the Huntingdale Social Service Centre. Ben reflects on his time thus far supporting four case workers with eight clients facing complex mental health and housing challenges.

Ben reflects that, in his current supervisory role, he has often felt he has little capacity for his own caseload clients, frequently being urgently called upon to advise and debrief the case workers he supervises. Likewise, Ben reflects on the importance of ensuring the scheduled supervision sessions take place with the case workers as arranged. Ben notes this was often difficult due to the competing requests from management.

Ben notes he did not expect the amount of time he would be devoting to supporting case workers facing their own interpersonal issues. Case workers' own relationship breakdowns, housing instability and illnesses often required Ben to provide robust emotional support, time and referrals to the workplace's Employment Assistance Program.



Ben considers how he would continue to strengthen his own supervisory practice, concluding that it is critical to his professional development to continue meeting with his own external supervisor and fellow peers in similar roles. Ben concludes it is fundamental he continues to identify the gaps in his knowledge by actively seeking appropriate training and education. He commits to this action and registers to participate in numerous state government run homelessness and housing training sessions in the New Year.

Identify areas for improvement and opportunities for development

When additional or updated skills and knowledge have been identified, they need to be integrated into practice.

Once you have received feedback and completed a self-evaluation exercise, you can then examine areas where you need to improve. It can take some time and careful thought to work out what improvements are needed and how you can apply these improvements into your work practice.

In Topic 1, training and development needs (TNA) were covered, and this matrix can also be utilised when determining areas for professional development.

Improvements based on own evaluation

A strong problem-solving approach can be helpful in working out exactly what improvements are needed within your existing skill and knowledge set.

When you are evaluating your own performance against specific competencies (skills and knowledge), think carefully about what you currently do well and how you think you may improve in the future.

Competency
The consistent application of knowledge and skill to the standard of performance required in the workplace; it embodies the ability to transfer and apply skills and knowledge to new situations and environments.

Some areas of **competency** are skills that are relevant for all job roles, while others are specific to how you carry out the tasks required in your job role. Competencies will focus on your interactions with people and technical skills used to perform your responsibilities. For example, depending on your job role you may be required to conduct assessments, facilitate groups, provide targeted case management support, intervene in challenging situations and carry out manual-handling tasks.

Problem-solving	<ul style="list-style-type: none"> • Problem-solving involves resolving issues related to work tasks, dealing with situations, interactions with colleagues, and time and resource management. • Being skilled at problem-solving takes time and practice, and there are some specific skills, such as clear-thinking practices, which can assist you in becoming a better problem solver.
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<p>Communication</p>	<ul style="list-style-type: none"> • In many areas of community service, communication with different groups of people is required across varied contexts. • Sometimes you have time to plan and consider your communication in advance but in some situations, you need to respond rapidly and ensure your communication is precise, clear and well received. • Good communication is a skill that can be taught and developed over time.
<p>Technical skills</p>	<ul style="list-style-type: none"> • Your day-to-day tasks often depend on technical skills. • Depending on your level of responsibility, technical skills may include keeping digital skills up to date for communicating with clients and to colleagues and online reporting requirements, applying safe manual handling techniques, applying first aid and emergency evacuation procedures. • Technical skills need to stay current and sometimes require regular updates, particularly in first aid, mental health first aid and emergency situations.
<p>People-focused skills</p>	<ul style="list-style-type: none"> • Having the skills to work directly with people is essential in community services fields. • It takes skill and knowledge to apply community services principles at work, including building rapport, collaborating with others, using a person-centred approach to support and respecting human rights, including privacy and confidentiality. • Ongoing professional learning, reading, attendance at training sessions and conferences, mentoring and participating in networks all help build people-focused skills.

Suggestions for improvements from feedback

Feedback can come from a variety of places and people and can be delivered in a formal or informal way. Feedback from others can be used to improve areas of work. The following list includes prompts for your own self-evaluation or as part of a discussion during a performance review.

- Job role and responsibilities
- Meeting timelines for projects or completion of tasks and potential barriers
- Personal objectives or goals from any previous reviews
- Achievements of goals to meet organisational objectives
- Teamwork and collaboration with others
- Highlights and significant achievements since the last review
- Changes to work role and responsibilities since the last review
- Current capabilities and knowledge



Example Problem-solving

Here is a comparison of two case workers – one is good at problem solving, and another requires some feedback and support to build their skills.

Jack	Eliza
Jack is quick to identify a problem early on. He is able to seek specific information and suggestions from others to identify possible solutions. He then brings the problem and his recommendation to his manager for approval before quickly moving the process forward and acting upon the best solution.	Eliza often does not seem to see a problem coming before it reaches crisis point. She tends to avoid addressing a problem in its early stages, preferring a 'wait and see' approach. This has led to major situations developing in the organisation several times, which have then required quick decision-making and intervention from senior management.

Practice Task 11

Question 1

Briefly describe at least two ways of evaluating your own supervision.



Question 2

List five ways regular self-evaluation can help facilitate professional and personal development.

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Summary

- Case management plans must adhere to best practices, including client-centred care, cultural competence and evidence-based approaches; supervisors critically analyse and assess these plans.
- Supervisors continuously monitor the progress of case management plans, provide constructive feedback, and suggest improvements to ensure alignment with both organisational standards and client needs.
- Stakeholder consultation is crucial for refining case management practices and aligning them with organisational objectives and client needs.
- Case workers must adhere to documentation protocols, ensuring objective, clear, timely, legally compliant and organisationally consistent records.
- Supervisors must keep case workers informed of changes in legislation, policies, and procedures to ensure legal compliance and maintain high-quality service.
- Case workers must adhere to their scope of practice, and supervisors should refer complex issues to appropriate experts or management for resolution.
- Supervisors are responsible for updating case workers on legislative changes and organisational policies to ensure compliance and ethical service delivery.
- Supervisors must regularly self-evaluate and seek feedback to identify areas for professional development and enhance supervision skills.
- Emphasising self-reflection, peer review, performance appraisals, and clinical supervision are key methods for supervisors to assess and improve their performance.



Learning Checkpoint 3

Part A

1. List four questions a supervisor might ask while analysing and assessing a case worker's plan.

2. Describe how changes to case plans should be recommended, and how feedback should be provided, to improve client outcomes.



3. Explain how stakeholder consultation strategies should be implemented to promote continuous improvement.

4. Which of the following are examples of documentation you may need to complete? Tick all that apply.

- Board reports
- Incident reports
- Referrals
- Risk assessment forms
- Falls assessments

5. Describe two types of legislation and obligations supervisors must be able to advise case workers on.



6. Explain how policies and procedures for information gathering are used in case management.

7. Briefly describe at least two features of self-evaluation with a supervisor and two features of self-evaluation with peers.



8. Provide three examples of improvements identified from feedback or self-evaluation will enhance your own practice.

9. Describe the legal and ethical considerations of complaint management.



Part B

Read the case study and answer the questions that follow.

Case study

Marelle is an experienced case worker working at of the Sydney's Medically Supervised Safe Injecting Service. Case worker Marelle often discusses with her supervisor, Johnny, the challenges she is experiencing with a complex client named Alex. Alex is a young adult who is facing housing instability and current substance issues challenges.

Johnny meets with Marelle to complete a thorough review of the complex case in supervision. In the supervisory session, Johnny identifies key areas requiring immediate attention, including client Alex's mental health and physical health issues. Johnny suggests Marelle bring the complex case plan to the weekly team case discussion. At the team discussion, Marelle presents the case, identifying the current referral and client obstacles she is having difficulty navigating.

The following day, Marelle reports to Johnny she found the peer guidance and secondary consultation at the team discussion highly beneficial, noting she hopes to put some of the recommended strategies into practice when meeting with Alex that afternoon.

Recognising the likely long-term complexity of the client's needs, Johnny arranges a specialised training for Marelle. This focuses on training in trauma-informed care and dual drug and mental health diagnosis. Johnny further ensures Marelle has access to external resources and educational workshops, including specialised mental health and AOD support service for vulnerable young males.

1. Describe how Johnny provides direction, support and advice for Marelle's case management for Alex.



2. Describe how Johnny escalates and refers issues and supervision beyond his scope of practice.

3. Describe how Johnny promotes best practice while supervising this complex case.

4. Explain how Johnny ensures the case progress is monitored.



Glossary

Advocacy

Public support for or recommendation of a particular cause or policy.

Beliefs

An idea that is accepted as true by somebody.

Capacity building

Helping people to develop and strengthen skills that enable them to maintain independence.

Case coordination

When multiple workers involved with the client come together to purposefully discuss, share information, plan, share case plans, utilising each workers skills and distinctive role.

Competency

The consistent application of knowledge and skill to the standard of performance required in the workplace; it embodies the ability to transfer and apply skills and knowledge to new situations and environments.

Confidentiality

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

Continuous improvement

An iterative (repeated) process that involves an ongoing cycle of identification, planning, implementation and review.

Cultural competence

Having awareness, respect and understanding of the cultural diversity around you.

Disability support pension

Financial help if you have a physical, intellectual or psychiatric condition that is likely to persist for more than 2 years and stops you from working.

Disclosure

The act of sharing or releasing private or personal information.

Duty of care

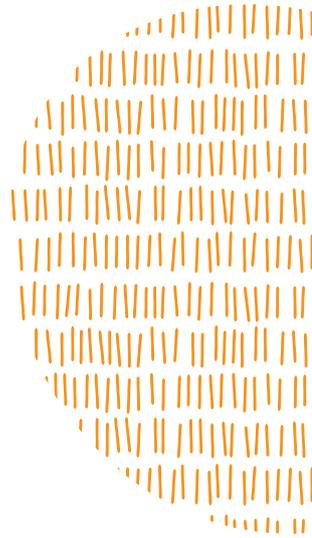
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Evidence-based practice

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



Family violence

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

Inclusion

Providing equal access to opportunities and resources for people who might otherwise be excluded or left out.

Informed consent

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

Lived experience

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

NDIS

A government funding scheme that supports people with disabilities achieve greater independence, wellbeing and health.

Person-centred approach

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

Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

Reflexivity

Being able to examine one's own feelings, reactions and motives – and how these influence what they do or think in a situation.

Self-determination

A person's right to have control over their own life and make independent choices about decisions that affect them.

Stages of change

Describes the different stages a person goes through in order to facilitate a behaviour change.

Strengths-based approach

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

Values

The degree of importance of an idea or principle to a person.

Vicarious trauma

Second-hand distress Experienced through watching or listening to the activities of other people.