

Contents

Before you begin	vii
Topic 1 Understanding case management	1
1A Case management and coordination	2
1B Regulations, codes and legislation	9
Summary	27
Learning checkpoint 1	28
Topic 2 Understanding the client	33
2A Assessing the client	34
2B Client dynamics	43
2C Cultural considerations	47
Summary	56
Learning checkpoint 2	57
Topic 3 Coordinating care	59
3A Developing a client plan	60
3B Arranging services	78
3C Role responsibilities	92
Summary	105
Learning checkpoint 3	106

Before you begin

This learner guide is based on the unit of competency *CHCCSM004 Coordinate complex case requirements*. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Icon	Feature	How you can use each feature
	Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
	Examples	▶ These highlight key learning points and provide realistic examples of workplace situations.
	Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
	Video clips	▶ Where QR codes appear, you can use a smartphone or other device to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help
	Summaries	▶ Key learning points are provided at the end of each topic.
	Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.



Topic 1

In this topic you will learn about:

1A Case management and coordination

1B Regulations, codes and legislation

Understanding case management

Case management is a process in which a case coordinator or case manager assesses a client and assists them to access options and services.

Case management is a collaborative process of assessment, planning, facilitation, advocacy and coordination of options and services to meet an individual's holistic needs. This is achieved by using efficient communication and accessing available resources to promote high-quality, cost-effective outcomes.

Watch the unit introduction video here.



Principles and practices of case management

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

To facilitate effective and seamless service provision across multiple services, there is a range of considerations, principles and approaches that you should use as the case coordinator. The principles link to and stem from the standards, legislation and regulatory requirements that govern the various sectors of the industry. It is important to follow these principles so that you always operate within the parameters of your role.

The following principles of case management reflect those that most community services organisations adhere to.

Logical and systematic

Case coordination requires a logical, structured, step-by-step approach, commencing with intake, undertaking full needs assessment, and involving well-considered planning, monitoring and review.

Sound assessment

A robust assessment process is undertaken to assess the full range of client needs, priorities and preferences.

Collaboration and partnership focus

Case coordinators build partnerships and collaborative relationships with clients, their families and significant others, formal networks of government and non-government service providers, and the community. Collaboration and inclusion are central features, and partnerships benefit the client by facilitating optimal opportunities for service provision.

Outcomes-driven

All services and inputs are focused on supporting clients to achieve agreed outcomes, and undertake the monitoring and reviews required to ensure outcomes are being met.

Advocacy

Service providers support clients to understand, access and claim their legal rights and entitlements.

Accountable

Service providers hold themselves accountable to provide high-quality services, and take responsibility for implementing processes and policies to facilitate this. Complaints are dealt with fairly.

Holistic

Services are planned and delivered to support the whole person.

1B Regulations, codes and legislation

Case coordinators must work within the legal and ethical parameters of the standards, codes of conduct and legislation that apply to the organisation and the specific sector.

This ensures that laws are not breached, obligations are upheld and best practice is demonstrated. The legal and ethical framework is created through adherence to obligations such as:

- ▶ organisational standards, policies and procedures
- ▶ regulatory standards
- ▶ codes of conduct
- ▶ legislation.



Organisational standards

Organisational standards, policies and procedures outline the way in which an organisation conducts business and the organisation's expectations of how staff will behave.

Organisational standards are underpinned by a code of conduct and a code of ethics. A code of conduct outlines the organisation's expectations and rules for staff behaviour, dress and professional conduct. An organisation embeds the ethical requirements into workplace policies and procedures so that staff will demonstrate ethical practice by following those policies and procedures. A new employee should always be given access to an organisation's documents so that they have direction for their work role and tasks.

Ethical codes of conduct

As well as organisational ethical codes of conduct, there are ethical codes of conduct that apply to specific sectors of community services.

For example:

- ▶ Australian Association of Social Workers (AASW) Code of Ethics outlines values and ethical responsibilities that must be upheld.
- ▶ Code of Ethics for Nurses in Australia includes standards from the United Nations' Universal Declaration of Human Rights. The Code supports commitment to respect, promote and uphold the fundamental rights of people receiving care.
- ▶ National Code of Ethics for Case Management outlines case management values, principles, ethical decision-making, and the practice and conduct expected of a person in a case management role.





Practice task 3

Check your understanding of your duty of care obligations.

Read each scenario and select yes or no to indicate whether duty-of-care obligations have been upheld.

Question 1



Karen is assessing Jessie, who is 8 years old and has a single parent with diminished parental capacity. Karen notes that Jessie is not sure of her address because they have to keep moving. She realises that Jessie has an elevated risk of homelessness and abuse.

Karen completes mandatory reports and works with services to care for Jessie's immediate needs.

Has Karen upheld her duty of care obligations?

☐ Yes

☐ No

Question 2



Jeremy is coordinating care for Sarah, who is experiencing domestic violence. He organises immediate first aid, completes mandatory reports and contacts services to provide Sarah with a safe house.

Sarah's son calls the service and asks to speak with Sarah's case coordinator. The receptionist tells him that Jeremy is with Sarah at the safe house, gives him the address and says he can meet Jeremy there to talk with him.

Has the receptionist upheld her duty of care obligations?

☐ Yes

☐ No

In Victoria, the *Crimes Amendment (Protection of Children) Act 2014* (Vic.) created a new offence for ‘failure to disclose child sexual abuse’. The new offence requires that any adult (aged 18 and over) who holds a reasonable belief that a sexual offence has been committed in Victoria by an adult against a child (aged under 16) must disclose that information to police (unless they have a reasonable excuse). Previously, only selected professionals were legally mandated to report child abuse.

On 1 July 2015 a ‘failure to protect’ offence also came into effect in Victoria. This applies to people in organisations who knew of a risk of child sexual abuse by someone in the organisation and had the authority to reduce or remove the risk, but negligently failed to do so.

Example

Duty of care and dignity of risk

Alice is an aged care case coordinator for Stella, who is 83 years old. At their case review meeting, Alice notices that Stella is unsteady on her feet and suggests that an assessment may provide her with strategies to improve her strength and mobility. Stella becomes agitated and anxious that she may no longer be able to go for walks with her carer.

Alice suggests a cup of tea and sits with Stella and her carer in the kitchen. She explains the assessment process and her duty of care to provide the best care possible and minimise the risk of Stella coming to harm. Alice knows that she has to balance her duty of care responsibilities with Stella’s right to dignity of risk. Alice explains that the assessment will focus on helping Stella to keep doing the things she enjoys.

Alice tells the carer she has an important role to play and that she can encourage Stella in the strategies to improve her strength. Stella seems to be comfortable with the support she will be getting from her carer. She now says she is looking forward to learning how to strengthen her ability to walk and increase her confidence.

With Stella’s consent, Alice says she will talk to other health professionals to decide which assessment would be the most suitable.





Summary

- ▶ Case management is a process in which a client is assessed and facilitated to access options and services by a case coordinator or case manager.
- ▶ The main aim of delivering services in a case management framework is to facilitate targeted, holistic, high quality service delivery, and to address clients' co-existing needs so that each specific need is addressed.
- ▶ This case management approach also aims to reduce the likelihood that co-existing needs snowball into greater issues, and to minimise the adverse effects of these co-existing needs.
- ▶ To facilitate effective and seamless service provision across multiple services, there is a range of considerations, principles and approaches that you should use as the case coordinator.
- ▶ Organisations providing case management must develop policies and procedures that are based on high-quality, ethically sound and legally compliant principles.
- ▶ A code of conduct outlines the organisation's expectations and rules for staff behaviour, dress and professional conduct.
- ▶ Clients of all community services organisations have service user rights and responsibilities.
- ▶ The Privacy Act protects personal information, including a person's name, signature, address, telephone number, date of birth, medical records and bank account details.
- ▶ Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness in their clients that may exist in their work environment or come about as a result of their actions.

Address client issues

Many clients face a range of issues when accessing multiple services.

As a case coordinator, you need to work with the client and other stakeholders to address each of these needs and issues. Issues that need to be considered when planning and coordinating support services include:

- ▶ disempowerment
- ▶ implications for family and unpaid carers
- ▶ client confusion, concerns and barriers
- ▶ generational abuse
- ▶ welfare dependency.



Watch this video to learn about addressing client issues.



Disempowerment

Disempowerment is a common experience for clients accessing multiple services.

Many clients' lives are full of appointments for therapies and services, with little time or opportunity for recreation. Often their complex issues reduce their quality of life (QOL) and they may be worn out trying to cope. Clients may feel that they have little control over their lives. Multiple staff coming into their home to provide services can lead to feelings of invasion of privacy.

Working with the aim of empowerment is important. At all times, respect must be shown to the client. Case coordinators and staff should ensure they do not work in an authoritarian manner, which will further disempower the client.

Implications for family and unpaid carers

When clients have to access multiple services, this can adversely affect their family members.

The presence of support staff in the home may be an issue. Additionally, much of the focus of the family may be on the client's needs, such as attending appointments, leaving little time for family activities, or for other members of the family to have their needs met.

Case coordinators can help clients' families to address these issues by informing them about support services. For example, a family may be able to access respite services, or funding for recreational activities/camps for children to attend. Case coordinators must be careful not to blur the boundaries of their role, remembering that their primary focus is to coordinate the case requirements of the client.

Generational abuse

Generational abuse is abuse which is passed on from one generation in a family to future generations.

The abuse may be physical, sexual or emotional. Statistics have shown that a child who witnesses or experiences domestic or family violence is at greater risk of becoming a victim or perpetrator of abuse as an adult.

Some of the complex issues facing case coordinators when they are coordinating services for clients with complex needs stem from generational abuse that has become cyclical in the family. Multiple generations of the same family may have accessed services, and been in contact with the criminal justice system and welfare system in connection with intergenerational abuse.



Breaking the cycle of abuse is complex, and a multifaceted approach is required. Usually, results are not seen in the short term, because significant changes in familial patterns may not be revealed until the next generation.

Always monitor for indicators of abuse. Report and respond to suspected abuse by following organisational procedures and mandatory reporting requirements.

Effects of generational abuse include:

- ▶ behavioural issues
- ▶ increased risk of committing abuse as an adult
- ▶ hyper-vigilance
- ▶ anxiety and depression
- ▶ normalisation and increased risk of substance abuse
- ▶ poor educational outcomes
- ▶ post-traumatic stress disorder (PTSD).

Welfare dependency

When a household or person relies on social security as their income for a prolonged period of time, welfare dependency may occur.

Families who have been dependent on welfare benefits for up to three generations experience a downward-spiralling poverty cycle, as well as the normalising of reliance on benefits.

Other flow-on effects of multi-generational welfare dependence include:

- ▶ low self-esteem
- ▶ low confidence
- ▶ minimal ambition or aspiration
- ▶ poor educational outcomes
- ▶ limited employment prospects.

Demonstrate cultural competence

The capacity to practise and celebrate cultural traditions and practices is often pivotal to a person's sense of identity.

Often, there is some cross-over from cultural to religious or spiritual expression and the client's spiritual needs must be treated with the same respect as their cultural needs. Culturally competent case coordinators are flexible and can work with the key cultural requirements of their clients. Significant cultural needs can form part of the overall picture of a client's 'complex needs'.

English as a second language (ESL)



Family members or friends are often able to translate on behalf of a client who does not speak English well, but an independent interpreter is required in certain situations. This includes when discussing legal or medical matters that require a specialist vocabulary, or when the client wishes to discuss a matter in private.

An independent interpreter also removes the possibility of a family member trying to influence the client, or incorrectly relaying information.

It is important to determine who bears the costs of interpreters, and whether there are budgetary considerations.

A non-hearing client may use AUSLAN signing, and need an AUSLAN interpreter when planning services or attending case meetings.

The case coordinator will need to:

- ▶ arrange an assessment process to identify specific needs
- ▶ provide for an interpreter to be present during planning and delivery of services
- ▶ embed communication requirements into service delivery
- ▶ monitor whether these arrangements are working.

Food



Clients may have dietary requirements of cultural or religious significance, such as halal, kosher or vegetarian meals.

The case coordinator will need to:

- ▶ arrange an assessment process to identify specific needs
- ▶ ensure that service providers understand and accommodate needs when providing or preparing foods
- ▶ embed dietary requirements into service delivery
- ▶ monitor client satisfaction with this provision.

Post-colonisation history

- ▶ White settlers robbed Aboriginal and Torres Strait Islander peoples of much of their connection to the land, their spirituality and their culture. Conflict with settlers, forced relocation and introduced diseases such as smallpox dramatically reduced the population.
- ▶ The European way of managing Indigenous peoples was to remove them from their traditional lands and force them to live on reserves, stations or missions. Assimilation was a government policy that saw forceful attempts to absorb Aboriginal people 'not of full blood' into white culture. These actions left long-lasting emotional and cultural scars.

The stolen generation

- ▶ The term 'stolen generation' refers to the implementation of the Aboriginal Child Welfare Policy from the 1930s, most notably during the 1950s. Over this period up to 100,000 Aboriginal children were forcibly removed from their families in the mistaken belief that they would be better off living in a white community. The children were raised by church organisations, fostered or adopted by white parents, or placed in state institutions. Because they were so young when they were taken, many grew up not knowing who their parents were, and were denied their heritage and culture.
- ▶ The legacy of the stolen generation has had an enormous impact on the Aboriginal community. In 2007, the Australian Government formally apologised for past events as a first step in reconciliation leading to the social, economic and political inclusion of Aboriginal people in Australian society.

Citizen rights

- ▶ From around the time of settlement, Australia was considered a Crown dominion; therefore, all inhabitants, including Aboriginal people, were regarded as British subjects and had the right to vote. However, under the new Commonwealth of Australia, Indigenous peoples were not included as citizens of Australia and could therefore not vote. It was not until a 1967 referendum that citizen rights were returned to Aboriginal and Torres Strait Islander peoples.

Cultural protocols

Case coordinators require awareness of Aboriginal history and the effects of European contact to better understand Aboriginal and Torres Strait Islander clients' needs, health and wellbeing.

Here are some cultural protocols that must be considered.

Referral protocols

- ▶ Referring Indigenous peoples to other services may take time. Indigenous peoples have complex kinship relationships and may want to consult with other members of the family regarding the referral. Case coordinators need to respect clients' wishes and allow them time to do this.



Learning checkpoint 2

This learning checkpoint allows you to review your skills and knowledge in understanding the needs of the client.

1. Briefly describe how different family structures and dynamics affect how you interact with a client.

2. How can you identify and address a client's communication needs?

3. What steps can you take to help you avoid client confusion?



Topic 3

In this topic you will learn about:

3A Developing a client plan

3B Arranging services

3C Role responsibilities

Coordinating care

Coordinating care involves putting the information you have gathered about your client and your professional skills together to get the client the services they need to have a good quality of life.

Once the complex needs of the client and the legal and ethical parameters have been identified, services to meet their needs can be agreed upon and coordinated. Depending on the complexity and nature of the needs, service care may be multi-disciplinary.

Read part 1 of Madeline's story about her intake and initial needs assessment.

Madeline's story, Part 1

Madeline has been accepted to receive services from South Eastern Community Services (SECS). Madeline has a severe alcohol addiction. She has been staying with a friend since recently leaving a long-term de facto relationship with an abusive partner. Madeline experiences anxiety and depression, and is scared that her ex-partner will find out where she is living and come to harm her. Madeline is scared to leave her friend's house, and only ventures out to buy alcohol.

Madeline has no access to money because her ex-partner controlled the couple's finances. Madeline has not been receiving Centrelink benefits, and is not sure she will be able to.

An initial needs assessment indicates the areas of Madeline's short- and medium-term needs, which include:

- ▶ assessment for alcohol usage (detoxification/rehabilitation service)
- ▶ mental health support
- ▶ emergency accommodation (immediate)
- ▶ subsidised housing (medium term)
- ▶ financial help
- ▶ health assessment (GP).

Planning for long-term interventions would also be required.

Funding options

This phase involves a detailed assessment of the client's needs and looks at funding options that can be used to plan for services.

As the case coordinator you are required to arrange assessments in consultation and collaboration with the client. You must make sure the client understands why the assessments are required, and ensure that the client does not become overwhelmed by the process. Only the specialists who are relevant to the client's situation should be involved in the assessment process.

Two funding bodies that clients may need to access are the National Disability Insurance Scheme (NDIS) and My Aged Care (MAC).



Evidence-gathering

Through the assessment process, a base of evidence about the client's situation, needs and preferences is gathered.

Evidence is verifiable data and information from which conclusions can be drawn and action can be planned. Evidence proves or disproves something. It reveals the facts about a client's needs, which then informs their service provision requirements.

Medical evidence



Medical evidence includes the outcomes of medical tests, clinical assessments, and records of interventions that have been implemented and their effectiveness.

Client feedback



Evidence includes client histories from other services, client feedback, and feedback from other stakeholders, including clients' families or representatives.

Client needs



Evidence includes the client's experiences, perspective, journey, aspirations and needs, all of which must be taken into account when planning for services to address complex needs.

Types of evidence

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

When collecting and analysing evidence in the assessment process, it is important to collect quantitative and qualitative evidence. The case coordinator needs to understand not only what the client's assessed needs are, but also how they feel about their situation and how they experience their circumstances. The case coordinator uses evidence to identify the full range of services that are required by the client.

Here are six effects that service duplication can have on client care.

- 1

Compromised future funding

Funding bodies require reports from service providers outlining how funding has been used and whether client goals have been met. If significant service duplication has occurred and goals have not been met, funding bodies may withhold future funding because existing funding has not been appropriately managed.

- 2

Increased client confusion

Clients accessing multiple services may struggle to understand or keep track of when a particular service is being provided, and by which service provider. Service duplication can increase this confusion when the client does not understand which services they have been allocated.

- 3

Increased legal risk

Staff may not be covered by workers' compensation if they have not been authorised to undertake the duties they are carrying out.

- 4

Scope of practice boundaries are breached

There are legal risks for the organisation and safety risks for clients if staff undertake duties they are not qualified or authorised to carry out.

- 5

Outcomes not achieved

If one service is being duplicated, it is possible that another service is not being provided. Therefore, the outcomes that are intended to be achieved may not eventuate. A client's condition could worsen if they are not receiving a particular service due to duplication.

- 6

Client loses faith in the service

If the services are not producing the desired outcomes or duplication is causing confusion and stress for the client and their family, the client may lose faith in staff and cease to access the services. This may have significant adverse effects on the client's health and wellbeing.

Identify and manage service duplication

Unless an effective monitoring system is implemented, service duplication may not be revealed for some time. Many staff work in clients' homes, and in other locations in which they are not directly supervised by their line managers. Sometimes staff act outside of established rules or client plans.

Staff may misunderstand or forget to consult the client plan. They need to be monitored to make sure everything is running smoothly, and that staff are sticking to the roles and actions in the client plan.

**Barrier**

- ▶ Loss of trust in the system

Ways to address barrier

- ▶ Acknowledge past experiences.
- ▶ Work with the client to plan and select services in a way that optimises their interest and buy-in.
- ▶ Ensure professional and compassionate conduct at all times.
- ▶ If mistakes are made, acknowledge the error and apologise.
- ▶ Identify areas of loss of faith in services.
- ▶ Honour commitments to client.

**Barrier**

- ▶ Unrealistic expectations of case coordinator or service

Ways to address barrier

- ▶ Make sure the client understands the roles, responsibilities, boundaries, processes and funding limits that apply to their client plan.
- ▶ Be clear about what you can help them with and the scope of the service.
- ▶ Provide information in the most appropriate format for the client.



Practice task 10

Check your understanding of managing service provision.

Question 1

Which of the following are matters to negotiate in relation to effective collaborative service provision? Tick all that apply.

- ☐ Roles and expectations of all parties
- ☐ Services to be provided
- ☐ Time frame of service provision
- ☐ Financial arrangements

3C Role responsibilities

Your role as a case coordinator may include various duties in accordance with the responsibilities set out in the job description created by your service.

You may be required to:

- ▶ provide information to clients
- ▶ facilitate meetings and case conferences
- ▶ implement client plans
- ▶ monitor client progress
- ▶ review and evaluate client plans
- ▶ complete client plan documentation.



Provide information

Clients have the right to be fully informed about the service options available to them.

As a case coordinator, you need to explain service options thoroughly to make sure your clients have all the details and can give informed consent for all aspects of care. It is important that clients know what the coordinator is responsible for and what their role covers. Providing this information is important so that clients understand the process, confusion is minimised, and client expectations of service providers are realistic and reasonable.

Clients need to know about:

- ▶ the case coordination role, including the limits and boundaries of the role
- ▶ the appeals process of the organisation
- ▶ the complaints process in the service
- ▶ the complaints process to an external body (if a complaint is not resolved internally)
- ▶ their rights and responsibilities when using the service
- ▶ the case coordination process
- ▶ the purpose and process of case meetings
- ▶ the roles of meeting participants and why they are attending
- ▶ the intended outcome of the meeting.



Summary

- ▶ Assessment outcomes and information gathered during the assessment phase are used to develop client plans.
- ▶ When collecting and analysing evidence in the assessment process, it is important to collect both quantitative and qualitative evidence.
- ▶ An effective plan includes SMART goals, strategies, specification of roles and resources, time frames and review dates.
- ▶ Negotiations on working arrangements will occur in meetings, via phone or email, or through the referral process; arrangements should be formalised in planning meetings to ensure clarity.
- ▶ Unless an effective and organised system of monitoring is implemented, service duplication may not be revealed until it has caused problems.
- ▶ Case conferences can be used for planning, monitoring or reviewing of services and should be scheduled at convenient times for the client and other stakeholders to facilitate optimal attendance and participation.
- ▶ Monitoring involves acknowledging and celebrating milestones reached, and identifying issues or barriers to progress.
- ▶ Plan reviews inform the next course of action in terms of the services the client will receive.
- ▶ Depending on the outcome of the review, there may be new goals or strategies to implement in the client plan.