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## Approaches to service delivery

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



## Strengths-based approach

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

Strength-based strategies include:

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

## Rights-based approach



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

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

## Person-centred approach

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

## Statutory requirements and statutory mandates

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

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

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

### Example

#### Develop and utilise case management processes in accordance with statutory requirements



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

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

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



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## Contemporary behaviour change: interventions

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

## Statutory interventions

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



## Non-voluntary interventions

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

Here are examples of restricted practices.

### Exclusionary time out

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

### Physical restraint

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

#### NOTE:

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

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

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



## Culturally and linguistically diverse people

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

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

## Cultural and linguistic diversity

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

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

Historical and present Aboriginal and Torres Strait Islander issues include:

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

## Challenges and factors



Improving the health status of Aboriginal and Torres Strait Islander peoples is a longstanding challenge for governments in Australia. While there have been improvements made in some areas since the 1970s, notably in reducing high rates of infant mortality, overall progress has been slow and inconsistent. The inequality gap between Aboriginal and Torres Strait Islander peoples and other Australians remains wide and has not been progressively reduced. With a significant proportion of Aboriginal and Torres Strait Islander peoples in younger age groups, there is an

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

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

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

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

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

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

## Same-sex relationships

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



## Same-sex marriage

As a result of an amendment to the *Marriage Act 1961* in 2004, federal law in Australia officially bans same-sex marriage. Recent attempts to legalise same-sex marriage nationwide have failed in the Australian Parliament at the time of publication. The current federal government has a policy opposing same-sex marriage; the Opposition Labor Party supports same-sex marriage though allows its parliamentary members to exercise their consciences on same-sex marriage legislation.

The Australian Capital Territory passed laws instituting same-sex marriage that were rejected by the Australian High Court in 2013. The High Court ruled against the law on the grounds that only federal parliament has the constitutional authority to legislate on the subject.

## Discrimination protections

In response to Australia's agreement to implement the principle of non-discrimination in employment pursuant to the International Labour Organisation Convention No.111 (ILO 111), the Human Rights and Equal Opportunity Commission (HREOC) Act established the HREOC in 1986, and empowers it to investigate complaints of discrimination in employment and occupation on various grounds, including sexual orientation.

On 25 June 2013, the Australian Federal Parliament passed the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013 making discrimination against lesbian, gay, bisexual, transgender and intersex people illegal for the first time in the world at a national level. Aged care providers who are owned by religious groups will no longer be able to exclude people from aged care services based on their LGBTI or same-sex relationship status. Religious private schools and religious hospitals are exempt from gender identity and sexual orientation provisions in the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013. No religious exemptions exist on the basis of intersex status.

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

## Older people

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

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



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

In many cases, it is negative attitudes about older people, and the resulting behaviours, which drive this exclusion. These attitudes and behaviours are a result of stereotypes that ignore the individual differences, the breadth of contribution and the rich diversity of older Australians.

## Attitudes towards ageing

In some cultures, ageing is seen as a positive thing and older people are respected for their experience and wisdom. While few Australians would admit to holding negative attitudes towards older people, and legislation reinforces the rights of older Australians, many older people experience negative stereotyping and discrimination.

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

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

## Devaluation invisibility and discrimination

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

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

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

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



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

## Avenues of complaint and appeal

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

The Community Care Common Standards, also referred to as the Home Care Common Standards, provide standards for community services organisations in Australia. These comprise three Standards and Expected Outcomes for each Standard (18 in total). Standard 3 details service user rights and responsibilities. It covers the requirements for information provision, privacy and confidentiality, complaints and service user feedback and advocacy. Standard 3.3 specifically states that the service user has the right to complain and that complaints must be dealt with fairly, promptly and confidentially, without retribution.

For more information, view the fact sheet at: [www.aacqa.gov.au/for-providers/home-care](http://www.aacqa.gov.au/for-providers/home-care).

## Steps to manage complaints

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

### Step 1

#### Raise the concern or complaint

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

### Step 2

#### If the issue is not resolved

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

### Step 3

#### Unresolved internally

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

### Example

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



Angela is 19 years old and is a victim of sexual abuse and domestic violence. She has a three-year-old son, and they are currently living in emergency accommodation. Angela is feeling threatened by one of the workers, whose manner towards her is both aggressive and flirtatious. On one occasion, she pushes Angela against a wall. Angela mentions her experience to the case manager, who explains to Angela that she

has the right to make an official complaint about the worker to the organisation through official complaint avenues. The case manager shows Angela the policy and assists her with lodging the complaint. Angela is concerned that the worker will find out and threaten her further. The case manager assures Angela that her complaint will be treated confidentially.



## After the meeting

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



### Example

#### Facilitate information sharing with the client and establish an appropriate rapport

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

#### Client consent form

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

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

I am aware of, and understand that, the organisation may need to collect and disclose personal information to third parties (as required) in order to provide an improved level of care.

I nominate that my personal information be disclosed only to the person or agencies listed below:

(Insert names of third parties as agreed with client, Aboriginal Health Worker, Youth Worker.)

I understand that (insert name of organisation) must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Name of client:	
Signature	Date
Name of program supervisor/case worker:	
Signature	Date

Source: [www.communitydoor.org.au](http://www.communitydoor.org.au)

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

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



The parties to a case management process include:

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

### Organisation needs, responsibilities and rights

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

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

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

### Family structure and dynamics

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

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

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



## Initial assessment

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

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

## Identify client strengths

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

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

**Example**

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

Here is an example of a case management plan.

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

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

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

**Example**

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

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



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

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

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

## Practice task 11

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

.....

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

.....

- ▶ Unexplained difficulty sitting or walking
- ▶ Bruising of genital areas or thighs
- ▶ Unexplained sexually transmitted diseases
- ▶ Unexplained bleeding from the genital areas

## Financial abuse

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

Financial abuse includes:

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

## Psychological/emotional abuse

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

### Indicators of psychological/emotional abuse

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

## People with disabilities

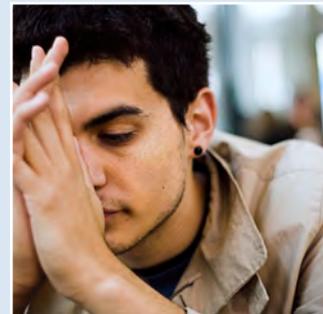
A case manager has a duty of care to prevent foreseeable harm to people with disabilities at all stages of the case management process. People with disabilities are exposed to a number of risk factors which make them particularly vulnerable to harm, neglect and abuse.

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

### Example

#### Identify strategies to deal with complex or high-risk situations

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



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

**Example**

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

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



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

## Practice task 14

1. Provide one way that changes can be made more achievable.

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2. Provide two prompts that a case manager could provide to assist a person in taking responsibility for making changes.
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## Summary

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



## Topic 4

In this topic you will learn how to:

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

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

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

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

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- 4E Implement case closure in accordance with organisational procedures**

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## Monitor and review case work activities and processes

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

# 4E Implement case closure in accordance with organisation procedures

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

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



## Implement case closure

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

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

## Processes for case closure

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