Case Management
Best Practice

• Case Management regulations.

• Case Study.

• Community Links Wollondilly and the Case Work Team
National Standards of Practice for Case Management

Standard One. Case identification (screening) and Assessment.

Standard: Clients who meet the eligibility criteria for case management are identified and an assessment is completed. Guidelines:

• Evidence of client consent, understanding their rights and responsibilities.
• Information gathered, confidentiality and privacy, transparency are explained and respected.
• Client person centred goals established from client.
National Standards of Practice for Case Management. Cont.

Standard One. Case identification (screening) and Assessment. Cont.

- Risks managed.
- Clear understanding of program objectives and fit with client goals.
- Holistic approach to practice explored and communicated.
- Criteria for disengagement covered.
- Practitioner engages service within requirements of professional affiliated body, mandatory requirements and funding body.

Case Management Society of Aust. 2013
Standard Two: Planning.

**Standard:** Agreed goals between client and case manager are documented based on the client's identified goals, including the client's aspirations, choices, expectations, motivations, preferences and values. Actions are planned and a timeline for review is set.

**Guidelines:**

**Case Managers**

- Can support clients to make informed choices.
- Allow for clients to foster personal growth and independence and exercise choice.

- Evaluate and assist to negate barriers that restrict goal achievement.
- Develop an achievable and collaborative case plan.
- Goals clearly identified.
- Generate innovative and collaborative approaches to address barriers.
- Operate according to CMSA National code of ethics, professional standards, legislation and agency standards.

Case Management Society of Aust. 2013
Standard Three. Monitoring

Standard: Planned resources, services and supports are monitored against the agreed goals documented in the client’s case plan. Guidelines:

• Develop and maintain rapport and communication with the client around supply of resources, services and supports to achieve goals.

• Maintain a strong rapport with key stakeholders to facilitate wellbeing of client.

• Ensure best ‘fit’ of services, resources and support by negotiating and being informed by client.

• Abide by accountability requirements and legislation while respecting clients human right to make choices.

• Allow for the discovery and growth of client self advocacy skills.

Case Management Society of Aust. 2013
Standard Four. Evaluation and Outcomes.

**Standard:** Case Management actions are outcome oriented. Periodic reassessment and evaluation of client outcomes is conducted against the expected outcomes and available evidence. Guidelines:

- Indicate how the outcomes have been achieved or why they were not.
- Identify gaps – and do something about it!!
- Review sustainability of change.
- Provide evidence of quality of change e.g. evaluations, (self and client).
- Practice within guidelines of evidence based best practice (CMSA National standards and Ethics)
- Keep researching and be an information hoarder!
- Do not stop learning and training.
- Engage in forums such as this one!
NATIONAL CODE OF ETHICS FOR CASE MANAGEMENT

One:

Code: 1. Case Management Values

The values apply to interactions and communications with stakeholders, including service users, colleagues and professionals. These values include the following:

• Integrity
• Caring
• Honesty and transparency
• Accountability
• Pursuit of professional excellence.
• Loyalty
• Respect
Code Two

**Code:** Case Management Principles

- Beneficence, a commitment not to do harm.
- Non-malfeasance, a commitment to refrain from providing ineffective treatments.
- Social Justice,
- Autonomy.

Three

**Code:** Case managers commit to ethical practice around professional conduct:

- Duties to clients and the community.
- Duties to the Employer
- Duties to the Profession of Case Management and Colleagues
- Duties to Colleagues.
Not MORE Accountability!

- Legal requirements: Statement of roles and responsibilities, explanation of privacy, explaining the entry and exit strategies and stages of engagement.
  - Case Plans,
  - Genograms,
  - Instagrams
  - Micrograms and
  - Mammograms!

- How to kick a goal that is not yours!!
Who are the people who you don’t ask for support from but maybe could in the future?

Who are the people who don’t support you and maybe make things harder for you and your family?

Who are the people in your life who don’t know anything about the hard things you’ve been dealing with?

Family Members

Who are the people who support you the most?

Who do the children feel most connected to?

Who already knows everything that happened?

Who are the people who support you a little?

Who do the children feel some connection with?

Who already knows a little bit about the hard things you’ve been dealing with?

Family Centred Practice
Most of all no surprises!
Referral received by Community Links Wollondilly (Entry)

Intake worker or staff make contact. Arrangements made with client to meet at home or wherever the client wishes for Assessment process.

Client and workers meet at agreed venue and discuss service. Client is engaged with service. Information collected.

Case plan is developed and goals identified. Strategies developed and responsibilities allocated.

Strategies implemented. Referrals made, information disseminated.

Brokerage

Services engaged

Community engagement

Programs accessed

Progress Monitored.

Case Plan Reviewed.

Exit from Service.

A guided and person centred process:

• All processes should lead to ‘Rome’.
• Do the case plan with the client, consult with them, and get them to own it.
• It is their information so the case plan can be tailored by them and around them and the family.
• They can tell us what they are like – their own profile.
• They can tell us what kind of worker qualities works for them.
A guided and person centred process: Cont.

• They can also tell us what works and does not work. “We have a form for that!”

• They can tell us what they need, and what they want. “We have a form for that too!”

• Do the job with them. Get clarification about what they are going to do and commit to what you are going to do and put it in the plan.

• When done, do the Maths! Consult with team mates – not consulting with team? Get another job!! You do NOT have all the answers –

• Did it really work? If not why not?

Case Management Society of Aust. 2013
Deakin University’s personal wellbeing scaling index:

1. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

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Deakin University, Melbourne, 2013.
Questions:

2. How satisfied are you with your standard of living?
3. How satisfied are you with your health?
4. How satisfied are you with what you are achieving in life?
5. How satisfied are you with your personal relationships?
6. How satisfied are you with how safe you feel?
7. How satisfied are you with feeling part of your community?
8. How satisfied are you with your future security?
9. How satisfied are you with your spirituality or religion?

Scoring component: They pick the number on the scale, they then identify their strengths by telling us what stops them from slipping back to a lower number. We also ask what would take them to a higher score. It is scored, the PWI is repeated again, then scores compared at the end of service.

Deakin University, Melbourne, 2013
Case Study –

Based on a mixture of scenarios with non identifiable information:

- Annette and James were awarded the care of their nephew, John.
- John was raised by Annette and James from birth.

- John had multiple and complex needs, both physical and intellectual.

- Issues were – access (lack of) by natural mother, behaviour of John, inappropriate education arrangements and school access, access to therapies, housing and financial constraints.

- Strengths – Annette and James were totally committed to John and to each other. Annette was very resourceful and very informed of John’s needs and wants. She was very assertive, but very tolerant, patient, loving, and prepared to undertake any necessary actions for the wellbeing of John and the rest of the family. All extended members of the family were dedicated to each other.

- John did not tolerate non members of his family well and would not engage in conversation.

Case Management Society of Aust. 2013
Case Study: Cont.

- Annette said she had never been asked before to identify her strengths, or had someone tell her what they had noticed about her strengths.
- Annette identified the current private school education arrangements were not suitable for James’ development and learning.
- She wanted to find an education arrangement that would take James’ specific characteristics into consideration, or home school him.
- She also needed a bigger house to with a room that would convert to a classroom.
• She also wanted to address the anomalies that occurred at James’ school.

• Annette and her family found the house they wanted with the features they wanted.

• After some months Annette and I located a suitable school.

• Arrangements were made for referrals for other issues identified.

• In addition, advocacy actions were undertaken and together we approached the private school institution where the issues were raised and addressed by the particular body.

• At the conclusion of the service, Annette given the opportunity to complete an evaluation survey on the service she had received.
The Fit – all together now!

- Information collection and fed into a family centred plan.
- Annette said she had never been asked before to identify her strengths, or had someone tell her what they had noticed about her strengths.
- PWI identified strengths and goals on the families terms.
- They told us what worked for them in the case plan that they helped create.
- The worker provided information about resources.
- Both worker and the family had actions to undertake that were identified in the goal development, creating a true partnership, and extending capacity building skills of the family.
- At the exit, the family gave feedback on the service provided.
- Service Practice met all legal, funding body, agency and Case Management Society requirements.
Discuss.

Statements:

• Is collecting reams of paperwork from clients and families abusive or is it person centred?

• You show me a client who fails to engage and I’ll show you a professional who missed something.
Case Management Society of Australia and New Zealand.

The CMSA is the national registration & regulatory body for Certified Case Managers & peak body for professionals employed in case management roles.

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Deakin University Personal Wellbeing Scaling Index


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