



New directions in Case Management 2008-10

The Case Management Framework

NSW Department of Ageing, Disability and Home Care

August 2008



Document approval

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1 The case management framework

The intention of the case management framework is to clarify the purpose of case management and enhance the quality, responsiveness and effectiveness of case management services in meeting the diverse needs of people with a disability and their families.

The context for the case management framework is the Commonwealth Disability Services Act 1986, the NSW Disability Services Act 1993 and the NSW Government's *Stronger Together: A new direction for disability services 2006 – 2016*.

This document outlines the overarching policy framework for case management by Community Access staff in the Department of Ageing, Disability and Home Care (DADHC)¹. Case management is the core service delivery approach to coordinating support services for people with a disability.

The framework draws on extensive research in case management approaches used to assist people negotiate complex service networks. It builds on recent consultation about the experience and practices of DADHC staff in case management and achieving outcomes.

Change will occur at multiple levels in both the management and structure of case management. The implementation of case management will be supported by new operational procedures and the adaptation of current procedures and business systems including the Client Information System (CIS). Ongoing support and training will be provided to staff and managers.

The case management framework provides the mechanisms for more effective targeting of case management services and managing the demand for specialist disability support services.

2 What is case management?

Case management is:

- a collaborative process in which an individual's needs are assessed, a plan is developed and services are agreed upon which are tailored to meet individual needs. Progress is monitored and reviewed;
- focussed within DADHC on people with a disability and their families; and
- provided by professional staff with appropriate training, skills and experience.

Case Management aims to:

- enhance the quality of life of the person with a disability by assisting them to achieve their chosen lifestyles and life goals through individualised planning and support coordination.

DADHC Case Managers will work in partnership with the person with a disability and their family or carers to identify and acknowledge their strengths and to develop a plan of support. The Case Manager then negotiates, coordinates and monitors the delivery of services based on that plan.

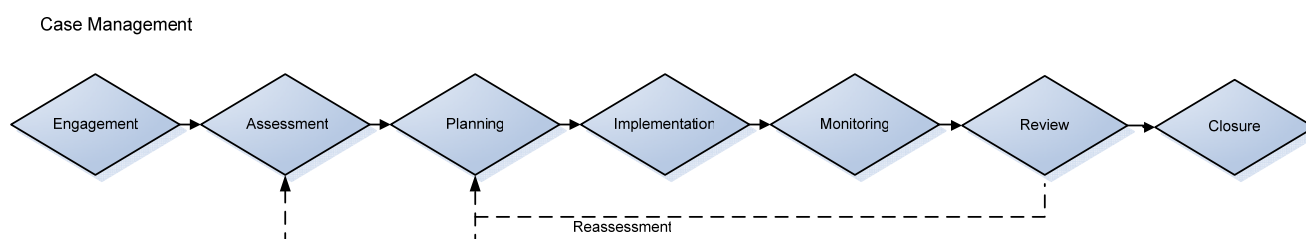
A DADHC Case Manager has primary responsibility for coordinating the delivery of services and maintaining the client relationship from referral to closure.

¹ Further work will be undertaken on case management services provided by non government organisations.

Case Managers are skilled professionals with authority to secure resources from departmental and funded services.

The core functions of case management² are:

- engagement and relationship building;
- information collection and assessment;
- planning and prioritisation of needs;
- allocation, development and negotiation of resources;
- implementation of a plan;
- monitoring of the plan; and
- review of the plan, case closure or reassessment.



The nature, intensity and duration of each of the core functions of case management will vary for each individual.

The key components of case management are summarised at Appendix 1.

3 Why a new direction in case management?

Many people's experience of the disability service system is simple and straightforward. Others find the system complex, fragmented (involving multiple service providers) and difficult to negotiate.

Case management practice in DADHC is demanding, with a high proportion of people having intensive and complex needs.

Most often DADHC provided and DADHC funded services are prioritised separately, people repeat their stories multiple times and there are variable links between disability services and other community service agencies (in the generalist system).

Plans and service requests are developed for the services provided by Community Support Teams but often there are independent processes for DADHC provided services and DADHC funded services. Case Managers currently negotiate with those DADHC provided services and DADHC funded services on a one-on-one basis to secure the support or services identified in a client's plan.

There has been a lack of clarity regarding the purpose of case management and the role of Case Managers. The current formal policy document is *Operational Procedures: Case Co-*

² Adapted from Bigby, C., Fyffe, C., & Ozanne E. (eds) 2007 *Planning and Support for People with Intellectual Disabilities – Issues for Case Managers and Other Professionals* Jessica Kingsley Publishers, London & Philadelphia.

ordination and Case Management, Department of Community Services, October 1996.
Greater clarity about the purpose and role of the Case Manager is required.

Consequently, considerable variation exists in the model of case management provided. In some Community Support Teams the focus has been almost exclusively on crisis management, while in other Community Support Teams there has been a focus on early intervention, building natural community supports and access to generalist community supports (e.g. Local Support Coordinators). The lack of an integrated approach to case management has also raised issues of equity for people with a disability accessing services.

Major strengths of the current arrangements have been the access to Information Referral and Intake officers at the initial request for support and the responsiveness of individual workers at the Community Support Team level, to ensure that people with the greatest need, particularly those in crisis, are identified as the highest priority for service.

Case management will coordinate, integrate and actively manage support services for people with a disability. It will improve outcomes for people with a disability as it will extend early intervention approaches and provide better support to people in daily living and participation in the community.

Best practice in case management will result in³:

- a greater role for people with a disability and their families in determining the supports they receive and how they receive them (focused on their individual strengths, goals and strengthening their own networks);
- person centred and person directed approaches;
- family centred approaches when supporting children with a disability and their families;
- equitable use of resources - resources will be provided in a planned, fair and transparent way;
- improved coordination of informal and formal supports for people, including greater attention on family supports;
- continued provision of supports in the least restrictive environment;
- a range of service responses including prevention, early intervention and more intensive support;
- simplified access to the disability service system; and
- coordinated and accountable delivery, emphasising strong links between specialist disability services and generalist agencies (e.g. education and housing).

A key driver behind the case management framework will be a greater focus on an early identification and prevention approach. Early intervention "*characterise(s) the way the NSW Government approaches future policy development and program design*" considering "*all the options for acting earlier to prevent (a problem or issue) or to reduce its impact*"⁴. Greater emphasis will be placed on monitoring and review to better identify changing circumstances and on encouraging early intervention to ensure crises do not develop or are minimised.

Implementation of DADHC's case management framework will be integrated with the provision of expanded flexible supports under '*Stronger Together: A new direction for disability services 2006-2016*' and improved cross agency coordination through '*Better*

³ NSW Government's *Stronger Together: A new direction for disability services 2006 – 2016*

⁴ NSW Government State Plan, "*A new direction for NSW*" November 2006, p 76.

*Together: A new direction to make NSW Government services work better for people with a disability and their families 2007-2011*⁵.

The key principles which will drive the implementation of case management in DADHC are summarised at Appendix 2.

4 How will new directions in case management be implemented between 2008 - 2010?

The implementation of new directions in case management will be driven by five main organising principles:

- the purpose of case management and the role of Case Managers will be clearly defined and differentiated from the role played by other professionals;
- there will be a greater emphasis on professional case management practice;
- Case Managers will be supported to work collaboratively with other professions within an interdisciplinary approach;
- the delivery of more flexible types of support ('packages of support') will be linked to people's assessed and expressed need; and
- contractual partnerships will be strengthened with DADHC funded service providers and stronger partnerships will be negotiated with other NSW human service agencies.

4.1 Clearly defined role for case management

The key principles for case management are:

- case management is a specific role undertaken by Case Managers;
- case management operates from an interdisciplinary approach. Specialist services from a range of disciplines (e.g. psychologist, therapists) will be available to support Case Managers in undertaking assessments and other roles;
- a person with a disability should not have more than one Case Manager at a time;
- a range of case management models should be utilised depending upon the intensity, nature and circumstances of client need with strategies ranging from early identification and intervention, support coordination to intensive case management and crisis management;
- a person centred and person directed approach to case management is adopted for case management for adults and for children with a disability at periods of transition, such as starting and leaving school, leaving care or entering accommodation services;
- a family centred approach to case management for children with a disability, to increase family resilience and strengthen family links within their informal support network and their local community; and

⁵ *Better Together* is a cross agency strategy to improve services for people with a disability

- case management will initially focus on accessing services in the wider generalist human service system and building on informal support networks, before considering the need for specialist disability services provided by the Department.

4.2 Increased focus on professional case management practice

Professional case management practice will be promoted through:

- employment of experienced and qualified Case Managers;
- providing a range of graded positions;
- career paths for Case Managers;
- reducing the span of control for managers of Case Managers;
- supporting professional case management supervision for Case Managers and supervision training for supervisors;
- creation of a Senior Case Management Practitioner;
- provision of a training program which supports the new directions of case management; and
- practice standards and guidelines, resources and business systems to support staff.

4.3 Team Structure

Case management will be delivered on a local basis where Case Managers work as part of a case management team and develop local networks. Team structure for case management is dependent on the size of the Community Support Team workforce in each region. For Case Managers working in remote and isolated areas, localised arrangements will promote a sense of team membership to achieve an interdisciplinary approach.

Dedicated case management teams comprised of Case Managers and a Community Access Manager will be established wherever possible to provide case management services to people living in specific geographic areas. Specialist resources from a range of disciplines (e.g. speech pathology, psychology, behaviour support) will support Case Managers in a variety of roles, including interdisciplinary assessments and the delivery of services to support the implementation of a plan.

The specific focus of these teams will be determined by priority needs within those localities (e.g. target groups, type of intervention). The Managers Access responsible for each of these teams will be responsible for ensuring interdisciplinary practice remains central to the way DADHC supports people with a disability.

In rural areas, Local Support Coordinators will continue to facilitate the delivery of services in a client's local area by providing individual needs analysis, personal advocacy and community development work.

The Casework Consultant (Children and Young People) positions in each region will continue to facilitate the development and implementation of systemic changes to improve the quality of services to children and young people by providing support, advice, mentoring and coaching to DADHC Case Managers and staff.

The Regional Options Coordinator positions will continue to provide service linkage to clients at Regional Information Referral and Intake offices.

Community Support Team Case Managers will work collaboratively with Local Support Coordinators, Casework Consultants (Children and Young People) and with Regional Options Coordinators as and when appropriate.

4.4 Packages of Support

Stronger Together: A new direction for disability services 2006-2016 changes the way support is provided for people with a disability and their families. A key part of this change is the introduction of flexible packages of support:

'Services will be linked to need and packaged to enable people to continue to live in their own home. Case Managers will help them achieve this goal by enabling access to a range of services. We will emphasise early intervention'. (Stronger Together. p4)

As part of this strategy support will be matched to people's needs in a clear, equitable and predictable way and include consideration of people's informal support networks. People with a disability and their families will have greater clarity about the support they can expect and when services will be available.

The particular types of services that form part of a person with a disability's support packages will depend on their assessed and expressed needs. Comprehensive assessments will include consideration of the functional abilities of the person with a disability, their formal and informal networks, their social context (e.g. cultural and linguistic diversity, disadvantaged community or remote location) and their lifestyles and aspirations.

Based on the assessed and expressed needs of the person, Case Managers will 'package together' different types of support to meet those needs. This will draw together support from a range of sources – including services from the generalist human service system, the specialist DADHC and DADHC funded non-profit disability supports and informal social supports. The Case Manager will work across the spectrum of DADHC funded non-profit providers and government services as well as access discretionary money (e.g. Family Assistance Fund, Flexible Family Support).

The Case Manager will be accountable for:

- developing and maintaining a positive and trusting professional relationship with the client;
- ensuring the completion of a comprehensive assessment;
- the development of a plan;
- the 'packaging together' of a coordinated mix of services as identified in the person's plan; and
- coordination, implementation, monitoring and review.

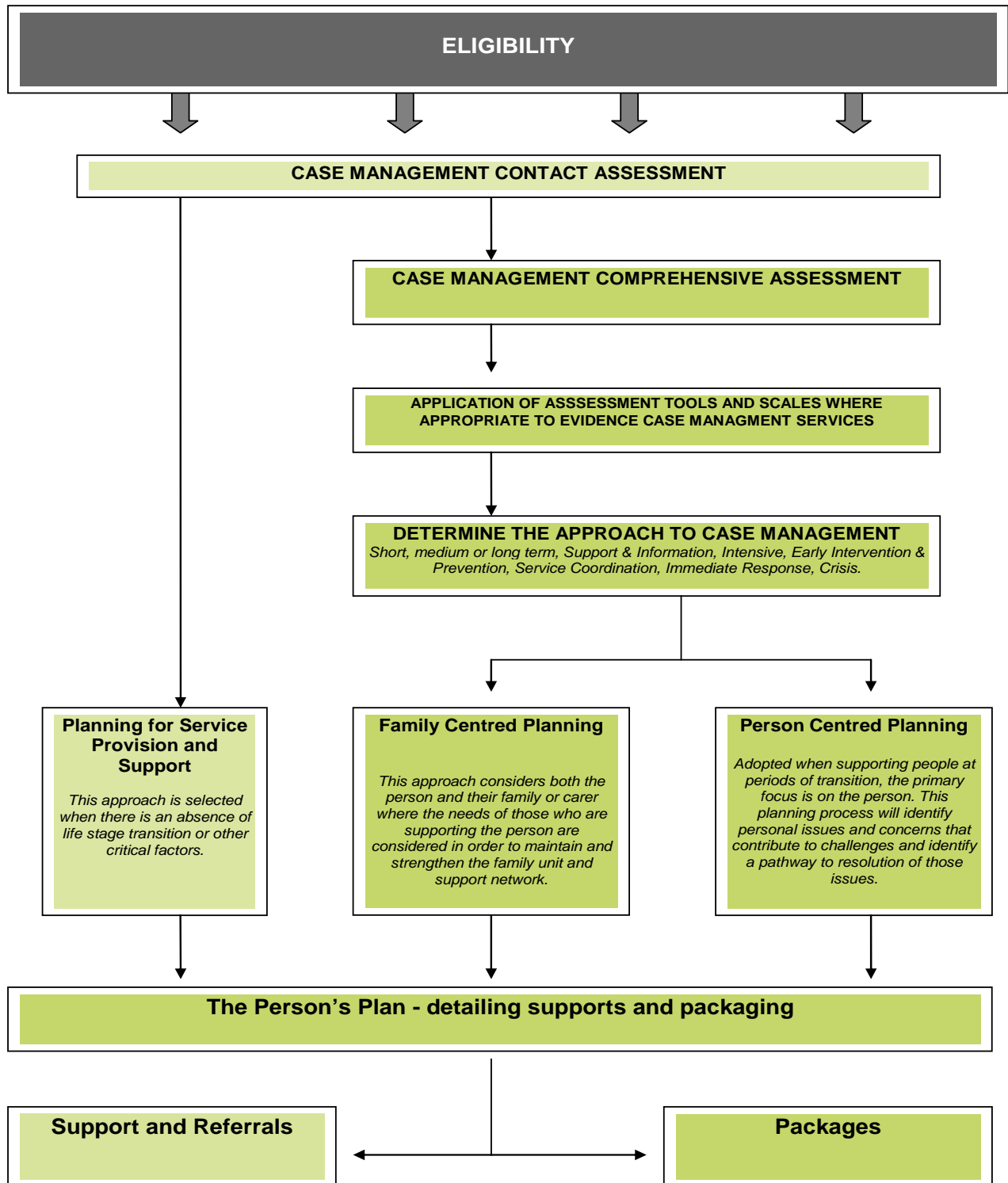
See examples of packages of support in Appendix 3.

4.5 Strengthened Service System

To help reduce fragmentation in the service system the Department will assist Case Managers to access services and maximise the capacity of the existing services by:

- building a stronger system to manage the funded services it contracts with DADHC funded non-profit providers;
- strengthening communication between business streams within DADHC; and
- strengthening partnership arrangements with other government agencies.

What our new system will look like.



5 How will people be referred for case management?

Clients and their carers will be referred to DADHC Case Management when:

- 5.1 The client or carer has requested DADHC Case Management and has been deemed eligible for DADHC Community Support Team services by the Regional Intake Panel;
and /or
- 5.2 An Information, Referral and Intake Officer has identified that the client's needs are best met by a DADHC Community Support Team Case Manager;
and / or
- 5.3 The client is assessed by an Information, Referral and Intake Manager as meeting the criteria for 'Immediate Response' and is referred immediately for case management, prior to eligibility for service being determined by Intake;
and / or
- 5.4 The person is currently receiving services from the Community Support Team and the therapist identifies with the person that case management is required. The person is referred directly for case management service as an internal Community Support Team service request.

6 What are the case management strategies available to Community Support Team Case Managers?

There are four strategies describing how case management is practised within DADHC Community Support Teams. The Case Manager develops the response according to the circumstances, nature and intensity of a person's need.

Case management Strategies	Approach	Type of case management service	Who
1. Support	<i>Early intervention and Prevention</i> <i>Short term, concentrated support may be indicated</i>	Support and Information (e.g. information kits, sources for parent education, referral to parent, peer and sibling support networks) Referrals to generalist services Support the development of informal support networks Referral to specialist disability support services (e.g. small amount of respite)	Case Manager or Local Support Coordinator or Information, Referral & Intake Officer, or Regional Options Coordinator

2. Service coordination	<i>Early intervention and Prevention</i>	Case management – where intervention may be preventative	Case Manager, or Local Support Coordinator or Regional Options Coordinator
	<i>Concentrated support may be indicated</i>	Case Manager provides information and support to access the generalist service system and specialist disability services Collaborative partnerships for the coordination of informal and formal support networks Monitoring, review & reassessment to minimise or reduce crisis	
3. Concentrated Service	<i>Early intervention and Prevention</i>	Case management involving substantial negotiation and coordination with stakeholders	Case Manager, or Local Support Coordinator
	<i>Concentrated Support</i>	Longer term case management Monitoring, review & reassessment to minimise or reduce crisis	
4. Immediate response	<i>Early Intervention and Prevention</i>	Intensive short term management and interagency coordination, usually initiated by a trigger	Case Manager or Local Support Coordinator
	<i>Crisis Management</i>	Short term crisis plan before longer term plan and strategies identified	

7 Who will receive case management?

The case management response will be decided after screening and assessment and will vary according to the needs of people with a disability and their families and carers. Examples of people who may receive different strategies are outlined below

Case management Strategy	Approach	Examples
Support and information	<p><i>Early Intervention and Prevention</i></p> <p><i>Early intervention involves taking ‘a range of actions to prevent a problem emerging through early attention to a problem to stop it getting worse, or to limit its impact.... providing support early⁶.</i></p> <p><i>Short term concentrated support may be indicated, where frequent and regular contact will support self empowerment.</i></p>	<p>People who require minimal assistance to plan or organise support services</p> <p>People who require generalist and/or minimal specialist disability services (e.g. respite, time limited therapy)</p> <p>Family has supports and capacity to withstand the current issue but needs guidance and direction.</p>

⁶ In this context early intervention is defined as type of intervention which is relevant to all age groups, It is broader than early childhood intervention which supports families with a child with a disability 6 years or under.

Service coordination	<i>Prevention and Early Intervention</i> <i>Possible concentrated support indicated</i>	<p>People with ongoing support needs who need assistance to coordinate services and/or are high users of specialist disability supports</p> <p>People whose needs are changing (e.g. due to ageing, serious illness, challenging behaviour)</p> <p>Children and adults at major life transitions and/or moving between services:</p> <ul style="list-style-type: none"> ▪ after diagnosis; ▪ transition to school from early intervention; ▪ transition to adult life; and ▪ ageing parent carer <p>Parents with an intellectual disability</p>
Concentrated case management	<i>Intensive Support is to resolve current situation and to build resilience to meet future challenges</i>	<p>Children and young people living with their family:</p> <ul style="list-style-type: none"> ▪ at high risk of family breakdown; and/or ▪ major behavioural issues <p>Young people who are leaving Department of Community Services care.</p> <p>Children and young people with a disability who are clients of the Juvenile Justice system</p> <p>Adults:</p> <ul style="list-style-type: none"> ▪ living in independent accommodation without strong family ties or social supports ▪ living with their family with major behavioural issues and/or high physical support needs ▪ who are subject to or at risk of abuse or exploitation ▪ with complex support needs, including young people in nursing homes ▪ in repeated contact with the criminal justice system

-
- with multiple contacts with other service systems that require coordination
-

Immediate response	<i>Crisis management involves the Case Manager taking a more directive role until there is a response to the immediate critical issue</i>	Breakdown in family placement
	<i>The focus is on meeting basic needs and minimising risk</i>	Homelessness
		Death of primary carer and no other support networks
		Break down of current supports
		Exclusion from essential services
		Infants under 12 months
		Contact with the Criminal Justice System

8 How will new directions in case management link to the broader service system?

An important factor which will shape the effectiveness of new directions in case management will be the availability of specialist disability supports provided directly by the Department and non-profit organisations. *Stronger Together* provides the direction for the future growth in specialist disability supports.

Case Managers will need to support clients within a diverse system of funding specialist disability supports:

- block funded services (e.g. centre based respite, early childhood intervention services and day programs);
- services which are funded on an individual basis (e.g. *Community Participation*);
- services funded according to unit costs to provide a specific number of places (e.g. *Intensive Family Support, Family Choices, Leaving Care*);
- flexible funding packages (e.g. flexible respite); and
- discretionary funding (e.g. *Family Assistance Fund* and *Local Support Coordination*).

9 How will staff be supported to implement new directions in case management?

Getting the structures and systems right

Structures, support, coordinated delivery and good governance

Structures:

- support interdisciplinary approaches in DADHC;
- include capacity and increase the focus for early intervention;
- are designed for metropolitan and rural and remote delivery;
- support new accountabilities and spans of control; and
- support partnerships.

What we will do:

- Develop practice guidelines on interdisciplinary practice and early intervention;
- Realign the supporting business systems;
- Develop guidelines on caseload management, including complex cases;
- Develop case management strategies for rural and remote areas.

Getting support for staff right

Definition and clarification of roles

Case Managers have clear roles, spans of control and accountabilities within:

- DADHC and the disability specialist system; and
- Broader human service system (Department of Community Services, Housing, Education, etc).

What we will do:

- Prepare detailed position descriptions for Case Managers;
- Establish new regional service level agreements with DADHC funded non-profit providers;
- Establish a case management Memorandum of Understanding for integrated support delivery for people with a disability (where DADHC has the lead case management role).

Professionalism performance and building capabilities

- Staff roles are valued;
- Staff are trained and work as a team;
- Staff have the tools they need to do their job (holistic assessment, strengths based approaches);
- Staff have culturally appropriate strategies;

- Staff work in partnership with other agencies; and
- Staff receive the supervision and support they need.

What we will do:

- Implement flexible recruitment strategies in areas where 'it is hard to recruit';
- Develop practice guidelines on professional case management and supervision;
- Develop a range of screening and assessment tools;
- Develop resources on culturally competent case management practice;
- Implement training packages (e.g. group work with families, working with grief); and
- Build cross business stream approaches to working with DADHC funded non-profit providers, including information sheets for Case Managers on new services funded under *Stronger Together*.

Getting the policies and processes right

Flexible policies and systems

- Needs are prioritised;
- Policies support equitable delivery; and
- Policies are flexible to respond to individual need and changing/emerging needs.

What we will do:

- Review and update case management practice policies and procedures;
- Develop a range of information packages (e.g. internet);
- Develop operational procedures about equitably allocating resources; and
- Develop practice resources about the needs of specific priority target groups (e.g. children and young people with autism).

Appendix 1: What are components of case management?

Engagement, information collection, assessment, planning and prioritisation of needs.

1. *Engagement*

To nurture and develop a professional and trusting relationship with the client and family / carer. The provision of information.

2. *Information*

Systematic collection of relevant information about the person and their formal and informal support networks.

3. *Assessment*

Comprehensive assessment of the needs of the person with a disability, determined in partnership with them, their families and other relevant people or services nominated by them.

4. *Prioritisation of needs*

The process of identifying with the person the order in which their needs and service requests are addressed.

Allocation, development and negotiation of resources

5. *Planning*

Goals, timeframes, formal and informal resources and desired outcomes are identified in partnership with the client.

6. *Packaging supports*

The Case Manager proposes a package of disability specialist and generalist support services which are allocated according to need.

Implementation, monitoring and review of support plans

7. *Implementation*

Active coordination and management of formal support services across multiple providers to ensure the person receives the support required.

Stronger partnerships with other agencies and seamless service delivery.

8. *Monitoring*

Monitoring progress and ensuring that supports are provided in accordance with the goals of the plan.

Early identification of changes in the person's circumstances or environment which may require adjustment of the plan to prevent the development of crisis situations.

9. *Review, reassessment and case closure*

A review involves a reassessment of the situation of the person with a disability and the appropriateness of the current supports. This may result in a reduction, an increase or change in supports.

Appendix 2: What are the guiding principles that will drive case management practice in DADHC?

Case management will be undertaken in accordance with the following key principles.

Person Centred Planning (PCP)

A process of listening to, and life planning for individuals, based around the principles of normalisation and inclusion and the social model of disability .

The different styles of PCP are used to answer the questions

- What are your capacities and gifts and what supports do you need to express them?
- Who are you and who are we in your life?
- What can we do together to achieve a better life for you now and in the future?⁷

Family Centred Approach

For children and their families case management is Family Centred which means that services strengthen and build the capacity of families to support children with a disability.⁸ This approach aims to increase family resilience and strengthen family links within their informal support network and their local community.

For adults with a disability case management practice must be sensitive to the views of the network members however the adult with a disability is recognised as the primary client.

Informal and formal supports

The Case Manager negotiates the interface of informal supports and other services generally available to any other person in the community. Supporting and developing 'natural' or informal supports for a person with a disability is critical.

Packaging

The bringing together of individually tailored formal and informal supports that are complementary and promote quality of life comparable to general community expectations. Packaging may include funding. Monitoring and review will highlight transitional adjustments that are required over time.

Interdisciplinary approach

The skills and experience of professionals from a number of disciplines inform the assessment, planning and implementation of the client's chosen life plan and accompanying needs.

Inclusion

Full and equal participation in the community of people with a disability and the promotion of their valued status.

Collaboration

Case Managers will develop effective partnerships with other DADHC staff and other parts of the human services and justice system for positive client

⁷ O'Brien, J & O'Brien C. 2002. A Little Book About Person Centered Planning. Inclusion Press, Toronto. P. 20

⁸ C J Dunst and C M. Trivette (1998). Current and prospective use of family-centred principles and practices in the early elementary grades. Orelena Hawks Puckett Institute, North Carolina

outcomes.

Strengths-based Practice

Strengths-based approaches recognise that “Every individual, every family, every community has strengths, assets and resources... To detect strengths you must be genuinely interested in, and respectful of, clients’ stories, narratives and accounts...”

Avoid limitations created by language, diagnoses and assessments⁹.

Value for money

Support services are cost effective and efficient, are underpinned by benchmarks and produce demonstrable positive outcomes for clients.

Evidence based practice

Case management builds on good practice within DADHC and other agencies and on research findings which provide evidence of measurable gains from the practice for the person being supported.

⁹ Saleeby,D 1999, ‘The strengths perspective: principles and practices’ in *Social work processes*, 6th edn, eds BR Compton & B Galaway, Brooks/Cole publishing, Pacific Grove, Cal., pp14 -23.

Appendix 3: Some examples of Packaged Supports

Figure 1: Young Child & Family

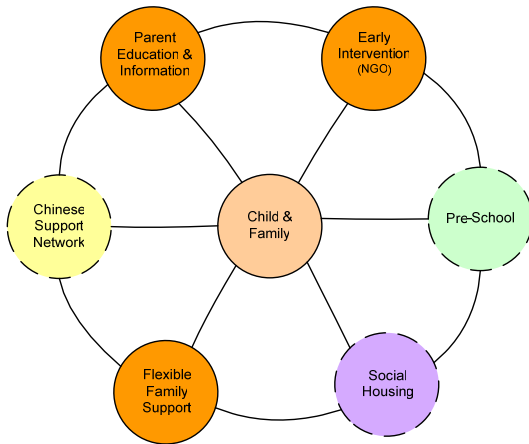


Figure 2: Primary School-Aged Boy with Family

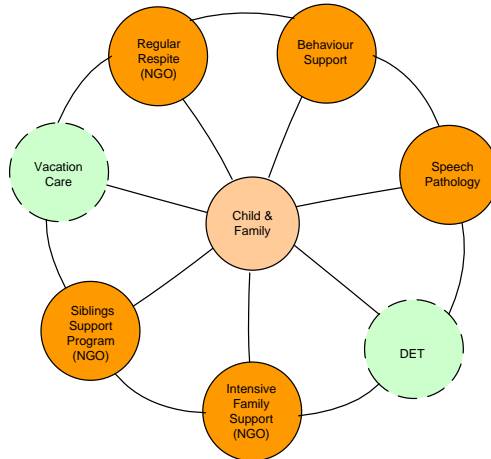


Figure 3: Young Adult Who Has Left School

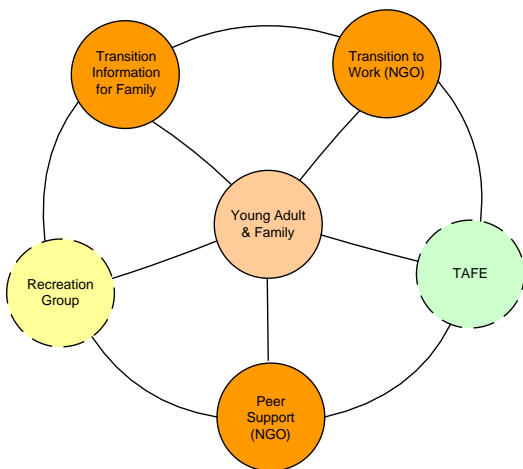
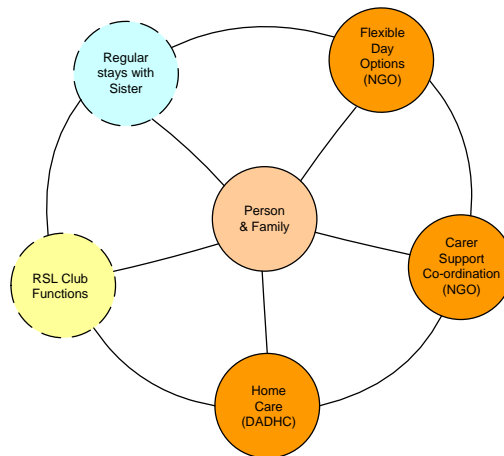


Figure 4: Middle Aged Person with Older Parent Carer



KEY

- DADHC or DADHC Funded NGO
- Informal Supports
- Department of Housing
- Department of Education & Training
- Generic Supports