Case Management Practice Policy

Version 1.0

Community Access Branch
Ageing, Disability and Home Care, Department of Human Services NSW
November 2009

NSW GOVERNMENT | Human Services
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Document approval

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Table of contents

1 Introduction

1.1 Purpose

This policy details the Ageing, Disability and Home Care (ADHC), Department of Human Services[1] NSW values and approach to case management service provision in accordance with the principles of the NSW Disability Services Act 1993 and outlined in *New Directions in Case Management 2008 – 10: The Case Management Framework (DADHC 2008).*

The policy promotes a consistent orientation to case management service delivery and encourages a structured, collaborative and accountable approach to the case management practice of staff whose role is to provide a case management service to eligible persons with a disability and their family and/or carer.

The implementation of the *Case Management Policy 2009* is supported by *Case Management Practice Guides* which provide detailed guidance on different aspects of case management practice.

The *Case Management Policy 2009* replaces the *Operational Procedures, Case Co-ordination and Case Management, Department of Community Services, Policies for Working with People with Disabilities, October 1996.*

1.2 Government Context

The international ***United Nations (UN) Convention on the Rights of Persons with Disabilities 2006*** was ratified by the Australian Commonwealth Government in July 2008, and is described by the UN as:

- … a 'paradigm shift' in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as 'subjects' with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society[2].

The Australian Commonwealth/State *National Disability Agreement 2009*, reflects the UN Convention and also identifies prevention and early intervention as a priority for reform in the disability service systems nationally, with a focus on:

- Early Intervention and Prevention, Lifelong Planning and Increasing Independence and Social Participation Strategies – An Early Intervention and Prevention Framework will be developed to increase Governments' ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support by mid 2011[3].

In NSW, legislation and strategic policy documents closely align with the international and national policy directions.

The ***NSW Disability Service Act 1993*** governs the funding and provision of disability services in NSW. The main objective of the Act is to "*ensure the provision of services necessary to enable people with a disability to achieve their maximum potential as*

1 As of 1 July, the Department of Ageing, Disability and Home Care (DADHC), became known as Ageing, Disability and Home Care (ADHC), Department of Human Services. References will be made to both terms in this policy.

2 United Nations Convention on the Rights of Persons with Disabilities,2006

http://www.familiesleadingplanning.co.uk/Documents/PCP%20Key%20Features%20and%20Styles.pdf

3 National Disability Agreement, Department of Families, Housing and Community Services, 2007

members of the community".[4] Disability Services Standards guides the process of bringing this legislation into operation.

The ***NSW State Plan 2006-2016*** focuses on a whole of government approach to improving people's lives through increasing participation and inclusion, building harmonious communities and '*embedding prevention and early intervention into Government services"*[5] as a principle of service delivery.

The direction from the *NSW State Plan* is interpreted through two key NSW supporting plans: ***Better Together: A new direction to make NSW Government services work better for people with a disability and their families 2007-2011*** **(NSW Govt. 2007) (Better Together) and *Stronger Together – a new direction for disability services in NSW 2006-2016* (DADHC 2006) (Stronger Together).**

In March 2009, the NSW Government launched ***Keep Them Safe – A shared approach to child wellbeing.*** This was in response to Justice Wood's *Report from the Special Commission of Inquiry into Child Protection Services in NSW,* handed down at the end of November 2008. *Keep Them Safe* is a five-year plan to fundamentally change the way children and families are supported and protected in this state. A key policy direction underpinning *Keep them Safe* is that where intervention is needed, the responsibility to protect children must be shared across all agencies in the government and non-government sector.

Better Together provides the direction for improved collaboration across all NSW Government services to effectively support persons with a disability. It emphasises intervention in the very early years of life and as soon as possible at any stage of life in order to prevent the escalation of problems and crises that could be avoided by access to resources. For persons with a disability, their family and carers, this means promoting early access to the ideal mix of supportive resources and services. This mix includes universal and adapted services as well as the high level specialist services provided by DADHC[6].

Stronger Together outlines program reforms for the NSW disability sector that includes resources and services accessed through ADHC direct and funded service providing organisations. This policy highlights three key areas:

- strengthening families through prevention and early intervention
- promoting community inclusion by expanding and enhancing specialist support services
- improving service capacity and accountability by reforming service access and engagement with funded service providers[7].

These key Statewide initiatives provide the context and bearing for the new direction in case management.

Department of Ageing, Disability and Home Care's Strategic Directions 2008/09 – 2010/11 are derived from Stronger Together. They focus on people with a disability and older people having greater opportunity to participate in community life; and families and carers are supported in their caring roles[8]***.*** As a funding body and direct provider of NSW

4 Disability Service Act 1993 (NSW) s3(a)

5 A new direction for NSW. NSW Government StatePlan 2006 - 2016, NSW Government, November 2006. Priority F4,P6.

6 Better Together: A new direction in to makeNSW Government services work better for people with a disability and their families 2007 – 2111, NSW Government, February 2007. P 3.

7 Stonger Together: A new direction for disability services in NSW 2006 – 2016. NSW Government, May 2006. P5.

8 ADHC Strategic Directions – 2009/10 to 2010/11 (draft). NSW Government, 2009.

disability services, ADHC implements the State objectives through Strategic Directions endorsed by the Government on a bi-annual basis.

1.3 Legislative and Policy Context

The policy provides guidance on the implementation of case management principles and processes that are consistent with the *Disability Services Act 1993* and *Disability Service Standards 1996*.

The policy is informed by *The Case Management Framework* (DADHC 2008) and should be read in conjunction with current Agency policies shaping the emergent operating environment. The framework provides the overarching philosophical and cultural context for case management practice reform which is grounded in an emphasis on collaborative relationships and partnerships between individuals, families, communities and service providers. Case management practice reform was initiated in ADHC's *Strategic Priorities for 2008/09-2010/11*.

This policy is aligned to ADHC policies and legislation:

- *Aboriginal Policy Framework NSW Department of Ageing, Disability and Home Care (July 2005)*
- *Children and Young Persons (Care and Protection) Act 1998.* The Act provides the legislative context for child protection in NSW. The ADHC *Responding to Risk of Harm to Children and Young People*[9] policy outlines the responsibilities of ADHC staff in relation to child protection.
- *Children and Young Persons (Care and Protection) Regulation 2000*
- *Code of Conduct and Ethics NSW Department of Ageing Disability and Home Care (2004)*
- *Decision Making and Consent: Policy and Procedures NSW Department of Ageing, Disability and Home Care 2008 (amended February 2009)*
- *Commonwealth Disability Discrimination Act 1992*
- *Decision Making and Choice (Operational Procedures), Policies for Working with People with Disabilities, October 1996.*
- *Ethnic Affairs Priority Statement – EAPS Plan 2005-06*
- *Feedback and Complaint Handling Principles and Guidelines v2 NSW Department of Ageing, Disability and Home Care (May 2005)*
- *Framework and guidelines for the development and review of client policies NSW Department of Ageing, Disability and Home Care Community Participation Directorate (February 2004) (Document Number 2004/PM/4)*
- *Human Rights and Equal Opportunity Commission Act 1986 Schedule 4 & 5*
- *Intranet, Internet and E-Mail Services Policy and Guidelines v4 NSW Department of Ageing, Disability and Home Care (May 2008)*
- *NSW Anti-Discrimination Act 1977*
- *NSW Disability Services Act 1993*

9 The Responding to Risk of Harm to Children and Young People9 policy will be updated for the proclamation of the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009

- *NSW Disability Service Standards, 1993*
- *NSW Freedom of Information Act 1989*
- *NSW Guardianship Act 1987*
- *NSW Privacy and Personal Information Protection Act 1998*
- *NSW Occupational Health & Safety Act 2000*
- *NSW State Records Act 1998*
- *Records Management Policy Document NSW Department of Ageing, Disability and Home Care (May 2002)*

1.4 *Disability Services Act (1993)*

1.4.1 Principles

The Agency's case management service provision will comply with the objects and principles of the *Disability Services Act (1993)*. The Act emphasises that persons with a disability have the same basic human rights as other members of Australian society, as well as the right to have their specific needs met regardless of the nature, origin, type or degree of their disability.

The objects of the Act include enabling people with a disability to achieve their maximum potential as a community member and providing specialised services that promote:

- community integration and complement mainstream services
- achievement of positive outcomes in regard to individuals' independence, employment and community integration
- positive community image and self esteem of persons with a disability.

The principles of the Act require the active pursuit of universal and specific human rights, of persons with a disability that include their right to:

- respect for their individual human worth and dignity
- live in and be part of the community
- realise their individual capacities for physical, social and intellectual development
- access services which support their attainment of a reasonable quality of life
- choose their lifestyle and access the information they need to exercise informed choice in a manner appropriate to their disability and cultural background
- participate in decisions that affect them
- when receiving services, to receive them in a manner that results in the least restrictive form
- pursue any grievance in relation to service provision without fear or experience of reprisal or recrimination
- protection from neglect, abuse & exploitation[10].

10 *Disability Service Act 1993. NSW Government, 1993.*

1.4.2 Principle Application

The principles above apply to the case management practitioner's (the practitioner's) relationship with a person with a disability their family and/or carer by:

- focusing on achieving positive outcomes like increasing independence, employment opportunities and engagement with the community and as a part of the community
- aiming to ensure that conditions of the person's everyday life are the same as or as close to the norms and patterns as are valued in the general community
- meeting individual needs and goals in the least restrictive and intrusive way
- promoting wider recognition of a person's valued role and status
- promoting participation in the life of their community
- ensuring that no single organisation providing services exercises control over all or most aspects of a person's life
- providing opportunities to actively realise goals which are valued by the community and appropriate to their chronological age
- ensuring a person has the opportunity to direct decisions that affect their lives
- ensuring where required, a person has access to advocacy support to enable full participation in decision making
- recognising the importance of families, friends and supporters, including their cultural, religious, and linguistic environments
- recognising and respecting the person's right to privacy, dignity and confidentiality;
- ensuring the legal and human rights of a person with a disability are maintained in relation to the prevention of sexual, emotional and physical abuse.

1.5 Target Group and Scope

This policy is written for managers and practitioners in:

- ADHC direct services.

This policy may also provide guidance to:

- ADHC funded non-government case management services.

This policy is not relevant for:

- HACC case management services.

The policy outlines ADHC's approach to case management services. It provides guidance for senior managers, managers, supervisors and practice staff providing case management services through Community Access Teams, under ADHC's regional structure.

Senior Managers Access and Managers Access oversee the operating, administrative, decision making, supervisory and practice development arrangements within which case management staff practice.

At the local level, Managers Access decide on the allocation and prioritisation of referrals for case management, ensuring staff practice aligns with policy. Case Management Practitioner positions are graded to allow for case complexity and circumstances to be accounted for when allocated.

Case Managers (Level 3) have the expertise and experience to address complexity in practice, and provide mentoring and coaching.

1.6 Policy Objectives

The *Case Management Policy* aims to provide a service that maximises opportunities for a person with a disability to achieve their goals, and chosen quality of life.

This policy and the *Case Management Practice Guides a*im to align service provision with contemporary policy and resource allocation in the disability sector. They promote compliance with the *Disability Services Act 1993* and consistency and quality in practice.

Specific aims in relation to case management service provision are to:

- promote a common understanding of the value base, activities and practice approach amongst senior managers, managers and practitioners
- provide guidance for supervisors and practitioners to assist them to operationalise the policy intent and practice approach
- promote a consistent approach to service provision and practice State wide
- establish a practice culture which incorporates the pursuit of best practice approaches to case management
- build a foundation upon which case management systems and practice can be monitored and evaluated and informed by an evidence base.

2 Case Management Practice

2.1 Definition of Case Management Practice

Case management practice is a collaborative, person-centred process. It aims to ensure access to multiple supports and services identified by a person with a disability at key life stages, to achieve optimal wellbeing and social participation. A person-centred and strengths based approach assesses the individual's needs, determines goals and implements tailored formal and informal supports. Progress is monitored and outcomes reviewed.

2.2 Principles of Case Management Practice

The application of the following Principles of Case Management Practice are in accordance with the Disability Service Standards:

- case management service provision will focus on achieving the goals identified by the person with a disability as meaningful and valuable to them
- the case management practitioner will ensure the person with a disability has opportunities to make decisions about the type and level of support they receive to assist them to realise their goals
- the case management practitioner will work with the person with a disability to create opportunities for their participation in their community which are rewarding, respectful and valued by both the person with a disability and other community members
- the case management practitioner will strive to identify and use the strengths, resources and abilities of the person with a disability so as to:

⇒ minimise the intrusiveness and involvement of formal support services in their lives

⇒ enhance the person's capacity over time to plan, direct and source supports they chose

⇒ encourage them to guide and drive positive change in their lives.

- family, friends, and other supporters of the person with a disability are recognised within the context of case management as valuable assets and resources that can assist in the realisation of identified goals;
- the person with a disability will receive a case management service that is:

  ⇒ collaborative, planned, transparent and confidential;

  ⇒ respectful and consistent with valued cultural, religious and linguistic environments;

  ⇒ Person centred and strengths based;

  ⇒ flexible, and responsive to changes in the level of support required by the person with a disability.

- case management service provision will utilise a prevention and early intervention approach by anticipating and planning for future life events and developmental transitions and providing contingency plans for unanticipated crises and events
- case management is a specialist support operating within an interdisciplinary / transdisciplinary approach.

In establishing priorities for case management services, the safety and wellbeing of children and young people under 18 years is to be taken into account.

2.3 Purpose of Case Management Practice

The Case Management Framework describes the purpose of case management practice as being 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"[11].

Not all persons who are eligible for services provided by Community Access Teams will be seeking, or able to benefit from, accessing case management services. Some will have a specific need that can be met by a non-case management service type, such as behaviour management support or allied health services of occupational therapy, physiotherapy, psychology or speech pathology. Some who have multiple needs will be engaged with a case management practitioner in another organisation, government or non-government. The assignment of another practitioner could result in confusion and over intrusiveness.

Even when a case management practitioner is assigned to work with a person, their family and/or carer, they will decide whether the assistance they are seeking is best met through service co-ordination. This is a less comprehensive approach than case management practice within the meaning of this policy.

Service co-ordination is appropriate when the person with a disability, their family and/or carer and practitioner agree that the person's needs are not complex. They are seeking

11 The Case Management Framework, Department of Ageing, Disability and Homecare, NSW, 2008. P3.

the expertise of a practitioner to access information, gain a referral and co-ordinate the delivery of service/s in a way that matches the preferences and lifestyle of the recipient.

The role of the practitioner can thus be described as one that might include advocacy, brokerage, co-ordination, enabling and facilitation.

Case management is a cyclical and collaborative process of reaching agreement on the nature of a multiplicity of problems and capacities; planning mutually agreed goals, tasks and strategies that aim to redress these; implementing the plan; monitoring the impact of the interventions and making adjustments as needed; and reviewing progress. Progress review also considers new goals or suspending or closing the case management relationship.

In addition to the roles described in service coordination, the practitioner role should build a relationship that is transformative. The enabling role incorporating coaching and mentoring aims to build knowledge, confidence and capability of the person, their family and/or carers for self advocacy and enhanced autonomy in the pursuit of their identified goals.

Service co-ordination and case management within both direct and funded case management service should be built on a partnership between the service user and case management practitioner. The person with a disability, assisted by their family and/or carers, identifies their strengths, capacity for change, goals, strategies and desired outcomes. The practitioner provides the specialised knowledge and decision making frameworks to support their progress toward the achievement of their goals.

2.4 Roles of Case Management Practitioners

Case management practitioners undertake many activities that influence the role they adopt in their relationships with persons with a disability and with other supports and formal services. Some are supportive and others draw on their knowledge, experience and skill in understanding issues of disability support and services. In conducting the duties outlined in their position description and practicing the phases of case management outlined in this policy, they will also adopt the following roles:

Advocate

Promoting the interests and rights of persons with a disability, within their community and natural support network. It is a complex formalised system of resources and services. The role involves ensuring their rights are respected and upheld, and supporting the person with a disability to make their own decisions, understand their rights and engage in effective self advocacy. The target of the practitioner's advocacy effort is not the legal or political system, which is the role of legal specialists and political representational bodies.

Broker

Linking a person with a disability, their family and/or carer, with community resources and or services, such as emergency housing, equipment or transport. This requires knowledge of, and skill in, accessing community facilities, services and programs in a specific area.

Coordinator

In bringing together various components toward the achievement of a purpose, case management practitioners are sometimes also described 'boundary spanners'. They co-ordinate aspects of the individual, family, community and formal service systems, to achieve the best fit between the individual's identified needs and goals and available forms of support and service.

Enabler

Providing support to the person with a disability, their family and / or carers to identify and utilise their strengths and assets, resources and supports available to achieve their goals.

Facilitator

Creating opportunities to acquire and exchange information, collaborating with others in a person's support and service networks. Engaging in shared decision making and establishing the mechanisms through which a person can engage with supports and services they identify as helpful, in pursuing their goals.

2.5 Case Management Practice

Prevention and early intervention, person centredness, family centredness, strengths focus and community engagement are concepts pervading case management practice, characterised by a holistic approach to working with people with a disability and their circle of support. They involve planning for predictable events and providing contingency plans for unanticipated crises and life events.

2.5.1 Prevention and Early Intervention

Consistent with the National Disability Agreement, which states the aim of prevention and early intervention as to "ensure that clients receive the most appropriate and timely support" [12], the NSW Government's *Better Together* policy describes early intervention as:

- …providing help at the earliest possible time to get the best results… early intervention for people with a disability is based on evidence confirming that early intervention, both in the very early years of life and as soon as possible at any stage of life, produces the best possible results[13].

The principles of prevention and early intervention are:

- focusing on anticipating and planning for individual, personal life events, including developmental transitions in individual and family life
- identifying and enhancing an individual's personal strengths and resources to support personal and life transitions and possible future critical events
- acknowledging the value of supporting people with a disability and their family to maintain and positively enhance their current situation
- embracing and supporting the person on their individual life journey in a holistic way
- a continuum of support promoting individual personal abilities, gifts, talents, well-being, a good life and a hopeful future
- positive and collaborative relationships promoting community inclusion and welcoming communities
- interagency cooperation and collaboration, both at the universal service level and the disability specific level ensuring that appropriate support is available to prevent critical events
- supporting positive outcomes for people with a disability and their families.

12 National Disability Agreement 2009. Department of Families, Housing and Community Services and Indigenous Affairs, 2009.

13 Better Together: A new Directions to make NSW Government services work better for people with a disability and their famiies, 2007 – 2011. NSW Government 2007, P13.

2.5.2 Person Centredness[14]

In contrast to provider centred approaches to service provision, which rely on expert- led interventions, person centredness reflects a value based orientation to policy and practice. This places the person who is intended to benefit from intervention in the driver seat. Here the term 'person centred practice' is intended to describe the values and orientation to case management practice that align with this approach.

Person centred practice is based on 'the belief that people with disabilities are entitled to the same rights, opportunities and choices as other members of the community. Disability does not justify poor treatment, low standards, injustice or oppression'[15] (Sanderson et al. 2004). In relation to intervention planning, the following five key features are considered central (Sanderson 2000):

- placing the person at the centre and striving to locate the power with them rather than with experts
- encouraging involvement of family members, friends and community people who bring natural relationships and resources
- focusing on what is important to the person, their capacities or 'readiness' to pursue it and the support they require to do so
- devising a plan of actions toward the life a person chooses
- implementing a future oriented plan that leads to continued listening, learning and action[16].

Person centred practice includes a process of continual listening, learning, and focusing on what is important to the person, now and in the future. It incorporates working in alliance with people with a disability, their family, friends and the wider community, rather than sole reliance on formal services.

A person centred approach is clearly evident when:

- there is a respectful and meaningful relationship between the person with a disability and the case management practitioner
- plans are for what the person wants for their ideal quality of life
- case management documentation reflects the person's view of situations and circumstances, without judgement.

Person centred practice assumes that people with disabilities are able to do whatever they want, as long as they are adequately supported. 'Independence' focuses on the person with a disability having choice and control over their life, rather than their physical capacity to carry out a task. It acknowledges that everyone needs support of some sort and some people need more support than others. There is no person so independent in the world that they don't need anybody.

It also involves building the capacity of the person, their family, carer, community and the formal services they wish to use, to contribute to the quality of life they choose. Person centred planning involves collaboration with a wider circle of support to:

- Encourage creativity

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14 Person centred planning in the disability sector has evolved particularly from the work of Wolfensberger, Pearpoint and O'Brien and their respective progressive movements of 'Normalisation, Social Role Valorisation' and the 'Inclusion Movement'.

15 Exploring Person Centred Planning. People, Plans and Possibilities. Helen Sanderson, Jo Kennedy, Pete Ritchie, Gill Goodwin. United Kingdom, September 1997.

16 Person Centred Planning: Key Features and Approaches. Helen Sanderson Unitetd Kingdom, November 2000. P3 – 5.

- Engage a wider range of people
- Maintain and deepen people's commitment to the person
- Encourage responsiveness and flexibility over time[17].

2.5.3 Family Centredness

Family centredness focuses on efforts to understand and realise the individual's control over, and preferences for, the life they choose. It also involves the significant people in their family and community participating in their circle of support.

Practice with children and young people involves collaboration with their family, and with consent, other family members and the circle of support. When working with families, the practitioner must be mindful of the interpretation of 'family' and to value and respect all those people who the child or person with a disability identifies as 'family'. Including them ensures that they are consulted about their particular contribution and needs, and that these are addressed in support and service plans. Collaboration with family members and others in the circle of support should not result in the exclusion of the full participation of the person with a disability.

The interests of the person with a disability remain at the centre of all interactions, and their goals and aspirations are the primary focus of intervention. Identifying and validating the strength, depth and resilience of positive family relationships is the basis for family centred practice. It supports and strengthens the sustainability of the care and support of families and others.

2.5.4 Strengths Focus

Strengths focus identifies and builds on the strengths and capacities of the individual, family, carers and others who might be considered to be within their circle of support.

Principles of strengths focused practice acknowledge that:

- every individual, group, family and community has strengths
- trauma, abuse, illness and struggle may be injurious, and also sources of challenge and opportunity
- as we do not know the upper limits of a person's potential to grow and change, individual aspirations must be taken seriously
- we best serve the people using our services by collaborating with them
- every environment is full of resources
- care rights include those of families to provide care, of care givers to be supported toward a high quality of care and of vulnerable people to receive care[18].

In practice the case manager will create a practice culture that:

- holds a positive attitude about people's dignity, capacities, rights, uniqueness and commonalities
- emphasises people's ability to be their own agents of change by creating conditions that enable them to control and direct the process of change
- creates conditions that enable people to identify and mobilise their strengths and capacities in the process of change

17 Person Centred Planning: Key Features and Approaches. Helen Sanderson, United Kingdom, 2000. P80 – 87.

18 The Strengths Based Approach in Human Services. D Saleebey, 2001.

- provides resources in a way that complements people's existing strengths and resources as opposed to compensating for deficits
- acknowledges and addresses power imbalances between workers and those they work with
- identifies and addresses social, personal, cultural, and structural constraints to people's growth, and liberation
- recognises and acts to address dynamics inherent in organisational practices and structures that are incongruent with strengths based principles and processes[19].

2.5.5 Community Engagement

Case management practice spans individuals, families, friends, community groups, informal and formal networks, the universal human service sector and the specialist disability sector. It is a combination of all these networks that provide sustainable, supportive and mutually enriching relationships and inclusive communities.

In order to pursue the rights of persons with a disability to participate in society in the way they choose, practitioners must be knowledgeable about the nature of, and resources within, the local communities of those who access their service. It requires community-specific knowledge, including social and culturally diversity and civics organisations. Knowledge about, and skill in working with the non-formal community supports is essential to identifying and strengthening the circle of support.

Community engagement requires skill in accessing and extending existing resources. The focus may be on advocacy and coordination, or may involve public education and systemic change.

Community engagement requires a practitioner to be informed about the nature of, and resources within, the local communities of those accessing their service. They require information about formal services, both mainstream and specialised, including social and culturally diverse and civic organisations. Knowledge of, and skill in, working with the non-formal community supports is essential to identifying and strengthening the circle of support. This community knowledge assists the person with a disability to pursue their right to participate in society in the way they choose.

Helping the person with a disability to access the community, and educating the community or group, assists the development of a positive relationship with the person with a disability. This is the essence of community capacity building and achieving community inclusion.

The Australian Capital Territory Government Report on the 'Building Inclusive Communities Forum' in May 2009 describes an inclusive community as 'socially cohesive and is one where its citizens listen, care, value each other, are not judgemental, take the time to build relationships, trust each other, recognise people as assets and value diversity. In this sense, community inclusion is not passive, and requires individual and community actions. It is crucial to recognise the value of 'grass roots' efforts and that much of the cohesion that binds a community is derived from individuals and their actions'[20].

19 The Strengths Based Approach in Human Services. D Saleebey, 2000, P1.

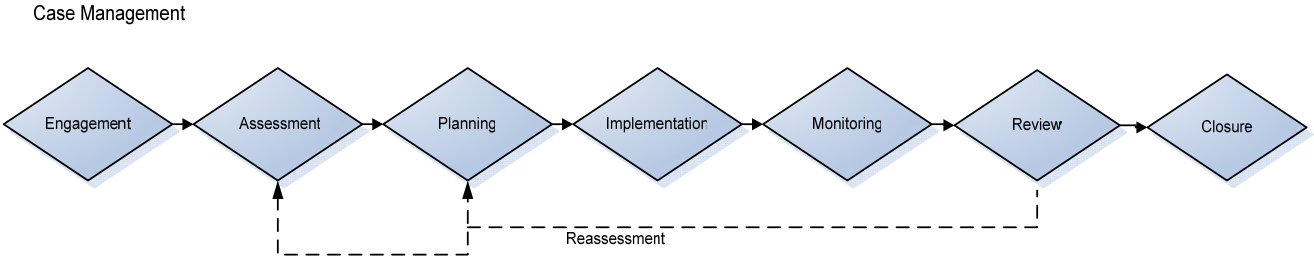
20 Australian Capitol Territory Government Building Includisve Communities Forum Summary Report. Australian Capitol Territory Government, May 2009. P8

2.6 Phases of Case Management Practice

ADHC case management practitioners work with the person with a disability and their family and/or carers to identify their strengths and develop a plan of support. They are skilled practitioners with the authority to secure resources from ADHC direct and funded services. The practitioner then negotiates, coordinates and monitors the implementation of supports and services within the plan. The ADHC case management practitioner has primary responsibility for coordinating formal service delivery and maintaining the relationship with the service users from referral to closure.

The phases of case management[21] 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 case management phases will vary for each individual.

2.6.1 Engagement

The purpose of engagement is to nurture and develop a professional and trusting relationship with the client and their family and/or carer. Case management practice also involves being proactive in working with families with a child with a disability where families are reluctant to attend services.

Engagement is achieved by establishing and maintaining a collaborative relationship through information exchange and provision. Providing information to the person with a disability and their family and/or carer about the role of the case management practitioner and ADHC is also important. This includes discussing the person's expectations around the outcomes of case management including:

- the rights and responsibilities of the person with a disability and their families and/or carers
- the rights and responsibilities of the case management practitioner

21 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.

- the roles of the practitioner including facilitating access to formal and informal supports and any subsequent manager
- exploring issues relating to decision making and the role of guardianship
- discussing and obtaining consent
- providing information about the Agency's grievance procedures
- the expected period of contact between the practitioner and person with a disability.

In building a meaningful and trusting relationship with a person with a disability, a process of engagement and rapport building is critical. This process commences from initial contact with the person with a disability and continues throughout the whole relationship. Without adequate attention to this process, it will not be possible to fully involve the person with the disability in the process. Subsequently, planning and assessing is likely to miss critical issues that should be addressed.

Effective engagement is achieved through active listening, and creating a safe, trusting environment. The person with a disability needs to feel comfortable and confident that their point of view will be respected, listened to and acted upon. It is important that engagement results in a mutual understanding between the person with a disability and the case management practitioner, on which the relationship will be built.

In ADHC, the relationship with a case management practitioner is time limited. Practitioners are expected to close cases within a reasonable time as per the current *Prioritisation and Allocation Policy 2002*. This situation may change with subsequent review of that policy.

In relation to children and young people where a report has been made to the Agency of Community Services Helpline or to the Child Wellbeing Unit, cases are not closed without the approval of a supervisor.

2.6.2 Assessment

A collaborative process between the practitioner and the person with a disability, to build a 'snap shot' of the person. This includes identifying the person's strengths, assets and resources, and life areas the person wants to change.

Assessment includes identifying difficulties the person may be experiencing in areas of their life including personal and community relationships, their health, and environment. It is also appropriate at this time to bring together other sources of information such as verbal and written reports, to help build a picture.

The strengths and limitations of the social, financial and environmental resources available are also assessed. The practitioner focuses on how these resources relate to, and can support the person with a disability to achieve their goals. The practitioner can also apply the elements above to further explore the person's experiences and goals.

The personal profile may be presented in any form that is appropriate to the person. For a school aged child, drawings, photographs or something else the child and their family feel best portrays the child, can be included. Older people may want a different style of personal profile.

2.6.3 Planning

Planning is a holistic ongoing process, occurring in a variety of ways including informal and formal elements. It explores the interests and life circumstances of the person.

The development of any plan must be realistic and take into account the ability of those involved to work towards meeting the identified goals.

A number of initial goals may be identified that address short term and immediate issues relevant to the person with a disability. However, a holistic plan is future focused.

Goals identified through a comprehensive assessment by the person with a disability and discussed with the practitioner, form the basis of a formal plan. It takes into account the environmental and social factors impacting on the life of the person with a disability.

The process of participating in a planning meeting and setting goals does not in itself meet the intent of planning. The value and effectiveness of any planning process is measured by a number of other factors, including:

- implementing and reviewing the plan
- identifying respective roles, responsibilities and time frames
- the person with a disability having the opportunity of identifying, directing and determining the goals and contributing to the proposed actions
- exploring creative ways of achieving desired outcomes
- the role of the case manager being flexible and moving between facilitator, and directing and activating the process
- ensuring that a person with a disability has access to information relevant to their individual circumstances that is broader than the specialist service system
- accounting for the strengths, environmental and social context of the person with a disability, their family, friends and supporters
- planning that is flexible enough to identify the constraints of the service system and it's ability to respond in a timely manner and identify alternative ways of meeting the outcomes as identified by the person with a disability

At any stage in the person's life, they may decide on a course of action involving family, friends and supporters but not necessarily participation or facilitation from the formal service system. This kind of planning is equally important and significant in the person's life and is legitimate in the service system in supporting the person with a disability.

Person centred planning can include any concern or aspiration that is identified by the person with a disability, their family and/or carer. There are no areas or issues that are inappropriate for inclusion in a person centred plan.

Sanderson et al describe a good plan as one that:

- addresses the area of a person's life that is of most concern to her / him and the people who care about her / him
- has the backing of the person and the people around her / him
- provides a bedrock for future action
- does justice to the person in the way it describes her / him
- accurately reflects what has been agreed
- is unique to the individual
- is specific, clear and accessible.

2.6.4 Implementation

Implementation of any plan can occur at three significant levels. They are;

1. the person with a disability,
    a. once the plan has been developed in collaboration with the person with a disability, goals should be prioritised, desired outcomes identified and strategies agreed on, taking into account the range of informal and formal enablers and constraints
2. family, friends, supporters and community
    a. this may involve assisting family, friends and supporters to build knowledge, skills and resources that will support them and the person with a disability to meet the identified outcomes
3. intervention at a systems level
    a. the case manager working at this level will undertake a range of tasks. For example,
        i. analysing the strengths and constraints of the service systems.
        ii. selecting strategies to improve systems
        iii. assessing the effectiveness of strategies and continuing to revise desired outcomes and strategies.

2.6.5 Monitoring

Monitoring occurs at a number of levels and is an ongoing process. It identifies the effectiveness and relevance of goals identified and the timeliness and effectiveness of strategies, focusing on elements of the overall plan. Critical to the integrity of this process is the perceived effectiveness by the person with a disability of the outcomes. Some responsibility for monitoring also rests with the family and support networks of the person with a disability who have been involved in the planning process.

Case management practitioners are responsible for coordinating obtaining feedback relating to the effectiveness of goals and outcomes. They ensure key drivers for this process come from the perception and views of the person with a disability. The practitioner is also responsible for ensuring organisational requirements in relation to recording and reporting are met.

Supervision forms an important part of reflection and reassessment of goals and outcomes during the life of the plan.

As part of the planning process, agreement will be reached with participants on monitoring, and recorded as part of the formal plan.

Specific organisational requirements will need to be incorporated into the plan, discussed and agreed upon with the family.

2.6.6 Review

The review process is distinguished from monitoring in that it should reflect on all elements of the plan including the goals, strategies and outcomes. However, as with the monitoring process, it should also be driven by, and be inclusive of, the perceptions of the effectiveness by the person with a disability.

A good review will be characterised by the following elements;

- what has been achieved to date? For example has the person been more involved in the community; do they have more confidence; do they see their future differently?
- do the achievements relate to the original goals set?
- did anything change along the way such as a change in personal or family circumstances or health status?
- what were the most significant positive outcomes for the person with a disability?
- how have the outcomes made a difference?
- what wasn't achieved?
- how can these points be addressed in future planning activities?

Responses to all the above questions need to be taken into account for subsequent planning. Collaboratively looking at the whole plan to see if the identified goals have been achieved, and if what the person with a disability wanted has occurred, is also required. They identify achievements, fulfillment and areas requiring more attention and new or emerging issues, concerns or aspirations.

The review outcome directs the continuation of the relationship between the person with a disability and the practitioner. This may include revisiting formal planning, identifying areas of the initial plan that require more work, reassessing or engaging in the development of a Futures Plan.

2.6.7 Closure

Closure can be influenced by two key variables. First, is the outcome of discussing the ongoing goals of the person. This includes the capacity of all parties to remain involved and the willingness of the person and their networks to maintain contact with the case management practitioner.

The second key variable is the organisational constraints on the practitioner, influencing their capacity to maintain involvement with the person with a disability. When the organisation requires closure, despite the person with a disability wishing to remain in contact, the practitioner has several ethical obligations that should be supported by the organisation. This may involve ensuring that other supports, both formal and informal, have the capacity and intent to provide ongoing support.

Ideally in the context of futures planning and Agency requirements under ***Keep Them Safe – A shared approach to child wellbeing***, a practitioner may commit to building a longer term relationship without identifying an end date. In some instances, contact can be intermittent and suspended for periods of time.

3 Policy Review

This *Case Management Policy* will be reviewed two years from the date of implementation, in line with Section 5.1 of the Agency's *Framework and Guidelines for the Development and Review of Client Policies (2004)*, to ensure it is compliant with current legislation and government policy, reflects contemporary case management practice and is relevant to the needs of people with a disability.

4 Explanation of Terms

Advocacy – Actions incorporated into all case management practices to promote, protect and secure a person's rights.

Carer – Person who provides care to a person with a disability.

Case Management Practice – An individual and holistic approach to supporting people. It spans the range of life areas across family, community, formal and informal services. Case management practice aims to strengthen families and promote community inclusion in an open, responsive, flexible, respectful and accountable way.

Case Management Activities – Actions that form part of case management practice, including, but not limited to relationship building, networking, community development, advocacy, community education, community capacity building, partnership development, service coordination, referral and administration to support these activities.

Case Management Phases – Within this policy, the phases of case management are:

- engagement
- assessment
- planning
- implementation
- monitoring
- review
- closure

Circle of Support – The people that the person with a disability identifies as being their source of practical, emotional and spiritual assistance and guidance. This may include but is not limited to friends, family members, carers, colleagues, teachers, community and religious leaders.

Community – A group who share a common interest and association. This can be defined by geographic location, language, culture, interest, politics etc.

Community Capacity Building – Encouraging communities, through their members, to take responsibility for their community's development. Case management practice achieves this by encouraging and supporting the community to create opportunities for all members, including people with a disability, to participate in community activities, leadership, advocacy and decision making.

Community Development – Working collectively with communities to bring about justice and social change. Community needs, opportunities, rights and responsibilities are identified and a plan of action is implemented to challenge community inequality.

Community Education – Enhancing community knowledge and understanding of the inherent value of people with a disability via programs and activities.

Consent – Permission given by the person with a disability or their formally appointed decision maker.

Disability – As defined under the NSW Disability Services Act (DSA) 1993, disability is defined as 'a person is in the target group if the person has a disability (however arising and whether or not of a chronic episodic nature):

(a) that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments, and

(b) that is permanent or is likely to be permanent, and

(c) that results in:

(i) a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care, and

(ii) the need for support, whether or not of an ongoing nature[22]."

Ethical Practice – The values, attitudes and behaviours supporting fair and just case management practice.

Family Centred – an approach acknowledging and supporting the family as a unique unit consisting of individuals with specific roles and responsibilities. A family's strengths and perspective, and encouraging informed decision making and choices, is central to this approach.

Holistic Approach – considering the emotional, spiritual, social, cultural, environmental and physical domains of an individual's life.

Human Rights – universal principles, liberties, freedoms and standards of treatment, which all humans are entitled to regardless of nationality, gender, race, economic status or religion.

Inclusion – acknowledging and supporting a person to participate and have a say within a group or setting.

Networking – developing and maintaining positive formal and informal relationships.

Person-Centred – recognising the 'person' as the focus and driver of action.

Prevention and Early Intervention – enhancing existing resilience skills, protective factors and supporting preparation for future challenges. Early intervention involves taking a range of actions to prevent a problem emerging or limiting its impact by providing support early.

Records – information stored either electronically or in hard copy. Records that are created received and maintained by an organisation or person in the transaction of business or the conduct of affairs and kept as evidence of such activity.

Strengths Based Practice – recognising that every individual, every family and every community has strengths, assets and resources. Identifying strengths means being genuinely interested in, and respectful of peoples' stories, narratives and accounts.

Take action to support the rights of people with a disability – practical actions that may be required to uphold the rights of the person with a disability.

Actions may include, but are not limited to:

- reporting all suspected and identified abuse, including mandatory reporting of a child at risk.
- applying for the appointment of a formal guardian to support decision making which will be in the best interest of the person with a disability
- applying for the appointment of a formal financial manager to ensure that all financial decisions will be in the best interest of the person with a disability

22 NSW Disability Services Act (DSA) 1993,NSW Government, 1993. Part 1 Section 5 – Target Group

- utilising appropriate mechanisms for identifying and reporting situations or circumstances where there are concerns of poor or negligent administration and / or practice negatively impacting on the person with a disability.