Case management is a widely used approach to service delivery. It is enacted using a particular model of practice however these models vary from context to context. This paper complements the paper by Therese Jones-Mutton in this volume. Therese paper focuses on the primary ‘practice functions’ of Intensive Support and Intervention, applied in the Department of Human Services context. This paper outlines some of the origins, overarching functions and theoretical underpinnings of a general model of case management practice as outlined in Charles Sturt University’s Case Management subject and the book ‘Case Management For Community Practice’ (2009) edited by Elizabeth Moore and published by Oxford University Press. The overarching functions in particular will be discussed with a focus on the themes of this conference and their relevance to practicing Intensive Support and Intervention in the Department of Human Services.

As Woodside and McClain (2003, p. 5) note: ‘human service delivery has become increasingly complex in terms of the number of organizations involved, government regulations, policy guidelines, accountability and clients with multiple problems. Therefore
HEATHER BARTON

the case manager needs an extensive repertoire of knowledge, skills, techniques, and strategies.”

The Case Management Society of Australia (CMSA) (2004) stated that ‘first and foremost Case Management is a service delivery approach now widely adopted across diverse settings in the human services and health sectors’ (2006, p. 1) whose goal can be loosely stated as ‘to promote and support [the] independence and self-sufficiency’ (Health n.d., p. 1) of the identified client: often ‘the aim is to reach the program goal in the most timely, cost efficient way’ (CRS Australia n.d., p. 1). Case management is understood as a service delivery approach (in the broad sense) as well as a practice approach that has a number of different ‘models’ of ‘how to do’ case management.

The development, rise and more recently institutionalisation of case management as a service delivery approach has been the result of a number of significant ideological and environmental changes over time. In particular, in the 20th century, there has been the rise in positivism (a belief in the nature of ‘measurability’ based on scientific paradigms and research approaches), the growth of the social sciences and the emergence of professions. In the 20th century there has also been development of the idea of social citizenship rights and the responsibility of the state to provide for vulnerable citizens. Coming out of these changes have been ideological shifts from a focus on individual to community, an increase in ‘rights based’ approaches, economic changes focusing on marketisation and managerialism leading to private and public providers and questioning of what knowledge and values are prioritised, as well as significant shifts in the understanding and implementation of the role of the State in welfare provision. Department of Human Services as a national, government organisation, providing services to the vulnerable, is a prime example of how these ‘shifts’ impact on service delivery to the community at large and to vulnerable individuals. In 2010 Family Focussed Case Management was introduced to DHS - Centrecare; the focus of this model moved away from mutual obligation and individual failing to a focus on structural limitations and community based resources. Most recently in terms of their service delivery approach to customers at risk of homelessness, they have developed a model of Intensive Support to provide intensive work with young people and their families based on the government’s emphasis on social inclusion for marginalised populations.

Case management as a more widely used service delivery approach was largely a response to deinstitutionalisation in the 1980s, where vulnerable people were moved into the community yet still required assistance to connect with and navigate a fractured and complex service system. Dill (2001: 168) notes that ‘since the mid-1980s, case management has spread internationally, finding a home in countries as diverse as Sweden, France and Australia.’ ‘It has evolved from the dual concerns to provide quality service coordination and to deliver human services in an efficient and cost effective manner’ (Weil & Karls, 1985: 1). It is seen as a
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

way to provide assistance and expertise to assist individuals to identify their needs, resources that might meet those needs, to make the links with the resources and as a result, improve their quality of life. The monitoring and evaluation functions of the process serve both ‘quality control’ and accountability requirements.

A central, though often unacknowledged, concept in case management is power. In more recent times this has been addressed by implementing client focused approaches rather than provider driven approaches to case management. Client focussed approaches place the client as central, with the case manager in a support or ‘collaborative’ role. The client makes the decisions about what needs exist and are to be prioritised, about what services to use and they are central in terms of having input into the implementation, monitoring and evaluation functions of case management. The client and case manager relationship is critical to this process: without a sound relationship where the client experiences themselves as ‘driving’ the choices, it is likely that the case management process will have limited success. The language of client driven case management includes statements like: ‘case management refers to a collaborative and person focussed process for managing support provision to people with chronic or complex conditions or situations’ (NSW Dept Ageing Disability and Home Care, 2007: 1); ‘participation’; ‘empowerment’; ‘building on individual and community strengths’ (Dept of Prime Minister and Cabinet, 2009: 21).

Power is acknowledged in the rhetoric of case management and attempts are made to ensure a client focused approach to case management is implemented through the practice functions. Power is often acknowledged in the overarching function of advocacy but is less recognised in the functions of community outreach and cultural diversity. It is also less recognised as it relates to the organisation in which the case manager is employed. As a government organisation, Department of Human Services is potentially a very powerful stakeholder in the provision of services particularly through the provision of income support. This power can be used to support and enhance positive change in the community and individuals through the Intensive Support process and through the provision of social work services.

Inequality is also related to power in society. The sites of inequality identified by Habibis and Walter (2009) include: knowledge, education and technology; the labour market; the family; place and space; and the body. It is these inequalities that Department of Human Services social work services attempt to address through the provision of service to its client group, often through its intensive support and intervention processes. Focusing on social inclusion, structural limitations and resources in the community are ways that DHS – Centrelink uses to both re-engage young people in their communities, in ways that are enduring and empowering, as well as redress some of the power imbalances that the young
HEATHER BARTON

people have experienced which led to their disadvantage as individuals and a population group.

Powell (2000, p. 2) asks the question 'What does a case manager do?' and responds by saying 'this question is not easily answered, given the plethora of job descriptions, licences, and models of case management available'.

The generic model of case management outlined in the above materials, includes three overarching functions: community outreach; diversity and cultural competency and advocacy (Moore, Randall and Barton cited in Moore, 2009: 103). These functions can be seen to be important to the case management process at all or any point. They could be thought of like the roof of a building; over all other parts and aspects of the case management process. The model also identifies a further six phased functions: individual assessment; service planning and resource identification; linking the client with services brokerage; service implementation and co-ordination; monitoring and evaluation; and termination and closure (Moore, Randall and Barton cited in Moore, 2009: 103). The phased functions tend to be seen more as the day to day application steps in the model. They can be likened to the framework of the building – something that is used in practical terms all the time: the 'working parts' of the model. The theoretical underpinnings (systems, humanist and task centred theories and the strengths based approach) and the principles (empowerment, self determination, client centredness and strengths based focus) could be likened to the foundation on which the building rests – they support the building and determine the form of its construction. Without the foundation the structure is not sturdy and the form of the framework is not clear.

Therese Jones-Mutton paper in this publication outlines, through a case study, how the practice functions of the general model are applied in a way that is client focussed and uses the clients strengths as one of the 'tools' to increase empowerment and address the identified client issues: she has largely discussed the 'framework' of case management practice functions as applied to Intensive Support Service delivery, in day to day terms. The 'roof' of the building, the overarching functions of case management and Intensive Support and Intervention, will now be discussed.

**Overarching Functions**

*Community outreach*

The overarching function of community outreach is one which acknowledges the environment in which a person is located and the impact that this environment can have on that individual. Moore, Randall and Barton (cited in Moore 2009) note that the community outreach function involves an understanding of the dimensions of the community within which practice is located, an understanding of the diverse support needs of the potential and existing client group, the mainstream and
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

informal resources and supports that exist within the environment, and the formal services and service arrangements' (p 107). Further, they state that it is important to note the particular experiences of vulnerable people and assess whether 'the formal systems redress their social disadvantage, dependence, exclusion or exploitation' (p 107).

Community outreach is predicated on a knowledge of the resources in the community: both formal and informal resources, community assets and gaps. There are a number of 'tools' and resources that can be of assistance in developing this knowledge, such as asset mapping of the community; resource directories; interagency networking meetings and visits; Council Social Plans etc. While investigating these resources and identifying gaps it is important to be learning and thinking about the needs of the client group with whom the case manager will be working. When gaps are identified, the case manager may look to sources 'external' to the community (eg funding opportunities, internet resources, outreach services) or may consider advocacy to establish or obtain the service for the community and the client group. In addition to some of the 'practice functions' of case management, community outreach works best when the case manager has good links with workers in other agencies. Department of Human Services, as a national organisation, is well placed to investigate resources outside the community as well as taking advantage of the opportunities to know and network within the local community. The importance of this function is highlighted by the fact the Department acknowledges a focus on structural limitations and resources in society in its implementation of Intensive Support Service work.

As implied above, community outreach is not only knowing about the community, but is also about engaging with the community. This engagement aspect of the community outreach function is critical to effective work with individual clients as well as with communities. When it is combined with the cultural diversity function, the importance of the engagement aspect becomes even more critical. Many cultural groups experience community as their family and as significant parts of their identity: what affects the community, significantly affects the individual. For example, 'the role of spirituality and the relationship with family, land and culture are intertwined and play a significant part in Aboriginal and Torres Strait Islander wellbeing' (Ypinazar et al, 2007 cited in Purdie, N, Dudgeon, P and Walker, R (Eds) 2010: 233). It is through engaging with the community, in the community outreach function, that we begin to know, see, experience and understand the client group and the community, from the client perspective. It is this knowledge that allows the case manager to 'hear' the client's needs, to help prioritise them, to understand and advocate for culturally and individually appropriate solutions. It also allows the case manager to take this knowledge, from the community, to the organisation, giving the organisation the opportunity to be appropriately flexible and responsive to the needs identified at grass roots level. It
is at this point that social workers within Department of Human Services are well placed to serve the client group. The paper in this volume, on working with the Sudanese community, showcases some good examples of the process in action. Furthermore this is supported in the process of Community Engagement that is currently underway at Department of Human Services.

The recent Case Coordination Stakeholder Consultation Report of Research Findings (DHS, 2011) into interagency experiences of working, highlights how important community links are. It states that ‘participants ...who had dealt with DHS Centrelink over some time and had direct contact...were satisfied with their current relationship with Centrelink. These tended to be people who worked in areas where...they’ve come to personally know staff at a local level...’ (p 6).

**Diversity and Cultural Competence**

The second overarching function of the generic case management model that is also relevant to Intensive Support Service work is that of diversity and cultural competence (Moore, Randall and Barton cited in Moore, 2009). This concept ‘requires human service organisations and practitioners to: (i) value diversity, (ii) conduct cultural self-assessment, (iii) manage the dynamics of difference, (iv) acquire and institutionalise cultural knowledge, and (iv) adapt to diversity and cultural communities’ (Cross et al. cited in Raiff and Shore 1993 cited in Moore 2009: 109). Jani and Reisch (2011: 14) note that ‘while people may have common needs and life tasks, their definition of these tasks and their ability to accomplish them varies at different phases of their lives due to cultural, religious, historical and structural factors.’ They go on to say that social work practitioners ‘should use theoretical models to consider whether a particular intervention, in a particular cultural or structural context, is an effective means to achieve human betterment’ (Jani and Reisch, 2011; 14). Forte (1999: 51) notes that ‘the construct ‘culture’ is central to social work theoretical and practical discourse. However, culture is an elusive concept, one that has been used in many different ways.” Forte (1999; 61) concludes that

“conceiving of culture as a resource, social workers can help clients expand their collection of tools and their coping effectiveness. Innovative importing of cultural apparatus – roles, identities, styles etc, from other societal locations can help clients transcend the limitations of their neighbourhood tool stores. Social workers can use the “tool kit” metaphor to mobilise allies in serving the poor, the vulnerable, and the different, by casting social problems in terms that resonate with common social frameworks, by nurturing social movements as the site for the production of powerful new tools and practices, and by offering tools from our long but neglected heritage as activists.”

In case management or Intensive Support work, this would mean developing an understanding of the cultural background of the client and their community; being aware of your own cultural bias and interpretations and working to minimise any potential negative impact of these on your practice; working with the client and the
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

community (where appropriate) viewing culture as a resource, to help meet the client’s needs. It means bringing your understanding of the cultural needs back to the organisation and advocating to effect change so that the organisation is appropriately culturally responsive and that culturally responsive processes become ‘institutionalised’ rather than ‘marginalised’ – it is about ensuring your client’s ‘cultural’ voice is heard and is central to your work with them.

Advocacy

The third overarching function of the generic case management model is advocacy and involves ‘representing the interests of a person whose legal, social or citizenship rights or entitlements are blocked at the individual or institutional level’ (Moore, Randall and Barton cited in Moore, 2009: 110). Moore, Randall and Barton go on to note that

‘the importance of advocacy to the human services and case management is grounded in the purpose of enhancing the autonomy and social participation of people experiencing disadvantage, discrimination, dependence, exploitation and social exclusion. It is also grounded in the empowerment ethos of practice...’

(cited in Moore, 2009: 111).

Because the notion of advocacy raises the idea of conflict, it can be a contested and sometimes marginalised function of case management. Advocacy can occur at an individual, organisational, community, systems or political level on behalf of clients. Different organisations and case managers choose to ‘deal with’ advocacy in different ways. In some organisations advocacy is included in part of the role description for case managers, yet the function is ‘out sourced’, so to speak, by referral to another ‘objective’ organisation. In others, advocacy is undertaken directly by and with the case manager as an integral part of their function when needed. In many instances, the type of organisation, the funding body and the organisation’s ‘role and responsibility’ will determine how they perceive and manage the advocacy function. There is often a common agreement, however, that a case manager will advocate on behalf of their client, to another service provider as needed to ensure the client receives a service or receives the service that they had been promised.

As some of the purposes of the advocacy function are to enhance the autonomy and social participation of people experiencing disadvantage and social exclusion, this function would seem to be critical as part of the Intensive Support work done by DHS – Centrelink social work staff. Advocacy can be at a micro, meso or macro level. With young people at risk of homelessness, for example, advocacy with their families in terms of assisting them to re-connect, or with other agencies,
HEATHER BARTON

to provide services and work together to ‘close the gaps’ in resourcing, are appropriate points of advocacy for DHS Centrelink ISS work.

Having looked at three overarching functions of the model, or the ‘roof’ of the case management structure, we briefly turn our attention now to the foundation on which it is built, the main theoretical underpinnings and principles.

Theoretical Underpinnings

Humanist Constructionist Theory

Humanist constructionist theory is the theory which underpins the case manager and client relationship. ‘Carl Rogers’ belief that the relationship between therapist and client is itself the crucial factor in a therapeutic relationship is borne out by much research which confirms that the quality of this relationship may be a more significant predictor of success than the theoretical model adopted by the therapist’ (Beckett, 2006: 67). Rogers’ approach ‘is called ‘client-centred’ [in] that it aims to ‘understand the client as the client seems to himself’ (1945, cited by Rogers 1951: 30, original emphasis, cited in Beckett, 2006: 68). Without a sound and client centred case management relationship, it is difficult for case management to be effective. The listening skills, the ‘unconditional positive regard’ and ‘non judgemental attitude’ that are based on these theories are the ways that rapport is developed and maintained with a client; the tools of encouraging the client to be central and of ensuring the client feels heard. They are also the tools that the case manager or ISS social worker uses in their interactions with other agencies and workers on the client’s behalf, though the ‘relationship’ with these agencies may not be on the intense level of that between client and social worker because of its different purpose and the different amount of time invested in it.

Ecological systems theory

Ecological systems theory has been widely accepted as a ‘metaphor’ that assists social workers to maintain a dual focus on both people and their environments (Nash, Munford and O’Donoghue, 2005). Systems theory and ecological theory emerged in the 1970s and were promoted as a foundational framework for social work practice (Nash, Munford and O’Donoghue, 2005). Ecological systems theory essentially "sees people as constantly adapting in an interchange with many different aspects of their environment. They both change and are changed by the environment. ...social problems...pollute the social environment, reducing the possibility of reciprocal adaptation. Living systems (people individually and in groups) must try to maintain a good fit with their environment...Where transactions upset the adaptive balance stress results, and this produces problems in the fit between our needs and capacities and the environment" (Payne 1997: 145).
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

It is this understanding of the importance of the environment and the 'systems' within it and their effect on the client, which guides our use of ecological systems theory in the case management and ISS process. Systems theory underpins several of the practice functions, though the main one is the functions of assessment and case planning. In conducting a client assessment, the ISS social worker aims to be holistic – looking at each facet of the client's life and the 'systems' that the client is involved with or could potentially be involved with. In developing the case plan, the client and worker are looking at the systems within the community that may exist and may be of benefit in addressing the identified issues for the client. The case plan identifies which of these systems will be accessed and how. Systems theory also can be applied at the more micro and meso level of the client's life – thinking about how the "family system" may be impacting on the issue for the client and whether there needs to be intervention with the family system, to harness its support for the client. In terms of the practice function of evaluation, a more balanced and potentially accurate evaluation is obtained by getting feedback from the client but also from a number of the systems with whom that client has been involved during the case management intervention.

Task centred theory.

According to Payne (1997:104-5):

"Task centred work is concerned with problems that:
- Clients acknowledge or accept.
- Can be resolved through actions taken outside contacts with workers.
- Can be defined clearly.
- Come from things that the clients want to change in their lives.
- Come from 'unsatisfied wants' of the client rather than being defined by outsiders."

Task centred theory is most evident in terms of underpinning the development of the case plan. In identifying and prioritising the client's issues, the framework for action is made visible. Task centred theory aims to break down the clients goals into smaller tasks. These are recorded on the case plan and allocated (after discussion) to the client or the worker, along with time frames. It is important to ensure that goals and their tasks are specific, measurable, achievable and set to a time frame. The achievement of these tasks contributes to the client's feeling of empowerment and progress: if the tasks are developed with the client's wishes central, they will also represent steps the client is taking toward self-determination. It is at the point of developing the case plan that the clients strengths (identified as part of the holistic assessment) can also be integrated and used to guide the types of tasks agreed to and used as a resource in achievement of those tasks and meeting the client's needs.
HEATHER BARTON

Principles of Case Management

Principles are essentially the underlying ‘values’ or ethics of the case management process: part of the ‘foundation’ on which the case management framework rests. Bowles et al (2006 cited by Bowles in Moore, 2009: 61) say that ‘ethics is an intensely practical matter…it is about practical judgement – how to decide what to do, and then acting on that decision. From a case management perspective, ethics is not about how to be “good”, but rather how to be a “good case manager”’.

The most significant principles guiding case management practice are:

a. Empowerment
b. Client centredness
c. Self determination
d. Strengths focus

The above principles are also common to ISS support of clients, however the principle of social inclusion is also a driving force of this approach to client work.

It was noted earlier in this paper that power is an often unacknowledged dimension in case management, yet all of the principles listed above actually contain and refer to redressing the element of power imbalance. To say that a principle of case management or ISS work is “empowerment” is to acknowledge that at some level, the client has been disempowered. Disempowerment can be the result of historical forces; structural forces; resource distribution; individual perception; cultural stereotypes; discrimination; the law; social mores etc. Disempowerment can lead to loss of motivation, dependency, ‘group think’, internalised paralysing or unhelpful beliefs and loss of confidence. Department of Human Services works with the disempowered on many different levels, usually with the aim to increase their ‘power’ to obtain resources and skills they need to increase their independence, to function more effectively in the community and to lead more satisfying lives.

In the process of work with clients, empowerment and client centredness are intertwined. Client centredness is a principle that is about trying to ensure the client has the primary decision making power in the relationship and in the choices that are made to address their issues. Empowerment is a principle (something you aim to do) but it is also a process: a process that is integral to client centredness. It is about supporting the client and providing the tools and information necessary for them to seek out and implement their own change to improve their quality of life. This is done through the process of putting the client at the centre of discussions, of decision making, of evaluation and of feedback processes. It is also done through treating the client with respect, identifying and valuing their strengths, providing them with needed information and services and taking a positive view of their capacity to change. Empowerment can also be achieved through the advocacy function – when the worker or client advocates successfully to obtain services and
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

have the need recognised and met, to implement change at an organisational level that will benefit the client and to ensure that cultural needs and culturally competent practice become "the norm" rather than "the exception". When these things occur, the client tends to feel less disempowered and more able to access services and freely make choices about their life course.

The principle of self determination is essentially about "acting as the primary and causal agent in one's life and making decisions regarding one's quality of life free from undue external influence and interference" (Wehmeyer in Nakervis & Sutcliffe 2006 p, 82 cited by Weise and Parmenter in Moore, 2009: 208). Weise and Parmenter (in Moore, 2009) state that the outcome of self determination is empowerment. Promoting self-determination can mean a challenge to our own values, ideas and assumptions about a client's capacity or, sometimes, 'entitlements'. In case management practice an important part of the client-centred planning is this underlying principle that the client will choose for themselves the goals that they would like to achieve and the resources and strategies to achieve them. In reality, the client's level of self determination could be potentially restricted by a number of factors: legal issues; organisational policy (eg eligibility criteria); resource limitations; personal capacity; knowledge; education level etc. The social worker can engage in the advocacy function to increase the client's capacity to be self-determining. It is important to bear in mind that encouraging and supporting self-determination is also encouraging and supporting independence and personal growth in many cases: attributes that are critical to living a fulfilling life and increasing the capacity to constructively contribute to society as a whole.

The strengths based focus emphasises respect and client self determination as well as creativity and optimism (Healy, 2005 cited in Bowles in Moore, 2009). It seeks to identify client strengths, capacities and resources and use these to form the basis of the helping relationship and of the agenda for meeting the client's needs. In using a strengths based approach, the client is coming from a more 'powerful' standpoint - rather than seeing themselves as having 'deficits' they perceive they have a contribution to make. The strengths based approach honours the value of individual human beings and what they can bring to the process. It has been discussed in greater detail, with case application examples, in Therese Jones-Mutton's paper in this volume.

It can be seen from the discussion in this paper that case management grew out of a number of societal changes, and its application and institutionalisation has been supported by a market ideology and increased calls for accountability in practice. In addition, the overarching functions and main foundational theories and principles of a generic model of case management have been outlined and discussed as critical elements in the overall generic model of case management and
HEATHER BARTON

as critical aspects of case management practice. Application of a case management model that adheres to the principles of empowerment, self determination, client centredness and a strengths based approach can go a long way to increasing an individual’s capacity to be independent and positively contributing members of their communities. Use of the overarching functions of community outreach, diversity and cultural competence, and advocacy are important means to achieving broader and more effective social work and case management practice that has the potential to change our communities for the better. It has also been illustrated in this paper that many of these functions, underlying principles and theories are relevant and applicable to the DHS – Centrelink Intensive Support Service model of service provision. As a national organisation that strongly values its social work staff, Department of Human Services is in an advantageous position to use the Intensive Support and Intervention approach and its underlying principles to develop stronger communities and individuals.
CASE MANAGEMENT: ORIGINS, OVERARCHING FUNCTIONS AND THEORETICAL UNDERPINNINGS

REFERENCES


Department of Prime Minister and Cabinet (2009) 'The Australian Public Service Social Inclusion policy design and delivery toolkit' Commonwealth of Australia: Barton ACT.


Health (n.d.) 'Case Management Definitions', New York. <www.health.state.ny.us> 2 March 07


Markit Solutions (2011) prepared for Department of Human Services, 'Case Coordination Stakeholder Consultation Report of Research Findings': Social Policy Delivery and Planning Division, Department of Human Services: Griffith, ACT.


Powell, S 2000, Case Management: A Practical Guide to Success in Managed Care. Lippincott, Maryland, USA.


Engaging with the community – real people, real lives, real stories.

DHS – Centrelink Social Work Conference Papers 2011

Editors:
Heather Barton,
Monica Short &
Therese Jones-Mutton
Engaging with the community – real people, real lives, real stories.

DHS – Centrelink Social Work Conference Papers 2011

Editors: Heather Barton, Monica Short & Therese Jones-Mutton

ISBN: 978-1-86467-239-8
Department of Human Services – Centrelink,
Social Workers Conference

15-17th June, 2011

“Engaging with the community – real people, real lives, real stories.
Theme: homelessness, unemployment”.

Printed by CSU Print, Bathurst NSW.

ISBN: 978-1-86467-239-8