

A. DEFINITION

Case Management refers to assistance received by a client from a specific worker who is formally responsible for managing the assessment, planning, coordination, monitoring and reviewing of the delivery of HACC services and supports across a range of agencies for a client with complex needs.

Case management services may also include services from other government funded programs eg Disability Services Program.

This kind of service type is largely undertaken by Community Options projects. Community Options services have the primary purpose of ensuring that members of the HACC target group, whose needs are complex and can be adequately addressed through the existing service system, are provided with appropriate, flexible and coordinated support and assistance through comprehensive case management and brokerage supported delivery of HACC service types.

These services involve:

- *Case finding and screening,*
- *Assessment,*
- *Care planning,*
- *Service coordination and brokerage management,*
- *Monitoring and service adjustment, including case closure,*
- *The provision of goods and equipment as required for the provision of service or to assist the client to cope with a disability condition and/or maintain independence.*

The Service Providers Handbook: A Guide to Community Care in Southern NSW, Southern Highlands HACC Development Project, September 2003.

The NSW Community Options Project defines case management as:

.....a collaborative model of individual client focused service delivery that includes comprehensive assessment, planning, implementing and monitoring a mix of culturally appropriate services to support identified individuals to maintain independence in the community with cost effective client focused outcomes.

Community Options Case Management Best Practice Guidelines, NSW Community Options Projects Incorporated.

There is a myriad of definitions and understandings of case management. It is true to say that the different interpretations and practices can generate a degree of tension amongst service providers, and confusion for the people who require the support of those services.

Rather than focus on issues of definition the participants in the workshops focussed attention on the functions required to provide good case management.

The functions of case management require the understanding of at least three systems:

- The client system;
- The service system; and
- The allied service system (partnerships).

The client system includes:

- Client values;
- Client culture and background;
- Client needs and interests;
- Client expectations and wants;
- Client skills and capacity;
- Client relationships, networks and connections;
- Client vulnerabilities;
- Clients financial capacity
- Support networks (both existing and potential);
- Client previous experiences with the service system;
- Client prejudices and biases;
- Family expectations and needs;
- Family level of involvement (both existing and potential)
- Community capacity.

The service system includes:

- Policies and protocols;
- Service boundaries and limitations;
- Service support structures;
- Legislative requirements;
- Structural relationships.

The allied service system includes:

- Services and supports that may be relevant for the target group;
- Key contact individuals in services that may be relevant for the target group;
- Capacities and limitations of services that may be relevant to the target group;
- Policies and protocols of services that may be relevant to the target group;
- Legislative and mandatory requirements of services that may be relevant to the target group.

The most effective case manager will assume an empowering role, as opposed to a helping role. Working in an empowering manner will promote greater independence of the client. Working in a helping manner creates a high risk of dependency.

Helping	Empowering
Plan for the person	Plan WITH the person Help the person to identify and use own resources and how to assess other resources
Tell the person what to do – make decisions	Help the person to identify options and consequences and choose the best course of action
Place the person in services	Present a range of options and assist the person to identify those that best meet their needs
Assess the person's strengths and weaknesses	Enable the person to identify own strengths and weaknesses

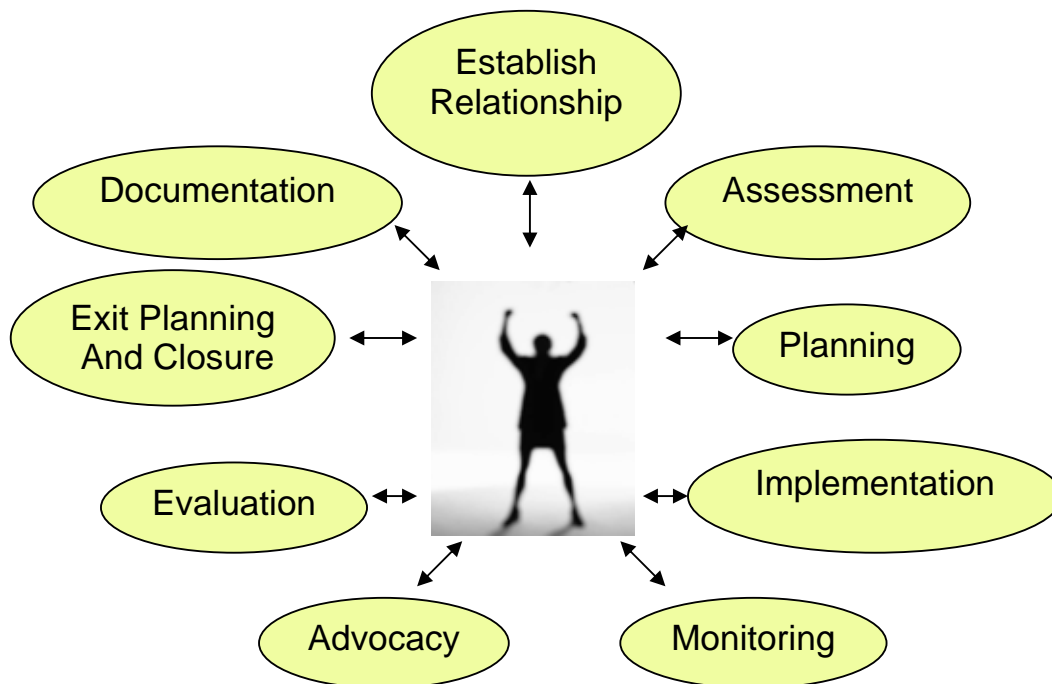
B. THE FUNCTIONS OF CASE MANAGEMENT

Different agencies present with slightly different functions for case management.

An Example of Different Functions of Case Management		
NSW Community Options	National SAAP	Youth Opportunity Initiative – New York
<ul style="list-style-type: none"> • Assessment • Care planning • Implementation • Monitoring • Advocacy • Evaluation • Closure • Documentation 	<ul style="list-style-type: none"> • Entry/screening • Assessment • Planning • Direct service • Coordination • Monitoring and review • Exit planning • Evaluation 	<ul style="list-style-type: none"> • Building relationships • Assessment • Case planning – including goal setting and developing an individual service strategy • Implementation • Record keeping

After consideration of these different functions it was agreed to:

- Utilise the NSW Community Options functions;
- Add Establish Relationships; and
- Include Exit Planning in Closure.



B. 1. ESTABLISHING AND MAINTAINING RELATIONSHIPS

The quality of the relationship between the client and case manager is of paramount importance. Many of the participants in the workshop strongly believed that this relationship underpinned the effectiveness of case management.

It is noted that this relationship can also apply to carers and family.

Empowering Factors

- In their time
- Open questions
- Do it on their territory
- Informality – over a cuppa
- Choice of having someone with them
- Awareness of rights and responsibilities
- Build up trust
- Do it in their way – let them talk about themselves
- Discuss on-going nature of monitoring and feedback
- Plain English
- Go there with a bit of knowledge
- Good attitude – happy, non-judgemental
- Keep focussed

Potential Barriers	Possible Solutions
1. Lack of trust	Build rapport Open up about yourself Work in their environment/time frame/total context Work within their needs Follow through Get some history
2. Time	Planning Start small and build up Make the time now (an investment)
3. Disillusioned by prior experiences	Be honest about it- try it Prove them wrong Ask person what went wrong last time Be very clear about what you provide
4. Disability	Ask if any assistance is needed Knowledge of the disability Find a way to communicate Plain English Advocate Don't assume lack of capacity
5. Lack of cultural knowledge	Awareness and homework Research Joint assessment

6. Carer (or any other person) who is dominating the conversation	Send them on an errand Keep deferring to the person Focus on the client
7. A set agenda	Be impartial Refer back to the referrer Out in the open
8. Lack of skills	Education Mentoring Partnering
9. Judgemental(ism) eg where, how they live	Leave it at the door Get over it
10. Not accepting of animals in the home	Ditto

Practice Principals	Good Practice Examples
Meetings as an empowering experience for the client.	<p>The meetings with the case manager will take place at a time and location chosen by the client.</p> <p>Adequate time will be made available at the initial meeting with the case manager for the client to tell their story.</p>
The initial meetings enable the client to understand to process that is to follow and their role in the process.	<p>Description and discussion takes place so that the client understands the process of:</p> <ul style="list-style-type: none"> • Assessment • Planning • Implementation • Monitoring • Closure <p>Description and discussion takes place so that the client will understand their role in the process.</p>
The client will understand their rights and responsibilities.	<p>Written information about rights and responsibilities is provided to the client.</p> <p>Discussion about the rights and responsibilities takes place.</p>
The case manager will be responsive to the client's style, culture and pace.	<p>The case manager will conduct communication in a manner that:</p> <ul style="list-style-type: none"> • Reflects the communication style of the client; • Is within the framework of the client's cultural beliefs and values. • Is responsive to the time the client requires to comprehend and understand information. <p>The case manager will prepare to address these needs prior to meeting with the client.</p>
The client is provided with all relevant information.	<p>The case manager provides information to the client in an organised and considered manner eg a folder for the client to keep all information in, magnets to put information on the refrigerator etc.</p>
The client is involved in the process	<p>The case manager will ensure that each client is involved as much as possible in the process.</p> <p>The case manager works with the client to identify all possible options and understand the consequences of all the possible choices.</p>

B.2. ASSESSMENT

Assessment is a complex issue. Sometimes the organisational processes and protocols adequately assess the needs of clients. At other times this is not the case. The good case manager ensures that the processes used for assessment do measure and prioritise needs.

In collaboration with the client and their carers, identify personal needs and function levels to maintain quality of life in the community.

Community Options Case Management Best Practice Guidelines

Empowering factors

- Include the person
- Include any others the person wants
- Allow the person to discuss their needs
- Provide information and clear explanations
- Strengths and weaknesses
- Highlight strengths
- Allow time
- Leave the brief case at home
- Appropriate advocacy

Potential barriers	Possible solutions
1. Forms – they are there, but they can also be limiting	Ask the person if its OK and to work with you Cop it sweet Transpose notes
2. Service guidelines	Work around it but observe the rules
3. Culture	Education Awareness Respect Involve others Use resources from same cultural background
4. Disability	Use advocate Provide offer of assistance Knowledge of the disability Find a way to communicate Plain English Don't assume lack of capacity
5. Personality	Use different assessor
6. Distance	Make appointments in one area at one time Use expertise of another service Use some technology
7. Lack of co-operation	Negotiation Establish a relationship Perseverance Establish a reason
8. Trying to mould the client to the service type	Flexibility in service type Look at clients real needs Negotiate
9. Eligibility	Check criteria before assessment

	Be open about it Know other services for referral
10. Unrealistic expectations	Give them the facts up front
11. Overprotective family	Give them the facts Involvement Advocate for client
12. Family expectations	As above

Practice Principals*	Good Practice Examples
<p>Each client is given the opportunity to actively participate and is supported in an assessment process.</p>	<p>The worker will be well prepared and provide a comfortable environment whilst implementing a flexible approach ... this will assist with an effective working relationship.</p> <p>Information will be presented, requested and explained in ways the client can understand eg age appropriate, intellectually appropriate.</p> <p>The client will be encouraged to have support and/or an advocate of their choosing.</p> <p>Reflective listening practices will ensure that the client is given time to express themselves so that the information gathering process is complete and accurate.</p> <p>Within the working relationship the client is encouraged to express and discuss his/her needs and reasons for seeking support, in a non-judgemental manner. This input should underpin case planning.</p> <p>Each client is provided with clear verbal and or written information relevant to cultural background.</p> <p>All documentation is made available to the client.</p>
<p>Each client participates in a holistic assessment, focussed upon client strengths, past successful achievements, and present and possible future needs.</p>	<p>Each client participates in assessment which includes, as appropriate:</p> <ul style="list-style-type: none"> • Client's presenting needs • Resolution of immediate needs • Financial/income needs • Housing needs • Health needs/personal care • Life skill needs • Social/relationship needs • Transport • Labour market participation needs • Education needs • Carers needs • Recreational/hobby/interests needs <p>Other relevant needs, including cultural, emotional, social and other support needs, are assessed, as relevant to each individual transition from the HACC service to independence.*</p> <p>The natural support resources of the client are determined.</p> <p>Processes are in place to assist the client and case manager to prioritise needs.</p> <p>The client has the right to choose and is encouraged to involve other parties in the process.</p>

<p>Each child has his/her needs assessed.</p>	<p>The needs of children are discussed with parents and extended family.*</p> <p>Each child's needs are considered as part of a family oriented assessment.*</p> <p>The child will participate in the assessment process to the greatest extent possible.</p> <p>Supportive expert advice will be vigorously pursued to support planning.</p> <p>The case manager demonstrates knowledge and understanding of children's developmental states and disability issues.</p> <p>Each child's needs, views, feelings are actively sought in an informal, non-judgemental manner, using language suitable for all individuals involved in the process.</p> <p>Parents will be supported in their parenting and carer roles.</p> <p>The case manager will clearly outline the role of the client, parents/carer and worker.</p>
<p>Each client's assessment is enhanced by the involvement of external agencies as appropriate.</p>	<p>The case manager will demonstrate an understanding of relevant external agencies.*</p> <p>Client's consent will be attained before information is gathered or exchanged between service providers.*</p> <p>The case manager will secure involvement by all relevant external agencies before planning takes place.</p> <p>Each client is assessed for potential risk factors, which may necessitate a need for intervention and referral to other agencies.*</p>

* From SAAP Guidelines

B.3. PLANNING

A care plan is developed in consultation with client nominating short and long term goals. This will incorporate carer needs.

NSW Community Options Best Practice Guidelines

Empowering factors

- Achievable goals
- Set goals with client
- Giving options and choices
- Service contract with clear roles and boundaries
- Giving lots of information
- Find out likes and dislikes
- Encourage client to choose
- Assist them to identify own resources
- Start preparation for exiting
- Feel at ease and comfortable
- Agree on the fundamentals
- Reinforce re-assess/re-plan
- Timeframes
- Shared achievable goals with relevant stakeholders

Potential barriers	Possible solutions
1. Overloading	Start small Slowly, slowly KISS Dot points
2. Too much information	As above
3. Geographical limitations	Make appointments in one area at a time Use expertise of another service Use some technology
4. Plan doesn't fit service rules	Flexibility in service type Look at clients real needs Negotiate Education Awareness Respect Involve others Use resources from same cultural background
5. Resources	Work smarter Look for alternatives Be innovative Share with others
6. Time gap between plan and delivery	Set standards (i.e. a realistic idea of what's

	<p>available)</p> <p>Prioritise</p> <p>Look for another option</p> <p>Apply for some emergency/interim service (short term solution)</p>
7. Client not open to change	<p>Education</p> <p>Introduce it gradually</p> <p>Withdraw with the option to come back later</p>
8. Trust	<p>Build rapport</p> <p>Open up about yourself</p> <p>Work in their environment/time frame/total context</p> <p>Work within their needs</p> <p>Follow through</p> <p>Get some history</p>
9. Person not there when the service goes in	<p>Try to make the service flexible</p> <p>White board schedule</p> <p>Get service people to ring before arriving</p>
10. Family interference	<p>Give them the facts</p> <p>Involvement</p> <p>Advocate for client</p> <p>Respect where they are coming from</p>
11. Family withdrawing	<p>Find other support networks</p> <p>Find out why</p> <p>Support client through it</p> <p>Offer the family options</p>
12. Reliance on others	<p>Foster independence (maybe as part of plan – look for opportunity)</p> <p>Training – independence skills</p>
13. Resources to support the plan	<p>Work smarter</p> <p>Look for alternatives</p> <p>Be innovative</p> <p>Share with others</p>

Practice Principals	Good Practice Examples
<p>Each client, their family and other stakeholders are given the opportunity to actively participate in a relevant planning session.*</p>	<p>The service provider has obtained all relevant background knowledge about the client’s situation, options and choices.</p> <p>The service provider ensures that the client (and their supports) is familiar with all the information.</p> <p>The planning process operates under the “KISS” principle, so that all parties understand what is happening <u>now</u> and what is expected to happen in the <u>future</u>.</p> <p>The planning process involves all supports and advocates who the client requires and wants.</p> <p>The planning process will be discussed with the client (and their supports) and open to change to address their needs and preferences.</p>
<p>Each client is provided with the opportunity to identify realistic immediate short term goals and long term action plans and goals.*</p>	<p>The planning process will assist the client to identify priorities.</p> <p>The planning process will ensure that the client is aware of the consequences of all possible actions.</p> <p>Time will be provided to explore possible actions, priorities and consequences.</p> <p>Language and terminology during the planning process will match the requirements of the client.</p> <p>The client will be provided with information and time for contemplation and discussion in order to understand service options.</p> <p>The client will be assisted to consider possible action to address needs that fall outside the auspice of available services.</p> <p>The client is involved in determining timeframes.</p> <p>The client is involved in determining how actions in the plan can be monitored and reviewed, as well as, their role and input into the monitoring and review.</p> <p>The client will receive a copy of the plan, in a format that is relevant and understood by the client.</p>
<p>Each client is provided with the opportunity to understand the guidelines, boundaries and timeframes involved with their</p>	<p>The case manager clearly describes their role in the implementation of the plan.</p> <p>The client will have a clear understanding of service guidelines, boundaries and timeframes prior to making final decisions about goals.</p>

<p>services delivery.</p>	<p>The client will understand how services can, and maybe can't, address their needs.</p> <p>The client will understand the role that each potential service and/or worker might play in their plan.</p> <p>The case manager will be open and upfront with the client and family about service delivery, in order to dispel unrealistic expectations.</p>
<p>Each client is provided with the opportunity to choose between relevant options and to understand that these options may change in the future.</p>	<p>All possible options are fully explained and adequate time is given to contemplate and explore options and their consequences.</p> <p>The case manager ensures that the client understands that natural, community supports are an option, as opposed to reliance of services.</p>

B.4. IMPLEMENTATION

Linking and commencement of the services.

NSW Community Options best Practice Guidelines

Empowering factors

- Meeting their needs
- Flexibility
- Client involvement
- Encouraging the client to see that flexibility on their part is necessary
- Explaining rights and responsibilities
- Communication to meet person's needs
- Getting something to happen – asap

Potential barriers	Possible solutions
1. Provider availability	Work smarter Look for alternatives Be innovative Share with others
2. Lack of knowledge about other services (adequate research)	Research Network Forums Pamphlets
3. OH&S	Get OT assessment Educate client Duty of care within bounds of your service Risk assessment Trained staff Educate re safe work procedures Flexibility about how you do things
4. Inflexibility of other services	Negotiate, consider other options
5. Culture	Education Awareness Respect Involve others Use resources from same cultural background
6. Prejudice and bias	Refer to the standards Case conference Facilitate on-going advocacy support Look at skills of workers
7. Personality	Use different assessor
8. Not being able to get service in within the desired time frame	Set standards (i.e. a realistic idea of what's available)

	Prioritise Look for another option Apply for some emergency/interim service (short term solution)
9. Money	Work smarter Look for alternatives Be innovative Share with others
10. Over involvement of care worker	Counsel Rotate Set boundaries 3 strikes and your out Training/education
11. Too rigid application of boundaries	Negotiate
12. Client persuading people to do more	CLEAR plan Re-plan

Practice Principals	Good Practice Examples
<p>All effort will be made to ensure client safety and safety of others.</p>	<p>The case manager will provide information about their statutory and duty of care obligations in situations where a client's safety is at risk.</p> <p>The case manager's response to safety issues is considered high priority.</p> <p>Action to deal with safety issues should be dealt with before meaningful planning can be effectively carried out.</p> <p>The case manager ensures that any OH&S issues are considered prior to the implementation of the plan.</p>
<p>Each client is provided with the least intrusive appropriate support to achieve their plan.</p>	<p>An essential part of planning is to increase the capacity of the client to self manage their plan.</p> <p>Natural supports are explored and utilised wherever possible, prior to the use of more intrusive service provided support.</p> <p>Each client is provided with practical assistance based on assessed and agreed need.*</p> <p>Support and information is provided to assist the client and/or their supports to advocate for themselves.</p>
<p>Each client receives flexible service provision based on their changing needs, circumstances and wishes according to available resources and service scope.</p>	<p>The case manager provides support to assist the client</p> <ul style="list-style-type: none"> • to identify their changing needs, circumstances and wishes; • question the relevance and consequence of sustaining existing supports and services; and • explore more appropriate options. <p>The case manager ensures that all information is made available to enable informed exploration of options.</p> <p>An assessment of risk is conducted.</p>
<p>Each client receives relevant information regarding needs and options.</p>	<p>Each client will be provided with education and information relevant to their expressed need.</p> <p>Information should be provided in a format and quantity that best matches the requirements of the client, this could mean information not limited to print and including talking to other people, visits, trials to provide an experience upon which to make a decision.</p> <p>The relationship between services is clearly defined.</p> <p>An effective reporting mechanism is implemented to keep stakeholders aware of changes or issues of service provision.</p>

	Each client is educated about options of service, the availability of resources and scope of services.
Where services are not available, options from external sources are to be explored.	Stakeholders are encouraged to be creative and flexible in order to fill the gaps. Negotiation with a range of services, without bias or prejudice, to be innovative.
Each client's interests will be served by the involvement of external agencies as appropriate.*	The case manager gains and demonstrates knowledge and understanding of agencies to which clients may be referred.* The case manager co-ordinates the provision of services from different agencies. The case manager will develop links and protocols with other agencies to enhance the opportunity of effective referral; protocols include understanding of confidentiality boundaries.*
Clear communication and commitment to the service plan.	The client, case manager, services and other stakeholders are aware of the limitations of the plan. Each client needs to operate within the limits of service provision. Support is provided to clients when their needs fall outside the service limitations.

B.5. MONITORING

Ensuring the client is receiving the expected level and quality of service provision.

NSW Community Options Best Practice Guidelines

Empowering factors

- Encouraging feedback
- Frequent face to face visits
- On-going documentation
- Acting on feedback
- Some type of communication eg book
- Use measurements
- Non-threatening environment
- Regularity of feedback
- Being supportive
- Consistent staff
- Make changes when necessary
- Monitor everything relevant to goals of carer, family needs

Potential barriers	Possible solutions
1. Avoiding you	Hearing check Dig deeper Why? Explain why you are monitoring
2. Lack of respect	Why hasn't the relationship worked – go to STEP1
3. Client may feel you are intrusive	Hearing check Dig deeper Why? Explain why you are monitoring
4. Fear of service withdrawal/retribution	Hearing check Dig deeper Why? Explain why you are monitoring
5. Can't get the information because client wants it to look like everything is OK – cover up to maintain look of independence	System of on-going monitoring from very beginning Formal/informal Multifaceted
6. Time consuming	Planning Start small and build up Make the time now (an investment) Don't make a big deal of it
7. Service rules	Just do it No unnecessary client involvement 9NB

	however don't be the client's voice)
8. Never available	Hearing check Dig deeper Why? Explain why you are monitoring
9. OH&S	Get OT assessment Educate client Duty of care within bounds of your service Risk assessment Trained staff Educate re safe work procedures Flexibility about how you do things
10. Your poor response to their feedback	Lift your game
11. Poor referral systems	Lift your game

Practice Principals	Good Practice Examples
<p>Each client is provided with opportunities for ongoing assessment and reassessment of their needs.*</p>	<p>Monitoring and review requirements have been built into the plan.</p> <p>Each client participates in reassessment of his/her needs and goals.*</p> <p>Each client is assisted to identify barriers to achieving their plan* and to consider strategies for dealing with the barriers.</p> <p>Each client is supported to develop strategies for maintaining positive and productive working relationships with workers and others.</p>
<p>Each client participates in monitoring and review of their case plan and direct service activities.*</p>	<p>Each client is supported to participate in client/service feedback regarding needs, planning and services received.</p> <p>As part of the plan, the client is supported to developed strategies to self manage and initiate feedback.</p> <p>Each client is supported to gather information that will be useful for long term planning.</p> <p>Each client is supported to assess progress toward goals.</p> <p>As part of the plan, the client is supported to develop strategies to independently monitor progress.</p> <p>Each client is supported to make modifications to their plan, as necessary.</p> <p>The case manager ensures that the client is familiar with complaints procedures.</p>
<p>Each client is actively encouraged to provide feedback to the service throughout the support service.*</p>	<p>Each client is made to feel that they have ownership of their care arrangements</p> <p>Each client is supported to consider and re-negotiate actions/timelines, as necessary.</p> <p>The case manager will work with the client and other services to ensure feedback opportunities are in place.</p> <p>All direct service activities, including coordination with other services will be documented.</p> <p>Each client is aware that they have full access to their file.</p> <p>Each client provides informed consent for case manager interactions with other services.</p>

B.6. ADVOCACY

Support the client in appropriating services identified in individuals needs and goals support and educate the individual to develop self reliance in self advocacy.

NSW Community options best Practice Guidelines

Empowering factors

- Total client consent and involvement
- Options and choice
- All about the client – not their family, not their spouse
- Support the client
- Encourage/identify/facilitate a trusting relationship with another person
- Info about formal advocacy services
- Training to enable person to self advocate

Potential barriers	Possible solutions
1. Lack of client communication skills	Get someone to be an advocate
2. Lack of recognition of need for advocacy	Education Training Assist client to understand what an advocate is and possible choices
3. Not knowing rights	Education Training Assist client to understand what an advocate is and possible choices Get someone to be an advocate
4. Family sticking their nose in	Give them the facts Involvement Advocate for client Strategies for establishing shared goals Work through the concerns Getting them involved – with client permission Facilitate client to tell them to go
5. Other service providers having dual functions of advocacy and service provision conflict	Get outside advocate
6. Geographical	Telephone Linking into other services Make appointments in one area at a time Use expertise of another service Use some technology
7. Cultural	Education Awareness

	Respect Involve others Use resources from same cultural background
8. Dependence of one worker	Never have one Rotate workers Have a backup who goes in occasionally Different workers in different roles
9. Lack of advocate neutrality	Educate Training Assist client to understand what an advocate is and possible choices Get someone to be an advocate
10. Lack of confidentiality	Educate Training Assist client to understand what an advocate is and possible choices Get someone to be an advocate

Practice Principals	Good Practice Examples
Each client receives reliable relevant information regarding needs and options.	<p>Each client has access to good, clear, plain English information about advocacy support systems.</p> <p>Each client is provided with an advocacy service if required.</p> <p>The case manager and service providers understand service systems to help clients work through the system.</p>
Support to the client is appropriate/responsive to need for formality/informality.	<p>Interpreters are used if necessary and language is culturally appropriate.</p> <p>“Plan English” is used. Case managers refrain from jargon and/or acronyms.</p> <p>The case manager fosters and supports client self reliance, as part of the plan.</p>
Each client is treated with regard to fairness and equity principles.	<p>Each client is informed and provided with a copy of documented grievance procedures.</p> <p>Each client is provided with mediation, within the scope of the service, and as necessary.</p> <p>Each client is supported to participate in complaints mechanisms, as necessary.</p> <p>Each client is provided with worker advocacy within the scope/capacity of the service, and as necessary.</p>
Each client is offered opportunities to actively participate in and be supported in the advocacy process.	<p>Each client is encouraged to determine his/her own goals and priorities.</p> <p>Each client is provided with the opportunities to revise goals and renegotiate time lines as necessary.</p> <p>Each client is assisted to evaluate choices and the process regularly.</p>
Each client is actively encouraged to understand the advocacy process.	<p>The client is reassured and is given clear information.</p> <p>Education is valid and appropriate to meet the needs of each client, in relation to the advocacy process.</p>
Each client has access to advocacy services without prejudice or bias.	<p>Each client is given clear information.</p> <p>The rights and responsibilities of the clients are explained by the worker in an appropriate manner.</p> <p>Each client receives service that respects individual needs and values.</p>
Each client is provided	Features of services are clearly documented and explained

<p>with clear consistent information about services and the rights and responsibilities of service provider workers and clients.</p>	<p>individually to each client.</p> <p>Worker explains the rights and responsibilities of the client in an appropriate manner.</p> <p>Each client gains an understanding of services and roles of all stakeholders.</p> <p>Service regularly reviews documentation with client input to ensure information is clear, concise and easily understood.</p>
<p>Each client participates in a holistic process focussed upon strengths and past successful achievements.</p>	<p>Each client's issues, needs, views and feelings are listened to actively and in a non-judgemental manner.</p> <p>Each client is provided with opportunities to develop effective skills to evaluate the process as it evolves.</p>

B.7. EVALUATION

Ensure services provided are meeting the needs of the client and carers.

NSW Community Options best Practice Guidelines

Empowering factors

- Open ended questions
- Client involvement
- Make changes
- Client surveys
- Positive body language and moods
- Set further goals
- Discuss why things haven't been achieved – find solutions and try again
- Appropriate or adequate tools

Potential barriers	Possible solutions
1. Withdrawal	Hearing check Dig deeper Why? Explain why you are monitoring
2. Client dependence	Never have one Rotate workers Have a backup who goes in occasionally Different workers in different roles
3. Can lead to more jobs	On-going evaluation Don't let issues get too big
4. Client reluctance	Hearing check Dig deeper Why? Explain why you are monitoring
5. Not using the information	Planning Get act together Seek support (ask for help)
6. Making the same mistake over and over i.e. non-achievable goals	As above
7. Enforced inappropriate and inadequate tools	Lobby or be involved in change Training Research other tools/resources Adapt
8. Not being able to provide the extra services	Refer Review goals (STEP2) and plan (STEP3)
9. Not having the information to evaluate against	Get it On-going documentation

10. Fear of consequence – personal	Depersonalise Need their honesty and input for future services and benefit to others
11. Fear of losing the service	Re-assurance Grievance procedures

Practice Principals	Good Practice Examples
<p>The evaluation process is designed to be client focussed.</p>	<p>Each client is provided with the opportunity to participate in an evaluation that reflects his or her individual experiences and goals set out in the planning process.</p> <p>Clients who require assistance to become involved in the process of their service evaluation will be advised about how to obtain assistance, and supported to obtain assistance, if necessary.</p> <p>Where services are to continue the client is involved in the planning process, ensuring that goals remain achievable and within available resources.</p> <p>Staff are supported to develop skills in relation to individual clients.</p>
<p>Each client is supported to evaluate the process in a safe and receptive environment.</p>	<p>Each client is reassured in relation to confidentiality, rapport with staff and their input is valued and important.</p>
<p>Each client is provided with opportunities to evaluate the process without fear of repercussions or reprisal.</p>	<p>Each client is provided with a safe environment to evaluate the process.</p> <p>Clients are assured that services will continue if needed, within available resources.</p> <p>Each client is reassured that any complaints or issues will not impact on the availability of services to them in the future.</p>
<p>Evaluation is encouraged and developed through the entire service process.</p>	<p>Each client has the opportunity to participate in client service feedback and evaluate the process as it develops.</p> <p>When planning future services following the evaluation a proposed exit date from the service is negotiated and the independence of the client is considered throughout the process.</p>

B.8. EXIT PLANNING AND CLOSURE

When case management is no longer required inform services, client and carer.
NSW Community Options Best Practice Guidelines

Empowering Factors

- options and choices
- involve from the beginning ... preparation for separation
- follow up
- gradual transfer to other resources
- open door assurance

Potential barriers	Possible solutions
1. Dependence	Never have one Rotate workers Have a backup who goes in occasionally Different workers in different roles
2. Lack of forward services i.e. availability and/or suitability	Re-plan Shop around Keep on referring Work smarter Look for alternatives Be innovative Share with others Lobby/collect unmet need data
3. Lack of planning	Step 3
4. Perception that services are for ever	Give them the facts up front
5. Time	Planning Start small and build up Make the time now (an investment) Don't make a big deal of it
6. Changing needs of client	Re-plan
7. Needs out strip resources	Re-plan Shop around Keep on referring Work smarter Look for alternatives Be innovative Share with others Lobby/collect unmet need data
8. Provider won't let go	Refer to contract (STEP 3)
9. Lack of faith in client's capacity	Open door Refer to contract (STEP 3)

10. Interpretation of duty of care	Identify duty of care issues Risk analysis Objective decision making

Practice Principals	Good Practice Examples
<p>Each client is an integral part of closure of service and is encouraged to participate in their plan and assessment of need for a follow-up strategy.</p>	<p>Each client participates in planning for independence as part of their plan and within the agreed upon timeframes.</p> <p>Each client is involved in the planning and nature of service withdrawal.</p> <p>Each client is provided with the necessary advice and support to develop other supports.</p> <p>Each client participates in planning time limited follow up for exit or transition.</p> <p>Each client is supported and achievements are highlighted during transition to any agency.</p> <p>Each client and key parties are informed of pending service closure and steps necessary for reactivation of services.</p> <p>Each client is assisted to be aware of the value of the relationship with the case manager and redefine roles.</p>

B. 9. DOCUMENTATIONS

Develop a transfer plan then withdraw.

NSW Community Options Best Practice Guidelines

Empowering factors

- A service held record could be the only record – the client can access
- Documentation can go on to a next step – with client permission
- Must be up to date
- Client involvement in relevant documentation
- Client should have copies
- Up to date policies and procedures

Potential barriers	Possible solutions
1. Inappropriate, subjective information	Education and training
2. Assumptions	As above
3. Privacy and confidentiality	As above
4. Not factual	As above
5. Information hard to get	On-going pursuit Relationships
6. Client doesn't know rights	STEP1
7. Not consistent enough	Education and training Experience Supervision
8. Jargon	As above Enhanced communication skills
9. Client access without assistance	Policy Awareness
10. Lack of consent	As above

Practice Principals	Good Practice Examples
<p>Each service has clearly documented policies and procedures.</p>	<p>All documentation will be kept, stored, confidential and accessed according to legislation and organisational procedures and policies.</p> <p>Each client has access to documentation.</p> <p>Each client's rights to privacy are respected and confidentiality is maintained.</p> <p>Each client has the right of consent or denial to referral of records.</p> <p>Each client has the right to object or challenge the content of records.</p> <p>All records will be signed, dated and in Plain English.</p>
<p>Documentation will be incorporated into the practices utilised in the nine elements of case management.</p>	<p>Diligent, accurate and objective documentation by all workers involved in client care.</p> <p>Each client will:</p> <ul style="list-style-type: none"> • Be given information regarding details of services and mechanisms of access to personal service records; • Be given documented client rights and responsibilities and outline of complaints mechanisms; • Consent to care as per plan; • Consent to referrals, including discussion with other service providers; and • Consent to collection of data.