Topic 1

In this topic you will learn how to:

1A **Develop and utilise case management processes in accordance with statutory requirements**

1B **Implement appropriate processes to enable the client to set goals and participate in case management processes**

1C **Integrate appropriate cultural considerations into all aspects of case management planning**

1D **Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities**

Determine the appropriate response to case management in accordance with organisational and legislative requirements

Case management is used across a range of community services industry sectors, including mental health, aged care, disability, child protection, domestic and family violence, homelessness, alcohol and other drugs (AOD), youth work, and any sector where the service addresses individual needs.

1A Develop and utilise case management processes in accordance with statutory requirements

Case management takes a 'systems approach' to identifying, analysing and addressing people's issues. This approach supports ethical principles and professional values by addressing the needs of the whole person (a holistic approach).

Case management is a systematic process that follows the general steps of:

- identifying and defining the issue, need or concern
- establishing goals
- developing and implementing a service or intervention plan
- evaluating, following up and terminating.

As additional issues and concerns are identified, this process may be repeated so that case management often follows a cycle of identifying needs, implementing and evaluating services.

Develop case management processes

All case management takes place in the context of statutory requirements. The processes developed may include models of working, steps to follow, applying theory, knowledge and evidence, and conforming to organisational policies and procedures. In cases where a statutory mandate applies, for example, where there are child protection issues, the mandated processes for identifying, reporting and following up will influence the case management processes.

Most case management structures include:

- assessing the person's needs and strengths
- developing a service or intervention plan
- establishing a written contract
- implementing the plan
- monitoring services and making adjustments as required
- evaluation; assessing what has been achieved, what worked, what did not and why
- closing the case
- follow-up, which includes checking to see what happens to the person after the intervention is completed, or identifying new needs and establishing a new case management plan.

Case management process

To develop a case management plan, it is important to have a basic understanding of the five key steps in the case management process.

Step 1: Assessment

Collect information about the person's needs and goals by:

- interviewing
- using formal assessment tools
- seeking feedback from key stakeholders
- reviewing case notes
- asking for advice.

Note: Types of assessment will depend on the person. Case conferences may be organised to collect information from stakeholders.

Step 2: Planning

Work with the person and others to develop a plan, which should include:

- goals and intended outcomes
- strategies
- supports and resources required
- how the services will be delivered
- time frames
- people responsible
- review dates
- criteria for measuring progress and outcomes.

Note: In some cases this may be fairly simple; in others, more complex. It may take several meetings to establish rapport, trust and respect. Types of supports, services and resources required will depend on the person's goals, needs and preferences and on organisational policies and procedures.

Step 3: Implementation

- The plan is followed and changes and modifications are made in response to progress and changes in needs and goals.

Step 4: Review

- It is good practice to review and evaluate on a regular basis as part of a continuous improvement cycle.

Note: How often the plan is reviewed will depend on the person's needs and progress.

Step 5: Case closure

- This means ending the case management process.

Note: Time allowed for case closure may vary according to how long the person has been connected to the service provider and whether or not the goals have been achieved.

Approaches to service delivery

There are a number of core principles that underpin how community services and health workers provide service delivery. Approaches include a strength-based approach, rights-based, person-centred and needs-based. These approaches are different ways of addressing the experience, skills, values and development of people that are the focus of and the participants for whom case management is developed for.

Strengths-based approach

Strengths-based case management aims to assist individuals to identify and achieve personal goals with an emphasis on the case manager relationship and self-determination. This approach has been used successfully in working with people with mental health issues, people with disabilities, older people, children, young people and families, and with Aboriginal and Torres Straits Islander people. Strengths based practices are associated with a greater engagement with people who receive services.

Strength-based strategies include:

- asking people about their strengths, skills and interests to find out what they have done well
- giving them feedback on their strengths
- recognising successes and achievements
- encouraging self-determination
- supporting the person to build their confidence, strengths, responsibilities and resilience.

Rights-based approach

A rights-based approach to case management emphasises the importance of human rights and uses strategies that support people to attain their rights. This approach focuses on advocacy and addressing structural issues and barriers.

To work effectively using this approach you will need a sound understanding of human rights and legislation supporting the rights of diverse groups of people, including anti-discrimination legislation, and of avenues for making complaints, appealing decisions, and redressing injustices. Rights-based case management approaches follow common case management processes and steps, beginning with analysing rights-related issues. Principles of empowerment and self-determination apply.

Person-centred approach

A person-centred approach respects the contribution a person can make to meet their own needs. It resects the specific needs and goals of the individual. This approach relies on an alliance and a positive relationship between the case manager and the person, and working collaboratively and flexibly with one another. This approach improves motivation, engagement and ultimately improves the person's outcomes.

Needs-based approach

A needs-based approach to case management utilises theories about human needs and applies concepts such as Maslow's hierarchy of needs to developing case management plans and processes. Applying this to case management means focusing on the person's needs in developing, implementing and reviewing a case management plan.

When developing a case management plan, the plan needs to reflect the person's needs and those of other parties, such as family members, workers, health professionals and community service providers. The needs identified may be immediate, short- or long-term.

To identify needs, they may need to be categorised as follows.

Immediate

- Immediate needs of the person and relevant parties are the highest priority needs. They must be met immediately for the person to be able to survive.
- Physiological needs include having food, water, shelter and clothing. It is also important that the person and relevant parties feel safe, and that their property is secure. If a person is feeling threatened by their environment, the case manager needs to address this, and work with them to change the situation.

Short-term

Short-term needs must also be addressed in the case management plan. They include:

- ensuring mental, emotional and physical health is maintained and support is provided
- factors required to support short-term goals
- relevant support services
- social networks
- connection to a culturally and linguistically diverse (CALD) community
- temporary housing
- respite.

Long-term

Long-term needs may overlap with short-term needs. Long-term needs may include:

- a stable housing situation
- employment
- sustained health and wellness
- ongoing support
- social networks
- connection to a CALD community
- religious and spiritual needs.

Utilise case management processes

Most organisations have established policies and procedures regarding following the case management process. Policies and procedures will include who should be involved, the forms that should be used, documentation requirements and legislative requirements that must be followed. Case management policies and procedures are underpinned by regulatory standards, legislative requirements and statutory mandates.

Legislative requirements

When developing a case management plan and using case management processes you must work within legislative and statutory requirements and follow organisational policies and procedures to ensure that service and practice standards are met.

Mandatory reporting of neglect or abuse of children is an example of a legislated mandate. Mandatory reporting of harm, neglect and abuse is also compulsory in residential aged care services under the *Aged Care Act 1997* (Cth).

Depending on the area of health and community services in which you work, there may be specific legislation that must be followed regarding case management. These areas include community health, child care and protection, disability services and family relationships. In some instances case management is specifically mentioned, as in the *Supported Accommodation Assistance Act 1994* when referring to the responsibility of service providers to provide case management when supporting the homeless. If you are working with young people who are under the guardianship of the state, your service needs to be very clear about any mandatory reporting requirements in their state and need to build these requirements into their case management policy and procedures.

Privacy

All people who receive services have a right to privacy. This means that information about them must be protected and only shared with others who have a right to see it. Effective case management requires a well-organised system for storing and retrieving client information and community resource information.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles and apply to organisations, and Australian Government (and Norfolk Island Government) agencies.

There are now 13 privacy principles that apply to the collection, use and storage of people's information. These Principles cover the collection, use, storage and disposal of personal data. Organisations base their privacy policy and confidentiality maintenance procedures and protocols on these Principles.

Detailed information about privacy principles can be found at: http://aspirelr.link/privacyfactsheet.

Confidentiality

Confidentiality is critical to work in the community sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access and self-concept, self-esteem and wellbeing.

Confidentiality refers to the requirement to keep information about people who receive services private. This includes written and verbal information and maintaining the security of documents such as file notes, case notes, case management plans and peoples' files. Passing information to other workers as part of the case management process may be part of a service or case management agreement and should be made clear at the beginning of the case management process. When required by a court, or when there is a clear immediate risk to a person's safety, breaching confidentiality may be justified.

While the Australian Privacy Principles apply to all Australian states and territories, there may be additional legislation that applies, such as the *Health Records Act 2001* (Vic) in Victoria or the *Health Records* and *Information Privacy Act 2002 No 71* (NSW) in New South Wales.

Policies

Policies are statements about how an organisation deals with a particular issue or activity; for example, how an organisation handles case management. Procedures are the steps to be followed in applying a particular policy. Policies regarding case management may address coordinated service provision, providing holistic support, use of resources, how to conduct interpersonal interventions and how to manage behavioural change interventions.

Practice standards and guidelines

Practice standards or guidelines are a set of standards developed for and applied to a particular occupation or profession, which members of that profession are expected to meet in their work; for example, community work practice guidelines. Guideline 2, Indicator 2.3 of the *Australian Community Work Practice Guidelines* describes how a community services practitioner should perform their role in relation to ensuring service users understand their right to make complaints.

You can read the full *Australian Community Work Practice Guidelines* at:

http://aspirelr.link/acwaguidelines

Service standards

Sector-specific state and federal legislation regulates service provision by setting service standards that providers must meet. These service standards are used by organisations to develop policies and procedures, which you must follow. You can find information about service standards from the relevant state or federal government authority or

department's website; from the department's publications; from relevant legislation; and from your organisation's website and other documents such as annual reports and information published for people who receive services.

Statutory requirements and statutory mandates

All case management takes place in the context of statutory requirements. The processes developed may include models of working, steps to follow, applying theory, knowledge and evidence, and conforming to organisational policies and procedures.

In cases where a statutory mandate applies; for example, where there are child protection issues, the mandated processes for identifying, reporting and following up will of course influence the case management processes.

Even where there are no statutory mandates, all processes must follow relevant legislation; for example, conform to anti-discrimination legislation. All processes must also meet relevant service standards, and workers must adhere to relevant codes of practice. While ethical behaviour is not always governed by legislation, it is also expected that workers behave ethically at all stages of the case management process.

Example

Develop and utilise case management processes in accordance with statutory requirements

Dayna is a case manager who is providing support for Blake who is experiencing homelessness. When speaking with Dayna, Blake is reluctant to discuss the reasons that have contributed to his current situation because he is afraid he will be unfairly judged if anyone knows all of the details. Dayna tells Blake that there are specific principles that apply to the collection, use and storage of his information and assures Blake that she will protect his privacy.

Dayna also explains that, as Blake's case manager, she is compelled to protect his rights to privacy by complying with the regulations and legislation that apply to privacy and confidentiality.

When completing case notes regarding Blake, Dayna writes that maintaining privacy and confidentiality are paramount in building a trusting relationship with Blake.

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Practice task 1

Case study

Tyrone is a case manager working with Victor, a 13-year-old boy who has been charged with shoplifting and physical assault. During initial meetings with Victor, Tyrone interviews him about his home life. It becomes apparent to Tyrone that Victor has experienced physical abuse from his father and is frequently a witness to domestic abuse. Tyrone understands his legal obligations to report Victor's situation. He is genuinely concerned about the outcome, as Victor is close to and receives a lot of support from his mother, but Tyrone knows he has to make the report to the police and let authorities make a decision. Tyrone will continue to support Victor emotionally and with making practical decisions. Tyrone makes case notes of all interactions with Victor and his family.

1. Identify one mandatory reporting requirement that Tyrone needs to uphold.

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2. Provide two places where Tyrone could find information regarding his legal and mandatory responsibilities.

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3. Provide two ways that a strengths-based approach to case management would benefit Victor.

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Click to complete Practice task 1

1B Implement appropriate processes to enable the client to set goals and participate in case management processes

Case management processes include working with the person and others to set goals, identify and choose strategies and services to attain those goals, and to monitor, review and evaluate outcomes. You need to use skills to support the person to identify goals that are relevant to their needs and situation and to participate actively in all case management processes and stages. You must be aware of contemporary models and theories applied to changing people's behaviour in order to meet their identified goals.

Facilitate goal-setting and participation

If a person sets their own goals, they are more likely to be empowered to realise the desired outcome. Informal and formal meetings and interviews provide opportunities for you to develop an understanding of a person's goals. Write down the outcomes, so the person and you have a tangible record of goals set and how they can be achieved. Involve the person in the case management plan by encouraging them to determine the time frame for achieving the goal and identifying whether the goal is achievable and measurable. You can assist them in determining which goals are short term and which are long term.

Ensuring that people have opportunities to participate in setting goals and choosing strategies to achieve those goals empowers them, builds confidence, and increases the likelihood of success. Collaboration is central to implementing an effective case plan. Therefore, the case manager must use strategies to encourage participation.

Contemporary behaviour change: models

A model is an example or pattern that can be followed in practice. Contemporary literature identifies three main models of behaviour change: social cognitive, planned behaviour, and transtheoretical. These are summarised below.

Social cognitive theory

- In this theory, human behaviour is seen as driven by external rather than internal forces. The theory is based on the premise that personal factors, environmental factors and behavioural factors influence one another and impact the person's functioning.

Planned behaviour theory

- In this theory, behaviour is dependent on a person's intention to perform the behaviour, which is determined by the person's attitudes (beliefs and values about the outcomes of the behaviour) and subjective norms (beliefs about what other people think the person should do, or social pressure).

Transtheoretical (stages of change) model

The transtheoretical model of behaviour has six stages:

- Pre-contemplation – when there is intention to change
- Contemplation – awareness of the pros and cons of changing
- Preparation – there is a plan of action and intention to change
- Action – where the change is made
- Maintenance – where people work to prevent relapse
- Termination – where the behaviour is maintained

Contemporary behaviour change: practices

Each of these theories and models suggests strategies for developing effective behaviour change interventions and programs. These are frequently used in the areas of health and health promotion; for example, initiatives aimed at changing behaviour around smoking, drinking and substance abuse; and in campaigns aimed at addressing widespread issues such as domestic and family violence or child protection. These theories, models and strategies can also be applied to planned interventions with individuals or families. Each theory or model has something to offer in practice:

Social cognitive theory

- To use this theory, the case manager can assist the person to identify personal factors which influence their ability to achieve a goal. For example, there is a link between social anxiety and alcohol consumption. A better understanding of a person's reasons for drinking offers the possibility of supporting the person to achieve the goal of not drinking excessively.

Planned behaviour theory

- The person is assisted to identify what factors impact their intention to change their behaviour. For example, if a person realises they need to stop drinking alcohol, the case manager can help them to identify what leads them to consume alcohol. They can discuss how to control their urges to drink alcohol.

Transtheoretical model

- In this approach the case manager can work with the person to identify where in the 'stages of change' model they are and develop a plan that takes their readiness to change their behaviour into account. This increases the likelihood of success, as people will rarely make a permanent behavioural change before they are ready to do so.

Contemporary behaviour change: interventions

Interventions are used to address a person's needs, issues and concerns. It is important to remember that in most circumstances intervening to change a person's behaviour is only done at their request; strategies and responsibilities must be agreed; and the case manager works in collaboration with the person and with others involved in providing services. These are called voluntary interventions. The rights of all parties must be respected and ethical principles must be applied. Most case management interventions are goal-directed and should include all the significant people in the person's social network.

Statutory interventions

Statutory interventions occur when a court, an authority, a department or agency has a legal obligation to become involved in an issue. This may happen before, during or as a result of involvement with a court of law. Court-based interventions are most appropriate in cases where a person's needs cannot be met by voluntary agreement and where a vulnerable person is at risk of harm. This most commonly happens in areas such as child protection, domestic and family violence, elder abuse, disability abuse and, in some situations, mental health.

Non-voluntary interventions

Non-voluntary interventions may only be carried out when there is a statutory or judicial (court) mandate. In all other situations, the person's autonomy and rights to make their own decisions must be respected. In situations where a person is held involuntarily; for example, as an involuntary patient in a psychiatric hospital, or serving a custodial sentence, there are strict guidelines and protections around interventions intended to change behaviour. A restrictive practice or intervention is one that restricts or limits a person's autonomy and there are strict guidelines around their use.

Here are examples of restricted practices.

Exclusionary time out

This is when a person is forcibly removed from one setting to another and is unable to leave for a period of time. To use this practice it must be part of a planned strategy, time-limited and contingent on behaviour change. It must also be recorded. If time-out is intended to humiliate the user, or has that effect, then the practice is prohibited.

Physical restraint

Physical restraint applies to devices that are used beyond the scope of ensuring safety. Physical restraint does not apply to physical assistance.

NOTE:
Section 158 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) includes circumstances where physical restraint may be used and the extent and limitations which apply under these circumstances.

Psychotropic medication on a p.r.n basis

Psychotropic medication may be used in circumstances when it is used on a routine basis and is NOT a restricted practice.

This refers to any medication which affects:

- cognition
- mood
- level of arousal
- behaviour.

NOTE:

- Consent is always required.
- Consent is of no effect if the treatment is for a purpose other than promoting the health and well-being of the person.

Response cost

This is when there is a recommendation to withhold items or activities in a response to behaviour, such as the TV or a computer game. Items which must not be withheld include:

- money
- personal possessions
- food
- shelter
- comfort
- assess to toilet facilities.

Restricted access

Restricted access is when physical barriers or locks impose boundaries to limit a person's access to items or activities in order to manipulate behaviour.

Seclusion

Seclusion is when a person over the age of 18 is placed in a setting from which they cannot leave. This should only be used in response to a critical incident or crisis.

NOTE:

Seclusion of people under the age of 18 is a prohibited practice and is not permissible under any circumstances.

Impact of values systems of worker

It is important that a community services worker is aware of their own values and the impact they can have on the people they work with and on the outcomes the person can achieve. We acquire many of our values from the family that raises us (whatever our 'family' consists of). Our values are also influenced by our cultural background, religious beliefs, peers; and personal history and experiences. Many of our values are held subconsciously; we take them for granted and sometimes assume that everyone shares the same values.

As a community services worker you must be non-judgmental, which includes being non-judgmental about values and beliefs that are different from your own. This does not mean that you have to accept or agree with other people's values, but it does mean that in your work you must strive to be impartial and to work effectively with people from a wide range of values systems and beliefs.

Demonstrate non-judgmental practice

Working in a non-judgmental way can be difficult, as our personal values are fundamental to the way we respond to those around us. It takes practice, self-awareness and the ability to take a professional attitude to your work. If you are not able to do this, you may inadvertently affect the outcomes of a service or case management plan. Imposing your own values may influence people's choices of goals and services, which in turn affects the outcomes. Remember that what is right for you may not be right for someone else.

Be aware of your communication skills, and avoid giving positive or negative messages through your body language, facial expressions and tone of voice; for example, by frowning or smiling, nodding or shaking your head. Do not express personal opinions, criticise or disapprove of the other person's beliefs and values.

Impact of values systems on client

In the same way as a worker's values are shaped by culture, social status, social norms, beliefs, personal history and experiences, so are those of people who receive services. These can be incorporated into developing a case management plan by collecting information about the person's values by asking open questions and by exploring the person's cultural background.

In developing a case management plan, you can address a person's experience by recognising that we all learn from experience and the person may have relevant and valuable experiences to bring to the planning process. Asking open questions and exploring the person's history with them and collecting information about the person's experience from other stakeholders (with the person's consent) are two ways in which you can incorporate this into a case management plan.

In case management, the interaction between the values of the worker and the values of the person is crucial. Identifying common or shared values and areas of difference, and agreeing how to negotiate any differences, is essential for establishing a trusting and respectful professional relationship. You can encourage a trusting relationship by being open about values and beliefs, and by maintaining a non-judgmental attitude so that the person feels safe in disclosing differences and in 'agreeing to disagree' where there are unresolvable conflicts. Openness about values is part of defining boundaries and negotiating ways of working with diverse people.

Impact of values systems of key stakeholders

A stakeholder is anyone who has a 'stake' or interest in the case management plan, service or intervention. Different people will have different interests and different levels of engagement and concern. Stakeholders typically include people close to the person receiving services (family members, partners, close friends); other service providers, especially those to whom referrals are made; people within the primary service organisation such as team members and supervisors; and, in some cases, members of the community. The value systems of all these parties will influence choice of service goals, strategies, and how outcomes are evaluated. Getting everyone 'on side' is important for ensuring success.

The case manager's role is to consult and engage with stakeholders and to encourage their participation and support.

Example

Implement appropriate processes to enable the client to set goals and participate in case management processes

Ajay is a case manager who is currently working with Vikram, who has paraplegia. Vikram's goal is to be able to travel independently by car. Ajay and Vikram start by placing this long-term goal at the top of the outcomes in his case management plan.

Goal: To be able to travel independently by car

They then brainstorm some of the outcomes that need to be achieved before Vikram can travel independently by car:

- Be assessed by GP and occupational therapist.
- Buy a modified car that allows me safe driving.
- Take driving lessons.
- Pass the practical driving test.

Practice task 2

1. Provide one way that you could demonstrate working in a non-judgmental manner.

2. Provide one reason why it is important to ensure the person participates in setting goals and strategies.

3. Provide a brief description of the basis of the social cognitive theory.

Click to complete Practice task 2

1C Integrate appropriate cultural considerations into all aspects of case management planning

Working with diversity is an essential component of case management and all community services work. The term 'diversity' refers to differences between people, and includes differences based on age, gender, sexual orientation, abilities and disabilities, ethnicity, culture, language and social situation, history and experience. It is important to be aware of how these diversities affect people's lives and situations, and how they interact with economic, political and cultural factors in our society.

Culturally and linguistically diverse people

Australia is often called a 'multicultural' society; there are people from a wide range of different cultural backgrounds and origins within the population, and these diversities contribute to the richness of Australian society, as do other diversities based on other factors.

However, differences and diversities can also be confronting and challenging; we tend to feel more comfortable with people who are 'like us' rather than with people who are very different from us. To work successfully and effectively in community services, learning to accept, work with and feel comfortable with diversity is important.

Cultural and linguistic diversity

Australia has a very culturally and linguistically diverse (CALD) population. This is reflected in Australian Bureau of Statistics data, which estimates that 40 per cent of the Australian population is made up of immigrants and their children. You will encounter this diversity in the people you work with. Legislation and associated government policies and procedures relevant to working with CALD people include federal and state anti-discrimination acts, equal opportunity acts, and legislation supporting human rights. Current legislation and policies relating to migrants and asylum seekers are also relevant. Individual organisations will have their own policies and procedures for addressing CALD issues and needs, based on relevant legislation and government policy.

Here are aspects of culture that you need to take into account in case management.

Cultural aspects to consider
▶ Ethnicity or country of origin – Western cultures differ in some ways from eastern cultures
▶ Identification – for example, people who identify and are accepted as Aboriginal and/or Torres Strait Islander people have certain cultural obligations
▶ Geographic location – the behaviours and experiences of people in metropolitan, regional, rural and remote Australia may vary
▶ Religion – the customs of people from one religion vary from the customs of people who follow different religions

Cultural considerations

Australian federal and state governments have policies on access and equity, diversity and multiculturalism which reinforce acceptance of diversity, fair treatment and celebrating cultures.

Cultural considerations that impact directly on the case management process include the following:

- Language
- Religious and spiritual practices
- Customs, rituals and norms
- Food preferences
- Relevant community resources

Language

Approximately 15 per cent of the Australian population speak a language other than English at home, with the most commonly spoken languages after English being Italian, Greek, Cantonese, Arabic, Vietnamese and Mandarin. English language proficiency is therefore a major consideration when working in the community services sector.

People need to be able to participate in the decision-making and planning processes, so if language is a barrier to participation, an interpreter should be arranged. It is recommended that an official interpreter is used rather than a member of the person's family to avoid any conflict of interest.

Ensure that any documentation presented to the person is translated into their first language. This is particularly important when informing people about their rights, such as the right to make a complaint or appeal a decision.

Source: Australian Bureau of Statistics, www.abs.gov.au

Religious and spiritual practices

Australia has no official state religion, with individuals free to practise any religion they choose. Although it is a predominantly Christian country, with around 64 per cent of all Australians identifying as Christians, most other major religious faiths are also practised. Like the range of languages spoken, the diversity of religious and spiritual practices is reflective of Australia's culturally diverse society.

Case management plans need to take into account this diversity by ensuring that religious and spiritual practices are respected. Some religious beliefs may mean strictly following set practices and rituals that impact all aspects of daily life; for example, the timing and frequency of prayer, days of worship, religious holidays, dietary requirements and dress. For others, beliefs and practices may change over time.

An understanding of religious and spiritual practices helps you integrate cultural considerations into case management planning. However, is it important that you do not assume that all people of the same religion follow the same religious and spiritual practices. By consulting each person, you can determine their individual requirements.

Customs, rituals and norms

Customs, rituals and norms are essentially shared beliefs, behaviour patterns and established practices that may be common to a particular group of people and/or place. Cultural norms can significantly impact case management as they may affect a person's beliefs about health care or accessing support. For example, a particular person or group may be hesitant about seeking assessment or accessing support because of a history of mistrust. In order to develop a viable case management plan, you need to work collaboratively with the person, and avoid making judgments about any customs, rituals and norms of their cultural group.

You need to be aware of the ways in which cultural customs, rituals and norms can impact interactions, which are outlined below.

Body contact or gestures

Some cultures are more tactile than others; for example, within some cultures shaking hands or touching a person's arm as you speak to them is not unusual, but within others it is considered rude to touch people and offer objects using your left hand.

Eye contact

In some cultures, making eye contact is a sign of respect, while in others it is a sign of aggression.

Proximity

People from densely populated areas may be used to smaller areas of personal space than people from sparsely populated areas, and may therefore sit or stand quite close to others; people from some areas and cultures may require a large amount of personal space to feel comfortable.

Male/female interactions

In some cultures people interact freely regardless of their gender, while in other cultures women can only interact with other women, and males and females are not permitted to interact or touch unless they are related or married to each other.

Diet

Orthodox Jews may observe a particular diet in which, among other things, meat and dairy foods must not be mixed; within other cultures certain foods are forbidden, or vegetarianism is practised.

Church and ceremonies

In some cultures church attendance is voluntary, while it is obligatory in others; some cultures conduct their religious practices only in private, and some require people to pray or participate in religious activities at specific times of the day.

Role of family

In some cultures the concept of family is limited to direct relatives, whereas in others it extends to distant relatives and longstanding family friends; family expectations and obligations also vary.

Aboriginal and/or Torres Strait Islander people

Photo © Ludo Kuipers, OzOutback.com.au

Research shows that in relation to all social indicators, Aboriginal and Torres Strait Islander peoples rate among the most disadvantaged people in Australia, far worse in terms of education, employment, health, standard of living and incidence of family violence. They are also grossly over-represented in the child protection and criminal justice systems. It is widely accepted that there is a close link between child abuse and neglect and broader issues of poverty. The disparity between Aboriginal and Torres Strait Islander peoples and other populations is so great that their life expectancy is 12 years less for males and 10 years less for females than the corresponding rates for their non-Aboriginal and Torres Strait Islander counterparts. Cultural factors and disadvantage related to history, social and economic factors must be considered in working with Aboriginal and Torres Strait Islander people.

Historical implications

Between 1909 and 1969, it was official government policy to remove Aboriginal and Torres Strait Islander children from their families. Once in 'care' many were psychologically, physically and/or sexually abused. The impact of this trauma has been passed on to successive generations, with members of the Stolen Generations having few role models of parenting to draw on, often resulting in a tragic cycle where their children are also removed.

From 1900 to the 1980s many state and territory governments withheld wages and other payments, which had economic, social, cultural, civil, political and historical implications related to the disadvantage and poverty experienced today. To date the

Australian government has not compensated Stolen Generations and their families or established a national scheme for the repayment of stolen wages. Aboriginal and Torres Strait Islander peoples have suffered and continue to suffer significant effects.

Historical and present Aboriginal and Torres Strait Islander issues include:

- discrimination at all levels
- land dispossession with little chance of effective redress
- less access to housing, education, employment and health care
- limited opportunities for self-determination
- limited opportunities for participation in decision-making in matters directly affecting their communities
- limited opportunities maintenance of their distinct political, legal, economic, social and cultural institutions
- barriers to gaining living skills
- lack of trust in institutions
- emotional impact on their wellbeing.

Challenges and factors

Improving the health status of Aboriginal and Torres Strait Islander peoples is a longstanding challenge for governments in Australia. While there have been improvements made in some areas since the 1970s, notably in reducing high rates of infant mortality, overall progress has been slow and inconsistent. The inequality gap between Aboriginal and Torres Strait Islander peoples and other Australians remains wide and has not been progressively reduced. With a significant proportion of Aboriginal and Torres Strait Islander peoples in younger age groups, there is an additional challenge to programs and services to keep up with the future demands of a burgeoning population.

Interplay of complex historical and contemporary factors contributes to these enduring issues, including:

- dispossession of land
- structural disadvantage
- racism
- intergenerational poverty and trauma
- substance misuse
- mental illness
- chronic underfunding of legal and interpreter services.

Factors to consider when working with Aboriginal and/ or Torres Strait Islander peoples

All community services workers need to have an understanding of this history and its impacts on people's lives today. Service providers need to work with Aboriginal and Torres Strait Islander communities to discover appropriate ways of providing services.

Here are some tips for working with Aboriginal and Torres Strait Islander peoples.

Culturally appropriate

- Use appropriate language that can be easily understood.
- Provide a relaxed and comfortable environment.
- Use culturally appropriate communication; for example, learn cultural conventions for eye contact, asking direct questions, telling stories.
- Develop an understanding of the person's family network and responsibilities.
- Enlist support from Aboriginal workers.
- Encourage the person to bring a support person with them.
- Do not expect all people to share information about culture or history.
- Offer accurate information about Aboriginal and Torres Strait Islander services available.
- Maintain networks with Aboriginal and Torres Strait Islander services and workers.

Living skills

- Do not make assumptions about knowledge and skills based on stereotypes.
- Understand the impacts of the Stolen Generations on living skills.
- Offer practical support.
- Be organised and flexible; for example, make appointments, send reminders and be prepared for unexpected events and cancellations.
- Share some neutral personal information to put people at ease; for example, family.
- Be sensitive about asking questions; for example, about literacy levels.

Trust

- Lack of trust means people may not approach services.
- People may need a support person to get to know a service.
- It may be helpful to share information about yourself; for example, where you come from, where you have worked.
- Accept that some questions may not be answered.
- Reassure people that information they share with you will be confidential and will not be shared with other family members without their consent.
- Raise awareness of Aboriginal and Torres Strait Islander culture within your workplace.
- Make services welcoming for Aboriginal and Torres Strait Islander peoples; for example, with posters, Aboriginal flag.
- Develop genuine relationships with Aboriginal and Torres Strait Islander organisations; for example, invite representatives to participate in planning meetings.
- Talk to Aboriginal and Torres Strait Islander organisations about days of significance to them; ask how you can recognise and acknowledge these.

People with disability

Disability is generally defined as a physical or mental condition that limits, handicaps or impairs a person's ability to do what is expected of them and function within their society. Disability is in part defined by values, norms and expectations within a culture or society, and a condition that may be 'disabling' in one society may not be in another. Perceptions of and attitudes towards disability vary across cultures and across time. Explanations of why disability occurs also vary widely across cultures and across time. In contemporary Australian society we look for scientific explanations, but some older belief-based explanations may persist and affect social attitudes.

Factors such as the impact of disability on the individual and family, the history of past treatment of people with disabilities, stereotypes and attitudes must be considered in developing case management plans for people with disabilities.

Historical perceptions of disability

In the past there were many myths and stereotypes about people with disabilities. Some of these still persist today. Stereotypes reflect prejudices and usually bear little relation to reality. Negative images and stereotypes of people with disabilities often led to them being badly treated in the past and denied full human rights.

By the 1940s, people with disabilities had been out of circulation for so long that the people without disabilities had almost forgotten their existence. The social and physical environment developed without them, so no provision was made in society for people with physical limitations, sensory impairments and other disabilities. The world outside the institutions was designed for the able bodied, and people outside institutions had little or no exposure to people who were different from the norm.

It was not until the late 1960s that efforts were made to reverse this damage and include people with disabilities in society again. Movements to de-institutionalise and re-integrate people into society; empower people to take more control of their lives; reduce stigma and devaluation; and advocate for the rights of people with disabilities continued into the 1980s and still continue today.

Factors to consider when working with people with a disability

Disability may be physical, sensory, sensory-motor, cognitive, psychiatric or multiple, and may be caused at any stage of the life cycle by any of a myriad of causes including genetic factors, physical injury, illness, deprivation, exposure to toxins, or many others which are not yet known.

Here are some aspects to remember when working with a person with a disability.

Factors to consider in working with people with disabilities
▶ History of services and past treatment
▶ Impact of past institutionalisation
▶ Impact of stereotypes on attitudes and service models
▶ Disability services legislation, standards and policies
▶ Empowerment, supporting rights, autonomy, independence and inclusion
▶ Initiatives to reduce and reverse past devaluation
▶ Individual needs
▶ Barriers to participation
▶ Enduring poverty and disadvantage

Lesbian, gay, bi-sexual, transgender and intersex

LGBT or GLBT stands for lesbian, gay, bisexual and transgender. The acronym term is intended to emphasise a diversity of sexuality and gender identity-based subcultures. It may be used to refer to anyone who is non-heterosexual instead of exclusively to people who are lesbian, gay, bisexual or transgender. Whether or not LGBT people openly identify themselves may depend on local political concerns and whether they live in a discriminatory environment, as well as on the status of LGBT rights where they live.

Past and present discrimination and stereotyping affect the status of LGBTI people in society. Attitudes are affected by cultural, religious and personal values and beliefs. Addressing LGBTI issues can raise deeply felt responses and emotions and, as a community services worker, this is one of the challenges you will face. As with other diversities, remaining professional, objective and non-judgmental is important.

LGBTI in Australia

In Australia LGBTI rights have gradually progressed since the late 20th century to the point where anti-discrimination laws protect LGBT people in many areas of employment and service access, and same-sex couples enjoy many of the same rights and benefits as non-same-sex couples – with the notable exception of marriage.

History and LGBTI

During the 18th century, laws regarding same-sex sexual activity between men were influenced by British law and it was considered a capital crime, resulting in execution. This obviously had significant impacts on LGBTI people and contributed to fear, shame and secrecy surrounding LGBTI issues. Decriminalisation occurred in all states and in the Commonwealth of Australia between 1973 and 1997. All states and territories except Queensland have age of consent laws that apply equally – regardless of

the gender and sexual orientation of participants. The age of consent in all states, territories and on the federal level is 16, except for Tasmania and South Australia, where it is 17.

Same-sex relationships

In 2009 the Australian government introduced reforms designed to equalise treatment for same-sex couples and same-sex couple families. The reforms amended 85 Commonwealth laws to eliminate discrimination against same-sex couples and their children in a wide range of areas. The reforms came in the form of two pieces of legislation: the *Same-Sex Relationships (Equal Treatment in Commonwealth Laws–General Law Reform) Act 2008* (Cth) and the *Same-Sex Relationships (Equal Treatment in Commonwealth Laws–Superannuation) Act 2008* (Cth).

Same-sex marriage

In December 2017, the *Marriage Act 1961* (Cth) was amended. The *Marriage Amendment (Definition and Religious Freedoms) Act 2017* (Cth) redefined marriage as 'the union of two people to the exclusion of all others, voluntarily entered into for life'. This means that sex or gender no longer affects the right to marry under Australian law and same-sex marriage is now legal in Australia.

Discrimination protections

In response to Australia's agreement to implement the principle of non-discrimination in employment pursuant to the International Labour Organisation Convention No.111 (ILO 111), the *Human Rights and Equal Opportunity Commission Act 1986* (Cth) established the Human Rights and Equal Opportunity Commission (now known as the Australian Human Rights Commission). It has the power to investigate complaints of discrimination in employment and occupation on various grounds, including sexual orientation.

On 25 June 2013, the Australian Federal Parliament passed the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth) making discrimination against lesbian, gay, bisexual, transgender and intersex people illegal for the first time in the world at a national level. Aged care providers who are owned by religious groups will no longer be able to exclude people from aged care services based on their LGBTI or same-sex relationship status. Religious private schools and religious hospitals are exempt from gender identity and sexual orientation provisions in the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth). No religious exemptions exist on the basis of intersex status.

Aside from Commonwealth anti-discrimination laws, each of the states and territories have their own laws that protect LGBTI people from discrimination.

Aspects to remember when working with people in the LGBTI community

Transgender Australians are able to change their legal gender in all states and territories and are recognised as their identified gender. There remains a degree of stigma, which continues to affect the status, experiences, needs and self-perceptions of LGBTI people. As with other diverse populations who have experienced discrimination, legal support of rights often comes before social change.

Here are some aspects to remember when working with a person in the LGBTI community.

Aspects to remember when working with LGBTI people
▶ Impact of past criminalisation
▶ Past and present attitudes and stereotypes
▶ Individual needs and characteristics
▶ Legislation and policy
▶ Shift to rights focus
▶ Cultural factors, values and beliefs
▶ Impact of worker's personal values and beliefs
▶ Intensely personal nature of issues
▶ Impact of rapid social and attitudinal changes

People who are experiencing homelessness

There is no consistent definition for homelessness but it is more than simply being without shelter. People experiencing homelessness include those who sleep rough on the streets, in their cars or under makeshift dwellings. Although people who sleep rough are most visible to the public, research shows that they only represent 7 per cent of the homeless population.

Homelessness includes the following:

- Staying in refuges or crisis accommodation, or moving from one temporary accommodation to another
- 'Couch surfing' or staying with friends and/or family for limited periods of time
- Living in cheap hotels and/or sleeping in cars
- Living in severely overcrowded dwellings or accommodation that falls well below basic community standards, such as boarding houses and caravan parks

Risk of homelessness

Studies show that Australians of all ages and backgrounds may become homeless. However, some people are more vulnerable to homelessness than others. Aboriginal and Torres Strait Islander Australians, for example, account for a quarter of all people who are homeless. This is despite making up only 2.5 per cent of the population.

And while 56 per cent of homeless people are male, the number of women experiencing homelessness is rising significantly. Being over the age of 45, renting and single increases a woman's risk of becoming homeless.

Children and young people are disproportionately affected by homelessness. In 2010, studies showed that half of the people who sought help from specialist homelessness services were under 25 and a third were under 17. Two-thirds of these children were with mothers escaping domestic violence.

Causes of homelessness

Research indicates that domestic violence is the single biggest cause of homelessness in Australia. Homelessness can be the result of many social, economic and health-related factors. People can become homeless after many years of experiencing poverty, poor relationships and drug, alcohol or mental health issues. People who have been managing well in life, but are thrown off course by a stressful episode like a relationship break-up, job loss or death of a loved one can become homeless.

Statistics indicate that:

- 25 per cent of homeless people are escaping family violence
- a further 15 per cent seek help because of financial difficulties, while 12 per cent are in housing crisis
- another 10 per cent have been living in inadequate or inappropriate conditions
- shortage of affordable housing and declining home ownership rates also contribute to the nation's homelessness problem.

Homelessness and rights

People experiencing homelessness face violations of human rights. Access to safe and secure housing is one of the most basic human rights. A person who is homeless may be facing violations of the right to an adequate standard of living, the right to education, the right to liberty and security of the person, the right to privacy, the right to social security, and the right to freedom from discrimination, the right to vote and many more.

Every person has the right to an adequate standard of living, which includes the right to adequate housing (ICESCR, article 11).The right to housing is more than simply a right to shelter. It is a right to have somewhere to live that is adequate. Whether housing is adequate depends on a range of factors including:

- legal security of tenure
- availability of services, materials, facilities and infrastructure
- affordability
- accessibility
- habitability
- location
- cultural adequacy.

Aspects to remember when working with people are experiencing homelessness

Here are some factors to consider when working with people who are homeless or are at risk of being homeless.

Structural factors – social, political and economic

Structural factors contribute to homelessness by disadvantaging some groups and categories of people.

Structural factors may limit available resources and services.

Vulnerability

Homelessness can affect all ages and sectors of the population but some groups are more vulnerable than others. These include women, children, Aboriginal and/or Torres Strait Islander people, older men, and groups who are already disadvantaged.

Cultural factors

Cultural factors need to be addressed in any community services work; it is important to house people in accommodation that meets cultural needs.

Location

Affordable housing is less available in some areas; for example, regional and remote.

Legislation

Legislation relevant to housing and homelessness includes tenancy laws and anti-discrimination legislation.

Rights

Homelessness affects a wide range of human rights.

Human rights legislation, policies and conventions can be used to support people.

Impact of homelessness

Being homeless can affect the wellbeing of the whole person, of families and communities. Contributing factors include shortage of affordable housing, domestic and family violence, intergenerational poverty, financial crises, long term unemployment, economic and social exclusion, mental illness and overcrowding.

Older people

The Australian population is expected to change significantly in the next 50 years. Statistics indicate that by 2056 it is estimated that around 25 per cent of the Australian population will be aged 65 and over, while the proportion of younger Australians is expected to decline.

With this radical shift, challenges and opportunities will arise. These will require new ways of thinking to ensure all Australians have the ability to participate and contribute to their choice of paid work and community activities.

Currently, older Australians are underrepresented in paid work. Underemployment is often symptomatic of other forms of exclusion, including participation in the community. Social exclusion and isolation, in turn, have significant impacts on physical and emotional wellbeing.

In many cases, it is negative attitudes about older people, and the resulting behaviours, which drive this exclusion. These attitudes and behaviours are a result of stereotypes that ignore the individual differences, the breadth of contribution and the rich diversity of older Australians.

Attitudes towards ageing

In some cultures, ageing is seen as a positive thing and older people are respected for their experience and wisdom. While few Australians would admit to holding negative attitudes towards older people, and legislation reinforces the rights of older Australians, many older people experience negative stereotyping and discrimination.

Research has shown that ageing as a concept is clearly positioned from a negative standpoint. In many ways the term 'ageing' is a loaded term, which holds predominantly negative connotations.

Recent research shows that people under 30 are generally more negative about the concept of ageing. Their views are more likely to be linked to the concept of loss associated with ageing (for example, loss of health, loss of hearing, loss of mental capacity, and loss of income).

Devaluation invisibility and discrimination

Many older people experience a sense of being devalued by society and being isolated and may feel that their years of experience and their depth of knowledge have been overlooked, especially in the area of employment.

Another commonly experienced form of age-related discrimination is the experience of invisibility. People can be made to feel invisible because of their age and this invisibility manifests itself in different ways. Types of invisibility are described below.

Service invisibility

- A feeling of being ignored or overlooked
- 'I walk into a nice dress store, I don't get served – they see me and they think that I can't possibly be interested in something fashionable and that I am probably killing time waiting for my grandkids.'
  (55–64 years)

Product invisibility

- Older people feel that once they reach a certain age, they are ignored by corporate Australia beyond age-specific services such as 'insurance and funeral services'.

Relationship invisibility

- People feel that they are a burden or they feel forgotten or ignored because of issues associated with ageing; this is underpinned by stereotypical views about the physical abilities of older people and a lack of understanding about the diversity of interests that older people have.

Cultural invisibility

- Some feel that there is a lack of representation in popular culture that leads to a sense that the important role of older people in the community is being overlooked, devalued or ignored.
- Discrimination is often subtle and linked to a sense of condescension and a lack of understanding of the capabilities of older people.

Aspects to remember when working with older people

Here are some factors to consider when working with people who are older.

Structural factors – economic, social and political

- Many older people are affected by poverty.
- Women typically have less superannuation and other savings for age than men.
- Many older people are reliant on a Centrelink benefit as their primary source of income.
- Although aged care is a high profile service area, resources are limited.
- Economic status affects access to services.

Physical effects of ageing

- Many people experience increasing impairment, loss of mobility and health issues as they age.
- These factors affect daily living and general functioning.

Attitudes and stereotypes

- Attitudes towards ageing are often negative.
- Stereotypes tend to disempower, exclude and isolate older people.
- Stereotypes also affect a person's self-perception, emotional state and psychological health.

Rights and legislation

- Contemporary legislation supports rights; however, these are not always respected.
- Legislation sets clear service standards.
- Discrimination occurs, especially in the area of employment, which in turn affects the economic status of older people.
- Anti-discrimination legislation applies to older people.
- There are legal provisions for advocacy and guardianship.
- Reporting elder abuse is mandatory.

Cultural factors

- It is important to take into account cultural factors, values and beliefs about ageing.
- Engaging with family networks and specific communities is important in case management.

Individual needs and characteristics

- As with any diverse group it is important to treat people as individuals
- Older people may have negative perceptions of services and facilities; for example, residential services, based on past models and past experiences with their own parents
- Loss of control over one's life is a common fear that needs to be addressed in case management.

Children and young people

As a case manager, you require a basic understanding of the laws that apply to and may vary with the age of the person. The following are examples of this variation in law for individuals under the age of 18 years:

- Children under 10 cannot be charged with a criminal offence as they are deemed too young.
- Children between 10 and 14 can only be charged with a criminal offence if evidence is found that they knew and understood that their actions were a criminal offence. Once a child is 14, they are responsible for any offence they commit.

- Various state, territory and Commonwealth Acts address administering medical treatment to minors. For example, in some states, patients under 16 years of age require a parent or guardian to decide what medical treatment should be administered, or to refuse treatment. However, if the medical practitioner believes that the child can understand the nature, consequences and risks associated with the treatment, the minor under 16 can make the decision without the parent's consent, as long as another practitioner has provided written support for the treatment.
- A person under the age of 18 cannot be questioned by police officers without a parent, guardian or independent person (for example, a lawyer). If arrested, people under the age of 18, like adults, have the right not to comment when questioned by police. Except for providing their correct name and address, minors can refuse answering questions. Minors also have the right to make a private phone call to a parent, guardian or lawyer before being questioned.

Child protection

Each state and territory has an Act that addresses child protection. In some cases, child protection legislation is combined with legislation governing the care and education of children. State and territory governments in Australia are responsible for administering and operating child protection services. Non-government organisations may also provide child protection services. Other legislation in areas such as adoption, human rights, family law, young offenders, family violence, and working with children is also relevant to child protection.

In all jurisdictions, child protection legislation is based on shared principles, including:

- acting in the best interests of the child
- early intervention and prevention
- including children and young people in decision-making
- placing children in out-of-home care as the last resort
- providing culturally-specific responses
- providing continuing after care and support after the child reaches the age of independence, which may vary from one state to another
- providing permanency and stability of care as far as possible.

Integrate cultural considerations

A case management plan may need to link the person to relevant community resources. Individuals from CALD backgrounds, particularly refugees or people who have recently moved to Australia, may experience isolation and loneliness. They may feel disconnected from those who speak their language, their cultural heritage, religious practices and cultural norms. Introducing people to relevant cultural community centres or associations can help to connect them with others from their culture so they feel more socially integrated.

Example

Integrate appropriate cultural considerations into all aspects of case management planning

Amir is 50 years old and is from Lebanon. He has an intellectual disability and is on the autism spectrum. Amir is partially nonverbal, but understands Lebanese. He is currently transitioning to a new residence and his case manager, Rohan, is working with him to ensure the transition is as seamless as possible. As Amir is moving from a rural location to a metropolitan one, Rohan identifies the opportunity to connect Amir with a Lebanese community. Rohan introduces Amir to the Australian Lebanese Association of NSW. Amir joins a touch football team, and finds the contact with other Lebanese people beneficial. Rohan also works to ensure that the food at the new residence takes into account Amir's preferences.

Practice task 3

1. Provide two examples of past and present issues faced by Aboriginal and Torres Strait Islander peoples.

2. Provide one example of homelessness.

3. Provide two examples of invisibility that older people may feel.

Click to complete Practice task 3

1D Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities

A fundamental right is to have avenues to appeal a decision or to complain about something that is unfair. Service standards and charters of peoples' rights all refer to avenues for appeals and complaints. Informing people about their rights to disagree with and appeal a decision that affects them, or to make a complaint about a service, is a key strategy in empowering them.

An important aspect of working appropriately as a case manager is informing people about their rights, including their right to make a complaint or appeal a decision. Making clear their rights, and the avenues of appeal and complaint available to them if their rights are ignored or their needs not met, should occur in the early stages of a case, not after a problem arises.

Avenues of complaint and appeal

Complaints about services often refer to failure to meet a service standard. Service standards provide clear benchmarks to support a complaint.

The Aged Care Quality Standards provide eight standards for community services organisations in Australia. Standard 6 details feedback and complaints. It covers the requirements for consumers, their family and friends, carers and others to be encouraged and supported to provide feedback and complaints. Appropriate action must be taken in response to complaints.

For more information, go to: http://aspirelr.link/aged-care-quality-standards.

Clients' rights

The rights of clients are based on principles of human rights and standards of service delivery that are expressed in:

- charters of rights
- freedom from discrimination principles
- freedom of information principles
- general human rights
- outcomes standards
- industry and organisation service standards
- legislation such as Commonwealth, state and territory privacy and anti-discrimination laws
- mission statements
- resident handbooks.

Respect the right of the client

Respecting the rights of a person promotes dignity and contributes to the self-worth and wellbeing of individuals. Respecting the rights of all people involved in case management planning, including family and community members, is a legal requirement and is the basis of privacy laws, anti-discrimination and equal opportunity legislation.

Uphold and support clients' rights and interests by:

- informing the client of their rights
- providing relevant information so clients can make informed choices
- encouraging clients to make decisions and choices about matters that affect them
- respecting clients' independence and ability to care for themselves as far as possible
- being accepting of their religious, emotional, sexual and cultural needs
- respecting their privacy
- advocating on a client's behalf when necessary
- recognising the client's right to freedom of association (their right to mix with whom they please)
- ensuring all workers understand organisational policies and procedures and their duty-of-care obligations.

Appeals

All people who receive services have the right to appeal decisions that affect their lives. These rights may be expressed in service standards for the particular sector, such as disability services standards and aged care service standards supported by legislation; in practice standards; and in organisational policies and procedures.

Appeals are usually dealt with internally initially and referred to outside bodies if the matter cannot be resolved internally. External bodies of appeal include formal commissions, tribunals and authorities such as the Administrative Appeals Tribunal (AAT), with the courts being the final avenue of appeal. In complex formal appeals, a person may need the support of a qualified advocate.

Procedures for dealing with appeals must be transparent and must follow rules that are applied fairly and without bias. Proper procedures must be followed. These aspects of dealing with appeals reflect common law concepts relating to due process.

It is important to make sure that people receiving services are aware of their rights and responsibilities and related policies and procedures. Information must be provided in a form which they can understand, taking into account factors such as literacy, language and any barriers to communication.

The appeals process

In all community and health sectors, the right to appeal decisions made by funding bodies, medical specialists, administrative and guardianship tribunals and government bodies is particularly important. Decisions about assessment results, care plans and fees can have major impacts on your peoples' lives. You need to be able to provide support and information about the options available for people who wish to appeal such decisions.

Appeals processes typically relate to a person or other stakeholder's dissatisfaction with decisions. For example, a person who is unhappy with the decision to appoint a guardian who will make decisions on their behalf can appeal to the Guardianship and Administrative Tribunal in their state or territory. The person's case manager would need to be aware of this, understand the appeals process and be able to assist the person with the documentation needed for an appeal.

Some appeals processes are the same Australia-wide, but processes for appealing decisions made by state and territory government bodies often vary.

Steps of appeal process

Here is an overview of the steps to follow in the case of an appeal.

Step one

Contact the service provider, agency or government organisation that made the initial decision. They should always be the first point of contact.

Step two

Help your person to seek legal advice, which can be costly, but many people undergoing case management are eligible for legal aid. It is part of your role as a case manager to be informed about the low-cost legal support available to the people you support. This includes knowing how and where your people can access advocacy groups and government and community-based legal centres, understanding the relevant eligibility criteria for these services and staying informed about any changes.

Step three

Find out about the conditions and any financial costs involved in making an appeal. Some decisions can be appealed, but others cannot. For example, a person can appeal a decision made by a government-funded organisation based on an incorrect interpretation of policy, but cannot directly appeal a government policy. An appeal can also be lodged if the person or others believe due process was not followed when the decision was made. The time frames within which appeals can be made vary for different sectors. You need to find out about any such time frames when a person considers making an appeal, so you, your person and any legal representatives involved can make good use of time.

Step four

If your person chooses to make an appeal once all the related information is in hand, assist them with contacting the relevant appeal organisation. Provide a brief summary of the circumstances leading to the decision and information about why the person is appealing, and state the desired outcome.

Complaints management

Every person who receives a service has the right to make a complaint or report a concern about that service. Having this right contributes to dignity and respect. Most community services organisations have specific policies and procedures for managing complaints internally. The person making the complaint has the right to have a support person present at any interview. Depending on the service context this may be an informal advocate, a family member, friend or a formal advocate. The facts of the situation must be investigated and discussed.

The person about whom the complaint is made has a right to know what is said in the complaint, and a right to present their side of the story. They may also have a support person present at any interviews; for example, a fellow worker, manager or union representative.

An overview of principles and processes for best practice complaints management may be accessed at: http://aspirelr.link/betterpracticeguides

Steps to manage complaints

Here are some steps that may be included in resolving a complaint.

Step 1

Raise the concern or complaint

Raise concern or complaint with the person responsible in the first instance if this is possible. For example, if a person is not happy with the way a worker talks to them, or feels that a worker has not carried out a particular service properly; speaking to that staff member is the first step in resolving the issue. If a person does not feel confident about approaching the staff member directly, the organisation will provide avenues for the person to raise the concern with a manager, an advocate or through a more formal complaints procedure.

Step 2

If the issue is not resolved

If the issue is not resolved at this level, the complaint is reviewed and taken to a higher level within the organisation. It is usually part of the role of a manager or supervisor to deal with complaints about operational matters and staff performance.

Step 3

Unresolved internally

If the complaint cannot be resolved internally, again depending on the service context, it may be referred to an external complaints body or advocacy service.

Example

Provide information on rights of appeal and avenues of complaint so the client understands rights and responsibilities

Angela is 19 years old and is a victim of sexual abuse and domestic violence. She has a three-year-old son, and they are currently living in emergency accommodation. Angela is feeling threatened by one of the workers, whose manner towards her is both aggressive and flirtatious. On one occasion, she pushes Angela against a wall. Angela mentions her experience to the case manager, who explains to Angela that she has the right to make an official complaint about the worker to the organisation through official complaint avenues. The case manager shows Angela the policy and assists her with lodging the complaint. Angela is concerned that the worker will find out and threaten her further. The case manager assures Angela that her complaint will be treated confidentially.

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Practice task 4

1. List two rights that a person has that are based on the principles of human rights and standards of service delivery.

2. When managing a complaint, briefly describe what should be done if the issue is not resolved at an internal level.

3. List two rights of a person about whom a complaint is made.

Click to complete Practice task 4

Summary

1. Case management is a systematic goals-directed process.
2. Behaviour change models can be used in the goal-setting process.
3. Theories of behaviour change include cognitive, planned and stages of change approaches.
4. Case management models include strengths-based, rights-based, person-centred and needs-based.
5. Integrate cultural considerations such as language, customs, rituals and religious and spiritual preferences when developing a case management plan. Needs of groups such as children, older people, people who are homeless and people with disabilities should be considered.
6. Organisational policies should include procedures for submitting a complaint and appealing a decision.
7. Clients should be informed of their rights to make a complaint or appeal a decision at the outset of the case management process.