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Case Management

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"Nothing about me without me" (Moxley - 1998)

Abstract: The case management (CM) has become in the last decade one of the most "popular" instrument in the social care, especially for developing (structuring), implementing and monitoring the care measures. The use of case management of a large scale is a relative new methodology in the field of the Romanian child care and an accurate implementation still remains a difficult process. The intermittent crises which confronted the care system at the decisional and practical level (the level or the care institutions and organisations) did not facilitate the design of a coherent methodology concerning case work, care planning and case management and their scientifically based testing in practice.
In the following paper some of the main components of the case management will be presented and some of the difficulties and specific risks of implementing the case management at a large scale will be pointed out in order to optimise the macro components of the care system, difficulties and to avoid the risks which were frequently mentioned and described in different studies and research reports.
Keywords: case management, case work, care planning and care plan

Case management
The development of the concept

Julius R. Ballew und George Mink consider the case management “a process of support (assistance) for people whose life is running unfulfilled or is not successful because of the existence of many problems which requires the support of several helpers at the same time" The case management concentrates on the organisation and utilization of the existing resources. For the time being, these consist of financial resources, persons as well as services which must be organized and made accessible to the client being in a special life situation. Case management is settled in the social and public health services and provides the necessary support in individual cases. It is always a question of long-term helps and not a question of launching short-term interventions in acute cases (emergencies). The method of case management is comprehended as a focused system and as a cooperation of all involved persons which are connected to a network. The initial stage of the case management was the case work. On the other side, the support management is pointed to enable the client to use his own available resources. This ability covers the knowledge, the personal attitudes and the skills of the client. The case management represents, however, the granting of more than only a single care procedure, such as material support or a clearing conversation. As already mentioned, several care procedures are connected to a professional system of care management. Case management (CM) is a method of providing services whereby a professional social worker collaboratively assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client’s needs. The practice of case management varies greatly across social work settings and is even more diverse as applied by other professionals. Despite this diversity, several elements distinguish social work case management from other forms of case management. A professional social worker is the primary provider of case management. Distinct from other forms of CM, social work case management addresses both the individual client’s bio-psycho-social status as well as the state of the social system in which case management is both micro and macro in nature: intervention occurs at both the client (patient and family) and system levels. It requires the social worker to develop and maintain a specific relationship[1] with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. Services provided under the rubric of social work case management practice may be located in a single agency

("county directorate" of social welfare for instance) or may be spread across numerous agencies or organizations. Case management has both clinical and psycho-social components. With the appropriate education and training, a social work professional can collaboratively address many requisite functions. Among these are the following:

- Psychosocial Assessment & Diagnoses/Planning/Intervention
- Financial Assessment/Planning/Intervention
- Case Facilitation
- Patient and Family Counseling
- Crisis Intervention
- Quality Improvement
- Resource Brokering/Referral/Development
- Discharge Planning
- System Integration
- Outcome/Practice Evaluation
- Teamwork/Collaboration
- Patient/Family Education
- Patient/Family Advocacy

The social worker works collaboratively with other professionals in order to maintain a team-oriented approach to case management. This approach also incorporates the patient and family in care decision making.

The components of the case management - processes and operational sequences

Case management can be considered as a structural instrument in the case work, respectively in care planning[2],[3],[4]), consisting of seven phases[5]:

- *Engagement (initiation of the work relationship).* The first phase of the case management consists in receiving a client and building up of a professional relationship. There will be promoted a relation based on mutual confidence and it will be set up an agreement concerning the way the further work should be structured in the setting of the case management.

- Assessment The problems of the child (client) will be analysed and will be checked up which circumstances and live conditions restrain the possibility of the client to benefit from the existing helping opportunities offered by the formal care providers (organisation, agencies), the educational system and other care services.

The assessment and the social diagnosis represent a controversial aspect of the care work in Romania. The social diagnosis was for a rather long period of time ignored or deliberately underestimated. Sometimes an

adequate assessment needs additional time and human resources, which are not always available and specific methodologies (standard inventories, behaviour scales, standardized tests, etc.). It is important, that the strengths and the resources of the child are in the foreground identified and evaluated. A social diagnosis predominantly oriented towards deficits can lead to an inappropriate setting (planning) of the future care interventions [programmes). The social diagnosis was a long time reduced to the syntheses of a series of empirical observations, more or less chronologically classified. The correlation with other data (for instance the results of the psychological tests or medical investigations) was mostly accidental. There is also mentioned that the existing methodology (assessment instruments) remains obsolete. A new vision and new assessment procedures are needed and their establishing should constitute one of the priorities in the process of modernising the Romanian care system.

- **Planning.** It represents one of the most significant stages in the case management. The success of the following care interventions depends sometimes largely on the quality of the care plan. The process of planning includes the modelling of the targets (goals) which are to be principally accomplished in the care process. Defining the goals represents a team work that is based on the opinions of all the specialists which are concerned (psychologists, pedagogues, doctors, psychiatrists, etc.), social workers and social caretakers, the social workers of the county directorates (county care offices) in charge, the parents and the child. In this phase the treatments and the short and long time intervention strategies will be assessed and the priorities and the time frames will be agreed. It is also desirable that a set of standards and criteria for the evaluation of the development and progress of the beneficiaries is settled.
- **Intervention.** It consists of implementation and conducting of the planed care procedures. All the institutions, formal organisations and agencies, all the material and human resources which can accomplish the planed actions will be located or (and) an institution which is the most appropriate for the beneficiaries will be found.
- **Coordination.** In this stage the case manager organises and synchronises the different services and interventions of different social workers, educators and other persons and establishes the patterns of working together and the set of social connections (social network).
- **Monitoring.** It includes evaluation, reconsideration, working up of different information and writing of reports. The quality of the monitoring is strongly influenced by the "working together" of the involved institutions and actors, respectively of the relationships between the

implicated persons (social workers, educators, specialists, parents, etc.). The quality of the care services and the possibilities to maintain the initial timeframe (or, by contrary, the necessity to operate some changes) will be also evaluated. It might occur that the goals or the intermediate targets have to be improved or completely new defined. The monitoring depends on the frequency and accuracy of the permanent feed-backs between the social workers caring the interventions and the responsible decisional bodies (county care offices, respectively county social welfare directorates). The outcomes will also be measured. For each problem, issue, or concern identified, the case management care plan will have observable and measurable goals for each problem, issue or concern identified and expected outcomes. Progress toward goals will be periodically measured by the social work case manager in collaboration with the patient, family member/significant others and team members. Based on the outcomes and progress, changes will be made to the plan as needed. Outcomes measurements should include the following:

1. Problem resolution

a. Identified individual patient care plan goals met (% met, % not met, % partially met)

b. Patient adherence to treatment (to care procedures)

c. Change in general status of the beneficiary

d. Change in patient functional status/degree of disability

e. Change in patient behavior- increase in self-management activities

2. Utilization management

a. Cost of services provided (when available)

b. Utilization of resources as measured by length of residential care, readmissions in the institution, home visits, etc.

c. Appropriateness of level of service (were patient needs matched with appropriate provider services)

Reassessment and Disengagement The accomplishment of the intermediate targets and of the main goals which were already designed in the initial phase can be assessed in the monitoring phase. A final assessment has to be organised, together with all the implicated formal organisations, care providers, specialised institutions and administrative bodies, in order to evaluate the results, the short, middle and long time effects of the care work and the accomplishment of the goals. If the initially planed goals are attained a final discussion will be organised and the care measure will be ceased or a new care plan will be elaborated and implemented.

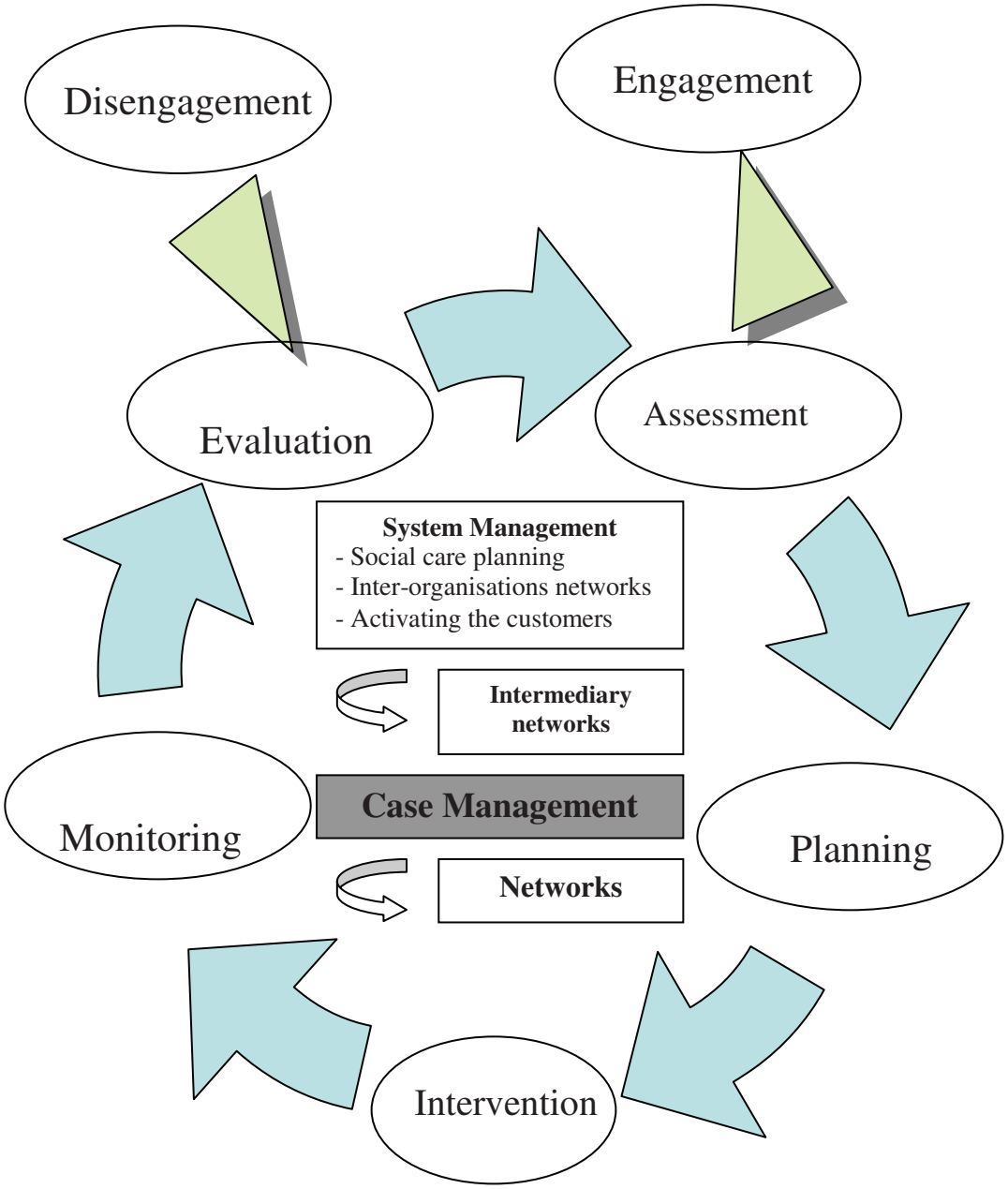

Diagram 1 Phases of Case Management

- Additionally to this final discussion is necessary to write a professional evaluation of the case and of the care work which was done. This evaluation contains the empirical data which were accumulated during the care process and also points of view and conclusions which are scientifically substantiate [6]. (Diagram 1)

More complex models [7] have been developed particularly for the care of families and children with complex medical and psycho-social problems (children at risk).

Case management – a possibility to solve problems using specific (targeted) actions

The background for the implementation of the case management was principally the socio-economical structural changes in the care and health systems in most of the West European countries since the middle of the seventies. The premise was that the quality of the care and health services, despite the rationalising of the material resources, had to be maintained at the same (high) level as before. Simultaneously it became clear that a long term residential care in specialised institutions has for the most of the care needing persons negative effects. The isolation and the lack of contacts with the outside world might conduct to less encouragement and to a low empowerment of the existing individual resources.

The campaign for the so called de-institutionalisation disseminated very fast. At the beginning it was only an uncoordinated re-orientation from the traditional residential forms of care to the non-residential forms.

In 1975 in the American "Developmental Disabilities Act" there was for the first time clearly postulated the necessity of introducing the care plan as a compulsory part of a care process. The disadvantaged persons needing social and (or) medical care have the right to benefit of an adequate support (care). The forms of the care services, the intensity of those and the correlation with the real needs of the persons have to be assessed and designed by the case manager. The case management was thought as a service for providing the necessary medical, social and educational care for all kind of persons in difficulty. The decisive role of the case management was for the first time defined in the "Community Support Program" from 1977. According to this act, one person or a team must be designated to plan and to implement all social, medical and educational care procedures which are considered as imperiously necessary for the welfare of each person in need.

A very popular model which was developed at the time was the "Strength model" (Charles Rapp and co-workers), based on the assumption that the strengths, the "tough" positive components of the individual personality can and must be strongly encouraged.

In the early eighties there have been developed different modalities of implementing the case management in different domains of social care. In Great Britain e.g. the applying of the case management was rather a political decision, which has been taken on national level. After 1980 the social and medical care was confronted with the strong demand to accomplish the work at high qualitative standards. The government promoted a care system strongly oriented towards an open market, despite of the fact that the medical care remained a public domain [8]. Soon became clear that the costs of the care programmes were diminished and more flexibility in their implementation was observed. In 1988 the British government presented the "White Paper", a document in which the concept was exhaustively explained. The Parliament enacted in 1990 the "National Health Service and Community Care Act".

The case management remains in the eighties in USA and Great Britain mostly anchored in the field of the social work (social care). The professional medical care "discovered" the method subsequently and implemented it in most of the hospital and health care institutions in form of "internal care management" (for acute cases) and "external care management" (for the following care procedures – therapies, rehabilitation and aftercare -). The lack of information between different professional groups and the heterogeneous professional experience of the specialists coming from different fields conducted to the elaboration of various models and very diverse approaches.

In the meantime the method of case management has been adopted in most of the European countries as an important component of the national care system (e.g. Germany, Sweden, Holland, France).

In the last years the method became an important issue for the modernization of the care system in almost all the European countries and a formal component of the social work at the level of the care services provided by the social care offices existing at the level of the counties.

The Romanian society (and consequently the social work as a sub-system) is in a complex process of changing and of a strong axiological "migration" from the "old values" to a new dynamic of the social expectations, morals and standards.

The actual dynamic has some characteristics, which were in the last years repeatedly and increasingly observed:
- The social problems are increasing
- The global social situation has reached new qualitative components, which contribute to an aggravation of the situation of the people needing social help.
- The deeper social cleavage of the Romanian society
- The amendments of the social laws (i. a. the very frequent modifications of the social care legislation in the last two decades)
- The demographical development
- The reducing of the public resources (specially the financing possibilities of the local and regional authorities)
- The structural changes of the labour market.

Under these circumstances the case management might be considered as a chance to optimize the care system, respectively as a methodological frame for connecting **efficiency and professionalism** inside a social work oriented predominantly towards individualised interventions and individualised care procedures (case work).
- Professionalism means to adjust the interventions to the general non-specific theoretical basis, to the all widespread standards of the social work and to the specific attributes of the labour market and work field, restricted by economy knowledge pools.
- Efficiency refers to the structuring of the social work according to the criteria of the financial and economy situation, to the inputs and outputs and to select the care measures which are the less expensive and less laborious.

The case management can be analysed at three levels:
- Micro level – methods of individual structured care interventions (case work)
- Middle level – concepts of the case and system management
- Macro level – instrument of the social-political management

CM generally represents an important support for the everyday practice and has a relevant contribution to:
- systematisation and structuring of the care processes and accomplishment of the complexity of some cases
- connecting the individual case management und the management of the care system
- empowering of the individual resources and the capacity of self organisation of the beneficiaries of the care.

But the case management can also be considered as a **risk factor** for the theory and the practice of the social work systems, which is not to be ignored. It might be a risk factor not only for the care system at the regional level but also at the level of the care institutions, especially in the case that the case

management is not connected to a network of social work bodies and to a theoretical coherent system of concepts and issues. An inappropriate implementation of the case management can lead to de-professionalizing and scientific flat rooting.

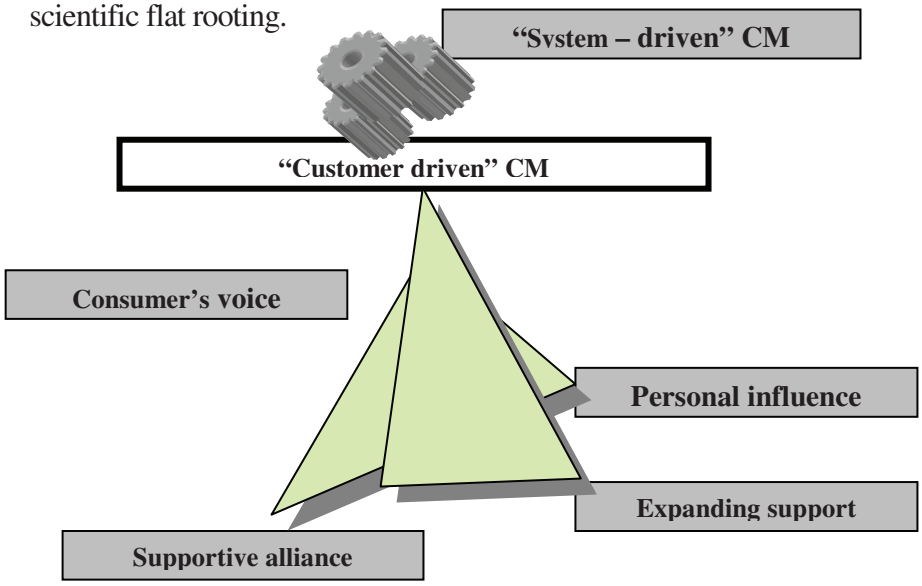

Diagram 2 - CM Interactions

The co-productive processes might be turned up into cooperation contracts excluding predetermined power roles (formal positioning). The encouragement of the individual resources, self-efficacy and self-empowerment can be delayed because of the development of self-determination without taking into consideration the conditions imposed inside the system and the real chances of being integrated in the society. It can also lead to a diminishing of the quality of the provided care if a standardising takes place ignoring the theoretical features. An efficient structuring of the care processes under professional criteria can also be damaged because of an over-dimensioned attempt to minimize the costs.

The implementation of case management can be considered as a major challenge. Despite of the development of a rather large practical experience and numerous new models and concepts, the efficiency of the case management is influenced furthermore by two aspects:

- the implementation is mostly an organisational task and does not presume supplementary material or human resources

- the managers have to develop initiative, to promote new action patterns, conceptual models and to play a decisive, creative role.

The exigencies and requirements for the care system and for pedagogy and social pedagogy comprise amongst others:

- Reflexivity applied to a new-structuring of the social work and the new conditions offered in the context of the social, technological, industrial and financial specific development for the relatively new Romanian democratic society.

- Development from CM-concepts to socio-economical basis

- Examination and evaluation of the existing concepts, based on the modern theories and concepts

- Accumulation of knowledge concerning the effects and the consequences of the implementation

The efficiency of the case management might be influenced by some "critical success factors" like e.g.:

- The explanatory statements from the point of view of the social sciences, respectively the theoretical basis of the practical approaches.
- The balance between the consulting role and the controlling function.
- Input – output strategic and policy
- Efficiency – the competition between financial reasons and professional standards
- Changes of the formal structures (decisional structures an organisational aspects)
- The short and long time consequences of the above mentioned transformations for the structures of the institutions providing care services (carrying out the supports procedures scheduled in care plans).

The necessity to work with staff having specific competences was in most of the cases ignored or underestimated. That means that, comparing to the "traditional" skills mediated in the training institutions for social workers or social cares, new, modern competences are imperatively needed. Some of them are mentioned below.

- The capability to act with professional competence – that means appropriate theoretical and practical knowledge and an adequate professional behaviour.
- Need for a high qualification according to the categories of persons in need you have to work with.

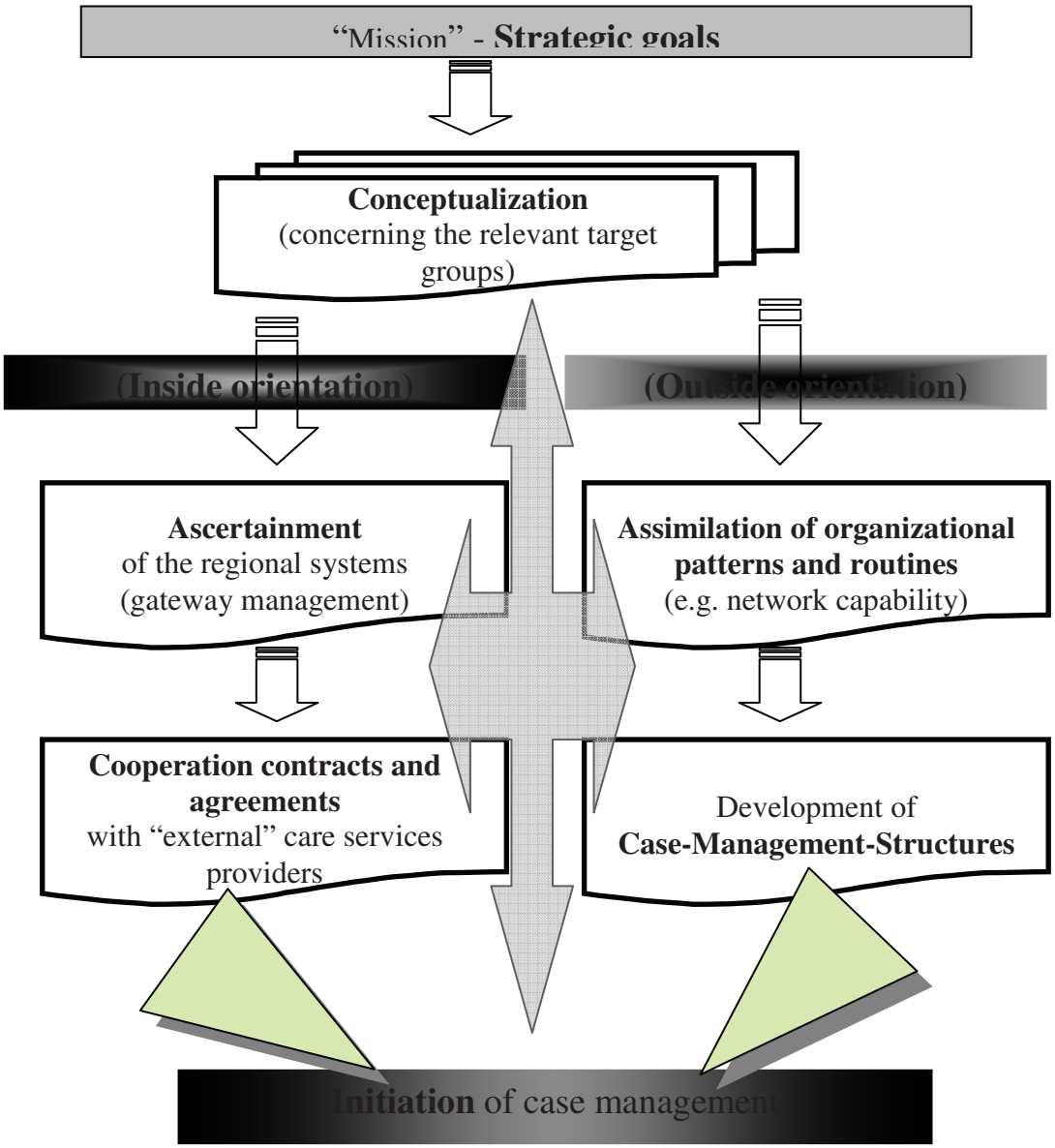

Diagram 3 - Organization and implementation of Case Management

- Need for a changed logic (a changed perspective and understanding) in the treatment of each case, a new logic based on taking into consideration the existing resources and on developing realistic perspectives.

Conclusions

The case management becomes only relatively recently a methodology which is used on a large scale in the Romanian social child care, especially on the level of the county social care directorates, but seems to be increasingly considered an efficient way to combat routine and the tendencies to over-dimensioning the bureaucracy. A successfully implementation of the case management is not a simple process and can be substantially influenced by a series of factors. Some examples:
- A theoretical reviewing of the main concepts of the case management in accordance with the Romanian realities is imperiously necessary.
- A certain practice, which was currently "promoted" in the last years in the field of child welfare in Romania, was that of "importing", mostly without an adequate reselection, the new concepts, the new practices and the new working tools from west-European countries. As we mentioned on some other occasions, this "bringing in" of models might be very hazardous for a system which still tries to find its own identity and specificity. The care methodology has to be based and has to grow all the way through and with the social specific realities of the geographical and social areas.

An exhaustive, professionally understanding of the targets and goals and of the specificity of the work is needed. The lack of available professional experience (e.g. most of the social workers, social pedagogues and social careers were not properly trained to use the case management and their theoretical formation did not included the main knowledge concerning this topic) and of possibilities to compare largely and creatively different systems diminishes the opportunities to point out the main issues and the pertinent priorities and might conduct to a false understanding of the functions and of the ways the case management can efficiently function. Two aspects have to be taken into consideration:
- The way of intercourse, of handling with the controversial and tenseness relationship between the professional and the financial expectations.
- The weighting between the "case consulting" (care consulting) and the "case controlling"

The compatibility between the concepts, organisations and the people which are directly or indirectly involved in the care process has to be regularly verified and reviewed. At least three aspects have to be considered:
- acceptable frameworks and basic parameters
- acceptability of objective evaluation methods and formal controlling procedures
- equilibrium between the desired autonomy of the case management and the controlling imposed by the formal structures of the child care system.

It is interesting to mention in this context that in some of the social care directorates e.g. the decisional autonomy of the care workers is permanently put unto question and challenged because of various departmental notes and instructions and more and more the individual decisions of the caretakers and social workers are subordinate to the decisions of some ad-hoc created work-groups (task forces)[9] .

Some formal organisations incline to adopt an over-dominating position and to subordinate excessively the teams of social caregivers working in different social areas or in institutions. The case management remains, in such situations, simply a theoretical approach, without any relevant practical influence.

Case management represents an important factor contributing to a professional approach and to the improving of the process of finding skilful solutions into and for a care system which is increasingly confronted with escalating demands and stagnating resources.

CM facilitates the informal, formal and cultural anchoring of the social work and cooperation between different implicated organisations in a complex and accurate structured social care network.

The case management plays also an important role for the further development and profiling of the social work as a profession and not only as an empirical approach.

As mentioned before, we consider that one of the priorities in the process of modernizing and professionalizing of the care system in Romania remains the training (the formation) of a competent body of decisional staff at the level of the county directorates on one side and of social workers, social pedagogues and social caretakers on the other side.

Especially in the case of the professional body of care managers, that have to be trained in each county, the universities have to be involved more intensively, as institutions having the desired knowledge and the human resources to implement and conduct training-on-the-job programmes for all of the already mentioned professional groups. At the county level the

implementation of such programmes should also constitute a priority for the institutions responsible for the implementation of European projects.

Fact is that the care system imperiously needs management structures that could assure a better organisation and an improved running of different care programmes and a professionalizing of the existing body of practitioners and specialists.

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