Case Management Guiding Principles

learning material

Case Management Guiding Principles[1]

1 Guiding Principles in reference to …

1.1 … the recipients[2]

Case Management is for the benefit of the recipients and takes the following basic principles into consideration:

1.1.1 Recipient (client) orientation

The recipient is involved in the process of assessing their individual service and support requirements as well as in tailoring the range of support measures to exactly suit their needs. The recipient is as closely involved as possible in all the CM processes and is encouraged to take on responsibility.

1.1.2 Closeness to living environment

The living conditions and local and social environment of the recipient are taken into consideration at all times. It is essential to comprehend the personal perspective, thoughts and feelings arising from the living environment of each individual recipient.

1.1.3 Human Multidimensionality

This means that not the body or psyche of a person should ever be considered in isolation but that a person should be seen in their entirety. Therefore all relevant psychological (mental, emotional and cognitive) as well as physical, social and organization-related or local characteristics have to be considered.

1.1.4 Resource orientation

The programme offered should be oriented to all the recipient's skills and capabilities together with the human and material resources available. These skills and capabilities are to be maintained and strengthened. This is in contrast to deficit orientation where the weaknesses and limitations determine the programme.

1.1.5 Empowerment

This involves the facilitation of autonomous action by encouraging, informing, counselling and supporting. It is important to increase the recipient's motivation to seek out the necessary assistance from what is on offer. The priority is support in the sense of helping to self-help and, if necessary, also advocacy.

[1] Guiding principles serve to create a common understanding. They are ethical principles and work rules which a group of people adopt who strive to achieve the same goal with their work and for this reason agree on a certain uniform course of action.

[2] The term recipient stands for all people in general who receive assistance or support. Depending on the situation, recipients could be clients, customers, patients, or persons in rehabilitation.

1.2 … professionality

A case manager has an authorized position in the local provision structure. The implementation of CM requires the case manager to be accepted as co-initiator and co-former of network connections as well as their institution being professionally recognized in the regional provision landscape. The case manager must be provided with the necessary structures and support as well as being given a free hand by their own institution in order to carry out the case management.

CM is carried out on the basis of the latest scientific knowledge and at a high standard. This includes:

1.2.1 Interprofessionality

This stands for interdisciplinary thinking and action and cooperation with other specialist disciplines.

1.2.2 Neutrality

All action taken must focus on the requirements of the recipients – initially without regard to the personal interests of the case manager or their institution.

1.2.3 Effectivity

This describes the degree of expediency of the assistance given. The closer the measure comes to fulfilling its goal, the more effective it is.

1.2.4 Efficiency

This is achieved if the time and costs of the supportive assistance are reduced by networked cooperation.

1.2.5 Assistance transparency

- … for the recipient so that it is always clear for them which service is aiming to achieve which goal.
- … for the persons providing the support and the institution, so as to be able to provide a coordinated, networked service package without unnecessary delay.

A service plan serves as a common, binding document. The agreed provision of services can be constantly monitored and evaluated by the case manager.

1.3 … social and socio-political aspects

CM is an action plan in the context of welfare and health care.

1.3.1 Subordination

CM takes effect where self-help and informal help are not sufficient.

1.3.2 Welfare mix

CM is oriented to the principle of a welfare mix: this means that – depending on the needs and the support available – not only professional support but also offers of neighbourly help are included, wherever these serve to reach a goal.

1.3.3 Demand orientation

A needs-based comprehensive service requires managing interfaces between social institutions and service providers in order to ensure both a seamless and speedy service.

1.3.4 Outpatient in preference to inpatient, participation in preference to care

CM adheres to the legal principles, namely: outpatient is preferential to day patient, day patient is preferential to inpatient and participation is preferable to care.

2 Purpose of Content/Policy

2.1 Purpose/Target group

CM should only be employed when the justification for it has been professionally established: CM is effective with people in complex problematic situations, where several supportive measures from various sides have to be coordinated. If the problematic situation can be resolved with one single measure, then this is not case management but a general counselling process.

2.2 Goals

The goals are set having taken the individual and social context into consideration:

- The individual need for support of a person should be fulfilled using direct communication, adjustment to the particular environment and the supply or external support measures.
- The recipient and his/her environment should be provided with the ability to deal with and overcome social and health challenges not only physically but also mentally and all this on a sustained basis.
- It should be ensured that the recipient can fully participate in society – both in their working and cultural environment. The ICF (The International Classification of Functioning, Disability and Health) talks of activities and participation in this context and should be the basis of the work in CM.

2.3 Operational framework

Case management covers the individual case and the system level, which itself can be divided into the organization and the institutional network level.

2.3.1 Individual case level

The individual case level can be divided into several phases:

1. Intake (case allocation and identification)
2. Assessment (problem analysis)
3. Help plan (mapping out of goal(s) and planning measures to be taken)
4. Carrying out, controlling and timing of measures (linking, monitoring, reassessment if necessary)

5. Evaluation (checking effectiveness, quality control)

In CM offers of support and services are collected, planned, implemented, coordinated, monitored and evaluated.

2.3.2 System level (organization and network level)

- The organization level includes organizing the structure in which the case manager will be directly integrated. The organization must feature structures which enable case management based on individual cases.
- The network level includes the creation and maintenance of networks and cooperation schemes within the support institutions and providers.

It is the system level which distinguishes CM from other forms of counselling. CM has the goal to influence the strategic and political level in order to bring individual requirements in alignment with the respective offers of support.

3 Parameters for standards

3.1 Structural features of CM

The CM process is usually limited time-wise. A time frame is given in the help plan.

- The continuity of responsibility for each particular case is guaranteed. This responsibility lies ideally with one person backed up by a team in which the case manager is fully integrated.
- The implementation of CM takes place on a methodical, institutional and regional level. CM on the system level operates on the assumption that there are institutional and regional possibilities to make changes in the local care structure.
- The contracting authority can demand accountability from the case manager for the activities.
- CM is a set of methods which is tailored to a specific individual case as opposed to institution-related Care Management Systems or to case group-related standard processes, for example in Pathway Management (internal institution care methods e.g. in hospitals) and Disease Management (special programme for certain diagnoses).
- CM includes the following areas of support: information, advice, guidance and control of assistance processes and the application of concepts and methods of networking.

3.2 Quality features

CM is carried out on the basis of quality management.

- The case manager’s work is based on a detailed product and service description (i.e. what does the case manager do?).

- The following questions are asked: structure (i.e. which underlying circumstances is the work based on?), process (i.e. what form should the work take?), and quality standards for the results (i.e. which goals were reached? Effectivity and efficiency).
- Work instruments are generally standardized (e.g. software-aided assessment, help plan, …). As far as possible the CM process should not be dependent on a specific case manager but rather it should be possible for it in the case of illness to be passed on without delay to a colleague. (compare 3.1 2nd subparagraph)
- The results are standardized, systematically documented and evaluated.
- Quality control measures are assigned to the process and systematically carried out.

3.3 Competences

CM is used by persons with relevant skills:

- The competence profile of a case manager includes the areas of expertise (specialized knowledge), social skills, self-competence and methodological skills.
- The CM, his/her organization or related political authorities have the expertise to design the individual case level as well as the system level.

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