CASE MANAGEMENT:
A GUIDELINE
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European projects contribute to the big picture of a united Europe. They provide a framework for the transfer of knowledge and experience, international meetings and mutual learning. One result of such activities is the present guideline “Case management in a European context”. It introduces case management as a concept of action and records the results of an international cooperation with project partners from Poland, Latvia, Greece, and Slovenia.

The central subject of the EU-funded LEONARDO DA VINCI project “Case management in employment promotion and health care system” is the transfer of case management into other European countries. While already being in frequent use in Germany in the areas of the social services and health care, the case management approach is mostly unknown in the partner countries Poland, Latvia, Greece, and Slovenia.

Case management concept was transferred into the partner countries with the help of a further training program. This program was developed by FHM and satisfies the DGCC quality standards. Professionals and experts will be made familiar with the concept of action, especially with regard to their countries’ specific conditions, in order to apply this concept in the fields of employment promotion and health care. In Poland and Slovenia, case management will be discussed as a new approach predominantly for the field of employment promotion, while in Greece and Latvia it is the health care system which is in the focus of attention.

Because in the partner countries the administrative and political circumstances are quite different, the first step was to have a look at basic structural conditions. Additionally, the professional and transversal competencies a case manager has to have have been investigated in order to draw up a country-specific demand profile. These profiles give information about which competencies professionals have to have to work as case managers.

The project partners should become acquainted with the concept of case management and be enabled to apply it appropriately to the specific conditions and problem areas existing in the area of employment promotion and health care.

On the basis of the certified case management concept developed by FHM and with regard to the country-specific conditions, a further-training program “Case Management” (Leonardo) (FHM) has been developed.
1 INTRODUCTION
The requirements that professionals have to fulfil in order to offer or convey professional assistance to others in need, become higher and higher. Both the individual situations of the clients and the range of services available become more complex. At the same time, professionals perceive the pressure to work very economically and as effectively/efficiently as possible, and they have to give evidence of their services’ high quality. Within this area of conflict the concept of case management was developed and established and can be understood as a goal-oriented and structured method.

The aim of case management is to support people in very challenging life situations, for example in the case of disease, unemployment, or need for care. Both the individually-oriented work with the client (case management) and the efficient use and coordination of service and performance process in the care system (system management) constitute the core of case management.

Since the concept of case management is mostly unknown in the partner countries, it is a new approach to transfer this concept into these countries so that they may then implement case management into the work fields of employment promotion and health care. Therefore case management might be able to give new ideas on how to deal with various challenges in those fields of work. In both employment promotion and the health care, case management is an approach which can increase the effectiveness, efficiency and sustainability of patient-centred care processes.

This guideline introduces case management as a concept of action for the field of employment promotion and in the area of the health system in selected European countries. Answers to the following questions will be delivered:

- What is case management and what can it be used for?
- In which fields of work can case management be used?
- Which functions and tasks does a case manager have?
- Which competencies does a case manager have to have?
- What is the significance of quality in the context of case management?
- How can case management be implemented in various domains?
- And which role do cooperation partners, networks, and neighbourhoods play in this context?

This guideline wants to provide an overview of the concept of case management for both policy makers and people with a general interest, who work in the field of employment promotion and health care. The handbook contains important information about how the innovative concept of case management can lead to positive effects in support management and why it is very useful to educate case managers to work with this concept.
2.1 CASE MANAGEMENT AS AN ACTION CONCEPT

The concept of case management reveals its qualities in action. It is not a theoretical idea, but an approach to solve practical, political and administrative problems. Case management can be seen as a form of support management. It is widely used in many health care and welfare settings, as well as in employment promotion when supporting people in challenging life situations, characterised e.g. by disease and care dependency, unemployment, job re-/integration etc. Case management optimises procedures, connects those affected, fosters cooperation and helps to reduce costs.

"THE TASK IS TO ORGANISE, CONTROL AND EVALUATE A GOAL-ORIENTED SYSTEM OF COOPERATION, WHICH TAKES INTO ACCOUNT THE INDIVIDUAL’S NEED FOR SUPPORT. THE INDIVIDUAL TAKES PART IN THE CREATION OF THE COOPERATION." (DGCC 2013)

The core of case management is the individual, client-oriented work (case management) and the efficient and effective control of the service and performance processes in the care system (system management). The special thing about case management is therefore its function to initiate and shape potent (human) services.
Things To know

The client and the people with whom he or she interacts constitute the **CASE LEVEL** of case management. Case management is structured and can be described as a phase model. Regarding the case level, the case manager reviews the responsibilities, gives advice to the client, determines his or her need for help and resources, works out a help plan, coordinates services, controls the services’ implementation and evaluates the whole process.

The interconnection of the service-suppliers and the informal local support constitute the **SYSTEM LEVEL** of case management. Here, ‘interconnection’ means the initiation, setup, care and control of the standardised cooperation- and coordination-structures within the local care framework. It is the system level which distinguishes case management from other forms of counselling.

**GUIDING PRINCIPLES OF CASE MANAGEMENT**

**RECIPIENT ORIENTATION / CLIENT ORIENTATION** means both the individual, person-related involvement of the client in the process of needs assessment, and the focus on the client’s needs regarding the selection of the different support services. The client should be involved as much as possible in the processes of CM to encourage him or her to take responsibility.

**ORIENTATION OF LIVING CONDITIONS** means to support social connections, especially within the family and the neighbourhood. These resources are promoted in order to use them to solve social issues.

**MULTIDIMENSIONALITY OF THE CLIENT** means to take into account relevant mental (emotional, cultural and cognitive), physical, social, organisational and regional aspects of the client.

**RESOURCE ORIENTATION** means to focus the support services both on the client’s abilities, and the personal and material help available. In order to solve various tasks, these resources are strengthened.

**EMPOWERMENT** in terms of the client’s personal empowerment means to promote self-paced action through encouragement, information, counselling and support. The client’s competencies are promoted in order to encourage the client in his or her own actions. Important for this is the promotion of the client’s motivation to use necessary support supplies. The priority here is the support action and, if necessary, legal action.

**CASE MANAGEMENT HELPS TO ADDRESS CHALLENGES**

In the fields of health care, nursing, employment promotion and rehabilitation, professionals regularly have to deal with clients who have complex problems. Often, it is not easy for the affected individuals to take an overview of all the supporting services that might be available to them. Additionally, many clients are unable to generate and use resources on their own in critical situations.

Most of the professionals in care institutions are overwhelmed with work. A contributing factor to this is that often work cannot be done efficiently. This can lead to unnecessary work, to disturbed communication and even to an over-/ under-supply of the clients.
### Problems and Challenges

#### Problems of the Client

- Various needs
- Confusion regarding the available services
- No idea who can be asked for help
- Insufficient understanding of the professional jargon
- Few social contacts
- Former attempts to solve the problems did not work
- A (temporary) lack of resources
- Lack of motivation / resignation

#### Institutional Problems / Problems of Professionals

- Uneconomic work
- Ineffective work
- Undersupply of the client
- Oversupply of the client
- Professionals are overworked
- Lack of time
- Ambiguous structures
- Problems with communication

### Solutions Provided by Case Management

#### Solutions for the Client

- Goal orientation
- Focus on resources: use, evolve and shape resources
- Inclusion of social networks
- Integrated help processes
- Ongoing help processes
- Precisely fitting care
- Encouragement by empowerment

#### Solutions for the Institution / For the Health Professionals

- Efficiency
- Effectiveness
- Precisely fitting care services
- Structured procedures
- Specific distribution of work
- Time management
- Interface management
- Quality management
- Transparency regarding the procedures and services
- Effective communication

Table 1 // Problems and the solution delivered by case management
2.2 SPECIFIC FUNCTIONS OF CASE MANAGEMENT

CASE MANAGEMENT CONNECTS

Case management has been proved to be a goal oriented and structured concept of action which links the priorities of institutional and organisational challenges on the one hand and the individual needs of every single client on the other hand. In this context the elements of cooperation and counselling are important. Counselling can be seen as a general principle of case management and relates to both the personal concerns of the client and the use of care services. Cooperation means that the case manager is always available for the client to be contacted in case of any problems. The case manager connects the client system with the health care system to ensure precisely fitted care.
CASE MANAGEMENT PROVIDES SUPPORT

because it gives help precisely fitting to the individual. Case managers accompany individuals and because of their training case managers are prepared to support clients even in very difficult situations, so that they can get the best out of them.

CASE MANAGEMENT CAN INCREASE EFFICIENCY

because it provides advantages for all. The client is very well informed and takes part in important decisions; this increases the quality of the results. Different settings require tailored processes and cost-effective work at the same time. Money is used efficiently and regional services are used and developed.

CASE MANAGEMENT ENSURES QUALITY

because services are oriented towards the individual client, available resources are used optimally and the effective cooperation of all those professionals involved is organised, controlled and evaluated.

CASE MANAGEMENT CREATES TRANSPARENCY

because the base of the concept is a clearly structured method. Every single step is described and observable. Case management can be used in many areas and can be combined with other methods; case management aims to activate the client’s and environment’s resources to make them available for solving any problems. Case managers try to achieve this goal and the work in transparent structures.

CASE MANAGEMENT IS INNOVATIVE

because it is compatible with other demands. Case management allows integration in the health, social and occupational areas and connects the interfaces both within the organisation and between the different settings, for example regarding the tasks of occupational rehabilitation, integration into the job market, induction into care, or the discharge management.

CASE MANAGEMENT IS IN NEED OF QUALIFICATION

because working with this concept of action requires certain competencies a case manager has to have. Case managers have to have specialised knowledge, skills regarding methodological work and a professional ethic. These competencies are acquired in training and make it possible for case managers to work professionally.
2.3 AREAS WHERE CASE MANAGEMENT MAY BE USED

Case management is used in administrative bodies, welfare organisations, and by private providers, therefore there are many fields of application. Due to changes in social services and the health care system, developments within organisations, and changes within the socio-political context the fields of application are growing.

The following areas where case management can be used is not an exhaustive list but offers examples. Since the operating principles of case management are based on cooperation and coordination, it does not fit into a rigid frame of vocational activity. A holistic approach and integration are important principles for case management.

<table>
<thead>
<tr>
<th>AREAS OF USE FOR CASE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARING</strong>, e. g. nursing sick people, elder care, geriatrics, hospice settings</td>
</tr>
<tr>
<td><strong>REHABILITATION</strong>, e. g. occupational integration management, specialist integration service</td>
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<tr>
<td><strong>WORK WITH DISABLED PEOPLE</strong>, e. g. personal assistance, self-management</td>
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<tr>
<td><strong>FAMILY ASSISTANCE</strong>, e. g. individual mentoring</td>
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<tr>
<td><strong>CHILD AND YOUTH SERVICES</strong>, e. g. help with planning, educational help</td>
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<tr>
<td><strong>PROBATIONARY SERVICE</strong>, e. g. supervision and resocialisation of delinquents</td>
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<tr>
<td><strong>WORK WITH HOMELESS INDIVIDUALS</strong>, e. g. coordinated care</td>
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<tr>
<td><strong>WORK WITH SUBSTANCE-DEPENDENT INDIVIDUALS</strong>, e. g. support regarding life style</td>
</tr>
<tr>
<td><strong>WORK WITH ADULTS</strong>, e. g. debt advice service</td>
</tr>
<tr>
<td><strong>PSYCHIATRIE</strong>, e. g. support with daily living, local district psychiatric healthcare networks</td>
</tr>
<tr>
<td><strong>MEDICAL TREATMENT</strong>, e. g. clinical assessment</td>
</tr>
<tr>
<td><strong>EMPLOYMENT PROMOTION</strong>, e. g. help for job-seeking individuals, employment-oriented case management</td>
</tr>
</tbody>
</table>
Case management contributes to an individually tailored care process. Case management is not necessary every time a person is in a critical situation but in touch with facilities of the social and health care services or/and employment promotion. The following criteria can help to explain when a case management is necessary.

REGARDING THE INDIVIDUAL LEVEL, CASE MANAGEMENT IS NECESSARY WHEN THE FOLLOWING CRITERIA ARE MET:

- A complex situation consisting of various needs is present
- There are many agents involved. The involved parties have to coordinate their services (welfare mix) in order to guarantee a successful integration of the services.
- The basic and regular care is not sufficient.
- The client is in need of professional help because of insufficient resources.
- The client agrees to the case management process.
3.2 PROCEDURE AND PHASES OF CASE MANAGEMENT

The action concept of case management has a phase oriented structure. On the one side there are plannable modes of practice, on the other side there are process oriented procedures. The aim is to integrate all the support management’s processes. Therefore the complexity of each phase is reduced by a structured procedure. This approach makes it possible to elicit the core problems and to solve them in the best possible way.

The following example of a case depicts an insight of the case management application. The course of the phases description in the case example will be specified and possible procedure formulated. Every phase depiction contains a checklist with basic questions in a summarised form. It can be assumed that due to the complexity in real life situations, also other scenarios are possible.

CASE DESCRIPTION

**FAMILY X** lives in a small city. **MR X** is an engineer. Ten years ago his employment was terminated because of his repeatedly consuming alcohol at the work place. After he was dismissed he was unemployed for several years. During this time he started numerous therapies. Two years ago, he found a job as a skilled labourer in an industrial firm. Three weeks ago, **MR X** suffered a stroke and is in treatment. The right side of his body is paralysed, so he cannot stand up by himself. He can eat prepared meals.

**MISS X** is a qualified sales woman. She works as a cleaning power in a shopping mall. Over the last years she has repeatedly lost her job. Miss X suffers from depression and takes medication.

The 14 year old **SON** visits the school only irregularly. He is in touch with the drug scene and was caught several times by the police because of stealing and fights.

A 10 year old **ADOPTIVE DAUGHTER** lives with the family, she is the child of deceased relatives. She likes most to spend her time at home and she loves it, it if someone gives her household-related tasks. In school, she finds it difficult to relate to other children. Unlike when she is with her family, she is an introverted and quiet person in school.

**FAMILY X** has large debts.
The phases and procedure of case management are described in relation to the example.

### Case Management Framework

<table>
<thead>
<tr>
<th>Intake</th>
<th>First contact</th>
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<tbody>
<tr>
<td>Clarification support</td>
<td>Clarification support/inventory</td>
</tr>
<tr>
<td>Initial Counselling</td>
<td>Contract</td>
</tr>
<tr>
<td>Assessment</td>
<td>Analysis of problems and resources</td>
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<tr>
<td>Analysis</td>
<td>Technical assessment</td>
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<tr>
<td>Prediction</td>
<td>Assessment by clients</td>
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<tr>
<td>Need for aid / support /care</td>
<td>Assessment by third parties</td>
</tr>
<tr>
<td>Planning of aid / support / care</td>
<td>Predictions</td>
</tr>
<tr>
<td>Linking</td>
<td>Aims of the aid services</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Determination of how much aid is needed</td>
</tr>
<tr>
<td>Reassessment</td>
<td>Draft of possible suitable and necessary services</td>
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<tr>
<td>Ending</td>
<td>Aid conference/network conference</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Talks to plan aid services</td>
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<tr>
<td></td>
<td>Selection and definition of aid services</td>
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<tr>
<td></td>
<td>Aid plan / support plan / care plan</td>
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<tr>
<td></td>
<td>Contract</td>
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<tr>
<td></td>
<td>Transition into the aid operation</td>
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<td></td>
<td>Determination of the case manager’s interventions</td>
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<td></td>
<td>Deploying and interlinking the different activities</td>
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<td></td>
<td>Validation aim - effect</td>
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<tr>
<td></td>
<td>Acceptance by the clients</td>
</tr>
<tr>
<td></td>
<td>Validation and cooperation of the people and institutions that provide help</td>
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<td></td>
<td>Evaluation by all participants</td>
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<td></td>
<td>Continuation or finalisation</td>
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<td></td>
<td>Transfer/referral to other help systems</td>
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<tr>
<td></td>
<td>Evaluation success – effort</td>
</tr>
<tr>
<td></td>
<td>Evaluation for the health and social planning</td>
</tr>
</tbody>
</table>

**Table 2 // Phases and procedure of case management**
PHASE 1 // INTAKE, CLARIFICATION SUPPORT

THIS PHASE INCLUDES

- First contact
- Clarification support/inventory
- Contract

CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

**MR X**

CASE MANAGER **MISS CM** is responsible for the discharge management in the hospital. Together with her team she creates procedures and validates their implementation. She has a first counselling talk with **MR X**, notes his diagnosis and important personal details and arranges an agreement with him regarding case management.

**MISS X**

CASE MANAGER **MR CM** from the department of employment promotion is responsible for **MISS X**. He notes her personal details and her concerns and he encourages her not to give up but to find new perspectives.

CHECKLIST

CENTRAL QUESTIONS THAT CAN HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- Does „the case“ belong in the realm of a Case Management process? Are there multiple problems and multiple actors?
- Can the chosen institution deal with the problems correctly?
- Teaching the client! What is Case Management? What is it used for? What can the client expect? What happens if the client is passiv/active?
- How can the relation to the client be fostered and strengthened?
PHASE 2 // ASSESSMENT

THIS PHASE INCLUDES

- Analysis of problems and resources of the client
- Assessment of the situation by the case manager
  - by the client him/herself
  - by third parties
- Prediction of the future

CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MISTER CM and MISS CM analyse their clients’ situations and the situation of family X regarding social, financial, health and occupational aspects. They assess supply gaps and consider what would happen if family X were left alone. At the same time, they assess all of the family’s resources. Both parents have a good formal education; they have a good relationship with their neighbours. The family has a small garden which is used for growing vegetables. The children have a good relationship with MR X’S parents. The adopted daughter is seen as an enrichment for married couple X.

CHECKLIST

CENTRAL QUESTIONS THAT CAN HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- How does the client deal with his/her current life situation?
- What problems are present and under which circumstances do they emerge?
- Which kinds of support does the client need (first assessment)?
- What prevented him/her from using these kinds of support independently?
- Which strengths and resources does the client have?
- Which abilities to self-help does the client have?
- How is her social network organised?
PHASE 3 // NEED FOR ASSISTANCE / SUPPORT / CARE

THIS PHASE INCLUDES

- Phrasing the client’s aims together
- Assessing need for aid/support
- Draft of suitable and necessary aids/support

CENTRAL QUESTIONS THAT HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- Which changes are targeted from the point of views of the client, the case manager and third parties?
- Which aims can be deducted from the above?
- Are these aims specific, realisable, acceptable, scheduled?
- Which arrangements can be derived from the aims?

CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MR X’S AIMS: independence, securing health care supply, contact with his son

MISS X’S AIMS: permanent job, care for the underaged children, no debts, optimism

Some help is already available. The neighbours want to help with the home nursing care of Mr X after he is discharged from the hospital. Mr X’s parents want to support the family by looking after the children.

MR X therefore needs support regarding his rehabilitation and possibly assistive equipment.

MISS X needs support for both, to become mentally stable, and to re-orient herself regarding her job.

Both Mr and Miss X require assistance to foster their relationship with their son.

CHECKLIST

CENTRAL QUESTIONS THAT HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- Which changes are targeted from the point of views of the client, the case manager and third parties?
- Which aims can be deducted from the above?
- Are these aims specific, realisable, acceptable, scheduled?
- Which arrangements can be derived from the aims?
PHASE 4 // PLANNING OF AID / SUPPORT / CARE

THIS PHASE INCLUDES

- Aid conference, network conference
- Talks to plan aid services
- Selection and definition of aid services
- Definition of the aid plan / support plan / care plan

CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MR CM and MISS CM organise both a conference in order to plan the different aids, and talks with funders and rehabilitation providers. Professional networks will be activated by the case managers, to include providers of employment programmes, family aid, encounter group, debt advice service, and therapists.

MISS CM arranges a rehabilitation plan for MR X. Additionally she gets him a walking frame and physiotherapy appointments. Furthermore she talks with Mr X’s neighbours, who want to care for Mr X. They will receive financial compensation.

MR CM registers MISS X for an employment funding program. He shows her the way to self-help groups for people with depression and suggests various medical interventions. Furthermore he accompanies her to the first meeting with the debt advice service.

Mr and Miss CM arrange a conference to plan the help available from the youth welfare office. Together they come to the conclusion that the family needs additional professional supervision for the son.

CHECKLIST

CENTRAL QUESTIONS THAT HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- How can the required activities be implemented?
- Who implements them?
- By when are they going to be implemented?
- How will the implementation be evaluated?
- Are all involved parties / institutions qualified to solve the tasks?
- How is the quality of the involved institutions characterised? Structural, process-related?
- Are there enough capacities?
- Which tasks does the case manager take over? Which areas should the case manager oversee?
- In which areas does the client act independently?
Phase 5 // Linking, Monitoring, Re-assessment

This phase includes:

- Deploying and interlinking different activities
- Validating:
  - the effects of the aims
  - the client’s acceptance
  - how well the cooperation is working
- Updating or changing the aid plan

Central questions that help to shape this phase effectively can be the following:

- Which changes occurred during the case management process?
- Which sub-goals have already been accomplished?
- Why have some goals not been accomplished?
- Is a re-assessment necessary?

Case Example - Application of Case Management

After discharge of Mr X from the clinic, Miss CM regularly checks his healing progress. He is doing well so the aid plan can be continued. The neighbours still like to help Mr X and are satisfied with the compensation.

Mr CM still looks after Miss X. Thanks to good medication and regained optimism she could find a new job.

Temporarily, the son lives in an assisted living community, in which he receives social and educational support.
PHASE 6 // ENDING, EVALUATION

THIS PHASE INCLUDES:

- Continuation or finalisation of the case management process
- Transfer/referral to other help systems if necessary
- Evaluation of success and effort
- All participants evaluate the process
- Evaluation for health and social planning

CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MISS CM conducts a closing table with family X after six months. MISTER CM does this after a full year.

THE SITUATION AFTER SIX MONTHS.
MISTER X hasn’t regained completely his ability to work, but he can move and walk by himself. He doesn’t need nursing care any more. He works from his home office for several hours a day for a company’s service telephone hotline. Since his stroke he doesn’t drink alcohol any more.

THE SITUATION AFTER A FULL YEAR.
MISS X stayed with her job. She doesn’t need medication any more and she has a wider circle of friends now. The SON doesn’t plan to return home yet, since he feels safe in the care facility. The DAUGHTER dealt well with the crisis.

The family is able to pay back the debts.

CHECKLIST

CENTRAL QUESTIONS THAT CAN HELP TO SHAPE THIS PHASE EFFECTIVELY CAN BE THE FOLLOWING:

- Which changes did occur by the end of the case management process?
- To which extent have these changes been successful?
- Are aftercare operations necessary?
- How effective have the activities been?
- How efficient has the use of the methods and resources been?
3.3 THE WORK WITHIN NETWORKS

Networking is a special part of case management. There are more resources in the surrounding systems than is regularly assumed. Case managers work with and within networks, they always act “networked”.

Case managers do have responsibility for the case, however they do not stand alone but in constant contact with all involved persons and organisations. This enables them to work efficiently and effectively. In doing so, they focus on both their client’s strengths and needs (recipient orientation) and their client’s environment (environment orientation).

Holistic case management work includes both the recipient and the environment orientation. Both aspects

- TAKE INTO ACCOUNT THE CLIENT AS A WHOLE AND AS AN INDIVIDUAL
- CONTRIBUTE TO THE ASSESSMENT AND DEVELOPMENT OF THE RESOURCES

and thereby increase the client’s courage and personal empowerment.

This work is only possible when cooperating partners are involved in the process.

On the one hand, the diversity of the various services offered by different parties such as payers, service providers, freelancers, institutions, administrative bodies, companies and private individuals is necessary in order to work efficiently and effectively.

On the other hand, the case manager can be seen as a kind of „architect for the social world“ who can re-create support networks or shape new ones. Often, new schemes have to be designed, developed, and controlled in order to supply efficient and effective care for groups of clients. For that reason a deep knowledge of both the social infra-structure and the supply structure is essential.
FROM DISINTEGRATION ...

... TO COORDINATION.
EXAMPLE

Offers of assistance and care services can be grouped regarding their target group (Ill. 3). Additionally, case managers can initiate new offers. Through this, time and costs can be saved and procedures shortened, and additionally the client’s potential for self-help can be used.
**COOPERATION AND NETWORKING PARTNER**

To accomplish the objectives, case managers have to rely on cooperation and network partners. The cooperation of various people and institutions involved in a case will work if all they are connected. Proceeding in this way, information can be more easily shared and different activities coordinated, questions regarding the finances can be clarified and necessary steps be initiated.

Essential for the creation of a network are the abilities a potential network partner has.

<table>
<thead>
<tr>
<th>PROBLEM AREA</th>
<th>POTENTIAL NETWORK PARTNERS</th>
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<tbody>
<tr>
<td><strong>CLIENTS WITH ...</strong></td>
<td></td>
</tr>
<tr>
<td>Chronic diseases</td>
<td>Care services, hospitals, information centres, support groups, care homes, health insurance founds, rehabilitation centres, physicians, public and private sponsors, ...</td>
</tr>
<tr>
<td>Long term unemployment</td>
<td>organisation of employment promotion, schools, employer, institutions for occupational qualification, public and private sponsors, ...</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>Psychologists, psychiatrists, psychotherapists, physicians, mobile and non-mobile care services</td>
</tr>
<tr>
<td>Addiction</td>
<td>Substance abuse centres, support groups, therapy centres, ...</td>
</tr>
<tr>
<td>Debts</td>
<td>Debtors’ advisory centres, banks, governing authorities, ...</td>
</tr>
<tr>
<td>Family problems</td>
<td>Youth welfare office, kindergarten, family services, schools, social service centre, ...</td>
</tr>
<tr>
<td>Delinquent behaviour</td>
<td>Police, schools, jails, social services, e. g. probationary service, legal carer/guardian, ...</td>
</tr>
</tbody>
</table>

Table 3 // Problem areas and network partners
The following checklist should help the organisations and facilities that plan to generate a network for case management to get an overview about the relevant aspects:

**CHECKLIST FOR BUILDING UP A NETWORK**

- Which aims do we pursue as an institution?
- What are our strengths regarding the tasks?
- What are our weak spots regarding the tasks?
- Who could be a potential cooperating partner?
- How can their services be evaluated both quantitatively and qualitatively?
- How can suitable partners, organisations and individuals be persuaded to cooperate?
- Which communal aims can be articulated?
- How can cooperation be organised?
- Which structures are present? Which structures have to be created?
- How intense shall the cooperation be? Should the cooperation be a loose cooperation or contractual commitments?
- What public image should we present?
- How do we work towards shared goals? Do we offer joint activities? Do we design joint products?
- How do we ensure a constant and process-related evaluation?
Case managers have various tasks. They act as a guide by supporting their clients in getting an overview of all the different available services, of competent authorities, and the legal framework. Case managers hold the reins. They combine the coordinating and accompanying activities with the core aim, to connect the existing services and to adapt them precisely and effectively to the needs of the client.
4.2 CASE MANAGER’S CLASSICAL CONTENT-RELATED FUNCTIONS AND TASKS

When fulfilling their tasks, case managers have various functions. The following four roles are especially important.

SOCIAL ADVOCACY FUNCTION:

Social advocacy aims to support individuals who are in difficult life situations (e.g., poverty, lack of education, disability) or who have to deal with crises (e.g., unemployment, severe disease) and are incapable of claiming their personal interests through short-, mid- or long-term helplessness and/or socio-political powerlessness.¹⁰

CASE MANAGER’S TASKS:

- View of the situation from the client’s perspective (perceive and understand)
- Mutual development of a coping strategy (build up a confidence base, communication skills, professional expertise)
- Accompanying the individual case, professional protective function, illustration of supply gaps

ADVOCACY FUNCTION // CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MISS CM supports MR X to find a therapy place by assessing various offers and introducing MR X to the different services.

The son wants to get in touch with his parents again, but he is too shy for this. MISS CM accompanies him to the first meeting with his parents.

BROKER FUNCTION

Organising and negotiating contracts emerged because of the complexity and disintegration of the modern and very specialised health care system.

CASE MANAGER’S TASKS:

- Knowledge of both the offers of different service institutions and the client’s needs
- Brokering between clients and service suppliers
- Mutual development of (benefit) plan in order to use different offers
- Independence from service suppliers
GATE-KEEPER FUNCTION // CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MRS X is not sure which help would be the best for her regarding her depression. MR CM gives her advice and helps in decision-making.

GATE KEEPER FUNCTION

Control and restriction of free access to collectively funded services, at the same time rationalisation and ration of services. The focus lies here on profitability or cost effectiveness.

CASE MANAGER’S TASKS:

- Assessment of client’s problems
- Decision-making based on available information and the fulfilment of the criteria allowing participation on the case management program
- Acquisition of resources and controlling the expenditure for the supply

GATE-KEEPER FUNCTION // CASE EXAMPLE - APPLICATION OF CASE MANAGEMENT

MR X read about a rehabilitation measure in another country and would like to use it.

MISS CM explains to him that he has no right to such a measure and that an out-patient rehabilitation measure would make more sense for him.

SUPPORT FUNCTION

Emotional, social and instrumental support of the client and the help system, especially when the clients are confronted with severe diseases, personal crises or palliative care

CASE MANAGER’S TASKS:

- Supporting the client in order to make the client able to evaluate his or her life situations and needs
- Supporting the development of new life perspectives during and after the crisis
- Supporting the client to formulate and communicate his or her needs and life plans with informal and formal service suppliers and supporters
Professionals who work with a case management approach have to meet very high demands. On the one hand, case managers are in charge of the actual case management process. On the other hand, case managers have to mediate between the participants and service providers involved, taking into account their different methods and procedures, world views and measures of value. Therefore, case managers need professional and general competencies.

As part of the Leonardo da Vinci project „Case management in the field of employment promotion and health care system“, data were collected with the aim to deduct a competence profile for case managers. Such competence profiles give an overview of the professional and transversal competencies a case manager has to possess. On the basis of a written survey, a half standardised interview and a competence diagnostic process with KODE® a competence profile for every partner country was developed. Although the results are not representative, they may give an overview of the various competencies necessary for case management in the different countries. In this way they can act as a touchstone for professionals who are interested in case management.

**4.3 AN INTERNATIONAL COMPARISON OF CASE MANAGER’S COMPETENCE PROFILE**

**Support Function** // Case example - Application of Case Management

MISS CM and MR CM motivate the family to use their own resources. The family starts to meet up in the garden again, in order to spend some quality time. MR and MISS X perceive the value of their jobs. After talking with their case managers they decide to stay with this life style. For this, they accept voluntary help services and they move into a smaller and cheaper apartment.

In practice, the different functions and tasks are combined. The aims and the principal determine which function will be the focus of case manager’s activities.

**Things To Know**

**Competencies** are abilities of individuals, teams, companies, or organisations which enable them to act confidently in a self-organised way, while being in an insecure and open situation.\(^{22}\)
### AN OVERVIEW OF THE COMPETENCIES IN THE REALM OF CASE MANAGEMENT

The KODE® inquiries’ evaluation resulted in the following order of competencies which have been considered to be significant for case managers:

<table>
<thead>
<tr>
<th>COMPETENCE</th>
<th>SPECIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicative skills</td>
<td>Approaches others openly and sympathetically, but without losing distance completely; establishes and extends contacts quickly; communicates appreciation to conversation partners</td>
</tr>
<tr>
<td>Credibility</td>
<td>Is convinced of his own arguments and therefore has great power of persuasion</td>
</tr>
<tr>
<td>Ability to solve problems</td>
<td>Puts forward her point of view convincingly through-personal serenity and stability</td>
</tr>
<tr>
<td>Reliability</td>
<td>Openly admits mistakes and weaknesses and is prepared to correct her views in the light of new facts or plausible arguments</td>
</tr>
<tr>
<td>Self-reliance</td>
<td>Identifies problematic situation, process, and goal structures</td>
</tr>
<tr>
<td>Holistic thinking</td>
<td>Initiates problem-solving processes with individual people as well as in (project) groups</td>
</tr>
<tr>
<td></td>
<td>Develops great work discipline, a strong sense of duty, and understanding of requirements, and is trustworthy</td>
</tr>
<tr>
<td></td>
<td>Supports the protection of the company’s interests through her own economical behaviour and great loyalty</td>
</tr>
<tr>
<td></td>
<td>Identifies with fundamental values, transcending purely economic targets, for his own work and for the business</td>
</tr>
<tr>
<td></td>
<td>Exercises responsibility for the business and its employees voluntarily</td>
</tr>
<tr>
<td></td>
<td>Looks beyond his own team and organization</td>
</tr>
<tr>
<td></td>
<td>Considers not just strictly subject-related interrelations of his actions but also those in the economic or political arena</td>
</tr>
</tbody>
</table>
### Normative-ethical attitude

Honesty, sense of duty and reliability are major traits of her personality

Acts according to ethical principles; has high expectations of herself and others

Understands customer focus as, above all, the capacity for direct or indirect dialogue with customers

Is able to communicate personal views, values and norms convincingly; gives clear reasons for necessary courses of action or work

Takes active influence on circumstances recognized as alterable

Successfully introduces new organizational forms and contexts into business operations and reconstructs those that have gone stale. Makes organizational dynamics correspond with enterprise dynamics.

Explores possible courses of action energetically, defines his own, creative targets and reaches them as well

Concentrates on essentials and sets clear priorities for taking action

Is confident in her subject and puts her comprehensive knowledge into practice

Communicates her knowledge in a manner that commands respect even at an interdisciplinary level and is a sought partner for tasks and functions even outside the organization owing to her expertise

Inspires and supports a disposition to act independently and engage socially with others, groups, businesses ...

Successfully demonstrates autonomy and leadership qualities in dealing with other people. Acknowledges and supports others’ personal identities, their interests and talents

### Dialog ability, customer orientation

### Organizational skills

### Decision-making ability

### Professional reputation

### Ability to advise others
5.1 Levels of Quality in Case Management

Social welfare and health services like hospitals, care facilities, outreach services, employment agencies, rehabilitation centres and so on have to fulfil individual and societal tasks. The most important aspect when performing a service is to do this with a very high quality.

In the case management arena, the particular service supplier (e.g., outpatient services, employment agencies, job service) offers resources in order to provide a particular service. In this way they ensure the services’ qualitatively high design. Furthermore, case management ensures the care’s quality in relation to the individual person and his or her individual situation.

When talking about quality one can distinguish three different kinds of quality:

- **Structural Quality** relates to the framework within which a service is performed. Examples are the architectural and spatial circumstances, the flow of information and communication, access facilitation or etc.

- **Process Quality** relates to the way a service is performed and describes how much quality the service recipients perceive. Process quality includes the procedure’s efficiency, the quality of cooperation, relationships of the people concerned, the internal and external standards of the action and the ways of working of every single employer.

- **Result Quality** is a nominal-actual comparison. This describes if and how goals have been accomplished. If there is a social or health-related concern, the client’s satisfaction will be considered, too.
// THINGS TO KNOW

QUALITY is the sum of all aspects and attributes of a product or a service, that relates to their suitability to fulfill determined or presumed requirements.

The following checklist can be seen as a help to assess different areas:

**STRUCTURE**

- Does the institution, in which case management (CM) happens, have enough qualified and certified case managers?
- Does the institution have the necessary premises, e time resources, suitable instruments and the working material in order to conduct case management?
- Does the case manager possess the appropriate qualification for case management?
- Does the case manager have the institution's permission to conduct case management on the basis of this additional qualification?
- Are professional training courses for the case managers regularly (at least once a year) available?

**PROCESS**

- Is the case manager qualified appropriately to conduct a screening with the client and to identify whether CM is the most suitable approach to solve the problems?
- Does the case manager conduct the case management process by using the phase model and does he/she always pay attention to ethical standards?
- Does the case manager conduct peer counselling and/or case conferences if necessary?
- Does he/she use and develop networks in order to apply case managements?
- Does the case manager apply case management on both levels, the case and system level? Does he/she control the quality and self-evaluate regularly?
5.2 QUALITY NEEDS QUALIFICATION

The “Case Management” vocational qualification conveys knowledge about the concept of action of case management. It is most suitable for professionals from the field of health care, promotion of employment, job service, rehabilitation and counselling.

In the basic module the participants gain profound competencies in the fields of case management, system management, counselling, quality management and reflection:

- **CASE COMPETENCE**: Analysing the need for support for any individual case.
- **COUNSELLING COMPETENCE**: Evaluating the client’s need for support together with the client.
- **SYSTEM COMPETENCE**: Having an overview of the offers of assistance. Role clarity as a case manager: Knowing the responsibilities, duties, obligations and the radius of operation.
- **ROLE CLARITY AS A CASE MANAGER**: Knowing the responsibilities, duties, obligations and the radius of operation.
- **MANAGEMENT COMPETENCE**: Being able to bring together the client’s need for support and the offers of assistance, to control the help process, to evaluate and record the help process.

In the in-depth module the participants get to know the implementation of case management with in different fields of work and thereby will be enabled to apply action-specific case management.

- Do clients with a complex supply problem receive a precisely fitting health care?
- Are both, their personal resources and those of their social and infrastructural environment included?
- Are their mental, physical and social aspects taken into account?
- Are the clients seen as partners during the case management process and are they encouraged to use and develop their own resources?
- Are private individuals, relatives, informal networks, professional service providers, governmental offices and voluntary assistants involved in the care process?
- Can effectiveness, efficiency, and performance transparency be ensured?
The training concept „Case Management (Leonardo) (FHM)” (with a duration of at least 112 teaching units) integrates the basic elements of case management with the specifics of the partner countries. Taking the country-specific frameworks such as the legal framework, health care structures, and the work with and within networks into account results in a high precision fit of the vocational training concept regarding the special circumstances in the particular. The training concept encompasses the same topics for all countries. The details will be country-specific and take into account the existing structures and peculiarities.

The concept of case management can be used in all countries, taking into account the country-specific structures and aspects.
6 HOW CASE MANAGEMENT CAN BE INTRODUCED INTO FACILITIES AND ORGANISATIONS

INITIATIVES FOR IMPLEMENTING CASE MANAGEMENT

There are many reasons to introduce case management. For example, new legal conditions may require developing the action concept, or there may be an under-supply of clients in specific regions which makes it necessary to build up new supply structures. Furthermore, it may be the professional practice which needs to be updated.

The impulses for implementing and establishing case management can come from different groups and organizations:

- The payer initiates case management (and either the payer or a third party then conducts the case management process)
- Help systems initiate case management.
- Health care professionals initiate case management.

Because of its diversity, case management has to be implemented on many levels. All these levels have in common that they focus on the client’s need, his/her life situation, strength goods and resources. All of the levels also have a goal-oriented, structured and process-related way of working and the cooperation with potential partners is seen as important.
To use case management in practice, there have to be certain framework conditions which make it possible to use all the potential of case management’s. It is not enough for institutions simply to qualify employers for case management – an organisation also has to develop structures which underpin case management processes. An important aspect regarding the quality management is the creation of a concept. A project team which implements case management can contribute to this. The case manager should help in shaping this process by e.g. introducing quality circles, quality conferences and procedural standards for the implementation. After the phase of implementation the quality assurance is already an aspect worth paying attention to.

**Inward orientation**
- Adoption of the organisational routines (e.g., internal processes, ability to network)
- Development of case management structures

**Outward orientation**
- Recognition and assessment of the regional help systems (surface management)
- Cooperation agreement with external partners

**Clarify own ambitions**
- Work out CM concepts with focus on the client groups e.g., long-term unemployed clients, clients with chronic diseases
The introduction of case management can be done in two ways. In a top-down process, the idea of implementing case management comes from the top management, which gives its suggestions to be formulated down to the basis.

**CHECKLIST // TOP DOWN**

- Which objectives do we pursue with the introduction of case management?
- What is our target group we aim to work with?
- Did the executive board make a decision regarding the introduction of case management?
- Who is responsible for the whole case management process?
- Which employer will conduct the case management?
- Do these employers have the necessary qualification? If not, how and where will they be qualified?
- Who are our cooperation partners?
- How will processes during the case management be recorded?
- In which way will there be an ongoing quality control?
- How will the case management process be evaluated?
In a bottom-up process, individual employers, groups, or teams perceive a certain development in their specific sphere of action, e.g., under-supply or over-supply of clients, or potentials to improve. Then they communicate their ideas to the top management.

**CHECKLIST // BOTTOM-UP**

- Which strengths do we have in the work with our target group?
- Which methods have been proved to be useful?
- Which weak spots do we have in the work with the target group?
- Where is a need for improvement?
- In which way could our work benefit from the introduction of case management?
- Who could support us with the introduction of case management?
- How shall we record processes in order to benefit from this?
- How can we build up and foster networks?
- How can we design interfaces between different departments?
- Do we regularly give feedback to the executive board?
- Do we evaluate our processes regularly?

Ideally, the implementation of case management is conducted with the help of both processes.

**CASE MANAGEMENT IN THE REALM OF HEALTH CARE AND SERVICE SYSTEMS**

In many care systems a complex pattern of suppliers can be found. Often, single service suppliers such as employment promotion, youth services, family assistance and the different health service facilities work on their own. Additionally, social work happens in city districts and at the Federal State level (depending on the country). All these levels have to be connected in the operation of case management. Case management has to influence the regional treatment situation, and it has to connect service suppliers in order to provide the best client care possible, with efficient and effective services at the same time.
Case management is an applied concept of action. When applied in practice, its qualities are revealed. Within the scope of the Leonardo project “Case management in employment promotion and health care system”, the partner countries Poland, Slovakia, Latvia and Greece were made familiar with case management, so that this concept may be introduced there. Every partner country is characterised by specific framework conditions, e.g., cultural aspects, mentality of the people, legal conditions, structures of organisations and institutions, and work processes. Case management as a form of support management can contribute to the solution of problems with the care systems in the partner countries. The countries’ structures are compatible with the concept and content of case management. Therefore, necessary requirements are fulfilled in order to enable working with the concept of case management. This is true for both the area of employment promotion (Poland, Slovakia) and the health care system (Greece, Latvia).

Professionals who want to work as a case manager have to be competent enough to apply this approach under various conditions. There are no substantial differences between the countries regarding the professional and transversal competencies a case manager has to possess.

As far as the competence profile is concerned, important aspects are communicative skills, credibility, the ability to solve problems, the ability to advise others, organisational skills, client-orientation, and negotiating skills. Therefore, there is a close match with the competence profiles of e.g. German case managers. To be able to work professionally with the concept of case management, the completion of a further vocational qualification programme is necessary. Because of that, country-specific training concepts „Case Management (Leonardo)” (FHM) have been developed, to introduce this concept more deeply into the partner countries.

Professionals from the field of employment promotion and from the health care system have been qualified as a case manager. Thus, essential requirements have been met in order to introduce case management into Poland, Latvia, Slovakia and Greece.
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FOOTNOTES

1 For simplification the word “client” replaces the terms “patient”, “customer”, and “recipient”.
3 Fachgruppe Case Management der DGCC (Hrsg.) (2005), S.3
4 cf. Wendt/Löcherbach (Hg.) (2009), S 66
5 cf. Wendt (2008), S.187
6 cf. Wendt/Löcherbach (Hg.) (2009), S66
7 cf. Neuffer (2009), S. 71
8 cf. Löcherbach (2003), S.207
9 modified according Hofmann, Strohm 2003
10 Ewers (2005), S. 63ff
11 Wissert (2011), S. 85-89
12 Heyse/Erpenbeck (2007), S. 21
13 depicted are the results of the competence diagnostic according KODE*
14 Wendt(2008), S.85
15 Neuffer, Manfred (2013), S. 220
16 modified according Klug, Wolfgang (2003)
17 Neuffer, Manfred (2013), S. 222
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