

practice and training which views social workers as agents of change. But the reality is that some families cannot or do not want to change. Until we recognise this, we will not be able to improve the situation for children living in situations of chronic neglect.

The idea of supporting a family for years until the children can live independently, is anathema to many case workers. But in fact if the child is removed, they are provided with long-term or even permanent care: besides being traumatic for the child, the cost of these options can exceed that of providing a range of family supports enabling the child to remain at home.

It should also be pointed out that there is a strong connection between neglect and poverty; and that the supports suggested above - such as 'home helps' and after school programs - are routinely available to middle-class families where an under-

current of neglect may also be evident, but may not attract the attention of Protective Services officers. In her paper to the *Chronic Neglect* Forum, Dr Jan Mason notes that:

A further factor in placing children of the poor at risk is that poor parents frequently lack the support of family and friends, and do not have access, as do the more affluent, to resources to supplement their caring - resources such as babysitting or accessible child care...

CONCLUSION

The issue of how to work with mothers who are not able to provide the most basic nurturing needs of their children is one that has often been avoided by the social work profession. Social workers have stubbornly maintained faith in case-work intervention and the social change model, even when it has been persistently demonstrated that this is not effective in

assisting children within chronically neglecting families.

It is time we looked at, and trialed, different methods based on what we know to be the realities of working with chronically neglecting families - rather than what we would like the reality to be.

Papers from the Forum *Chronic neglect - the hidden face of child abuse*, held in Melbourne on 15 November 1994 are available for \$10 plus \$2.50 p&p from: The Mission of St James and St John, 12 Batman Street, West Melbourne 3003. Tel: 03 9329 6133 Fax: 03 9326 6169

Case management

Some notes and ideas from the national and international review conference

REFLECTIONS ON THE ASCENDANCY OF THE IDEA OF CASE MANAGEMENT

A recent Australian and International review conference, hosted by Victoria's Department of Health and Community Services confirmed the status of case management as an emerging convention across all the human services. This gathering attracted more than 800 delegates from across Australia. As well as high profile local presenters, participants heard from a number of international speakers. It was noticeable that the event generated significant media attention as well as commanding interest across historically distinct fields of practice. This is unusual as mental health, public welfare, juvenile justice, disability and other fields of practice have usually functioned as discrete and relatively closed archipelagos. Thus, case management has become a nomenclature, if not a specific methodology, that is dissolving boundaries within the human services.

It may therefore be useful to review the phenomena that case management has so quickly become. At one level it could be argued that case management is a new, perhaps even an exciting, organising principle for both service design and

direct practice. Advocates are pleased to point out that case management emphasises the need for single point case coordination and for service providers to think and act holistically across potential resource groupings so that the clients with complex needs are linked to an appropriate range of services. It could also be argued that formally establishing case management in fields such as juvenile justice is a way of codifying and building into practice a set of principles that are not new, but which need to be institutionally supported if they are to be realised. Surely it will be in the clients' interest to have practitioners and their services held accountable with respect to the clients' needs being matched to available resources, having practitioners attend to maintaining supportive relationships with clients as well as maintaining and reviewing their case plans. Moreover, it could be argued that it is (indirectly) in the clients' interest that services and their providers are accurately targeted without the goal drift that has historically characterised the gate-keeping of many services.

The currently ascendant position of case management could also be seen in other ways. Some practitioners perceive their

agency's interest in case management as less than benign, particularly in the emphasis given to cost containment and the locating of liability, if a case 'goes wrong', at the lowest level of the organisational hierarchy. Service users also have had some mixed responses, for example on protesting that they do not wish to be seen as 'cases' that need to be 'managed'. Given the definitional problems that arise in relation to the many ways case management has been described and implemented, it is also of interest that the enthusiasm of managers towards case management has not been restrained by difficulties that exist in being able to describe this product rigorously. Could it be that managers and their political supervisors are (in part) attracted to case management not so much because of its specificity, but because of its associations? Case management seems to hold the promise of predictability and greater control. It also might feel somehow more familiar and less mystifying to managers than the usual 'hocus-pocus' heard from their practitioners about professional ethics and standards, confidentiality and the need for client self determination.

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determine intervention and they are an indicator of how much abuse a society can tolerate; they vary as society reconstructs definitions.

This study questions whether statutory child protection is the best way to assist many of the families who are currently becoming involved with the child protection system. The research suggested that many children caught in the child protection net would benefit more from family support services. In one of the studies, *Paternalism or Partnership? Family Involvement in the Child Protection Process*, Thoburn says:

...the child protection process works as well as it can with the most severe cases, it works reasonably well when there is an unproved allegation of serious abuse (especially if services are sensitively offered) but it works less well with needy families who resent being brought into the abuse system.

Most of the studies reviewed found there was more attention paid to issues at the point of entry into the child protection process than there was at the point of exit. The emphasis was on assessment rather than prevention and treatment. Often when matters were closed, parents and the 'outside' professionals were left in a state of limbo.

The studies identified five pre conditions for effective practice:

- a sensitive and informed professional client relationship
- an appropriate balance of power between participants
- a wide perspective in child protection
- effective supervision and training
- services which enhance children's general quality of life

The most important pre condition was a positive alliance between child protection workers and the family. Assisting workers to acquire the practice techniques to achieve this end is one of the current challenges.

The findings of these studies highlight issues that are in the forefront of child protection services in Australia. All of our child protection services are grappling with large increases in the numbers of notifications - in Victoria, notifications have gone up over 40% since the introduction of mandatory reporting in 1993. Of the 31,500 notifications received in Victoria in 1994/95 only about 50% required investigating by protective workers doing a home visit. The concerns were substantiated in less than half of these investigations. Court action was only required in about 5% of all notifications. Many of the families notified to our child protection service needed a welfare response rather than statutory child protection response.

These research findings and our local experience demand that we challenge the child protection system as it currently exists if we are to improve outcomes for both children and families in need of support, and for children who are at risk of significant harm as a result of abuse and neglect.

The need for greater empowerment of families, a skilled and well trained professional work force. increased connections with the wider welfare service system, provision of treatment services for children who have been abused and a determination to enhance the quality of children's lives are all issues with which program planners are grappling. This report gives substance and definition to these matters and is valuable reading for all of us interested in the future development of child protection services.

This publication is available from HMSO, P.O. Box 276, London SW8. 5DT, U.K, Fax Orders 0171 873 8200

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Case management is many things and has positive as well as negative dimensions. Some say it is a kind of 'emperor's new clothes' phenomena, others that it will be a progressive and significant influence towards standardising and improving services to clients. However one may judge it, it certainly does not seem likely to go away.

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CASE MANAGEMENT - WHAT IS IT

Case management is a complex, problem solving process which has its origins in the last century where early models of intervention by a number of disciplines could be viewed as forerunners of modern case management.

A number of presenters, including Dr Elizabeth Ozanne, Ms Mary Draper and Professor David Challis, stated that the

resurgence of interest in case management has occurred because of the complexity and fragmentation of service delivery systems, which, in turn, is the result of the rigidity and inflexibility of government funding. They also warned that case management could be misused to cover up broader structural issues or as a means of cost containment.

The vision of the future is the concept of a 'seamless' care system where the barriers and boundaries which impede movement of client groups across and between various service systems are removed. Case managers are seen as helping clients to successfully negotiate transitions between levels of care facilities in which service is provided.

Professor Challis (UK) presented a definitional model which indicates the many facets of case management practice and which endeavours to distinguish case management from other activities with similar responsibilities. The cautionary note was that some case management

programs take some elements from the model and omit others, often to the detriment of the client group and the program in the long term. For example, if one chooses a brokerage model, it has no capacity to offer therapeutic intervention and has little control over the quality of the services provided or the staff providing them.

Mr Steve Onyett (UK) talked about the 'uncomfortable' tension between care and control as the case manager tries to manage and balance competing and conflicting values and needs. Professional codes of ethics are needed to guide practice in maintaining client-centred perspectives in a cost obsessed environment.

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