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To cite this article: Danielle Davidson, Greg Marston, Jennifer Mays & Jeffery Johnson-Abdelmalik (2018) Role of Relational Case Management in Transitioning from Poverty, Australian Social Work, 71:1, 58-70, DOI: [10.1080/0312407X.2017.1376102](https://doi.org/10.1080/0312407X.2017.1376102)

To link to this article: <https://doi.org/10.1080/0312407X.2017.1376102>



Published online: 29 Nov 2017.



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Role of Relational Case Management in Transitioning from Poverty

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ABSTRACT

One-off financial assistance through emergency relief provides a short-term intervention to immediate material crisis. However, recurrent instances of clients accessing this type of assistance points to the ineffectiveness of managing financial hardship without addressing the causes of long-term poverty. This article presents findings from an external process evaluation of the Salvation Army relational case management model known as Doorways. A mixed-method design was implemented, consisting of semistructured interviews, observations, and document analysis, as well as Client Satisfaction and Wellbeing Survey. Across the seven research sites semistructured interviews were conducted with 45 clients and nine case managers, and 30 client surveys were completed. Three themes will be discussed: the Doorways philosophy; the flexible service delivery approach; and client capacity building and continuity of care. Findings illustrated the effectiveness of a relational case management approach and reaffirm the central role of relationships in transforming the lives of people experiencing poverty.

IMPLICATIONS

- The quality of relationship between case managers and their clients plays an integral role in transforming the lives of people experiencing long-term or situational financial disadvantage.
- Service delivery requires a relational and flexible approach to adequately tailor support to the individual and contextual needs of clients.



ARTICLE HISTORY

Received 3 February 2016
Accepted 15 August 2017

KEYWORDS

Program Evaluation; Case Management; Practice Knowledge; Capacity Building; Poverty; Pathways

Case management has a long history in Australian social work and human services sectors. The 1980s saw the adoption of case management in Australia as a predominant method for responding to a fragmented service delivery system through coordinated responses, addressing multifaceted social needs, and developing individual agency within complex practice settings (Gursansky, Kennedy, & Camilleri, 2012; McDonald & Coventry, 2012). In its original inception, and as a marked departure from traditional casework, case management was expected to deliver effective, efficient, individualised service

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responses to diverse client populations and inspire collaborative inter- and intra-agency practices to ensure greater accountability and optimal outcomes for clients, service providers, and funding bodies alike (Gursansky et al., 2012). Moore (2016, p. 3) argued that this service response is ideal for clients experiencing “multiple and complex problems that interact to cause disadvantage across multiple personal and social domains”. Today, case management is considered “part of the landscape” of human services and social work service delivery both at systems and operational levels (Gursansky et al., 2012).

This paper presents the findings of an evaluation of the Doorways case management service provided by The Salvation Army (TSA), East Australian Territory. This relational case management program is targeted at supporting people experiencing situational and long-term poverty, and implemented alongside an established Emergency Relief (ER) program providing immediate material assistance for people in financial need. Relational case management does not replace “traditional” ER, but sits alongside it to provide additional social and practical supports to assist people to address specific needs, facilitate social inclusion, and create pathways out of poverty (Marston, Davidson, Mays, & Johnson-Abdelmalik, 2015).

The Constraints of Emergency Relief (ER)

TSA Eastern Territory introduced the relational case management service, Doorways, as a way to redress some of the limitations of ER. During the past 30 years, TSA has provided one-off immediate financial and material assistance to people experiencing severe material crisis through the ER program (Engels, Nissim, & Landvogt, 2012). ER can be in the form of financial relief, such as through purchase vouchers, and part payment of utility bills, and material relief through the provision of food parcels, clothing, or home furnishings (Agllias, Howard, Schubert, & Gray, 2016). Increased costs associated with living, greater compliance requirements for income support recipients, and the privatisation of public utilities (electricity, water, gas), has contributed to greater numbers accessing ER on a continual basis (Engels et al., 2012).

However, the one-off nature of ER made it difficult for TSA to respond to long-term material and financial needs, with little or no capacity to address entrenched poverty. On its own, ER has been said to function as a “bandaid solution” to improving the lives of clients (Dwyer, cited in Frederick & Goddard, 2008, p. 271). TSA anticipated that using ER as a central referral point into relational case management would provide them with greater capacity to deliver the long-term support clients require to transition out of poverty (Marston et al., 2015). Relational case management was in part a balancing act between introducing responsive programs that sought to address some of the causes of entrenched poverty, while also responding to immediate material needs.

Features of Relational Case Management

This paper defines case management as a coordinated inter- and intra-agency response to addressing complex client needs. Three main classifications of case management approaches are client-centred, system-centred, and consumer-centred. Although the first two approaches denote that emphasis placed on clients or system issues respectively, consumer-controlled approaches privilege consumer input and collaboration, and are a

shift away from the paternalistic undercurrents of the other two styles (Gursansky, Kennedy, & Harvey, 2003). The relationship between clients and case managers has been a common feature of traditional client-centric case management approaches (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2013). Services that emphasise a relational case management style are distinct from prescriptive systems-driven approaches in their focus on directly responding to client needs, but system approaches emphasise coordinating consumer linkage with relevant services. These latter methods privilege the organisational mandate, emphasise efficiency, cost effectiveness, and case manager expertise over client exercise of choice (Moore, 2009).

The way that staff carry out case management practice is largely moulded and constrained by contemporary social policies, such as those informed by neoliberalism and new public management. Wearing (2016, p. 232) suggested that these policies shape “the formal mission, values and orientation of organisations, and especially on how ‘top-down’ management is carried out in the wake of such reform”. The delivery of contemporary case management services has been strongly influenced by this contemporary social services environment. This is evidenced by a welfare sector dominated by: a quasi-market framework that emphasises funding competition; a focus on effectiveness, cost efficiency, and client outcomes; and positioning the responsibility for risk in the hands of individuals and families (Gursansky et al., 2012; Moore, 2016). Consequently, case managers are asked to “do more with less”, which can affect case management practice in terms of increased case loads, and reduced interagency collaboration as services compete over who may claim the client for government outcome requirements (Wearing, 2016, p. 237).

This welfare landscape has led to a shift in case management where brokerage approaches, top-down models, and funder-driven requirements have started to dominate service delivery (Moore, 2016). With its focus on delivering short-term interventions there has been an under-emphasis on the time-intensive nature of relationship building that is critical to effective case management. It is widely acknowledged in the case management literature that the quality of the case manager and client relationship is central for the achievement of successful outcomes for complex and multifaceted client presentations (Gursansky et al., 2012). Case managers regularly walk a fine line between organisational and funder pressures to produce rapid, efficient, and effective client outcomes against the time taken to build client capacity and quality relationships (Moore, 2009). Relational case management is reflective of the original intent of case management as it emphasises the relational and capacity-building features through positioning the clients at the centre of the intervention (Gursansky et al., 2003). Here clients are supported to be active co-collaborators in the design and implementation of individualised service plans (Dellemain & Warburton, 2013). Clients are seen as having capacity and being capable of success, yet requiring support to help the attainment of goals. This paper argues that it is these authentic relational dimensions of case management practice that create the space for the attainment of positive and long-term client outcomes.

Features and Implementation of TSA Relational Case Management

The following description of the Doorways service is sourced from interviews with case managers and a review of existing program documentation. The Doorways case management program was designed to provide the service with a new way supporting complex

and multifaceted client needs, through an innovative management response that shifted and expanded the service philosophy and mission (Marston et al., 2015). The aim of Doorways is to support clients' experience of short-term financial crisis or long-term disadvantage in order to provide a pathway out of poverty. This case management approach recognises that financial hardship often stems from other problems in the client's life and that their financial hardship often impairs their capacity to address these complex issues (Brackertz, 2014). The approach taken by TSA is to provide client's intensive, wrap-around services to address both the immediate crisis as well as the underlying causes of their financial hardship. Significant features of the model included: an emphasis on building relationships with clients and external service providers; flexible service delivery and responsiveness to individual needs; identification of immediate, medium-term and long-term client goals; and providing an option for long-term support if needed.

The adoption of case management in organisations as part of program responses requires predesigning to ensure preparedness for implementation (Gursansky et al., 2012). TSA engaged in a variety of preparation activities including: generating whole of organisation support for case management; reorientation of practices (shifting from passive to responsive provision of support); professional development and staff training in case management; and re-education and preparation for clients on the new service delivery arrangements (Marston et al., 2015). The new discourse of case management reframed traditional ways of delivering material assistance by emphasising the worker-client relationship, the client's lived experience, and a coordinated service and intra-agency approach (Frankel & Gelman, 2012).

Method

The first aim of the process evaluation was to document the Doorways relational case management model and its implementation process. Second, it aimed to assess the effectiveness of the program in relation to its relational style of program delivery, its key program activities, and outcomes for clients. Organisations initiate program evaluation for numerous purposes such as measuring quality of service delivery, satisfaction of service, program outcomes, accountability, and practitioner responsiveness (Herbert, 2015; Houlbrook, 2011). TSA integrated the evaluation of this new service into the roll-out of this program, providing an evidence base of program effectiveness to government funding agencies. This approach enabled the service to determine whether in contrast to ER, the relational case management model was an effective transition pathway out of poverty for clients, and its strength in building client capacity. Hence, the study asked: how has the program been implemented; how important is the relationship between staff and clients in delivering outcomes; and which activities and modes of contact help to address entrenched poverty?

The evaluation employed a mixed methods approach. Primary qualitative methods of face-to-face and phone interviews, observations, and document analysis were used, in addition to the use of a client Case Management Satisfaction and Wellbeing Survey. Given the scope of this paper, mostly qualitative findings will be reported in order to provide a detailed depiction of the program and to capture the richness and nuances reflected in the case management relationship. However, a brief summary of some of

the survey results will also be provided, to highlight the level of client satisfaction the program. Participants involved in the evaluation included: clients and case management staff, site managers or Salvation Army Corps officers, emergency relief workers, internal service providers such as TSA financial counselling and housing services, and external service providers such as nongovernment organisations, and government departments.

Site Selection, Sampling, and Recruitment

Overall, seven sites were selected by TSA spanning New South Wales (four sites), Queensland (two sites), and the Australian Capital Territory (one site). A purposive sampling approach was taken in the selection of these seven sites (De Poy & Gilson, 2012). A number of key criteria underpinned the selection of each site, including that each site had: (a) ongoing sustained human service programs, with the capacity to foster practice improvement; (b) mostly funded externally and responsible to another organisation for outcomes; (c) a stated goal of fostering internal learning and improvement within the program; and (d) an operational case management model duration of at least six months. Recruitment of key participants was consistent across research sites. Once the seven sites were identified and ethical approval was obtained the evaluators used a structured procedure to recruit potential participants across all seven sites, which included: an initial briefing by TSA headquarters; a telephone link-up with case managers from all seven sites; more detailed one-on-one conversations with each site's case manager to address queries and set up site visits. It was an expectation of TSA that all site case managers would participate in the evaluation project as part of their role. Case managers coordinated onsite recruitment of participants through circulation of recruitment flyers and information sheets, in staff meetings, and client case meetings. Clients who indicated an interest in participating in the project were then contacted by the evaluators prior to arriving at the service location to provide them with greater detail about the project and set up interviews times.

Data Collection and Analysis

Data collection occurred over a three-month period in 2014. Prior to site visits, existing program documentation was reviewed to inform the design and content of subsequent data collection methods, such as the interview schedule and survey instrument. Collecting data at each site involved conducting semistructured interviews, observation, immersion in the setting, and writing field notes (Ezzy, 2002). Across all seven sites, a total of 45 client interviews and 9 Doorways case manager interviews were conducted. The majority of clients interviewed were female (72%) and lived in regional locations (54%). Presenting concerns were wideranging including homelessness, housing, drugs and alcohol, child safety, unemployment, material and financial difficulty, domestic violence, mental health, and disability.

Although a diverse range of stakeholders were involved in the evaluation, this paper focuses on the key participants of clients and case managers. In relation to the aims of the process evaluation, clients were asked to describe their experiences of the case management process, the types of assistance and support received, and initial outcomes in relation to their finances, support networks, and level of wellbeing. Case managers answered

questions on program topics including: their qualifications and “fit” in the program; the design, roll-out, and implementation of the program; the case management process; and perceived client outcomes. Following permission from participants, the majority of interviews were audio-recorded.

Interview data were thematically analysed and managed through the use of qualitative computer software NVIVO 7. One researcher conducted the initial coding of client and case manager interviews according to a number of predetermined literature driven topics (reflecting both the semistructured interview guide and literature review). Thematic analysis was then carried out by the four evaluation team members, identifying the most common and divergent points within the interview data (Ezzy, 2002). Each member of the research team was responsible for analysing the data that most closely reflected their area of expertise. Finally, each researcher wrote up their respective themes and analysis, with the initial coder checking the analysis against the original data to ensure its credibility and dependability (Lincoln & Guba, 1985).

Findings

In order to evaluate the effectiveness of the Doorways Relational Case Management program, this study explored the implementation process, the role relationships played in program delivery, the key program activities that addressed client poverty, and the range of client outcomes. Findings from the Client Satisfaction and Wellbeing Survey indicated that there was a large degree of satisfaction with the Doorways case management service. As illustrated in Figure 1 the majority of clients (83%) were completely satisfied with the Doorways service, strongly agreed that the services received from Doorways case managers were helpful (86%), and that the case managers themselves were supportive (86%). Service satisfaction is also indicated through all clients either agreeing (31%) or strongly agreeing (69%) that they were better off as a result of the Doorways service, and strongly agreeing that they would recommend these services to others (90%).



Figure 1 Percentage of client satisfaction with Doorways (n = 30)

These survey findings support those conveyed through the semistructured interviews that the Doorways program was perceived to positively facilitate client outcomes. The themes outlined below further explore the effectiveness of this program, highlighting three key dimensions of the Doorways relational case management model. The themes discussed are: (1) the Doorways philosophy: “No Wrong Door”; (2) flexible service delivery approach; and (3) client capacity building and continuity of care.

The Doorways Philosophy: “No Wrong Door”

The Doorways case management philosophy was explored in the semistructured interviews with case managers. Case managers emphasised a program philosophy that is illustrated through the key features of holistic design and service delivery and a focus on relationship building, which are together indicative of a shift in organisational discourse. These key components of the Doorways case management philosophy are evident in the following comment:

The philosophy is no door is the wrong door. We can send people through whatever door we like and if they come back through the other side well I’m there to help them and to do those bits that aren’t being done. (Case manager, regional)

Of significance here is that the metaphor of “no wrong door” mirrors a holistic service. This idea of holistic service provision, single entry points, and case managers facilitating the process of change matches McClam and Woodside’s (2007) principles of what an effective case management system should look like in practice.

The program represents more than just a change in program models; it is very much a shift in discourse and organisational culture. Several case managers commented that the program moves away from more traditional, paternalistic and charity-based models to a deeper person-centred model:

We’re not giving that handout, we’re giving a hand up. Because somebody needs help, we’re not going to hand it out and here you go, see you later, good luck with that. We’re going “here you go, let us try and help you, if we can’t we will find somebody who can”. (Case manager, urban)

This change reflects a deeper shift to an all-encompassing approach to service provision (welfare relief) and practice. Building relationships was seen as the predominant guiding philosophy of the program:

With Doorways if someone was in sorting something out ... and they came back, the question’s not even there as to why you’re back so soon. It’s just “what can we do for you today?” ... It’s all about building relationships. (Welfare officer, regional)

The relational case management philosophy functions to guide the way the model is implemented.

For clients to embrace the new model case managers need to work with clients to generate a common, yet shared vision and understanding of what the program is about in order to bring the client along during the transition.

[We] ... still [have] got a long way to go with people having a dependency or an expectation that a handout’s going to be there; but part of the service provision that I do includes working with clients, once a relationship is suitably established, is letting them know that things are going to change. (Case manager, regional)

Thus, the Doorways case management philosophy places emphasis on fostering quality and authentic relationships with clients, and provision of client-centred support and interventions. This new service marks a shift in service delivery and is anticipated to have a longer and more meaningful impact on client's lives, although it is acknowledged that it may take time to bring all clients round to this more intensive and holistic service response.

Flexible Service Delivery Approach

The relational case management model was found to require case managers to perform a variety of roles and to apply a wide range of skills, knowledge, and experience in meeting complex and multiple needs. On any given day case managers engaged with diverse roles from coordination, linkage, and advocacy, to outreach and brokerage, or inter-agency network development to deliver intensive case management:

Some days ... I don't have clients ... I like to get out in our waiting room ... some of the best talking I do is out there ... I [also] try to get out and visit some of these services that I work with, just to keep that face-to-face contact. (Case manager, regional)

Case managers suggested that targeted responses such as engaging interagency collaboration and service linkage across all levels are required for comprehensive case management. Nevertheless, time is needed to build knowledge and proficiency in matching client needs with internal and external agency resources.

Fitting with the changing service discourse case managers commented on the need for flexibility in the case management approach. Flexibility is not only required in the effective delivery of the program, but also in professional practice in order to respond to changing situations (Moore, 2009). As one case manager stated:

This is at the coalface ... at the frontline. It's generalist. It's so flexible in a way that it doesn't matter whether you're here for one visit or 20 visits ... It's so broad and flexible that it gives every client some way of achieving at least some goals. (Case manager, urban)

Thus, the service approach is not a prescriptive "one size fits all" model but instead can be adjusted to fit the particular circumstances of clients and the broader community. The breadth and flexibility of the program and workers is a unique, particular strength. However, the differing value systems, skills-base, and qualifications align with a genuine commitment to empowering and supporting clients to transition out of poverty.

The specific nature of Doorways services differed across sites. For instance, more intensive service provision was provided in rural areas that had fewer external agencies for client referral. In addition, a couple of sites had specific focus on a particular client group; specifically Indigenous clients, or financially disadvantaged parents with childcare needs. The case managers' experience and knowledge of the local social services and community context played a pivotal role in both the roll-out and quality of the model. In addition, the qualifications, training history, and work experience all contributed to the attributes offered by case managers.

I feel that they are allowing me, because of my previous skills and perhaps qualifications, to run the program the way that I see, using the [Doorways] model obviously ... if I need to discuss it with my managers then they're there for me and they give me suggestions and feedback as well. (Case manager, urban)

Critical factors in effective program delivery include staying within the boundaries of their expertise, and clarity around their own case management role and function in comparison to other specialist agencies such as financial counsellors.

Client Capacity Building and Continuity of Care

The Doorways relational case management model recognises the importance of client capacity building, which is aided by the development of effective working relationships. This relational process forges deeper engagement and client commitment, which not only supports clients, but also instils in them a sense of potential for change. The core features of capacity building are building client's self-confidence, emphasising strengths, and long-term engagement that is balanced against the attainment of smaller successes.

The primacy of the value placed on client capacity building as the heuristic for transforming lives should not be underestimated. One case manager described the function of capacity building in facilitating greater confidence and mastery in clients:

The capacity building is huge ... That's ... a lovely moment when you can see people realising ... from the very beginning when we're doing intake and we're looking at where they're at and then where they want to be in three months. Actually "what are you good at? What can you actually do?" For some of them it's the first time they've ever realised that they are actually capable of doing this stuff. (Case manager, regional)

In addition to helping clients to identify these hidden strengths, the goal of capacity building is to build clients' resources, skills, and knowledge of services available. Capacity building provides lifelong skills and knowledge, as such "a toolbox of life":

So we put it in the context of men have got a toolbox in their shed, they've got a tool for fixing everything ... We have to do a toolbox of life, and for everything that we put in it, is going to help with some situation in our lives ... So all the things that we put in, or services, budgets, life skills, health skills ... (Case manager, urban)

Ultimately, building client capacity and self-belief is a complex and gradual process that has the potential to yield long-term outcomes.

He's [case manager] actually helping me in regards to my financial situation and ... trying to get me involved with other people ... He said obviously it's not an overnight sort of thing. It might take a little bit of time but he said that take little baby steps at this stage ... I go and see him ... because he understands what I'm going through and ... actually helps me in regards to getting me back into society. (Dan, client)

The implication is that the case manager's and the organisation's long-term investment in clients is required for a truly effective relational case management model. Thus, the capacity-building approach constituted addressing the material needs of the client, as well as self-perception:

[Case manager has] given me the confidence to look for a job and then apply and also ring them up and how to do that. Also he's taught me a bit of how to write resumes ... and how to ... [address] more in depth issues. ... It's helped my confidence in other areas too; mostly how to interact with services and apply for jobs and all that. (Steve, client)

To achieve outcomes, long-term engagement is balanced against the achievement of more immediate goals; taking steps toward improvement while simultaneously responding to

the overarching issue of entrenched poverty. One case manager referred to this cathartic change as a “domino effect” whereby talking about one area of need, opened up other areas to work on, and is captured in this client narrative:

I felt very on my own and ... [the case manager] just put it all together where, okay, this is my schedule. I'm going to do this, this, this. With other workers I had it was just ... to tick off stuff in my case plan. [But my case manager] she was really “what do you want to learn from it? How is this going to change you?” (Jacqueline, client)

The strength-building approach provides the opportunity to more thoroughly support clients through their challenging situations and facilitates their ability to achieve their potential. The inference is that such a process requires an innate belief in the client's capacity to change.

Such a focus on the achievement of immediate needs is especially important for clients experiencing long-term poverty and disempowerment, who might not be equipped with the tools for identifying their own potential (Eade, 2005). The ongoing uncertainty about their life makes it difficult for them to see beyond immediate needs to look at the capacities and strengths they possess:

Like I was completely lost until I came through those doors and really dishevelled too. Like I was at the point of crying and I was beyond it ... when I first met up with [the case manager] ... Doorways helped because I've always had [the case manager] to liaise with and communicate with and she set me a few earlier goals in the earlier days, just to manage money, and manage how I was feeling. (Stuart, client)

Being able to make progress towards goals, even when delivering small successes, built confidence and self-belief and helped clients to maintain engagement with the service. In addition, case managers suggested that client empowerment stemmed from taking the time to actively engage in relationship building, valuing clients, and instilling a sense of hope.

[The case manager] actually helps me with my recovery a bit. He's ... an unofficial sponsor ... Someone to talk to. Getting over addiction is a pretty important thing and without people that are willing to sit down and listen to you with a bit of empathy, it's pretty hard. (Bill, client)

Case managers reported that a long-term relational case management approach, grounded in capacity building, prevented the “revolving door”:

That positive outcome, even if it's only one tiny thing, that when they've come through the door, the world's a mess, no one's helped them and they spoke to everybody in town ... “[Clients say] no one ... cares, but thanks you did something for me today”. So, yeah, just that taste of success is the most significant thing I've found because people get sick of being pushed from pillar to post. (Case manager, regional)

As this section illustrates, by following a relational case management model the Doorways program delivers a holistic, longer-term pathway that is goal-oriented and empowerment focused. This core finding is supported by other studies that have found that more positive outcomes are realised when the relational aspect of the “helping process” is valued in the organisation and recognised in the funding base for case management (Gursansky et al., 2012). As such, the study reaffirms the important role that relationship between the case manager and client plays in building client capacity and delivery of valuable client

outcomes. However, more time is needed to determine whether these capacities are sustainable into the longer term.

The evaluation was able to conclude that the model is, for the most part, delivering on its stated objectives. There were many examples where goals were being collaboratively established, skills were being learnt, and positive outcomes were being achieved in terms of material improvements and reported subjective wellbeing as a result of the program. While it was too early to tell whether these outcomes could be sustained the initial evidence is positive, and for the most part clients were remaining engaged. There are two key organisational challenges, however, that may undermine the capacity of the program to deliver on its objectives. The first concerns funding uncertainty, and the second concerns the tension between voluntary and involuntary case management. The first risk concerning funding uncertainty relates to the fact that the program was still in a pilot phase at the time of evaluation. The impact on Doorways case manager positions and clients was expressed very simply by one worker as: “I don’t know if I will have a job past December, so what do I tell my clients about arranging meetings for the new year?” Job security is important as it impacts on continuity of care and reduces the potential for staff turnover.

The second risk identified in the research concerns clarity for clients and staff about whether the model of case management remains voluntary into the future. There is a philosophical tension between voluntary and involuntary case management and TSA will need to be clear where it sits on this principle as the program develops to other sites. The literature about the benefits of voluntary engagement and client-driven case management is clear and the lessons from other fields of practice is instructive, particularly employment services where clients resent the paternalism and where case managers feel compromised by having to occupy a dual role of monitoring compliance and being someone that is there to help (Considine, Lewis, & O’Sullivan, 2011). Relational case management brings the relationship with the service user to the fore. As such it is important that dual roles are carefully managed, otherwise there will potentially be a negative impact on rapport.

Conclusion

Relational case management, as applied by TSA, reaffirms the utility and strength of client-centred and relationship-based work in working with and supporting complex clients. It provides further evidence of the need for such intensive case management when working with clients with complex presentations. This emphasis on taking time to establish effective relationships within case management practice is especially noteworthy considering the transformation of contemporary welfare services towards rationalisation of service expenditure, resulting in high case loads with unrealistic key performance indicators (Moore, 2016). In addition, the findings outlined in this paper add weight to research that highlights the importance of engagement and relationships for clients’ long-term improvement (Grace, Gill, & Coventry, 2016). At the same time it is important to recognise that these sorts of interpersonal interventions need to be complemented by broader macro socioeconomic strategies that increase real opportunities for people seeking to move into paid employment, secure and stable housing, or meaningful training and education.

Acknowledgements

We would like to acknowledge the Salvation Army, Eastern Territory for financially supporting this project, the case managers and clients for their generosity of time in participating in our study, and thank the anonymous reviewers for their helpful comments on the earlier versions of this paper.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Salvation Army, Eastern Territory.

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