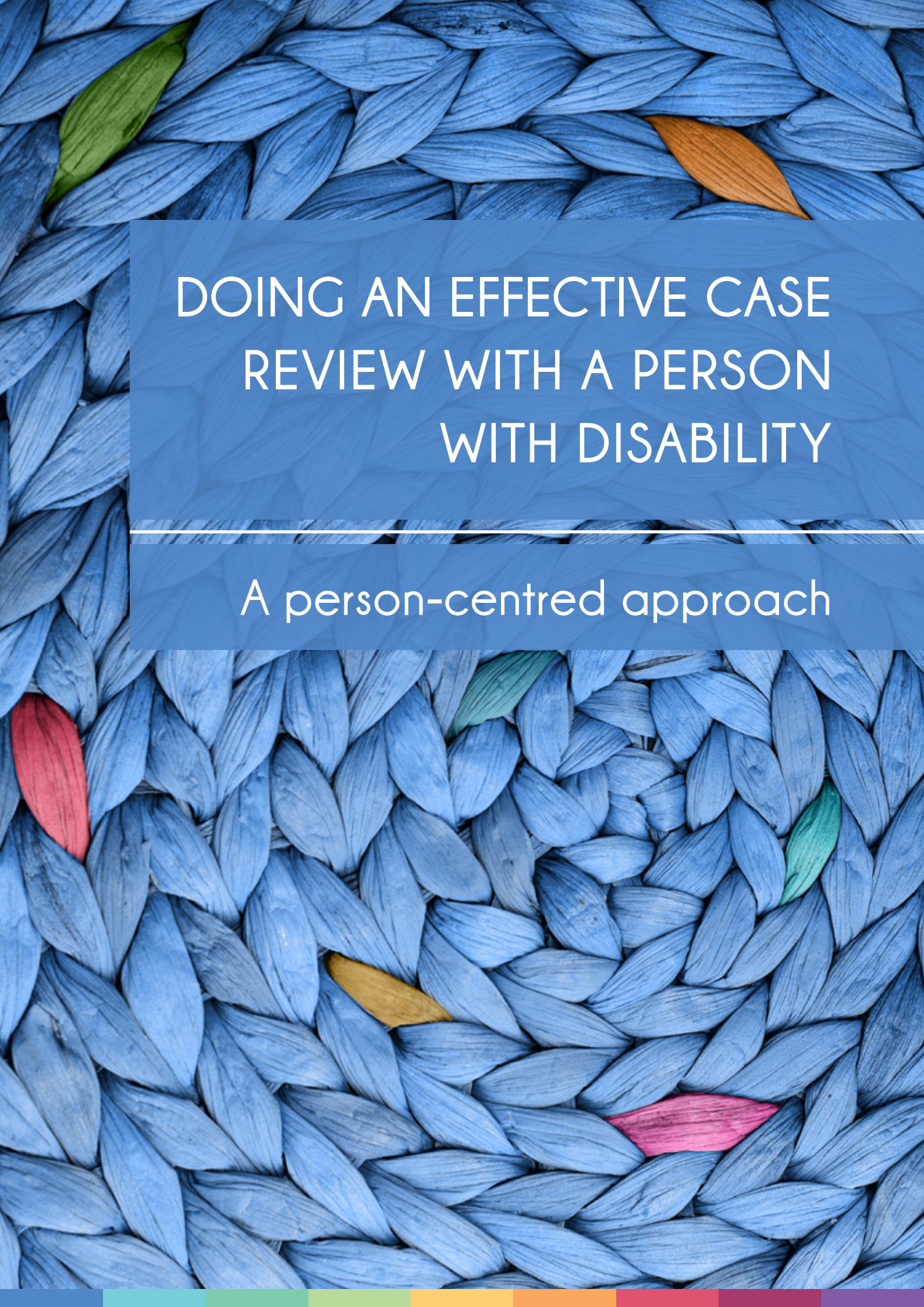


DOING AN EFFECTIVE CASE REVIEW WITH A PERSON WITH DISABILITY

A person-centred approach

Acknowledgements

We extend thanks to the people who took part in focus groups and interviews to inform this guide, as well as to the project's Reference Group members who provided input, advice and direction to the research process and guide. We would also like to thank Susan Collings for her role in the early part of the project.

Reference Group members: Angela Koelink and Kellie Fishburn, NSW Family and Community Services; Michelle Henwood, The Benevolent Society; Daryl Neal, Life Without Barriers; Peter Goslett, Uniting; Julian Trollor, 3DN UNSW; Carol Berry, NSW Ombudsman; and Justine O'Neil, Justice NSW Office of the Public Guardian.

This guide has been developed by the Intellectual Disability Behaviour Support Program, UNSW Sydney.

Suggested citation: Meltzer, A., Conway, P. Dowse, L., Dew, A. and Cooney, E. (2018) *Doing an effective case review with a person with disability: A person-centred approach.* UNSW Sydney.

UNSW SYDNEY

NSW GOVERNMENT

The development of this resource kit was funded by the NSW Department of Family and Community Services.

Contents

About the 'Doing an effective case review' guide

Context and scope of the guide

This guide is about how to conduct an effective case review. It applies specifically to conducting a case review in the disability sector, however the principles raised may be of interest to providers and practitioners in other sectors.

People with disability are at greater risk of poor service outcomes when their supports are not regularly and effectively reviewed. This guide has been developed in response to concerns that case review processes are currently inconsistent in the Australian disability sector, potentially compromising their effectiveness. This is not surprising given there is little guidance for providers and practitioners about elements of an effective case review in the published literature. Drawing on available evidence and direct engagement with providers and practitioners working in the disability sector, this guide aims to provide advice on how a case review should best be implemented.

The material presented in this guide has been developed based on the following evidence base:

- focus groups with personnel working in or advising the disability sector, including support workers and managers, Behaviour Support Practitioners and people involved in regulating and monitoring disability services;
- interviews with physicians responsible for prescribing psychotropic medication; and
- advice from a Project Reference Group and a Guide Test Group.

A note on terminology

Throughout the guide, the term **'provider'** is used to refer to the staff who work directly with people with disability in day-to-day roles. The term is intended to include people in a range of service provider roles, including:

- Direct support workers
- Key workers
- Planners

The term **'practitioner'** is used to refer to people who provide clinical services to people with disability, including:

- Behaviour Support Practitioners
- Allied health professionals
- Physicians
- Psychiatrists

Purpose

This guide is intended to be a general introduction to a case review, how it functions and how it can be conducted effectively. The guide is not intended to be prescriptive nor to present detailed instructions for managing or participating in a case review. Rather it aims to develop understanding of the purpose and practice of a case review.

The guide may be used to inform people who take part in or support a case review about how best to conduct a review and expectations of review participants. It is suitable for use as a training resource and/or a practice reference guide.

Person-centred approach

This guide uses a person-centred approach. It recognises that the person with disability is and should always be at the centre of their own life decisions and service planning and delivery. Within the term 'case review', there is not a direct reference to person-centredness, rather an individual person is considered a 'case'. The term 'case' has historically had negative connotations, where a person is seen as unfit to direct their own life and choices. The use of the term 'case' is however retained in its more contemporary, person-centred meaning here – where individual choice and control underpins all decisions made with and for the person.

Audience

The guide is for all people involved in providing support to people with disability, as all may be required to participate in or support a case review. This may include:

- **Providers** – such as direct support workers, key workers and planners
- **Managers** – people in leadership roles in service provider organisations
- **Practitioners** – including, but not limited to, Behaviour Support Practitioners, allied health professionals, physicians and psychiatrists
- **Other professionals** – such as teachers and police

The guide may also be useful for some **people with disability** and their **personal supporters** (e.g. family, friends and personal representatives) to understand case review processes they may participate in.

A case review is often considered to be specific to case management, although it is relevant to a wider range of practice work. The guide may therefore be useful for those working in a range of service roles, where they may lead or participate in a case review.

Links with other guides

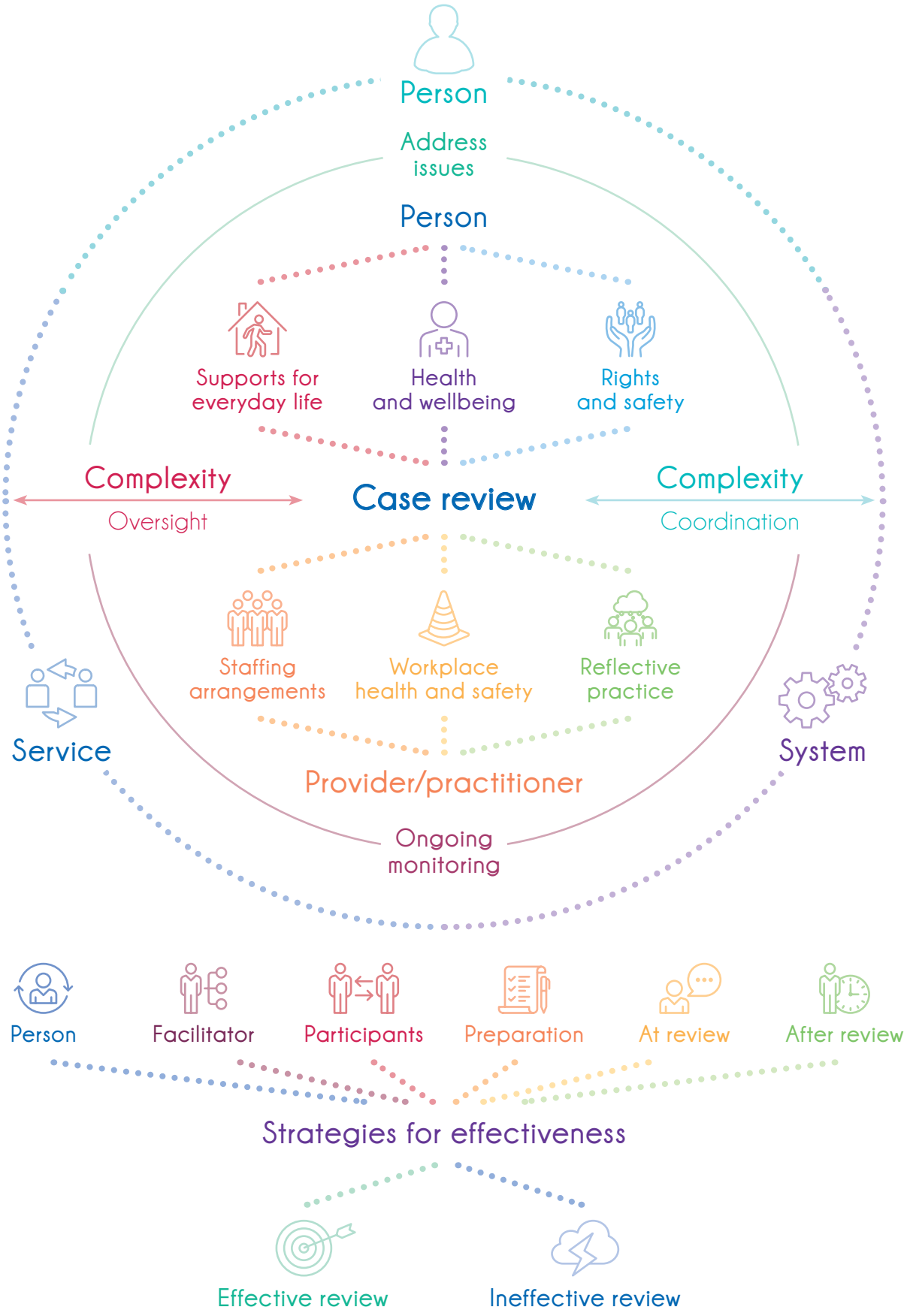
This guide is part of a series developed by the Intellectual Disability Behaviour Support Program, UNSW Sydney, to target better support, planning and practice for with people with disability who have complex support needs. The other guides in the series are:

- Behaviour support and the use of medication – a guide for practitioners
- Understanding behaviour support practice guide: Young children (0–8 years) with developmental delay and disability
- Understanding behaviour support practice guide: Children and young people (9–18 years) with disability
- Being a planner with a person with disability and complex support needs: Planning resource kit
- Living the life I want: A guide to help with planning
- No more waiting: A guide for organisations to plan with Aboriginal people with disability

We encourage providers and practitioners using this guide to consider how these other resources may also be useful to their practice in supporting and planning with people with disability and their families or other personal supporters, or in supporting them with areas such as person-centred practice, behaviour support and using medication. The guides can be found at: arts.unsw.edu.au/idbs/resources.

Figure 1: Schema of the full guide

This is a visual representation of the content of the guide.



Understanding a case review

Understanding a case review means knowing how to define it and understand its context, purpose and possible focuses. These areas are important for appreciating what a case review is and how it can function.

The following sections address:

» Defining a case review

» The person, service, system context for a case review

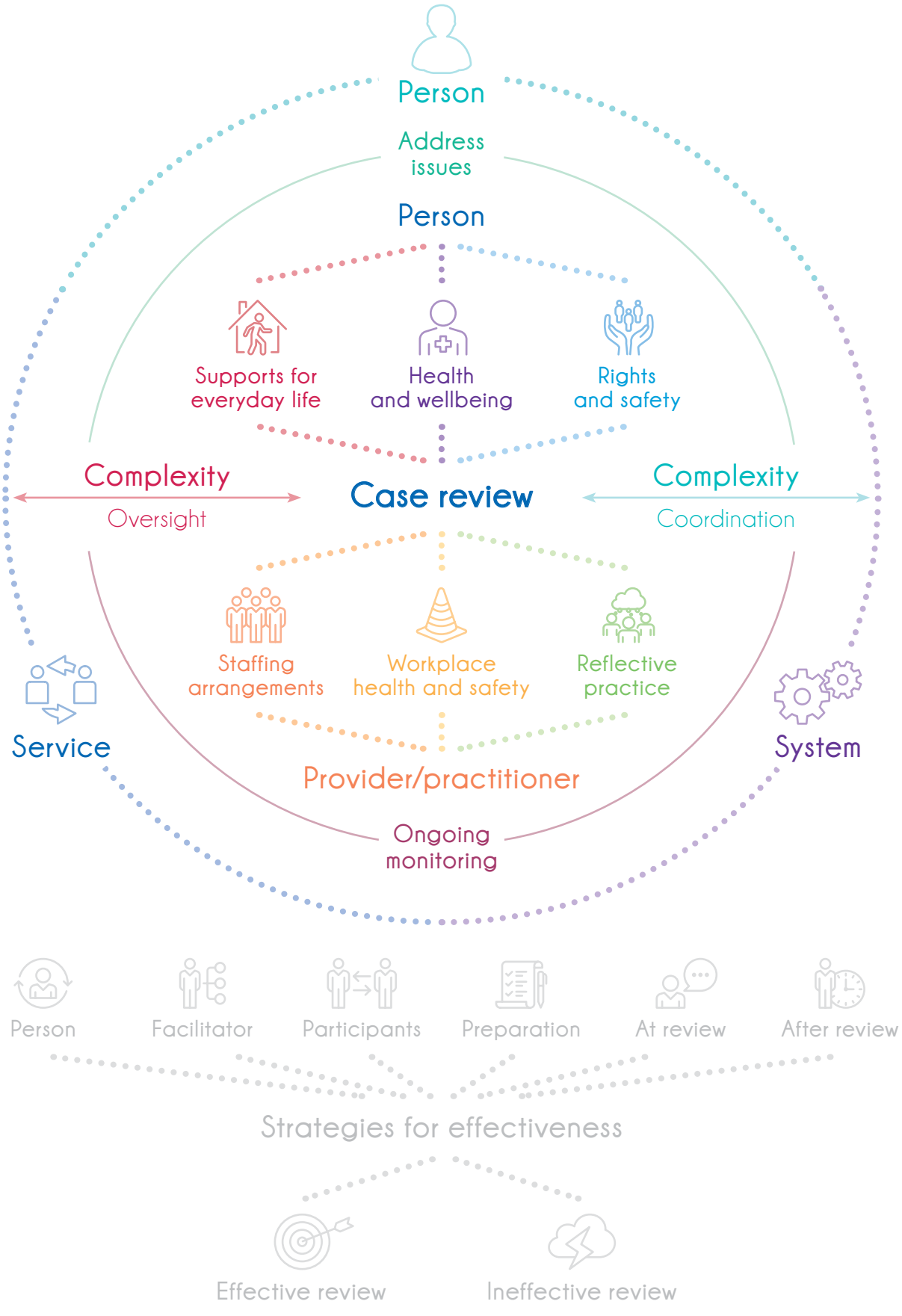
» The purposes of a case review

» The focuses of a case review

» The range of complexity of a case review

Figure 2: 'Understanding a case review' section focus

The coloured section is the focus of this part of the guide.



Defining a case review

A case review is an inherently person-centred process, used to assist in managing, coordinating and reviewing responses to what is happening in the life of a person with disability. It is an opportunity to support a person with disability by bringing together multiple people who are jointly well-placed to understand and address the person's holistic needs and situation. Together the group have a meeting to consider how to best maintain, adjust and/or improve the person's support arrangements to create better outcomes for the person. In this respect, it is a 'solution focused' rather than 'problem focused' process.

The person-centred nature of a case review means that the person is and should always be at the centre of their own life decisions and of the service planning and delivery that happens through the case review. For example, the person's goals for their own life and their family and cultural context should always be thoroughly considered and at the forefront of the review. The person-centred approach underpins all aspects of the understanding of a case review throughout this guide.

By bringing multiple people together, a case review goes beyond processes for checking a person's supports in routine or day-to-day service practice – it is a more extensive and holistic process.

A case review can happen for different purposes, be focused on different areas and have varying levels of complexity. This is explained more fully in the following sections.

Other organisational processes related to a case review

Some organisational processes may include other types of review that draw on case review methods. These include:

- Support planning or lifestyle review – review of a person's lifestyle plan
- Health care review – review of a person's health care plan
- Case conference – review to coordinate different types of support
- Multi-disciplinary meeting – review where allied health and disability professionals work together

These processes may also therefore be considered covered by the information that follows.

'The purpose of any review is to improve somebody's quality of life.'

'It's an opportunity to look after the individual holistically, and the networks with their life, and bring everybody together.'

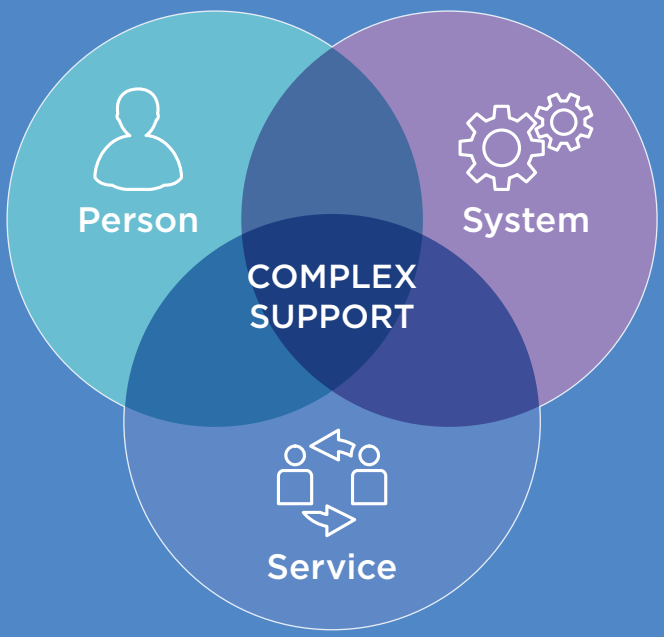
'A case review is about looking at what the case is about. At a simple level… what are the influences, what are the situations, what are the factors, what's been done in the past [and]…, the present, what are the issues and… what the outcomes needs to be.'

Person, service, system context

A case review responds to the context that a person with disability is set within.

The context for a person with disability is made up of the interaction of three overlapping sets of influences:

Figure 3: **Person, service, system context**



Person refers to individual or personal domains. For example, a person's support needs, health conditions or challenging behaviour.

Service refers to the domains of the service system. For example, access to services such as health, housing and behaviour support.

System refers to the funding, policy and administrative context for services. For example, capacity of the service system to provide sufficient or appropriate support, staffing and oversight.

Some common aspects of each set of influences are shown on the next page.

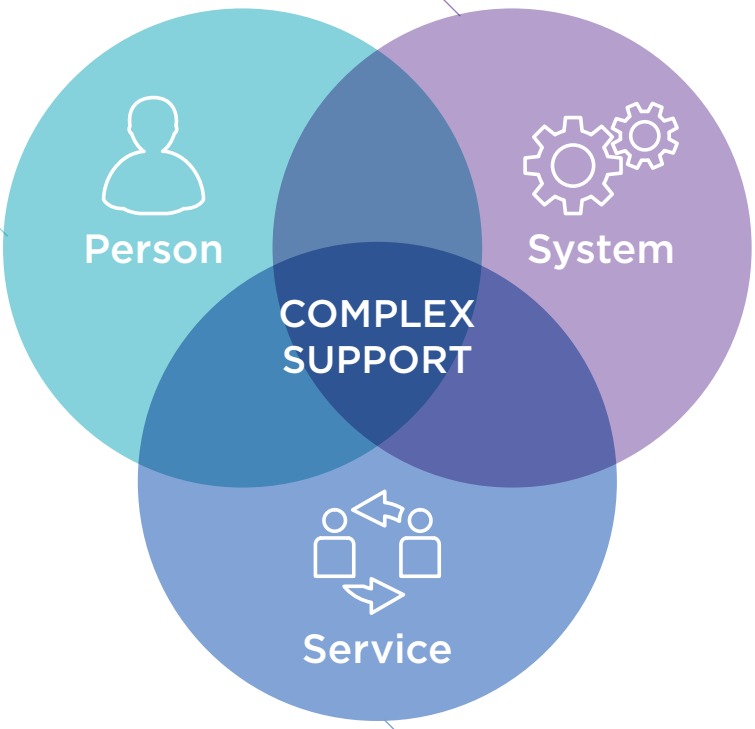
Figure 4: Examples of aspects of person, service, system

Person

- Support needs
- Communication
- Behaviours of concern
- Health conditions
- Extent of informal supports
- Level of social inclusion/isolation
- Socio-economic status
- Cutural background
- Life transitions

System

- Extent to which system facilitates appropriate services, funding, resources and expertise
- Extent of collaboration between agencies/individuals providing services for the person
- Regulatory considerations and oversight of services



Service level

- Access to services (e.g. health, housing, behaviour support)
- Number, range and type of service providers
- Availability of staff, services and supports
- Extent of practitioner skills and supports to practitioners

Purposes of a case review

A case review responds to the interaction of the person, service, system influences in the life of a person with disability. Anyone in the life of a person with disability can call for a review to be held, including the person themselves.

A case review will usually be conducted for one of two purposes:

1. **To address an issue.**

   Sometimes an issue will arise because the service and system domains cannot meet an individual's needs. This may lead to a gap emerging in the person's support arrangements or another issue arising that is concerning and requires action and a solution – for example, an increased risk to the person's rights or safety or a breakdown in the services and supports that are available. A case review might be convened to bring together a range of people in the person's life, with the purpose of together agreeing on the nature of the issue/gap, deciding upon the actions needed to address it and identifying how to prevent the development of any further issues/ gaps in the future.

   Where a case review happens to address an issue, there is usually a trigger event or situation that flags the need for a review. The trigger can be from any of the person, service or system domains as illustrated in Figure 5 on the following page.

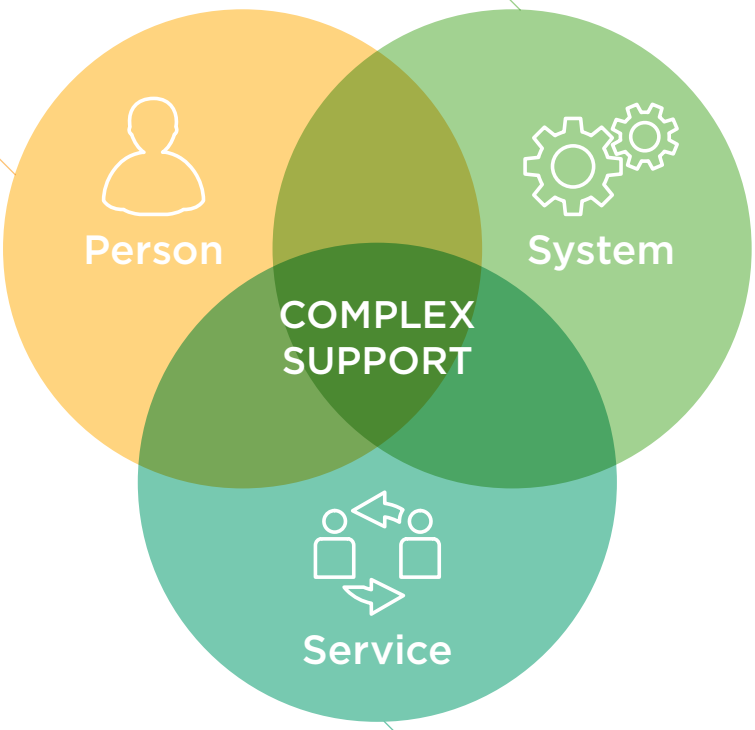
Figure 5: Examples of events or situations that flag the need for a review

Person

- Change or escalation in support needs (e.g. health, challenging behaviour)
- Reduction in family and other informal support (e.g. due to parents ageing or passing away)
- A significant life transition (e.g. leaving school)
- There is a critical incident (e.g. the person, family member, another service user or provider is hurt)
- Family or support team report that the person is experiencing factors affecting their wellbeing (e.g. issues with services, with mental or physical health)

System

- Service arrangements breakdown due to poor communication or collaboration between different agencies
- The person is not supported effectively due to the siloed approach of different agencies
- Funding arrangements for the person's support changes



'[A case review happens when] things are out of control; nobody seems to have the answers, things are getting worse.'

Service level

- The person or their family are concerned about their support arrangements
- Providers report increased difficulty meeting the person's support needs
- Key providers are unavailable or key services cannot be provided
- There is an increase in incident reports filed at a service
- There is increased risk to the health and safety of either the person, family members, another service user or providers from the current service arrangements

Purposes of a case review

2. **To provide ongoing monitoring.**

   Sometimes issues will be present at the intersection of the person, service, system domains in an individual's life that require ongoing monitoring through a case review. Monitoring that happens in a case review goes beyond routine or day-to-day service oversight, rather addresses areas that, if left unmonitored, could present a risk the person's or others' wellbeing over time. Monitoring and reporting may also be required by state or national legislation or by policy requirements related to safeguarding. A case review might be convened to bring together people who are well-placed to provide ongoing assessment for a person, with the purpose of tracking progress and addressing any barriers to progress over time.

   Ongoing monitoring can also be within any of the person, service or system domains as illustrated in Figure 6 on the following page.

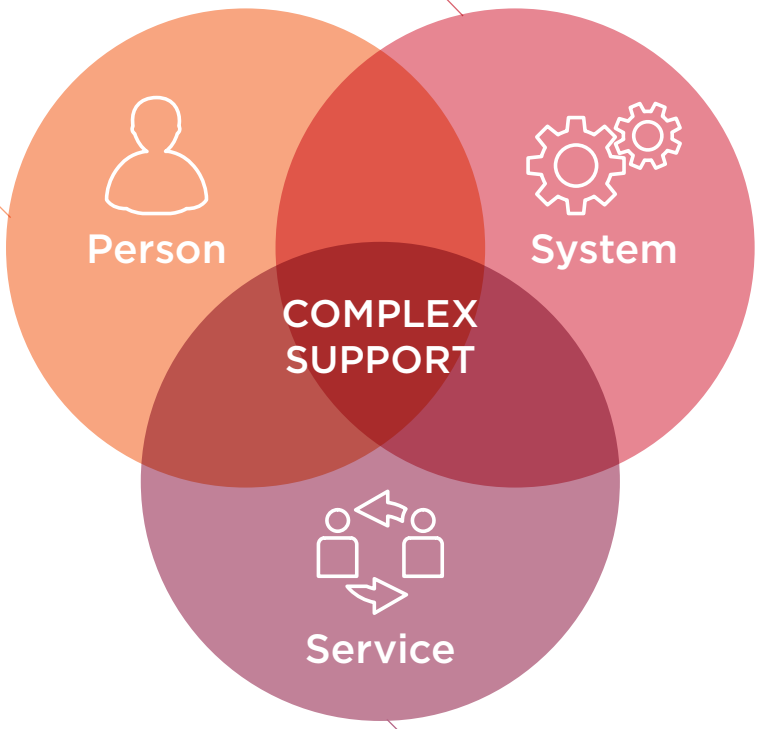
Figure 6: Examples of reasons for ongoing monitoring

Person

- Monitoring of practices that may present a risk to the person's wellbeing (e.g. long-term use of medication to manage challenging behaviours)

System

- Monitoring to comply with legislative requirements
- Monitoring to comply with practice governance frameworks
- Monitoring linked to use of restrictive practices



Service level

- Monitoring prompted by requirements from service policy and procedure for regular review of services (e.g. a 3-, 6- or 12-monthly review of service planning for a person)

Focuses of a case review

Whether it has a purpose of addressing an issue or of monitoring, a case review can have different focuses or be angled towards discussion of different areas.

All focuses of a case review are person-centred in that the person with disability is always at the centre of decisions about their life and their service planning and delivery. Some focuses of a case review are however directly about what is happening in the person's life, while others are about what is happening for providers and practitioners at a service level as they support the person within the context of overarching systems.

This is explained in more detail on the following pages.

Focuses on what is happening for the person

Some focuses of a case review are about what is directly happening in the person's life. These are where a case review focuses on:

Supports for the person's everyday life: A case review focused on supports for the person's everyday life seeks to ensure that services and supports remain responsive, relevant and appropriate to the person's support needs and goals for their everyday living arrangements, lifestyle, activities and general quality of life.

The person's health and wellbeing: A case review focused on health and wellbeing seeks to maintain or improve the person's physical health and psycho-social wellbeing. It may address and review areas such as diet, exercise, challenging behaviours, mental health, therapies and/or medications.

The person's rights and safety: A case review focused on the person's rights and safety seeks to address any rights infringements to the person or any risks to their safety or that of the people around them. This focus of a case review can be used to prevent or minimise the use of restrictive practices that may impinge on a person's rights, access to the community and lifestyle, and may be related to statutory or other reporting.

These focuses are **person-centred** in that the person is central to discussion of their own supports, health, wellbeing, rights and safety. It would be expected that the person would be present at or otherwise involved in these types of review.

Figure 7: Focuses of a case review on what is happening for the person

Focuses on what is happening for providers/practitioners within services and systems

Other focuses of a case review are about what is happening for providers and practitioners at a service level as they support the person within the context of overarching systems. These focuses include:

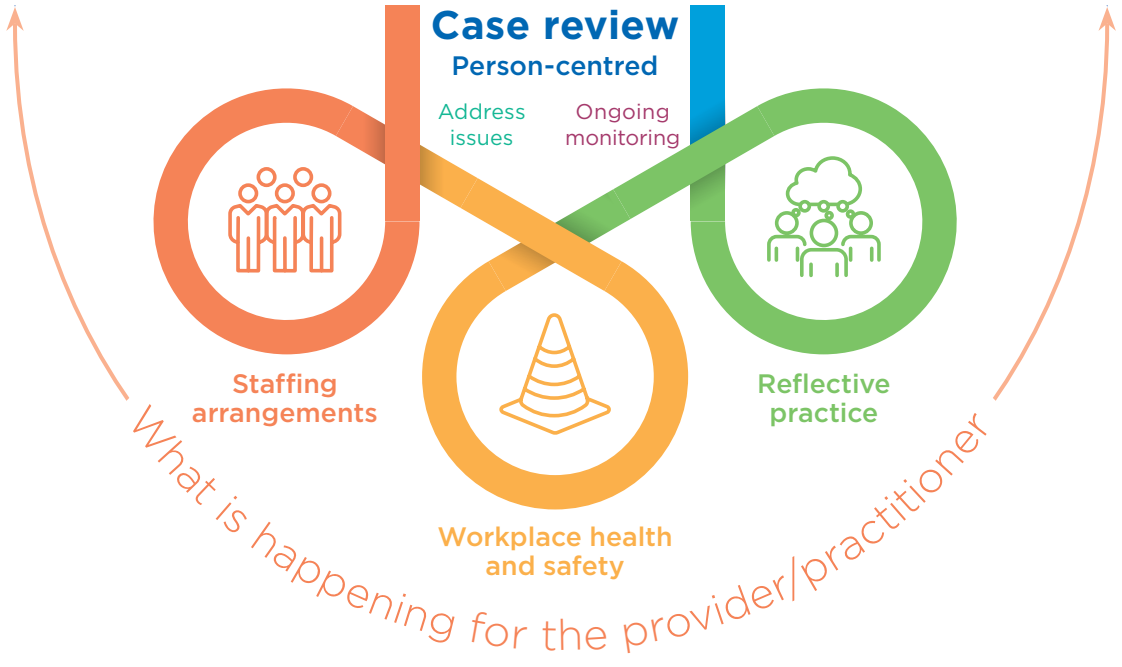
Staffing arrangements: A case review focused on staffing arrangements assesses whether the practitioners who work with a person are appropriate in type, variety and quantity, and have the right skills and knowledge to support the person effectively. This focus of a case review can also be used to introduce and inform new providers and practitioners who start to work with a person.

Workplace health and safety: A case review focused on workplace health and safety assesses whether providers and practitioners have appropriate support and safety structures to ensure their own wellbeing when working with the person and provides a venue to address any risks to their safety and wellbeing and follow-on consequences for the person.

Reflection to improve practice: A case review that is focused on reflection to improve practice occurs when a provider or practitioner or a group of providers or practitioners seek the guidance of their peers or supervisors to assist in reflecting on and enhancing their practice in providing support to the person.

While oriented towards providers, practitioners, services and systems, these focuses of a case review remain **person-centred**, as they are about how providers and practitioners can provide the best support and service planning for the person and they are conducted in response to the focuses on what is happening in the person's life. Consideration should be given to the appropriateness of having the person present at these types of review.

Figure 8: Focuses of a case review on what is happening for the provider/practitioner as they support the person



Holistic and dynamic nature of a case review

While one focus may sometimes be the central issue or may prompt the need for a review, addressing that one area will very often require consideration and adjustments of the other areas as well. For this reason, the different focuses of a case review are inter-related and feed into each other as one holistic and dynamic process.

Figure 9: Holistic and dynamic focuses of a case review

Complexity of a case review

In addition to being a holistic and dynamic process, a case review can also have varying levels of complexity.

A case review can be understood on a continuum from relatively simple to very complex. The process of conducting a case review remains similar across the continuum. Where a case review falls on the continuum is related to the degree of **coordination** and **oversight** it requires.

Figure 10: Case review complexity continuum

Case review complexity

A **simple** case review needs relatively little **coordination** and **oversight** as it may:

- Address one clear issue or one key monitoring requirement
- Have one clear focus to address
- Have a small number of people who need to attend, who already work together
- Be free of any significant legal or systemic requirements
- Be free of addressing any issues that are highly regulated
- Does not require a person present with high level delegated authority to allocate resources or authorise actions
- Contains person, service, system components that support each other to address the issue under review

A **complex** case review needs a high level of **coordination** and **oversight** as it may:

- Address multiple interconnected issues or monitoring requirements
- Have several focuses to address, including for both the person and provider/practitioner
- Have multiple people who need to attend, who may not know each other or may be in conflict with each other
- Be bound by significant legal or systemic requirements
- Address issues that are highly regulated (e.g. restrictive practices)
- Require a person present with high level delegated authority to allocate resources or authorise actions
- Contain a person, service, system component that is a barrier to addressing the issues under review

Designating a review as 'complex'

Every case review falls somewhere along the continuum from simple to complex.

Notably however, sometimes a case review will be formally designated as 'complex' as a systemic response to what is happening for the person and/or provider/practitioner. A case review may typically be designated as 'complex' where, for example:

- Difficult incidents frequently occur
- There are a high number of incident reports
- There is significant reliance on restrictive practices
- Medication is used for behaviour support
- There is significant disagreement between different parties at the review

Importantly, a case review may still be experienced as complex even if it is not formally designated as such. The experience of complexity may be influenced by the skills, knowledge, experience and resources available for the review.

Relationship with complex support needs

In a complex case review, the complexity is about the nature of the review, rather than about the extent to which the person may or may not have complex support needs. It is important that it is the review that is understood as complex rather than the person.

In practice however, people who have complex support needs will very often experience multiple inter-connected issues or monitoring requirements and/or will have a need for multiple, inter-connected supports, as demonstrated in the Complex Support Needs Flag (Figure 11). As such, people with complex support needs will very commonly be part of a complex case review process, even though it is not their own support needs which make it complex.

Figure 11: Complex Support Needs flag

For a copy of the Complex Support Needs flag with full detail and explanations, see the IDBS publication, 'Being a planner with a person with disability and complex support needs', pages 10–13. Available at: www.arts.unsw.edu.au/media/FASSFile/IDBS_SPF_ResourceKIt.pdf

Recap: Key components of a case review

A case review:

» Is always **person-centred**

» Occurs in the context of a **person, service, system** interaction

» Can be called for by anyone in the life of a person with disability, including the person

» **Addresses an issue** or provides **ongoing monitoring**

» Can focus on one or a combination of:

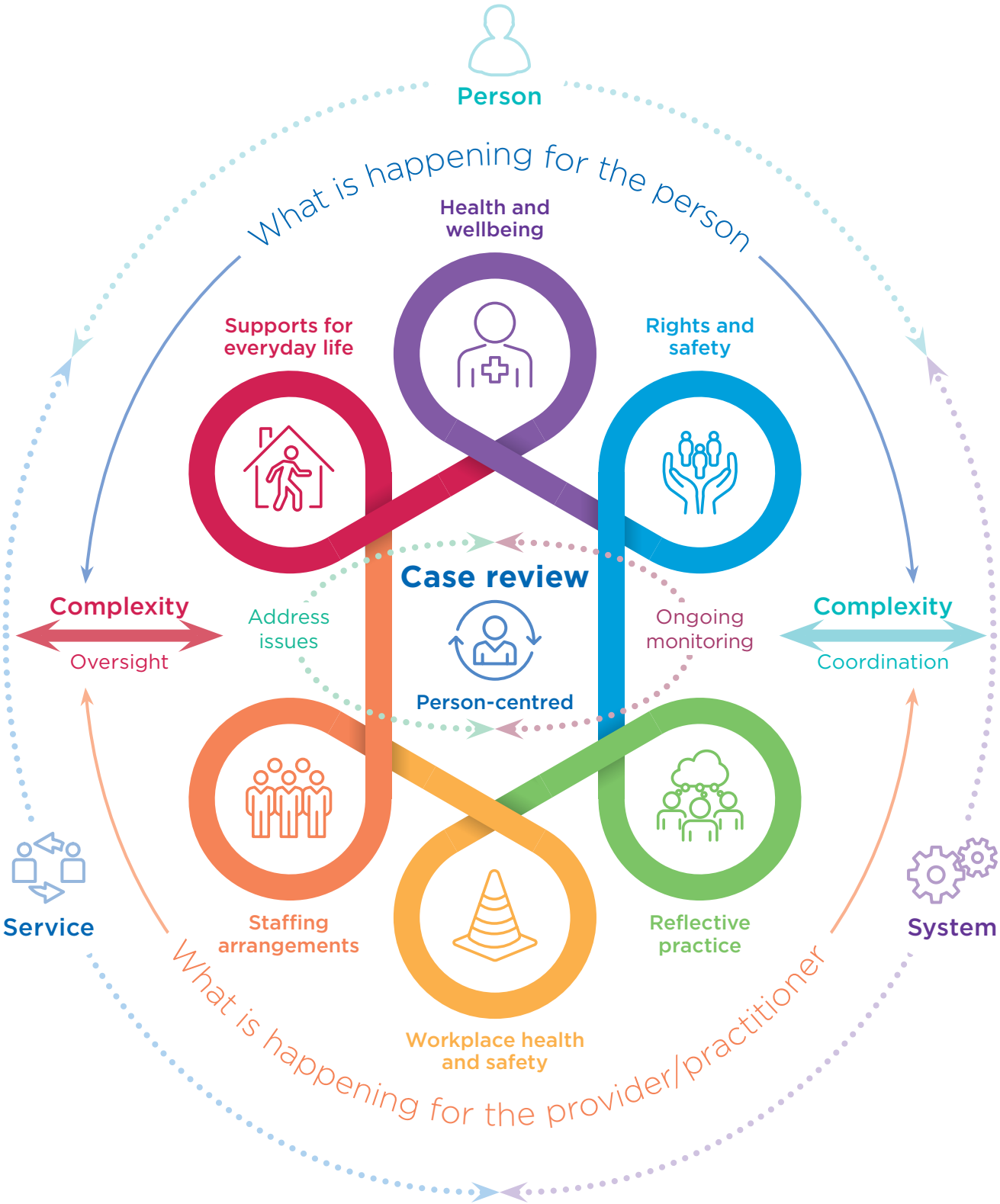
1. **What is happening for the person**
   - Supports for everyday life
   - Health and wellbeing
   - Rights and safety
2. **What is happening for the provider/practitioner** within services and systems
   - Staffing arrangements
   - Workplace health and safety
   - Reflective practice

» Is a holistic and dynamic process

» Can have varying levels of **complexity**, depending on how much **coordination** and **oversight** it requires.

Figure 12: Case review in full context

This diagram depicts the key components of a case review.



Jenny: Context for a case review

The background to a case review is applied here to a case study of a person called Jenny, to show how the need for a case review might develop.

About Jenny

Jenny is a 40-year-old woman who has an intellectual disability, occasional episodes of mental ill health and sometimes has difficulty communicating, especially when she is stressed. In the past, she has occasionally displayed some challenging behaviour, but this is generally well managed. Jenny likes living alone, but enjoys other people's company, especially at her day program.

A small team of disability support workers provide drop-in accommodation support every morning and afternoon to help Jenny with tasks at home, such as cooking and cleaning, budgeting and planning her activities and appointments. An appointed Guardian makes choices about many aspects of Jenny's life based on what Jenny says she wants, such as where to live and what supports she needs, and the Public Trustee helps with her money and financial decisions. A Behaviour Support Practitioner has made a Positive Behaviour Support Plan with her to help manage her challenging behaviour – this has been in place and working well for many years. Jenny does not have contact with her family – her parents have passed away, and she has no brothers or sisters.

Events leading to Jenny's case review

After having one key worker, Sarah, for many years, Jenny was recently informed that Sarah had been reassigned to another person and that a man named Daniel would now be her new key worker. This upset Jenny as she had a good relationship with Sarah. Jenny said she did not wish to have Daniel as her key worker, saying that she didn't know him, as he had not been part of her support team before. In the weeks following the change to Daniel, Jenny became increasingly stressed, angry and withdrawn. She was reluctant to speak with Daniel, stopped letting her support workers into her flat and refused to attend appointments or her day program. She constantly rang the service providers' office to ask where Sarah was and why she was not coming anymore. Sometimes she shouted on the phone. One time she slammed the door to stop a support worker entering her flat.

One day Daniel arrived to take Jenny to a medical appointment. Jenny eventually let him and angrily asked why Sarah was not coming anymore. When he explained that Sarah had been assigned to another person and that he was there instead, Jenny became even angrier, shouting that she did not want Daniel as her key worker, and lashed out at Daniel, causing him to trip and fall. Luckily, he was not hurt.

Daniel filled out an incident report and spoke to his supervisor about what to do. Jenny's annual planning meeting was still months away and while her Positive Behaviour Support Plan had been in place for a long time, it did not mention anything about Jenny being aggressive towards other people.

Daniel's supervisor suggested that a case review should be held.

Understanding Jenny's case review

What person, service, system factors led to Jenny's case review?

Person

- Change in trusted support network
- Experienced stress, anger and withdrawn behaviour
- Increase in challenging behaviour
- Stopped going to appointments and day program – a risk to wellbeing

Service

- Sudden provider and service changes
- Increased risk to provider safety
- Incident report filed

System

- Responsibility to respond to risk and safety concerns

What is the purpose of Jenny's case review?

Jenny's case review is to address an issue with her staffing/service arrangements and the resulting impact on her wellbeing and behaviour. The immediate trigger is the filing of an incident report related to escalating challenging behaviour.

What might Jenny's case review focus on?

Jenny's case review could focus on a range of areas:

Everyday support arrangements: What support arrangements will suit Jenny now to get her back to her everyday activities?

Health and wellbeing: What led to Jenny's stressed, angry and withdrawn behaviour, and how can her wellbeing be improved?

Rights and safety: What impact has the situation had on Jenny's rights and safety, and how might that be addressed?

Staffing arrangements: What staffing arrangements would be more suitable than the current arrangements?

Workplace health and safety: What should be done to ensure safety for Daniel and for Jenny's other support workers?

Reflective practice: What might Sarah, Daniel and their supervisor have done differently to better manage the situation?

How complex is Jenny's case review?

Jenny's case review could be considered of medium complexity: there are multiple inter-connected issues to be addressed, but none are highly regulated and there are not any obvious barriers to addressing the situation. The number of people who would potentially need to attend the review will be contained.

What would make Jenny's case review more complex?

Jenny's case review would be more complex if, for example:

- The police were called and decided to take out an AVO against Jenny on Daniel's behalf. *This would mean the review would be bound by more legal requirements and be more regulated.*

AND/OR

- The incident was part of a pattern of such behaviour from Jenny, which had led to previous living arrangements breaking down due to complaints from neighbours. *This would increase the number of inter-connected issues to consider in the review.*

OR

- The incident with Daniel happened in a supported accommodation context, and another resident was hurt. *This would increase the number of people affected by or involved in the review.*

Preparing for a case review

The previous section explained that a case review can be conducted for different purposes, with different focuses and with different levels of complexity, although with a similar process across these different areas. Thoroughly preparing for a case review is therefore important. Preparation means thinking about what the process of the review will be like, what should be discussed and who will need to be involved and how.

The following sections outline considerations in preparing for a case review, including:

Planning how to involve the **person** with disability

Selecting an appropriate **facilitator**

Determining who are the best **people to attend** the review

Preparing an agenda and other information to inform the review

Figure 13: 'Preparing for a case review' section focus

The coloured section is the focus of this part of the guide.

Involving the person

Given the importance of a case review being a person-centred process, a key question in preparing for a review is how the person will be involved. Particularly where a case review has a focus on what is happening for the person, it would be expected that the person would be present at or otherwise involved in the review – depending on their preference. He or she has a key role in representing their own opinion and perspectives.

Planning how to involve the person and how to support them effectively to fulfil their role in a case review requires some key considerations – these are detailed on the next page.

Where a case review focuses only on what is happening for the provider/ practitioner, the person may be less likely to attend. As a person-centred process, it is important however that the person's opinion and perspective is always still represented and that the discussion that takes place is always in response to what is happening for the person.

The role of the person is to:

- Be central to the review
- Choose how they want to participate
- Provide information on their experience and what they want for their life and services

» How can the person's participation best be facilitated in a meaningful way?

Facilitating meaningful participation for a person who needs communication or decision-making support will often require careful thought and preparation, especially in a case review process where multiple other people are attending who communicate more easily than the person. Having the person there without a way of meaningfully participating risks being tokenistic. Consideration of how to build in the most meaningful ways for the person to participate is therefore important. For some people with disability, meaningful participation may involve a trusted support person working with the person before the day of the review to help them formulate what they want to say and howhow – use of an Easy Read agenda or preparation questions for the meeting may be useful here; some examples are included on the next page. For other people with more significant intellectual disability and little verbal communication, using pictures to support their communication and/or ensuring that someone who knows them well is present to observe their mood and response to the discussion of different items in the review meeting may be appropriate ways of meaningfully including their perspective.

» How can communication support best be provided in the review?

For people with significant communication support needs, providing sufficient communication support is an important planning consideration. Although there may be many people at the review who know the person well and can communicate well with him or her, many will also be representing their own perspective in the review and may find it difficult to disentangle their own views from the communication support role. Early consideration of how effective communication support can be provided in the review is therefore important and may involve inviting an independent person in a dedicated support role, who is there only to assist the person, not to provide their own perspective as well.

» How can open, useful and respectful discussion best be facilitated?

Where the person is present at a case review, some other people attending may sometimes find it difficult to openly discuss some issues, especially where there is a risk of upsetting or offending the person. Consideration of the topics appropriate to discuss at the case review and of how to foster an open, useful and respectful discussion is therefore important. This may include ensuring all case review participants are given ample warning of who will be present at the review, as well as considering how to structure the review meeting for the most effective and respectful conversation possible. In some cases, the person might attend for part of the meeting, but not the whole time.

» What arrangements will best maintain the person's wellbeing in the review?

A case review may sometimes be a demanding or overwhelming experience for the person. For example, having the challenges in their life discussed in an open forum may be confronting or may make them feel vulnerable, while being in a large meeting with lots of people and content they may not fully understand may be overwhelming. Consideration of how to design a case review meeting that suits the person is important. Scheduling breaks during the meeting or specifically ensuring the number of attendees is small may be options in some cases. Occasionally a person may decide that he or she does not want to attend. In this case, ensuring that there is consideration of other ways for the person's opinion and perspective to be represented is important, for example, by asking the person to write down key points for discussion or asking a trusted person to attend to represent their perspective.

Key questions to ask in determining how the person will be involved:

- What is the case review's focus? Does the focus include what is happening for the person or is it only about what is happening for the provider/practitioner and the service they work for?
- What preparation before the case review or actions in the review meeting itself are needed to facilitate meaningful participation by the person?
- What communication supports will be needed to most effectively foster the person's participation in the case review?
- How can an open, useful and respectful discussion best be facilitated?
- What kind of experience will it be for the person to be at the case review? How can the review be designed to be most suitable for the person?
- If the person chooses not to attend, how will their opinion and perspective be represented?

Easy Read preparation questions

- What is happening?
- What do I think or feel about what is happening?
- What is working for me? What is not working for me?
- What is working for my family and others who work with me? What is not working for them?
- What is important to me?
- What do I want to happen next?

Selecting a case review facilitator

A case review is usually run by a designated facilitator.

The role of the facilitator is to:

» Manage the communication and interaction between all the different parties involved before, during and after the review

- Identify a useful approach for discussion in the case review meeting
- Ensure everyone participates, including the person
- Ensure the purpose of the review is clear and adhered to
- Ensure the meeting stays on track and time, and necessary rules are kept
- Lead the process of agreeing on, assigning and distributing actions
- Lead the follow up on actions/outcomes
- Enable an opportunity for debriefing and distributing actions
- Lead the follow up on actions/outcomes
- Enable an opportunity for debriefing

Whose role is it to organise the review?

The work involved in organising a case review can be substantial. It involves scheduling the review meeting, inviting people to attend, organising support for the person to be involved, coordinating and gathering information to inform the review, and setting an agenda.

The role of organising the review will sometimes be done by the facilitator, although it is also commonly done by the provider/practitioner who has called for the review or who otherwise agrees to support the process. Who this person is will vary.

A range of different people may take up the role as facilitator depending on the purpose, focus and complexity of the review. Importantly, it needs to be clear who the facilitator is and it needs to be someone who has the authority to manage the review process, from the perspective of all the different people involved. Selecting the facilitator therefore involves several considerations:

- **Which facilitator will best ensure the person-centred nature of the review?**
  The selection of the facilitator may have a bearing on how successfully the person-centred nature of the case review can be maintained. For some people with disability, it will be important to have a facilitator who already has a deep knowledge of them and the complexities of their situation. For other people with disability, the opportunity to have a facilitator who does not already know them and does not have already-established power relations with them may be more person-centred. In this case, the facilitator may be able to look at their situation with more objectivity than other people who might have a strained relationship with the person. Understanding the impact of the selection of the facilitator for the person and person-centred nature of the review is important. This decision is summarised in the section 'Choosing a facilitator' on the next page.

- **Does the facilitator need to address an issue or provide ongoing monitoring?**
  Depending on the purpose of the case review, the facilitator may be required to either address an issue or provide ongoing monitoring. Where a facilitator addresses an issue, they will need to have sufficient authority in the area in which the issue has developed to make and implement decisions. For example, in Jenny's case review, the facilitator needs to have the authority to make decisions about who her key worker is. Similarly, if the facilitator leads ongoing monitoring, then they will need to have expertise in the area being monitored and the authority to monitor it. For example, a monitoring process for use of restrictive practices would need a facilitator experienced in policies and practice standards relating to positive behaviour support.

- **What is the focus of the review, and which facilitator has the expertise to best manage that focus?**
  A range of different people may take up the role as facilitator depending on the focus of the review, as different areas of expertise may be required. For example, a case review that focuses on supports for the person's everyday life might be facilitated by the person's key worker, while a review that focuses on the person's health and wellbeing might be facilitated by someone in a medical role, such as a Clinical Nurse Consultant. Where a case review focuses on staffing arrangements among providers/practitioners, the facilitator might be a team leader in a specific service, or where the focus is workforce health and safety for providers/practitioners, it might be someone in a managerial or operational role. Where a complex case review occurs with multiple focuses, the facilitator will need to have expertise in a number of areas, but will also need to be able to remain objective across areas, so as not to add to the complexity of the review. Ensuring the facilitator has the appropriate skills, knowledge and authority is critical to successfully managing the review.

- **How complex is the review, and which facilitator can best manage that complexity?**
  Facilitators may have different approaches to managing the complexity of a case review. Sometimes in a complex case review, a facilitator will need to have thorough knowledge of the situation and context under review, and someone with more partial knowledge may struggle in the role. Alternatively, the opportunity for a facilitator with less knowledge of the situation to be a "naïve enquirer" into the complexity of what has happened may also be beneficial. Understanding which type of facilitation will be most useful to a given case review is important in selecting a facilitator, especially for a case review with a complex subject matter.

Choosing a facilitator – independent vs. someone who knows the person

Embedded in the considerations on the previous page is the question of whether to have a facilitator who has direct involvement with the person and knows them and their situation well or whether to have an independent facilitator. Both options may sometimes be suitable.

The pros and cons of each are:

Independent facilitator

Pros

- ✓ More capacity for objectivity.
- ✓ Looks at complex information anew.
- ✓ Can be a 'naïve enquirer' into the situation, asking questions, but putting the person and their support team into a position of expertise and knowledge of the situation.

Cons

- ✗ May not understand all complexities of the case.
- ✗ May not have power, authority or ongoing relationships with the review participants to ensure changes are made.
- ✗ Independent facilitators can be hard to find and engage.

Facilitator who knows the person

Pros

- ✓ Likely to have more context and knowledge of the situation.
- ✓ Likely to have more power, authority or ongoing relationships with the review participants to ensure changes are made.

Cons

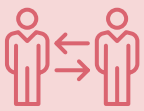
- ✗ May already understand the situation in a particular way, informed by their role with the person.
- ✗ May already have a particular power relationship with the person and their support team.

Inviting people to attend

The people who attend a case review vary depending on the person and on the purpose, focus and complexity of the review. A different combination of people will be required in each review. Overall, the objective is to bring together a group of people who are jointly well-placed to understand and address the person's holistic needs and situation. It is the role of the facilitator or other provider/practitioner organising the review to manage the process of determining and inviting appropriate people to attend, in consultation with the person and those supporting the person.

Some people who commonly attend a case review include:

- The person with disability
- Facilitator
- Communication supporters
- Key worker
- Family members
- Guardian (appointed or public)
- Support workers
- Teachers/teachers aides
- Allied health professionals
- Other key service providers (e.g. day program, housing etc)
- Behaviour Support Practitioners



It is the role of review participants to:

- Only attend if they are key to the person's current circumstances
- Come to the review meeting prepared
- Provide input based on expertise and role with the person
- Be willing to cooperate and listen to others and consider changes to their own practice
- Take responsibility and expect to be assigned and follow up on agreed actions
- Notify the facilitator or provider/practitioner organising the review if they cannot attend and arrange for another suitable person to attend in their place

Knowing who to invite to a case review involves several considerations, which link back to what a case review is and what it addresses:

- **Who is required to ensure the person-centred nature of the review?**
  Ensuring the person-centred nature of the review means considering who are the key people the person may or may not want present. There may be particular people who make the person feel comfortable, who help them communicate well and/or who provide key context for the person. There may also be people whom the person does not want to attend, for example, due to conflict, disagreements or challenging past experiences. There may be risks in including or not including such people, and it is important to consider how to best maintain the person-centred nature of the review while also ensuring that all parties relevant to improving outcomes for the person are included in some way. Sometimes collecting information from people outside the meeting itself may be an option.

- **Who is required to address the issue or provide ongoing monitoring?**
  If the review is addressing a specific issue, then there may be specific people who have experienced the emergence of the issue who should attend. Similarly, if the case review is for a specific monitoring purpose, then there may be individuals involved in that monitoring who should attend. In both cases it is important to consider inviting others who can provide a fresh or further perspective on the issue, which may be useful in improving outcomes for the person.

- **What is the focus of the review, and who is required to address that focus?**
  Depending on the focus of the review, people with expertise in different areas may need to attend. If the review focuses, for example, on health and wellbeing, then it may be important to have allied health professionals in attendance or provide an opportunity to include the contributions of other medical specialists (either in-person or via documents sent in), whereas if the review focuses on supports for everyday life then it may be important to have the disability support workers who work with the person day-to-day attending. If it is a complex case review, a more extensive combination of people may be required. Knowing who to invite therefore means planning for the case review, understanding what will be discussed and anticipating who may be required to best address the issues under review.

- **How complex is the review, and how many parties need to be involved?**
  It is important to manage the size of a complex case review meeting. The more complex the subject matter of a case review the greater the number of people may be required to attend to address multiple interconnected issues or monitoring requirements and/or to understand and address the significant legal requirements and highly regulated issues that may be involved. However, the more people involved in a review, the more difficult it will also be to facilitate and keep on track to reach outcomes. The number of people required to attend the review should therefore be sufficient to provide expertise in all areas necessary to address or monitor the issue/s under review, but no more. Usually one key person for each type of expertise would be suitable.

Organisational leadership

The people who attend a case review will typically include people in a range of roles across different organisations. For this reason, recognition by the appropriate levels of leadership of involved organisations of the importance of the case review and support for provider/practitioners to be part of the review process is central. This may involve providing the necessary tools, resources and time for attendance at a case review, as well as potentially playing a role in monitoring or facilitating action after the review meeting.

Preparation and information

Given the variety in the purpose, focus and complexity of a case review, thorough preparation and acknowledgement of the information required to run the review is important. Preparation for the review and ensuring the key information is available will help to organise the review, ensure it remains on track and ensure everyone attends ready to participate.

Preparing for the review involves:

- Preparing an agenda
- Preparing information to inform the review

These areas are discussed on the following pages.

Preparing an agenda

Preparing an agenda prior to the review is crucial to its smooth running. This may be done by the facilitator or a provider/practitioner who agrees to organise the review, preferably in consultation with the review participants and with those who can best identify what items may need to be discussed. Setting the agenda requires clearly identifying and agreeing on the purpose of the review early in the planning process.

There is no set format for a case review, and the format of the agenda will depend on the people involved and the focuses under review. In general however, it is useful to have pre-identified agenda items so that nothing gets missed, everyone gets a chance to participate, the person's voice remains central to the review and everyone knows what to prepare and expect as the review progresses.

An example agenda is provided in Figure 12. Key features include:

- **Stating the purpose of the review:** Explicitly stating the purpose of the review is a useful way of prefacing the review to ensure everyone knows the intended focus and stays on track. It is also a useful place to remind participants to be 'solution focused' rather than 'problem focused'.
- **Having an introduction by the person:** Having an introduction by the person whose supports are the subject of the review is a useful way of setting the person-centred tone and ensuring the person's voice is central to the discussion. If the person chooses not to attend, someone they have chosen to represent them may make an introduction on their behalf.
- **Review of progress since the last meeting:** Where the review has the purpose of ongoing monitoring, reviewing progress in implementing plans since the last case review is a useful way of ensuring continuity between reviews.
- **A current situation update and discussion, with agenda items for all intended focuses:** Having agenda items for each intended focus of the review ensures that each is planned for and flagged, and therefore reduces the risk of any issue being missed.
- **Time to raise other issues:** Having time to raise other issues ensures thorough coverage of the review, including unanticipated points that may come up.
- **Time to make an action plan:** Factoring in time for making an action plan, or noting action items, ensures that the review remains a practical and action-oriented process, and is more likely to result in accountability for follow up and outcomes for the person.
- **Time allotted:** Noting the time allotted to each agenda item will assist the facilitator to manage the discussion and keep the review on track.
- **Space for notes on discussion points and action items:** Space for notes on discussion points and action items enables a thorough and detailed record of the review, meaning that the process is more likely to result in follow up and outcomes for the person and that there is a clear record for any subsequent reviews.

Preparing an Easy Read copy of the agenda for the person may help to ensure the person-centred nature of the case review.

Figure 12: Sample complex case review agenda

Agenda item	Time allotted	Discussion points	Actions	
			Action items	By whom, by when, and monitoring process
1. Stating the purpose of the review	.....	.....	.....	.....
2. Introduction from the person	.....	.....	.....	.....
3. Review action plan from previous review meeting	.....	.....	.....	.....
4. A current situation update and discussion, by focus area	.....	.....	.....	.....
• Supports for everyday life	.....	.....	.....	.....
• Health and wellbeing	.....	.....	.....	.....
• Rights and safety	.....	.....	.....	.....
• Staffing arrangements	.....	.....	.....	.....
• Workplace health and safety	.....	.....	.....	.....
• Reflective practice	.....	.....	.....	.....
5. Other items	.....	.....	.....	.....
6. Action plan	.....	.....	.....	.....

Preparing information to inform the review

Preparing necessary information is also an important step in readiness for a case review. The preparation involves ensuring that all material needed for informed discussion is available to all participants. Gathering and distributing the information will usually be coordinated by the facilitator or another provider/practitioner who agrees to organise the review, although he or she may seek input and assistance from other people attending the review. Information will usually need to be distributed beforehand, so review participants have time to prepare.

The agenda is a key piece of information that needs to be distributed to all people attending the review. Depending on the purpose, focus and complexity of the review, different types and extents of other information may also be required. In all cases, it is important to consider which information needs to be distributed to everyone and which might just be seen or referenced by certain people in the review. Obtaining consent for distributing information and balancing duty of care and privacy for the person are critical considerations. A trusted supporter may have a role in talking with the person about these considerations prior to the review meeting and ensuring that the person is briefed and understands what will happen.

Some questions to ask in determining what information may be required include:

- **What information is needed to ensure it is a person-centred review?** Different information will be required to ensure a person-centred review for different people. Sometimes distribution of documentation detailing a situation from the person's perspective may be needed, especially if the person has chosen not to be present at the review meeting. Sometimes there may be a need to ensure that information from all the person's chosen support people is obtained, especially if some support people are not able to attend the review meeting itself and send information in another way.
- **Does the review address an issue or provide ongoing monitoring, and what information is therefore required?** Depending on whether the review is addressing an issue or providing ongoing monitoring, different information may be required. Addressing an issue may, for example, require obtaining key incident reports or other records of what has happened or what has contributed to the situation. Alternatively, ongoing monitoring may require availability of practice data (e.g. service records, case notes, reporting on safeguarding) for reporting to governing bodies.In some circumstances, workplace health and safety might require documentation about workplace risks such as a summary of incident reports, behaviour support documentation or manual handling practices.
- **What is the focus of the review, and what information is required to support that focus?** Depending on the focus of the review, different information may be required. A case review that focuses on health and wellbeing would, for example, potentially require medical records, whereas a review of supports for everyday life might require a lifestyle plan. A review focused on workplace health and safety might require documentation about workplace risks, whereas a review of staffing arrangements might involve consideration of rostering documents. Sometimes the full records may be needed, but at other times a summary containing only the key information might be used instead.
- **How complex is the review, and what type and extent of information is therefore required?** The more complex a review, the higher the likelihood that more extensive information will be required. Balancing the need to provide comprehensive information to the people who will take part in the review, but not more than is needed, is important in ensuring that the most useful and accessible body of information is distributed.

Recap: Preparation for a case review

Preparing for a case review requires:

- Planning to include the person in a way that is meaningful and supported and that is not a risk to his or her wellbeing.
- Selecting an appropriate facilitator and/or provider/practitioner who have the skills, knowledge and authority to organise and manage the review process.
- Determining appropriate people to include in the review, including type and number of people and including obtaining the necessary support from organisational leadership for them to be able to attend and contribute during and after the meeting.
- Agreeing on the purpose of the case review and preparing an agenda with all key items planned for and flagged, with space to note discussion points, action items and time frames.
- Preparing appropriate, but not excessive, information to inform the case review, with consideration of consent and how to balance duty of care and privacy for the person.

Jenny: Preparing for a case review

Following from the staffing changes and the incident with Daniel, preparation began for Jenny's case review.

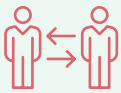
This section shows what ineffective preparation for Jenny's case review might be like and then what effective preparation might be like.

In a more complex version of Jenny's case review, the steps to prepare would largely be the same, but may require more coordination of attendees and/or more oversight for legal and regulatory purposes. In an ineffective scenario, these extra considerations might present further complications to preparing well (for example, making it harder to schedule the meeting at a time when required people could attend), but in an effective scenario, effective preparation would mean that the arrangements could be made regardless.

Ineffective preparation

What happened	Questions to consider
Daniel's supervisor sent out an email meeting request for the case review. The request only had the heading 'case review for Jenny', but no agenda and no supporting information about the recent staffing and behavioural changes and incident that had led to the review. Only 30 minutes was allocated for the review.	*Was the purpose of the case review clear?* *Will review participants have sufficient information available to prepare?* *Was enough time allowed to look at all the issues holistically?*
The invite was sent to Daniel, Sarah and another person in their support worker team.	*Were all relevant people invited? Who else might Jenny want to have there?*
It was decided that due to Jenny's conflict with Daniel that she should not attend the case review. Jenny's Guardian was also not invited to attend.	*Who was representing Jenny's voice in the case review?* *If no one is representing Jenny's voice, how might this risk the person-centredness of the review?*
It was unclear who was facilitating the review. Daniel thought his supervisor was facilitating because this was who had sent out the email meeting request, but this was not confirmed, and the supervisor did not realise he needed to play the facilitator's role.	*How will the review be managed if there is not a clear facilitator?* *Were the roles and responsibilities clear?*

Effective preparation

What happened	Outcome
 Daniel's supervisor confirmed that he would organise and be the facilitator for the review.	✓ *There was clarity about the facilitator and this set a basis for the rest of the arrangements to be made.*
 Daniel's supervisor asked Sarah if she could talk to Jenny to explain that a case review would occur and to ask Jenny how she wanted to take part. When she spoke with Sarah, Jenny said she wanted to attend the review meeting, but take her Guardian with her, so that she could have help to explain her point of view. Jenny also said she wanted some of her other service providers to take part, not only those from Sarah and Daniel's organisation. Sarah arranged for Jenny and the Guardian to meet before the review to work out what they would say.	✓ *Jenny was included in the process and made decisions about how she wanted to take part and about who else she wanted involved.* ✓ *Planning meant that Jenny received support from people she trusted to take part.*
 A week before the review, Daniel's supervisor sent a meeting request by email to Sarah and Daniel, Jenny's Guardian, Jenny's day program manager and Jenny's Behaviour Support Practitioner. All said they could attend.	✓ *A range of relevant people from Jenny's support team and life were included in the review meeting.*
 Included in the meeting request was a background document with an explanation of the staffing and behavioural changes and incident that had led to the review. An agenda was also attached to the meeting request. This included a place for an introduction from Jenny and places to talk about Jenny's everyday supports, her rights and safety and health and wellbeing. It also included places to talk about staffing arrangements, workplace health and safety for providers and reflections on what might have been done differently to prevent the situation. Review participants were asked to think these items through before attending. One and a half hours was allocated for the case review.	✓ *Everyone had clear information about the background to the review.* ✓ *Everyone had clear information about what would be discussed, so they could prepare.* ✓ *Enough time was scheduled to discuss the issues in depth and holistically.*

Strategies for an effective case review

Understanding what an effective case review looks like is critical for knowing how to conduct a review and for making judgements about when a case review is on track and when it is not.

There are many different domains in which issues affecting the effectiveness of a case review can occur. The qualities of an effective case review are discussed and illustrated in the following sections as they relate to:


The person


The facilitator


The participants


Preparation


At the review

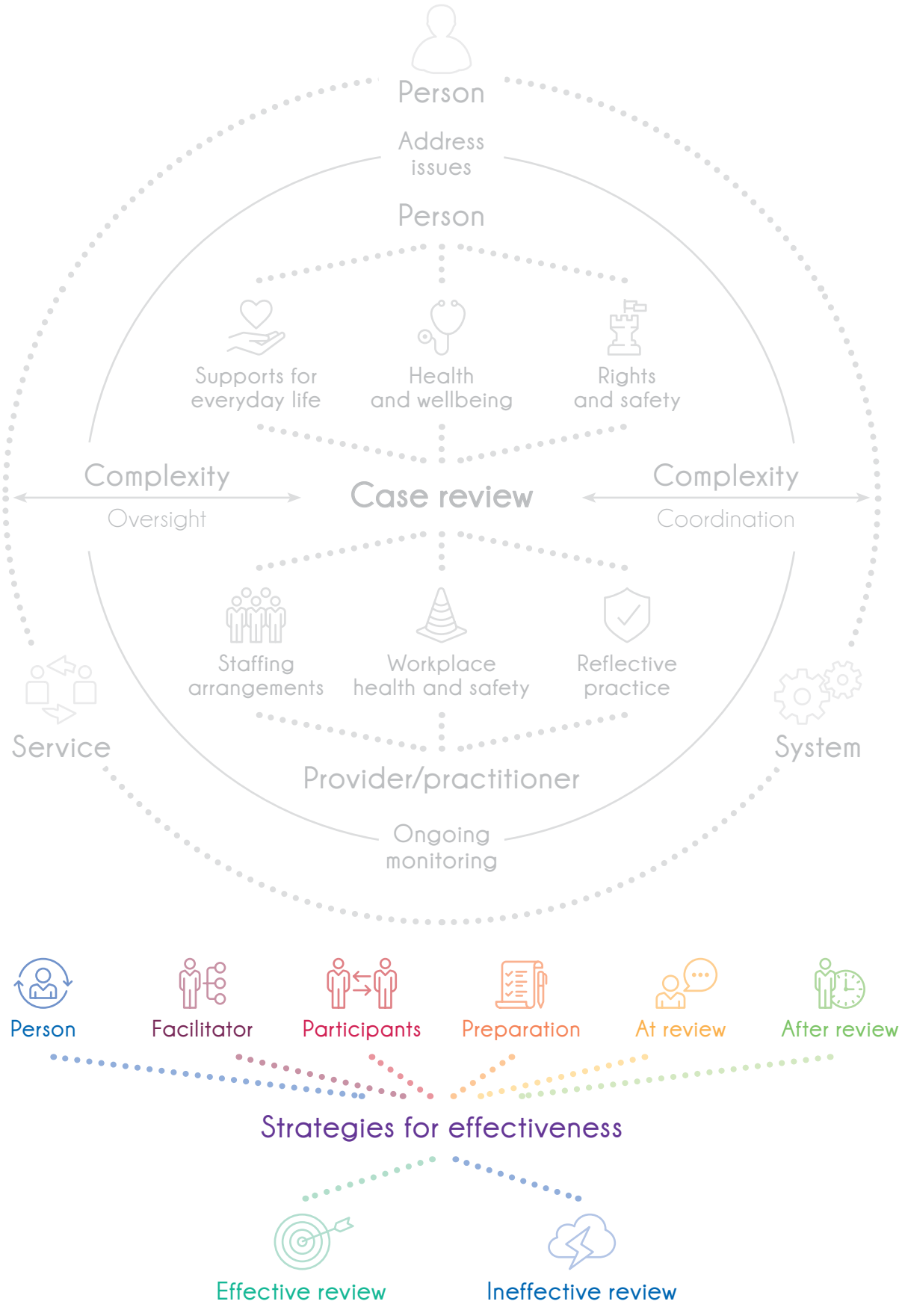

After the review

For each domain, the following sections explain what elements of an effective case review look like compared to elements of an ineffective case review. Strategies for how to increase the likelihood of having an effective case review are also included.

Importantly, the case review needs to be happening effectively in all of the domains above in order for it to be effective overall.

Figure 13: 'Strategies for an effective case review' section focus

The coloured section is the focus of this part of the guide.



The person

Some aspects of effectiveness are about the person's experience of the case review and ensuring that a person-centred approach is taken.

An **effective** case review looks like…	An **ineffective** case review looks like…
Person-centred considerations are at the forefront of the process.	Person-centred considerations are left out, resulting in the person being marginalised from the review process.
The person feels comfortable and confident at the review and has the right support to able to contribute in the ways they wish.	The person feels uncomfortable or unsupported at the review, resulting in the process feeling confronting and not person-centred.
The person is listened to and their goals, needs and circumstances are recognised and addressed.	The person's voice becomes lost, resulting in their goals, needs and circumstances being ignored or insufficiently addressed.
There is a clear focus on achieving the person's goals.	There is no clear focus on the person's goals, resulting in more focus on service provider needs.
The review results in improvements in quality of life or services for the person.	The review results in no improvements in quality of life or services for the person, meaning there is no change to their situation.

Strategies to increase the likelihood of a case review that is effective for the person:

- Ask the person how they want to contribute and who else they want to be present at the review.
- Ensure there is appropriate planning for how to involve the person, including organising appropriate communication support.
- Ensure the person's presence is always considered when discussing sensitive issues.
- Ensure the person is well prepared, including giving them an overview and explanation of what will be discussed and of what information will be revealed about them.

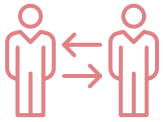
The facilitator

Some aspects of effectiveness are about the skills, knowledge and authority of the facilitator to drive outcomes in the case review.

An **effective** case review looks like…	An **ineffective** case review looks like…
An informed decision is made about whether to engage an independent facilitator or a facilitator who already knows the person.	The decision about whether or not the facilitator knows the person is uninformed or poorly informed, resulting in a facilitator who cannot maintain a person-centred approach to the review.
The facilitator is skilled and has the authority with all review participants to effectively drive outcomes.	The facilitator is poorly skilled and does not have authority with review participants, resulting in disorganisation and a lack of progress towards outcomes.
The facilitator keeps the tone of discussion respectful.	The facilitator does not keep the tone respectful, meaning that perspectives cannot be aired safely.
The facilitator has the necessary knowledge about the focus area of the review (e.g. health and wellbeing, rights and safety etc).	The facilitator does not have the necessary knowledge, resulting in gaps in how to address the focus of the review.
The facilitator leads collaboration between all parties to plan and conduct an effective review.	The facilitator is not able to lead collaboration between all parties prior to or during the review, resulting in different agendas and lack of collaboration towards outcomes for the person.

Strategies to increase the likelihood of having an effective facilitator:

- Give attention to careful selection of a facilitator with the necessary skills, knowledge, authority and relationship with the person to best manage the review in an informed and person-centred manner.
- Ensure the facilitator (or provider/practitioner organising the review) knows who will be involved in the review meeting and how they will be involved, and has contact with the review participants prior to the day of the review meeting to put clear processes in place.
- Ensure the facilitator has experience in conducting a case review and skills in agenda and time management.
- Ensure the facilitator models how an effective case review should occur and always demonstrates that the case review is important.



The participants

Some aspects of effectiveness are about the composition and conduct of the people who attend the review.

An **effective** case review looks like…	An **ineffective** case review looks like…
A sufficient, but not excessive number of people attend, including those delegated authority to implement decisions and allocate resources.	The number of people attending is not enough to cover all knowledge required or too many for effective communication, and/or there is no one in attendance with the delegated authority required to make and implement decisions.
People attending the review are jointly well-placed to understand and address the person's holistic needs and circumstances.	There are gaps in knowledge among the review participants that mean there is not a comprehensive understanding of the person's needs and circumstances or of the focus areas of the review.
All participants understand what would represent a successful outcome for the person.	Some/all participants do not understand what would represent a successful outcome for the person, meaning it is difficult to know where and how to resolve issues.
There is effective communication, collaboration and understanding of all participant roles and limitations, particularly among service providers from different organisations.	There is poor communication and collaboration and/or review participants have unrealistic expectations of each other, leading to lack of agreement on actions and potential conflict.
A holistic, positive and person-centred approach is taken by the review participants, including being 'solution focused' rather than 'problem focused'.	The review participants have a negative tone, do not take a holistic or person-centred approach, disagree or de-brief from the issues that have led to the review, meaning that they focus only on discussing problems.

Strategies to increase the likelihood of effective composition and conduct of review participants:

- Give attention to careful planning to ensure all people with necessary expertise are present and can input and make decisions, but that size of the group is managed and not too large.
- Ensure that attendance is planned into providers' and practitioners' paid workloads and that there is support from their organisational leadership for their attendance.
- Have a clear agenda, including a focus on the person's goals and chosen outcomes.
- Have a facilitator who is able to maintain a positive tone, keep the meeting on track, resolve disagreements and moments where review participants may become side-tracked.

Preparation and information

Some aspects of effectiveness are about how well the preparation for the review has been conducted and implications for how the review then runs on the day.

An **effective** case review looks like…	An **ineffective** case review looks like…
The reason for the case review is identified and clearly communicated to all participants, including the person.	The purpose of the case review is not clearly communicated to some or all participants, meaning that there is not a shared understanding of what is to be achieved or adequate background for preparation.
Full and detailed consideration is given to how to include the person in a way that is meaningful and supported and that will not be a risk to their wellbeing.	Partial, inadequate or no consideration is given to how to include the person, resulting in them being poorly represented in the meeting, not represented at all or feeling uncomfortable or overwhelmed by the process.
All the necessary information is distributed before or brought to the review, but unnecessary information is not included.	Incorrect, incomplete or unnecessary information is distributed before or brought to the review, leading to a lack of preparation as review participants are either under-informed or overwhelmed with information.
Adequate time is planned for the review and for all agenda items, so that review participants can make thoroughly considered decisions.	Inadequate time is planned for the review and for all agenda items, resulting in skipped agenda items, a rushed approach and/or poor decisions.

Strategies to increase the likelihood of effective preparation for a case review:

- Give early consideration to how to involve the person and to the implications of their involvement for the format of the review and support that may need to be arranged.
- Allow an opportunity for the facilitator or provider/practitioner organising the review to seek input or assistance from the review participants about the information required to inform the review, so that everyone understands the reason for the information provided.
- Schedule the review date to allow time for sufficient preparation, including preparation and distribution of information with adequate time for review participants to read and reflect before the review meeting.
- Ensure careful planning of the agenda to factor in all focuses that need to be discussed and allow adequate time to be allocated to all items.

At the review

Some aspects of effectiveness are about what happens at the review, including what information is presented and discussed and whether action items are recorded.

An **effective** case review looks like…	An **ineffective** case review looks like…
The focus of the review is clearly laid out at the beginning of the meeting, so everyone understands the purpose, focus on the person and what issues need to be addressed.	The focus on the person is absent or not clearly stated, leading to concerns among review participants that the review may result in punitive consequences for them or to a situation in which the review is unnecessarily policy and compliance driven.
Full and adequate information is presented and discussed, including presentation of information from people who cannot attend but contribute in writing.	Partial or inadequate information is presented and discussed, leading to insufficient coverage of all necessary perspectives.
Clear action items are decided and assigned to specific peoplethat address the issue or monitoring requirement for the review, with timelines for achievement and a monitoring process in place that is centred on measuring outcomes for the person.	There are no clear action items and/or they do not relate to the issue or monitoring requirement for the review, or there is no assignment of items or monitoring process, leading to a risk that there is no clear person identified to implement the plans and/or outcomes will not be achieved for the person.
Action items are substantive, but also realistic to achieve, and include plans for follow up from the review.	Action items are either too basic or too high-level or unrealistic to achieve, leading to a lack of confidence among review participants to follow up on actions.

Strategies to increase the likelihood of effectiveness of what happens at a case review:

- Start with a clear statement of the focus the review, including the focus on the person and that it is systems and methods of support that are under review, not individual providers/practitioners.
- Have a facilitator who is able to keep the meeting on track and move the agenda along.
- Ensure the facilitator knows at which agenda items written information and contributions may need to be considered or included.
- Nominate a person responsible for documenting the review meeting, including actions.
- Document clear action items, assigned to specific people with timelines set for achievement and a monitoring process in place.
- Ensure action items are realistic and achievable, with acknowledgement of incremental steps and progression towards change over time.
- Ensure action items are practical and have clear indicators for understanding when an outcome has been achieved for the person.

After the review

Some aspects of effectiveness are about what happens after the review, in terms of debrief, follow up and implementation of plans.

An **effective** case review looks like…	An **ineffective** case review looks like…
There is a defined opportunity to debrief after the review, if required.	An opportunity for debrief is not included, resulting in unresolved points of contention or unresolved issues from the review.
There is adequate follow up with people both inside and outside the review meeting who may need to implement action items and/or plans.	There is a lack of follow up with people who may need to implement action items and/or plans, resulting in no actions or inadequate actions being taken.
Review participants take accountability for following up on actions and implementing new solutions.	Review participants do not take accountability or shift accountability between themselves, meaning that no responsibility is taken for making changes or implementing new solutions.

Strategies to increase the likelihood of effectiveness of what happens after a case review:

- Ensure that the minutes and action items are distributed in a timely manner.
- Ensure that there is an opportunity for follow up with the review participants, for debriefing and to ensure ongoing accountability for action items.
- Facilitator or provider/practitioner organising the review checks in with people assigned action items to ensure they have the necessary time, tools, resources and support from their organisational leadership to implement plans.
- Ensure that the facilitator or provider/practitioner organising the review schedules a follow-up case review to monitor progress.

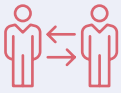
Jenny: an ineffective and effective case review

The day of Jenny's case review arrived. The next sections show what an ineffective version of Jenny's case review might be like, followed by an effective version – these versions follow on from how Jenny's story developed in Section 3.5 about the preparation for her case review. Both versions include information on what happened at the case review and after the case review.

In a more complex version of Jenny's case review, the review process would be largely the same, but may require more people to be included in the discussion and more legal and regulatory issues to be covered. In an ineffective scenario, the extra or unknown people in the room might, for example, have the potential to be more intimidating for Jenny or mean insufficient time for all views to be discussed, and the extra legal and regulatory content could be misunderstood by some participants. In an effective scenario, a skilled facilitator would however manage the conversation and explain the additional information thoroughly to ensure all attendees understand the process and content.

Ineffective case review

What happened



As there was no agenda, supporting information or clear facilitator to keep the discussion moving, the discussion between the review participants ended up focusing only on the incident involving Daniel. The review participants framed what had happened entirely in terms of the challenging behaviour Jenny had displayed.

The group discussed the idea of contacting Jenny's Behaviour Support Practitioner to ask her to update Jenny's Positive Behaviour Support Plan with new strategies for instances where Jenny might become aggressive. They also questioned whether Jenny should see a psychiatrist for a review of her mental health.

Although the review participants discussed some ideas of how to address the situation, no firm decisions were made.

As a result, no action items were decided on or assigned to specific people and no next steps agreed to.

Without clear action items or people responsible, everyone assumed that someone else was following up. Neither the Behaviour Support Practitioner nor psychiatrist were contacted.

The people who attended Jenny's case review received no follow up about what had happened, so were not aware that the plan had not been followed. No one told Jenny what was discussed.

Jenny continued to be unhappy with her service arrangements. Both she and Daniel continued to struggle and both were frustrated that nothing had changed. The difficult situation they were in remained unresolved, and both Jenny and Daniel's wellbeing suffered.

Questions to consider

While the incident with Daniel is important, what else from the broader situation might need to be discussed?

Where was the focus on the situation from Jenny's perspective? Where was consideration of how to address the events that led to Jenny's challenging behaviour, for example, changes in her services and staffing?

Should the Behaviour Support Practitioner have been invited to the review meeting?

How will Jenny and other key people in her life know about what was discussed and agreed to in the meeting?

Is there a risk that actions from the review will not be followed up if the actions have not been assigned?

What is the plan if the situation does not improve?

How will outcomes for Jenny improve if no action is taken as a result of the case review, and no one realises the lack of action?

Does the service provider organisation that Daniel works for have a clear process for its staff to escalate matters such as an ineffective case review?

What will happen if the situation remains unresolved in the long-term? What will be the implications for Jenny and Daniel's wellbeing?

Effective case review

What happened	Outcome
The review meeting started with a statement of the purpose of the review – i.e. to find an arrangement that would ensure the wellbeing of both Jenny and the providers working with her.	✓ *The purpose of the meeting was clear.*
Jenny then gave an introduction about her perspective on what happened. She said she had been upset by the unexpected change to her key worker and that she would have liked some more warning time to say goodbye to Sarah and get to know Daniel before the change had taken place. The Guardian followed up by saying that change is often hard for Jenny, but that she does best with it when she has time to get herself prepared.	✓ *Jenny's perspective was central to the review.* ✓ *Jenny received support to explain her perspective.*
The review participants started off by discussing Jenny's concerns. They agreed that the change from Sarah to Daniel had been too sudden. This led to discussion of Jenny's everyday supports, her rights and safety and health and wellbeing. The review participants agreed that the current issues with Jenny's everyday support arrangements with Daniel needed to be addressed to protect her health, wellbeing and rights, and get her back to her everyday activities. The review participants then moved on to discussing what was happening for providers as they supported Jenny, including staffing arrangements, safety and what they could do better. The review participants agreed that the aggression Jenny had displayed towards Daniel was a risk to the providers working with her and needed to be addressed, but also that doing so required redressing the staffing arrangements that Jenny was clearly unhappy with.	✓ *Jenny's own perspective was centrally discussed and considered, as well as concerns for providers.* ✓ *A holistic perspective was taken, where there was a recognised connection between what Jenny and the providers needed.*

What happened

The review participants decided that there should be a hand-over period of two weeks. This would allow Sarah and Daniel to attend a few shifts with Jenny together, so that Jenny could get to know Daniel better with Sarah's support. Jenny and Sarah would also have a 'goodbye' shift together. Jenny said she liked this idea, as it would give her time to get prepared for the change of key worker.

The handover period would also allow time to monitor Jenny's behaviour to see whether better managing the service and staffing changes naturally stopped her aggression. This would be monitored by the Behaviour Support Practitioner, and all service providers including Sarah, Daniel and the day program manager would have some responsibility for the monitoring. Jenny said she understood and agreed that everyone was concerned about her wellbeing and would be talking to each other about it.

It was agreed that if Jenny's situation hadn't improved at the end of the handover period the Behaviour Support Practitioner would further revise Jenny's Positive Behaviour Support Plan and include additional strategies of how Jenny might better be able to communicate her views without the need to be aggressive.

All decisions and reasoning were documented in notes and action items. Action items were assigned to specific people and timelines set for when Sarah, Daniel and the Behaviour Support Practitioner each had to make decisions or otherwise act.

Although there was lots to discuss, Daniel's supervisor successfully facilitated the review, so there was time to discuss all items.

Outcome

- ✓ *A plan was decided on in which Jenny's concerns were central, as well as safety issues for providers.*
- ✓ *Documentation and action items were set to allow consistent and thorough implementation of the plan.*
- ✓ *The review was facilitated successfully and on time.*

The notes and action items were circulated two days following the review, and Sarah, Daniel and the Behaviour Support Practitioner each knew what they had to do when. The Behaviour Support Practitioner wrote out the key points for Jenny in Easy Read style, so she understood too.

As each person played their role, they kept in contact and Daniel's supervisor oversaw what happened, to ensure all action items were met. Sarah and Daniel also checked in with Jenny about what was happening to make sure she remained comfortable with the process.

- ✓ *Follow up communication occurred in a timely manner to ensure that action items were implemented.*
- ✓ *Attention was paid to making sure there was also follow up with Jenny.*

Notes

Notes


For more information and further resources visit:
arts.unsw.edu.au/idbs/resources