

Care Managers under the
IDCC&R Act 2003
A Report on Stage One of a
Research Study

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Today's session

- Aims, methods & progress
- Interim findings from Stage One
- Discussion of implications
- Where to from here
- Questions/comments

Aim - overall

- To explore how the care manager role under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 is working in practice.



Aims

Identify & describe:

1. Characteristics of Care Managers (CM)
2. How the CM role functions
3. Issues - enablers, dilemmas & challenges
4. How CM role contributes to better outcomes - & improvements required

Methods

Qualitative Descriptive

- Stage One (Nov 2009-Aug 2010)
 - Individual interviews (semi-structured)
 - Content analysis
- Stage Two (Aug-Sept 2010)
 - Follow-up focus groups
 - Member-checking of findings

Data Collection

- 18 face to face interviews



- 4 telephone



- Interviews lasted between 50 – 90 min.

Participants

- 22 CMs participated in the project
- 18 were practicing CM
(from total of approx 36)
- 4 were no longer in the CM role

Profile of Participants: Gender

-12 Female



-10 Male

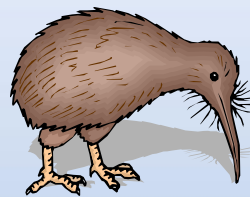


Profile of Participants: Age



Profile of Participants: Ethnicity

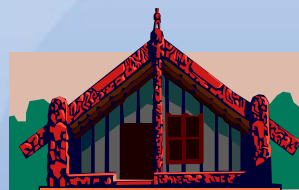
- 12 Pakeha



- 6 British



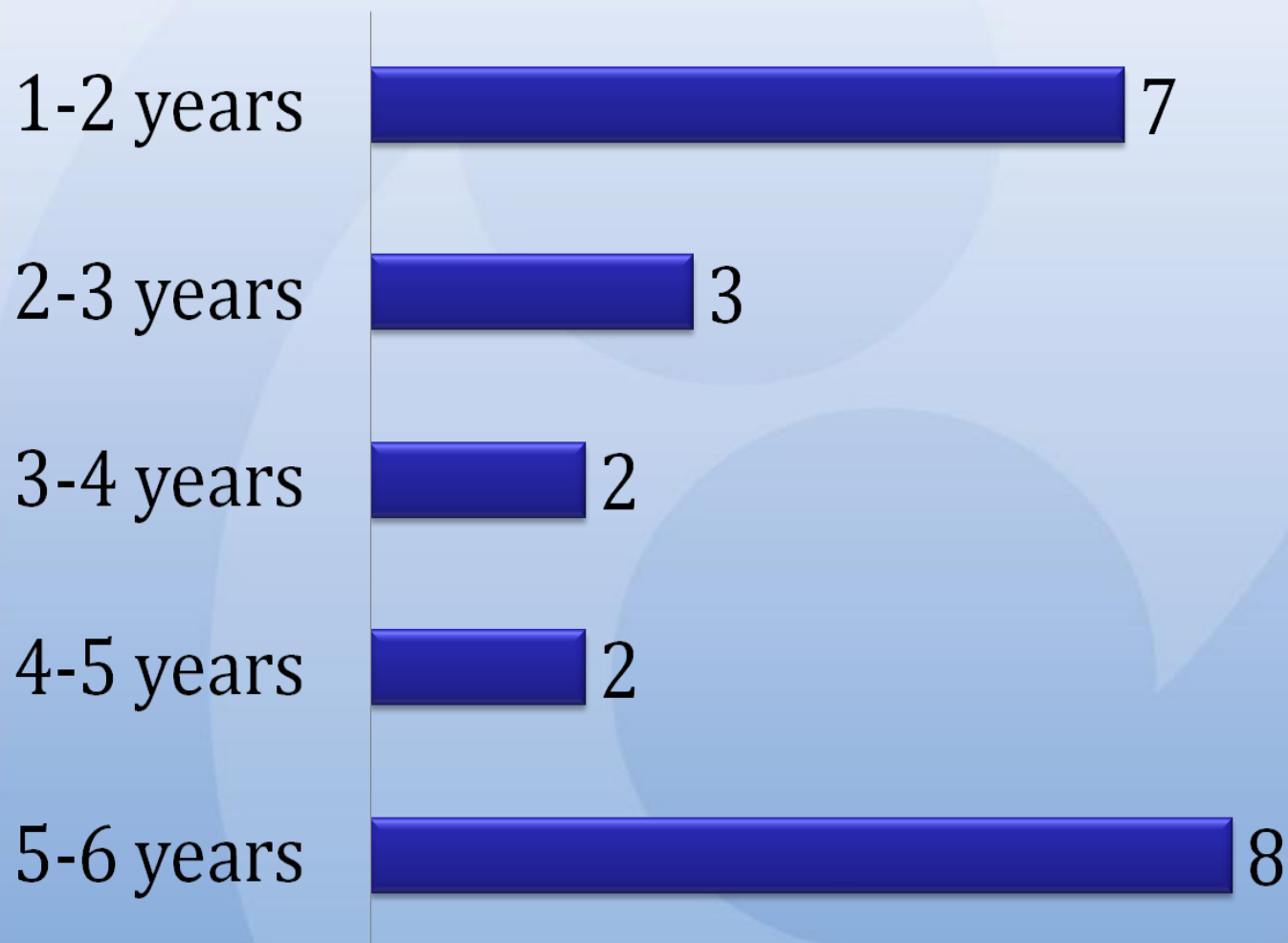
- 3 Maori



- 1 Pasifika

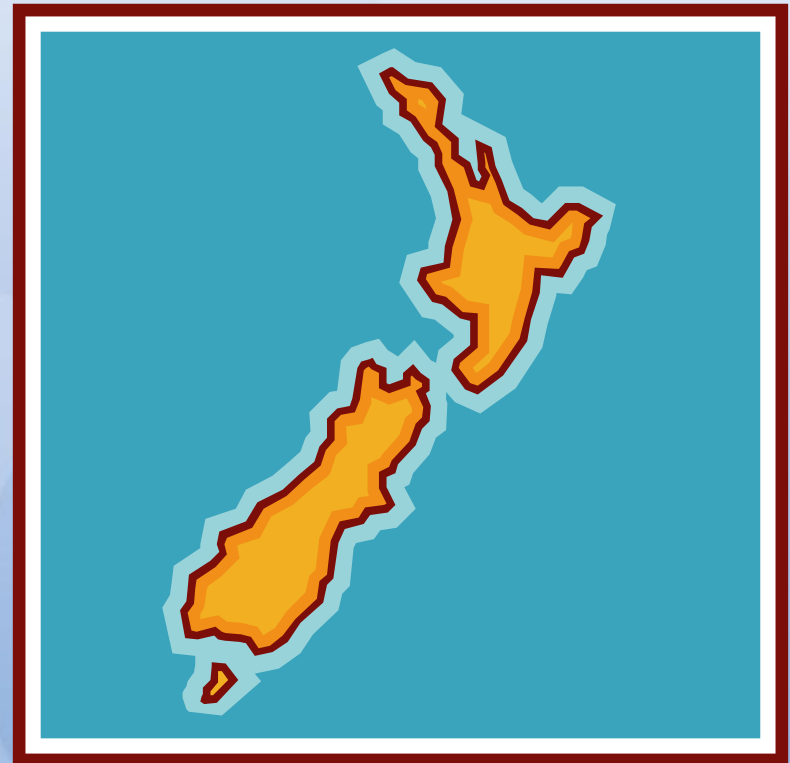


Profile of Participants: Years in Role



Participants' Workplace: Region

- 12 North Island
- 10 South Island



Professional Qualifications

Of the 22 Participants:

- 13 were Registered Health Professionals
(8 in NZ, 5 in UK)

Care Manager Training

- Care Manager Diploma: 11 (50%)
- Mason Clinic Training: 3 (14%)
- None: 8 (36%)



Findings: a general impression

Care managers' commitment



- Not giving up on care recipients
- Going to great lengths to find solutions
- Long hours – being on call

Findings: Role

What is the role?

*‘As a care manager, my role is basically to supervise and provide **rehabilitation** plans, for people under the IDCCR Act and ensure that everything in the plan is being monitored and ... undertaken by the service’.*

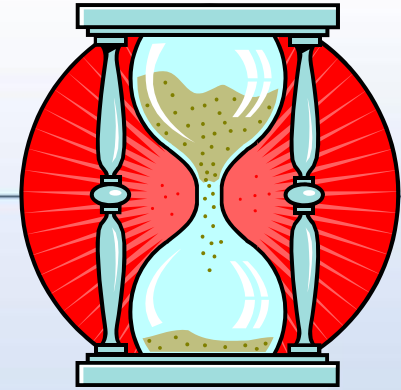
But

‘It is all about managing **risk...**’

WHAT - does the role entail?

1. Care and Rehabilitation Plan (CARP) writing and reviewing
2. Rehabilitation co-ordination
3. Compulsory Care implementation: granting leave, explaining rights, risk assessment, screen communication, seclusion and restraint, AWOL

WHAT – writing CARP



- Managing timeframes

‘It’s around the timeframes of getting the paperwork done. That becomes problematic simply because Care Managers get left sometimes with having to do it in 24 hours. It’s easy enough to say just don’t do it – but you’re talking about leaving another man in a jail or clinic somewhere – that’s the reality of that’.

WHAT - rehabilitation

- **Commitment to rehabilitation**

‘rehabilitation is one of the most important parts of this order’

- **Team approach**

‘it has to be multi-disciplinary – you can’t do this on your own’

- **Holistic (Kaupapa Maori)**

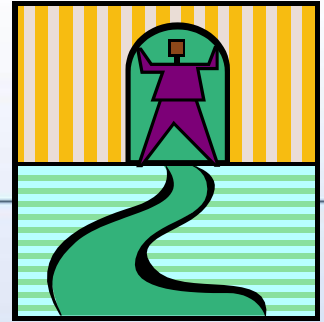
‘Te whare tapa wha model’ (holistic)

WHAT- compulsory care

- **Risk assessment**

'Safety is paramount? Absolutely. Absolutely – to the client and to the community. Safety in terms of offence to other people but also because the result of that offending has impact for the client as well so it's to protect the client's behaviour from themselves and others'.

WHAT - compulsory care



- **Granting leave**

'Every day I assess for their risks. Their leave is based on their risk'.

'When clients have leave it's been a measured process, so ... the court order, the legislation, what the expectations ...are it's explained to the family'.

HOW do CMs do the role?

By-

- Engaging CR in plan
- Finding solutions
- Maintaining relationships: CR, families/whanau and others (team)
- Ensuring legal accountability
- Acting as an advocate
- Managing workload

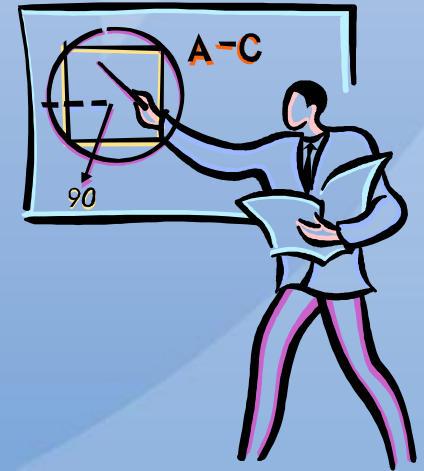
HOW - engaging CR in own plan

‘When we ask the client what they want and they say that they want to have some home leave, we ask “how can we make that a safe thing for you to do?” ... It’s very much about saying “here’s the risk, what do you think will work, how will we manage that, who else needs to be involved?”



HOW - explaining requirements

'I would have 5 clients in one house, 3 in another – you'd talk with the staff team – the support workers, do the staff education with them around what the CARP would look like, what was happening for this week's plan, risk education, medication education'.



HOW- manuhiri status

‘The other thing we do which is quite in contrast to a lot of the other services is we don’t treat a consumer as a person that “owns it” ... they come in as manuhiri – they’re invited in, and they’re shown what we have and they’re asked if they want to be a part of what we do ...’



HOW - relationships: CR & families

'The way I see my role – the first one is to have a real strong relationship with the care recipient followed pretty closely by the family members which isn't always the easiest'.



Relationships – kaupapa Maori

- *‘The family stuff Maori do really well, but you do it without thinking as they are an extension of you’.*



HOW- relationships - team

‘What I’m trying to push for at the moment is for all teams to come into the office at least fortnightly for team meetings to discuss issues...’



Enablers – what helps the CM?

- Skilled & willing team
- Good relationships
- Access to rehabilitation
- Legal authority

ENABLERS - legal authority

'... one really good thing about the care manager role is that it stands outside of what the residential support team's doing ... they can actually help get other resources in for the person that maybe if they weren't a care recipient wouldn't be there. I mean, the care manager in the right situations can be an incredibly good advocate for the person.'

Challenges faced in the role

1. Changing profile of care recipients
2. Working with families
3. Knowledge & skills of workers
4. Lack of resources
5. Limited authority
6. Newness of the Act
7. Transitioning out

Challenges – Rehab. resources

(mentioned by most people)

'One of the changes I've seen is that the funding has dried up for things like counseling and one to one therapeutic intervention outside of our organisation'.



Rehab. Resources - CARP

- *'I feel that the person would have benefited from some one-on-one psychological intervention, and that clearly wasn't going to be funded. Just because it's not funded, doesn't mean I shouldn't put it in the report. I think there's some dilemmas there for the CM'.*

Challenge – responsibility but little authority

'...as a care manager you actually have a lot of responsibility but my experience is you don't have a lot of ability to make the decisions'.

Challenges – newness of the Act

- *‘... sometimes you’d say, “okay I know I need to do this, I don’t know how to get there” and you’d ask 10 different people and no one else knew either so then you’d ask “can we figure this out?”’*

Challenges – newness of the Act

- *‘The lawyers certainly didn’t know it, some of the judges didn’t know it. It really meant that we had to slow ourselves down and start painting pictures for them so they started to catch up with us’.*

Challenges - transitioning out

'...they work so hard and then there's nothing. They have all these people and all these supports and then they crash and they get chucked off the end of the cliff with no parachute. We find that really hard to cope with...'

Dilemmas

For care recipient

- Risk (compulsory care)

versus

Rehabilitation (rights)

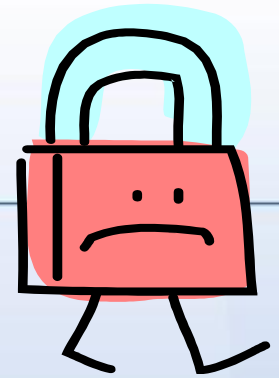
Dilemmas – risk versus rehab.

1. Custodian or therapist

‘As a clinician you want to treat someone in a client-focused way and give them as much control as you can. And then you have the legislation sitting over the top so you’ve always got the daily weighing up of situations’.



Risk versus rehab.



2. Philosophy incompatibility

'It is contrary to the values of (our service), the service values are independence and freedom and living the dream... a CM's role is managing people's rights and limiting freedom ... so we've got to compromise in ways without exposing people to undue risk'

Risk versus rehab.

3. Crisis management – prioritising risk

'... that is what the Act is all about – care and rehabilitation. But sometimes ... the 6 month review occurs and you've not ticked half the things off because you've been so busy putting out the fires that it doesn't always happen'.



Risk versus rehab.

4. Length of order

'In one year or 6 months you can get them through the offending piece and they've done their time as far as the judges are concerned. However, they're still not ready for the community yet – they're not quite integrated enough to just be left alone. I really struggle...'

Dilemma

For care manager

- Autonomous practice

versus

Being part of the service

Dilemma – autonomous or team member

'I see it that the CM should be based outside of the service and tell the service what they need to deliver and then it's up to the service to do it. Whereas when they're based within the service, the service is just going to say, "No we can't afford it sorry, so you'll have to find some other way to meet those needs".

Support for the role



Informal mentorship (strong)

'It's good that RIDCA are quite supportive in that way – you could phone up the C.C. and say help and usually they'd give you a direct answer or you'd brainstorm on the phone or you can meet.'

Supervision

12 of the 22 had professional supervision

Negative outcomes for CRs

'I've seen a few clients come through two or three times... you wonder what's going to happen for them now. They generally have a substantial criminal history.'



'...sometimes it's because the rehabilitation hasn't been available. And that's not their fault.'

Positive outcomes for CRs

‘The transitions that I’ve been involved in have been successful and a pleasure to be involved’



‘The majority of people who have actually been under orders ... have certainly achieved as much if not more than the civil population group that we work with’

Next step



Focus Groups

Thanks

- The participants
- Sector Reference Group
- RIDSAS & hospital services
- NZASID

- Our other team members
Kate Diesfeld & Daniel Sutton, AUT;
Michelle Honey & Brian McKenna - Uni of Auckland

Focus Group

- What was surprising?
- What rang true?
- Anything you would like to add or comment on?