NEOLIBERALISM AND CASE MANAGERS' TOOLS AT A FEDERAL PUBLIC SERVICE AGENCY

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AT A FEDERAL PUBLIC SERVICE AGENCY

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Abstract

Neoliberalism and the new managerialism have become entrenched in Canadian social policy. This paper is an examination of how neoliberal philosophy and the new managerialism are embodied in case managers' tools. The setting for this research is Veterans Affairs Canada. Presently, Veterans Affairs Canada is in the process of transforming policy and practice. Veterans Affairs Canada has implemented a managerial business model as the foundation of its transformation initiative.

This research examines how the ruling relations of the macro level have infiltrated the local practice of case managers. Institutional ethnography is utilized to examine the texts used by case managers. It is important to research the relationship between case managers' tools and managerialism in order to understand impacts on the role, practice and discretion of case managers. Only by having a full understanding of the relationship between the underlying power structures of neoliberalism and managerialism can social workers fully appreciate the negative impacts to client service. Through this understanding, social workers can more effectively advocate for their clients and find ways to implement change.

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INTRODUCTION

I have always been intrigued by power and power imbalances. Who has the power? Why do they have it and not this person or group? Why do power imbalances exist? How are power imbalances created? How are power imbalances perpetuated? How do we unconsciously and unknowingly contribute to power imbalances?

I was not in my career as a social worker long when I began to observe the power of documents and texts on client service delivery. My career as a social worker began in the health care system. Health care professionals were completely focused on fulfilling the requirements of their texts which were usually an assessment form specific to their profession. Many of the forms consisted of text boxes. Health care professionals were so focused on fulfilling the requirements of their text that they often disregarded other information the client provided. This was evidenced in various ways such as cutting the client off verbally, redirecting them back to the question, simply ignoring the client, advising the client that they should tell this information to another professional not them. At times I even witnessed health care professionals become irritated with clients and instruct them that "yes or no" would be sufficient.

I saw this same scene play out time and time again regardless of where I was employed. The more I witnessed this phenomenon the more intrigued I

became. More and more I wondered about power, underlying power structures and power imbalances.

Being employed at Veterans Affairs Canada has fuelled this fascination. Veterans Affairs Canada (VAC), in many ways, is an anomaly. Historically, VAC has been a federal government department that has remained relatively unscathed during hard economic times in order to continue to provide services to its clients. This does not mean that VAC has not changed over the years in order to meet the needs of its aging clientele. But their client numbers were always high and the operating budgets have not been scrutinized or reduced. This is no longer the case.

Veterans Affairs Canada is now transforming itself. In this process of change new policies, directives and practices are being developed and implemented. These changes include case managers being assigned new "tools" to conduct their work. These changes and new case managers' tools heightened my interest in power, underlying power structures and power imbalances. What is the relationship between macro, meso and micro levels? What is the relationship between underlying invisible power structures and front-line practice? How is the relationship between underlying invisible power structures and front-line practice evident in case managers' tools? How does the presence of managerialism in case managers' tools affect the work of case managers? Ultimately, how does all of this affect client service delivery? Do case managers have any power? If case

managers do have power, where is it and how can it be exercised to advocate for their clients?

This research is an opportunity to address my interest in underlying power structures and its relationship to case managers' tools. The research question for this thesis asks how neoliberal philosophy and the new managerialism are embodied in tools used by case managers. The setting for this research question is Veterans Affairs Canada. It is important to understand how neoliberalism and the new managerialism are embodied in case managers' tools for several reasons. First of all, it is important to understand how the embodiment of neoliberalism and the new managerialism in case managers' tools may impact the practice of case management. Secondly, it is important to understand if the embodiment of neoliberalism and the new managerialism in case managers' tools would impact the role and focus of case management. Lastly, it is also important to understand if the embodiment of neoliberalism and the new managerialism in case managers' tools impacts case managers' discretion. These are important to understand because ultimately, Veterans Affairs Canada, like any other social service agency, exists to serve its clients. Therefore, the aim of my research is discovering how neoliberalism and the new managerialism is embodied in case managers' tools in order to understand how these power dynamics and invisible power structures are impacting the everyday practice of case managers and how this is may be impacting client service delivery.

LITERATURE REVIEW

This literature review will begin with defining the concepts of neoliberalism and the new managerialism. In order to fully understand in what ways neoliberalism and the new managerialism is embedded in case managers' tools at Veterans Affairs Canada, a description of what is being defined as neoliberalism and managerialism is required. This will be followed by outlining the prominent themes in the literature regarding neoliberalism, the new managerialism and case managers' tools. The identified themes of conflicting priorities for case managers, standardization, lack of clients' voice, and ideology driving case managers' tools, are relevant in determining how neoliberalism and the new managerialism impact case managers' tools and the everyday practice of case managers. Gaps in the literature have also been identified and will be discussed following the themes.

Neoliberalism and the New Managerialism

In order to understand how neoliberalism and the new managerialism are present in case managers' tools; an understanding of what these concepts are is required. Brodie (1999) states that neoliberalism has been the driving force behind the dismantling of Canada's welfare state, once commonly referred to publicly as Canada's "social safety net." Neoliberal ideology entered into the

Canadian political landscape in the 1980s and endorses individualism and engagement with the market as the means of achieving goals thereby transforming citizens into consumers and public goods into products (Reinders, 2008). Residualism is at the heart of neoliberalism whereby the individual relies on the open market to have their needs met as the state is a provider of last resort and then provides only minimally. To accomplish this, neoliberal policies endorse a strong focus on employment and regulate the entering and the exiting of the labour market (Penna et al, 2000). Furthermore, neoliberalism promotes the belief that the private provision of services is inherently superior to public provision, and in competition as the way to efficiency (George & Wilding, 2002).

Neoliberalism is based on the three principles of privatization, decentralization, and individualization (Brodie, 1999). Privatization is the transfer of services and benefits once provided by the state to the market. This process results in services being transformed to the point where they are understood and regulated differently. For example, institutions are no longer perceived in terms of how well they care for clients but in how cost effective they are. Decentralization is a process of disseminating responsibilities and its associated accountabilities from the state to numerous others. Decentralization also results in fiscal downloading from federal governments to the provinces that then transfer fiscal constraints down to the local and municipal governments. Individualization is the

principle of looking at one's self and family for needed resources as opposed to the government.

Neoliberalism seeks to remove concepts of socialism and collectivity from the state and from the cultural perspective and replaces it with individualism and individual blame for one's social location. This means that the government truly is an avenue of last resort for citizens to have their needs met, if an avenue of support at all. Neoliberalism is only concerned with providing minimal levels of supports in order to preserve the free liberties of individuals (Penna et al, 2000). Neoliberal ideology does not subscribe to the needs of citizens, but endorses that citizens are "consumers" with "choices" that can be met by the market (Reinders, 2008). Individuals are no longer counseled regarding their needs but instead have their demands served (Reinders, 2008).

Managerialism can be conceptualized as the practice of neoliberalism at the institutional and agency level. Managerialism involves processes and practices that make neoliberal ideology a reality. The new managerialism adopts "promarket approaches" and business managerial models of work organization (Baines, 2008). According to Baines (2008), these managerial models result in case managers losing the power to "control their work lives and activities" (p. 124). Furthermore, promarket approaches and business managerial practices strive for continual improvement to the practice of case management while at the same time narrowing the skills of case managers. This is then reframed as

"reskilling" which many case managers have noted as a loss of their skills and control (Baines, 2008). These managerial models incorporate "standardized work practices to eliminate error and waste" (Baines, 2008:124) and include the reduction of the frequency and amount of time spent with clients as documentation and administrative tasks are drastically increased.

Managers are considered the key personnel to enforce the new managerial practices of improved efficiency (Tsui & Cheung, 2004). Case managers are responsible to implement what managers tell them to as managers are viewed as the ones to truly deliver results (Tsui & Cheung, 2004). Managerialism strives to achieve efficiency through such objectives as cost-control; accountability; performance measures; quality assurance; financial transparency; and, standardization to name a few (Reinders, 2008; Baines 2008).

It can be argued that objectives such as cost-cutting, accountability, financial transparency, quality assurance, performance measures, and standardization, should be held up as ideal principles. For instance, many tax-payers, shareholders, or any other group of invested people would want to know these principles are an expectation as this may be viewed to many as the virtues of accountability and responsibility. Furthermore, professionals such as case managers are responsible to meet certain standards and abilities and many may

view performance measures and quality assurance as objective ways of ensuring professional practice and the ability to provide quality client service.

What is important in the discussion of neoliberalism and managerialism is not that these principles are wrong or should not be part of any organizational practice. What can cause the negative effects of neoliberalism and managerialism, such as the dismantling of the welfare state, is how these objectives are implemented, the reasoning behind why they are being implemented the way they are, and, for example, in how and what is held accountable and standardized. For instance, if the bottom line is more desirable to an institution than the quality of the client service, and the focus on the institution is how the bottom line is achieved, such as through standardization and cost-cutting which decreases and/or removes client services, then managerial and neoliberal objectives create negative effects for citizens.

Another concern is with respect to quality assurance and performance measures. Performance measures and quality assurance requirements that case managers are subjected to may not have anything to do with professional standards but in having completed administrative tasks on time and/or in the way in which the institution is demanding administrative tasks to be completed. In this sense then, this is an example of how quality and performance serves to eliminate error and waste, as Baines (2008) stated, so institutions can report on

how they are being accountable by putting the focus on performance and quality of case management practice rather than client service delivery.

The concepts of neoliberalism and the new managerialism have been defined. The phrase "neoliberalism and the new managerialism" will, for the most part, be reduced to the new managerialism or managerialism for the remainder of this paper.

Conflicting Priorities

The literature indicates that managerialism has created conflicting priorities for case managers. While case managers may have always had to juggle conflicting priorities of some type, the literature connects specific conflicting priorities as the direct result of managerialism and its impact on case management practice. In addition, the literature states that these conflicting priorities are ever present and unchanging and are beyond the ability of the case manager to change since they are a result of how case managers are now supposed to conduct their practice.

Professional Values:

Conflicting priorities exist when case managers are torn between what their workplace demands and their own professional values and commitment to client well-being. Under managerialism case managers meet the new demands

of quality assurance, standardization, administrative burdens and other related objectives while trying to allot the time required for meeting with clients and assisting in defining clients' needs appropriately. Furthermore, case managers struggle with workplace demands and their own professional values when they are more focused on meeting the new demands of performance standards and quality assurance while at the same time trying to meet the clients' needs that have been defined. For instance, rather than engaging and working directly with clients, case managers are overwhelmed by administrative work, time constraints, juggling constant changes to policy that redefine and narrow the definition of need, and high case loads (Aronson & Sammon, 2000; Baines, 2008). This results in limited time with clients where case managers' often feel pressured to rush through their meetings with clients (Aronson & Sammon, 2000; Baines, 2008).

Defining Need:

The very role of case managers, the way they gather information and what they do with that information, has become business oriented (Gustafson, 2000). For instance, need and eligibility decisions are made through a lens of priority criteria rather than professional judgment (Ellis et al, 1999). Additionally, case managers gather information to satisfy the agency they work for; to fulfill the agency's needs and mandates rather than addressing clients' needs. Case

managers are taught to document the way the agency which employs them wants them to document; to use the agency's language, which can be foreign to the case managers' profession (Pence, 2001) or even be in conflict with their own professional language.

Changes to Supervision:

Rather than being advocates for clients, case managers are now more focused on the bottom line as power structures in the workplace have shifted under managerialism resulting in case managers having decreased control over their work activities and work lives (Baines, 2008; Gustafson, 2000). Under the new managerialism, case managers no longer have professional discretion nor are they able to utilize their professional judgment; rather case managers are held accountable for implementing the standardized responses the institution dictates (Reinders, 2008). The shift of power structures increases the power of supervisors and their supervisory control; which, with the increased importance of quality assurance, performance indicators and administrative duties, results in supervisors engaging in a role of surveillance rather than supervision (Evans & Harris, 2004; Reinders, 2008).

With case managers being focused on meeting these new demands and having decreased control over their work activities and work lives; and with supervisors having increased power and engaging in surveillance as opposed to

supervision, case managers continually struggle with conflicting priorities of trying to engage with clients and address their needs, and meeting the new administrative demands of their positions to satisfy their supervisors. Case managers are experiencing an internal battle between what their new work requirements are and their devotion and allegiance to their practice; as well as to their professional ethics, values and identities (Penna et al, 2000; Hoggett et al, 2006).

Changes to Role and Practice:

The new managerialism has changed the role of case managers. Case managers are now laden with administrative tasks, high case loads, and must meet quality assurance and performance measures (Reinders, 2008). Furthermore, case managers are now responsible for complex case loads and must work at a much quicker pace (Aronson & Sammon, 2000). Managerialism has resulted in case managers being charged with different responsibilities and expectations in order to satisfy the needs of institutions, such as meeting documentation requirements, focusing on the bottom line, efficiencies, rationing resources, and business managerial practices (Self et al, 2008).

Standardization

Some degree of standardization has always been present and is required in order to deliver good client services. For instance, if a client moves from one district or city to another, that client should expect the same quality of service in their new location. A client should also expect the same service if they are assigned a different case manager. Within these contexts then, standardization may benefit clients. Under managerialism however, standardization is qualitatively different. For instance, case managers are being forced to be more concerned about the administrative tasks and performance measures they have to meet rather than really understanding client needs and addressing them through good quality client service.

Research indicates that managerialism has increased practices of standardization for case managers. Standardization has become a major focal point for case managers' whereby much of the daily workday consists of implementing extensive standardization measures and ensuring that these standardization measures are being met. Standardization requires an extensive amount of documentation and one of its purposes is to eliminate error and waste (Baines, 2008); but also to demonstrate how an institution is meeting what it has defined as clients' needs. Indicators of quality assurance and performance measures are utilized to ensure standardization measures are being met, however, indicators do not necessarily measure client outcomes, but measure

case managers' adherence to standardization measures via data inputting (Ginsberg, 2001). This is seen in how case managers are taught to complete their tools, such as an assessment and case plan as well as how they are instructed to complete their documentation.

Standardization is also present in the interactions which case managers have with their clients (Baines, 2008) as case managers are now so focused on the bottom line and their administrative tasks that they no longer possess the time to go beyond this new scope. All of this standardization has resulted in drastically decreased discretionary powers of case managers (Ellis et al, 1999).

Lack of Clients' Voice

There is a lack of attention to the clients' point of view during the assessment and case planning process, often producing conflicting results in the ability of case managers to identify problems, resources and interventions (Florin et al, 2004; Junnola et al, 2002). Florin et al (2004) found that assessments do not necessarily capture needs as defined by clients but rather needs as identified by the institution; therefore, the assessment and treatment planning process is without the clients' voice as what is important to clients has not been addressed. This is echoed by Ellis et al (1999) who further adds that due to large case loads and time constraints, case managers categorize clients' problems in order to connect them with a routinized response. In this way there is also a lack of

clients' voice as case managers are listening for or quickly searching for the key words in order to determine which "slot" to insert the clients' problem that will correspond with the appropriate service.

Ideology Driving Case Managers' Tools

Another way in which managerialism has penetrated the work and functions of case managers is that neoliberal and managerial ideology have become intertwined with the tools, or texts, utilized by case managers (Pence, 2001). Case managers' tools and their textual practices are a key strategy in which ideology becomes natural and normal (Pare, 2001). Pence (2001) states that an agency's ideology is embedded in their texts since the texts direct the work and tasks which case managers' perform. Texts are produced, processed and coordinated by case managers and are reflective of the different phases of case managers' work since their roles have become so administratively involved (Pence, 2001). Texts inform case managers about what is relevant client information, what is not, and exactly how much information is required to fulfill the administrative task (Ellis et al, 1999). Texts become standardized practice whereby clients' lives are formatted to fit into the boxes comprising the texts (Aronson & Sammon, 2000).

The texts regulate the type of information case managers require to construct an account of clients' needs which is predetermined by the institution to

ration resources (Gustafson, 2000) as opposed to case managers listening to the clients' stories and helping clients identify their needs. For instance, any information which clients share with case managers which does not fit into any of the fields within the text are excluded (Gustafson, 2000). Not only does this practice ration resources but results in missed opportunities for case managers to have a more holistic view of clients' needs and being able to assist clients in more comprehensive ways. Furthermore, texts shape how case managers interpret the information provided by clients so that they can fit it into their boxes (Gustafson, 2000) which, again, can also result in missed opportunities for case managers to truly assist clients. Additionally, texts and their required documentation mobilize and direct the action of case managers to fulfill the requirements of the text (Gustafson, 2000). In this sense then, textual practices shape the interactions case managers have with their clients (Pence, 2001).

Besides standardization of practice, an argument is made that standardization belongs in case managers' tools. Again, as stated earlier, it can be argued that a certain degree of standardization is required in order to meet the needs of clients regardless of where they live and who they have for a case manager. For instance, without standardization, there can be too much ambiguity in what information should be gathered and where and how it should be documented (Somme et al, 2009). Standardization of case managers' tools would thus facilitate case managers in developing plans and monitoring and

coordinating client services (Somme et al, 2009). A common language in case managers' tools is also advocated (Somme et al, 2009) to dispel ambiguities and facilitate an uninterrupted flow of service amongst and between social service institutions. Research indicates that case managers welcome such aspects of standardization, in contrast to the kinds described above, in order to better manage their time, their resources and maintain an even work flow (Ellis et al, 1999).

This literature review has identified that managerialism is impacting the practice of case management. Case managers' are struggling with conflicting priorities of meeting the new administrative, quality assurance and standardization demands while trying to spend time with clients and address clients' needs. Case managers' roles, duties and functions have become standardized and this is impacting case managers' discretion. An identified gap is a lack of literature on clients' voice. With a lack of research on how the clients' voice is not being heard, there can be only a limited understanding of how pertinent and relevant case managers' tools are in identifying clients' needs and developing a plan of action to address these needs. This thesis will examine these themes in the context of Veterans Affairs Canada and determine how managerialism is present in case managers' tools and how the practice of case management is being impacted.

THEORETICAL PERSPECTIVE AND METHODOLOGY

I have always been intrigued by the forms and documents that professionals have to complete in order to provide services to clients. For social workers, these usually consist of some formulation of assessment and case planning. I began to wonder whose agenda the forms satisfy and whether power imbalances are embodied within forms themselves. With this in mind, I began researching how neoliberalism and its associated managerialism is impacting many social service agencies and the consequential changes happening to front line staff in how they are able to conduct their work (Gustafson, 2000; Smith, 2011; Baines. 2008). I decided I wanted to research how the ideology of neoliberalism and managerial processes are embodied in the assessment and case planning forms utilized by case managers at Veterans Affairs Canada. I also wanted to research what the relationship is between the micro front-line practices of staff, i.e. case managers, and the macro forces, i.e. managerialism, by unpacking the process of how case managers complete their assessment and case planning documents and what policies and directives guide them.

To conduct this research, a critical theoretical framework will be used. Neuman (2011) states that the focus of a critical theoretical framework is not only to understand the "social world" (p.108) but to implement change within it. A researcher utilizing a critical theoretical framework strives to make the invisible

visible by revealing underlying power dynamics and their consequential reign of control and inequality (Neuman, 2011). Neuman (2011) states that a critical theoretical framework embraces the view that reality consists of "multiple layers" (p. 109) and that a person's experience is actually shaped by invisible power structures. It is understood from a critical framework that it can be an arduous task to demystify these invisible power structures and how they impact people (Neuman, 2011).

In the process of developing plans to conduct my research, I discovered that there is a critical research methodology which directly seeks to accomplish making the invisible, visible and this methodology is institutional ethnography. Neuman (2011) states that ethnography derives from cultural anthropology and is "a description of a people and/or their culture" (p. 423). Institutional ethnography is a critical research methodological approach which is concerned about learning how knowledge and power occur in the everyday practices of people's lives (Campbell & Gregor, 2002; Neuman 2011). As is consistent with Neuman's (2011) explanation of a critical theoretical framework; this requires the institutional ethnographer to discover and analyze institutional power since institutional ethnography claims that the everyday practices in people's lives are influenced by external forces (Campbell & Gregor, 2002). In order to understand how external forces impact our everyday work practices, institutional ethnography seeks to discover the actual underlying currents of these practices

and endeavours to map out all of the elements in a given practice (Campbell & Gregor, 2002). This process of mapping is effective in dissecting the places and spaces that are socially organized in ways which hide power hierarchies and this mapping exposes the ideologies and practices of domination that shape the spaces in which we work and live (Smith, 2011). One of the most important concepts of institutional ethnography is "social organization" which means "things being put together systematically, but more or less mysteriously and outside a person's knowledge, and for purposes that may not be theirs" (Campbell & Gregor, 2002:18). A basic tenet of institutional ethnography is that knowledge, practices and work settings are socially organized. My research is to demystify how the invisible power structure and external force of managerialism shape the everyday practice of case managers in completing their assessment and case planning forms.

This concept of social organization then is instrumental in understanding how the macro forces influence the actions of front-line staff. Furthermore, institutional ethnography asserts that this organization of social relations is successful because of how extensively and efficiently texts based communications has infiltrated social relations (Campbell & Gregor, 2002). Texts are instrumental in making the invisible connections and actions in our lives work and an organization's ideology is often embedded within texts (Campbell & Gregor, 2002; Gustafson, 2000). In attempting to make the invisible visible, my

thesis will aim to discover how the behaviour, or social organization, of case managers is influenced by what their assessment and case planning forms demand. In other words, does the embodiment of managerialism in the forms utilized by case managers change the everyday practice of gathering information and conducting their case work? Do the forms drive the case managers or do case managers drive their forms?

Another important concept of institutional ethnography is the concept "ruling" which is the "socially organized exercise of power that shapes people's actions and their lives" (Campbell & Gregor, 2002:32). Dorothy E. Smith (2001) states it is the extra-local forces that have the power to shape local practices are capable of doing so at multiple sites. Extra-local forces are also known as "discourse, bureaucracy, large-scale or formal organization, the 'state,' institutions in general and so on" (Smith, 2001:161). The new managerialism would be the extra-local forces. Managerialism is the discourses, political ideologies and practices of the state and institutions now operating in Canadian society. These extra-local processes shape the local practice of case managers through policy, directives, legislation, and managerial practices. Other examples also include job specific duties and quality assurance and performance measures, as well as in the documents and texts such as case managers' tools.

Campbell & Gregor (2002) expand on this concept further and state that ruling occurs when these external forces are able to dominate the actions of

people at the local level and that a ruling practice becomes normal and routine "through the use of texts that objectifies the person being acted on organizationally" (p. 36). Extra-local forces normalize and objectify case managers at VAC through the tools they utilize. Texts are often at the heart of ruling since they shape and dictate our actions and the decisions people make based on texts will reflect organizational interests which are the ruling interests (Campbell & Gregor, 2002). This research will reveal how the underlying power structures of managerialism are embedded in the assessment and case planning forms of case managers, illustrating how extra-local forces and ruling relations shape local practice. Institutional ethnography will be used to map out these ruling practices by revealing neoliberal ideology and managerial practices in policy, directives, roles and standards as well as how case managers organize and enact this in their forms.

The research methodology of institutional ethnography supports my curiosity about case managers' tools and the power behind them. The texts which institutional ethnography is interested in are those that constitute the institutional or social relation as these are the texts that shape how people relate purposively to one another, to events, organizations and resources (Campbell & Gregor, 2002; Gustafson, 2000). Therefore, by examining the assessment and case planning forms which case managers utilize, researching policy, directives,

roles, expectations and standards at Veterans Affairs Canada, I can determine how invisible power operates and how managerial processes are evident.

Methods

In conducting research, there are two levels of data to be investigated. The first level of data is referred to as entry level data and it is the research about the local setting, people's interactions and their experiences. With respect to the research I will be doing, the entry level data is the assessment and case plan document which case managers utilize at Veterans Affairs Canada. The goal is to discover all the steps and elements involved and map them out. The second level of data is discovering the organizational details of how this process works and requires a broader investigation of the setting to understand the ruling relations, which may not be fully understood by the people who participate in the local setting (Campbell & Gregor, 2002). For my thesis, this will involve connecting, or mapping, what I discover with the entry-level data, i.e. the assessment and case planning forms case managers use, to the second level of data which involves policy, directives, standards and power. Investigative research is really focused on the connections between these two levels and how they interrelate to explain and map out the relations of ruling.

Institutional ethnography employs a range of research methods in order to analyze institutional processes (Campbell & Gregor, 2002). The research being

conducted would dictate the methods to be used and can be very broad with many different methods such as interviewing and observation, or very narrow concentrating only on textual data. For my thesis, I will be focusing strictly on textual data. Interviewing case managers to explore directly their experiences of, and interactions with the VAC tools and documents, was not feasible. The findings that follow are, therefore, based on: 1) my knowledge and analysis of case managers' tools, their operationalization and interrelation, and their implications for staff and service users. These include the case managers' assessment, case plan document, and risk and complexity tools; and 2) analysis of the various policy and procedure documents rapidly introduced and implemented in the last two years.

The concept of insider/outsider speaks to the positioning of the researcher. I was mindful throughout the study of my own positioning as researcher. As Lasala (2003) and Boushel (2000) note, an insider perspective can both enrich and nuance research and introduce the constraints and biases of the researcher's perspective. At points in the analysis that follows, and in reflective discussions with colleagues, I note my own assumptions or perspectives in order that they be transparent to the reader. Being cognizant that this tension is irresolvable, it needs to be acknowledged in order to make it

transparent, obvious and minimize the impact of the insider situation without minimizing its importance and significance.

One of the ways I need to approach this tension is to investigate other aspects of being an insider that I may not yet be cognizant of in order to appropriately address the potential effects on colleagues, myself and my research. This needs to be done as one of the tools of working with the tension of being an insider is being self-aware and engaging in reflexivity (Finley, 2002; Pillow, 2003). In order to exercise self-awareness, a full understanding of all of the ramifications, including potential pitfalls as well as checks and balances, needs to be understood (Boushel, 2000; LaSala, 2003).

This entire exercise of reflexivity and self awareness began with the development of the research study and design and carried through the entire research project. This highlights the importance of engaging in reflexivity and self-awareness throughout every stage of the entire research study process (Finley, 2002). The researcher needs to continually engage in an exercise of self-awareness, self-scrutiny and reflexivity in every stage of the research to manage the tension of being an insider as being an insider is an irresolvable variable that is present and will potentially impact the way that knowledge is not only acquired but also organized and interpreted (Pillow, 2003).

Another strategy to manage the tension of being an insider, and even the aspects of emotional labour, is to engage in peer debriefing (LaSala, 2003).

Fellow case managers, other researchers, colleagues and other peers are all potential resources for debriefing. Through the debriefing process, concerns regarding ideas, thoughts, feelings, interpretations or any other issues can be raised and discussed. This will facilitate further reflexivity exercises to further minimize the impacts of bias on the research.

Based on my research question and the theoretical framework I am employing, institutional ethnography is an appropriate methodological approach. Institutional ethnography seeks to uncover exactly what I wish to uncover, to make the invisible visible by seeking out and revealing underlying power structures of managerialism and its impact on the work performed by front-line case managers. Specifically, this is an examination of how the external forces construct and shape how case managers complete their assessment and case planning forms. The themes identified in the review of the literature on managerialism are used to organize the analysis that follows of change at VAC, of the penetration of managerialism into its operation, and of the implications for VAC's declared commitment to the service of veterans.

CHANGES at VETERANS AFFAIRS CANADA: A "MODERNIZATION" AGENDA

Veterans Affairs Canada (VAC) is in the process of "transforming" itself which includes an extensive transformation in the way they deliver services and in the roles of front-line staff, including case managers. These transformational changes are having a direct impact in how case managers, deliver services to their clients. The main argument provided by Veterans Affairs Canada to justify the transformation in philosophy, approach and ideology, is to "modernize service delivery to better meet the needs of the Veteran and address the requirement to improve efficiencies and effectiveness" (Veterans Affairs Canada; Annual Report on the Administration of the Access to Information Act, 2010-2011:16). This report outlining the need for transformation was in response to a 2008 Strategic Review for the department to respond to the needs of the new Veteran due to the war in Afghanistan (Veterans Affairs Canada; Departmental Quarterly Financial Reports, April – June, 2011:4). This same report also indicated two key drivers behind the transformation initiative at VAC stating that VAC

> will overhaul its operations and service delivery to permit more timely and effective services to our aging traditional Veterans, and to the ever-increasing number of modern-day Veterans returning from missions in Afghanistan and around the world.

Furthermore, this same report also states that "This dramatic overhaul will make the Department leaner, more responsive, more efficient and ultimately

result in savings to the fiscal framework (p:4)" These two statements appear to be contradictory as one statement illustrates the need for improved and more effective services while the second statement discusses reducing costs and drastically changing the department to make it "leaner." An inference that can be made here regarding making the department leaner is a reduction in resources which can include not only benefits and services but also staff.

Veterans Affairs Canada, within the realm of transformation, now states that the intent of case management services is to support "the goal of coordinating complex, fragmented services to meet the needs of clients, while controlling the costs of the services" (VAC's Case Management Framework 2011:4). It was during the 1990s when the federal government began examining cost containment strategies and rationalizations for spending that VAC was forced to develop strategies to make better use of resources, ensure tax dollars were being spent efficiently and cost effectively and to demonstrate greater accountability for how resources were utilized (VAC's Case Management Framework, 2011). This led to one of the initial steps in VAC's transformation agenda through the development of the Client Centred Service Approach which was designed to be a service delivery model based on needs and ensure greater efficiency with the goal that clients would receive" the right service, at the right time, by the right person in a consistent and standardized fashion" (VAC's Case Management Framework, 2011:6).

Changes in the Treatment of "Traditional" Veterans

For case managers at VAC, this transformation involves changes to their very role. For context and to illustrate what the transformation at VAC looks like for case managers, a brief synopsis of the case managers' role and function will be highlighted. Historically, and up until the implementation of the new case planning tool, case managers at VAC were known as Area Counsellors (their title was changed to case managers to reflect their new role). As area counsellors, their job duties consisted of conducting home visits for any veteran who was in need of some type of service. This could have been for a service as simple as a veteran requiring assistance with grass cutting or snow removal. During a home visit, an area counsellor's assessment (Appendix A) was completed and/or follow-up work was conducted regarding the case plan to ensure the services were meeting needs and achieving goals. At this time, many senior veterans from WWII and Korea, also known as traditional veterans; were case managed to ensure safety in the home and to ensure that personal needs, such as bathing, were being met. Though home care services are the mandate of the Community Care Access Centre (CCAC) in Ontario, area counsellors at Veterans Affairs Canada monitored the needs of traditional veterans and would "top up" services as required or even arrange services in place of the CCAC. The case plan document at this time was a very basic document consisting of only the desired

outcome, its accompanying actions steps and a blank space for documentation regarding anything about the client.

Under transformation, VAC is now enforcing CCAC's mandate as the first provider of at home services for veterans who are residents in the province of Ontario. Case managers at VAC very rarely conduct home visits to conduct an assessment or develop a case plan for traditional veterans. There would have to be some type of complex urgent need for case managers to conduct a home visit for traditional veterans. Other front-line staff at VAC known as Client Service Agents, whose roles have also changed, conduct "screenings" over the phone and now have the authority to implement home care services based on the information garnered from the screenings (VAC Staff Roles & Responsibilities, Jan 2012). Screening forms are also mailed out to clients who can not be reached over the phone. Should the screening forms be completed and returned, client service agents may then call clients for clarifications and for discussion of services required and the amount for clients who qualify.

Client service agents, like all staff at VAC, have fixed financial amounts they are authorized to spend on each client. Case managers now only become involved with traditional veterans if client service agents can convince supervisors that case management intervention is required due to high complexity. If there is agreement on complexity, then the case is assigned to a case manager for assessment and case planning with the understanding that

case management would be short-term until the needed provincial services, such as CCAC, are in place. However, there is inconsistency in the assignment of cases to case managers from VAC district office to VAC district office across the country due to client demographics. Many areas have more traditional clients than modern-day clients so they must have the case managers more involved with the traditional client base in order to substantiate both the client numbers as well as staffing numbers. For traditional clients then, VAC is no longer the main resource for services and benefits, but one of many to be included in meeting clients' needs. This has always been the case but was never enforced before. Under transformation, VAC is rigidly adhering to its legislative mandate of being one of many resources clients may require rather than trying to be a main resource for clients in response to their veteran status.

New Tools for New Veterans

The next step in VAC's transformation strategy was the Integrated Service Delivery Framework which was designed to be an "efficient and effective standardized case management model (VAC's Case Management Framework, 2011:6) and also to increase the accountability of all front-line staff. This led to a five year transformation plan that "will fundamentally change how VAC does its business....supported by strong business planning with performance measures and time lines for results" (VAC's Case Management Framework, 2011:8). This

new delivery framework is the foundation for the transformation in policy and practices that are being implemented.

Case managers at VAC must now also work with the incorporation of new "tools" to be completed as part of their new case management tasks. These include a new case planning tool (Appendix B), which will be discussed in more depth, as well as the adoption of risk and complexity tools. Furthermore, case managers are now rated by a scoring system referred to as the Intensity Factor Indicator.

Case management unfolds by completing a client assessment, (which has not changed yet during this period of transformation), which usually leads to the development of a case plan; a separate document from the assessment. A case managers' assessment is completed on all clients to assess whether case management is warranted. Prior to the changes to the case managers' role, many assessments were completed on veterans for required services but this assessment did not necessarily lead to case management. For example, an area counselor may conduct a home visit for a veteran who only required "targeted assistance" such as housekeeping or groundskeeping and would have to complete a case managers' assessment in order to put these services in place. Since the veteran only required targeted assistance a case plan would not be developed. These types of home visits represented the bulk of home visits case managers conducted and the majority of these home visits were for traditional

veterans. With transformation, it is rare now to complete an assessment that does not require a case plan, including for traditional veterans, as case managers are only assigned cases that require case management. Previously, the only time case managers would complete an assessment that did not lead to case management was if it was unclear whether case management services were warranted and an assessment was used to make a determination. This latter situation does not occur very often now.

After the assessment and case plan, case managers must then complete the two other new tools, known as workload intensity tools. The workload intensity tools are used for internal purposes to gauge the level of risk and complexity of clients within individual case managers' caseloads (described below). The workload intensity tools and their resulting scores do not benefit the clients in any way, such as allotting them extra services based on high rating scores. The level of risk and complexity per case managers' case load is monitored by supervisors to assist in the assignment of new cases. In other words, the goal is for case managers to have a balance of low, medium and high risk/complexity clients and case managers are assigned new cases to facilitate this equilibrium. This is the stated purpose but, as will be discussed, the workload intensity tools are also used for other purposes such as gauging case managers' workload. In addition, clients are always in a state of flux, so may be low intensity at one time but an event could occur that increases their risk & complexity.

Change in client complexity does not necessarily lead to a reassessment but is reflected in the case plan. For instance, it would be documented what has occurred, impact on goal attainment, if additional resources are required and any other pertinent information. In sum, regardless of the type of client, i.e. traditional or modern day, if they are to be case managed an assessment is completed, a case plan developed and the workload intensity tools completed.

The first workload intensity tool is referred to as the Regina Risk Indicator Tool or RRIT (Appendix C a & b) which is supposed to be an objective measure of clients' risk and complexity (VAC Workload Intensity Tools, 2011). There are however, two different RRIT's; one for traditional clients and one for modern day clients. The RRIT for traditional clients does not involve all of the same risk factors as for modern day clients. Case managers rarely complete a RRIT for traditional clients as these are normally completed by other staff such as client service agents when they complete a screening.

To measure risk and complexity for modern day clients, the RRIT encompasses a rating system for factors such as financial concerns; housing; family supports; addiction; pain; physical and mental health; whether there have been hospitalizations; and, a general area for possible additional risks such as the risk of suicide. There is also another section should someone require assistance with the Activities of Daily Living (ADLs) such as bathing, dressing and other basic day to day tasks

This scoring system is for modern day clients only as it is recognized that many younger clients would not have difficulty with ADLs. The scoring system for the RRIT for traditional clients is out of 54, a static number. For some reason, risk factors such as addictions are not considered for traditional clients. Also, mental health is not considered a risk factor for traditional clients but cognitive status is. Cognitive status is not a measure on the RRIT for modern day clients. The RRIT for traditional clients largely encompasses ADL functions.

The second workload intensity tool is a complexity measuring tool based on the case managers' subjective assessment, known as the Case Need and Complexity Indicator, or CNCI (Appendix D) (VAC Workload Intensity Tools, 2011). The CNCI also has a rating system and considers such factors as physical and mental health; environment; readiness of change; stage of change; extent of resources required; and, the amount of case management work required for the client. These tools generally have a standardized measurement of low, moderate and high. These tools are used to determine client complexity in order to capture the intensity of case managers' workload for the assignment of new cases. In other words, the premise is that when new cases arrive, they should be assigned to case managers based on the consideration of how many low, moderate, and high complexity clients case managers already have in order to achieve some semblance of balance and equality of cases between the case managers. However, this is not always the case. Case managers are ideally

supposed to have forty cases on their case load. If a case manager is below that number they are assigned cases to have their case load brought up to the standardized number of forty. Attaining the standardized number for case loads generally overrides the equilibrium of case loads of low, medium and high risk/complexity.

Within these new standardized practices, case managers are also now subjected to the scoring system of the Intensity Factor Indicator (IFI) which audits the case managers' output based on a formulation that includes intensity, complexity and the volume of work involved in a case. All of this volume is captured in the case plan document with different parts of the case plan scoring higher than others (VAC Workload Intensity Tools, 2011). Each case manager is rated a monthly IFI score and this score must fall within a certain range. If a case manager's IFI score is below a certain range then this is an indicator that the case manager is not following quality assurance measures or performance standards.

Intensity is a measurement of the work the case manager is actually completing and includes the number of assessments which have led to the development of a case plan, the number of times the case plan has been modified and the number of case plans closed. Number of modifications to a case plan is an indicator that the case manager is involved with the case. Low intensity will result in a low IFI score. Volume is a measurement of real active

cases meaning that any case plan that is overdue, i.e. has not been modified within 90 days, or where there has been no client contact in 90 days, is not counted in the case managers' monthly IFI score resulting in a low score.

Complexity is a measurement that takes the number of desired outcomes in a case plan and divides this by the number of case plans for the case manager and takes the number of resources per case plan and divides these by the number of case plans for the case manager. The premise here is that the more resources being utilized by the client then the more complex the case is. It should not be assumed that all resources in a case plan are being provided by Veterans Affairs Canada as this is not the case. Case managers are to populate all resources clients are accessing and utilizing whether they are funded by VAC or not. This can include specialists, support groups and even exercise therapies such as yoga that the client is using in their community. Case managers are generally eager to populate the resource section of the case plan to increase their IFI score, particularly if they are concerned there are other "deficits' which may cause their IFI score to go down.

Case managers are to be working towards an ideal goal range for the IFI score. The IFI score does not relate to the RRIT or the CNCI except for auditing purpose by the supervisors of the case managers. For instance, if a case manager had a substantial amount of moderate and high risk/complexity clients but a low IFI score, then the supervisor not only questions the case managers'

output but also questions whether the case manager has assessed the risk and complexity of their case load properly. If the case manager reports that the RRIT & CNCI scores for their case load are accurate then the case manager would have to defend low output given their case load. All of these documents and the scoring auditing system are now part of the quality assurance measures which case managers must now undergo with their supervisors at set intervals.

The IFI scores are very important to supervisors as not only do case managers have individual IFI scores but each district office is also given an IFI score to rate how efficient and effective the district office is. So if a case managers' IFI score is low then this is going to decrease the IFI score for the whole office. The pressure for a good IFI score is high and may motivate case managers to find ways to increase their IFI scores in order to meet the demands of quality assurance measures and performance standards of their jobs rather than focusing on assisting clients with the reasons they need to access Veterans Affairs Canada. Any modification to case plans raises the IFI score. One way case managers can raise their IFI scores is by documenting all of the steps to completing a task individually rather than documenting one complete note.

With the revamping of the case planning tool, the area counsellors became case managers and their role and duties changed. Case managers are now only assigned complex clients who usually consist of newer veterans who may be eligible for VAC's rehabilitation program. In other words, in order to be

deemed "complex" clients needs have to exceed what is termed "targeted assistance" which includes services under the Veterans Independence Program such as housekeeping, groundskeeping, meals on wheels and some personal care service meant to top up provincial services such as those offered by the CCAC. Other targeted assistance also includes equipment such as walkers and wheelchairs and equipment to facilitate independence with ADLs safely such as grab bars in the bathroom. If clients only require targeted assistance, their needs and services are now completely met by the Client Services Agents (CSAs) and not case managers. In fact, these clients would now only have contact with CSAs due to the changes in roles under transformation. This is largely why traditional clients are now rarely case managed and if they are, it is to be short-term in order to get them connected to the CCAC or Geriatric Support or whatever other essential community and provincial service is required to meet that client's needs. Once traditional veterans are connected to the appropriate agencies, case management services through VAC would cease and the CSAs would again be the main point of contact to provide and/or augment targeted assistance as needed.

Clients who are deemed eligible for the rehab program, which can only be modern day veterans, are automatically case managed. There are numerous reasons why modern day veterans would require case management services without being in the rehab program; however, most clients are in the

rehabilitation program. For clients deemed to require case management, the case manager would conduct an assessment, develop a case plan, and complete a RRIT and CNCI. Again, the RRIT and CNCI are used for internal purposes to illustrate to supervisors the degree of risk and complexity clients have within the case managers' case load. There is no benefit to the client in case managers completing the RRIT and CNCI tools.

Though case managers continue to conduct home visits, the frequency of this has dramatically decreased. Home visits generally occur for new clients, who have been deemed eligible for VAC's rehabilitation program, but not always as these initial visits can also occur in the VAC district office. Case managers now conduct most of their work with their clients over the phone. The case managers' caseload now comprises only complex clients and case managers are now inundated with administrative tasks and standardized tools. In order to complete all of the standardized forms and tasks, other aspects of the case managers' role would have to change. This involves the elimination of home visits and the elimination of working with an entire age population group (traditional veterans) who do not "fit" within the new "complexity" standards.

The reformulated case planning tool at VAC is supposed to be designed to reflect the client's situation, needs, goals and the resources required to achieve goals. In completing and maintaining the case planning document, the case manager now has at the forefront of their mind, quality assurance measures and

the Intensity Factor Indicator scoring system. Before the case plan can be completed however, case managers must first complete the case managers' assessment tool, which is a separate document from the case planning tool. Usually, an assessment is completed now for the purposes of developing the foundation of the case plan.

The case managers' assessment consists of a number of sections including physical health, mental health, mental functioning, activities of daily living, instrumental activities of daily living, employment, education, psycho-social profile, caregiver status, financial, and resources. All of these sections include numerous tick-boxes with limited areas for documentation. For example, case managers ask clients to self-rate their physical and mental health with one word beside it such as excellent, very good, good, fair, poor or declines to respond. Under mental functioning, there is a section for case managers to check off tick boxes as to how they perceive clients' moods; clients are not necessarily asked about these individually but asked to describe their moods in general. It really is up to the individual case manager to determine how this is completed. The space to document is limited which may require case managers, particularly if it is a reassessment and the case manager wants to retain previously documented information, to either really limit important information, or paraphrase into professional or institutional language. This issue is true for all sections of the case managers' assessment tool.

The case plan document begins with two dates, the date the case plan is opened and the date of anticipated disengagement. Then there is an overview of the client's situation which is a synopsis of the case manager's assessment. Though the assessment tool is considered important, its real significance is how it frames everything else in the case plan. Issues identified in the overview will rationalize the case manager's work load and the resources that will be required to meet the client's needs. It is the case plan that is regularly updated, not the assessment. Updating the assessment happens at the outset of case management services and at disengagement to indicate all of the changes that have occurred for the client. Therefore, how the assessment is completed will determine how the client will be presented in the case planning document and what is considered to be important enough to be followed up on and what resources will be required.

In the first section of the case planning document there is a section titled "where do you want to be" followed by "what is preventing you from getting there." "Where do you want to be" represents clients' long term goals and is to be written in their own voice. However, according to VAC's Guidelines for Case Planning (2011), the narrative needs to be specific, dictate an anticipated completion date for case management services, and be realistic and achievable for the client. These criteria make it difficult to complete a narrative in the client's voice as clients typically do not speak in a way that encapsulates these criteria.

Generally, this information comes out through dialogue with the case manager utilizing skills to draw information from clients. Case managers must reframe the information back to clients in a way that reflects a realistic and achievable goal and then document this statement.

"What is preventing you from getting there" is also to be a narrative in the client's words but there are ambiguities here if the client is unable to identify any barriers or lacks the insight to see all of the barriers that are present in their situation. Not only is the case manager supposed to assist clients in identifying barriers quickly in their working relationship, but also having clients agree with any barriers case managers identify.

The next section of the case plan is "desired outcomes" and is supposed to encapsulate the smaller goals in order to achieve the overarching long term goal of "where do you want to be." These goals need to be written in a concise format that must meet certain goal formulation criteria or case managers will fail quality assurance and performance standard measures. VAC incorporates the SMART goal format meaning goals need to be written as Specific, Measurable, Attainable, Realistic and Timely. One of the difficulties with this is that clients struggle trying to put their goals into the format VAC demands and VAC will not consider any other goal format.

The next section is "indicators of success" which is to reflect the positive changes and advancements clients make. This section is important to VAC so

case managers can share this information with clients whenever clients feel that they are not progressing. This can be considered as a tool for motivating clients and increasing their self-esteem. This is also a way of keeping track of whether clients are benefiting or making good use of the resources that are being utilized. The next section is the "action steps" that will be undertaken to achieve the goals assigned to either the client or case manager, within certain time parameters and, of course, within quality assurance standards.

The next section of the case planning document is "resources" that the client is using whether VAC is paying for the resources or not. The more resources the client is using the more complex they are deemed and the higher the IFI score for the case manager. The score is to represent how much work case managers are doing. The rationale is that the more resources a client is using, the more follow-up and monitoring a case manager has to do to determine whether or not the resource(s) are effective and adjust them accordingly. This is also the section where case managers provide the rational for the decisions. With the implementation of the new case plan tool, case managers were given increased decision making authority. Case managers previously had very strict financial caps and limitations requiring them to continuously access various decision-making levels to implement resources. This was very time consuming and depending on the level of decision making required determined the number of people involved in the outcome. Case managers now only have to access

other decision making levels for certain circumstances. However, case managers are held to a high degree of accountability with the rationales they provide to support their decisions. Finally, there is the "progress notes" section, which should include documentation regarding all of the desired outcomes and action steps at a given time.

In summary, Veterans Affairs Canada is undergoing an extensive transformation in the way it delivers its services and in its operations and we can draw some general conclusions from the description above about the impact. We can see evidence of neoliberal ideology and the new managerialism in the transformation. One way managerialism is present is in the language VAC is using to explain the rationale for transformation. For instance, VAC is focused on cost containment and most of VAC's statements regarding the need for transformation include reference to cost containment. Some examples of VAC's statements regarding cost containment, which have already been stated are, savings to the fiscal framework; controlling costs of services; developing strategies to make better use of resources; greater accountability in how resources are utilized; improving efficiencies and effectiveness; and, ensuring tax dollars are being spent efficiently and cost effectively.

In addition to the focus on cost containment and rationing resources, there are other areas where the implementation of the business managerial model is evident. This new model at VAC has changed the role and practice of case

managers. For instance, case managers are essentially no longer case managing an entire population of clients as seen in the focus from traditional veterans to modern day veterans. Furthermore, VAC is enforcing a mandate to ensure that other community agencies are fulfilling service needs, i.e. passing off service needs to community agencies. Case managers are now inundated with standardized work practices as seen in the completion of all of the documents they must now complete. These new documents are not about case management but rather are about supervision and auditing case managers' work. This is evident in the routine auditing of quality assurance and performance standard measures. VAC has introduced the elements of risk, intensity and IFI scores that move case managers' performance to the forefront and client contact to the background. Furthermore, case managers are now subjected to regular auditing which has the potential to shape how case planning is done rather than clients' needs shaping case planning. All of these changes have resulted in reduced time spent with clients as there are fewer clients for case managers to see and case managers are spending most of their time documenting. The next chapter will examine the assessment and case planning tools more in-depth to develop an understanding of how managerialism is embodied in these tools.

VETERANS AFFAIRS CANADA and the TRANSFORMATION STRATEGY

Thus far we have examined the transformation at VAC, in particular the impact on case managers due to the changes to their role, practice and tools. This section will now analyze how managerialism is present in case managers' tools at VAC. This will involve examining how the ruling relations of the extra-local forces are impacting on local practice. This will reveal if there are corresponding changes to the definition of need and available resources. Furthermore, this analysis will reveal how this may have impacted case managers' discretion and the very practice of case management.

The New Business Plan

It is clear that Veterans Affairs Canada is undergoing rapid and dramatic change in the way they deliver services to their clients and in the very roles and functions of staff, especially case managers. Furthermore, it is evident that Veterans Affairs Canada is embracing neoliberalism and the new managerialism. Prior to looking at how managerialism is impacting case management and its embodiment in case managers' tools; an overall look at how managerialism is present in VAC's transformation strategy will be undertaken in order to more fully appreciate the impacts of this strategy on case managers.

Veterans Affairs Canada states that it wants to modernize itself to "improve efficiencies and effectiveness" (Veterans Affairs Canada; Annual Report on the Administration of the Access to Information Act, 2009:18) and in so doing will improve its services to Canadian veterans. VAC states that their clients are at the centre of all of their transformational goals and are working towards being "more responsive to the changing needs of veterans" (Veterans Affairs Canada: Road to 2015-2016, 2011:1). This same document also states that VAC is "making a fundamental change in the way we do business" (Veterans Affairs Canada: Road to 2015-2016, 2011:1). The language VAC is utilizing here in describing its direction and focus includes neoliberal philosophy and the new managerialism as evidenced in the terms of "improving efficiencies" and changing the way VAC does "business." Managerialism involves pro-market approaches, business managerial models of work organization and striving for continual improvement to practice (Baines, 2008). Terms such as "improving efficiencies" and language involving business are derived from the market and not from service provision.

In addition, VAC is also demonstrating its incorporation of neoliberalism and the new managerialism in its transformation strategy through the new practice of offering "choices" for services. VAC clients can now "choose" to complete, submit and follow-up on applications on-line and through Service Canada. This downloading of services can be interpreted as evidence of

decentralization and individualization from government staff that used to assist clients in completing forms to the client to complete themselves (Brodie, 1999). These options are being presented as consumer choice (Reinders, 2008) and they result in the government working towards providing only a minimal level of support (Penna et al, 2000). Clients are being informed that they do not have to deal with bureaucrats to complete their documents, but rather, can rely on themselves to have their needs met (Brodie, 1999). In this same respect, clients can then be blamed when the process results in their being denied their request(s) (Brodie, 1999).

Offering choices appears as a positive change for VAC but the language of choice being utilized does not offer meaningful choices for the client. For instance, in its Road to 2015-2016 document (Veterans Affairs Canada, 2011); VAC states that veterans will be able to use the service of their choice, by calling VAC, visiting a VAC district office or by applying for some benefits or services on-line. However, this option of choice is really an illusion as these options for application do not change eligibility for service or how services are provided. The only choice clients are really being offered here is how they initially contact VAC to apply for services and benefits but the message clients receive is that choices are available in a much broader range of areas than just how to initially engage with VAC. What is not being communicated is that by not engaging with VAC staff in completing applications, clients may not complete forms accurately or

thoroughly which may prevent them from qualifying for a benefit or service. In this situation, the "choice" being offered to clients could prevent them from receiving appropriate services and resources from VAC.

Another example of how managerialism is incorporated in the transformational initiatives at VAC is the way in which the extra-local is changing the local practice for case managers through the implementation of a business model (Baines, 2008). This is evidenced in VAC's language in its Departmental Quarterly Financial Reports (Veterans Affairs Canada, April – June 2011:5)) where it states the department will be "leaner, more responsive, more efficient and ultimately result in savings to the fiscal framework." One way this is being accomplished is through the "more timely and effective services to our aging Traditional Veterans" (Veterans Affairs Canada; Departmental Quarterly Financial Reports, April – June 2011:5). For example, case managers rarely have traditional clients on their case load so case managers no longer have the opportunity to complete assessments on this population. Traditional clients are now screened by client service agents to identify whether traditional clients meet criteria for services. Client service agents have some authority to implement some services such as housekeeping, groundskeeping, meals on wheels and personal care services; but client service agents must also ensure that other community services are being utilized. In other words, if a traditional client requires assistance with bathing, instead of putting personal care services in

place, the client service agent must inform the client to access the CCAC for assistance. If CCAC services are in place, there must be some form of justification to include personal care services from VAC. This is usually determined on an individual basis with the client service agent consulting with their supervisor and other team members such as nurses.

The screenings which client service agents conduct are not comprehensive assessments and are conducted over the phone creating the opportunity to miss unmet needs clients may have. If client service agents are able to detect other unmet needs that may require the intervention of case management, they are to notify their supervisor who decides whether a case manager should become involved. Normally, the supervisor chooses to not involve case managers but instructs the client service agent to inform the client of the community services and to make an appointment with their doctor if they have concerns. Supervisors rarely involve case managers as the focus for case managers at VAC is now modern day veterans.

In addition, there is evidence of a rationing of resources and individualization (Brodie, 1999) in the language VAC is utilizing directly with their clients. As previously mentioned, prior to transformation VAC staff were prepared to provide ample resources and were not concerned about whether other community partners were involved. With transformation, VAC staff is now regularly informing clients that many of the services VAC provides are

"contributions" and should not be considered all encompassing. What this means is that VAC is telling its clients that instead of meeting your needs, we are only going to contribute this much of a resource. It is then up to clients to find other ways of locating resources to meet their needs.

Therefore, in informing clients to contact the CCAC or put pressure on the CCAC for additional services, in informing clients that VAC benefits are contributions, there is a rationing of resources within VAC (eg case managers, additional services). Clients are being instructed to rely on themselves, their families, and the market for resources and this is evidence of the effects of a business model being implemented. Since clients have to rely on themselves, they are essentially acting as service brokers for themselves rather than having case managers conduct this function for them. Clients are now having to advocate for themselves in negotiating services with VAC and must do the same with other community agencies.

Case Managers and Conflicting Priorities

Case managers at VAC are now experiencing conflicting priorities resulting from the transformational changes that are occurring. The conflicts include conflicting priorities with professional values, defining need, changes to the purpose of supervision and conflicting priorities due to changes to the case managers' role and practice. Since these transformational changes are

permanent, it is likely that conflicting priorities will not be resolved for case managers anytime soon nor are case managers in a position to change any of the factors creating the conflicting priorities since they are being imposed by extra-local forces.

Professional Values Versus Workplace Demands:

The new managerialism has altered workplace demands for case managers resulting in case managers being torn between their workplace demands and their own professional values and commitment to well-being. These new workplace demands include new checks on case managers, change in workload priorities, scope and pace of change, and the way change is being communicated at VAC. With the changes imposed on case managers by managerialism, professional values are now in conflict with workplace demands. Since case managers at VAC include varied professions, the professional values identified not only belong to social work, but to other professions as well. Professional values include commitment to client well-being; being able to have regular face-to -face contact with clients; and, providing the time and resources clients require to be effective in meeting clients' needs (Aronson & Sammon, 2000; Baines, 2008).

The new managerialism is characterized by structures which increase the power of supervisors to conduct surveillance to ensure quality assurance

measures and performance standards imposed by the new managerialism have been met (Evans & Harris, 2004; Reinders, 2008, Baines, 2008). Supervision of case managers at VAC now includes auditing. Though this will be discussed more in depth later, it requires mentioning here due to the tension it presents. The focus for case managers at VAC has been on learning the new administrative tasks and meeting quality assurance measures. How case managers are able to meet clients' needs is not the focus at VAC. Case managers are continually under pressure, and are routinely audited to ensure they are meeting quality assurance and performance standard measures regarding their new decision-making authority and in the appropriate completion of their tools. The administrative tasks required to meet quality assurance and performance standard measures represents a monumental change in workload priorities for case managers and now comprises the bulk of case managers' functions leaving less time to spend with clients.

The new managerialism is characterized by continuous changes to policy and procedures at a scope and pace of change that leaves case managers feeling overwhelmed and having to juggle their new workload (Aronson & Sammon, 2000; Baines, 2008). Case managers at VAC are constantly experiencing change, to the extent that the change can be difficult to keep up with. VAC is transforming the way it delivers services to its clients that reflects changes to policy, procedures, roles and services themselves. With this multitude

of changes occurring continually and simultaneously, the scope and pace of change seems designed to produce a reaction focused on compliance with little time or energy to resist or contemplate the impact on client service. The steps required to approve particular services are constantly changing requiring case managers to continually stay abreast of the changes regardless of how quickly they are changing. That is to say that the steps necessary for case managers to complete a task today can be different tomorrow and case managers are responsible to implement the new changes immediately.

This situation is further complicated by the way VAC communicates its changes. Under transformation, an e-mail will be distributed to case managers to advise of the changing steps they need to undertake to deliver the service. Notification of changes via e-mail happens continuously. These ongoing changes to procedures and role could result in case managers experiencing conflicting priorities with their professional values.

Case Managers and Limits on Defining Need:

The new managerialism is characterized by the rationing of resources and one way this is accomplished is through a narrowing of the definition of need (Gustafson, 2000; Ellis et al, 1999; Aronson & Sammon, 2000; Baines, 2008). The new managerialism takes away from case managers their own skills and

ability to assess need and places and creates tools which fulfill the institutions' narrowing definitions of need and eligibility.

There are increased limits in how case managers at VAC are able to establish clients' needs. This is evidenced in the tools case managers utilize and in the services VAC determines to be important to its clients. For instance, though VAC case managers have a fairly comprehensive assessment tool in the sense that it covers many pertinent domains, the ways in which the domains are defined are limited and could direct case managers to think in very specific ways in defining need. Tick boxes and limited space for documentation does not allow for the documentation for complex situations requiring case managers to standardize information. Narrowing the definition of need and rationing resources through tick boxes and limited space for documentation can also be further exacerbated by case managers being so focused on completing the tick boxes that they may miss relevant information the client has presented. This situation has an increased chance of occurring when case managers are very pressed for time. By having to focus on meeting quality assurance and performance standard measures, a lack of time can facilitate a greater concentration of focusing on the tick boxes and minimizing complex situations. This ultimately results in a narrowing definition of need and rationing of resources.

Another way the tick boxes and limited space for documentation can narrow the definition of need and ration resources is through what is being asked in the document. Texts inform case managers about what client information is relevant, what is not relevant, and just how much information is necessary for the assessment form (Ellis et al, 1999). Texts regulate the type of information case managers require in order to format clients' lives into the document (Gustafson, 2000; Aronson & Sammon, 2000). This results in constructing an account of client's needs in predetermined ways in order to ration resources rather than listening to the client's entire story and identifying all of their needs (Gustafson, 2000). For example, under the domain of Health Status there are numerous tick boxes for various global health conditions (e.g musculoskeletal, neurological, etc) and symptoms (e.g. pain, dizziness) and it is up to case managers to ask questions regarding these. In other words, for yes or no tick box questions, one or the other must be checked off; but other tick boxes such as the list of organs and systems under physical health are only checked off if there is an issue or problem. That is to say the tick box "heart" would only be checked off if the client identified a heart problem. If these types of tick boxes are not checked off then it is assumed that it was asked about and the client denied any problem. However, the way the document is constructed may make it easy for case managers to simply gather this information up through general conversation or may ask about certain conditions for a given population. This could occur for various reasons

such as time constraints, personal technique by a case manager and so on. For instance, case managers may ask about heart conditions in the geriatric population but, may not be as concerned about asking about heart conditions with the very young population. The point here is that only what is ticked off and documented is determined to be the clients' situation; if it is not ticked off and not documented it is assumed that it was asked about and that it is not an issue or need for the client. In other words, clients may not have been asked about each health issue and thus aspects of their health situation may go undocumented. Though managerialism may argue that the tick boxes ensure thoroughness in the case managers' assessment by listing all of these health domains, the reality is that thoroughness is not assured. In summary, tick boxes are not beneficial. Not only do tick boxes limit documentation and facilitate the rationing of resources through a narrowing definition of need, but they also do not succeed in any thoroughness they purport to provide.

Increased Authority, Greater Accountability and the Surveillance of Supervision:

The new managerialism is characterized by power structures which cause case managers to be more focused on the bottom line than providing quality client service (Baines, 2008; Gustafson, 2000). Case managers no longer have professional discretion or judgment but are accountable for implementing the standardized responses and practices the institution demands (Reinders, 2008).

Managerialism increases the power of supervisors who are tasked with engaging in surveillance to ensure case managers are meeting quality assurance and performance standard measures (Evans & Harris, 2004; Reinders, 2008).

Case managers at VAC are experiencing a different working relationship with their supervisors. Case managers at VAC now have decreased control over their work lives and work experiences. Their focus of work has become quite narrow in many ways with having to always be cognizant of quality assurance and performance standard measures. At Veterans Affairs Canada, case managers have been given a greater authority in making decisions for some services. For instance, case managers have always been allowed to approve health services such as psychological treatment, physiotherapy and massage therapy; however, the financial amounts which case managers were permitted to authorize was well below the actual costs of these services. This required the case manager to go to various levels above them, for official approval, with the level determined by the financial amount requiring authorization. In this sense, the case managers were an advocate for the client recommending the service and requesting approval from the designated approval authority. Under transformation, case managers have been granted full authority to approve these services regardless of the financial amount under Administrative Law. The difference now is that case managers have been tasked with documenting clear rationales for all of their decisions, including quoting legislation in all of their

decisions. Case managers are then audited on their decisions and the rationales for their decisions and it is the responsibility of supervisors to routinely conduct the audits.

Case managers are also held legally and criminally responsible for their decisions under Administrative Law. Previous authoritative bodies were not held to this degree of accountability and there are other departments in VAC that are still not held to this same degree of responsibility and accountability for their decisions. It is the front-line staff at VAC, which includes case managers, that are held to this degree of accountability and responsibility and is part of case managers quality assurance and performance standard measures on which they are routinely audited.

Supervision at VAC is now focused on case managers meeting quality assurance, decision making standards and documentation standards. Case managers' work is routinely audited and meetings with supervisors are completely focused on the audit. Though supervisors are still there for guidance and direction, that is no longer a main function in the supervisory role. According to VAC's Staff Roles and Responsibilities: Client Service Team (2012:4), supervisors, known at VAC as Client Service Team Managers, are responsible for Quality Management, which means to:

> Lead and direct activities supporting quality management and improvement including quality control, quality assurance and file reviews; and take corrective action to rectify gaps, deficiencies, and inconsistencies.

With the changes to both the roles of case managers and supervisors, supervision has become surveillance as the purpose of supervision now is about auditing the work of case managers with respect to quality assurance and performance standard measures in the procedures and documentation case managers complete. How case managers are able to meet or not meet the new quality assurance measures and standards is discussed at quarterly meetings with supervisors and as the need arises. During these meetings, a form is completed by supervisors on how case managers are or are not meeting quality assurances measures and standards. Supervisors also complete formal performance appraisals annually which encapsulates the information and dialogue which has occurred throughout the year on how well case managers have met quality assurance measures and standards, what measures have been introduced to improve case managers' performance and how effective these measures have been. Supervisors are to demonstrate how they are assisting case managers improve and if any disciplinary action has been taken.

Case Managers' and Changes to Their Role and Practice

The new managerialism is characterized by a business model focused on cost containment, performance measures, quality assurance, efficiencies and the rationing of resources (Gustafson, 2000; Aronson & Sammon, 2000; Baines, 2008; Self et al, 2008). The case managers' role has changed under the transformation initiatives being undertaken at VAC to incorporate the business

model framework. Some of the changes already mentioned are no longer case managing traditional clients; rarely conducting home visits; overburdened with administrative tasks; increased decision making authority; greater accountability; and, completing assessments in the office. Another significant change for case managers is adjusting to where their clients are. Prior to transformation case managers had large geographical areas they were responsible for, and though they were not actively case managing all clients within their geographical areas, case managers could respond to their clients needs when they arose. In this era, case managers were conducting home visits one to two days per week and generally completed three to five visits a day depending on traveling time and purpose for visits.

With transformation, case managers no longer have assigned geographical areas resulting in case managers having clients in multiple areas and distances. Having an assigned geographical area facilitated in depth case management due to the frequency case managers could do face-to-face meetings with clients. With the dissolution of geographical areas it has become extremely difficult to have days conducting home visits, full days of home visits, or days where the bulk of the time isn't in traveling to see clients. The loss of a geographical area also means that case managers have to be aware of community services wherever their clients are located.

Case Managers and Standardization

The new managerialism is characterized by increased standardization focused on quality assurance, performance standard measures and detailed regulatory procedures (Baines, 2008; Ginsberg, 2001). The role of case managers at VAC has become more standardized. Case managers at VAC are now inundated with standardization procedures for the purposes of quality control and performance standard measures. This requires an extensive amount of documentation that must also meet particular standards. This results in less time with clients as case managers are spending the majority of their time inputting data and completing administrative tasks.

There is increased standardization of procedures on how to implement resources as demonstrated through the case managers' assessment, case plan tool. For example, the case managers' assessment consists of tick boxes and limited room for documentation. The case managers' assessment constructs the foundation for the case plan which is strongly focused on resources. The rationale case managers must provide to justify resources is also highly standardized. Rationales must include specific elements, such as legislative justification, how the client will benefit, costs, and time frames. These rationales are one of the many tasks which case managers are audited on in quality assurance and performance standard measures.

Standardization does impact client service. Standardization involves extensive documentation to demonstrate how the institution is meeting what it defines as clients' needs (Baines, 2008). Quality assurance and performance indicators do not measure client outcomes but rather case managers' adherence and compliance to standardization measures (Ginsberg, 2001). Furthermore, standardization practices result in decreased discretionary powers for case managers (Ellis et al, 1999). This is occurring at VAC as evidenced in the quality assurance and performance standards on which case managers are being audited. How case managers are meeting the new standardized practices and procedures is what is being measured and evaluated, not client service. For instance, case managers are being evaluated on the "right" ways of documenting clients' goals, not in how they are assisting client in achieving their goals. Decreased discretionary powers can be seen as an outcome from the narrowing definition of need and the rationing of resources. Standardization in case managers' tools results in a rationing of resources and the narrowing definition of need.

DISCUSSION and CONCLUSION

It is evident that neoliberalism and the new managerialism are the foundation for the transformational initiative occurring at Veterans Affairs Canada. This is evidenced in the business model framework being implemented from the ruling relations of the extra-local forces down to the local front-line practice of case managers. In its reports and guidelines, VAC has indicated it is introducing a new way of doing business to be leaner, more efficient, being responsible and conscientious of resources to eliminate waste, and watching the fiscal bottom line. Case managers are experiencing the implementation of this managerial business model through changes to their role, changes to the purpose of supervision and changes to their tools. In considering case managers' tools, there are several areas where the implementation of the managerial business model is prominent as the foundational basis driving transformation at VAC. These include the lack of clients' voice in case managers' tools, the ideology behind case managers' tools, and the notion of risk assessments.

Individualism and Clients' Voice

The new managerialism is characterized by a business model framework that is focused on cost containment and a rationing of resources through a narrowed definition of need. It is the role of case managers to implement this

business model through the use of tools which reflect the voice of the institution as opposed to the voice of the client (Florin et al, 2004; Ellis et al, 1999; Junnola et al 2002). There is strong evidence that the clients' voice is missing in the transformation occurring at VAC. Certainly the traditional (senior) client group has had to undergo an adjustment in no longer having their case manager conduct home visits; in fact, they no longer have case managers, except in rare circumstances and for only a limited time. This client group is repeatedly informed of the new way VAC is conducting its business and its shift in focus for their case managers. Clients have become their own service brokers. For example, a traditional veteran may call saying they can no longer manage to clean their house. If the client does not already have this service, the client service agent would conduct a screening to determine if the client meets the criteria for this service. If the client service agent determines the client is eligible for housekeeping services then the client service agent will negotiate frequency and inform the client of how much money will be authorized for this service annually. If there are other unmet needs, the client service agent will determine if these can be met through VAC or if the client will have to access community resources such as CCAC. If for example the screening reveals the client is unable to bathe themselves, then the client service agent would provide the client with the phone number to CCAC and instruct the client to contact them directly. These clients, who are generally quite elderly, are having to navigate the social

service system on their own. This can result in clients having needs that are not being met due to the difficulties of navigating this system.

Another example of the lack of clients' voice at VAC is evident in case managers' tools. Irrespective of the client group, case managers' assessments have many tick boxes and limited room for documentation resulting in case managers' having to decide what information is relevant to include in the assessment. Since this information is the foundation for the case plan, then the case manager must also decide what is relevant to be included there as well. As already described, the case plan asks the client the two questions of "Where do you want be" and "What is preventing you from being there." According to VAC's Guidelines for Case Planning (2011), for case managers to meet quality assurance measures, these are to be documented in the clients' voice. This is a great ideal, but VAC wants clients to be able to identify their long term goals and identify any barriers which may prevent them from achieving their goals. Besides expecting this much from every single client, the other difficulty is that many clients, especially those in situations complex enough to warrant case management, can not adequately answer these questions in the manner and format VAC demands. This requires the case manager to exercise various options such as essentially feed information back to clients regarding something they said or even just come up with their own ideas in order to coach clients about what they could say and then document it in a way that sounds like clients'

voice. This must be done in order to fulfill quality assurance and performance standard measures. In completing this section of the case planning tool, case managers may find that the clients' voice is not heard as they may not be able to take their time with their clients, get to know them, and really find out about their situations, and practice good skills such as active listening and reframing. Case managers are fulfilling the demands of quality assurance measures and performance standards so their work is completed "right." In this sense then, there is a lack of clients' voice.

The Ideology Behind Case Managers' Tools

The new managerialism is a business model which is embedded in documents and practices in order to carry out the functions of business; a key strategy in making ideology natural and normal (Pence, 2001; Pare, 2001; Aronson & Sammon, 2000; Gustafson, 2000). Neoliberalism and the new managerialism can be seen in the case managers' assessment by the ample use of tick boxes and limited space for documentation; but it is also present in the case plan document since the assessment is the basis of the case plan. With the limited space available in the assessment document, case managers must decide what information is relevant enough to be included. If it is a reassessment it is that much more difficult as there may be pertinent information from the prior assessment which should remain in the reassessment. The limited space for

documentation does not allow for sufficient room to include pertinent information needing to remain in the assessment plus additional information. When conducting a reassessment, the exact same assessment tool is used and therefore, case managers are documenting any changes since the last assessment. The limited space in a reassessment can result in the historical context of a client's life being lost.

The increased rationing of resources that is characteristic of managerialism is present in case managers' tools. This is particularly true in the case plan document where the use of resources must be clearly outlined with start and end dates, a break down of costs, the justification for the costs (e.g. rate per hour) and ample space for case managers to document their rationale for making the decisions they are and justifying the resource(s). In addition, the assessment is the foundation for the case plan. If an issue has not been identified in the assessment then it is not transferred into the case plan. This situation can also result in rationing resources.

Case Management and Risk Assessment

The new managerialism is characterized by risk and risk assessment has been instrumental in the shaping of policies, procedures, practices and programs (Munro, 2004; Green, 2007). In society today, much concern regarding risk has been fostered through the media and government and the strength of public

concern and criticism has created an avenue for governments to implement neoliberal and managerial practices in order to manage risks (Munro, 2004; Green, 2007). This risk management is seen through the rationing of resources and developing programs based on individual responsibility all under the guise of offering choice, options, and freedom (Green, 2007). In order to avoid risk, agencies focus on assessing and managing risk as opposed to focusing on the desired outcomes for their clients. Assessing and managing risk is achieved through the development of standardized assessment tools and strict adherence to standardized regulatory procedures (Green, 2007). This allows institutions to place the blame on their staff when things go wrong, i.e. risk is not managed, rather the workers take responsibility for the situation. In other words, risk assessment comes with accountability, but the accountability rests with the staff member as opposed to the institution and it is the staff member(s) who would receive any consequences resulting from the situation.

This is being demonstrated at VAC through the use of risk assessment tools. As already discussed, risk assessments are for internal purposes regarding case managers' workload only; they do not benefit the client in any way. Risk assessments also lead to justifying and rationing of resources. Case managers' must justify the implemented resources by addressing length of time the resource(s) will be required, cost, and justification based in legislation. Case managers are regularly audited to ensure they are completing their tools and

justifying their decisions appropriately. If anything is ever amiss and/or a situation arises regarding client or institutional risk, VAC is not responsible; the case manager is responsible. VAC does extend an appeal to every decision that is made, but that doesn't mean that it will be overturned, or provides the department with an avenue of "correcting" an error by staff to appease public scrutiny and criticism.

It is evident case managers at VAC are now severely impacted by neoliberal ideology and managerial business practice. This is evidenced in the direction VAC is taking, VAC's focus, the language VAC is using to describe the transformation it is undergoing, what the department aims to achieve in its transformational process, and the extent and manner in which underlying macro power structures are penetrating the local arena. Veterans Affairs Canada is "changing the way it conducts its business" and this is evident in the dramatic, rapid, and ongoing changes occurring for case managers. Case managers are now focused on meeting quality assurance and performance standard measures as evidenced in the new texts they must complete and are audited on. This can result in case managers having to be more concerned about meeting the department's bottom line as opposed to advocating against the invisible power structures which are reducing client services. In fact, meeting quality assurance and performance standards may be at the forefront of many case managers'

minds when meeting or talking with their clients rather than having the time to get to know clients and really discovering what the issues are. Furthermore, the implementation of a managerial business model is having an impact on case managers' discretion. Further research is required to learn first hand from clients what they think is missing for them in services from VAC and from case managers in what they would do to improve services for clients.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

Managerialism is a global phenomenon that is unlikely to disappear. Managerialism is entrenched in the Canadian landscape in all levels of government and social service systems. Managerialism practices and policies are continuously introduced in institutions, often dressed up as the latest "how to" or the new form that will be more "efficient" in order to be more organized. It appears that there are many colleagues and lay people who are not aware of or do not understand neoliberalism and managerialism. This is evidenced in everyday conversations with people and what is being perpetuated in the media. Furthermore, it is also a feature of ideology that what is happening takes on the feature of normalization and this leads to the conclusion that the changes happening are inevitable and beyond critique.

Social workers are committed to social justice and part of fulfilling this commitment is to educate others. Social workers work with many disciplines that do not possess the same understanding of the impacts of neoliberalism and managerialism. Social workers need to educate their co-workers, supervisors, policy makers, and the general public on the underlying invisible power structures in policies and practice so they and their colleagues and the public understand the ramifications on services and people who rely on those services. The more social workers can educate others on how deeply entrenched managerialism is in

policy and practice, the louder their collective voice will be and the more effective they will be as advocates.

There are many ways that social workers can raise this issue collectively. Examples include unions and professional social work organizations. Workshops can be developed and administered in social service agencies. Social workers can network and develop strategies specific to their locations to develop educational sessions for other disciplines and policy makers. Professional social work organizations need to develop ways to educate the public in general on neoliberal propaganda and the dismantling of social services. It is only through sharing this knowledge that social workers can fully demonstrate how we are perpetuating power imbalances rather than dismantling them.

This is easier said than done. As this thesis has demonstrated, ideology is deeply embedded in case managers' tools and is driving and shaping their practice. Change is occurring at such a rapid pace, it is difficult to stop and consider what is actually happening. It is imperative to find ways of resistance and room to maneuver against managerial ruling relations. It often appears that the meso level of management is also often unaware of the ideology in policy and practice. Middle management also then gets caught up in the latest "how to" or document that is going to "simplify" work load. It is this level where forms of resistance and maneuvering may be most effective in changing policy and practice. For instance, social workers can use managerial language back on itself

to advocate for change. Social workers can go to their managers and advocate they have found that some, or all of the, document is ineffective or inefficient and offer ways of altering it that would be more conducive to quality client service. For example, social workers could advocate that their assessment and case plan tools require additional room in order to meet the requirements of documentation, decision making, accountability and performance standard measures. Additional room in these tools would allow more information to be recorded regarding the client, including historical data. There are many other ways for social workers to engage in resistance and they need to find ways to do this that would be effective in their individual workplace.

This research can provide a basis for social workers, policy makers and professionals from interdisciplinary teams to understand the impact of managerialism on social work tools and practice. This research can assist in understanding the impact of underlying invisible power structures on front line practice and client service delivery. This research can facilitate social workers to examine the documents in their institutions and determine how ideology is embedded in them. By learning how underlying power structures are embedded in texts in their agencies, social workers may be more prepared to advocate for their clients and find ways to engage in resistance that makes sense in their workplace.

APPENDICES

Appendix A

Canada Canada File No.:

AREA COUNSELLOR CLIENT-CENTRED ASSESSMENT

Protected Information when completed.

Date of Assessment: | District:

DEMOGRAPHIC DATA

○ New ○ Reassessment

Assessment No. | Status: | Completed Date:

Where was the assessment conducted?

○ Face-to-Face | Specify location:

○ Other | Specify and cite exceptional circumstances:

Family Name:	Given Name(s):	
Address:	Date of Birth:	Age: ○ Male ○ Female
Province: Postal Code:	Provincial Health Insurance #:	Telephone #:
Contact Person:	Relationship:	Telephone #:
Address:	Province:	Postal Code:

If the client is not providing the information, specify the name of the person who is, his/her telephone number and his/her relationship with the client.

Name:	Relationship:	Telephone#: ( ) -

GENERAL HEALTH

In general, would you say your health is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor ○ Declines to Respond

Physical Health:

- ☐ Vision
- ☐ Hearing
- ☐ Nose/throat/sinus
- ☐ Dental
- ☐ Heart
- ☐ Lungs/breathing
- ☐ Digestion/G.I.
- ☐ Blood disorders
- ☐ Allergies

Do you have problems with:

- ☐ Endocrine (eg. Diabetes, thyroid)
- ☐ Urinary/bowel
- ☐ Malignancy/cancer
- ☐ Musculoskeletal
- ☐ Neurological (eg. Parkinsons)
- ☐ Skin
- ☐ Blood pressure/vascular
- ☐ Reproductive/sexual function

Symptoms:

- ☐ Pain
- ☐ Dizziness
- ☐ Weight changes
- ☐ Sleep disturbances
- ☐ Breathing difficulties
- ☐ Headaches
- ☐ Fatigue

Describe identified problem areas and personal health history (last examination, known diagnosis, illnesses, hospitalizations, surgeries, treatment regimes, difficulty accessing appropriate health care/services, etc.)

Diagnosis(es) known to: Family ☐ Client ☐

Medication

Record medications and dosages as they appear on the bottle (prescription and over the counter)

	Medication	Dosage/Frequency	Condition	Education received
1				○ Yes ○ No
2				○ Yes ○ No
3				○ Yes ○ No
4				○ Yes ○ No
5				○ Yes ○ No
6				○ Yes ○ No
7				○ Yes ○ No
8				○ Yes ○ No

Are you prescribed oxygen? ○ Yes ○ No Dosage/frequency:

Physicians

Physician's name	Telephone number	Speciality	Frequency of medical follow-up
	( ) -		
	( ) -		
	( ) -		

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Counsellor's perception and comments (include physical appearance, concerns regarding medications, etc.)

Unmet Need: ☐ Consultation: Referral:

MENTAL STATUS

Do you or others in your life have concerns about how you are coping with stressors you may be experiencing? ○ Yes ○ No ○ Declines to respond

In general, would you say your mental health is: ○ Excellent ○ Very good ○ Good ○ Fair ○ Poor ○ Declines to respond

Thinking about the amount of stress in your life, would you say that most days are: ○ Not at all stressful ○ Not very stressful ○ A bit stressful ○ Quite a bit stressful ○ Extremely stressful ○ Declines to respond

Have you felt the following for more than two weeks?

Sad or down most of the time?	○ Yes	○ No
Loss of interest or pleasure in your usual activities?	○ Yes	○ No
Tense or anxious most of the time?	○ Yes	○ No

Mood/Affect Pattern (Counsellor's perception)

☐ Sadness	☐ Anger	☐ Suspiciousness
☐ Agitation	☐ Tearfulness	☐ Happiness
☐ Frustration	☐ Fear	☐ Contentment
☐ Isolation/Loneliness	☐ Anxiety	☐ Helplessness
☐ Hopelessness	☐ Aggressiveness	

Explain:

Mental Functioning:

Have you noticed a change in your memory recently? (This should be discussed with caregiver/informant when possible.) ○ Yes ○ No

(Counsellor's perception)

☐ Concentration	☐ Orientation	☐ Comprehension	☐ Memory	☐ Problem solving
☐ Insight	☐ Judgement	☐ Excessive talking	☐ Self-neglect	☐ Non-communicative

Explain:

Comments: explore responses, query coping with stressors, etc

Unmet Need: ☐ Consultation: Referral:

ACTIVITIES OF DAILY LIVING (ADLs)

Are you having any difficulty with your day to day personal care? ○ Yes ○ No ○ Declines to respond

Because of any physical or mental condition or health problem, do you need the help of another person with personal care such as washing, dressing, eating or taking medication? ○ Yes ○ No ○ Declines to respond

Levels of Independence: 1 = Total Care; 2 = Significant supervision or assistance; 3 = Intermittent daily supervision or assistance; 4 = Minimal supervision; 5 = Occasional assistance/supervision; 6 = Independent

Activities	Level	Detail aids/devices used, necessary help or supervision, frequency, limitations, etc.
Feeding		
Washing (shower and/or bath)		
Dressing		
Grooming/personal care		
Footcare		
Toileting		
Taking medication		

Comments:

Unmet Need: ☐ Consultation: Referral:

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Canada Canada File No.:

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Does a long term physical or mental condition or health problem reduce the amount or kind of activity you can do at home?

○ Sometimes ○ Never
○ Often ○ Declines to respond

Levels of Independence: 1 = Total Care; 2 = Significant supervision or assistance; 3 = Intermittent daily supervision or assistance; 4 = Minimal supervision; 5 = Occasional assistance/supervision; 6 = Independent

Activities	Level	Detail aids/devices used, necessary help or supervision, frequency, limitations, etc.
Housekeeping		
Preparing meals		
Shopping/errands		
Laundry		
Groundskeeping		
Repair and maintenance		
Using transportation or driving		
Using the telephone		
Banking		

Comments:

Unmet Need: ☐ Consultation: Referral:

MOBILITY

Are you having difficulty being mobile? ○ Yes ○ No ○ Declines to respond

How far can you walk ?

LEVELS OF INDEPENDENCE: 1 = Total Care; 2 = Significant supervision/assistance; 3 = Intermittent daily supervision/assistance; 4 = Minimal supervision; 5 = Occasional assistance/supervision; 6 = Independent

Activities	Level	Detail aids/devices used, necessary help or supervision, frequency, limitations, etc.
Transferring		
Walking (indoors)		
Walking (outdoors)		
Prosthesis/orthotic		
Using wheelchair or scooter		
Climbing / descending stairs		

Comments:

Unmet Need: ☐ Consultation: Referral:

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PHYSICAL ENVIRONMENT

Do you have problems where you are living (or where you intend to move)? ○ Yes ○ No ○ Declines to respond

How satisfied are you with your housing? ○ Very Satisfied ○ Satisfied ○ Neither satisfied or dissatisfied ○ Dissatisfied ○ Very dissatisfied ○ Declines to respond

Housing Conditions and Accessibility

Was on-site evaluation conducted? ○ Yes ○ No If no, specify:

Location: ○ Urban ○ Rural

Status: ○ Owner ○ Tenant

Type of Residence:

○ House
○ Primary Married Quarters (PMQ) – ○ Apartment
○ Boarding House
○ Condo
○ Renting Senior Citizen's housing
○ Nursing Home
○ Personal Care Home
○ Medical Facility
○ Other

If other, specify

Environmental and Accommodation Appraisal (identify the problem area(s)):

☐ Housing ☐ Telephone ☐ Accessibility (Internal) ☐ Utilities
☐ Bathroom (Tub) ☐ Appliances ☐ Accessibility (External) ☐ Proximity to services
☐ Bathroom (Shower) ☐ Smoke/CO detectors ☐ Physical barriers ☐ Unsanitary conditions

Comments: appropriateness of housing, issues affecting client/family, proximity to medical care, employment etc

Unmet need: ☐ Consultation: Referral:

COMMUNICATION AND SENSORY FUNCTION

Have you any difficulties seeing, reading, hearing or speaking ? ○ Yes ○ No

Levels of independence:
0 = Total dependency
1 = Problem/restriction, with or without aid
2 = No problem with aid, some assistance required
3 = No problem with aid
4 = Independent

Functions		Level	Detail aid/device used, frequency, safety issues, necessary help or supervision, limitations, etc.
VISION	Left		
CNIB#:	Right		
HEARING	Left		
	Right		
COMMUNICATION	Speaking		
	Writing		
	Reading		

Comments:

Unmet Need: ☐ Consultation: Referral:

Canada

LIFESTYLE

In the last three months, have you felt the need to or been instructed to change your eating, drinking, smoking, gambling, physical activity or sleeping habits ?

○ Yes ○ No ○ Declines to respond

Current Patterns

Do you	Yes	No	How often ?	Client perceives as problem Yes	No	Perception of problem by others (by whom ?)
Smoke ?	○	○		○	○	
Use drugs / alcohol ?	○	○		○	○	
Have irregular sleep ?	○	○		○	○	
Keep physically active ?	○	○		○	○	
Have a good appetite ?	○	○		○	○	
Eat a well balanced diet ?	○	○		○	○	

Comments: (consider concerns regarding drug or alcohol use, addictions, health promotion, etc.)

Unmet Need: ☐ Consultation: Referral:

EMPLOYMENT

Are you retired from all types of employment? ○ Yes ○ No ○ Declines to respond

What is your current employment status?

☐ Full time ☐ Part time ☐ Seasonal ☐ Permanent ☐ Temporary ☐ Self-employed ☐ Unemployed

If unemployed:

☐ Permanently unable ☐ Temporarily unable ☐ Seeking employment ☐ Decreased labour market

Comments: eg type of position currently held, previous jobs, military occupation, transferrable skills, reason for absences from work, work related challenges, employment goals, and any employment plans

Unmet Need: ☐ Consultation: Referral:

EDUCATION

Do you have any concerns with your current level of education? ○ Yes ○ No ○ Declines to respond ○ Not applicable

What is the highest level of education that you currently possess?

○ Less than high school ○ High school or equivalent ○ Some college/technical ○ 2 years college/technical/trade ○ 3 years college/technical/trade ○ Bachelors ○ Masters ○ Doctorate

Comments: (eg current trade licenses/qualifications, plans to pursue further education, etc.)

Unmet Need: ☐ Consultation: Referral:

Veterans Affairs Canada | Anciens Combattants Canada | File No. :

PSYCHO-SOCIAL PROFILE

Are you having any difficulty with your family circumstances or social supports? ○ Yes ○ No ○ Declines to repond

How would you describe your sense of belonging to the community? ○ Very Strong ○ Somewhat strong ○ Somewhat weak ○ Very weak ○ Declines to respond

Family Environment:

Household profile includes: Indicate names of individuals residing with the client, duration of marriage and/or relationship(s), ages, and general health status

- Spouse/Partner: ☐
- Child(ren) ☐
- Step-child(ren) ☐
- Parent(s) ☐
- Other ☐

Describe interactions, functioning, roles within household, etc.

Next of kin	Relationship	Telephone number

Social History and Supports: Outline client's history including hobbies and leisure activities. Identify significant persons of support, etc

Loss Issues: Identify the loss issues and how the client is reacting and feeling about these losses. Consider issues such as sense of belonging, self-worth, identity, etc.

Comments:

Unmet Needs: ☐ Consultation: Referral:

[redacted] Canada Canada

PRIMARY CAREGIVER

Is there someone you rely on most for help ? ○ Yes ○ No ○ Declines to respond

Do you provide help to someone ? (including childcare) ○ Yes ○ No ○ Declines to respond

If yes, specify care recipient:

Caregiver Information
If caregiver is client or spouse go to "Area of assistance provided"

Family Name:
Given name(s)

Relationship to the client: Family Member ☐ Friend ☐ Other ☐ Age
Do you live with the client ? ○ Yes ○ No If No, specify:

Address	City	Province	Postal Code	Telephone number ( ) -

Do you have any medical problems? ○ Yes ○ No If Yes, specify:

Area of assistance provided : Comments (Indicate number of hours spent per day with the care recipient and, if possible, per activity.)

As the Care Recipient:
How do you feel your caregiver is managing?
(a) physical/emotional health ○ Excellent ○ Good ○ Fair ○ Poor
(b) in providing assistance ○ Excellent ○ Good ○ Fair ○ Poor

Are you satisfied with the care you are receiving ? ○ Yes ○ No
Do you need additional help/assistance ? ○ Yes ○ No
Explain :

As the Caregiver:
How do you think the care recipient is coping ? ○ Excellent ○ Good ○ Fair ○ Poor
Explain:

Caregiver availability and motivation :
Are you able to continue to be involved ? ○ Yes ○ No
Explain:

What is the most difficult part for you, in caring for this person?
Explain:

Do you have backup plans, should the care giving arrangements become unworkable ? (consider childcare, if appropriate) ○ Yes ○ No

Explain:

Type of assistance to help caregiver :
What would help you to manage better ?
Explain :

Would you consider using additonal supports that may be available in this community ?
Explain :

Comments:

Unmet Need: ☐ Consultation: Referral:

Veterans Affairs Canada | Anciens Combattants Canada | File No. :

FINANCIAL

Does your current income and investments satisfy your needs? ○ Yes ○ No ○ Declines to respond

Because of any physical or mental condition or health problem, do you need the help of another person with looking after your personal finances such as bank transactions or paying bills? ○ Yes ○ No ○ Declines to respond

Do you have the following :	Yes	No	Details
1) A joint bank account ? (Specify with whom)	○	○	
2) An up-to-date will ?	○	○	
3) An arrangement for someone to make the monetary decisions for you should you become incapable of doing so?	○	○	
4) An arrangement for someone to make health decisions for you should you become incapable of doing so?	○	○	

Comments: Consider debtloads, income changes, financial responsibilities, household income when appropriate, existence of power of attorney or trustee, etc.

Unmet Need: ☐ Consultation: Referral:

RESOURCES

Do you utilize any resources that help you remain in your community ? ○ Yes ○ No ○ Declines to respond

Type of Service	Service Provider Information	Frequency	Funding
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External
			○ Internal ○ External

Veterans Affairs Canada | Anciens Combattants Canada | File No. :

RESOURCES

Do you utilize any resources that help you remain in your community ? ○ Yes ○ No ○ Declines to respond

Type of Service	Service Provider Information	Frequency	Funding
			○ Internal ○ External

Sign-Off

The requirements for the annual VIP follow-up: ○ Have been met ○ Have not been met

An annual follow-up date for this non-VIP client: ○ Is required ○ Has been declined ○ Is not required ○ Should remain as is

Does this client require a Case Plan or the updating of an existing Case Plan? ○ Yes ○ No

If no and unmet needs exist, provide rationale:

Area Counsellor Signature	Area Counsellor Code	Completed Date:

Appendix B

Case Plan

Family Name:	Given Name:	File Number:

Case Plan ID:	
Case Plan Status:	
Monitoring Date:	
Anticipated Completion Date:	
Case Manager Code:	
Closed Date:	

Overview Of The Situation

Where Do You Want To Be?

What Is Preventing You From Getting There?

Disengagement Summary

Desired Outcomes

Indicators Of Success

Action Steps

Action Step	Due Date	Responsibility

Resources

Resource	
	Resource Type: Provider Information: Authorization Type: Frequency: Rate: Cost: Start Date: End Date: Rationale:
	Resource Type: Provider Information: Authorization Type: Frequency: Rate: Cost: Start Date: End Date: Rationale:

Progress Notes

Progress Note	Client Contact:
	Yes ☐ No ☐
	Yes ☐ No ☐
	Yes ☐ No ☐

Appendix C(a)

Veterans Affairs Canada | Anciens Combattants Canada

Regina Risk Indicator Tool*

Protected when completed.

Reason completed				CSDN ID
Family name	Given name		Middle name	
Date completed (yyyy-mm-dd)	Completed by			User Code
Source of information ☐ Client ☐ Professional ☐ Family/friend ☐ Other	Case Managed Yes ○ No ○	Postal code		District Office

Age	79 yrs and under (0)	**Mental Status**	no difficulties (0)	**IADL Meals**	by self (0)
	80 - 84 yrs (1)		symptoms of depression (1)		with assist (1)
	85 - 89 yrs (2)		Dx major mental illness (3)		total assist (2)
	90+ yrs (3)		MMSE 26-30 (0)		unable to complete (-2)
	unable to complete (-3)		MMSE 21-25 (1)	**IADL Medications**	by self (0)
Gender	male (0)		MMSE 16-20 (2)		with assist (1)
	female (1)		MMSE 15 or less (4)		total assist (2)
	unable to complete (-1)		developmental disability/ABI (4)		unable to complete (-2)
Marital Status	single (1)		palliative (4)	**ADL Bathing**	by self (0)
	married (0)		unable to complete (-4)		with assist (1)
	widowed (1)	**Self-Rated Health**	good (0)		total assist (2)
	divorced/separated (1)		fair (1)		unable to complete (-2)
	involuntarily separated (1)		poor (2)	**ADL Dressing**	by self (0)
	unable to complete (-1)		unable to complete (-2)		with assist (1)
Net Monthly Income	$1,500+ (0)	**Level of Activity**	2 - 3 times/week (0)		total assist (2)
	$1,200 - 1,499 (1)		no regular activity (1)		unable to complete (-2)
	$900 - 1,199 (2)		unable to complete (-1)	**ADL Eating**	by self (0)
	<$899 (3)	**Hospital within the Last 12 Months**	no visits (0)		with assist (1)
	unable to complete (-3)		once (1)		total assist (2)
Living Arrangements	lives alone (1)		twice (2)		unable to complete (-2)
	with spouse only (0)		more than twice (3)	**ADL Transfers**	by self (0)
	with spouse and others (0)		unable to complete (-3)		with assist (1)
	with other family (1)	**Hospital Total Days**	no days (0)		total assist (2)
	with others (2)		1 - 7 days (1)		unable to complete (-2)
	unable to complete (-2)		8 - 14 days (2)	**ADL Urinary Management**	by self (0)
Type of Residence	house/apt. (0)		15+ days (3)		with assist (1)
	housing (1)		unable to complete (-3)		total assist (2)
	housing with supports (2)	**IADL Telephone**	by self (0)		unable to complete (-2)
	assisted living, group (3)		with assist (1)	**ADL Bowel Management**	by self (0)
	no fixed address (4)		total assist (2)		with assist (1)
	unable to complete (-4)		unable to complete (-2)		total assist (2)
Caregiver Support	stable, available (0)	**IADL Transport**	by self (0)		unable to complete (-2)
	stable, limited (1)		with assist (1)	**Added Risks**	not present (0)
	unstable, available (2)		total assist (2)		present (4)
	unstable, limited (2)		unable to complete (-2)	Explain:	
	short term, occasional (2)				
	no significant (3)				
	unable to complete (-3)				

RISK LEVELS		
Minimal Risk	0 - 7	✓
Low Risk	8 - 14	○
Moderate Risk	15 - 20	○
At Risk	21 - 25	○
High Risk	26+	○

TOTAL SCORE		OUT OF	
0	= sum of scores for each section	54	= 54 minus the sum of each unable to complete section

The client's personal information is collected for the purpose of identifying client needs. Provision of the information is on a voluntary basis.

The personal information collected on this form is protected from unauthorized disclosure by the *Privacy Act*. The recorded opinion about an individual is considered personal information about and belonging to that individual. The *Privacy Act* also provides individuals with a right of access to personal information about themselves under the control of the Department, as well as a right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

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Appendix C(b)

Veterans Affairs Canada / Anciens Combattants Canada

Regina Risk Indicator Tool* - R

*Protected when completed.

Reason Completed					CSDN ID
Family name		Given name		Middle name	
Date of birth (yyyy-mm-dd)	Age	Gender	Marital status		Dependents
Postal code	Still Serving Yes ○ No ○	Date of release (yyyy-mm-dd)	Reason for discharge		Casualty referral Yes ○ No ○
Employment status		Source(s) of info	☐ Client/self ☐ Professional ☐ Family/friend ☐ Other		
RROD date (yyyy-mm-dd)	Date completed (yyyy-mm-dd)	Completed by		User code	District Office

Case Managed Yes ○ No ○ | OSI Yes ○ No ○ | SISIP Yes ○ No ○ N/A ○

Income (level of concern with)
none(0)
some (1)
very (2)
unable to complete (-2)

Type of Residence
Pre-release:
housing arrangements made (0)
no housing arrangements made (1)
Post-release:
house/apt (0)
subsidized housing (1)
housing with supports (2)
assisted living, group (3)
no fixed address (4)
unable to complete (-4)

Living Arrangements
Pre-release:
living with others (0)
anticipate living alone (1)
Post-release:
lives alone (1)
with spouse only (0)
with spouse and dependents (0)
with other family (1)
with others (2)
single parent (2)
unable to complete (-2)

Family/Social (Informal) Support
Pre-release:
living with others (0)
anticipate limited/no support (1)
Post-release:
stable, available (0)
stable, limited (1)
unstable, available (2)
unstable, limited (2)
short term, occasional (2)
no significant (3)
unable to complete (-3)

Addictions
none (0)
non-active 5+ years (1)
non-active 1 - 4 years (2)
non-active < 1 year (3)
active addiction (4)
possible addiction (5)
unable to complete (-5)

Chronic Pain
none (0)
managed (1)
partially managed (2)
unmanaged (3)
unable to complete (-3)

Self-Rated Physical Health
good (0)
fair (1)
poor (2)
unable to complete (-2)

Self-Rated Mental Health
good (0)
fair (1)
poor (2)
unable to complete (-2)

Mental Status
no difficulties (0)
symptoms of mental illness, see guidelines (1)
mTBI (2)
Dx major mental illness (3)
ABI (4)
unable to complete (-4)

Hospital Admission within the Last 24 Months
no visits (0)
once (1)
twice (2)
more than twice (3)
unable to complete (-3)

Hospital Total Days
no days (0)
1 - 7 days (1)
8 - 14 days (2)
15+ days (3)
unable to complete (-3)

Added Risks
not present (0)
one added risk (4)
2 added risks (8)
3 or more (12)

Explain

SCORE IF NO IADL/ADL DEFICITS
Sum of first 12 attributes /45:
0 / 45

SCORE IF YES IADL/ADL DEFICITS
Sum of all attributes /65:
0 / 65

IADL Transport
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

IADL Telephone
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

IADL Meals
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

IADL Medications
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Bathing
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Dressing
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Eating
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Transfers
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Urinary Management
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

ADL Bowel Management
by self (0)
with assist (1)
total assist (2)
unable to complete (-2)

RISK LEVELS

Minimal Risk	0 - 4	⊘
Low Risk	5 - 9	○
Moderate Risk	10 - 14	○
At Risk	15 - 19	○
High Risk	20+	○

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Appendix D

Veterans Affairs Canada / Anciens Combattants Canada

Case Need and Complexity Indicator (CNCI)

Protected when completed.

Reason completed

Family name	Given name	Middle name	
Completed by	User code	CSDN ID	Date of CNCI (yyyy-mm-dd)

INTRODUCTION
Based on client's stage, conditions, and situation, which may be supported by available professional assessment(s), please select the most appropriate level from the drop down box. Please refer to rating guidelines where required.

NEED:
Scoring criteria: no immediate need for improvement (0); some need for improvement (1); considerable need for improvement (2)

What level of need for improvement is the client experiencing in the following?

1. Physical health
2. Emotional health
3. Mental health
4. Social environment
5. Economic environment
6. Physical environment

COMPLEXITY:
Scoring criteria: nil complexity level (0); low complexity level (1); moderate complexity level (2); considerable complexity level (3); high complexity level (4)

7. Need(s) and/or issue(s)
8. Resource requirements

INTENSITY (STAGE IN PROCESS):
Scoring criteria: nil intensity level (0); low intensity level (1); moderate intensity level (2); considerable intensity level (3); high intensity level (4)

9. What is the clients stage in process level?

INTENSITY (STAGES OF CHANGE):
Scoring criteria: no change required or termination stage (0); precontemplation, contemplation, or maintenance stage(1); preparation or action stage (2)

10. What is the client's stage of change level?

DESIRED OUTCOME:
Scoring criteria: no immediate need for improvement (0); some need for improvement (1); considerable need for improvement (2)

11. Optimal capacity and well being
12. Self-actualization

CASE MANAGEMENT EFFORT:
Scoring criteria: no effort required (0); moderate effort required (1); considerable effort required (2)
What is the current case management effort to:

13. Engage, manage, coordinate, support, advocate, and empower client?
14. Ensure appropriate and quality case plan documentation?

TOTAL CASE NEED AND COMPLEXITY INDICATOR SCORE: 0 /34

CNCI Score Range	
Low	0 - 12 ✓
Moderate	13 - 22 ○
High	23+ ○

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