ROLE OF CLIENT EVALUATING CASE MANAGEMENT SERVICE

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ABSTRACT: *This paper is part of a PHD dissertation study exploring the evaluation of the quality of case management services. The following is beginning of the research recommendation to be examined in future research in quality evaluation of case management service in social intervention. It is considered as an introduction to the role of clients in evaluating case management service that can be inspected and deeply explored. We will put the loop on the importance of client evaluation of the case management service and the way they perceive and define their wellbeing promotion and rate their quality of life after social intervention impact. Measuring and assessing service quality in the social work sector presents different challenges. for instance, the "experience" of the whole process is influences by subjective judgements about the quality of personal relationships between the service provider (case worker) and client rather than being a process-related service evaluation.* (Campbell C. , 2005)

The data is collected through a questionnaire addressed to case management and supervision practitioners in Lebanon in the social sector, from different levels and years of experience to assess whether they consider the client's feedback in evaluating the process and their role in educating the clients and reinforce their ability to assess the impact of the intervention they are engaged in on the quality of their lives and wellbeing .The findings will contribute in determining the challenges related to client centered evaluation and to develop tools and inspire practitioners and organization understanding the final impact on services outcome and to understand the wellbeing

of the clients. The article will highlight the spot on the performance components as elements of quality of the provided service, how the client identifies them, process them and use them to classify the satisfaction level, in other words, we will dive more in the accuracy of the client evaluation and his ability to overview the level of his life quality and his wellbeing throughout the whole process.

Key words: *wellbeing, evaluation, performance, case management, client, quality of life, measurement, quality, service.*

INTRODUCTION

Measuring the quality of case management presents complexity due to the concept of quality and how stakeholders perceive it. Overall, clients of case management service have tended to perceive service quality in terms of either aspect of 'quality of service' or of 'quality of life' (Reed, 2007) (Osborne D. a., 1995)Frequently cited aspects of *quality of service* include service accessibility, accountability, attitudes and behavior of staff, continuity of the service provision, flow of communication, flexibility of the service to meet changing needs, privacy and dignity, confidentiality , in addition to responsiveness of social workers , skills, knowledge and trustworthiness of staff (Henwood, 2000) (Edebalk, 2000), (Malley et al., 2006) . While characteristics of quality of life associated with services include the level of improvement of client life , health, functioning, physical sufficiency ,help improve clients' health and physical functioning, meet basic physical needs of daily living, they assure personal safety and security, ensure a clean environment, help clients stay alert and active, support them build a social network, ensure they are in control of their life, maximize autonomy, basic life skills, promote their mental health status , self-confidence and worthiness feeling.((Qureshi, 2000)(Malley et al., 2006)).

In addition to the above, service managers and policy makers frequently include additional aspects such as efficiency and equity as essential components of a high quality service.

The three important component of performance: equity, effectiveness and efficiency being the overall target in terms of management and making policies and decisions on organizational or national level, is also individualized to fit practitioners.

Equity is ensuring that the client or service seeker is able to access the service under all conditions, example, people with disabilities from young to elder are able to reach the service starting the transportation mean to being able to access the physical facility and reach the service locations fairly without difficulties equally to persons without disabilities who are also able to access the service. Financially impaired clients and financially sufficient clients should also access the same service with nondiscrimination and in a well-planned and structured way that allow both of them to arrive to the facility, receive the same service with same quality respecting their dignities.

Efficiency: efficiency simplified meaning is the ability to accomplish the maximum with the least expanse of time, money, effort and resources. (G.S, 2000) A production of service should be achieved in a specific timeframe and conditions, which means following rules and embrace standardization. Many organizations in addition to governmental institution with shortage of resources rely on efficiency in providing its services to reach the largest target or clients in need of intervention and try to meet people needs under these conditions, thus clients will evaluate the service provided as reachable and quick remedial, people tend to seek short term services as problem solving need rather than promoting their quality of life, being also not really aware of what they mean and how they lead their lifestyle toward a healthy wellbeing .

Effectiveness: is the degree to which something is successful in producing a desired result or success. Deeper, effectiveness is to have a meaningful impact on the client's wellbeing. Efficiency will lead an organization or institution providing a qualitative service, meets strategical objectives and build a good reputation in the social sector and among clients, which will affect the client choice of an organization and sometimes a well-known case manager of good reputation to seek sensible services that will make major changes of their life.

The three concepts shape the evaluation of the clients for the services they are receiving, while they don't have the knowledge to nominate the three concepts or differentiate between. the clients have an overview evaluation of the services they receive in describing them by: good, not enough, comfortable, not what I expected, I like the case manager he\she is very kind and responsive, I don't feel good in the space, it is not reachable, it makes me feel better, other organizations offer a home based intervention etc.

Knowing how client's perception of the services they receive is very essential to evaluate the provided service as described above. The major debate about satisfaction is being considered only related to service maintenance while taking into consideration whether the service provider and client share a common view of the services and intervention modality being offered and their benefits are of great importance for measuring service provision from operational aspect. (Malley, 2012) For example, did the client feel that the case management services are leading to resources responding to their needs and meeting their expectations? Other questions that also focus on client perceptions about the service provider: did the case manager understand their needs and have the skills and experience necessary to help them accomplish their goals? How does the client measure the case manager skills? the

above will be perceived by the client or evaluated in different forms such as: soft and positive communication, their feelings that they are well accepted and respected, they are understood and not judged, they are receiving the needed information to reach any resource, getting the emotional support, learning new tools for coping with the current situation, and being able to assure their basic life needs.

Those questions are the basic knowledge the client need to know and understand as an objective evaluation oriented rather than leaning on subjective evaluation due to the humanitarian relationship with the case worker or result of a un understood aim of intervention, few examples such as: the case worker makes me very emotional, expressing difficulties in breaking the emotional cycle toward the case worker and always not ready for closure, being offended by the case worker assertiveness in some situations etc… the emotional status of the client , being a result of normal intervention approach and dependent relationship are all due to the lack of understanding and induction on the service process, objectives and approaches and a lack of professionalism skills in the case worker behavior . While people are responsible of how they chose to feel, practitioners are big part of leading the clients to this choice, however, view the lack in knowledge and weak operational capacities, the necessity of continuous assessment and capacity building, monitoring and supervision of the case workers is required.

While Other aspects and indicators are to be taken in consideration to assess a whole picture of the quality of the service, including for example better health performance, improved family functioning, physical, financial and mental autonomy, changes in behaviors and psychological status improvement reported by the multidisciplinary team members, in overall saying their wellbeing.

A significant playing factor when evaluating case management activities and client outcomes is the ability to define and express the case worker “role” in the whole process.

For the reason, we carried out a study targeting 61 practitioners of case management, where 64% have been practicing for more than five years, for an overall research on case management quality control and services evaluation in Lebanon, middle eastern country.

Part of the survey is directed to assess the knowledge of the practitioners about quality of life and wellbeing, how their clients perceive the concept, the ability of the clients to measure their wellbeing and quality of life and their roles in educating and support them to evaluate the “quality” of the service rather the accomplished service and their role in explaining the objective of the evaluation that will be leading for better provision and loop their needs .Throughout the article we will be describing the subjective relationship between client-case manager , the savior and how this relationship will affect the clients evaluation of the service .

When case workers who participated in the survey were asked about their conception of the quality of life, 16% affirmed that it is the way individual measure the level of their life from all aspects, while 15% consider it as individual standards of living conditions means that the standards that individuals choose to consider their lives qualitative. Some case workers say that the quality of life is related to social welfare and social care, and the majority of the practitioners considered all of the definitions to be convenient.

While individuals should set their standards of quality of life they want for their wellbeing, we need to emphasize that quality of life is a multidimensional concept, the definitions may be almost anything anyone wishes them to be; although they ordinarily

reflect the values and norms associated with the well-being of individuals rather than the value of life of the larger society of which they are a part (Sheldon Cohen, 1983). The literature suggests that quality of life is not a single concept (Diener, 2009) instead, it is made up of components which, when added together, make up the quality paradigm as seen by both professionals and clients.

Modern researchers have different classification of wellbeing dimensions, that varies between: mental, psychological, physical, emotional, spiritual, intellectual, social, occupational and workplace wellbeing.

The cited dimensions as mentioned take a scientific shape to help researchers, policies makers and organizations dig deeper in each of them. Clients need more simplified, specific and easy to evaluate aspects to reach a real genuine and more or less accurate evaluation result. It cannot always be accurate as scientific numerical equation since as described above, the evaluation of the service is related to both subjective wellbeing which will be described later in the article and the overall component of the provision.

Case workers counselling and intervention action plan is based into 5 categories of wellbeing elements, and the ongoing and final evaluation of the service will also be based on the aspects below:

1- Physical wellbeing
2- Mental and psychological wellbeing
3- Financial wellbeing
4- Social wellbeing
5- Intellectual and emotional wellbeing

Physical wellbeing: Sullivan (1966, p.6) indicates that "*health is more than just the absence of disease, it is also "physical and emotional well-being*." Physical well-being was also identified by Flanagan (Carol S Burckhardt, 2003)as a quality of life component where individuals believe that being free from sickness, keeping physical and mental fitness; prevention from health diseases and the effective treatment of health problems served as a footing for a good quality of life. The literature also shows that physical wellbeing might also be subjective, through a study where individuals were asked to self-assess their health status and physical wellbeing in addition to be aware and list or fill a disease and functioning inventory assessment (activities limitations, difficulties in mobility and self-care, ability to perform social roles …) as part of discovering or describing their physical wellbeing. Elder person's, and persons with certain mental disabilities or developmental disabilities might have difficulties assessing their own health wellbeing and might have less medical information on their health status shared by the doctor or family members which affects self-rating. Some individuals tend to define their physical good status as being able to stay alive and be able to be functional for basic day to day life needs. Which isn't conforming the mainstreamed and known standard of quality of life. Some might consider they are having enough health care according to what is available within their living place and what they have access to, or what have been offered to them.

Emotional and mental wellbeing: There are two important aspects to emotional and mental wellbeing. The first of these refers to the level of positive emotions and feelings of happiness which is considered subjective. (Diener E. .., 2000)

The first aspect, according to (Diener E. .., 2000) defines SWB as *"a person feeling and thinking his or her life is desirable regardless of how others see it."* Feeling refers to the emotional or affective dimension of SWB, where positive emotion or negative emotion leads to higher or lower SWB.

The second aspect is defined by cognitive(mental) level that life conditions and aspirations are closely matched or similarity between what people have and what they desire to be or what they want out of life and how do they understand life through experience and intellects that can be assessed and measured , according to (Faulkenberry, 1978); and (Michalos, 1983) when a gap falls between these variables, psychological well-being will tend to a negative and non-desirable status.

Quality of individuals' life is widely affected by being able to reach what they want and wish for, which also affect their mental health and vice versa.

In this stage of intervention, the probability of building an emotional relationship with the case worker or between both of them is likely high. The counselling is based of debriefing and active listening with deep emotional support. It is the very subjective phase of intervention yet the very intellectually structured. An unhealthy relationship might result for different reasons related to the case worker and the client.

Financial wellbeing: Financial well-being is a relatively new concept in household. The

concept relies in the literature on subjective wellbeing also studied in psychology and economics over the last few decades (Michael.A.Busseri, 2012) However, subjective well-being involves a wide range of non-financial elements like health, family situation and social impacts, a single part of subjective well-being is related to finances.

The **FWB** scale is based on a definition of financial well-being that includes:

(1) having control of day-to-day and month-to-month finances , means that individuals have the needed financial resources that will cover their day to day basic needs for a dignity living such as providing food, medical care , paying rental , house needs, being able to dress… have a stable income to be able to cover all basic needs, so they don't need to look for different resources to fulfill their daily life needs with no plans or availability of what can cover for next month or a long term life needs (Daniel Kahneman, 2006).

(2) having capacity to absorb a financial shock, is being able or have the financial backup in case of any financial breakout like sudden family incident that needs unexpected financial coverage, losing a job, economic crisis.

(3) being on track to meet financial goals, being able to make savings and able to find additional financial resources to support the above.

(4) having the freedom to make choices that allow enjoyment of life. When they are questioned, individuals will measure their wellbeing by thinking if they are happy or not, if they are able to afford everything they need for them and their families. People measure the quality of their life from an economic perspective in the first place. People need to feel safe regarding their basic needs and relate this need with the enjoyment of life before realizing that mental, emotional and intellectual wellbeing are the main part of ensuring economic safety and stability, and this is where most of people define their live of low quality and they aren't enjoying a good wellbeing. People generally relate quality of life to financial stability, failing to recall that a balanced mental health and emotional status in addition to intellectual functioning are also essential for wellbeing. In this box, clients are mostly trapped, and it is almost related, as per their understanding to the direct services and referrals of the case worker.

The role of the case worker in this stage is to liaise the clients with available resources to help their being and meet their financial and material needs. In addition, case workers link the clients to educational and professional resources to empower them and lead them to autonomy. This phase is purely related to the client capacities and abilities; the case worker will only represent the empowerment tool.

Social wellbeing: is the feeling of individuals that they are connected and belong to a place, community, entity, culture, religion, or any network that giving individuals the feeling of belonging and being part of. This will allow people to feel their value and being able to share and develop relationships with others, and keep a social network for support. This produce positive emotions, such as happiness, joy, satisfaction, pleasure, wonder, and tranquility. It also includes good physical health and positive eloquent social relationships and connections, social integration, acceptance by other entities, one's contribution to the successes of the community and social coherence (Keyes, 1998)

This stage is usually empowered through counseling, emotional and intellectual exercises addressed to the client, starting in a participatory approach ending to the client self-empowerment.

Intellectual wellbeing: Intellectual Wellness is being open to new ideas, thinking critically and finding ways to be creative. People can assess their intellectual wellbeing status through assessing their skills, ability to be exposed to open to different ideas and opinions, becoming a critical thinker, the ability of developing personal ideas and attitudes, ability to achieve and giving value of who they are.

Case workers and clients work together on learning ad sculpting life skills that will help shaping a good level of intellectual wellbeing in addition to the previous phases elaboration. (Keyes C. L., 1998)

Identifying the research methodology:

The researcher uses the mixed methodology, combining both qualitative and quantitative approaches to provide different perspectives of the topic and human aspects of the topic description through the qualitative approach, while the quantitative will present definitive facts figures. This methodology can produce a rich figure as it presents exact facts and being exploratory. This approach is used to understand peoples' perceptions about a phenomenon endorsed by numeric collected data to verify and draw conclusions about a fact and formulate recommendation to open new horizons for new researches.

To complete the research, the researcher adopted the following methodology steps:

- Gathering of different and available literature describing and discussing the core of the topic throughout different sectors and perspectives
- Developing a survey that responds to the studied problem and answer the following questions and conducting interviews with practitioners:

1- What do case workers in Lebanon know about quality of life and wellbeing?

2- What are the current available and applicable tools and methods to engage the client in the evaluation process and their efficiency?

3- How do case workers educate the clients to evaluate their wellbeing status and the service provided accordingly?

4- Why the client is considered a main actor in case management process evaluation?

In addition to the survey, individual interviews and a focused group discussion were conducted in order to strengthen the qualitative aspect of the study.

- Extracting and analyzing results and relate with the literature about the topic of research

- Draw conclusions and recommendation required for to open up new horizons.

The sampling of the population was random, and the survey was designed to be answered only by interested practitioners of case management.

Client position in case management service evaluation – practical Frame-Lebanon:

Lebanon is a middle eastern country that witnessed many internal and external wars and has always been a host for refugees from different Arab countries although it is not a economically stable country in addition to internal political conflicts. Lebanon has endured great burdens as a result of the Israeli wars and the displacement of the Palestinian people to Lebanon in 1948.Civil society then only provided social services to people in need through untrained volunteers in the social service. Due to the social and economic pressures resulting from the Palestinian displacement, the Lebanese State established the “Labor Office” to support social and social welfare institutions including orphans, unregistered children, the poor elders and disabled persons

. The great change on the level of professional practices in NGOs occurred at the beginning of the war in Syria in 2011 and the Syrian emigration to Lebanon the year after, in 2012 in large numbers under tough social, psychological and economic conditions. The Lebanese state was unable to allocate a sector to respond. International NGO’s in partnership with UNHCR United Nations High Commission for Refugees installed arrived in mission of humanitarian response to support Lebanese NGOs in responding to this crisis.

International NGO's and UN agencies supported local NGO'S in developing coaching and monitoring systems within their bodies, introduced international standards in assuring quality delivery of the humanitarian services, in which supervision was a main function to maintain services quality for the sake of the "clients" called also beneficiaries on the first place responding mainly to the most important guiding principle "DO NO HARM ". The importance of the supervision as part of the quality control system is to protect and reduces risks to the life and health of users resulting from service provision errors.

In this frame, some tools to assess but not measure the client satisfaction but not proper evaluation of the provided case management service were developed. The client evaluation of the service is usually analyzed after a data collection based on their understanding of the service, their relationship with the case worker being the service provider and the output of this service, while clients are not induced on the importance of the evaluation, the objectivity requirement, their capacity and knowledge in evaluation the output of the service by measuring their own wellbeing after the intervention that they should be well equipped with and trained on.

In addition to the practitioner's survey, individuals interview and focused group discussions were carried out to discuss with a group of selected case workers on their observations and role in the client's evaluation of the service. In general, the evaluation of a case management service is usually conducted by the organization providing the service through case workers. Organizations value the opinion of the clients through different tools engaging the case worker's intervention plan and the outcomes. the only way the client is engaged in this process is indicated in the table below:

		Frequency	Percentage
the tools used by the case worker to evaluate the case management service	**beneficiary satisfaction survey**	**26**	**55%**
	feedback the beneficiary through complaint boxes and direct contact	**31**	**66%**
	relying on special case management assessment tools	**21**	**45%**
	Analyzing case management note	**28**	**60%**
	don't use	**2**	**4%**

The table indicates that most of the participants in the survey use same tools to engage the client in the evaluation process. The client evaluation of the service is very restricted. We are going to lay emphasize on the most used:

1- **satisfaction surveys**: filled and collected twice, in the middle of the case management process and after the closure of the process. The satisfaction isn't conducted by the case worker, it is conducted by the case worker line manager (center or unit coordinator, area of implementation coordinator , program manager) which won't be interactive since the line managers are not case management practitioners and aren't familiar with the evaluation aspect , questions addressed by the clients for clarification , or miscomprehension .Occasionally , supervisors conduct the satisfaction form with the clients or the client themselves if they ask for .

2- **the complaint boxes** that are considered confidential, are a tool used by the client for complaint related to the service. The boxes don't necessarily reflect the accurate evaluation of the clients for different reasons:

- Not all the client has access to this tool because in Lebanon case situation a lot of clients are analphabet and not able to use it
- Most of case management rooms are part of community centers and it is difficult to place the box in safe and confidential place. Clients benefiting from case management services especially for specific cases are stigmatized and are well observed during using the box.
- Induction on the box use is a must at the beginning of each intervention process, the entitled staff don't always induce accurately the purpose of the use and mostly forget to refresh and help the normalization of its use.
- The nomination "complaint "box is a negative connotation and influence on the client for the reasons developed above related to the client-case manager relation. "Recommendation" box indicates a transformative and development process of evaluation.

3- **Client direct feedback**: Clients have not been supported and well educated by the case manager on how to measure or evaluate their wellbeing and rate their quality of life, and how to evaluate the intervention action plan because, as per the interviewers, case managers don't master the concept and don't have the technical tools to use them for this purpose. Conducting a session for assessing the client feedback require a high professional maturity to be able to reflect objectively. When the direct feedback is conducted and assessed by external evaluator such as: supervisor, management, monitoring and evaluation unit, external auditor, the interview will be more objective and direct, the client might feel more comfortable in sharing

recommendation and, on the other hand, the client might feel ungrateful toward the case worker when a Victim-savior relationship has been created. the above doesn't mean that the client is always subjective toward the evaluation of the service, they have the basic ability to assess and express what they feel toward the progress in their lives but still need more support and education on the definition of wellbeing and how it is assessed. Additional induction on the purpose of evaluation and more support for the practitioners to adopt an objective perspective of the client evaluation of the service.

Client measuring wellbeing:

As discussed previously, the client wellbeing is the aim of case management intervention.

Being part of the evaluation process, the client will be evaluating the service and the quality of his life that englobe the 5 categories of wellbeing.

The role of the case worker will be to educate the client about wellbeing meaning and categories, about quality of life and to be able to explore their needs that falls under the wellbeing categories.

There is no doubt that the performance of the case worker and the organization are also related to the wellbeing of the client, this should engage the client in evaluating the performance as per the expended explication of the: equity, efficiency and effectiveness.

It is important to induct the measurement tools to the client to become familiar and able to evaluate accurately and with confidence.

As also mentioned, the client tends to use qualitative words to express their satisfaction from the service, when this qualitative expression isn't well directed.

Two modules where suggested by the case workers during the focused group discussion.

Quality dimension will be selected as per the performance components and wellbeing categories.

Measurement scales: the performance and wellbeing are measured with qualitative scale using gradual adjectives such as: poor, good, good enough, excellent, satisfactory, less satisfactory, unsatisfactory …etc. that is familiar for the client to use to evaluate contribution factors like (accessible, reliable, confidential, competent, listener, empathy …) to evaluate the space, the service options, the case worker skills and can also evaluate all categories of the client 'wellbeing each as per the response to the initial need that directed the client to seek case management services. Later on, those scales were developed to merge both numeric and qualitative scale for better accuracy, easy to use by the client and also easy to help client use numeric scale to rate their quality of life. (Gill Windle, 2011)

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1-5	1-5	1-5	1-5	1-5
Total Scores					

The tool should be induced to the clients to be filled adequately, and can be adapted for an alphabet client by using face emotions to rate. Clients can ask for support from the case worker or any staff members in the community center. The tool can be carried outside the center where friend or family members can also support in reading and explaining.

The same tool can be used for service evaluation, case worker performance and client wellbeing (health, functioning, behaviors, financial, learning, self-care, social networking…) The last part is usually defined by the client and in a participatory exercise with the case worker. this part is usually the easiest part for the client from the subjective side, it is directly related to the client life and not to the case worker.

This exercise should be conducted in the middle of the intervention, its function is to evaluate the action plan objectives and outcome with an opportunity to make changes on the action plan and service options, case worker skills to respond to the client needs. It will be used as well at the end of the intervention for a final evaluation of the client's satisfaction.

Thera are a lot of simple tables and scales that can be designed by the case working and adapted according to the client capabilities: people with disabilities, elders, children …emotion faces, icons, pictures can also be used in the scale tool to create familiar tools for different clients.

It is important to put the adapted tool under trial to reach the best one that can cover most of the evaluation subjects.

Skills check lists and knowledge assessment should be used by the case workers regularly, and supervisors have the main role in building and developing the case worker's knowledge and skills.

Qualitative evaluation is also of added value, it is presented through a narrative description of the evaluated subject, usually explored through focused group discussion, face to face interviews with the clients, and the collection of the recommendation box content.

Finally, the client role in evaluating case management service is not a matter of choice yet it is a matter of discussion and continuous evaluation and development, since the client is the major element in the evaluation process.

Constraints encountered in the study

The current economic crisis in Lebanon and the inflation, caused human disaster on social, health and the daily living. The wellbeing of most of the population including refugees from different nationalities is affected to reach the lowest level. Not being able to afford the minimal daily living under tough and difficult economic circumstances and high level of unemployment, physical, mental intellectual and emotional wellbeing are strongly affected, and social phenomena appeared in its worst form. The first responders to the crisis results were the Non-Governmental organization, while the governmental institution was unable to cover and relief. Crisis intervention usually takes the form of relief , where the services are provided to protect the life of the clients, threatened by diseases including COVID- 19 and cholera ,the lack of medication for children and elder persons, to people fighting cancer and other chronic diseases, and ensure their daily living .

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