

Putting ‘Rural’ Into Case Management

Submitted by

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Associated Publications

This dissertation is presented as a thesis with publications. Details of the three publications integrated into the body of the dissertation are given below:

Dellemain, J., & Warburton, J. (2013). Case management in rural Australia: Arguments for improved practice understandings. *Australian Social Work*, 66(2), 297-310. <https://doi.org/10.1080/0312407X.2012.675345>

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Abstract

Social workers and human service workers encounter unique challenges when commencing practice in rural communities. Poor resources, inadequate supervision, lack of anonymity and extensive travel, are just a few of the issues they are likely to encounter. Though attention has been paid to generalist case management practice theory and its role in addressing complex social needs, to date there has been a notable absence of specific enquiry into its application to a rural setting, particularly in an Australian context.

To resolve the absence of theory, this study identified 37 practice constructs to adapt generalist case management practice theory to a rural context. To build theory, the study selected a qualitative dominant, sequential, exploratory, mixed methods design, that was undertaken in two distinct, but integrated, stages. The significance of this research is threefold: it developed constructs to inform a case management theory adapted to a rural setting; it utilised a mixed methodology for theory development; it built practice theory from two expert knowledge bases, rural case managers and social work academics. The result was a theory grounded in an authentic interpretation of case management practice, adapted for a rural context.

Overall, the study confirmed that the rural context impacts on all functional stages of the case management intervention, namely, assessment, planning, linking, monitoring and review. Practice implications identified in the study reinforced that case management in rural community-based social work and human services settings warrants a dedicated theoretical framework. The adapted theory articulated by the study is significant to a range of user groups including students, rural case managers, human services workers, social workers, policy makers, supervisors, and case management educators. This area of practice remains rich for ongoing exploration for those wanting

to apply or evaluate rural case management theory in international and other practice contexts.

Statement of Authorship

This dissertation includes work by the author that has been published, or accepted for publication, as described in the text. Except where reference is made in the text of the dissertation, this dissertation contains no other material published elsewhere or extracted in whole or in part from a dissertation accepted for the award of any other degree or diploma. No other person's work has been used without due acknowledgment in the main text of the dissertation. This dissertation has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the dissertation were approved by the La Trobe University Faculty of Health Sciences Human Ethics Committee reference number FHEC13/171, and La Trobe University SHE Human Ethics Committee, reference number S15-288.

This dissertation includes three original articles published in peer-reviewed journals. Primary responsibility for the conducting of the research design, data collection and analysis, development and writing of the articles in this dissertation belongs with me, the candidate, in co-authorship with my supervisors, Associate Professor Suzanne Hodgkin and Dr Heather Downey and Emeritus Professor Jeni Warburton.



Jozette Yvonne Dellemain

12/07/2020

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I recall reading a metaphor recently that a PhD is a journey (Murphy & Wibberley, 2017). For me, travelling that path has transformed me greatly. The experience was at once intensely personal, yet once completed, conferred upon me a membership to the distinctive club of all those who have gone before.

I begin my acknowledgments with a deep and heartfelt appreciation to the participants who gave generously of their time, knowledge, and skills. To the case managers with whom I liaised, those who recruited colleagues, set up interview rooms and shared valuable personal stories about their practices, thank you. This extends also to their employing agencies that offered interview rooms and released the employees to attend. To the academics who made time in busy schedules, the debt cannot be repaid but is fully appreciated. There is no price that can be put on participant contribution, without the participant, there can be no study and no new knowledge.

I acknowledge my PhD supervisors, another critical factor in a successful PhD journey. As blogger, Shane Huntington (2019, para 1-3), so nicely captured, PhD students want to quit their studies three times along the journey (though three sounds optimistic):

A long time ago, I had a very serious discussion with my PhD supervisor.

I was depressed, I felt inadequate to the task of completing my PhD and I really just wanted out. Actually, that's not entirely true. I wanted the PhD, but I could no longer see the path to finishing it. So, I spoke the words that no supervisor wants to hear: "I'm thinking of quitting". His response *really* surprised me. He looked at me with a smile and said, "That's great — 1 out of 3 is out of the way". I had no idea what he was talking about. He explained that in his experience, a student will

seriously consider leaving their PhD at least 3 times. This was my first time and we just needed to work through it. (para 1-3)

Therefore, to my supervisors, Associate Professor, Dr Suzanne Hodgkin, and Dr Heather Downey, and in the early stages, Emeritus Professor, Dr Jeni Warburton, I say thank you. I was fortunate to have found three supervisors who were willing to provide unfailing support, encouragement, patience, and wisdom. It is something most PhD students can only dream of. These supervisors demonstrated they were committed to my work, reinforced that the topic was worthy of scholarly enquiry, and sustained my motivation whenever it flagged. For this, I am eternally grateful.

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Chapter One: Introduction and Overview

1.1 Introduction

This dissertation set out to adapt generalist case management practice theory for application to a rural setting. The research began by identifying that case managers face contextually specific challenges when they commence work in a rural context. Despite case management being a widely adopted intervention for addressing complex social needs, an early exploration of the literature identified the absence of formal guiding theory to support practitioners using this model in community-based rural work, especially in an Australian context.

The impetus for studying this topic stemmed from my time as a rural case manager and supervisor of case managers in rural settings, however my interest in rural practice began much earlier. After migrating from the Netherlands as a child, I resided briefly with my family in the Bonegilla Migrant Camp outside the Rural City of Wodonga and have since spent my life in rural communities in Victoria, Queensland, and New South Wales. My rural practice can be said to have begun as a student nurse in a small rural hospital. This profession led to my employment as a registered nurse in Aboriginal Health Services in rural Victoria and later, rural New South Wales. On leaving Aboriginal health nursing, I performed several roles in small communities including that of rural nurse gerontologist, with responsibility for service coordination and community development of age care services. I qualified as a nurse audiometrist and opened and operated a hearing clinic; trained as a women's health nurse, where, with two colleagues, overcame local conservative resistance to open a women's health clinic. Later, in a rural and regional context, I undertook social work with veterans; rural case management; the clinical supervision of rural case managers, and finally, a position as a regional academic, teaching gerontology at a regional university.

Employment in a rural Aboriginal Medical Service provided me with valuable insights into the needs of First Nations people with reference to dispossession of Indigenous lands and cultural disenfranchisement, the deleterious impacts of structural and personal racism, and the challenges of rural service delivery. Work as a rural gerontologist required acquisition of community development skills; this period reinforced for me the vital role of interagency partnerships for undertaking service development to fill service gaps. Operating a rural hearing clinic revealed the critical role of regional mentors in supporting isolated rural professionals practicing in niche professions. Opening a rural women's health service engendered robust, misogynist, conservative resistance from those holding power in local health care. This led me to refine my understanding of social justice, feminism, and structural power in small communities.

As a rural case manager, I was required to undertake extensive travel to the homes of people using in-home palliative care case management in small communities. Practice implications engendered by the rural setting in this period included finding ways to gain the acceptance, seeking out key local providers and accessing interagency meetings. In the absence of formal instruction, my activities were informed by an eclectic blend of knowledge gained from nursing, psychology, sociology, social work, and community development theories.

More recent work as a clinical supervisor of rural case managers prompted an interest in understanding how rurality impacted on the supervisee practice experience. I prefaced the initial supervision session by presenting the supervisee with a copy of the insightful poem on rural work, *You Can't Pull the Woolies Over My Eyes* included in the Appendices (Appendix A).

A growing interest in how rurality impacts on case management practice emerged during supervisory interviews, for example, in one instance case managers

identified that they experienced exceptionally poor mobile phone connectivity, well below that expected for the work location. Essentially, telephone contact was lost as soon as a case manager left a town perimeter. My inquiries revealed the employer had tasked the Information Technology (IT) Department with organising its telephone contracts. The individual responsible appeared to have selected the most economical plan, without investigating criteria such as mobile network coverage, or asking how the phones were to be used. In this case, as an advocate I succeeded in effecting a change in policy whereby telephone contracts were selected for their superior network coverage in rural locations. This experience reinforced for me that situational specificities are likely to occur during rural practice, owing to impacts arising from the uniqueness of the setting itself. This culminated in a later decision to explore rural influences on case management delivery more deeply.

1.1.1 Need for an Adapted Theory for Case Management

There are a number of generic texts offering information on case management practice for would-be practitioners (see for example, Frankel et al., 2019; Gursansky et al., 2012; Moore, 2009; Summers, 2006). Depending on the focus, this literature will emphasise therapeutic interventions, or, where attention is on issues relating to a fragmented care system, consideration is directed to planning and coordination (Moore, 2009).

In Australia, case management gained favour during a political era characterised by deinstitutionalisation (Mas-Expósito et al., 2014), prompted by events such as the Richmond and Burdekin Reports into mental health (Mental Health Commission of New South Wales, 2014); Australia's signatory to the 1971 United Nations Declaration on the Rights of Mentally Retarded Persons, and the 1975 Declaration on the Rights of Disabled Persons (Chenoweth, 2000; Wiesel & Bigby, 2015). Since then, case management has evolved to be utilised in areas ranging from drought recovery

(McKinnon, 2008), housing, employment and education (Moore, 2009), ageing (Carroll, 2018), juvenile justice (Juvenile Justice, 2018), drug abuse (Hall et al., 2009), acute and post-acute care (Lukersmith et al., 2016), brain injury (Simpson et al., 2018), and child welfare (Fernandez, 2016). As government policy has tipped progressively towards greater fragmentation, competitive tendering and consumer directed care models, so too case managers have been forced to work in increasingly complex environments (Green et al., 2018).

The principal argument for conducting the current study was that a more complete theorisation of case management in rural settings would, first and foremost, provide rural case managers with a theoretical framework upon which to base their everyday practice decisions. Additionally, more complete theorisation would support rural clinical supervisors and rural agencies in their administrative roles. Lastly, better theorisation would help to draw the attention of policy makers to the potential benefits offered by the case management model to resolve the complex social issues faced by rural populations.

The overarching question framing this study became ‘What is rural case management?’ The objectives were twofold. First, to explore how rurality impacts on the delivery of generalist case management in rural settings. And second, to identify the most effective method for studying this practice phenomenon.

1.2 Rationale for this Study

So far, I have offered a brief synopsis of my employment history in rural multidisciplinary practice, including its role in igniting an interest in the application of case management theory and practice to rural settings. This research journey began by discovering more about rurality as a factor in community practice more generally, and then rural case management in community-based generalist settings in particular. A

cursory look at the literature identified that little enquiry had been undertaken into the application of a generalist community-based case management model to a rural context.

1.2.1 Case Management

For the purpose of the current study, case management has been defined as a systematic structured intervention represented by five stages: assessment, planning, linking, monitoring and review (Blakely & Dziadosz, 2008). A recognition that taxonomies of case management are problematic emerged early in this enquiry. “Case management” was found to be a catchall phrase with meaning changing between disciplines and across political settings. For example, position descriptions use nomenclature including “case manager”, “care coordinator”, “care manager”, and “service coordinator”, to describe what are essentially identical job roles (Lukersmith, 2017, p. 1).

Additionally, confusion is cast by the application of the term “case manager” to roles in health care settings in the United States. In that usage, case management refers to “managed care” (Lukersmith, 2017, p. 1), a series of pre-set pathways aiming to reduce hospital admissions. This has the effect of containing private health care costs. In this latter model, case management is situated solidly within the medical-industrial complex, reflecting the needs of private health corporations. Its principal concerns include early discharge, cost containment, reducing readmissions and gatekeeping (Blakely & Dziadosz; Lukersmith, 2017, p. 6).

By contrast, case management in generalist community-based setting reflects philosophies of strength-based practice, client empowerment, goal setting, community-based services (Gursansky et al., 2012). Frankel et al. (2019) includes community development, while others refer to continuity of care (Haggerty, 2003); interagency collaboration (Makepeace, 2015); person directed care (Cambridge & Carnaby, 2005); and individual and family support (Lukersmith et al., 2016).

Demand for community-based case management services evolved in parallel with policies of de-institutionalisation, where individuals with complex support needs were discharged from long term institutions into the community (Moore, 2016). Typically, these individuals had high care needs and consequently, the case management model, with its structured multifocal interventions, was considered an ideal substitute for institutional “wrap-around” care (Gursansky et al., 2012, p. 49). The case management model was adopted because it simulated the institutional 24-hour care that the long-term residents had previously received.

Case management models have been adopted by nursing, social work and welfare professions; practitioners unaligned to any discipline; and volunteer services (Blodgett, 2015; Moore, 1990; Vourlekis & Greene, 1992). Case management in Australian community-based services can be provided by Commonwealth and State Governments (Carroll, 2018; Simpson et al., 2018); and religious, not-for-profit and private for-profit welfare agencies (Australian Association of Social Workers, 2015; The Salvation Army, 2015). As a practice, case management provides an ideal human service intervention when a client has complex needs and needs help to identify, plan, integrate and optimise several supports from multiple systems (Frankel et al., 2019).

For this study, the scope of enquiry has been limited to generalist case management in small rural settings, offered to diverse client types by a range of community-based delivery agencies.

1.2.2 Rurality

This dissertation relies on an assumed understanding of the independent variable *rural*. Early into the research, it became clear that the term ‘rural’ was a social construct which was neither clear-cut, nor applied consistently. In Australian parlance, rural is applied equally to non-urban, regional, rural or remote environments (Hogg, 2006). A literature review further confounded, rather than resolved, this taxonomical dilemma.

Sources exploring the term rural identified that it has been applied variously to isolated landscapes (Hogg, 2006; Roff & Klemmack, 2003); population size (Alston, 2015; Hogg, 2006); any place outside capital city perimeters (Short et al., 2018; Welch, 2000; Zufferey & Parkes, 2019); a minority cultural group (Riebschleger et al., 2015); an industrial base comprising mainly mining and agriculture (Alston, 2015); and small populations living a communitarian idyll (King, 2017). The nub of the problem for rural research was described concisely by the New Zealand Rural General Practice Network (2019):

Generating a clear and consistent definition of what we mean by the term 'rural' sounds mundane and frankly, boring. But the lack of a consistent definition *is leading to inefficient and poorly designed policy and the inability to accurately measure rural outcomes* [emphasis added]. (para, 4)

A measure known as the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification Remoteness Areas System (ASGC-RA), offers an objective standard. This measure categorises areas in relation to their physical proximity to an urban centre. Of the five categories available, this study was limited to two, 'outer regional' and 'remote' as it encompasses the small-town rural settings investigated here (Commonwealth of Australia, 2012). The category titled 'very remote' was excluded in this study. This was because the case management experience in very remote locations, many of which comprise significant populations of Indigenous Australians with unique support needs, was potentially so different as to warrant its own investigation. It was also recognised that respectful inquiry into the experiences of Indigenous Australians as a specific cohort in rural case management is appropriately conducted with the full involvement of members of local Indigenous communities prior to the commencement of any project (Australian Institute of Aboriginal Studies, 2021).

1.2.3 Unique Rural Practice Context

The role played by context has been argued as having a significant influence on the provision of rural welfare services (Cheers et al., 2005; Darracott & Lonne, 2016; Ginsberg, 1969; Mackie, 2007; York et al., 1993). The argument posed by this study was that the above observation applies equally to generalist community-based rural case management services. Further, in the absence of informed contextualising theory, those using a generalist case management model in a rural location have, to date, not had access to curriculum content that recognises the specificity of this practice setting. It is argued therefore, that in the absence of contextualising theory, these rural practitioners have been placed at a disadvantage.

The proposition that rural case management practice warrants its own pedagogical enquiry can however be viewed as contentious. Though rural literature appears to have reached a level of consensus on the need for contextually specific instruction, this was contraposed in early sources suggesting the differences in urban/rural practice knowledge were largely overstated (Puckett & Frederico, 1992). For example, Mermelstein and Sundet (1995, p. 5) ask:

[a]re things so basically different about urban and rural contexts that we can justify a specialty, a title, a journal, a special alcove in the halls of social work? Increasingly the answer is “NO”. (p. 5)

Demand for dedicated rural pedagogies targeting the knowledge needs of rural community-based professionals, is supported by findings of substantial differences in service delivery in rural contexts (see for example, Burgard, 2013; Howard et al., 2016; Pugh & Cheers, 2010; Riebschleger et al., 2015; Wendt, 2018; Zufferey & Parkes, 2019). These differences were affected by rural attributes such as poor biopsychosocial outcomes (Australian Institute of Health and Welfare, 2017); geographical influences such as distance and topography (Pugh & Cheers, 2010); and unique contextual

implications such as cultural homogeneity, stoicism and stigma (Judd et al., 2006; Zufferey & Parkes, 2019). Additionally, other sources highlight entwined communal relationships and a lack of anonymity (Bodor, 2008; Burgard, 2013), along with physical and social impacts of climate change (Alston, 2020; Shorthouse & Stone, 2018), as other noteworthy distinctions.

This dissertation argues that, amongst other applications, case management is an ideal model for supporting rural communities in crisis. In the period that this dissertation was being finalised, Australia witnessed an unprecedented conflagration that burned out swathes of rural landscapes (Bowman, 2019). This has come on the heels of a prolonged and devastating drought causing rural economic stress (Daly, 2019), along with serious threats to community water security (Bhole, 2019). Added to this has been the real and present danger to rural populations from the SARS-CoV-2 pandemic. As was noted recently, this pandemic has the potential to impact heavily on small communities already experiencing an ageing demographic, high rates of chronic illness and scarce medical resources (Canberra Times, 2020). In this extraordinary time, a more complete theorisation of a rural generalist case management model is needed. Targeted theorisation tailored to the contextual nuances of a rural setting, would highlight the value of the case management model in helping individuals and communities resolve the complex problems that will inevitably flow from these major crises.

1.2.4 Aims of the Dissertation

This study set out to adapt generalist case management theory to more closely reflect the knowledge needs of case managers working in small community-based rural settings. It aimed to tap into the expertise of those deemed best able to articulate rural practice, namely, case management practitioners, and social work academics who have

worked, researched, or published in case management and/or rural practice. It therefore encompassed multiple, but tightly integrated aims. These were to:

- Capture the “naturally occurring, ordinary events” of rural case management practice (Miles et al., 2013, p. 11), by collecting and analysing knowledge from practitioners in small rural communities.
- Take the case management field data beyond the realm of thick description, by codifying practice data and presenting these to social work academics familiar along with processes of explicating meaning from data.
- To use these combined strategies to formulate an adaptation to community-based case management practice theory to align it to a rural setting.

1.2.5 Research Questions

The aims of the research required the development of a primary question followed by a set of sub-questions to address discrete components of the study. As noted above, the study began with a defining query ‘What is rural case management?’ This was accompanied by two sub-questions:

- **Stage One** – ‘How is case management practice contextualised by rural place?’ – Grounded Theory with focus groups of case managers.
- **Stage Two** – ‘What practice constructs should be included in a case management theory adapted for community-based rural social work and human service practice?’ – A Delphi Study with academic social workers.

1.3 Significance of the Study

1.3.1 Capturing Tacit Knowledge

Community-based social work and welfare practitioners create and implement practice knowledge, however according to Healy (2005), when it comes to theory development, the process of transmitting practice knowledge is ad hoc, informal and seldom transmitted in a useable form to others. This renders valuable practice wisdom

unavailable to others in the field, and to formal educative processes. In *The Tacit Dimension*, philosopher, Michael Polyani (1891-1976) states, “I shall consider human knowledge by starting from the fact that *we can know more than we can tell*” (1966, p. 4, cited in Pimm, 2010, p. 613, italics in the original). Polyani identifies knowledge as being either tacit or explicit. Explicit knowledge is said to be knowledge that has been codified and enunciated (Smith, 2014). Conversely, tacit knowledge incorporates sensory and conceptual information and imagery that we use to make sense of something. However, this type of knowledge is usually not captured in an accessible form (Smith, 2014). Unlike explicit knowledge, tacit knowledge is not easily shared, and holders are often oblivious to the knowledge they possess or its value to others.

Though interested in all forms of knowledge, this study aims to include the capture tacit knowledge and bring this to the fore. By doing so, it attempts to address the vexed problem of loss of valuable rural case management practice wisdom. It sets out to position rural case management practitioners as expert witnesses in the process of theory building, and in this way, ensures practice theory is built from the ground up using authentic field-based practice insights.

1.3.2 Developing Rural Case Management Practice Identity

Practice ambiguity impacts negatively on any discipline. Ambiguity detracts from a discipline’s status and the value accorded to it by other professions (Bosma et al., 2010). This study aims to offer rural case management practitioners a sense of connection to a formal practice identity. By developing a more complete theorisation of rural case management practice, it also seeks to highlight the potential of case management as a valued intervention for addressing support needs arising from complexities such as environmental disasters. This will be critical when Australia goes forward after the recent bushfire-drought-pandemic triad.

1.3.3 Contribution to Evidence-Based Practice

Contemporary health and community agencies expect their professionals to be able to articulate evidence for their practice decisions (Gursansky et al., 2012). This means community based practitioners require competence in using practice theory and conducting research, particularly in light of the evidence-based practice movement (Healy, 2005; Ryan, 2008). By contributing to the formalising of a case management practice theory adapted to a rural setting, this study seeks to give practitioners access to research evidence against which they can critically evaluate their assumptions, and to align their practice to rural community expectations.

1.4 Outline of the Thesis

Chapter 1 *Introduction and Overview* presents the subject matter of the dissertation including a rationale for undertaking the study, the purpose of the research, and the significance of its contribution to the field of case management and rural practice.

Chapter 2 *Literature Review* contains a preface, a publication *Case Management in Rural Australia: Arguments for Improved Practice understandings*, and a discussion. The published article scopes the subject matter of rural case management theory while the discussion provides an update on rural literature. It concludes there remains a paucity of case management theory adapted for rural social work and community-based generalist practice settings and further research is needed.

Dellemain, J., & Warburton, J. (2013). Case management in rural Australia: Arguments for improved practice understandings. *Australian Social Work*, 66(2), 297-310.

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Chapter 3 *Methodological Framework* outlines the rationale for selecting a mixed methodology for the study and makes specific reference to the ontological, epistemological, methodological, and axiological philosophical standpoints that

informed the research design used. It goes on to provide a comprehensive description of the research design that was used.

Chapter 4 *Rural Case Management Field Practice* contains a preface, a publication *Time, Terrain and Trust: Impacts of Rurality on Case Management in Rural Australia*, and a discussion. The publication presents an article reporting on Stage One of this two-stage study. It details findings emerging from a constructivist grounded theory study used in focus groups with rural case managers. The article introduces several practice themes emerging from the findings before focussing on three key themes for a more in-depth discussion. The three themes are time and travel, dark geographies, and trust in interagency work. The discussion following the publication, offers a brief update on key topics detailed in the article.

Dellemain, J., Hodgkin, S., & Warburton, J. (2017). Time, terrain, and trust: Impacts of rurality on case management in rural Australia. *Journal of Rural Studies*, 49, 50-57. <https://doi.org/10.1016/j.jrurstud.2016.11.006>

Chapter 5 *A Theory of Rural Case Management: A Delphi Study* contains a preface, a publication *A Theory of Rural Case Management: A Delphi Study*, followed by a brief discussion. The publication describes Stage Two of the study and details how a Delphi Method was used to bridge the knowledge sources of two disparate expert groups, rural practitioners, and social work academics. This article explains how practice-based vignettes and a rating scale were presented to social work academics using a Delphi Survey, in order to measure consensus on which of the constructs were important to rural case management practice. The article reports on the 37 constructs presented and rated. The article concludes with the observation that this type of research methodology holds promise for other areas of community-based human services, where practice theory is sought.

Dellemain, J., Hodgkin, S., & Downey, H. (2020). A theory of rural case management:

A Delphi study. *British Journal of Social Work*. 0, 1-20. <https://doi.org/10.1093/bjsw/bcaa029>

Chapter 6 *Integrated Discussion* integrates findings from Stages One and Two of the study. This chapter integrates the findings of interviews with case managers, and the two rounds of the Delphi study with social work academics. It presents 37 practice constructs that inform the adaptations made to the generalist case management practice theory for application to small rural settings. The 37 constructs are detailed in the chapter and discussed with reference to rurality, case management and practice literature.

Chapter 7 *Conclusion* provides an analysis of the implications of this study for the future of rural case management theory, practice, and policy settings. The chapter concludes with some personal reflections on the lessons I will take from undertaking this research, and an insight into its personal impacts on me as a student.

Chapter Two: Literature Review

2.1 Introduction

This chapter summarises the findings of a literature review into rurality and case management practice, with particular reference to the Australian context. The chapter begins with a published article *Case Management in Rural Australia: Arguments for Improved Practice Understandings* that reviews generalist case management, and the impact of rurality on welfare-based service delivery. The article considers whether a case management practice model, when applied to a rural setting, warrants special attention.

The article documents a paucity of practice theory for informing community-based case management in rural locations. It considers, inter alia, examples where rurality is a factor in case management practice in specific domains including nursing (Bushy, 2003; Gibb et al., 2003); mental health and rural drug addiction (Hall et al., 2009; Passey et al., 2007); and child behavioural support (Werrbach, 2002). It goes on to highlight the notable dearth of instructional content available to case managers working in generalist community based rural settings.

In the absence of contextually relevant instruction, the article explores whether community-based rural case managers have hitherto been over-reliant on guidelines designed to meet the needs of urban populations in urban settings (Bodor, 2008). The paper proposes that the unique challenges posed by a rural context be investigated in case management practice so that practitioners can apply quality, evidence-based interventions that are specific to a rural setting. For this to occur it concludes, further research into the rural case management is needed.

The article was submitted to Australian Social Work in 2012 and published in the Journal in 2013. To test whether its major findings are still tenable, this chapter

concludes with an examination of developments in the field since the article was published.

2.2 Publication Details

The following article was accepted for publication January 15th, 2012 and published by Taylor and Francis online 14 February 2012 and in the journal in 2013. It can be found online at: <https://www.tandfonline.com/doi/full/10.1080/0312407X.2012.675345>

I am the first author of the following article and responsible for 70 per cent of the manuscript preparation. As first author, my contribution comprised the sourcing and analysis of literature; preparation and drafting of the article; and later undertaking any manuscript revisions recommended by the journal reviewers. The second author was a member of my doctoral supervisory team and contributed 30 per cent of the manuscript preparation. The second author's contribution included offering regular feedback about my data sources and data analysis; and engaging in expansive discussions about the concepts emerging from the literature review. The second author has granted permission for the article to be included in this dissertation.

Australian Social Work is an international peer reviewed journal, ranking in the second quartile of journals publishing research in the field of health (social science). The journal is listed in the SCImago Journal and Country Ranking Reports (SJR) and is recognised for the Higher Education Research Data Collection (HEDRC). The Journal has an Impact Factor of 0.56 and its current H index is 29 (<https://www.scimagojr.com>). The article is published in accordance with the *Australian Social Work* author guidelines. The copyright conditions of the publisher allow for inclusion of the publication in this PhD dissertation.

To date, this publication has informed up to 23 external sources including international and Australian journals (Strandberg & Simpson, 2019; Xun, 2019b); PhD

dissertations (Lukersmith, 2017); generic case management texts (Wearing, 2016); government and not-for-profit reports (Family and Community Services NSW, 2017; The Salvation Army, 2015); and tertiary institution documents (Gum, 2016). The full citation for the attached article is as follows:

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Case Management in Rural Australia: Arguments for Improved Practice Understandings

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Abstract

This article is principally concerned with case management and rurality in the Australian context. While there is substantial literature exploring case management across disciplines and across contexts, there remains a substantial gap in knowledge in relation to the role played by rurality in case management practice in Australia. An emerging body of knowledge associated with human service delivery in rural Australia under the stewardship of authors such as Alston, Cheers, and Lonne, offers valuable links between rurality and human services and draws attention to the specificity of rural work. However, there remains a gap in knowledge about how rural specificity impacts on case management practice in the political, cultural, and socioecological context that makes up rural Australia. Thus, the aim of this paper is to reflect upon contemporary knowledge of rural case management in the light of current literature and emerging trends, and to provoke interest in this topic as an area for further discussion and research.

Keywords: Case Management; Practice Knowledge; Community Work; Rural; Australia

Case management offers contemporary, dynamic, and systematic support to people who are vulnerable or at risk (Bowles, 2009). Case management suits a range of complex practice settings, including children with special needs, dementia support, long-term mental illness, and drug addiction. More recent applications include helping those rebuilding lives after devastation such as bushfire and drought (McKinnon, 2008). Case management draws on human service workers from many disciplines, prompting Furlough to suggest: “Like an idea that finds its perfect moment, case management has spread exponentially across all human services” (Gursansky, Harvey, & Kennedy, 2003, p. 12).

Contemporary case management practice employs values of empowerment, respect, and self-determination making it a powerful intervention in complex environments. Although some authors offer valuable insights into the application of case management in human service delivery generally, and some consider its links with social work practice specifically, to date less attention has been given to

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exploring its application in rural contexts. Yet rurality in and of itself poses a major challenge to effective case management outcomes. The rural case manager can find outcomes thwarted if they omit to clearly incorporate the impact of "place" in their case management assessment. Emerging literature on rural social work draws attention to a range of everyday challenges not encountered in urban contexts and which critically shape the worker's identity by requiring specific practice knowledge and skills (Lonne & Cheers, 2000). Such observations prompted this current search for appropriate rural case management theory that links case management and rurality and guides practice in small rural towns by articulating the particularities of the rural environment. Therefore, the challenge is to determine whether rural case management is different and if it is, whether it is sufficiently articulated in the literature to guide the practice of rural workers.

As we consider case management literature applicable to rural Australia, we are aware of the lack of academic enquiry in the Australian context. A review of international literature reveals the terminology of "case management" to be problematic; for example, in the US it applies equally to biomedical services, usually offered by nurses acting as an adjunct to hospital treatment (Hromco, Lyons, & Nikkel, 1997) and to the type of community work often undertaken by social workers and pioneered by Rothman or Weil. It is the latter that is of interest to this paper. Differences in nomenclature and practice possibly reflect the overarching influence of ideology at the point of policy and program design. A similar variability in the definition of "rural" creates a challenge for any review of international trends in this area (Bushy, 2002).

To set the scene for discussing rural case management we begin by briefly considering two key concepts: case management and rurality. We postulate that case management and rurality share significant links that need to be articulated further to guide rural workers. We propose that issues associated with rural practice make case management quite different in these contexts. Further, we believe that, to date, there is insufficient attention given to the knowledge needs of rural case managers. We are also aware of the warning from authors such as McKinnon (2008) and Sartore, Hoolahan, Tonna, Kelly, and Stain (2005) that rural Australia is likely to bear a disproportionate and heavy burden from the impact of environmental degradation and climate change leading to communities in distress. In the sections that follow, we have explored the link between rural and case management then gone on to reflect on the challenges for case management practice in rural Australia.

Emergence of Case Management Approaches

Industrialised countries underwent major advances in medical technologies during the postwar years. Along with medical and pharmacological breakthroughs, advances in rehabilitation offered new hope to individuals previously institutionalised with chronic disease, congenital disabilities, mental illness, or degenerative disorders (Gursansky et al., 2003; Rothman & Sager, 1998). Patient care underwent its own evolution influenced by the consumer rights movement, parental lobby groups,

government desire for cost containment, and emerging paradigms about improved professional-patient collaboration (Rothman & Sager, 1998; Weil & Karls, 1985). With the closure of institutions demand for in-home support grew. Case management practice emerged as the bridge between institutional and community care, helping the most vulnerable obtain support from an increasingly fragmented health and welfare system (Woodside & McClam, 2003).

Case management can be defined as a formal process that assesses an individual's total situation in order to identify needs, resolve problems, and facilitate access to external services (e.g., Hall, Carswell, Walsh, Huber, & Jampoler, 2002; Simpson-Young & Fine, 2010; Summers, 2009; Weil, Zipper, & Dedmon, 1995). Typically, the case management relationship starts with engagement, moves on to the development of a case plan, includes referrals to other agencies and an evaluation of client progress, and ends with a transfer to another service or exit (Burack-Weiss & Brennan, 2008). Case management theory usually includes four core tasks: assessment, planning, linking, and monitoring (Summers, 2009). Many authors include "review" or "evaluation" stages and some include "advocacy" and "termination" (Rothman & Sager, 1998; Thompson et al., 2003). The weighting of the tasks is set by the agency, the regulatory authority, practitioners, or the clients themselves (Weil & Karls, 1985).

There is a suggestion that managerialism, neoliberalism, or consumer rights movements have been the impetus for renewed interest in case management and its adoption by contemporary human service agencies (Gursansky et al., 2003; Hall et al., 2002). Perhaps the attraction to case management is its capacity to satisfy managerial demands for fiscal control and accountability (Camilleri, 2000; Webb, 2006), while simultaneously embracing holistic care, empowerment, advocacy, and networking, all of which are values typically held by services working with the vulnerable or at risk (Frankel & Gelman, 2004). A review of the impact of political ideology on intervention methods might be warranted to determine how ideology influences case management uptake.

Whatever the cause, the resurgence in case management practice has been so great that it prompted Burns and Perkins to reflect that it is no longer a newcomer struggling for acceptance but has become an "accepted member of the establishment" (as cited in Spicer, 2004, p. 16). As noted earlier, case management has wide application and can be found in areas as diverse as mental health, homelessness, drug and alcohol, child protection, palliative care, disabilities, and aged care (Camilleri, 2000). In New South Wales, for example, programs such as Brighter Futures, Community Options, Homelessness Action Programs, Personal Helpers and Mentors (PHaMs), and Mental Health Community Based Programs have all adopted case management methods to provide intensive client support. Many of these services outreach to, or are located in, rural areas where the lack of rural infrastructure means these programs can play a key role in supporting rural people, their families, and especially carers.

Despite a resurgence in case management, some complain "there is no common definition [and] no established procedures for providing the different interventions that are generally part of case management" (Graham & Timney, 1990, p. 181). Here

we concur with Simpson-Young and Fine (2010) who claimed that case management is under-researched and it is important that there be more Australian research into case management with enhanced links between research and practice. We add a further point that this should include the specificity of the rural context.

Lack of agreement about case management functions has led to confusion about the appropriate professional background for case managers (Graham & Timney, 1990). Case management positions in Australia tend to draw from female-dominated disciplines namely, nursing, social work, welfare, as well as a variety of TAFE¹-based qualifications. Simpson-Young and Fine (2010) in their research into aged care, found the typical case manager is an Australian born female aged over 45, possessing some post school qualifications, often at university level. She was most likely to have worked in a number of jobs but these were mostly in the health field. She is often in the process of undertaking further education and sometimes this is in case management. Unlike other aged care work, case managers have a greater tendency to be employed fulltime. In areas described by the authors as "rural and remote" these workers tend to be older but less likely to have higher post school qualifications (Simpson-Young & Fine, 2010, pp. 1–2).

Rurality in the Australian Context

In a sense, we know what rural is, or perhaps what it is not (Roff, Klemmack, Butler, & Kaye, 2003). Despite seeming disarmingly simple, there is little consensus on what is rural (Alston, 2009). La Nauze called it "the murky waters of ambiguity" and some have argued a singular description destroys any appreciation of rural diversity or the continuum that makes up the urban-rural divide (Briskman, La Nauze, & Lynn, 1999; La Nauze, 1994; Olaveson, Conway, & Shaver, 2004). The literature applies the term "rural" to locations, people, or concepts. Sociological characteristics, occupation, and lifestyle are considered, while some refer to population size or density, the degree of isolation, or cultural values (Roff et al., 2003). In a highly urbanised country where over 70% of the population live in major cities, rural is often defined as any area that is nonmetropolitan (Welch, 2000). Alston (2009) drew our attention to the sparsely populated environment that is Australia's rural landscape, while Bushy considered distance between services and users, geographical remoteness, and reduced population density (2002).

A formal attempt at defining rural arose in the mid 1990s, with the former Department of Health and Aged Care commissioning research to identify specific challenges faced by communities based on geographic location and distance from major centres and services. Until then no formal mechanism was available to planners and policy makers to incorporate the impact of remoteness into social planning. The resulting measure called the Accessibility/Remoteness Index of Australia (ARIA), suggests six classifications of remoteness ranging from "very remote" to "major

¹ Technical and Further Education.

cities", with each category sharing "common characteristics of remoteness" (Australian Bureau of Statistics [ABS], 2010; Department of Health and Ageing [DoHA], 2011). For the purposes of statistical analysis, the ABS designated five distinct population categories consisting of two urban groupings and the remainder reflecting decreasing degrees of residential concentration, with one grouping reserved for transitory activities such as overnight train travel or offshore work. For the ABS, "rural" is any place that is not urban (ABS, 2011).

Going by the ARIA classification, just under one-third of Australians live in regional and rural Australia with just on 2.6% living in areas categorised as remote or very remote areas (ABS, 2006). This said, there is a growing proportion of older people living in rural locations, either through long-term residency, or through moving to rural Australia as retirement migrants (Winterton & Warburton, 2011). In this scenario, the ageing of rural Australia promises to pose particular challenges for rural communities, which will require considered program design, intervention, and support. It is here that case management may also come to the fore.

As noted, case management has particular resonance for supporting those with complex needs. Consequently, rural families impacted by environmental, economic, and related stressors will benefit from the kind of support offered through case management services. We have seen that poverty, ageing, and drought impact on rural populations and new alarms are being rung about environmental degradation exacerbating rural disadvantage. As environmental degradation continues and global temperatures rise, agriculturally dependent communities will experience further significant decline in economic activity throwing many rural centres into a deep and lasting crisis (McKinnon, 2008, p. 259; Sartore et al., 2005). With rates of stress, mental illness, poverty, and chronic illness likely to rise in these communities from the accumulated impact of economic downturn, climate change, and environmental events, there is an added impetus for articulating rural case management methodology to ensure these services are tailored to help individuals solve their problems and to access much needed services (McKinnon, 2008).

Challenges for Rural Practice: An Overview

So far, we have posed an argument for case management as a valid and useful vehicle for addressing the complex challenges facing rural families. In exploring case management practice methods for rural Australia, we highlight some themes declaring rural practice to be different from work in other contexts. While this has been a somewhat contentious notion, with some authors suggesting few significant differences between urban and rural practice (e.g., Puckett & Frederico, 1992), there is now a sizable body of literature devoted to human services in a rural context (Alston, 2005; Green, 2007; Munn & Munn, 2003), with some empirical studies considering the worker's experience in this setting (Krieg, 2001). Indeed, these themes gained momentum in Australia in the 1990s with authors such as Cheers (1992) and Lonne and Cheers (2000).

This body of literature has identified important differences associated with providing services in a rural setting. Differences include poor biopsychosocial outcomes, as well as unique contextual implications such as culture, stoicism, stigma, dual relationships, and lack of anonymity. We touch on these issues briefly to demonstrate the distinctive political, cultural, and socioecological context of rural Australia and to propose this knowledge needs to be articulated in way that is accessible to workers in rural case management programs.

Rural Culture as Practice Context

Rural Australia has borne the brunt of the economic downturn attributed to deregulation, privatisation, droughts, and poor global commodity prices (Collits, 2002). Rural living has been dominated by conditions such as bank and business closures, rising petrol prices, climate change, environmental degradation, high unemployment, poor housing conditions, lower education, and greater poverty than in urban areas, resulting in significant rural disadvantage (Alston, 2009; McKinnon, 2008). It is within this context that nature of rural case management practice needs to be understood. It was suggested by the pioneers of case management that understanding cultural influences, including community context, is imperative when offering this type of service (Rothman & Sager, 1998). When applied in the rural context, this becomes particularly critical for appreciating how the nuances posed by rural traditions, lifestyles, norms, and values impact on any planned intervention (Moore, 2009; O'Sullivan, Ross, & Young, 1997). Context also plays a significant role in decisions about how a service is delivered and, which models of support are most effective (Green, 2007).

Rural life is often accompanied by inadequate healthcare services, distance from services, and social isolation leading to tangible barriers to accessing care. This is portrayed equally in Australia (McColl, 2007) as internationally (McCann, Ryan, & McKenna, 2005), with some international studies highlighting high rates of physical and psychological ill health in small communities (Sartore et al., 2005). Consequently, rural can represent high levels of disadvantage and poor social outcomes. Male suicide rates in rural Australia, for example, remain higher than the national average and higher than comparable communities internationally (ABC News, 2008, August 19; Page & Fragar, 1988 cited in Sartore et al., 2005). In contrast to stereotypes promoting country life as "good for you", the reality suggests that for many, rural life is "a health hazard" (Grant & Francis, 2008; Welch, 2000, para. 1). Rural living is linked to a range of negative indicators, such as increased rates of acute and chronic illness, suicide, and alcoholism (Australian Institute of Health and Welfare, 2008). Rural and remote areas may also have proportionally higher Aboriginal and Torres Strait Islander populations, likely to have increased levels of ill health and social disadvantage (Phillips, 2009).

Culturally, there is evidence that rural life is shaped by specific and shared beliefs, values, attitudes, goals, and behaviours that define the individual and their community (Paton & Cuckson, 2004; Smith, 2004). As a result, there are some key

issues that act as impediments to help-seeking behaviour (Alston & Kent, 2004). The first of these is stoicism, characterised as an increased self-reliance, reluctance to seek medical help, and reduced likelihood of admitting to mental health problems including depression (Beard, Tomaska, Earnest, Summerhayes, & Morgan, 2009; McColl, 2007). This appears particularly true of rural men who seem to believe that they are "bullet proof" (Gorman et al., 2007, p. 305). Furthermore, the evidence suggests that rural residents tend to share very little about their personal problems and illnesses and are more likely to rely on friends and family when they need support rather than outside agencies (Judd et al., 2006; Lane, Roufeil, Williams, & Tweedie, 2002). This is exacerbated by an added deterrent to help seeking—the fear of stigma.

Although often portrayed as supportive, rural community living can be akin to living in a "fishbowl", with residents holding conservative and intolerant views about difference, something that impacts particularly on newcomers, and people with mental illness, but also includes other health and social problems. These problems are reported both in Australia and internationally (Bjorklund & Pippard, 1999; Grant & Francis, 2008; Western, 2007). Additionally, courtesy stigma can impact on family members who became tainted by association with a stigmatised person (MacRae, 1999). Apart from moving, it is hard for those who are marginalised in rural communities to change their status (Smith, 2004). Fear of stigma and deeply held ideals about self-sufficiency are powerful disincentives to seeking outside help (Bauer, Batson, Hayden, & Counts, 2005; Bjorklund & Pippard, 1999), resulting in limited uptake of some formal services, something that must be understood when promoting programs in rural areas (Rothman & Sager, 1998).

As well as stoicism and stigma, a recurring theme in both local and international literature is the lack of anonymity experienced by rural case managers (Bushy, 2002; Gumpert & Saltman, 1999; Spicer, 2004). While urban-derived case management texts exhort workers to avoid dual relationships (Summers, 2009), this is clearly difficult for those living in a rural community. Just how difficult this is was revealed in the delightful and an insightful poem by Sassella (1991), who found she was offering consultations in the aisles of her local supermarket. Anonymity is not just an issue for workers but impacts heavily on clients whose fears of being seen entering a welfare agency acts as a major deterrent to obtaining help (Gorman et al., 2007; McColl, 2007).

Recruitment and retention of human service workers remains a major problem for services in rural Australia and there is an emerging body of literature considering this issue (e.g., Humphreys, Jones, Jones, & Mara, 2002; Meagher & Healy, 2005; Mills & Millsted, 2002; Struber, 2004). This literature suggests that workforce issues stem from the combined impact of government policy and difficulties in attracting families to rural areas (Meagher & Healy, 2005, p. 81). In one study into care workers in the community sector, ACOSS noted that higher skilled workers are less likely than low-skilled workers to live in the community they service. Studied by Statistical Local Areas (SLA), this study found only 37% of higher skilled workers lived in the SLA in which they worked compared with 44% of lower skilled workers. Taken together, a little over 60% of workers commuted to the SLA in which they worked (Meagher & Healy, 2005). For the

purposes of this paper, these results comprise an amalgam of both rural urban and rural care workers and for that reason do not offer a clear reflection on patterns for rural Australia. However, it does suggest that it may be helpful to undertake specific research to determine the patterns of residence of rural case managers.

No matter where they reside, in small rural communities case managers will need to negotiate dual relationships and “professional distance” in ways that tend not to concern their urban counterparts (Green, Gregory, & Mason, 2006; Mason, 2009). More specifically, for some the multiplicity of roles will pose a substantial challenge to their capacity to maintain confidentiality, be client centred, control their work hours, and manage both conflict of interest and privacy concerns (Green, 2007). In a recent communication a worker said “country people ring at night and assume I will pick up the phone” (rural worker, 2011, personal communication with first author). There was no concept about the part-time nature of her work in that rural community. The case management relationship begins with building rapport before moving to the core function of comprehensive assessment, developing a holistic care plan, and referring out to other agencies.

As the intervention progresses, the worker evaluates the client’s progress and negotiates an exit when the problems are resolved or the client has been transferred to another agency (Burack-Weiss & Brennan, 2008). With many primary producing communities facing commodity devaluation, chronic drought, and changing weather patterns with a concomitant fall in economic activity; a major consequence has been high levels of physical and mental ill health, suicide, and family stress (Sartore et al., 2005). The biggest challenge for community services has been to “identify the most effective means of delivering ... care in rural areas in response to such community adversity” (Sartore et al., 2005). It is here that case management comes into its own as a practice strategy to support rural populations. When human service philosophies of empowerment and strength-based practice are matched with recognised case management processes there is potential to put “new principles of inclusion, self-determination, support and quality of life into practice” (Maes & Goffart, 2002, p. 3). This is not without its difficulties. Case management in this context requires “an incredible amount of unique inventiveness, a broad network of contacts” (Spicer, 2004, p. 13) and a fair helping of bravado in negotiating isolated country roads without telephone reception. Undertaking a comprehensive assessment may be more challenging when stoicism and self-reliance serves to minimise or obscure real need. Having succeeded in establishing the case management relationship, the worker may feel a much greater sense of responsibility and accountability, which is rewarding but also daunting and stressful. The consequences of the worker’s decisions are at once private yet public, with a much broader impact because so many more people feel a personal investment in the outcome (Spicer, 2004).

It is evident from the literature that rural case managers need knowledge, insight, creativity, flexibility, and competence if they are to succeed in working strategically and holistically across multiple systems (Collier, 1993; Dorsett & Fonek, 2009). This is an expansive role demanding a sound grasp of rural politics and a capacity to develop

partnerships so as to advocate for better services (Alston, 2005; Moore, 2009). To exert influence in the community, the effective rural case manager must possess the type of leadership skills that can overcome the resistance from what is essentially a closed system. The literature supports the claim that the case manager needs to be a specialist-generalist whose practice wisdom is informed by socioecological knowledge gathered from individuals, families, carers, informal supports, contextual influences, as well as the broader community, economic, and political factors. This practice wisdom seems essential if case managers are to succeed in encouraging rural people to accept and exchange help. These observations suggest there is a need for specific case management methods tailored to rural and regional Australia.

While undoubtedly suited to practice in a rural context, significant challenges face case management practice in rural areas. The case manager must negotiate workforce shortages, lack of services, poor infrastructure, inadequate funding, and lack of transport, as well as high levels of distrust and fear of stigma (Moore, 2009). Agency management structures may place supervisory positions in urban or metropolitan centres, forcing direct care workers to report to distant managers who are unfamiliar with, or uninterested in, the unique nature of rural life (Alston & Kent, 2004). International literature suggests scarce resources may lead to interagency turf wars that threaten the effectiveness of information exchange between rural professionals (Hyduk, 2002; Mulder, Jackson, & Jarvis, 2010). Further research into the nature of interagency relations and information exchange in rural Australia may offer meaningful insights into effective communication strategies for case management.

In this paper we have considered some distinctive features of rural practice, and suggested these features need to be incorporated into the discourse about rural case management (as proposed by Collier, 1993; O'Sullivan et al., 1997). We have claimed that the case management process is an ideal vehicle for assisting small communities in distress and that the demand for skilled case management will increase exponentially in line with the impact of climate change and continuing environmental degradation, falls in world commodity prices, and increases in community, family, and individual stress. A corresponding lack of human service infrastructure will place greater expectations on case managers. Although valuable practice wisdom can be drawn from the urban experience (Mason, 2006), it is argued that specific expertise and unique skills are needed to work in rural settings (Gregory, 2005; Mulder et al., 2010). Further, although no single model of case management can or should apply to every group, we contend that successful rural case management practice needs to be closely aligned with the unique strengths, needs, and culture of Australian rural communities.

Conclusion

What then, are the lessons to be taken away from this paper? First, we have shown that there are many articles on case management but the value of some is compromised by a confusion on the definition of case management, thereby limiting its accessibility to

emerging rural services (Gursansky et al., 2003; Hromco et al., 1997; Rothman, 1991). Further, despite a renaissance in case management prompted by changes to health and welfare delivery, rural services looking for clarification on suitable practice methods are hampered by the lack of relevant theorisations for this type of work.

There are concerns that with so little consensus on what case management means in the rural context, tasks and priorities will be largely determined by the agency or the funding body at the expense of sound evidence-based research (Camilleri, 2000; Werrbach, 1994). Added to the confusion is the debate about the meaning of “rural” so that in undertaking this review, we were “scooping jelly in our fingers”—“you can get a hold of some but there’s always more slipping away from you” (Martinez-Brawley, 1990, p. 3).

Despite these challenges, rural people have a right to quality evidence-based support that meets their needs. Expanding on an earlier argument posed by Alston (2005), case managers can play an important role in meeting the needs of rural people through interventions that are “grounded in rural values and culture” and “which draw on existing strengths, networks and infrastructures” within the community (p. 279). How this is best achieved is yet to be established. In supporting their claim for practice-based research evidence, Parker and Penhale (1998) claimed that:

it is clear that some practitioners . . . rely on an intuitive “feel” for the situation. While this might be right in some circumstances, it is not underpinned by evidence – and if it is not systematic, it is hardly accountable practice. An explicit use of models and approaches of value . . . will assist in making practice open to scrutiny. (pp. xi–xii)

In conclusion, new challenges will face rural communities in the times to come and good empirical evidence is needed to illuminate the way ahead and overcome the current limitations in knowledge about rural case management practice in the Australian context (Gursansky et al., 2003; Werrbach, 1994). We have discussed some key concepts, issues, and themes that might inform future planning, research, and development in this field. Further research would enhance our understanding of the practice of rural case management and offer valuable support for the implementation of effective new services.

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2.3 Update to the Literature Review

The aim of the article, *Case management in rural Australia: Arguments for improved practice understandings*, was to answer a query posed early in the research process, namely, what theorisation is available to inform community-based social work and human service case managers working in rural areas? The article began with a broad contextual overview including a brief history of case management as a community-based practice. It then identified the challenges facing researchers, such as inconsistent nomenclature for defining case management and similar inconsistencies in social and geographical concepts of *rural*. It was important that these definitions be satisfactorily resolved prior to the commencement of the literature review.

After the parameters of the topic were delineated, a review of the literature found that, though case management had an established history as a valued model of intervention since at least the 1980s in Australia (Gursansky et al., 2012), little attention had been given to how the model could be adapted to better align with a rural context, especially in Australia. In the absence of an explicit theory, rural case managers were reliant on urban-centric texts to understand this form of practice. The article concluded by calling for research to formulate specific adaptations to generalist case management practice theory for application to rural community-based settings. As the article was authored in 2012, the following section reviews more contemporary literature to examine the currency of the abovementioned findings.

First, a review of the current literature suggests that the lack of consistency in case management terminology continues to hamper case management research and practice. For example, the Case Management Association of Australia (2018, p. 2) noted that practitioners offering similar services often assume titles such as “case manager”, “case coordinator”, “care coordinator” and “service coordinator”.

Terminological ambiguity prompted Lukersmith and colleagues (2016) to suggest that

there is an urgent need to develop a coherent taxonomy of case management. Their analysis revealed 22 definitions; five models and 69 different activities as captured under the term “case management”. In their call for change, these authors wrote:

The results confirm the significant terminological variance in case management which produces role confusion, ambiguity and hinders comparability across different health conditions and contexts. There is an urgent need for an internationally agreed *taxonomy* [emphasis added] for the coordination, navigation, and management of care. (p. 1)

A fundamental hypothesis shaping this dissertation is that the unique context of rurality impacts significantly on the delivery of generalist case management practice, and the nature of these impacts have been curiously overlooked in practice literature. The neglect of inquiry into this area of practice has resulted in the absence of appropriate adaptations to tailor case management theory for use by rural practitioners.

Since the publication of this article in 2012, general calls for explicit theories for rural welfare practice have continued to garner attention, locally and internationally. Focussed on rural youth work generally, Australian researchers Ellem and colleagues (2019, p. 105), found that rural human service provision was “replete with challenges” such as travel demands, lack of resources, workforce retention issues and psychosocial factors such as stigma. Attending to the needs of rural case managers in rural Texas specifically, social work academic Blodgett (2015, p. 81), concluded it is time to shine a light on rural practice so that the impact of the rural context on case management practice is better understood. He claims “[i]t is now time to focus on so-called nonmetropolitan areas in order for successes, challenges, and questions to illuminate the uniqueness of rural practice in America”. Taking a similar position, other authors argue that service providers and policy makers should look beyond urban-centric models of care and be more attuned to locally specific rural differences. This is important, they

claim, because in this way interventions and resources are tailored more closely to local needs (Martin et al., 2019; Zufferey & Parkes, 2019).

In terms of the role of case management in rural contexts, the enclosed publication highlighted that as a practice, case management is underpinned by values of empowerment, respect, and self-determination. Therefore, when combined with skills in advocacy, community development, service coordination and disaster response, case management remains a powerful tool that holds promise for helping rural communities impacted by an increasingly fraught and complex social, economic, environmental, and geographical environment.

2.3.1 Developments in Disability and Aged Care Sectors

As this study was underway, the political landscape of social welfare services in Australia, including some fields of practice in case management, was undergoing a significant overhaul. This has been particularly so for the aged and disability sectors, both of which have traditionally utilised case management input. The overall result has been marked changes to the role of case management in both these fields of practice.

Disability services for people aged under 65 in Australia have devolved from State Governments to public-private partnerships under the umbrella of the National Disability Insurance Scheme Act 2013 (NDIS Act). The NDIS is underpinned by an insurance-based model that contrasts markedly with the previous government controlled welfare-based system (Buckmaster, 2016). A recent Victorian Council of Social Services (VCOSS, 2017) report found that the assessment and planning of client needs have been compromised in the NDIS due to factors such as over-reliance on telephone assessments, lack of skills on the part of assessors, poor engagement with families and friends, and lengthy waiting lists. Additionally, a 2017 Ombudsman's report into the NDIS (Glenn, 2017, p. 6), found service providers "lamented" the demise of the old model of case management that encouraged collaboration and coordination of services

for people with disabilities. This activity was considered particularly important for meeting the needs of people with complex support requirements.

Similarly, for those aged over 65, Consumer Directed Care (CDC) was formally introduced by the Australian Government in 2012, commencing with pilot sites and implemented in full in 2015 (You et al., 2017). In the same way as the NDIS, CDC policy has attempted to forgo the traditional paternalistic welfare model in an effort to increase older persons' service choices, improve their health and welfare outcomes, and reduce the cost of service provision (Hodgkin et al., 2020). Though increased satisfaction for those with high care needs has been found, an early review has found no evidence of greater cost effectiveness (You et al., 2017).

CDC, by funding individual self-managed packages, creates a 'market' for services and its introduction has had a tremendous impact on case management services generally. To be effective, a market mechanism assumes the existence of an informed and empowered consumer (National Seniors Australia, 2017). However, as found by Hodgkin and colleagues (2020), many community-based care recipients live with significant co-morbidities that result in a range of complex care needs. In the absence of dedicated rural-based funding, many service providers find they are providing extensive case management services that are not resourced (National Seniors Australia, 2017).

Constraints arise in the CDC model when urban normative assumptions are applied unabridged to services delivered in rural locations (Hodgkin et al., 2020). As observed by Tillotson in an earlier work (2009):

Social policies are structured by stories that tell policymakers what went wrong, who was harmed, and what can be done to help...The "social policy stories" that are incorporated into paradigms are most often set in urban areas. The resulting paradigms therefore import unexamined assumptions about the characteristics of target populations, the context in

which policies will be implemented, and the desired consequences of policy intervention. *These assumptions reflect urban, rather than rural, realities* [emphasis added]. (p. 171)

Essentially, founded on neoliberal market-based ideologies, both the NDIS and CDC models assume that the formation of supply and demand contractual relationships between suppliers and service users can, or will, apply in a rural context. However quasi-market models introduced to rural locations often fail, owing in the main to lack of service options; lack of a viable client base to meet profit margins; and lack of a professional and reliable workforce (Hodgkin et al., 2020). Added to this, urban-centric funding mechanisms tend to overlook a critical component of fiscal viability, namely, funding travel to a client's home (Hodgkin et al., 2020). In the unit funding model introduced with the NDIS or CDC, funds are specifically tied to the individual user, therefore the flexibilities previously available to agencies to cross-subsidise client care across a block of funding, is no longer present. The result can be a forced reduction in service delivery hours to fund travel; or alternatively, loss of revenue for the funded agency (Hodgkin et al., 2020; Victorian Council of Social Services, 2017).

The role of case management in the disability and aged care sectors was reviewed here to highlight the ongoing need for further rural specific research. A clearer sense of the place of case management in aged and disability care in rural Australian contexts under the new funding models, will enable the needs of rural consumers and providers to be better understood. This knowledge could be used to inform policy development pertinent to rural service provision for these two cohorts.

2.3.2 Climate Change and Rurality

This publication has identified case management as an ideal vehicle for providing support to vulnerable rural individuals impacted by environmental disasters. One concern especially pertinent to rural case management practice, and that has grown

markedly since this publication, is the global impact of climate change on agrarian industries and the communities that sustain them. A recent Department of Economic and Social Affairs Indigenous Peoples (2019) report highlights the alarming escalation in deleterious impacts of climate change that has gathered apace as warming continues unabated. These findings, supported by other literature (see for example, Alston, 2020; Climate Council, 2016; Mason et al., 2017; Shorthouse & Stone, 2018), predict that extreme weather conditions will impact disproportionately on rural communities. Writing specifically about social work practice, Alston (2020) puts out a call to arms, urging the discipline to assume leadership roles in environmental sustainability, and to embrace environmental advocacy as a core function of social work practice.

The disproportionate impact on small communities wrought by climate change (Hetherington & Boddy, 2013), is likely to impact particularly severely on Indigenous residents (Altman & Jordan, 2008; Department of Economic and Social Affairs Indigenous Peoples, 2019; Nurse-Bray et al., 2019). For Indigenous communities an increased vulnerability arises from a combination of biophysical and social factors. These include extreme weather; poor quality housing and interruption to traditional land use; increased levels of poverty; high rates of inequality; threats to customary, non-market livelihoods; poor health status; social marginalisation; threats to land tenure and reduced access rights (Altman & Jordan, 2008, p. 1; Macchi, 2008, p. 15). For other populations, impacts can include threats to life and health and high rates of suicide (Shorthouse & Stone, 2018); deleterious loss of economic bases (Hetherington & Boddy, 2013); threats to food and water insecurity (Mason et al., 2017); and a growing aged demographic (Downey et al., 2017).

For many of these populations, a case management model can be well suited to support individuals at risk. This is particularly so where the case management intervention emphasises community development and advocacy functions, and where

the case manager partners with local community groups, individuals and agencies to target responses across micro, meso and macro levels of care. Pyles (2017, p. 633) advocates that community-based climate change activities utilise transformative principles, noting that these principles reject a normative “colonising” outsider gaze, in favour of strength-based practices that emphasise the resilience and wisdom of those impacted.

Hetherington and Boddy (2013) include a call for practitioners to utilise multidimensional and holistic socioecological approaches at individual, community and political levels. In this way authentic connections are forged between service users, communities and tiers of government in any given population, to resolve climate based impacts. Despite its resonance with community-based practice, Healy (2014) includes a caveat to the use of socioecological approaches in welfare practice and this warrants consideration when applying the approach to a rural context. Essentially, Healy notes that the uncritical application of a socioecological model can mask some of the problematic characteristics of neoliberalism for delivering welfare services. By this, she refers to the use of a socioecological model to collect holistic and comprehensive intelligence about a client’s presenting problem; then presenting this intelligence back to the client with the expectation they will use the knowledge to solve their own problems. According to Healy, this can lead to an overestimation of the client’s agency in resolving their issues, and an underestimation of the deep structural, sociopolitical constraints that hinder their access to viable solutions. Here, *agency* refers to “the socio-culturally mediated capacity to act” (Ahearn, 2001, p. 112). It is postulated that these observations will need to be considered when applying a socioecological approach to case management practice in a rural context.

Apart from physical climate change impacts, Ellis and Albrecht (2017, p. 162) refer to the psychological outcomes such as “solastalgia”, poignantly described by

Albrecht (2012) as a feeling of homesickness while being at home; specifically a loss of the sense of rural place, a grief, distress and longing for lost familiar topographies and for a more certain time. Extremes in weather in the form of drought, loss of riverways, bushfires and floods can combine to violently disrupt the recognisability and utility of agrarian landscapes, decimating the viability of farms and the value of long held farming knowledge. This decimation can result in personal and economic vulnerability; anxiety and depression; and risk of suicide (Cunsolo & Ellis, 2018). These financial hardships and mental health impacts will affect the support needs of individuals, rural populations and ultimately, those providing case management services.

2.4 Conclusion

To conclude, the publication above makes a significant contribution to case management literature by identifying a crucial gap in the availability of practice theory adapted to address the specific needs of rural practitioners. This finding provided the catalyst for undertaking an in-depth exploration of the phenomenon of rurality as a factor in case management practice, with the aim of adapting a generalist theory to a rural setting. The following chapter presents the philosophical and theoretical perspectives that framed the design of the study, and the methodology and methods used to adapt the case management theory to a rural context.

Chapter Three: Methodological Framework

3.1 Introduction

Chapter Two provided an overview of historical and contemporary literature on case management and on rural practice, with an emphasis on an Australian context. It proposed that inadequate theorisation of rural case management practice compelled case managers to apply generic urban solutions to the contextually unique problems they encountered in rural practice. The chapter concluded by advocating for an adaptation of the generalist model to reflect the practice experiences of those delivering rural community-based case management services more closely. Having identified a gap in rural practice theory, the study proceeded with a search for a methodology, or set of processes of best fit, with which to explore rural case management practice and answer the overarching question ‘What is rural case management?’

This chapter provides details of the mixed methodology used in the study, paying particular attention to the ontological, epistemological, methodological (Lincoln & Guba, 2003), axiological (Heron & Reason, 1997), and practical (Morgan, 2014), philosophical standpoints that underpinned decisions made about the design of the research. The chapter begins with an overview of methodological theory as applied to social research more broadly, before offering an historical and contextual background to pragmatism as a way of explaining why a pragmatic paradigm was selected for the study.

3.2 Ontology, Epistemology, Axiology, and Methodology

This study sought answers to the following questions: ‘how is case management contextualised by rural place?’ and ‘what practice constructs should be included in a case management theory adapted for community based rural social work and human services practice?’

Choice of methodology in social research is said to be primarily influenced by the researcher's own philosophical standpoint (Creswell & Plano Clark, 2018, p. 35). This, in turn, is shaped by the researcher's disciplinary socialisation experiences (Greene & Caracelli, 1997), and in the current study that discipline is social work. Where a particular worldview is shared by a community of experts or discipline, the term *paradigm* is used. Ratcliffe (1983, p. 165) offers a comprehensive description of a paradigm when he writes:

[A] paradigm is defined here as a world view, a way of ordering and simplifying the perceptual world's stunning complexity by making certain fundamental assumptions about the nature of the universe, of the individual, and of society. Paradigms are normative; they determine what the practitioner views as important and unimportant, reasonable, and unreasonable, legitimate, and illegitimate, possible, and impossible, and what to attend to and what to ignore. In learning a paradigm, theory, method and standards are acquired together, typically in an inextricable mixture...Thus, all theories as well as the methods generated by them are, ultimately, paradigm based. (p. 165)

The philosophical bases that shape the decisions made about a research design include precepts about "reality" and "knowledge", including ontology, epistemology, axiology, research 'gaze', methodology and methods as outlined in Table 1. Paradigm selection is the single most important step in a research process because it determines the subsequent choices about methodology, methods and overall design (Mackenzie & Knipe, 2006). Early literature by Guba and Lincoln (1994) proposed four main philosophical, or paradigmatic, standpoints a social researcher could take: positivism, post-positivism, critical theory, and constructionism. These standpoints were expanded in later iterations to include participatory (Lincoln & Guba, 2003) and

Table 1*Axiomatic Questions Informing Paradigm Selection*

Ontology What is the nature of reality?	Epistemology How do we know the world, or gain knowledge from it?	Axiology What are the overarching values, attitudes, biases that shape this study?
Research ‘Gaze’ How does the researcher’s world view shape the decisions taken in this study?	Methodology What is the justification for using this study design and this lens for the data analysis?	Method What research techniques should be used for data collection in this study?

pragmatic paradigms (Greene & Caracelli, 1997). Although some authors have contested naïve descriptions of paradigms (see for example, Morgan, 2007), for the purpose of this study the following six paradigms and their ontological implications were evaluated prior to deciding on the methodology used (see Table 2).

An exploration of designs used in other case management studies identified a number of methodologies, influenced as anticipated, by the nature of the enquiry. Typologies included qualitative case studies (Fiene & Taylor, 1991); focus groups using grounded theory methods; one-on-one interviews (Gibb, 2003; Gibb et al., 2003); quantitative methods such as surveys (Simpson-Young & Fine, 2010), and content analysis and systematic reviews (Mueser et al., 1998; Reilly et al., 2015). A few opted for some form of mixed methods design (Holtrop et al., 2019; Iliffe et al., 2014; Kelley & MacLean, 1997).

3.2.1 Selecting a Paradigm for the Study

A review of literature exploring methodological designs used in social research more generally, identified an historical period of renaissance had occurred during the 1970s and 1980s (Creswell & Plano Clark, 2018). Prior to this period, scholarly effort had placed a heavy emphasis on quantifying, validating, and reproducing empirical

theories (Guba & Lincoln, 1994). Following the methodological debates, or *methodenstreit* (Matthias, 2012, p. 508), the hegemonic position previously enjoyed by positivist traditionalists was gradually eroded (Karasz & Singelis, 2009, p. 909). This erosion in power enabled social science researchers to open their research designs up to more innovative techniques for exploring social problems.

Table 2

Paradigms

1. Positivism	Framed by a belief there is one objective truth which is knowable. Research is used to test laws that govern the universe. Aligns with a quantitative methodology and adheres to a tightly scripted research process where the researcher is believed to be a neutral participant (Chilisa & Kawulich, 2012).
2. Post-Positivism	Developed in response to criticism of positivism, this paradigm accepts knowledge is fallible and that “reality cannot be known with certainty” (Chilisa & Kawulich, 2012, p. 8). The researcher is not considered neutral but is instead accepted as having an impact on research decisions. Though not “deterministic” in its ethos (Morgan, 2014, p. 1046), this paradigm has strong synergies with quantitative methodologies.
3. Critical	This paradigm encompasses sub-paradigms that incorporate transformative and emancipatory philosophies. It aims to create a bridge between research and social justice in order to reduce oppression and marginalisation. Theoretical bases include queer, feminist and Indigenous theories and Freirean theory (progressive educational activism) (Bartlett, 2005; Chilisa & Kawulich, 2012, p. 8). Adherents believe that reality is virtual and shaped by social, political and economic forces which have become crystallised over time (Lincoln & Guba, 2003). This paradigm has an affinity with quantitative and qualitative methodologies situated within an emancipatory ethos. It is important to note that the purpose of qualitative methodologies when used here is not to describe something, but instead to change it.
4. Constructionism	Postulates that reality is socially constructed, and these realities are best explored by those living the experience under review. The researcher is not

considered neutral but is an active participant in the construction of knowledge (Charmaz, 2008, p. 398). Though not exclusive, the paradigm aligns most closely with qualitative methodologies (Morgan, 2014).

5. Participatory

Utilises cooperative enquiry methods where the researcher and participant determine what the research question should be and how it is best resolved. Research roles are bidirectional in that the researcher is also a subject and a subject is also a researcher (Heron & Reason, 1997). The participatory paradigm asks, “what form of methodology can facilitate a democratic dialogue between the co-researchers and the co-subjects?” This paradigm can favour qualitative methodologies.

6. Pragmatism

This paradigm advocates making methodological choices based on their capacity to answer the research question (Johnson et al., 2007). It rejects purist notions that qualitative and quantitative methods are incompatible (Johnson & Onwuegbuzie, 2004; Tashakkori & Teddlie, 2003). This paradigm disrupts traditional philosophical approaches to acquiring knowledge by promising a more practical direction for enquiry (Morgan, 2014). Pragmatism can favour quantitative, qualitative, multimethod or mixed methodologies because the choice of design is determined by the research question and the aims of the study, rather than being constrained by self-imposed ontological barriers (Adamson, 2005; Tashakkori & Teddlie, 2003).

This study aimed to develop theory about rural case management. Owing to an absence of theory, a positivist paradigm for testing a given hypothesis on rural, community-based case management theory was not immediately applicable (Table 2, Point 1). Purist positivist models have been criticised by social sciences for failing to recognise that scientific observations are nested in hegemonic standards that are culturally determined (Rose, 2010), thereby failing to pay attention to a diverse range of voices. Additionally, positivist ontology’s claim of one objective truth that can be captured by an impartial researcher, was considered methodologically incapable of sourcing the breadth of representations of reality sought by the current study.

An interpretive, constructivist, qualitative, grounded theory method (Table 2, Point 4) was considered to meet several major aims of the study including: the

recognition of diverse representations of doing rural practice, and the facilitation of new theory. Also, importantly, this approach places contemporary representations of reality within the broader, structural context in which it is being experienced (Jacobs, 2018). Additionally, in a constructivist approach, the researcher is recognised as having an active role in the construction of knowledge (Charmaz, 2014b; Karasz & Singelis, 2009). This active role is facilitated when the researcher locates themselves in the reality under review and reflexively examines their *own* life history, beliefs, values, and assumptions about what “would be known” (Coghlan & Brydon-Miller, 2014; Mertens, 2007, p. 2015).

On its own, however, the interpretivist, qualitative methodology was considered unable to move the data beyond layers of rich description. Meaning, it could not provide empirical measures of the emerging variables, or analyse the relationships between experiential descriptions, as was required by this study. Alternatively, a post-positivist paradigm (Table 2, Point 2) held promise for meeting these aims, mainly because of its ability to offer quantitative procedures to increase the universality of the findings; to recognise multiple representations of reality; and to accommodate the researcher as an active participant in the research process.

Ultimately, a pluralist design capable of combining a deep knowledge of field-based practice, with metrics of the universality of these practice experiences, led to the selection of a mixed methods design. That design, beginning with a brief history, is described below.

3.2.2 A ‘Third Way’ in Methodological Design: Pragmatism

Historically, an important outcome emerging from the *methodenstreit* and critical to this study, is conceptualising a research methodology as an instrument to *meet an end*, rather than being an end in itself (Adamson, 2005). By accepting this premise, it followed that selecting for methodological eclecticism in this study would not only be

valid and permissible, but indeed, desirable (Morgan, 2007; Tashakkori & Teddlie, 2003). Released from the constraints of ontological and metaphysical dogma attached to purist interpretations of quantitative and qualitative methodologies (Thorne, 2016), decisions about the study design was free to be based on what was “best for the task at hand” (Adamson, 2005, p. 233). To this end, the design decision was ultimately shaped by the research question, the type of information sought, and the goals the research aimed to satisfy (Creswell & Plano Clark, 2018; Tashakkori & Teddlie, 2003). This led to the selection of a pragmatic paradigm for this study (see Table 2, Point 6).

According to Creswell and Plano Clark (2018), knowledge acquisition is not neutral. Its acquisition is shaped by the epistemological, ontological and axiological philosophies held by the one making the enquiry (Cook, 2008). As Mertens (2007) notes:

The recognition that realities are constructed and shaped by social, political, cultural, economic, and racial/ethnic values indicates that power and privilege are important determinants of which reality will be privileged in a research context. (p. 212)

Social researchers have a moral and ethical responsibility to give witness to socially diverse experiences and representations of social reality (Allmark, 2004). Arguments about representation tend to be associated with qualitative research. For example, “the voices of women, of rural citizens, of people of colour...have been adding new colours and new forms of knowledge to the *mosaic* of perspectives” [emphasis added] (Martinez-Brawley, 2002, p. 293); however, these same arguments can apply to pragmatic methods. As Morgan (2014, p. 1050) points out, pragmatism aims to use methods that generate meaningful outcomes, making it a natural fit with socially just and emancipatory principles of “openness, fairness and freedom from oppression”. Overall, evaluation of arguments such as these, led to the prioritising of a

design that placed a high value on sourcing knowledge from those who work, teach and/or research in rural and case management fields.

3.3 Mixed Methods Research Design

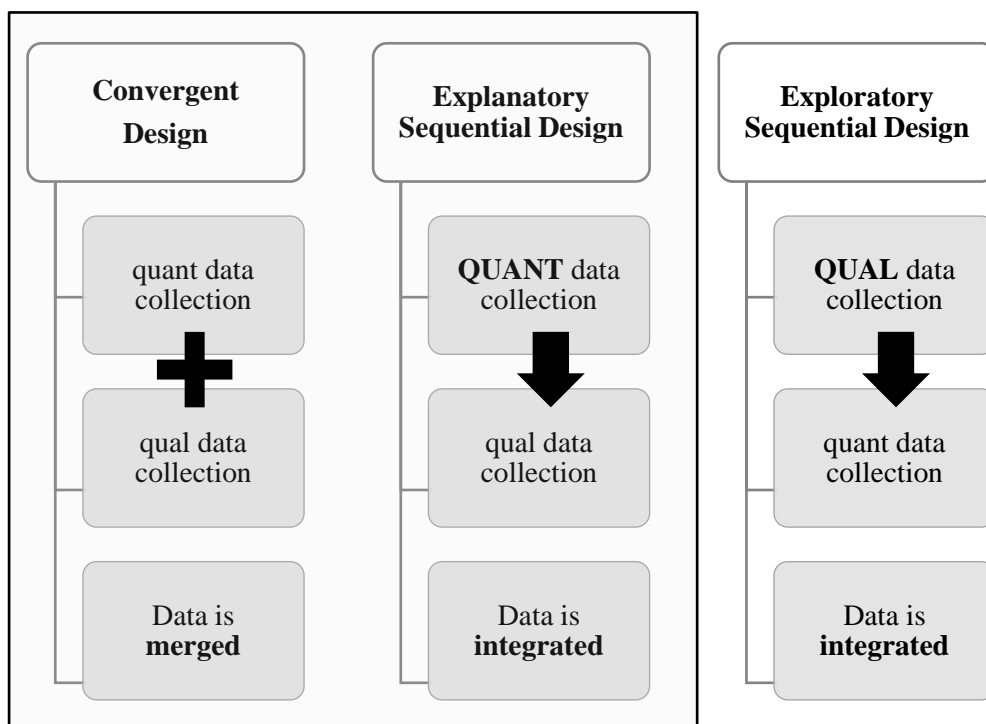
3.3.1 A Core Typology

Creswell and Plano Clark (2018, p. 60) propose three core typologies for mixed methods research: explanatory sequential; exploratory sequential; and convergent.

These are represented diagrammatically in Figure 1 (see Fig 1). The relative priority of the data collection method is shown using capitalisations in conjunction with symbols indicating whether the data collection is performed sequentially, or in parallel.

Figure 1

Exploratory Sequential Typology Selected for This Study



Note. Adapted from *Designing and conducting mixed methods research* (3rd ed., p. 61), by J. W. Creswell & V. L. Plano Clark, (2018). Sage Publications Ltd. Copyright © 2018 by SAGE Publications, Inc.

Accepting the premise of a ‘third way’ paradigm (Adamson, 2005, p. 232), and taking into account the research goal, this study selected a qualitative dominant,

exploratory, sequential, mixed method design symbolised as (QUAL → quant) (Creswell & Plano Clark, 2018, p. 60), that comprised two separate yet integrated stages. This approach is also known as an integrated, typology-based, fixed mixed methods design. In a mixed method design the sequence and priority of each methodology and the way data will be integrated and analysed, is determined well before the study begins.

For the exploratory, sequential mixed methods design selected here, the following characteristics are seen:

- Collecting and analysing both qualitative and quantitative data rigorously in response to the research questions and hypotheses.
- Integrating (mixing or combining) the two forms of data and their results.
- Organising these procedures into a specific research design that provides the logic and procedures for conducting the study.
- Framing these procedures within theoretical and philosophical parameters.

(Creswell & Plano Clark, 2018, p. 5)

A mixed methods approach was deemed suitable in this study because of its promise to facilitate an in-depth exploration of the true nature of case management when practiced in rural settings. Mixed method's forte lies in its ability to go beyond a description of practice, by integrating a quantitative component capable of testing the generalisability of findings within the one study (Hanson et al., 2005). As Hodgkin (2008, p. 296) observed, when advocating the value of a mixed methods approach, quantitative methods may offer a researcher a "big picture" analysis of a social problem, but it is qualitative methods that give the researcher an intimate glimpse into the lives of individuals, their thoughts, feelings and experiences. She notes, when the two are combined, a very powerful tool is developed.








3.4 Two Stage Qualitative Dominant Mixed Methods Approach

3.4.1 Stage One – A Constructivist Grounded Theory Approach

This study aimed to understand and theorise about case management practices in rural areas. First, it needed an understanding of how case management practice is contextualised by rural place. It was determined that the answer to this question could best be answered by conducting an in-depth examination of the practice experiences reported by rural case managers themselves. For this, a qualitative constructivist grounded theory approach with focus groups of practitioners was used (see Table 3).

Table 3

Stage One Methodological Framework

STAGE ONE		
	ONTOLOGY	Reality is socially constructed
	EPISTEMOLOGY	Interpretivist; Naturalist
	PARADIGM	Subjectivist; Constructivist
	METHODOLOGY	Qualitative approach
	TPOLOGY	QUAL → quant, Sequential, Exploratory
	DESIGN FRAMEWORK	Grounded Theory; ‘Building’ data integration method
	DATA COLLECTION	Focus groups with case management practitioners

Note. Adapted from *Design, analysis, and representation: Course notes for qualitative research design, ACSPRI Course* by D. Goodrick (2014). University of Melbourne. Copyright © 2014 by ACSPRI.

Though relatively “nascent” in mixed methods research (Guetterman et al., 2017, p. 12), grounded theory was regarded as key to the current study because of its capacity

for theory building. According to Charmaz (2012), the addition of grounded theory to a qualitative design raises the level of conceptualisation that is possible, thereby extending the study's theoretical reach. Essentially, grounded theory would take this study where it needed to go, performing a deep analysis of the research problem from the ground up, while remaining true and bearing witness to, the participant's experiences (Charmaz, 2014b). In this way, the study could position case managers as experts in rural case management practice, and viewed through an axiological lens, this meant that capturing the case managers' reality was critical to theory building.

There are a number of *modi operandi* for applying grounded theory methods, though the three most widely used iterations of grounded theory are Classic, Straussian and Constructivist models (Kenny, 2015). Key differences rest with coding procedures, overarching philosophical positions and the timing of the literature review in informing the grounded theory study.

This current study selected a Constructivist Grounded Theory approach after the model pioneered by the late Professor Kathy Charmaz (1939-2020). This was selected for its capacity to give voice to the diverse interpretations of reality of rural practitioners employed in case management; its coding techniques; and its acceptance of conducting a literature review early in the research to sensitise the researcher to the field of enquiry.

Briefly, grounded theory is a systematic iterative process that shapes the collection and analysis of data for the purpose of theory development. A core feature of the method is the combination of two research processes, constant comparative analysis, and theoretical sampling. Constant comparative analysis refers to field data that is coded, analysed, and sorted into analytical categories *at the time of collection*. This process enables the researcher to identify potential gaps in the data and adjust the research questions, before moving on to another collection site. Theory generation in grounded theory is further enhanced when constant comparative analysis is combined

with theoretical sampling (Kolb, 2012). In theoretical sampling, the researcher purposively adjusts the sampling characteristics where required, to better target participants to answer an emerging concept or to fill a promising theoretical lead (Charmaz, 2008).

Methods. Three focus groups were held with case managers in rural areas of New South Wales and Victoria, Australia. It was considered that a focus group format would foster interpersonal synergies between participants, thereby providing better access to the subjective experience of doing rural case management work (Berends et al., 2016). Higher order thinking between participants gives rise to what Runco and Sumners (2015, p. 114) describe as accelerated moments of “divergent thinking” in the groups. Divergent thinking adds a depth to focus group responses owing to spontaneous behaviours between case managers, described in the literature as “piggybacking” (Runco & Sumners, 2015, p. 116). This is where an original idea becomes a springboard for thoughts held by another participant in the group. In one instance, piggybacking was witnessed when one case manager raised the concept of “floundering” in their new role, prompting another case manager to build upon the concept by offering their own experience of struggling in the case management role.

Recruitment. Focus group participants were selected using nonprobability, purposive sampling. Participants in Focus Group One comprised case managers employed by a large regional multioutlet agency covering areas across lower NSW. Sampling for the other groups evolved from chain referral, in which a regional case manager agreed to help the researcher recruit local participants known to be rural case managers. In keeping with a typical case management employment profile, all but one participant in the study was female (Simpson-Young & Fine, 2010). Practice areas included working with individuals, families, carers, mental health, children and youth, ageing, disability, drug and alcohol and homelessness. In this study, the case managers’

professional backgrounds varied across a spectrum spanning the absence of a formal qualification to possessing an undergraduate degree. No discipline group was explicitly targeted for this stage of the study, because it was exploring generalist community-based rural practice which is not performed by any specific discipline.

Focus groups were conducted over a one-hour period, with discussion prompted by a semi-structured interview guide. As this was a grounded theory study, the guide underwent a series of modifications for later groups to facilitate the targeting of promising leads. Before describing the second stage of the study, a brief description of the multi-method analytical technique used for analysing the qualitative data is worthy of attention and is described below.

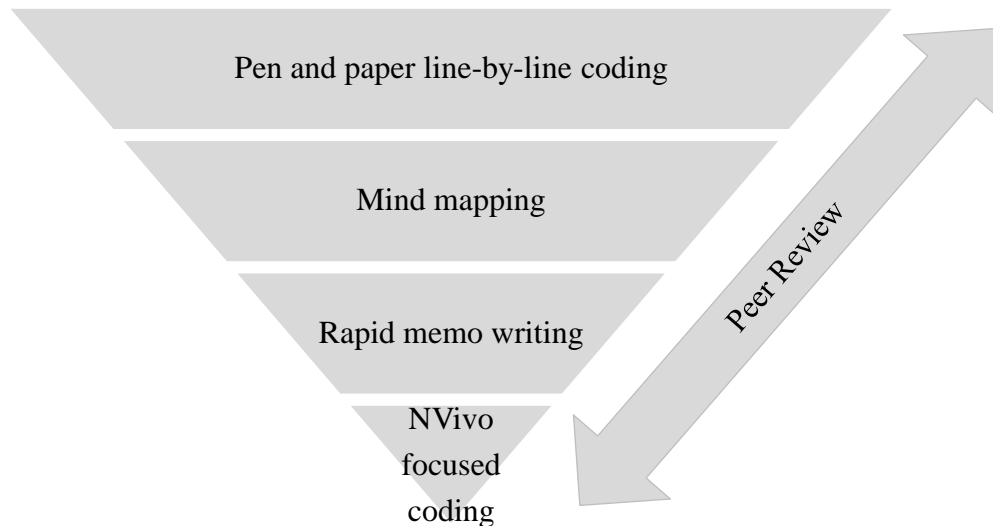
Multi-method Data Analysis Technique. Enlarging on suggestions made by Professor Kathy Charmaz (2014a), the qualitative data in this study was subjected to a series of inductive processes, coined here as Multi-method Data Analysis Technique (MDAT), that facilitated an intense examination of the data (see Figure 2). Coding commenced with an intensive pen and paper scrutiny of the data, a Chamazian coding activity, where every line of every transcript from the focus groups recordings was carefully evaluated and broken into ever smaller conceptual fragments of meaning. Though the process was time consuming, it did prove invaluable to immersing the researcher deeply into the analytical process.

Following line by line coding, mind mapping exercises were undertaken using Inspiration Maps™. Mind mapping was effective as a brainstorming technique in this study because it generated a free flow of imagination, that raised additional possibilities on the meaning of the data. Additionally, it helped the researcher create stronger links between coding fragments across the different focus group data sets. For example, an organising theme for *fear*, was mapped to comparable concepts across all three data sets. This process sensitised the researcher to higher levels of abstraction for concepts of

fear than would otherwise have been achieved through a visual inspection of the transcripts alone (see Appendix I for an example of a mind map).

Figure 2

Multi-method Data Analysis Technique (MDAT) Developed for This Study



Note. Representation of the model developed to analyse data in the qualitative stages of the study

Mind mapping was followed by a rapid memo writing activity, another divergent thinking strategy promoted by Charmaz (2014a) to facilitate out-of-the-box thinking about the data. Lastly, NVivo 10 Software was used to sort the multiple small text fragments into useable and meaningful focused codes (Charmaz, 2014b) that could authentically reflect rural practice. Here, the smaller sensitising coding fragments were successively reconstructed into focused organising themes representing the case managers' collective practice experiences. Overall, the combination of these deep analytical processes helped the researcher identify promising practice constructs for inclusion in Stage Two of the study. An account of the method used in Stage One of this research, including more information on the application of the constructivist grounded theory approach and data analysis, can found in Chapter Four.

At the completion of Stage One, foundational data reflecting critical factors in the delivery of case management to a rural context had been isolated and transformed

into 21 qualitative practice statements ready for presentation to social work academics in the second stage of the study. For Stage Two, it was determined that social work academics with experience in research, data analysis and interpretation would assist in transforming field practice data into an adapted case management theory designed specifically for rural practice.

3.4.2 Stage Two – A Delphi Method

Stage Two comprised an asynchronous Delphi Technique selected to help complete the theory development (see Table 4). Briefly, a Delphi Technique, or Delphi Method, refers to an explorative research approach in which a panel of experts give feedback on a complex topic linked to their area of expertise (Pippard & Bjorklund, 2004; Steinert, 2009).

One key feature of a Delphi study is anonymity, where panel members are not informed about who else is on the panel. The main argument for the use of anonymity is that it increases the creativity and scope of contributions by participants by avoiding in-group sanctions, groupthink, and the potential for a dominant expert to influence any outputs—known as a “band-wagon effect” (Steinert, 2009, p. 292). Other characteristics of a Delphi study include: group responses to predetermined questions; iterative rounds with controlled feedback—where collated information from previous rounds is re-presented for further comment; and quantification of the group’s responses (Couper, 1984; van der Steen et al., 2014).











The Delphi Method as used here, was selected for its inherent suitability for studies such as this, where incomplete knowledge about a problem has been identified (Skulmoski et al., 2007), and where expert knowledge or opinion is needed (Neuman, 2014).

Applied to the current study, the rich field work information collected from case managers in Stage One, required additional work to transform the data into usable

practice constructs capable of informing emerging practitioners in the field.

Table 4

Processes Used in Stage Two

STAGE TWO		
	DESCRIPTION	Delphi Method with social work academics.
	RESEARCH FORMULATION	Identify a research method. Review the literature on Delphi Techniques.
	SELECT SAMPLE	Identify an appropriate sampling method. Determine sample size. Recruit social work academics.
	PARADIGM	Constructivist; Post positivist;
	SURVEY DEVELOPMENT	Identify an appropriate survey design. Articulate indicators. Develop Round One open-ended vignettes. Pilot test vignettes with a sample target group of peers.
	ROUND ONE	Deliver open-ended vignettes to the Social Work academic Delphi panel.
	ANALYSIS (Round 1)	Use multi-method data analysis technique. Develop practice constructs from Round One data.
	ROUND TWO	Deliver constructs to Social Work academic Delphi panel using a 10-point rating scale.
	ANALYSIS (Round 2)	SPSS data analysis. Determine panel consensus and the need for further Delphi rounds.
	INTERPRET AND PRESENT	Interpret data. Present findings. Adapt case management practice theory for a rural context.

Paradigmatically, Stage Two can be considered as using a post-positivist paradigm (see Table 2, Point 2), in that it recognises reality as fluid, and accepts the

researcher has having an active role in the research experience.

Recruitment. This stage required skills in interpreting qualitative practice data through a pedagogical lens of case management and rural theory. A demographic review of the skills and training backgrounds of focus group participants showed an eclectic array of backgrounds, precluding confidence that the tasks required from participants in Stage Two could reasonably be asked of the field-based case managers (see *Time, Terrain, and Trust*, Chapter Four, p. 53).

Consequently, ten social work academics from universities across Australia were identified using purposeful sampling of professional networks, or relevant journal publications. Participants were approached based on a search strategy of academics who had worked, taught, researched, and/or published in case management or rurality. Participation in Stage Two was limited to the social work discipline. This limitation was based on the discipline's strong pedagogical involvement with community based welfare and case management practice (as seen in texts such as, Frankel et al., 2019; Moore, 2009; Vourlekis & Greene, 1992), and the selected participants having a sound grasp of this field of practice.

In a Delphi study such as this, where the group characteristics are homogeneous, ten participants were deemed adequate to meet the study's aim (Skulmoski et al., 2007). Some male academics were approached, however final respondents were all female, a reflection of the feminisation of social work observed worldwide (Khunou et al., 2012). Though social research strives for the inclusion of diverse voices (Hagar et al., 2013), in this study neither stage of the research could be considered to truly reflect intra-participant diversity. Attention was also paid to an observation made by Ochieng (2010, p. 1725) who highlights that, where the researcher and participants share the same cultural background, keeping the researcher's "professional self and personal life experience" separate can be a challenge. In small studies such as this, where

diversifying *within* the study is not always possible, improved representation can be achieved through proliferation of the number of projects undertaken (Allmark, 2004). Greater variation in sites and memberships is therefore recommended in the design of future rural case management research, to extend its reach and overall heterogeneity.

Fear of loss of goodwill and participant attrition during a multi-round survey such as the one conducted here, can be a limitation facing all Delphi studies (Jorm, 2015). In the current research, this was even more pertinent because the participant group was made up of social work academics, well known to be preoccupied with heavy workloads, funding cutbacks, management conflicts and long hours (Douglas, 2018; Rea, 2018).

To overcome the risk of attrition, panel engagement was maintained using strategies such as, performing intense data analysis at the completion of Round One of the Delphi Survey, to ensure an accurate interpretation of data's meanings had been achieved. Even before the data was presented to the panel, social work peers of the researcher had been asked to take the survey and provide feedback where needed, to improve the survey's clarity. It was expected that implementing strategies such as these would help to reassure the academic panellists that their contributions were appropriately understood.

As well as this, the personalised, user-friendly Delphi survey tool Qualtrics, gave participants a clean, crisp and intuitive interface that minimised the risk of end-user frustration and survey fatigue; known to hamper retention in studies using questionnaires and new technologies (Lavrakas, 2008; O'Reilly-Shah, 2017). Finally, timeliness in stopping Delphi rounds when a consensus was reached meant participants could be discharged as soon as the research problem was resolved.

Vignettes. Round One of the Delphi survey presented the academics with 21 questions in the form of open-ended, qualitative vignettes. These vignettes were

developed from qualitative data collected from rural case managers, in Stage One of this study. It was hypothesised that a vignette format would help social work academics become more deeply immersed in the lived experience of case managers working in rural practice. When presented with each practice-based vignette, the social work panel members were asked to make an analytical and interpretative observation about its content. At the end of the first Delphi round, substantive, rich, qualitative, text-based observations about rural case management practice had been obtained from the social work Delphi panel.

Data Analysis. The qualitative data in this first round of the Delphi survey was subjected to the MDAT process depicted earlier in Fig. 2. The broad thematic fragments emerging from this intense scrutiny were successively transformed into focused codes or constructs, to represent aspects of rural case management practice. Overall, 37 practice constructs were isolated, categorised and readied for application to the second round of the Delphi survey. This second round involved presenting all 37 practice constructs, embedded in a ten-point rating scale, to the Delphi panel and asking them to evaluate the importance of each construct to case management as a rural practice. Before proceeding, a brief clarification on the theoretical process of integrating data between the two stages of this multi-stage study is given here.





In mixed methods research, data integration between stages is managed in one of four ways merging, connecting, building, or embedding (see Table 5). For this study, a *building* strategy was used (Fetters et al., 2013).

Using a building strategy, the qualitative data collected in Stage One from case managers, was carefully *built* into vignettes presented in Stage Two with social work academics. This strategy advanced the data beyond a qualitative description of rural practice, into series of constructs available for testing for theory. A major advantage of using this form of integration was that the two data sources combined were able to build

a more authentic result than would have been possible methodologically, by using either of the methods alone.

Table 5

Data Integration in Mixed Methods

INTEGRATION PROCESS		
	<i>Building</i>	Data from one method informs the data used in a second method
	<i>Embedding</i>	Data from two methods are linked at multiple points
	<i>Connecting</i>	Data from one method is linked to data from a second method through sampling
	<i>Merging</i>	Data from two methods are linked at the time of analysis

Note. Adapted from *Achieving integration in mixed methods designs: Principles and practices* (p. 2140), by M. D. Fetters, L. A. Curry & J. W. Creswell (2013). Health Services Research. Copyright © 2013 by Health Research and Educational Trust.

Once formulated, the 37 practice constructs were presented to academics in the Delphi panel, in Round Two. The panellists were informed these constructs represented their combined responses to the vignettes presented to them in Round One, and now formed into practice statements. In this round, the instructions asked them to consider each statement carefully, then rate its importance to informing the delivery of generalist case management in a rural setting. The rating scale given ranged from 1 to 10, where 10 was very important, 5 was moderately important, and a rating of 0 allowed the panellist to exclude the statement altogether. For this round, the questionnaire was formatted into categories reflecting the case management practice functions of engagement and assessment; planning and linking; and implementing, monitoring and review. Each statement was placed into a category according to its affinity with a case management function (see Appendix P).

In Delphi studies, consensus is the prime indicator for measuring research results (Ager et al., 2010). Using the statistical program SPSS®, central tendency scores found greater than 51 per cent of the panellists had rated each of the 37 practice constructs as important to the delivery of case management practice in rural settings, therefore group consensus was considered to have been achieved (McKenna et al., 2011). In this way, the Delphi panel contributed to the development of constructs reflecting practice activities ranging from assessment preparation; rapport building; reputation management; interagency collaboration; trust building; creativity; advocacy; ethics; professional boundaries; supervision; and cultural awareness. The result was the development of the scaffolding needed to build an adapted theory of case management practice grounded in authentic rural field-based experiences. Further details of Stage Two sampling, recruitment and methods can be found in Chapters Five and Six.

3.4.3 Strengths in the Design of this Study

The strength of the current study lay principally in the selection of a mixed methods design. This exploratory mixed method format (QUAL → quant) (Creswell & Plano Clark, 2018, p. 62), met its promise of seamlessly integrating the two stages of the research to achieve practice theory development. By adopting a pragmatic approach, with its inherent flexibilities, this paradigm met its promise to provide “a more complete meaning, a *Gestalt* that [was] bigger than the sum of its parts” [emphasis added] (Tashakkori & Teddlie, 2008, p. 116).

Beginning the study with a qualitative method helped to facilitate an early, intense, deep dive into the practice-world experiences of rural case managers. Their qualitative narratives opened a door into authentic practice attitudes and beliefs, rural experiences, interpersonal relationships, training needs and bureaucratic issues, that confronted rural case managers in their work. Including a grounded theory to the design in Stage One, significantly enhanced the level of conceptualisation and extended the

study's "theoretical reach" (Charmaz, 2012, p. 4) beyond description and into theory development. The addition of Stage Two, a post-positivist-oriented Delphi Survey, further progressed the qualitative findings beyond description into practice constructs attuned to the needs of case managers working in small rural communities.

Lastly, a core strength of this study lay with the strategies used to optimise the methodological trustworthiness of every stage of the research design. Here, *trustworthiness* refers to how closely the findings can be said to be an authentic reflection of the personal or lived experience of the phenomenon being investigated (Curtin & Fossey, 2007). Activities to optimise trustworthiness in this study included triangulation of the data by incorporating a multi data analysis technique to test the fit of the data against the analysis (Green et al., 2007); utilising focus groups for real-time member checking of shared practice experiences; reporting negative case data; pretesting all questioning routes and surveys with peers prior to delivery; and complementing paper-based analysis techniques with dedicated tools such as Inspiration Maps™ and NVivo 10. Increasing the trustworthiness of the qualitative components of the study allowed for greater confidence in the final stages of the study that the data being evaluated for rural practice specificity did authentically reflect case management field work.

3.5 Conclusion

This chapter has provided an overview of the mixed methodology used, including the ontological, epistemological, methodological, axiological, and practical, philosophical perspectives that underpinned the final study design. The chapter complements the methodological details provided in Chapters Four and Five, that include comprehensive explanations of the methodologies, methods, sampling, recruitment, and findings that emerged from individual stages of the research. Chapter Six will offer a full description of the integrated findings from all stages of the study.

Chapter Four: Rural Case Management Field Practice

4.1 Introduction

The previous chapter introduced the theoretical framework for conducting the two-stage exploratory, sequential, mixed methods design used in this study. This chapter will present a publication detailing the findings from the Stage One of this study, where case managers were interviewed about their rural practice. The publication, *Time, terrain and trust: Impacts of rurality of case management in rural Australia*, provides details of the constructivist grounded theory method used to interview focus groups in the Riverina district of New South Wales, and the Hume Region of Victoria. The article was accepted for publication in the *Journal of Rural Studies* in November 2016 and published by Elsevier online that same month. The publication is available at: <https://doi.org/10.1016/j.jrurstud.2016.11.006>

4.2 Publication Details

I am the first author of the following article and responsible for 60 per cent of the manuscript preparation. As first author my contribution comprised the sourcing and analysis of literature; preparation and drafting of the article; and undertaking any manuscript revisions recommended by the journal reviewers. The second and third authors comprise members of my PhD supervisory team who contributed 20 per cent each to the manuscript preparation. Their contribution included providing regular feedback to me about data sources and data analysis, and expansive discussions about the concepts emerging from the data. The co-authors have granted permission for the article to be included in this PhD dissertation.

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Time, terrain and trust: Impacts of rurality on case management in rural Australia

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ABSTRACT

There is a 'black hole' in our understanding of case management practice with earlier studies identifying this as a particular concern for rural contexts. Using grounded theory methodology, focus groups were conducted with Australian rural case managers to understand how the rural context impacts on the provision of case management services. Findings identified behaviours associated with lengthy rural travel, stemming from a demand for constant output; lack of familiarity with the rural landscape combined with the loss of mobile communication, led to early feelings of trepidation for some women accessing rural spaces; lastly, building inter-agency relationships are critical to successful collaborative work, yet are threatened by lack of trust and frequent turnover of rural programs. Further exploration of these themes, in the international context, would be of benefit.

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1. Introduction

Inquiry into the practice of case management in rural settings remains largely unexplored in the case management literature (Dellemain and Warburton, 2013). As a human service approach, case management supports people with complex needs (Moore, 2009), rendering it suitable to a broad range of health, community, policy and program applications (Gursansky et al., 2012). Though efforts have been made to define and articulate case management practice, many of these endeavours remain largely "descriptive" (Gursansky et al., 2012, p. 5). With the complexity of needs in rural Australia anticipated to grow over coming years, in response to an ageing demographic, service reduction and climate change; opportunities have emerged to examine more closely how rurality impacts on case management practice in a rural setting (Dellemain and Warburton, 2013). This paper draws on a study conducted in rural Australia aiming to fill gaps in knowledge about rural case management.

Though the definition of rurality in the literature remains vexed, studies typically refer to lifestyles, land use, topographical features, and remoteness or population size when they characterise rurality (Castleden et al., 2010; Yonge et al., 2013). No matter how it is

defined, there is general agreement that rural practice differs from urban work, due mainly to the challenge of delivering services across greater distances, with fewer resources to more dispersed populations (Lane et al., 2002; Standing Council on Health, 2012). There is an overall acceptance that rural populations face worse health outcomes and poorer access to support services than urban counterparts (Standing Council on Health, 2012), though what constitutes access, and how to measure it, remains poorly clarified (Russell et al., 2013). Rural poor health has been attributed to chronic disease, accidents, mental health issues, and choices regarding alcohol use and smoking, along with other social determinants of health (Standing Council on Health, 2012). Though much has been written about the broad challenges of rural service delivery, this content is often descriptive, and this current study sought to add greater depth in this understanding.

Despite its potential value to rural contexts, there has been inadequate exploration of the specific issues facing rural case managers, an observation made in an early review by Parker et al. (1992), and much later in a publication examining the Australian context (Dellemain and Warburton, 2013). We argue for a need to identify theory and practice in rural case management to reduce ambiguity, but more particularly, to optimise case managements' contribution to this spatial setting. As a step towards building on existing rural knowledge, we selected an in-depth and analytical, qualitative methodology, namely, constructivist grounded theory, to explore how rurality shapes case management practice. This methodology was chosen for its promise to provide a deep insight

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into the practitioners' knowledge about working in rural places. Ultimately, we wanted to build case management knowledge from the perspective of those experiencing it. The study aimed to move beyond description to a more complex interpretation of what it means to do rural work.

2. Rurality and case management

There is a 'black hole' in our understanding of case management practice so that not enough is known about what case managers do (Gursansky et al., 2012; Simpson-Young and Fine, 2010), particularly its contextualisation to place (Dellemain and Warburton, 2013). In an earlier work, we identified there was limited attention given to case management as a rural practice, prompting questions about how case management practitioners experience the contextual issues associated with their rural work. For the purpose of this research, case management was defined as a staged process, beginning with client engagement, moving to assessment and intervention including links to external resources, and followed by review and termination (Moore et al., 2009).

A key strength of case management is its capacity to address multiple needs simultaneously, rendering it applicable to rural environments, characterised by complexity and scarce resources. Case management is used in aged care, family support, mental health (Gursansky et al., 2012), drought intervention and emergencies such as disaster and bushfire recovery (Camilleri et al., 2010; Rowlands, 2013). All of these are highly relevant to rural communities, vulnerable to an ageing demographic (Warburton et al., 2015), climate change and environmental threats (McKinnon, 2008).

Consistent reports of poor rural health has resulted in a proliferation of research to determine the reasons. A review of the literature reveals narratives about poor rural infrastructures, long distances, dispersed populations and individual stoicism (Alston, 2005; Castleden et al., 2010; Morley et al., 2007). Studies refer to older, declining populations and generic experiences of disadvantage, social and geographic isolation, and limited services (Davis and Bartlett, 2008; Winterton and Warburton, 2011). Some sources highlight the diversity of rural communities (Davis and Bartlett, 2008), a factor, celebrated in the old chestnut, "... once you've seen one rural community, you've seen just one rural community", though this assertion is qualified by the rejoinder, although rurality is "diversely manifest, it has elements of consistent identity and ambiance that resonate" regardless of the rural setting (Rowles, cited in Hash et al., 2015, p. xvii). Taking these considerations into account with regards to case management specifically, what is absent is a deeper understanding of how case managers experience rural service delivery, more particularly, how rurality impacts on their provision of services.

Despite the proliferation in rural literature, defining the term 'rural' has remained elusive locally and internationally, in spite of its outward simplicity. In the United Kingdom for example, Cloke (2006), talks of the slipperiness of the term, arguing no sooner has it been wrestled into containment that it slips away, into a fuzzy world of geographical, demographic, economic and social identities. Bushy (2002) in the United States, aiming for a more global definition found descriptions about distance between service and population, geographic remoteness or population density, while others have highlighted instances where rural was reduced to a binary to urban (Cloke, 2006; Welch, 2000). Specific Australian rural literature contains similar challenges in defining rural, the importance of which is emphasised by Howard et al. (2016, p. 3) "[h]ow we define and understand the meaning of 'regional, rural and remote', is important as this is often how resources and health, workforce and welfare needs are assessed and allocated".

This study aimed to explore the construct of rurality in case management, by addressing the question, 'How is case management contextualised by rural place?' It began with the premise that case managers working in this field are ideal informants for building a deeper understanding about rural practice. It sought to move beyond simple descriptions, to a deeper understanding of this form of rural work, by utilising an in-depth constructivist grounded theory methodology. In this way, the intent was to highlight ways that the context of rurality, served to shape and influence rural case management practice.

3. Materials and methods

The project received ethical clearance from La Trobe University, Faculty of Health Sciences Human Ethics Committee (FHEC13/171). To ensure rigour for this study, and minimise any haziness about participant selection, we drew on the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification Remoteness Areas System (ASGC-RA) which categorises areas in relation to their physical proximity to an urban centre. Of the five categories available, the study was limited to two, 'outer regional' and 'remote' (Commonwealth of Australia (2012)). The category titled 'very remote' was excluded because case management experience in those locations, many of which comprise significant populations of Indigenous Australians with unique support needs, was potentially so different as to weaken the coherence of the findings from the data.

The study drew on an exploratory constructivist grounded theory methodology, selected for its ability to conduct a deep analysis of the problem from the ground up, and while staying true to the data collected (Charmaz, 2014a). Constructivist grounded theory is known as an interpretivist methodology, in that it considers the researcher an active contributor, alongside the participant, in the creation of knowledge (Charmaz, 2003). Such a relativist position conceptualises knowledge as being socially constructed from multiple realities and ideally explored from the viewpoint of those constructing it (Charmaz, 2003; Gardner et al., 2012). This design enhances rigour by including steps that keep a researcher grounded in the data, it resists researcher bias while simultaneously ensuring that the participant's voice is clearly heard (Gardner et al., 2012).

Prior to commencing this research, a literature review identified gaps in knowledge about rurality and case management. Though the timing of a literature review in grounded theory methodology has remained contentious (Dunne, 2010), the current review was used to grapple with the thorny concept of rural, articulate case management as a practice and sort through the iterations of grounded theory methodologies. Ultimately, we found a paucity of research into rurality as the context of case management practice, and this helped inform this current place-based research.

Data for this grounded theory research was collected using three focus groups of five to six participants, with two locations selected in New South Wales and one in Victoria, Australia. Participants were recruited using existing professional contacts along with snowball sampling techniques. Geographical areas were selected for both accessibility of location and capacity to reflect the experience of rural case management practice in 'outer regional' and 'remote' Australia. In each location, a local case manager invited case managers from within their wide rural networks, to be contacted about the study. Participation was voluntary and no incentives, apart from the provision of refreshments, were provided (See Fig. 1).

Choice of a focus group methodology provided access to participants' subjective experience, and this technique has been used successfully in other rural grounded theory studies (e.g. Berends



Fig. 1. Riverina and Hume Regions.
Source: AWREN (Used with permission).

et al., 2016; Gibb, 2003). This method overcame the solitary nature of rural work, by providing participants with a ready audience with whom to exchange information and set up a safe environment, so that personal stories of being a rural worker could be told. Case managers, when accepting the invitation to participate, said they looked forward to talking to peers about rural case management, something they rarely had an opportunity to do.

Conversations in focus groups were facilitated using a semi-structured interview format conducted over a one-hour period. All interviews were digitally-recorded and then transcribed. An example of the questions posed to case managers was When you think back to your first few weeks and months of rural case management, what are your main memories of that time? (See Table 1.).

Questioning guides used in the research were modified during data collection, using a technique known as *constant comparative analysis*. This technique ensures that conceptual analysis commences as soon as data is available, and before any further data is collected. Comparative analysis keeps the researchers grounded in

the data, by identifying promising leads for conceptual development, and allowing the modification of the interview questions to hone in on potential theoretical leads (Chiovitti and Piran, 2003; Kolb, 2012).

All but one of the case managers was female, reflecting the feminisation of this type of workforce, a factor identified earlier by Simpson-Young and Fine (2010). The case managers worked with diverse client groups including individuals, families, mental health, ageing, people with disabilities, children and youth services, carers, people with drug and alcohol issues and homelessness. Case managers came from a range of professional backgrounds, though Social Work/Welfare and Nursing qualifications tended to predominate. The spread of participant years of service ranged from six months to 13 years (See Table 2).

Proof of trustworthiness can be challenging in qualitative research (Kolb, 2012), therefore actions to optimise reliability are integral to the research design. Rigour in this study, was enhanced through the use of semi-structured questioning guides that promoted open sharing of information (Chiovitti and Piran, 2003), and through selecting for heterogeneity within case manager practice fields. Additionally construct validity was sought through peer collaboration during the development of focus group questions, and during data analysis stages. Additionally field data was examined to identify for negative cases of promising theoretical assumptions (Kolb, 2012), and later data was compared with existing literature by drawing on the participants' own words (Chiovitti and Piran, 2003).

In keeping with grounded theory methodology, analysis began as soon as the first data sample was collected. Using *constant comparative method*, the researcher compared analysis from successive data samples as they became available and started to construct a conceptual narrative that could explain how rurality shaped case management practice. As successive transcripts became available, each was subjected to close line-by-line inspection and broken apart into coherent conceptual fragments (Charmaz, 2014a). Pen and paper were used for this activity at first, and later the data was fed into a data-management program (NVivo 10®), to help reassemble the fragments into bodies of promising conceptual ideas. As conceptual categories emerged from the data, a process known as *theoretical sampling* helped make decisions about which tentative ideas to follow up and which promising categories warranted further investigation (Charmaz, 2014a). Interpretive processes were enhanced using Inspiration Maps®, combined with both free form and contextual memo writing as suggested by Charmaz (2014b). Over the course of the research, 339 initial sensitising coding fragments were isolated in line-by-line inspection, and these fragments were successively reconstructed, through careful analysis, into themes that provided a coherent narrative, capable of answering the research question. This paper presents the three most significant themes emerging from that data.

Table 1

Example of questions presented to focus group members. Questions were subject to modification as described in this text.

Sample Questions
I want you to think back to when you were starting out in a role as a rural case manager, it might be in your current role or a previous one. When you think back to your first few weeks and months of rural case management, what are your main memories of that time?
Can you take me through a typical day as a rural case manager? I wonder if you could tell me the tasks and activities that make up a typical day.
If you had a magic wand that instantly turned a new worker into skilled rural case manager, what skills would you observe they now have?
Now I want you to think about training. Specifically, training for the job of rural case manager. Can you tell me what training you think is important for someone to be a rural case manager and even some idea of why you think this is important?
If there was a box on this desk that held information about the training needs of rural case managers, what information do you think we would find inside?
I am interested in interagency work. Can you tell me how interagency work (working with other agencies), impacts on your role as a rural case manager?
Today we have talked about rural case management practice. In the last 10 min, I wonder if you can tell me if anything you think we should have talked about, but has been missed.

Table 2
Participants by qualification and by years in case management.

Qualification	Totals	Years in practice	Totals
Social Work	5	Less than 1 year	2
Nursing	4	1–3 years	4
Welfare/Community Services	2	4–6 years	4
Allied Health Psychology	2	7–9 years	1
No formal qualifications	1	10–13 years	4
Certificate IV Mental Health	1	Over 13 years	1
Case Management specific	1		

4. Results and discussion

Analytical coding of focus group data led to a number of discoveries about the impact of rurality on rural case management work. The remainder of the paper will address the three most significant themes offered by the case managers that gave a more complete understanding of the research question, namely, the temporal dimensions of rural travel, the gendered engagement with dark geographies and the nuanced complexity of building and maintaining interagency relationships. The following provides a discussion of these successive themes.

4.1. Temporal dimensions of rural travel

Travel emerged early as an important theme. Case managers spoke of the need to travel to meet a client face-to-face to establish rapport, as explained in the following comment,

It's that building the **rapport** and taking that interest in ... Building that relationship is really important because half the time [your client's] mind is on what's going to be happening next on the farm ... so then you get to the more heavier stuff, if you have to. Once you build a good relationship and there's trust there, then you can have any conversation (Female-FG01).

However, case managers didn't just drive to see the client, they responded to the travel in significant ways. Attention was given to the case manager's construct of travel time, when it was identified that they talked about distance in temporal, rather than geographical, terms. Particularly, they *worried* about travel time, seemingly, the loss of productive time, even though travel was integral to carrying out their rural work.

Weber, first highlighted the intersection of capitalism, religion and morality as giving time a unique value, resulting in notions such as a "waste of time" (1958, cited in *Shahjahan, 2015*, p. 490). Research by *Jain and Lyons (2008)* into urban work-travel found that travel time is conceptualised as the price paid for fulfilling the purpose of the destination. Embedded in this is the assumption there is no intrinsic value in the travel itself, rather travel is the period of wasted time between meaningful activities (*Lyons and Urry, 2005*). In other words, travel time is economically unproductive. Considering this argument, we noted that when travelling case managers packed as much as they could into their travel seemingly to maximise productivity,

It's about planning. Like we talked about before, a typical day was going, okay, today I'm going to have this day because, for example, the inter-agency's on this day so when I'm in that community I will go and visit this and this people (sic) (Female-FG01).

Consequently, vehicles served as proxy offices and where possible, the journey became a site of continuous work transactions. Case managers talked of making phone calls, or listening to

self-improvement pod-casts if telecommunication access was lost, suggesting a continuous effort to generate outputs, as seen here,

I'm doing lots of travel and it's all getting used to everything, it's **using that time more effectively** these days, like instead of sitting in the car—doing some professional development and listening to podcasts and doing things like that to really **utilise that time**. Because you spend so many hours driving to places and **it adds up over the weeks**. So that's my latest stressful thing (Female-FG02).

The rural case managers' response to travel resembled the urban behaviours identified by *Lyons et al. (2007)*. Those authors found urban employees who worked while travelling, were less concerned about their travel time being wasted, though they did remain convinced their travel time was less productive than time spent in the office. In our study, case managers did generally appear to conceptualise their travel as a 'disutility' (*Lyons et al., 2007*, p. 108), more particularly when they could not carry out other work simultaneously, as seen in the following discussion,

Because we are travelling that distance, especially ... people that I know are a bit hesitant—you can tell on the phone when someone wants you to come and visit and when someone's a bit like, "Oh yeah, if you want to turn up." I would probably ring them that morning to make sure that they were going to be there. Because there's **no point spending an hour and half getting there and an hour and a half getting back** and not seeing anyone in the process [and] **not being able to make phone calls either during that time**. So it really cuts like three hours out of your day (Female-FG01).

Though case managers worked hard to remain productive while travelling, one case manager drowned out the long distance by re-appropriating her time and transforming her mundane trip into an opportunity to engage with music and contemplation. This behaviour resembles outcomes found in a study by *Bull (2000)* who identified similar activities used by travellers' to reclaim time lost to travel (p. 62).

Visibility of case managers in rural townships led to clients expecting continuous service. Juggling the demands on her time, one case manager explained how she worked during travel,

I did have a [unclear] where I guess, long area to cover and I'd **have to travel probably one and half hour to two hours**. I have usually set that I would do that per week. Then the community I was based in, they'd go "Where are you going tomorrow?" Said, "Well, I'm going out to [town], well, why?", "Because we need you" and it was very—so to keep everyone happy **I would still do the phone calls on the way to [town] until I'd run out of reception** (Female-FG 01).

Due to its pervasive nature, newcomers to case management found the travel onerous at first and underestimated the time needed to travel. They had to adjust their schedule and rethink the number of clients they carried in their caseload.

So one of the things I found hugely overwhelming was the distances I had to travel in small communities and the **time** that took. (Female-FG02)

Case managers managed from metropolitan offices faced tensions when management applied urban-centric measures of efficiency to their rural output. One case manager described the poor understanding of rural travel by urban management,

... a manager asked us to actually keep a record of our travel time. Because with the data going in and they were saying, well you've got to have this much client contact time and ... that goes into the travel. But they weren't acknowledging that, in [the city] that's two minutes here or it's half an hour there. So for three months we kept a record of our travel time and it was just amazing. Very, very high numbers and immediately in [the city] they went "Oh, okay". Actually **they've acknowledged that there's got to be some allowance for travelling**. But we had to actually physically do it and show them ... (Female-FG03)

To reduce travel, case managers interspersed home-visits with telephone consultations from the office. Case managers felt that even though telephone contact was more economical, this type of follow-up was only successful after rapport was established by previous personal contact; a notion that accords with findings by Crotty et al. (2014) in their work. Notions of replacing rural travel with technology is raised in rural literature, a debate tending to focus on video conferencing (Cook and Doyle, 2002), but such technology was not available to these case managers, in any case.

4.2. Dark geographies

As case managers travelled into rural topographies, it was recognised that some did so with feelings of foreboding. These emotional responses appeared comparable to cultural anthropological interpretations of dark places, particularly the symbolic and iconographic nature of these landscapes, considered by Barnes and Duncan (1992) as a text, rich in subjective interpretation. Meanwhile, menacing representations of the rural landscape abound in film, newspapers and novels, prompting one case manager to feel she had stumbled into a movie while another wondered how long it would be before she was "missed".

Yeah, I did have a person who lived on their own, wasn't literate, had no phone access because it was [town], it's a dirt road out there and it's a bit scary (laughs). I always think that I've taken the wrong turn, **it looks like a movie** (Female-FG02).

This fear was experienced in the main by case managers new to rural work, suggesting a need for improved mentoring of novices when they join a rural service. Despite early disquiet, the newcomers' trepidation largely dissipated once personal connections with rural people was established.

I think once I got a general gist of the clients I was working with and then the safety procedures it became easier (Female-FG01).

Overall, thoughts about safety concerned mainly female case managers in this study, with conversations repeatedly returning to poor mobile telephone coverage. Cumiskey (2011) suggests that the mobile phone offers a sense of personal security, a promise to link its owner with significant others in their lives. In particular, phones make women feel safer when venturing into unfamiliar public spaces because they bridge the psychological chasm between the new environment and the world left behind (Cumiskey, 2011; Cumiskey and Brewster, 2012). Applied to case management work, the mobile may serve as a weapon of self-defence by reassuring the case manager 'you are not alone', acting as an antidote to the psychological stress arising from an unfamiliar and hence potentially oppressive, rural space. The importance of mobile access was identified by the following case manager as she talked about her fear as a new rural worker,

Fear was a big one for me. Being out on my own in a rural community, not having access to services, **the phone sometimes don't work**. Doing a home visit because we initially did home visits on our own. So I'm thinking anything could happen at this home visit and how long would it take for someone to know I was missing (Female-FG01).

The sole male in this study reported that he was not fearful and spoke instead about productivity and time management as his early concerns. This perhaps reflects that a heightened sense of vulnerability is more particularly felt by women, when accessing unfamiliar and vast public spaces, alone.

I wasn't scared at all when I started working. For me it was a bit about time-management because I started off with clients from previous worker. So I had a fair few clients initially. I tried to see too many in a short space of time and I didn't realise how much time the travelling to different places was going to take (Male-FG01).

Case managers also talked of the conundrum of obeying company policy and applying urban-derived risk-management procedures to rural contexts.

I often laugh when you've got to go on a home visit and you park the car ... how that is pointing towards the road. So if you have to vacate the place [in a hurry], you've got to stop and open eight gates along the way out! (Female-FG02).

Thus, policies directing an employee to take another worker on a first home-visit set up a conundrum with the rule of leaving two people in the office. Arrangements to meet a rural client publicly, rather than at home, exposed their client to potential community gossip, but meeting them away from public gaze put the worker at risk. Inclement weather scotched plans to meet in a park or playground but lack of community facilities precluded meeting up in a safe "thirdspace" (Lyons and Urry, 2005, p. 266) such as a library or community centre; which would expose the client to community curiosity at any rate. During these times pragmatic decision making seemed to prevail...

...the whole thing doesn't fit down here. There's a lot of demand in smaller areas for services ... so safety is huge —you might say, "oh okay, well I don't have two people so I can't go on this home visit"—that doesn't cut it—you've just got to go and see them anyway (Female-FG02).

Rules about notifying others of a destination was also fraught in rural places. Directions to home addresses are loosely described at best, making it impossible to relay an accurate location to someone watching their back. One case manager described directions,

... it went straight through a creek—it was a dry creek—[so] straight through the creek, and there were kangaroos everywhere—I kept going ... and in the end I thought I can't turn back now. I only went that way once (Female-FG02, of a client she suspected to be hiding her visit from curious neighbours by directing her via a back road).

As drivers, case managers must adapt to changing road conditions. On a typical journey the case manager negotiates a challenging physical terrain at high speeds on poor roads flanked by trees, cattle grids, livestock and wildlife. Prior to departure they must investigate weather and road conditions over two hours away,

to avoid being stranded on impassable roads.

... things like running into sheep herding across the road so you are held up ... So that's part of the adaptability as well. Things like when [town] was flooded and you had to do a three-hour trip around to get to a client on the other side of [town] rather than just driving the way I'd normally drive ... Those things are little things that impact on rural case management that you don't – you wouldn't think about if you were working in the city, what are the weather conditions today, as well that impact (Female-FG01).

Lastly, rural case managers must tackle a thorny issue of long distance travel in isolated landscapes, 'the call of nature'. While case managers in one group compared the characteristics of suitable roadside trees, an amusing but serious consideration for female travellers, one participant explained that she never travelled unprepared,

The little things that you wouldn't think about working in an office like - ... Now there's things like, I've got to take two bottles of water with me wherever I go. You've got to have toilet paper in the car just in case. You've got to have all these things that you wouldn't think about when you work in the office (Female-FG01).

So far this article has explored impacts of distance and environment on rural case management practice. The issues raised have served to signify the challenges confronting practitioners and suggest rural case managers need to develop a sensitivity to rural people and landscapes. This discussion is continued below as we explore the theme associated with the complexity of rural relationships.

4.3. Spatially referenced relationships

According to Burns and Perkins (2000, p. 216) "[a] core feature of case-management is the commitment to both understanding and respecting the client", and this salient observation has particular resonance in rural practice. Realising the implications of a rural context, the case managers endeavoured to use discretion in visiting rural clients. They describe the futility of ploys such as cars *sans* logo, or informal dress to slip into town unnoticed, because such strategies did little to assuage neighbourly curiosity.

A lot of the time and I think it is that thing of—they are small communities we are working in. Everybody in the town knows when you have someone visiting if there is a strange car out the front or a stranger in town. And our cars do look like—they are not [a] beaten up Holden or something—or a Ute (Female-FG01).

Concern about client privacy corresponds with findings identifying the dark side of rural living for those not fitting the mould (Yonge et al., 2013). Being seen using case management services can invite community gossip that threatens the therapeutic relationship. One case manager talked of preserving her client's reputation by masquerading as a friend,

I've been visiting people on farms and this happened more than once, that you're talking to a carer, which is usually the wife, and you hear a car coming in and the wife will say, "Can you take your badge off please?" When the person came in she's say, "This is my **friend** Helen." There is no way—because **stigma** is so important (Female-FG02).

This example suggests that case managers draw on an inclusive approach to ethical decision making that incorporates utilitarian thinking. Faced with Hobson's choice, the case manager balanced "various imperatives" including the environmental, political and personal contexts before taking a moral position that preserved the client relationship (Bowles et al., 2006, p. 206).

Due to structural limitations posed by working in a rural context, the case managers in this study constantly strove to be creative, to refine and redefine their existing scarce resources, similar to a finding in an earlier rural study by Bjorklund and Pippard (1999). This theme of needing to be creative ran through all groups. Case managers frequently spoke about "thinking outside the box" to overcome the challenges of poorly aligned eligibility criteria, unmet client need and/or scarce resources.

I think if you're a case-worker you have to be **so creative** as to how you're going to address some of the needs of the clients when the services aren't there. Or when they are there, like how can we be **really flexible**, when we've got the ability to be **very flexible** to actually meet the needs where possible (Female-FG01).

Case managers stated that creativity was highly dependent on the collective and cooperative relationships with other rural professionals, particularly those prepared to work flexibly with eligibility criteria, a finding similar to Crotty et al. (2014) in their work on external collaboration. Forced interpersonal interdependence prompted by scarce resources could be a source of frustration for case managers, because it forced them to invest considerable effort in negotiating the exchange of tangible and intangible resources.

Yeah, and then I thought, well how do these people survive? It is about linking with inter-agencies and other services but these services supply, I guess, services that they wouldn't normally do unless they were living in rural area. So people do help more but there's not enough funding, for appropriate services out there and I did learn that (Female-FG01).

The case managers accepted the pay-off of putting the effort into interagency collaboration would lead to improved outcomes for themselves and their clients, including faster access to services, reduced duplication of services, shared decision making and better use of scarce resources. One case manager explained the critical role of building external relationships,

Yeah and it's so reliant on contacts, like **the people** in the programs rather than just the programs themselves, because funding, [or] the criteria of a program, can lock clients out or include clients, **depending on how the worker perceives that criteria** (Female-FG01).

Despite the mutuality offered by inter-agency collaboration, the case managers reported the vexed issue of being excluded from established rural service networks, at times sublime, at other times overt.

You've really got to – it's getting an in with your inter-agency and **you're not always welcome at the inter-agency** initially. Sometimes it takes years to attend inter-agencies and sort of prove your worth before they'll open their door to you (Female-FG01).

This behaviour, variously labelled *turf wars*, can arise between agencies and has been attributed to clashes over bureaucratic allegiances (Wakeman et al., 2009) or scarce resources (Mulder

et al., 2010) to name a few. The case managers proposed power struggles, personality clashes, differential skill bases, or in-group-outgroup dynamics as some other reasons. Significant for this study, the case managers offered another important explanation for turf war behaviour and that is, worker self-preservation.

Usually, particularly when they're a little bit suspicious, I guess, of new services coming in or new people coming into their inter-agencies particularly when services come and go. **They see services come and go** and funding comes and goes. They sort of say "Well why should we put our trust in you if you're just going to disappear in a year's time?" (Female-FG01).

This contextualisation of inter-agency tension as a response to cycles of continuous change may have implications for decisions about funding and pilot projects for human services in rural settings.

5. Conclusion

This study sought to address a gap in knowledge in case management practice. We found that the literature had comprehensively detailed the challenges of delivering services to rural Australia including issues such as scarce resources, delivering services across vast distances and keeping a workforce that is prepared to live and work in rural communities (see for example, Cash et al., 2015; Ducat et al., 2016). Largely absent however, was adequate attention to the role of rural case management, more particularly how the context of rurality influences and shapes this practice in a rural setting. This is despite the promise of this approach in addressing the increasingly complex needs of rural Australia (Dellemain and Warburton, 2013).

In an effort to go beyond problem-oriented personal reflections about rural service delivery, this study selected a constructivist grounded theory approach to identify key themes to explain what it means to practice case management in a rural setting. Authenticity was optimised by asking case manager practitioners to reflect on their own rural experiences. The evidence that emerged revealed that rural case management is a complex practice that deserves further inquiry. In reflecting on the impact of rurality, three substantial findings were identified from the data, namely new insights into the meaning of rural work-based travel; the guarded and gendered response to unfamiliar rural landscapes that can impact newcomers to rural practice, warranting more investigation, and lastly, the nature of spatially referenced relationships that influence the success or failure of rural casework. These three findings are discussed in turn.

Rural literature typically characterises distance in terms of a physical or emotional barrier to health services, or a factor in social isolation (Castleden et al., 2010; Warburton et al., 2015). Our study offers an additional interpretation of rural distance by revealing that rural travel is not value free but is infused with a neoliberal logic, prompting behaviours linked to accountability and self-surveillance. Rural case managers, akin to urban travellers, appear to respond to lengthy travel as time wasted between episodes of work (Jain and Lyons, 2008). They attempt to minimise time waste by completing other work activities during the drive. The origin of this behaviour may be attributed to an internalisation of a neoliberal ethos of constant productive output. Therefore rural travel time becomes a "moral issue" and the case manager response to this unproductive time, no matter how unavoidable, is to re-conceptualise it as time that must be filled (Shahjahan, 2015, p. 492). This is in spite of travel being an essential element of case management in a rural context. Travel time is a significant factor in the case managers' practice and its treatment in terms of case

management practice and policy would benefit from further appraisal.

Importantly, this research highlighted fear as an elephant in the room for some newcomers to rural practice. Of interest to this study was the social construction of the rural geography, and how these constructions led to fear. When addressed in the rural literature, the use of the word of 'fear' is most typically applied on social factors such as stigma (Cash et al., 2015), professional isolation (Zawaduk, 2011), or direct client work (Green et al., 2003). The data led to us exploring that connection with literature addressing place as a factor in women's fear of harm (see for example, Little et al., 2005; Valentine, 1989). An important link was the role played by the mobile telephone in redressing gendered fear and risk when accessing unfamiliar public spaces (Cumiskey and Brewster, 2012). The case managers' frequent references to lost telecommunication reception was linked to a sense of foreboding of driving into unfamiliar and isolated rural places.

Significantly, case managers discussed an amorphous fear of being lost, harmed or killed, like being "in a movie". Case managers were at once caught in a dissonance between competing narratives of the rural idyll rural representing a close knit, friendly, honest and hardworking people contrasted with a place harbouring the unknown, the unexpected and the unsafe (Little et al., 2005). In a UK and New Zealand study, those authors identified the fears for rural women living in rural areas as emanating from concern about urban encroachment and the 'stranger other', with the latter being an entity easily branded in close knit rural settings. In the current study, the case manager cohort comprised a mix of rural residents and those coming into rural spaces from urban centres. Particularly for the latter, fear seemed to arise as a gendered response to a vast and unfamiliar topography, closely coupled with a loss of telecommunication. Our findings indicate there is value in further research into understanding the gendered sense of safety and risk-management for human service workers, including an exploration of efficacious mentoring and peer-support systems that could improve agency procedures for new workers. It is not appropriate for novice workers to ask themselves, "How long before someone notices I am missing?" though it is acknowledged these concerns tend to dissipate when acclimatisation with the rural landscape had occurred.

Finally, rural places may force greater reliance on interdependence between case manager, client and external agencies than is seen in urban contexts, caused by the fishbowl nature of rural places (Dellemain and Warburton, 2013). This study clearly demonstrated the importance of maintaining strong professional relationships, as well as highlighting the unique ethical dilemmas case managers face working in small community contexts, for example when preserving client privacy. These findings highlight important implications for case management training in order to address these ethical issues. Additionally, turf wars, often attributed to professional rivalries in the rural literature (Munn, 2003), and also emerged as a concern in this study, but its attribution took an unexpected turn. Apart from a narrative about territorial behaviours, the case managers suggested another cause for this behaviour lay in the detrimental impact of the continuous rotation of pilot or short term programs. These were seen to cycle regularly through rural care services challenging cooperative relationships, damaging trust and fracturing interpersonal connections. As programs come and go, the service providers that remain may be reluctant to invest their personal selves in building new relationships. Further exploration into the nature of inter-agency work in a climate of neoliberalism, constant change and the deleterious impact of turf wars could inform better mechanisms for introducing new services into rural areas.

This article has reflected on data from recent exploratory study

into case management practiced in the rural Australian context. Through a series of focus groups, rural practitioners articulated on significant areas where their practice was impacted by the context of the rural setting. Though the sample size was small ($n = 16$), the importance of this study rests on its capacity to delve beneath the superficialities, to generate new information about rural case management practice. The challenge now is to determine the universality of this experience to other rural settings. Future research is needed to examine the applicability of these findings to local and international contexts. This information could inform and support arguments about the value of case management as a strategy for supporting individuals and groups in the increasingly complex area of rural health.

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4.3 Additional Findings

Findings presented in this chapter have addressed the first research question, ‘How is case management contextualised by rural place?’ In the publication enclosed, three key themes were explored in-depth, namely, travel and time; dark geographies; and concepts of interagency trust between professionals. The following section expands on a few concepts that were not fully addressed, as well as examining the currency of some of the concepts raised.

4.3.1 *Gender and Rural Landscapes*

Findings in this research have revealed that some female case managers felt unsafe while travelling alone across isolated rural landscapes. In marked contrast, the sole male case manager interviewed said he had no apprehension about rural isolation and was more concerned about time management. These findings resonate with other literature exploring the nature of women’s fear, particularly women’s access to public spaces outside the home. According to Gray and colleagues (2010), fear of crime is strongly linked to gender and sense of belonging to place, and it is this connection to gendered place identity that resonates with the current study (Little et al., 2005; Pain, 2000; Tandogan & Ilhan, 2016).

Feminist literature exploring women’s emotional responses to public spaces, found women fear sexual attack and harassment from males when accessing shared or communal areas (Bialeschki, 1999; Condon et al., 2007; Valentine, 1990). A review of contemporary literature in academic and popular media, finds these fears have remained a persistent factor in women’s relationship with public venues (see for example, Australian Bureau of Statistics, 2016; Delaney, 2017; Tandogan & Ilhan, 2016). Exploring women’s use of public spaces in cities, Tandogan and Ilhan (2016) found fear of crime has an enormous impact on how women live their lives, resulting in their

undertaking a number of calculations before deciding whether to access open public places.

Widely reported high profile cases of attacks on women in Australian public places such as Jill Meagher (Dow, 2016), Courtney Heron (Baker, 2019) and Aya Maasarwe (Precel & Pearson, 2019), has led to widespread community grief and anger (Western Alliance Academic Health Science Centre, 2016). Reports of attacks on professional women working alone in rural locations have also been profiled in the Australian media. As professional women, and as consumers of media, female case managers are likely to internalise attacks on rural colleagues, prompting emotionally intense feelings of sympathy for the victim, and reinforcing a sense of shared identity. In one recent high-profile case, a remote area community nurse was assaulted and murdered after being called to conduct a home visit at night. In this case, the professional's murder prompted the introduction of Gayle's Law, requiring healthcare workers to be accompanied when attending after-hours or unscheduled callouts (Fedorowytch & Boisvert, 2019).

The present study found that references to mobile telephones, particularly lack of connectivity and personal safety were common amongst case managers. In one notable conversation, the case manager's sense of vulnerability was evident when she reported "no phone access...it's a dirt road out there and it's a bit scary [laughs]. I always think that I've taken the wrong turn, it looks like a movie". Cumiskey (2011) in studies of women's relationship with mobile phones, found women envision the mobile phone as a weapon of self-defence that offers an antidote to social anxiety when in public spaces. Other literature describes mobile phones as offering a sense of connection to loved ones (Pertierra, 2005), to colleagues (Terry et al., 2015), to emergency services, and roadside assistance and maps (Cumiskey & Brewster, 2012, p. 590).

A significant feature of the case managers' reports of feeling fear, was that after a period of employment, this sense of foreboding and danger dissipated. Consequently, these findings suggest a process of acclimatisation may gradually change early perceptions of the landscape as a *dark geography* to a more benign, bucolic interpretation of the landscape.

A discussion of the nature of female case managers' relationship with the landscapes in which they practice, was included here to reinforce the notion that gendered fear of crime can be a factor in rural practice that warrants further cross-disciplinary research. A clearer knowledge about the issue of fear in rural case management practice is needed to ensure appropriate staff preparation and orientation, so that the mental health and safety needs of the practitioner can be met. It should be noted that the breadth of the study's findings on professional women's experiences of practice in isolated contexts, is likely to be impacted by the homogeneity in the cultural background of the case managers in this study, all of whom were from European origins.

4.3.2 Contribution to the Literature

In sum, this publication has made a significant contribution to the literature concerning both case management and rural discourse, by providing an in-depth exploration of the community-based rural case management practice experience. It introduces new interpretations of the meaning of workplace travel in rural case management practice; explores the confluence of gender, telecommunications and isolated geographies; and identifies the deleterious impacts caused by revolving-door pilot programs on the case manager's capacity to foster interagency trust and resource sharing. The article concludes with a call for consideration of rural case management as a valuable model for addressing the complex needs faced by individuals living and working in rural areas. The following chapter will present a publication that details the

second in this two-stage study, where a Delphi Method with social work academics enabled the identification of 37 key practice constructs for an adapted case management practice theory applicable to a rural context.

Chapter Five: A Theory of Rural Case Management Practice: A Delphi Study

5.1 Introduction

Chapter Four presented a publication offering findings from Stage One of this two-stage study, where rural case managers were asked about their rural practice experiences. In this chapter, a third publication, titled *A theory of rural case management practice: A Delphi study*, is presented. Here, the details and rationale for the methods used in Stage Two, a Delphi Survey with social work academics, are provided, along with a report on the 37 practice constructs developed to facilitate the adaptation of case management practice theory, to a rural context.

5.2 Publication Details

I am the first author of the attached article and responsible for 60 per cent of the manuscript preparation. As first author my contribution comprised the sourcing and analysis of literature; preparation and drafting of the article; and later undertaking any manuscript revisions recommended by the journal reviewers. The second and third authors comprise members of my PhD supervisory team who contributed 20 per cent each to the manuscript preparation. Their contribution included providing regular feedback about data sources and data analysis, and expansive discussions about the concepts emerging from the data. The other authors have granted permission for the article to be included in this PhD dissertation.

The British Journal of Social Work is an international peer reviewed journal, ranking in the first quartile of journals publishing in the fields of social work, health, and social sciences. The journal is listed in the SCImago Journal and Country Ranking Reports (SJR) and is recognised for the Higher Education Research Data Collection (HEDRC). The Journal has an impact factor of 1.97 and its H index is 77

(<https://www.scimagojr.com>). The article is published in accordance with the *British Journal of Social Work* author guidelines. The copyright conditions of the publisher allow for inclusion of the article in this PhD dissertation. The full citation for the article is as follows:

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A Theory of Rural Case Management: A Delphi Study

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Abstract

Though attention has been given to investigating the role of generalist case management in addressing complex needs, largely absent to date is an enquiry to develop the theory for rural community-based social work and human service case management. The purpose of this article is to describe how a two-stage exploratory mixed methods research methodology led to the formulation of a series of theoretical constructs to inform rural case management theory. This article describes Stage 2 of the study, a Delphi method with social work academics where vignettes and a rating scale were strategically combined to transform rural case management practice experience into constructs to inform rural practice theory. We conclude the article by contending that mixed method research designs hold promise for other areas of human services work, where practice theory grounded in-field experience is sought.

Keywords: Case management, Delphi method, mixed methods, practice theory, rurality, vignettes

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Introduction

Social workers and human service workers face unique challenges when starting practice in rural communities. The literature highlights poor resources, inadequate supervision, lack of anonymity and extensive

travel as factors facing practitioners coming into rural work (Turbett, 2009; Humble *et al.*, 2013). Australian texts observe that practitioners often come to rural practice without adequate contextual and theoretical preparation for the role ahead (Lonne and Cheers, 2000). Though advances have been made to prepare community workers for a rural context, concern remains that where theory is unavailable, practitioners may inadvertently apply urban-centric ways of working to uniquely rural problems (Pugh and Cheers, 2010).

This also applies to case management. Though attention is given to investigating case management as a means of addressing complex needs, largely absent to date, is an enquiry into a rural theory for community-based social work and human service case managers (Dellemain and Warburton, 2013). The current research sought to address the lack of theory available to rural Australian case managers by utilising a two-stage exploratory mixed methods design to theorise about this mode of practice. The study investigated practice in rural Australian conditions framed by extensive geographical distances, scattered small communities and limited social services. Outcomes from Stage 1 of the study, where case managers shared their practice experience of rural practice, are detailed in another publication (Dellemain *et al.*, 2017). The purpose of this article is to report on Stage 2 of the research. Here, a Delphi method with social work academics, using vignettes and rating scales, was utilised to develop constructs to inform rural case management theory. The article concludes by contending that this methodology holds promise for areas in human services where practice theory grounded in field experience is sought. Before detailing how the Delphi study was designed and conducted, an argument on the need for this study is made.

Paying attention to rurality in case management practice

Case management resonates strongly with social work practice (Healy, 2014). Briefly, case management describes a strategic and systemic intervention, which supports vulnerable individuals with complex needs (Bowles, 2009; Moore, 2009). Frankel *et al.* (2019, p. 4) aptly call it the 'glue that binds a fragmented array of services to the unique and changing needs of clients'. Case management is delivered by a broad range of disciplines (Simpson-Young and Fine, 2010; Gursansky *et al.*, 2012) in various community, policy and programme settings to address chronic and complex needs, using holistic, planned and coordinated processes (Bowles, 2009). Though case management models differ slightly, for the purpose of this study, we focus on the core functions of assessment, planning, linking, monitoring and review (Summers, 2006; Australian Association of Social Workers, 2015), though some texts give advocacy (Hughes and Wilson, 2016), and termination (Moore, 2009) distinct attention.

Not only is rural case management practice different from urban practice (Dellemain and Warburton, 2013) but rural needs differ from urban ones. The Australian experience offers a case study, characterising rural needs as poverty and mental illness (Wendt, 2018), disease and injury (Australian Institute of Health and Welfare, 2017), an ageing demographic (Dellemain *et al.*, 2017), geographical isolation and climate change (Horton *et al.*, 2010) and carer stress (Winterton and Warburton, 2011), which we contend are framed contextually by rural 'place'. Anecdotally, the principal author's experience as a rural case manager, social worker and clinical supervisor found the contextual influence of rural Australia shaped all aspects of her case management interactions.

In terms of practice, we argue the impact of the rural context on case management calls for a different skillset from those needed by case managers in an urban context, an assumption supported by extant literature on urban and rural practice more generally (e.g. Gibb *et al.*, 2003; Maidment and Bay, 2012; Humble *et al.*, 2013; Howard *et al.*, 2016). That literature highlights rural work as requiring strong skills in creativity, adaptability and the capacity to operate strategically across multiple systems. These skills are said to be necessary to meet the challenges placed on rural practitioners, including poor resources, lack of anonymity and dual relationships (Howard *et al.*, 2016) compounded by lengthy travel to deliver services to communities that are separated by vast distances (Martin *et al.*, 2019). Alston (2015) describes rural practice environments as offering fewer collegial supports, greater interdisciplinary collaboration and a high staff turnover, characterised by an overrepresentation of new graduates just starting out or about to leave. Into the mix, she adds high-client support needs, heavy caseloads and an increased risk of burnout. Even at the personal level, Byles-Drage (2008) found Australian practitioners coming to rural areas for work can find it hard to break in, be accepted or make new friends.

Global literature discussing the provision of case management, as rural social work practice include bush fire recovery (Camilleri *et al.*, 2010), young people leaving care (Saunders and Fell, 2012), veteran care (Mohamed, 2013), drug addiction (Smith and Hall, 2008), rural ageing (Bisman, 2003) and mental illness (Blodgett, 2015). We noted, however, an absence of any specific guiding practice theory for rural community-based social work and human services case managers (Dellemain and Warburton, 2013), and it was here we situated this study.

A case for a specific rural case management theory

Australian, British and American professional Codes of Ethics representing social workers and human services all emphasise the importance of clinical competence in protecting vulnerable clients from harm

(Australian Association of Social Work, 2010; British Association of Social Workers, 2014; Australian Community Workers Association, 2017; National Association of Social Workers, 2017). Where accepted standards are not available in a field of practice, Australian social workers are instructed to exercise judgement by taking additional steps such as training, research and supervision, to ensure practice competencies are maintained (Australian Association of Social Work, 2010). We determined that for rural case management in community-based social work and human services, context-specific practice knowledge has hereto been unavailable for new practitioners (Dellemain and Warburton, 2013). By articulating constructs to inform a rural theory, we reasoned that this study helps ensure that practice interventions are firmly contextualised to place, thereby enabling practitioners to remain accountable to their professional bodies and ultimately, all stakeholders.

The practitioner as 'expert'

Global professional bodies also encourage social workers to be engaged with professional research and contribute to the development of practice knowledge (British Association of Social Workers, 2014; National Association of Social Workers, 2017). Despite the encouragement, social workers can be reluctant researchers who undervalue their potential to contribute to practice theory development (Hyde, 2018). We noted the advice of theorist Martinez-Brawley (2002), who counsels social work researchers to build bridges between practice and theory, to forge links between longstanding and effective practice wisdom and innovation in new ways of 'doing'. Consequently, our design builds rural theory by 'fusing' (Thompson, 2017, p. 2) the knowledge base and skills of two expert sources, field-based rural case managers and social work academics. To achieve this, we conducted the study in two stages to answer the overarching question 'what is rural case management?'. In Stage 1, a qualitative constructivist grounded theory methodology with focus groups of case managers was used to determine how rural case management is contextualised by place. This aimed to capture the lived experience of rural practice. Findings identified themes including rural travel, the unique nature of time management in rural work, gendered engagement with rural landscapes, working in a 'fish-bowl', stigma, the complex nuances of rural interagency relationships, including the role of trust, creative practices and identifying and managing risks. These are detailed in a separate publication (Dellemain et al., 2017).

In this study, Stage 2, we presented the rural case management experiences to social work academics for their interpretation, contextualisation, extension and transformation into practice constructs (see Figure 1). In

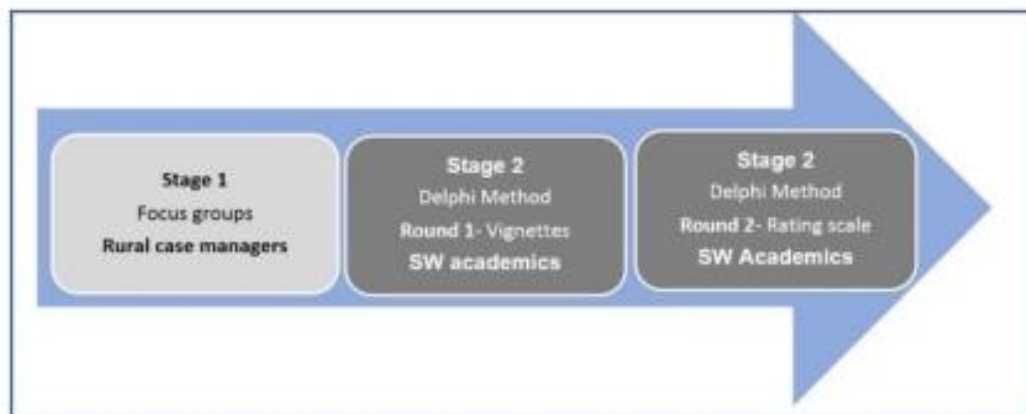


Figure 1: Stage 2—A Delphi method with SW academics comprising two survey rounds.

this way, we positioned the rural practitioners ontologically and epistemologically, as critical partners in case management theory development.

This article details Stage 2 of the study where a Delphi method with social work academics asked, ‘What practice constructs should be included in a rural case management theory for generalist community-based social work and human service practice?’ A Delphi method was selected for its strength in exploratory research where incomplete knowledge of a problem exists (Giannarou and Zervas, 2014). Additionally, survey methods are a good fit for problems where specific expertise, knowledge or opinion is sought (Walter, 2010). Details of this research and how it was designed are described in the following.

Materials and methods

Participants

Ten social work academic participants from four Australian universities were identified through purposeful sampling of professional networks and journal publications of rural social work literature. Though Delphi participants are known as ‘experts’, this article uses the term ‘academic’ to acknowledge the weight of the case manager expertise in Stage 1 and acknowledge who constitutes an ‘expert’ remains contested (Gabb *et al.*, 2006). A decision to limit participation to social work was made because social work holds pedagogical dominance in community-based case management and shares a common language with other welfare-based community disciplines (Cox *et al.*, 2017). Additionally, social work is also a potential end user for any emergent rural social work and community-based case management theory. The project received ethical clearance from La Trobe University, Human Ethics Sub-Committee (S15-288).

Delphi round 1: Building rural theory using vignettes

Delphi studies typically begin with a qualitative questionnaire presented to an expert panel (Keeney *et al.*, 2006). In this study, information gathered from rural case managers about their practice experiences informed the content of the vignettes presented to academics in Round 1 of a two-round Delphi survey. An exploration of the research literature had revealed that storytelling technique, particularly the vignette, is a powerful elicitation tool when seeking observations about a hypothetical situation (Wilks, 2004). We determined a qualitative open-ended format for Round 1, comprising authentic practice experiences that would be powerful if each vignette was carefully crafted to contain a central practice observation (Ochs *et al.*, 1992). Before adopting a vignette, each was tested for face validity by social work peers, to check for its coherence with the goals of the study (Bannigan and Watson, 2009) and modifications made if required. Overall, twenty-one vignettes were presented in Round 1 and accompanied by an instruction for the academic to carefully consider each and comment on the practice observation it contained (see Table 1).

At the conclusion of the first round, the social work academics had offered detailed qualitative responses to the twenty-one vignettes presented. Answers included observations on training, advocacy, travel, client eligibility criteria, rapport building, client engagement, worker safety, professional reputation, fear of stigma, productivity, supervision, interagency ambivalence and agency management, to name just a few. When completed, Round 1 qualitative data were content analysed and formulated into discrete measurable statements representing rural case management practice. Overall, thirty-seven rural case management practice statements were isolated from Round 1 data and delivered to the same panel in Round 2.

Delphi round 2: Group consensus on practice statements using a rating scale

All ten academics participated in Round 2 of the Delphi survey. In Round 2 of the Delphi academic panel, members were asked to rate each statement presented for importance to rural case management practice. Examples of statements and the collated ratings are provided in Table 2.

In Round 2, academics were asked to rate each statement presented for its importance to informing case management practice in a rural context. Each statement was accompanied by a rating scale from 1 to 10, where 10 was very important, 5 was moderately important and an additional 0 value was added to allow for the exclusion of the statement

Table 1 Examples of vignettes and responses provided by participants in Round 1, Delphi.

Round 1 Delphi: Qualitative vignettes and responses	
Vignette: 'Interagency work'	Interagency meetings are really important because funding changes all the time and programs come and go. Attending is a drain on your time, but you have to stay linked in, you have to go along to keep up with what's on offer to that community.
Delphi Response # 07	Absolutely. A case manager's role is to navigate the service system, so interagency communication is important. Meetings might be an inefficient use of their time when their agendas are tangential to the case management function. The case manager needs to have 'key informants' ... in the professional network, and communication strategies that give them the information efficiently.
Vignette 'Reputation'	In rural areas, case managers have to look after their professional reputation, because everybody knows everybody else and everyone talks to everyone else. Reputation opens doors. I think it is a lot about the reputation, who knows who and who works where.
Delphi Response # 07	...What I think might be fore-fronted at the extreme end of rurality is the exchange of information amongst service-users, their friends and families. Service-user perceptions of responsiveness, competence and reliability are likely to influence willingness to engage with individual practitioners and/or service providing agencies (though service-users might not be blessed with choice of agencies, or even practitioners). Case managers do not always live in or around the town that they are servicing. To build rapport with my clients, I have to be able to talk to them about their everyday life experiences and know what is going on in their town. I do not live there, so I have to make an effort to find out.
Vignette 'Introducing a new service'	I agree with this comment. As a worker you may not live in the town you are servicing. It is important to engage in this way and gain an understanding of the broader context of a client's life. It's both part of engagement and also providing context for the issue the client may be bringing to you.
Delphi Response # 08	

Table 2 Sample of rateable practice statements demonstrating measures of panel consensus.

Round 2 Delphi: Testing panel consensus about practice constructs	Rating ≥ 7 (per cent)	Median rank
Assessment in rural case management. The rural case manager...		
<ul style="list-style-type: none"> • Recognises that in rural communities, their clients' identity is often closely connected to where they live • Must take time to identify the formal political and policy contexts impacting their service 	90	9.50
Planning and linking in rural case management practice. The rural case manager...	100	9.50
<ul style="list-style-type: none"> • Makes time to have a presence at interagency meetings because power plays between agencies are played out at the local level and therefore being across the politics of practice is vital to understanding what is going on in a rural community • Need to increase community awareness of health issues and services, to normalise these issues and reduce the impact of social stigma 	70	7.50
Implementing, monitoring and review in rural case management practice. The rural case manager...	80	8.00
<ul style="list-style-type: none"> • May work outside their role boundaries in service provision rural areas, because there is no one to refer clients to and it is either try and do something or do nothing • Addresses the impact of lack of worker anonymity in small towns by using supervision to identify the professional, personal and safety issues that can arise 	80	8.50
	90	10.0

altogether. Again, the rating scale was tested for face validity using an online pilot with social work peers to ensure its consistency with the stated goals of the study (Bannigan and Watson, 2009) and alterations made if needed. Additionally, in this round, statements were grouped into three sections aligned to case management functions namely, assessment, planning and linking and implementing, monitoring and review. This helped to keep the panel focussed on evaluating statements for their application to case management activities.

We adopted McKenna's (1994b) measure of consensus as reached when 51 per cent or more of the panel agreed on a value in a Delphi rating scale. All thirty-seven statements presented were elected as important to practice and to this effect the research question was resolved. With consensus attained, no further rounds were required, and the Delphi was stopped. In sum, for each of the thirty-seven statements, 70 per cent of the panel selected a rating of seven or higher, that the statement presented was important to rural case management practice. In part, the high level of consensus was assisted by the principal authors' practice experience as a rural case manager, social worker and clinical supervisor, which facilitated careful interpretation and analysis of Round 1 data to accurately capture meanings from the panels' observations.

A central tendency median score was calculated to avoid potential distorting influences from outliers in a small sample size such as this (Gordon, 1994). This analysis revealed a value ranging between 7.5 and 10 across all statements, further supporting the decision to stop at Round 2.

Overall, the study confirmed that all stages of rural case management, namely assessment, planning, linking, monitoring and review are framed with reference to a rural context. Examples of Round 1 qualitative responses and Round 2 rated practice statements are given in the following.

Findings

Assessment phase

The academic panel agreed the engagement and assessment stage is optimised by taking time to conduct preparatory research into the client's macro-environment, namely the socio-economic, demographic, geographical, political and cultural contexts of 'each' rural community serviced. An example of a Round 1 response is,

... a rural case manager must have a good understanding of rural communities but suggest that rural communities are far from homogeneous. ... rural case managers must understand the community in which they are working. This includes knowledge of their local rural

industry, demographics, culture (including the local Indigenous population), and local services. (Participant #02)

Combining the panel responses, Round 2 statement became, 'The rural case manager facilitates the client engagement and assessment process, by taking the time to familiarise themselves with the socio-economic, demographic, geographical and cultural contexts of each rural community they service.' This statement was rated as important by the panel (100 per cent selected a rating of eight or higher) and it was accepted as a construct to inform rural case management practice theory.

Also considered important by the panel was recognising that in rural practice an individual's identity can be tightly bound to rural 'place'. Additionally, more time is required to conduct a rural assessment because rural clients can be more stoic and reluctant to seek help a behaviour that can be linked to fear of social stigma.

It can be very hard to gain trust as an outsider and you may never really know how a community really works. People in rural areas may also be quite stoic and more reluctant to use services. You need to be creative and try to spend time on engagement and building trust in the first instance. There are a range of ways in which this can be done, e.g. volunteering at local events, building relationships with existing service systems and working alongside them, etc. (Participant #08)

Once crafted, the group response became, 'The rural case manager spends more time on building trust during the engagement process because people in rural areas can be more stoic and reluctant to use human services.' This statement was rated at 7 or higher by 70 per cent of the panel. Other statements suggested as important to assessment include exercising greater precautions in rural practice to preserve client confidentiality and remaining alert to the content of local referrals which may amplify narratives of marginality for vulnerable local community members. There was also consensus that maintaining and managing one's professional reputation is a priority in a rural context.

One of the issues identified here is the lack of anonymity workers often experience in a rural area. As a professional, you hold a particular position in the town, and you need to be sure you live up to this. People will notice you and your behaviour and your professional expertise and integrity. If this is good, people are more likely to trust you and seek your help. (Participant #08)

Once combined, the statement became, 'The rural case manager recognises a good professional and personal reputation is a valuable asset that bestows an immediate level of credibility and trust that might otherwise take much longer to develop.' All panel members (100 per cent)

selected a rating of seven or higher that this is an important concept for informing rural practice.

Planning and linking phase

For planning and linking, the panel felt it was important for case managers to pursue collaborative partnerships with external agencies in a rural community. One strategy for successful partnering was attending local interagency meetings.

... the interagency is the most misunderstood and misused aspect of rural practice. Research over many years, in many different states has proven that the systems in place for [interagencies] are less than perfect, and that often, practitioners forgo attending because it is 'a drain on your time'. In fact, it is essential to be part of the interagency processes. The smaller the community, the more important is this fact. In addition, the power plays between agencies are played out at the local level and being across the politics of practice ... is vital to understanding what is going on in your community. It isn't just because of the funding changes, but also because some agencies will power play at the local level, and clients are often caught in the middle of these. To be present is to be politically savvy. (Participant #12)

Due to the breadth of detail, three items on interagency work were developed. One example was, 'The rural case manager makes time to have a presence at interagency meetings because these foster collaborative partnerships, encourage referrals and maximise the use of resources.' All panel members selected seven or higher that attending interagency meetings is important for effective practice. On the topic of external agency resistance to a case management service, the panel suggested this ambivalence may be strategically minimised where a case manager demonstrates overt respect for local knowledge and reflects on how the introduction of a new service may impact on local services. Another strategy suggested by the panel included seeking out a local mentor able to recommend them to local services and facilitate their acceptance into local networks.

Apart from partnering and collaboration with other agencies, importance was also placed on attributes of creativity and courage for effective planning and linking. This was qualified in a separate statement which highlighted that creativity is necessarily balanced by ethical resource management to prevent the misuse of resources. When evaluated, 90 per cent of the panel selected seven or higher that attention to maintaining an ethical balance is important. Consensus was also found regarding the importance of professional attributes of outside-the-box

thinking, flexibility, high-order systemic advocacy skills and a holistic skillset in rural case management practice.

Implementing, monitoring and review stage

Limited resources in rural areas can lead to requests for the case manager to perform tasks outside their boundary or job description. The panel identified training, clinical supervision from someone who understands rural practice as well as systemic advocacy, as holding particular importance for supporting practitioners to manage, control and preserve professional boundaries.

Perhaps this is more likely to occur for rural and regional practitioners who are using a case management approach to accessing services. The required services might be absent, in a distant location or infrequently available. This goes to the issue of systems advocacy. Managers and practice leaders could be contributing to the case manager's clarity about role boundaries, assisting to 'think outside the box' for ways to address a need, recording the service gaps and conducting systems advocacy for service gaps to be filled. (Participant #07)

Three statements on professional boundaries were developed. One example is, 'The rural case manager responds to requests to work outside their role boundaries by observing clear theoretical frameworks and undertaking professional supervision.' All panel members (100 per cent) selected seven or higher that this was important to practice.

Earlier, in assessment, we identified that stoicism may be a factor for some rural clients being reluctant to seek help. The same characteristic was suggested to impact on the case management review. The panel agreed it is important during the review appointment to recognise the potential impact of rural stoicism by clearly articulating contingency plans for withdrawing a case management service. Clear communication is needed to legitimise recontact and discourage the client from waiting for a crisis before making further contact.

Discussion

This study has confirmed that the rural context has an impact on every stage of the rural case management intervention and, therefore, deserves investigation. We argued earlier in the document that rural community-based case managers lacked a specific practice theory to guide their work (Dellemain and Warburton, 2013). Eight key constructs were identified as important for a rural case management theory: place, rural identity, reputation, creativity, community development, interagency

networking, advocacy and supervision. These are explored more fully in the following.

Engagement and assessment

Before commencing a rural case management assessment, the panel recommends the case manager develops a strong sense of 'place' for the locality where the service is to be delivered. They suggest the case management assessment be preceded by a comprehensive exploration of the socio-economic, demographic, geographical, environmental, cultural and conceptualisation of rural 'place' can be challenging because there is no standard by which to define a rural community (Keating, 2008) and the problem is compounded because rural places are simultaneously diverse but share significant commonalities (Rowles, 2014). However, failure to give due attention to the singularity of each location can risk the implementation of a reductionist urban solution to what is a uniquely place-specific rural problem (Pugh and Cheers, 2010).

In this study, concepts of rural identity resonated most acutely during the assessment, planning and termination phases. Based on this and existing literature, we contend that critical to the case management assessment is the recognition that members of small communities commonly share a strong emotional investment to the place in which they live (Winterton and Warburton, 2012). Winterton and Warburton identified that an intense cognitive relationship with rural place is typified by strong social bonds reinforced through shared values, attitudes, beliefs and group norms. For example, in this study, assessment appointments were said to take longer and require more visits to establish rapport, because of tangible and intangible social norms linked to the outsider status of the practitioner and reluctance to participate in help-seeking behaviours (for an in-depth exploration of similar concepts see, McColl, 2007; Watkins and Jacoby, 2007; Chipp *et al.*, 2011).

The panel suggested rural identity was also linked to stoicism. Briefly, stoicism in the literature is described as a silent endurance of a social, medical or psychological need, with a concomitant lack of emotional involvement (Moore *et al.*, 2012) and is often linked to rural identity (Dellemain *et al.*, 2017), predominantly masculine identity (McColl, 2007). This study found stoicism may be associated with fear of social sanction, namely, social stigma. Consequently, during the assessment and linking stages, the case manager attends closely to resolving issues of shame or embarrassment that may impact on the acceptance of a service. Paying attention to stoicism was found to also be needed during the termination phase, where client concern about using resources that could be used by others, can lead to a crisis intervention if not factored pre-emptively into the review process.

Based on panel findings, we found visibility is synonymous with close rural living and the lack of anonymity in country life is well documented in the literature (Wendt, 2018). For the case manager, their personal visibility and lack of anonymity can facilitate or detract from establishing a therapeutic relationship during assessment. Delphi participants suggested the case manager holds a particular position in the town and that locals are likely to share information about them and their professional practice. Philo *et al.* (2017) found hotels, doctors' surgeries, sale yards and churches are strongholds for social exchange where community members consolidate their sense of belonging by exchanging valued information about local happenings. Pugh (2007) ascribes local attention to professional behaviour as a desire by the service user, or client, to 'place' the worker, in other words, to understand who the worker is vis-à-vis other professionals as well as themselves, as a member of the community.

Continuing with the concept of visibility, the panel believed it important for rural case managers to give priority to nurturing their professional reputation in small communities. This involves maintaining competency and clearly demonstrating accountability, dependability, reliability and integrity. Ellem *et al.* (2019) found rural professionals described 'being "more accountable" in their work compared to working in urban environments, owing to their heightened visibility in smaller communities' and of getting found out 'pretty quick smart if we weren't doing the right thing' (p. 101).

Planning and linking

Frankel *et al.* (2019) describe this case management phase as linking an individual to components of the service delivery system. The panel identified activities in these two phases are strategically modified to compensate for a rural context, particularly the paucity of available resources. It was proposed that professional attributes of courage, creativity and autonomy, to which were added holistic practices and a broad skillset, are key to effective planning and linking. Martinez-Brawley (2002) describes this as the 'rural school of make do, ... creative solutions utilising whatever elements at hand.'

In a similar vein, the panel highlighted the value of interagency partnering for optimising the range of supports available. They recommended making time to attend local interagency meetings and to take advantage of opportunities for face to face networking. McDonald and Rosier (2011) found interagency meetings served to strengthen connections, open communication channels, improve information sharing and increase resources and power-sharing. Apart from interagency meetings, academics suggested seeking patronage from a local respected mentor as another strategy for gaining local acceptance of the case manager and

their service. A similar concept was examined by Chipp *et al.* (2011) who included contributing to informal community activities as a way to form meaningful connections.

Despite resource limitations, not all new services are welcomed into local communities (Dellemain *et al.*, 2017). This study found that where new case management service is introduced, the case manager may need to remain politically alert for signs of ambivalence from local services. The literature identifies this ambivalence as arising from cycles of continuous change, in-group and out-group dynamics or fear the new service will be a pilot, temporary, therefore, not worth investing the emotional labour involved in developing a relationship (Dellemain *et al.*, 2017). The panel suggested one way of overcoming local resistance, including referrals being withheld, is for the case manager to purposively acknowledge, respect and affirm the local services for their knowledge and expertise.

Monitoring and review

The Delphi panel was pragmatic that rural case managers will, of necessity, sometimes work outside the boundaries of their role or professional training. When such a request is received, the panel identified high-order systemic advocacy skills are an important adjunct to practice because such requests shine a light on a gap in local services. Systemic advocacy skills will enable the case manager to report the service need to the government department or funding body best placed to address the service shortfall. Rural literature suggests that requests to 'blur' one's professional boundary (Cheers, 1998, p. 234) tend to arise in rural settings when high support needs are coupled with a lack of specialist alternatives (Gregory *et al.*, 2008).

The Delphi panel deemed that access to supervision was profoundly important for the professional support of rural case managers. They suggest the complexity of demands placed on rural case managers by professional isolation and the type of casework is best addressed by ensuring access to quality clinical supervision. Further that it is advantageous for the clinical supervisor to have a sound knowledge of rural practice to facilitate a deep reflection about the challenges of everyday rural work. Examples, where supervision could offer clinical support, include addressing requests to work outside one's professional boundary and lack of professional anonymity that arise in rural settings. In their exploration into rural supervision, Martin *et al.* (2019) found good supervision leads to better quality and safety of client care, improvement in workforce retention and higher worker satisfaction.

Limitations

Methodologic limitations in the use of the Delphi technique include variability in understanding of the meaning of consensus. As Giannarou and Zervas (2014) observe, '[a]lthough the principal aim of Delphi technique is to reach consensus among the participants, still a common practice to measure it does not exist.' This was resolved in this study by observing recommendations from recognised sources (e.g. McKenna, 1994a).

Choice of who constitutes an 'expert' remains ill-defined in Delphi studies. The choice ultimately relies on the judgement of the principal investigator; therefore, in this study, stakeholders with knowledge in the topic area of rurality or case management were sought. Furthermore, all social work academics involved in this study were female, and none identified as Indigenous; thus, it is unclear how greater gender and cultural diversity would have impacted these results.

This study was limited to community-based social work and human services case management practice in an Australian rural context and, therefore, may not generalise to other global settings. Broadening the study to rural case managers and academics in international jurisdictions would assist in generalising these findings beyond this narrow context.

Conclusion

This article provides a detailed argument that case management practice in rural community-based social work and human services practice contexts has warranted a dedicated theoretical framework to guide new graduates and supervisors. The constructs presented here will be of interest to a range of user groups including students, rural case managers, human services workers, social workers, supervisors and case management educators. This area of practice is rich for a further exploration for those now wanting to apply and evaluate the rural case management theory in a practice context.

Conflict of interest statement. None declared.

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5.3 Conclusion

This chapter has presented details of the second stage of a two-stage study where a Delphi Survey was conducted with ten social work academics from universities across Australia. The article's significance lies in articulating and confirming a series of practice constructs with which to inform a case management theory adapted for generalist practice in small community based rural settings. In this chapter it was suggested that a mixed methods design, such as the one used here, shows promise for similar research studies aiming to identify constructs for practice theory development.

It was noted that the participants described in this current study lacked heterogeneity in that they represented the views of young-to-middle-aged women of European descent. Where heterogeneity is unavailable because of the small-scale nature of the research, as was the case here, expanded cultural and ethnic scope should be sought through proliferation in the number of similar projects undertaken (Allmark, 2004). Therefore, it was recommended that future studies seek to broaden the reach of an adapted rural case management theory by studying case management in remote settings, case management practice with Indigenous communities in rural and remote settings, and in international contexts where case management is practiced.

To date, this dissertation has provided detailed descriptions of Stage One and Two of this study, including a comprehensive review of the qualitative and quantitative methodologies used, and the findings emerging from these stages. The next chapter, Chapter Six, will provide details of the integration of these findings.

Chapter Six: Integrated Discussion

6.1 Introduction

The dissertation thus far has given the history, rationale, process, and implementation of this study to build generalist case management theory with specific adaptations for its application to a rural context. Earlier chapters have described the exploratory, qualitative dominant (QUAL→quant), mixed methods nature of the study design (Creswell & Plano Clark, 2018) and noted it proved to be powerful for theory development. Earlier chapters have also explained the significance of using practice experience from the field in combination with research, pedagogic and rural expertise from the social work academia, in order to frame, evaluate and develop a generalist case management theory grounded in authentic practice.

Chapter Three of the dissertation explained that a qualitative grounded theory approach is well suited for studies aiming to understand the lived experience of a cohort that shares comparable characteristics (Creswell, 1998). That proposition was borne out by the research findings detailed in Chapters Four, revealing how grounded theory with focus groups of case managers was able to provide the study with access to rich, experiential stories about rural case management work. Chapter Three also highlighted how the inclusion of post-positivist components, using a Delphi Study with social work academics, transformed the practitioner data into a series of practice constructs. This enabled the activities undertaken in generalist case management to be contextualised to small rural community settings.

Chapter Five followed with a more detailed description of how the case management stories were transformed into 37 practice constructs using a Delphi survey method. This included describing how quantitative methods were used to sift, test, and incorporate, key practice attributes into the building blocks for an adapted rural practice theory.

Through these processes two research questions were resolved: ‘How is case management contextualised by rural place?’ and, ‘What practice constructs should be included in a case management theory adapted for, community-based rural social work and human service practice?’

The following sections present details of practice constructs emerging from the study and how these inform case management activities in a rural setting. The section begins with a table (see Table 6), that serves as an aide-mémoire for the introduction of all 37 practice constructs, along with their rated importance to rural case management theory. The figure given in the table represents the percentage of academics who allocated a rating of 7 or higher to that construct, in a ten-point rating scale. Essentially, a rating of 7 or higher reflects that the construct was evaluated as important to case management practice in a rural setting.

Table 6

37 Constructs for Adapting Case Management to Rural Community-Based Settings

i. ORIENTING TO RURAL PRACTICE

- 1.** Facilitating the client engagement and assessment process by taking the time to familiarise themselves with the socio-economic, demographic, geographical and cultural contexts of each rural community they service (100%).
- 2.** Recognising that in rural communities, their client's identity is often closely connected to where they live (90%).
- 3.** Taking time to identify the formal political and policy contexts impacting their service (100%).
- 4.** Requesting management input to evaluate and manage conflicts of interest arising from the case manager's personal relationships with potential clients (90%).
- 5.** Recognising a good professional and personal reputation is a valuable asset that bestows an immediate level of credibility and trust that might otherwise take much longer to develop (100%).
- 6.** Recognising that in small rural communities, clients, their friends, and families may share information, therefore perceptions about the case manager's responsiveness, competence and reliability may influence the engagement process (90%).

ii. CONTEXTUALISING CASE MANAGEMENT ASSESSMENT FOR A RURAL CONTEXT

7. Spending more time on building trust during the engagement process because people in rural areas can be more stoic and reluctant to use human services (70%).
8. Addressing a cultural reluctance to ask for help when implementing a service plan, by clearly communicating contingency plans that minimise the potential for crisis and outlining the approach should a crisis occur (90%).
9. Needing to increase community awareness of health issues and services, in order to normalise these issues and reduce the impact of social stigma (80%).
10. Recognising that stereotypes can blind the case manager to the strengths within small rural communities, therefore taking time to find out how communities work would make the case manager more effective (90%).
11. Identifying the importance of maintaining a critical focus to separate romantic notions and assumptions of rurality, from the reality (90%).
12. Attempting to identify hidden rules in rural communities such as one family not using a service where another family goes (90%).
13. Recognising some referrals are likely to be heavily weighted with local knowledge, meaning individuals may be labelled before the case manager has met them (100%).
14. Addressing the unique risk associated with rural assessments by networking closely with local services and civic groups so initial assessments are not conducted alone (100%).

iii. THE ROLE OF INTERAGENCY COLLABORATION IN RURAL CASE MANAGEMENT PRACTICE

15. Making time to have a presence at interagency meetings because these foster collaborative partnerships, encourage referrals and maximise the use of resources (100%).
16. Making time to have a presence at interagency meetings because power plays between agencies are played out at the local level, and therefore being across the politics of practice is vital to understanding what is going on in a rural community (70%).
17. Seeking out a local champion who can recommend them to local services and who can work to have them accepted into local networks (80%).
18. Establishing a network of key informants in professional networks with first-hand knowledge about the community (80%).
19. Requesting agency management open doors for their service by establishing effective networks, protocols, and memoranda of understanding with local services (100%).

20. Addressing local ambivalence to his or her service by reflecting on its impact on existing networks and showing respect for local knowledge and expertise (80%).
21. Building trust with local agencies and communities, by doing what they said they'd do, being where they said they'd be and delivering what they said they would deliver (100%).

iv. THE ROLE OF CREATIVITY IN CASE MANAGEMENT PRACTICE IN A RURAL CONTEXT

22. Preparing to be creative, and at times courageous, in the face of scarce resources, if they are to be client focused (100%).
23. Balancing creative service provision with transparency in order to ensure they do not misuse formal resources (90%).
24. Applying a community development approach linking more with naturally occurring leaders in civic groups such as churches, schools, clubs, and stockyards (80%).
25. Addressing a lack of rural services by identifying local informal support networks such as client family, friends, and local civic networks to take on support roles (100%).
26. "Thinking outside the box" where required, to preserve a client's anonymity because the risk of social stigma can be greater in rural communities (100%).
27. Taking extra precautions with privacy and confidentiality because clients are more easily identifiable in rural communities (90%).

v. PROFESSIONAL PRACTICE IN RURAL CASE MANAGEMENT PRACTICE

28. Responding to requests to work outside their role boundaries by observing clear theoretical frameworks and undertaking professional supervision (100%).
29. Recognising they may work outside their role boundaries in service provision rural areas, because there is no one to refer clients to and it is either try and do something or do nothing (80%).
30. Responding to requests to work outside their role boundaries by conducting effective systems advocacy that identifies service gaps and reports them to government and local agencies to be filled (90%).
31. The role requiring a tertiary qualification because this provides a framework for relevant practice knowledge, theory, ethics, and skills that govern practice decisions and actions (100%).
32. The role requiring the practitioner to be more holistic and autonomous and to develop a wider skill set, to fill gaps in rural services (90%).
33. Developing excellent advocacy skills because lack of services in rural areas can exacerbate the inability to successfully refer a client out (100%).

- 34.** Responsibility for seeking out good supervision from someone who understands rural practice in order to reflect on all aspects of rural practice (90%).
- 35.** Addressing the impact of lack of worker anonymity in small towns by using supervision to identify the professional, personal and safety issues that can arise (90%).
- 36.** Recognising that in statutory roles they will face additional pressures and risks in rural areas, when making difficult decisions about people's lives (100%).
- 37.** Recognising long travel times to provide assessments and services can be utilised in a way that builds the worker's job specific skills (80%).

The 37 constructs introduced here form the crucial scaffolding upon which the rural adaptation to the generalist community-based case management model has been built. To facilitate a comprehensive and integrated summation and discussion, this section will present the adaptations thematically. These themes relate to the following domains: orienting to rural practice; contextualising the case management assessment to the rural setting; adapting interagency collaboration to rural case management practice; the role of creativity in rural case management practice; and professional practice in rural case management practice. Each is discussed in detail below.

6.2 Case Management Practice Theory adapted for a Rural Context

6.2.1 Orienting to Rural Practice

This study found the case manager's orientation into a new role ideally begins with a deep reflection into how case management practice is impacted by its rural context. Here, six practice constructs were identified as framing a reflective orientation to rural practice (see Table 6.i).

In focus groups, practitioners reported that it can take between six months to three years to really find one's feet as a rural case manager. A review of the employment literature on transition into new employment, suggests orientation is a time when the new employee finds out about the culture and politics of the employing agency, clarifies the scope of the new role, and establishes new professional networks (Renn & Hodges, 2007). For case management in a rural setting, this orientation period

is shaped by the unique nature of the rural context itself, therefore access to a comprehensive introduction program is considered crucial to helping new case managers orient effectively into their practice setting.

The literature also suggests there is a popular misconception that rural populations are homogeneous simply by virtue of being non-urban (Hanlon et al., 2016, p. 13; Hugo, 2001; Maidment & Bay, 2012). **Practice Construct 1** holds that when case management services are delivered in a rural setting, the practitioner is required to carefully research the particularities of *each and every* community that they service. As identified in **Practice Construct 2**, this careful research is essential for rapport building, because it facilitates a deep awareness of the issues resonating with a rural community at that time. This requires the case manager to be familiar with the socioeconomic, demographic, environmental and cultural contexts of every rural community they service. As identified in **Practice Construct 3**, the case manager's research will include not only developing familiarity with broad nuances of the rural context, but also the political and policy contexts that are impacting on the client, and their local community.

A review of the welfare practice literature, lends support to the importance attributed to the development of a sound socioecological understanding of the practice context, in rural case management (see for example, Healy, 2014; Keating, 2008; Payne, 2014). This is because socioecological frameworks are aligned to concepts of holism, a practice strategy found to be effective in complex, long-term, intensive work, especially when service provision is fragmented (Blodgett, 2015; Golden & Earp, 2012). Applied to rural case management, ecological frameworks enable the case manager to develop a holistic understanding of the opportunities and constraints placed upon a rural client by the political, environmental, economic, familial, and societal systems in which they are situated.

Practice Construct 4, 5 and 6 refer to aspects of professional identity as they impact on the case management role when performed in a rural setting. These three constructs arise from the observation that many case managers have grown up in, or currently live in, communities that they service. In assessing this as a factor in practice, the social work academics in the Delphi Panel, recognised that the lives of local practitioners, embedded in small communities, can be inextricably intertwined with many aspects of town life, resulting in complex and multilayered ties with other community members. This parallels with findings presented in other studies exploring community-based rural practice (Burgard, 2013; Croxton et al., 2002; Pugh, 2007). The ubiquitous nature of dual relationships prompted Bodor (2008) to suggest that ethical codes that appear appropriate when viewed through an urban lens, become unrealistic when imposed unabridged onto a rural practice setting. An exploration of specific guidelines on this topic, found one Australian code of practice advising a fictional social worker *not* to refer her client to a private practice operated by her husband, but instead to refer to *other private practitioners* [my emphasis] (Australian Association of Social Work, 2016, p. 2). That instruction overlooks a single most common challenge facing practitioners in rural areas; the availability of alternative referral options is rare, or non-existent.

In the group of constructs given in Table 6.i, the Delphi Panel highlight the importance for rural case managers living locally, to reflect on the potential implications for duty of care when receiving referrals for community clients. Though it is not practicable to take an absolutist stance on dual relationships in rural work, where a referral risks compromising the integrity of the practitioner-client relationship, the case manager who is also a community member, may need to seek support from agency management, or a clinical supervisor, to assess the referral's appropriateness. Apprehension about the risks linked to dual relationships are also raised in generic rural

literature, due mainly to the potential for manipulation, exploitation and sexual transgression by a client or practitioner (Burgard, 2013; Cottone, 2005).

The orientation domain listed in Table 6.i., also includes constructs drawing the case manager's attention to the potential fragility of a professional reputation in rural settings. For both visiting case managers commuting in, and those who live locally, orienting to the role requires knowing how to gain local acceptance, and then protect a hard-won professional reputation, in a small community. Reflecting on the concept of *acceptance* in rural practice settings, the literature reports acceptance is mediated through a lens of resistance, where community members view the professional as an outsider "...and therefore suspect. There is a tension between welcoming outsiders who may bring new knowledge and approaches where they are most needed, and clinging to the security of the known" (Chenoweth & Stehlik, 2001, p. 53).

Therefore, a good professional and personal reputation, appropriately nurtured was identified by the Delphi Panel as a valuable asset, or, as Pugh (2007) would claim, a good reputation is a transactable resource, bestowing credibility and approval onto the practitioner. This study found that members of small communities may readily share information between each other, and consequentially a case manager's behaviour, responsiveness, competence, and reliability can all come under local scrutiny. Essentially, this means in rural case management, practitioners are required to pay close attention to prioritising, building, and protecting their good standing in every small community they service.

6.2.2 Contextualising the Case Management Assessment to the Rural Setting

General case management principles linked to the assessment phase, usually promote working in close collaboration with the client so as to fully appreciate the presenting problem. This collaboration is important before the case manager attempts to formulate an agreed-upon solution, with the client, to resolve the issue (Gursansky et

al., 2012). Table 6.ii., presents the constructs evaluated by the Delphi Panel as important to assessment activities in rural case management.

A review of case management literature concerning assessment, finds that the assessment process is *dynamic*, meaning it begins with the establishment of a therapeutic relationship and then outcomes are continually reassessed and reviewed throughout the case management intervention (Gursansky et al., 2012). The remainder of this section presents a series of contextualised practice constructs relating to assessment, that the Delphi Panel deemed important for addressing the critical rural nuances impacting on the process. These nuances include the recognition of a cultural reluctance to engage with external community services; social marginalisation; social stigma; and risks associated with working in an isolated practice context.

In the focus groups, case managers reported it could take two or three visits before they were able to fully complete their initial assessment. Consequently, in **Practice Construct 7** the Delphi Panel found it important that in a rural context, the case manager allocates additional time to the initial assessment interview for the purpose of relationship building. Similarly, **Practice Construct 8, 9 10 and 11** address a cultural reluctance to engage with welfare services that can arise in rural contexts, including issues relating to stoicism and social stigma. Though stoicism was identified in this study as impacting on rural case management practice, it should be noted that Malatzky and Bourke (2016) express concern about stereotyping being applied to rural communities. They propose that some reasons for reluctance to engage may be attributed to pragmatic resignation by rural individuals about the lack of services in rural settings, and a resultant lowering of expectations about what is available.

Other barriers to engagement considered by the Delphi Panel as relevant to practice in a rural context, relate to general cultural influences. Recognising some rural

client groups have specific needs, a case manager in one focus group reported on the importance of using strategies such as “possibly going out with the referrer for a few visits until there is a relationship of some sort built up, with not only the client, but that family as a whole”. When considered against the literature, Conway and colleagues (2017) for example, found Indigenous Australians may be reluctant to engage with non-Indigenous health services due to past negative experiences with mainstream services.

Whatever its aetiology, the Delphi Panel assessed it as important that a client’s unwillingness to engage with a case management service requires close attention on the part of the practitioner, during the assessment process. One of the difficulties in the light of scarce resources, can be a client’s fear of abusing a service. As one case manager reported being told, “we didn’t want to inconvenience you, so that we don’t take up your time for somebody better, somebody who’s in more need than I am”. Recognising there may be a cultural reluctance to engage, or re-engage, with a service, the Delphi Panel highlighted the importance of clear communication that validates and reassures the client about the legitimacy of their needs throughout every stage of the intervention, along with welfare checks after discharge, to overcome any reluctance, and prevent a later crisis re-presentation.

In **Practice Construct 12** the Delphi Panel reinforce that in case management, understanding the benefits and challenges of living and working in closed and entwined communities is a key factor of rural practice. The current study found some families can refuse a service because the case manager is servicing a rival family, or community group. An older literature source, exploring rural practice in social work, identified similar complex social rules occurring between rural community members, and was seen to arise from historical and long forgotten events (Cheers, 1998). In a similar vein, **Practice Construct 13** found it important that the rural case manager exercise due diligence when processing local referrals. In some small communities, there may be a

potential for a local referral to be unconsciously weighted with historical or marginalising narratives about the client. These can risk prejudicially labelling the client before the case manager has had an opportunity to conduct their own assessment.

For the case managers in the focus groups, visiting the client's home was considered an integral part of the assessment process. This parallels with literature on assessment in other case management texts, that describe the home visit as a primary tool in the case management assessment (Gursansky et al., 2012). Here, the rural home can be conceptualised as a fixed abode that accommodates an individual and members of their family (Oxford English Dictionary Online, 2019). In this study the client's home included a tent on the riverbank on the outskirts of a rural or regional town, and for others a farmhouse located far outside of any township.

In **Practice Construct 14** the Delphi Panel highlight other important considerations associated with a rural case management assessment. When home visiting in rural settings, case management practitioners are required to pay attention to their own safety. Stage One of this study revealed a number of challenges faced by the case managers as they sought to comply with agency policies on risk management. For example, the case managers reported that a requirement to provide the exact location of a planned home visit was problematic due to the complex nature of rural addressing. Directions provided by a client to a rural property resembled mud-maps such as "don't turn there, wait until you see the gate and then you don't turn there...", rendering few opportunities for meaningful locational reporting. The problematic nature of addressing has been recognised by Australian state governments which is currently registering rural properties in accordance with the Australian/New Zealand Standards (Mid-Western Regional Council, 2015; South Australian Government, 2019).

Though better State rural addressing protocols will improve some issues associated with isolated work, safety concerns about service delivery cannot be entirely

eliminated. Additional factors identified by this study as posing potential risks include, gun ownership; gates impeding any rapid exit from the property; poor road conditions such as unsealed, narrow lanes; and risks from domestic and native animals.

Recognising these risks, the Delphi Panel identified some practice constructs to help mitigate them. These include activities such as developing close partnerships with local community figures occupying professional or civic roles, who may be prepared to accompany the case manager on a visit to an isolated home, at least for the first time.

6.2.3 Adapting Interagency Collaboration to Rural Case Management Practice

This study found interagency networking holds a significant place in rural case management work (see Table 6.iii). In their focus groups, case managers described good interagency relationships as offering important payoffs, or quid pro quo benefits, including faster access to external services, opening doors that might otherwise be closed, reduction in service duplication and, ultimately, a better spread of resources. However, developing professional networks in rural settings was also described as complex, with some small communities revealing distinctive inclusionary and exclusionary patterns. The result was that new case managers sometimes found it taking an inordinate amount of time to break into a community and be accepted. For them, part of the learning process involved identifying which services to approach for networking, and which to avoid.

Further to the concept of interagency networking, **Practice Construct 15** and **16** place a priority on developing good interagency relationships across the whole service area. These constructs identify that having a physical presence at interagency meetings can foster collaborative relationships with other providers; lead to an increase in referrals; and open up opportunities for resource sharing. Having a personal presence can also provide a case manager with valuable insights into local politics of practice. Where no local provider can be identified to network with, a case manager may find it

helpful to seek connections with metropolitan providers that have responsibility for servicing that rural area.

Through the inclusion of **Practice Construct 17** and **18**, the Delphi Panel identified that rural case managers are well served by seeking out a local champion, a mentor. This is a local rural provider prepared to recommend the practitioner to the local community, and who is willing to advocate on their behalf with other agencies. They note that acceptance and integration can be further expedited when a case manager actively snowballs the contacts gained from the mentor, to build a solid network of their own, comprising locals with firsthand knowledge and experience of the community.

This study identified that mentoring practices in rural case management tend to be ad hoc, with case managers often left to recognise the value of mentoring for themselves. An examination of the literature found there is support for using mentors to transition into rural settings (McCloughen & O'Brien, 2003). Studies into rural workforce mentoring suggests these types of arrangements can ameliorate the problems that can arise from a more *laissez-faire* orientation to work in rural communities (Mills et al., 2007). Exploring mentoring in rural nursing, Mills and colleagues (2007) found formalising the mentoring process went some way to addressing issues relating to poor workforce retention rates.

As noted in **Practice Construct 19**, consideration should also be given by the case manager to asking their agency management for help to build a network using the agency's own contacts, as well as creatively seeking out other forms of informal and civic networks available within each small community.

Case managers in the focus groups reported overt acts of professional exclusion sometimes undermined their efforts to build interagency relationships. In some cases, case managers talked of hurdles being purposively placed in their way, for example, rural doctors refusing to refer clients to case management services or opting to ignore

the case manager's request for collaboration about a client. Though local resistance can be benign, rural case managers may encounter more disconcerting responses from dominant local providers, who actively block outside services from accessing a community's clients. In reflecting on the unique challenges faced by rural case managers, the Delphi Panel in **Practice Construct 20** and **21** include some practice considerations to address times when overtures for collaboration, made by the case manager, are rebuffed by a local provider. An unproductive response to professional exclusion is to engage in open antagonism towards an unresponsive provider; in a rural setting this can increase the risk of permanent exclusion. Instead, the case manager seeks out ways to show the provider they are reliable and trustworthy. Here, trust-building activities were deemed important strategically because trust was seen as a critical transactional factor in the process of interagency relationship development.

When considered against the literature, Sztompka's (2006) vertical and horizontal model of trust offers a useful model for conceptualising rural interagency interactions. Sztompka points out that two forms of trust need to be negotiated in circumstances such as these. In the case of a rural case management theory, the first is *vertical trust*, which refers to other service providers having faith in the institution for which the rural case manager works. Second, *horizontal trust*, conceptualises the mutual respect shared *between* professionals operating in rural, health and social welfare work. As found in this study, an explanation for lack of trust arising in rural settings, may rest on issues to do with vertical trust. Namely, the revolving door of rural professionals and their services, may cause damage to relationships between professionals and agencies. Reluctance to engage therefore, might arise from a fear the case management service will be defunded, and vulnerable rural clients will be abandoned.

6.2.4 The Role of Creativity in Rural Case Management Practice

A leitmotif found throughout this dissertation is the ubiquitous lack of resources that characterise many rural settings. One common response to lack of resources is to innovate and create. Findings emerging from this study reveal that rural case management practice involves developing a flexible skill set, being a “Jack of All Trades”, ostensibly a rural bricoleur. Whatever the term used, notions of creativity and thinking outside the box have predominated in this study (see Table 6.iv.).

Exploring the domain of creativity, the Delphi Panel in **Practice Construct 22** highlight the that honing a skillset in creative problem solving is essential to undertaking case management practice in a rural setting. Interestingly, a skillset in creativity in this study, was closely linked in this study, to the personal quality of “courage”. By this is meant possessing a level of boldness and nerve to approach other agencies for support; and to advocate decisively and fearlessly for access to resources on behalf of a client.

Here, application of Anacona’s (2012) framework can be useful for conceptualising how creative practices can be incorporated into rural case management work. Using this framework, creative practice can be conceptualised as *sense-making*, *relating*, *visioning*, and *inventing*. *Sense-making* refers to the case manager having a thorough understanding of the presenting problem, including the rural and political environment within which the problem is situated. *Relating* refers to a process of “building trusting relationships with other resource holders so as to incorporate all possibilities for resource sharing” (p. 4). *Visioning* involves the case manager exploring the full scope of possibilities by reorganising available options in innovative ways. Finally, the case manager becomes an “inventor” with the client and other stakeholders, in designing a unique solution to solve the presenting problem.

In **Practice Construct 23**, the Delphi Panel emphasise the importance of recognising that, with creativity, comes professional responsibility. This means, the enthusiastic application of creativity in rural case management must be tempered by the recognition that the practitioner is obligated to adhere to the aims and objectives of their employing agency and its funding body, when making decisions about the allocation of resources. Similar requirements are articulated in many professional codes of ethics. For example, the Australian Social Work Code of Ethics, for example, specifically reminds social workers to “acknowledge and strive to carry out the stated aims and objectives of their employing organisation, agency or service contractor, consistent with the requirements of this Code” (2010, p. 32, Guideline 5.4.1.a). Therefore, it remains essential that rural case managers continually reflect on their practice decisions, so they do not misuse the resources for which they hold responsibility.

Practice Construct 24 and **25** acknowledge that where formal services are unavailable, the rural case manager may be required to identify informal means to help a client who may otherwise suffer hardship. In one focus group, a case manager reported recruiting help from a local taxi driver to drop off grocery staples. This type of assistance is mentioned in popular tropes about idyllic rural neighbourhoods, ones that promote rural living as morally superior, and where communities pull together to help individuals in need (Alston, 2015). However, the assumption that voluntary help can be mobilised to fill service gaps was found by Hanlon and colleagues (2016) to be unlikely to be matched by reality. As Maidment and Bay (2012) suggest, rural workers are more likely to find that a few locals are shouldering an inordinate burden of care within the community. Additionally, the literature offers another note of caution for interpreting stories of the rural idyll, finding that non-professionals in unpaid roles can sometimes wield significant authority in small communities, exercising inordinate control over both professionals’ and clients’ access to resources and personnel (Hanlon et al., 2016).

Mindful of these precautions, small communities are likely to contain a rich array of informal supports that a rural case manager can draw upon to assist the client overcome the barriers posed by a lack of local resources.

This study found that people needing case management in small rural communities can risk stigmatising reactions from the local community because of the greater social visibility that comes with living in rural locations. Drawing from the theory developed by Irving Goffman, stigma here is conceptualised as an undesired difference that discredits the person and those around them (1983, cited in, Watkins & Jacoby, 2007). **Practice Construct 26** and **27** highlight the close attention and due diligence is needed by the case manager to preserve client confidentiality and anonymity in rural settings.

This study found that one area of additional diligence is the home visit. The taken-for-granted mundanity (Miller, 2001) of the work vehicle in home visiting was challenged in this study, that found the car can serve as a symbol of *otherness* that may threaten client privacy. To explain, car cultures, socially and culturally, determine what a rural car embodies (Sheller, 2004) down to the dints in its panels and the mud caked on its duco. Young (2001) observes that as they travel country roads, bush cars are gradually transformed, picking up dust, so that the lower panels, and the remainder of the car, gradually acquire the brown, red or grey hue of the local earth. Although the cars reported in the focus groups did not carry an agency logo, principally as a strategy to blend in, in reality, a clean well-maintained fleet sedan driven by a stranger in “town” attire (Hansen, 2004, p. 372), may guarantee the case manager is conspicuously set apart from local people and local vehicles. Additionally, a strange urban car parked outside a rural house, or even turning into a rural farm gate, was reported by case managers as generating curiosity. To thwart the inquisitiveness of neighbours, case managers reported using strategies such as parking away from the client’s home and

walking the remainder of the journey on foot or arranging to meet a client in an alternative venue away from prying eyes. Similar findings are reflected in international rural literature where rural practitioners thought carefully about the cars used, the clothing worn, and paraphernalia carried when attending home visits. Parking away from the property, and walking part of the distance, were also cited as strategies to preserve client privacy and avoid the stigmatising impacts of service use (Crawford & Brown, 2002). As these constructs outline, the social risks associated with public exposure of their clients as service users, means extra vigilance is afforded by case managers to precautionary activities, so that the welfare of the client can be maintained.

6.2.5 Professional Practice in Rural Case Management Practice

The final set of constructs developed for rural practice theory includes a number of professional practice concepts emerging as significant for shaping and framing this type of work. These conceptual constructs, shown in Table 6.v., include boundary plasticity; tertiary training needs; and the role of supervision in rural practice. Before discussing these emergent constructs, a brief definition of professional practice offers a framework for this discussion.

Expanding on the work of Nixon and Murr (2006), and applied to the adapted rural case management theory developed here, professional practice is conceptualised as the complex range of activities performed by the rural case manager in the course of their work. It includes direct contact with the client and their family, professional contacts with external agencies and groups in rural communities, and the conduct of relationships with one's own organisation.

Practice Construct 28 considers the juxtaposition occurring in rural case management between the professional boundary that defines a case manager's role, and the setting in which that role is being practiced. In rural practice, a significant impact of scarce resources is that case managers may be put under pressure to undertake tasks that

are outside the remit of their role, level of expertise, or program funding. For example, case managers in focus groups reported facing demands to breach the boundaries of their practice, such as providing counselling for which they were not trained or taking on clients who did not meet the criteria for their service.

Practice Construct 29 acknowledges a general acceptance in rural practice that rural case managers will be pragmatic and ascribe a degree of plasticity to their role-boundaries. In other words, some boundary flexibility is a natural corollary to undertaking rural practice. The choice can be between trying to do something, or to do nothing. Boundary issues have been discussed in other rural literature, where lack of resources was seen to set up a dilemmatic competition between professional competence and the client's need for a service (Daley, 2016; Zimbelman, 2018). Here, pragmatic responses to this dilemma were also seen, for example Cheers (1998) found that rural practitioners were pulled by circumstances into practice situations for which they are not trained. In his work, he noted that in rural communities, when there is no one else, practitioners tend to do the best they can in a difficult situation.

That said, in **Practice Construct 30** the Delphi Panel qualified the acknowledgement of professional boundary permeability, by calling for the exercise of prudential judgement. This means any fluidity in the scope of professional intervention needs to be accompanied by systems advocacy activities. The purpose of linking professional boundary plasticity to systems advocacy is that, engaging in advocacy will ensure all gaps in resources are clearly reported to appropriate channels for resolution, rather than allowing the gap to remain invisible to policy makers. Other safeguards to protect a professional who transgresses professional boundaries include, ensuring all interventions are based on sound theoretical frameworks; and that reflective practices are used judiciously in clinical supervision to explore the potential issues raised.

The role of theory in case management practice is highlighted in **Practice Construct 31, 32 and 33**. Raised by one focus group, the Delphi Panel proposed a tertiary qualification was a baseline requirement for delivering case management in rural settings. This was selected because a tertiary qualification could offer the case manager what Titchen and Higgs (2001, p. 215) define as, the requisite “propositional knowledge”, meaning the formal theoretical knowledge, skills, and ethical principles upon which the practitioner could base their practice decisions.

Explored against the literature, formal training in case management might also be a factor in exclusionary behaviours directed toward some of the rural case managers in the study, by other disciplines. Though exclusionary behaviour by rural professionals has often been presented in rural literature as a “turf war” rooted in a mutual suspicion (Irvine et al., 2002, p. 199), it may be that health and community service hierarchies tend to favour professionals with higher education (Irvine et al., 2002; Johns et al., 2019). As identified in the publication in Chapter Four, the rural case managers’ qualifications tended to be unspecified, with practitioners coming from an eclectic range of educational backgrounds, ranging from social work to no tertiary education at all. Responses experienced by some case managers may resonate with the proposal by Irvine and colleagues’ (2002), that the absence of formal training, or suspicion about competencies, can impact on interprofessional relationships. In this case, the indeterminate professional status of rural case managers could affect their attempts to liaise with local nurses, doctors, and other registered health professionals. As Williams and Lawlis (2013, p. 441) phrase it, there may be a perception that the rural case manager is not qualified to offer an informed “professional” service.

It is not unexpected that access to good supervision emerged as a crucial aspect of rural case management practice. In **Practice Construct 34, 35 and 36**, the Delphi Panel highlighted the importance of reflective supervision to informing practice

decisions and managing the unique challenges that accompany rural case management work. Rural case managers seeking the services of a clinical supervisor, will ideally look for someone with a wide-ranging experience in rural practice. A supervisor with experience in rurality can facilitate a deep reflection on the particularities of rural case management practice, such as managing issues of personal safety, and performing statutory roles that involve making adverse decisions about rural people's lives.

Reflective practices used in supervision can also identify supportive strategies to deal with lack of anonymity, and for running the gauntlet of a small community when performing routine personal tasks such as shopping. Case managers in the focus groups for example, reported personal trips to supermarkets resulted in *aisle therapy*, coined here to refer to a client's attempts to engage with the case manager in time they have allocated to undertaking personal tasks. This same problem is identified in other rural literature exploring rural welfare work more generally (see for example, Alston, 2015; Krieg Mayer, 2001; Nickson et al., 2016; Pugh, 2007), and is poignantly captured in the poem *You Can't Pull the Woolies Over My Eyes* (Appendix A).

This discussion of integrated findings into a study of rural case management practice, concludes with **Practice Construct 37**, which considers the nature of distance, travel, and safety as important factors when undertaking rural case management work. Rural case management typically requires long distance travel to deliver services, yet the meaning of travel to case management remains poorly understood. As outlined in Chapter Four, significant insights into the meaning of employment-based, long-distance rural travel and its impact on the case manager were revealed. This final construct acknowledges that travel can offer rural case manager an opportunity to use the travel time productively by, for example, listening to podcasts to build up knowledge about specific practice skills.

6.3 Strengths and Limitations

A strength of this adapted rural case management theory is that it built a conduit between the knowledge bases of two disparate expert groups, practitioners, and social work academics. This was achieved through the creative use of practice vignettes that successfully bridged the two data sets. The vignettes proved an ideal vehicle for presenting true-to-life rural case management experiences to social work academics, and ensured they had access to authentic field-based insights from which to co-construct theory.

A potential limitation of the theoretical outcomes from this study lies in its scope. Case management participants and social work academics involved in this study were recruited from an Australian context, so that the study's findings about rural case management practice are specific to the Australian experience of rural work. This leaves the study untested in its applicability to case management in international rural settings. Additionally, the study focussed on the experience of case management practice in selected small Australian rural communities. Though the study incorporated a Delphi Survey strategy with which to validate its findings, the outcomes cannot be generalised to all rural and regional practices without further enquiry.

Additionally, the study had a gender bias. As previously noted, participants were mainly women of European descent in both stages of the research. In Stage One there was one male, and in Stage Two, no male social work academics responded in the time frame allocated. The lack of diverse voices was recognised in earlier comments as being a limitation of the study, and suggestions on how an expanded cultural and ethnic scope might be achieved was given. In these suggestions it was recommended that future studies into rural case management should seek to broaden the reach of the theory by studying remote and international settings with a more diverse range of cohorts. This strategy may add greater depth to the findings of the present study.

6.4 Conclusion

In conclusion, this chapter has provided a detailed exploration of the 37 practice constructs formulated to inform an adaptation to case management theory for use in rural community-based settings. The chapter described the impact of rural specificities on case management practice and thematically presented the findings against the topics: orientation; assessment; interagency collaboration; creativity; and professional practice. The properties of the constructs presented were interpreted through cultural, sociological, managerial, environmental, and placed-based lenses to enhance their consistency with ontologies valued by welfare-based disciplines.

The chapter concluded with observations on the strengths and weaknesses of the study process itself. The next chapter completes the dissertation by discussing key implications of this research, including recommendations and conclusions emerging from the study overall. It finishes with a brief self-reflection of the process of studying a PhD and some milestones in the author's learning as the study progressed.

Chapter Seven: Conclusion

7.1 Introduction

This chapter begins by examining the significance of the research *vis-à-vis* case management theory and rural practice. It shows that along with amplifying the profile of rural practice more generally, the findings from this study have reinforced case management's promise for addressing increasingly complex rural needs, in a range of social circumstances. The chapter also advocates acceptance of community-based rural case management as a specialist field of practice which is taught in both the social work and welfare disciplines.

7.2 Contribution to Knowledge and Practice

The 37 practice constructs developed here, provide the scaffolding for a case management practice theory adapted to the needs of a rural context. Additionally, this research makes an original contribution to practice literature in the following ways: recruiting rural case manager practitioners as key witnesses to inform theory development; and integrating grounded theory focus group data into qualitative vignettes, within a Delphi Method. The latter served to optimise the depth of insight generated about rural case management practice. Using this innovative method, the study was able to develop a coherent practice theory from the integrated findings drawn from both stages of data collection. The result was a broad-ranging adaptation to case management theory for use in a rural setting, with particular resonance to the Australian context.

According to the Australian Association of Social Work Education and Accreditation Standards (AASWEAS, 2015), section titled *Understanding the context of social work practice*:

Social workers need to be able to critically analyse the structure of society, with particular attention being paid to dimensions of power and disadvantage and the influence of class, gender, age, intellectual and physical ability, sexuality, race, and ethnicity. The ability to understand the *context* of social work practice at local, national, and international levels, and the institutional/organisational context of social work practice, is required. *This understanding requires knowledge of, and the ability to critically analyse, social, political, economic, historical, cultural, legal, and ecological systems* [emphasis added] as well as the important considerations of governance with respect to these. (p. 14)

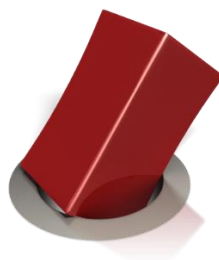
By implication, this AASWEAS recommendation endorses a leitmotif appearing throughout this dissertation, that rural case management practice is unique, and requires a dedicated knowledge base. This claim is supported by extant social work literature in which authors draw attention to rural practice specificity in social work generally, and in social work case management in particular (see for example, Alston, 2015; Blodgett, 2015; Cheers, 1992; Howard et al., 2016; Maidment & Bay, 2012). Despite long standing attempts to draw attention to this practice domain, a review of the recently updated Australian Association of Social Workers (2019) *Scope of Practice* series found that attention to the valuable role social work can play at the individual, community and political levels of rural practice continues to be overlooked. Continuing pressure on the AASW through research and promotion of rural practice in social work fields will add to existing exhortations to include rurality as a specialist field of practice.

This study has identified that a tertiary qualification was considered by the Delphi Panel to be an important corollary to undertaking rural case management practice. This finding was centred on the understanding that a tertiary education would confer upon the practitioner the foundational framework of knowledge, ethics, theory

and skills upon which to base practice decisions (Howard et al., 2016). Taking these notions further, a review of rural literature throughout this study found the paucity in rural theory available to case managers has left them overly reliant on urban texts for knowledge about rural practice (Belanger, 2005; Riebschleger et al., 2015; Zufferey & Parkes, 2019). This gap reflects a gross under-estimation of the exceptional context within which rural case managers work. To put it colloquially, without adequate theory, the case manager is effectively forcing a square peg into a round hole (Figure 3).

Figure 3

In the Absence of Theory, Rural Case Managers Force a Square Peg in a Round Hole



All 37 of the practice constructs presented here were rated as important to informing rural case management practice theory. In this way, this study is significant in that it has refined existing extant theory of case management to include essential knowledge for its application to a rural setting. As a theory for practice, this adaptation to the generalist case management practice model succeeds in filling a notable gap. It does this by incorporating rurally focused economic, cultural, psychosocial, political, and environmental perspectives into the existing model. Importantly, as a practice theory, the rural case management model developed here offers a comprehensive framework that is pivotal to the knowledge needs of practitioners, clinical supervisors, agencies, and policy makers engaged in rural case management services.

Components of the rural case management theory articulated through this dissertation include assessment; orientation; rapport building; travel; communication; creativity; advocacy; supervision; boundaries, and safety. Introducing a rural domain to

our understanding of case management practice will allow those using this knowledge to better serve the unique health and social needs of rural communities (Alston, 2015; Riebschleger et al., 2015). Some examples of when rural case management theory can inform practice are given below.

7.3 Applying an Adapted Rural Case Management Theory to Practice

The rural specificity of risk management was one of the issues characterised by the study as warranting attention in case management education. This concern is supported by the literature that sees risk as a cultural and social construction within which a rural practitioner has a particular vulnerability to occupational injury (Masuda & Garvin, 2006; Terry et al., 2015). Risk factors highlighted by this study, and reported in earlier chapters, include, lengthy travel, high client expectations, excessive workloads, long hours of duty, and stress.

It was noted earlier in this dissertation, that some case managers reported that if they attempted to comply with their agency policies, their capacity to perform some of their tasks would come to a halt. A case in point included attempts by an agency to regulate rural home visiting. In that example, the requirements to provide details of an exact destination for a home visit could not be met if the rural client, in accordance with custom, provided the case manager with idiosyncratic, habituated directions to the home, using place specific landmarks rather than an officially designated address (see examples, Mid-Western Regional Council, 2015). In rural practice, it is probable that an official address is either unavailable or unknown, to the client. Results from the current study suggest that greater attention needs to be paid to contextualising occupational health and safety policies to address the risks faced by practitioners in a rural case management context.

The case for specificity in rural case management training is also evident when considering other aspects of personal safety during home visits. Case managers in the

current study described policies requiring them to be accompanied by a second person on the first home visit. Despite the requirement being a reasonable measure to safeguard safety, these case managers found it challenging to implement in a rural context because it was difficult to access a second professional willing to attend the home visit.

Moreover, a directive that the case manager be accompanied by a colleague from within the office, clashed with another policy stipulating that two persons remain in the office at all times. Faced with this Hobson's Choice, case managers reported resolving the dilemma by either breaching protocol and going to the home visit alone or, contacting someone like a local chaplain willing to go on the journey with them. In some circumstances, they reported considering asking a policeman to accompany them. Additionally, some risk management policies specified how the case manager should park their car to accommodate a quick exit from an unsafe situation. Case managers in the present study, reported that these generic directives typically overlooked rural realities such as needing to open several gates to vacate the property.

Overlooking the nuances of a rural context in policy development can expose the rural case manager to risk. A policy that fails to take cognisance of the lived experience of rural practice is unlikely to incorporate the contextually specific strategies needed for a rural location. To facilitate safer home visiting it may be the adoption of signal boosters for mobile phones; a rurally specific screening tool before a home visit; clearer directions to a property; conducting an initial interview in a secure, discreet, neutral space; utilising GPS tracking devices and GPS coordinates; and a careful recording of safety hazards such as wild animals, weather, road conditions, farm dogs, calving livestock, bulls, and gates, are required.

The Australian Association of Social Work Code of Ethics (2010) section titled *Information privacy/confidentiality* for example, states:

Social workers will respect the rights of clients to a relationship of trust, to *privacy and confidentiality* [emphasis added] of their information and to responsible use of information obtained in the course of professional service. (p. 27).

Training in confidentiality in welfare courses, social work, case management subjects, community agencies and professional bodies can fail to appreciate the nuances involved in maintaining privacy in a rural setting. The case management theory adapted by this study, therefore, has applied a rural lens to the issue of client privacy and confidentiality so as to offer greater support to rural practitioners.

So far, this section of the dissertation has offered examples where a rural case management theory can address the unique practice issues overlooked by urban-centred approaches. By applying rural case management theory to learning and teaching opportunities, case management students will be better prepared for the specificities they will encounter in rural practice.

7.3.1 Case Management in Australia: Implications for the Future

Though case management in Australian disability and ageing sectors has changed under new consumer-directed models of welfare provision, in other areas such as bushfire recovery, domestic violence, homelessness, mental health, child protection and juvenile justice, the application of the case management model has remained essentially the unchanged. As described in Chapter One, rural Australia has experienced significant upheaval following a series of catastrophic bushfires that burned more than 12.6 million hectares in the 2019-20 fire season (ABC News, 2020). These fires have come hard on the heels of a long running dry season that has caused devastation to agricultural Australia (Bureau of Meteorology, 2020). More recently a new upheaval to welfare and mental health services has unfolded due to the social disruption by the SARS-CoV-2 (COVID-19) pandemic (Carroll, 2020). It is safe to predict that these

disasters will be felt particularly keenly by rural individuals, impacted as they are by high rates of poverty (Alston, 2020), ageing populations (Downey et al., 2017), poor health (McGrail & Humphreys, 2015), and limited social resources (Cash et al., 2015). The impact of COVID-19 is likely to be keenly felt in rural areas where community members are reliant on interpersonal interactions to strengthen their sense of community (Philo et al., 2002).

Lessons taken from responses to past disasters has seen some governments turning to the case management model to help resolve, or ameliorate, pressing community problems. A case in point is the Victoria State Government's response to the Black Saturday Bushfires of 2009. Here, case management was considered the go-to model for a disaster response, and case managers were considered "important" to the planned service response (Minister for Disability Ageing and Carers, 2019). As noted by Australian Association of Social Work National President (Craig, 2020), following this season's Australian bushfires:

One of the strengths of social work intervention is the ability to *case manage, advocate* [emphasis added] and work with trauma symptoms with an understanding that these people have lived through an extraordinary event. Working through this lens is such a vital skill set for ongoing recovery work with individuals, families, and communities. (p. 9)

Ultimately, long term welfare demands on State and Commonwealth Governments are likely to lead to more demand for in-depth interventions such as those provided by community based rural case managers trained in social work and welfare. It is here that the rural case management theory will be critical to informing practice.

This dissertation has focused on demonstrating the need for specialist theory and training in rural case management practice for generalist, community-based

practitioners. It went on to identify that these rural professionals face unique practice specificities, yet scant attention has been paid to developing adaptations to case management theory for rural contexts. A review of generalist rural literature identified that rural professionals can face significant challenges including, fewer health and social care resources and lack of anonymity (Green, 2007); vast distances between sparse populations (McColl, 2007); and isolated professional environments. These aspects can be further compounded by poor collegial support (Alston, 2015; Turbett, 2004); populations with high levels of poverty and poor education; precarious and interdependent incomes which are made increasingly vulnerable by climate change (Alston, 2010); and distinctive morbidity and mortality patterns (Sartore et al., 2005; Standing Council on Health, 2012).

Acknowledgement of rurality as a specialist domain of allied health practice has been seen in an Australian State Government Department Queensland Health directive, which engaged the Australian Healthcare and Hospitals Association to develop an accredited postgraduate education program in rurality. This graduate program has been applied to the training needs of generalist practitioners in seven allied health professions, namely, dietetics, occupational therapy, pharmacy, physiotherapy, podiatry, radiography, and speech pathology (Australian Healthcare and Hospitals Association, 2018). It does not, at this stage, include social work or other related welfare disciplines. This change in policy, however, does suggest there is an incremental recognition at the State government level, of the need for specific rural training in the allied health professions.

Despite the exclusion of social work in Queensland's accredited program, and building on from it, the current study adds its voice to calls for the Australian Association of Social Workers to recognise rurality as a specialist field of practice that needs to draw on dedicated pedagogies. It is proposed that there is now a solid base of

rural social research and rural theory to support this type of implementation, as has been demonstrated by a plethora of texts built up in recent times (Alston, 2015; Howard et al., 2016; Lohmann & Lohmann, 2005; Lonne & Darracott, 2007; Mason, 2006; Pugh & Cheers, 2010; Wendt, 2018). Further, nested within this specialist pedagogy could be subspecialisations such as rural social work case management theory that teaches practice skills for this type of intervention. Apart from formal use in social work, rural case management theory could resonate with welfare courses, case management subjects, rural policy development, current rural case managers, clinical supervisors, and rural agency management. All these practice fields would find the components of this adapted rural model useful.

Efforts to disseminate this information for broader reach will be undertaken through networks such as journal publications, LinkedIn, ResearchGate, rural social work conferences, tertiary research depositories and opportunities such as textbook chapters. Additionally, collaboration is currently underway to develop a publication advocating for AASW recognition of rurality as a specialist practice domain.

7.3.2 Directions for Future Research

The development of 37 practice constructs has provided the scaffolding for the adaptation of generalist case management practice theory for application to a rural context. The study has highlighted significant aspects of rural work that deserve independent investigation, namely, the social meaning of long distance travel in rural work, the intersection of time use, work and perception in long distance rural travel, the gendered nature of mobile phone use in rural settings, gendered responses to working in isolated rural landscapes, and the role of trust in rural interagency work. Additionally, the case management experience of remote case management practitioners, rural case management service users, First Nation communities and international locations are all worthy of further investigation by future researchers.

7.4 Final Reflections

7.4.1 *The Personal is Political*

My entry into my PhD journey has been inspired by a deep passion for lifelong learning. Though growing up in a conservative rural culture and era, that either ignored, or actively dissuaded, higher education for women, I was fortunate to have benefitted from two critical influences. First, a personal determination to weather overt small-town disapproval to sit in a local high school as an adult student. There were no Technical and Further Education (TAFE) adult opportunities available at that time, and I only had only gained a year 10 education. Second, to have lived through the Australian Whitlam Labor Government's introduction of free education, making it possible for women such as myself to access education (Reid, 2015). In this way, I joined the influx of women, young and old, who flocked to Australian universities, disrupting the existing patriarchal social order. I recently attended a conference at La Trobe University, Melbourne, where, of the group of six women I joined for morning tea, each was a beneficiary of this second chance at education provided to women by that ground-breaking Whitlam Federal Government.

7.4.2 *Scooping Jelly with Fingers*

While seeking a methodology for the study, I was introduced to grounded theory texts pioneered by Barney Glaser and Anselm Strauss, a later iteration advocated by Juliet Corbin and Anselm Strauss, and then a constructivist interpretation by Kathy Charmaz. Reading into these iterations, my uncertainty about whether I truly understood this method grew. Making a choice about a grounded theory model would entail aligning myself to a particular grounded theory 'school'. It felt like a quasi-political act where I was declaring allegiance to Classic, Straussian or Constructivist Grounded Theorist schools (Kenny, 2015), to the exclusion of others. The key differences in these approaches rested mainly on contrasting philosophical frameworks, dogma, and how

these are operationalised in the methodological processes (Kenny, 2015, p. 1270). My main concern about choosing an approach was whether I was able to demonstrate the method well enough to use it in a publicly accessible way. After all, I would have to write about the method eruditely, in articles and in the dissertation. Two of the approaches, Classicist and Straussian, felt more strictly vested in procedural doctrine than the more accessible approach advocated by Charmaz. For example, Classicist appeared to have stricter rules on the role of the literature review (explained in Chapter Four), and Straussian grounded theory had more complex procedures for coding. The specialist terminology used to describe the processes, only served to increase the sense of uncertainty. I was reminded of a metaphor coined by scholar Emilia Martinez-Brawley (1990, p. 3), talking about rurality, but in this case applied to grounded theory, that it was like scooping jelly in my fingers: I would get hold of a concept, but there was always more slipping away from me.

As I continued to read, I noted that some authors used qualifiers to discuss their research approach. Words such as *adapted* Grounded Theory, and at a later stage of my reading, *modified* Delphi Technique, appeared to be commonly used. This was reassuring. Having the permission to adapt a methodology provided me with a flexibility in how a method could be applied, by emphasising the aspects that best supported my study's needs. Eventually, for grounded theory, my doubts were put to rest by Bulawa (2014, p. 145) who reassured me that Glaser and Strauss had not intended their method to be rigid, and that there were common elements across all grounded theory approaches. He encouragingly went on to say, "researchers can adopt and adapt the grounded theory approach for their own research". With this in hand, I felt I could utilise the methodology successfully.

7.4.3 *Failing to See the Wood for the Trees*

Ultimately, I went on to select constructivist grounded theory as a research method, for the first stage of my study. According to one popular learning theory, there are four stages of learning ranging from “unconsciously unskilled” to “unconsciously skilled” (Peel & Nolan, 2015, p. 536). Initially, I had no insight when I began my field research that I was firmly planted in the first quadrant, “*unconsciously unskilled*” when it came to data analysis. Reading through the transcript of the first focus group, at first, I failed to recognise the significance of the data. It was here a turning point occurred. I took up an opportunity to attend a Master Class on constructivist grounded theory held by Professor Kathy Charmaz. Attendance at the workshop significantly impacted the development of the rural case management theory presented in this dissertation, and it is worth detailing here.

As noted above, qualitative data analysis and interpretation was a skilled activity I was ill-prepared for. This was more disconcerting when I entered the stage of being “*consciously unskilled*”. In hindsight, I lacked the appropriate tools and knowledge to interpret the data; I attempted to approach the analysis of the focus group transcript as though reading a book. Although I had a stance of curiosity, I had little intellectual appreciation of the data. I saw but could not *see*. The workshop led to a eureka moment. It gave me a jolt not unlike the one I received when first fitted for glasses.

From early childhood school tests had identified that I had extremely poor vision, however, was never fitted for glasses. At 15, I undertook an au pair-like position in a major city and with my first pay hastened to a nearby optometrist to be tested and fitted for glasses. I recall the shock as my perception of the world changed; I could see what was previously unseen, to appreciate for the first time, “the trees have leaves!”

The directions given to those registered to attend the Charmaz Grounded Theory workshop were to bring a piece of research, and I packed my first transcript. The data

that appeared as paragraphs on a page, without a connecting narrative, were transformed during the sessions with Professor Charmaz into a series of rich narratives, personal truths, experiences of fear and joy, personal accomplishments, and shared challenges. I recall the excitement as I looked with fresh eyes at the first few paragraphs and realised that they were so rich in content they could inform a dissertation. I felt I no longer had mere words on a page but held in my hand a rich story about rural case management practice.

A critical take away from the experience was that for PhD students, it is crucial to take up opportunities to access expert instruction on data analysis where it is available. My attendance at the workshop resulted in a deep understanding of coding in qualitative research and I became “*consciously skilled*” over the course of the following months. Metaphorically, Professor Charmaz had fitted the class with eyeglasses.

7.4.4 Using Mixed Methods Research for Theory Development

My reflection would not be complete without considering the advantages afforded me by the use of a mixed method design for practice theory development. The pragmatic nature of mixed methods meant I could select a design to align with my research questions, the type of information I sought, and the goals I aimed to meet. The paradigm opened the possibility of pursuing multiple knowledge sources to increase the scope and breadth of the expertise sought. In this way, an unprocessed rich narrative of everyday experiences of performing rural practice could be analysed, collated, and sorted, ready for transformation into an evaluated practice theory suitable for case management teaching environments.

Ultimately, I am taking away a newfound respect for the research process and for any researcher who has devoted their time to developing new knowledge. Respect for researchers and research methods has become even more critical in our time, plagued as it is by misinformation, disinformation, and what seems like hostility to facts

in some quarters. I am grateful for the opportunity to add to the world of information and have my work viewed, and perhaps cited by, others.

Appendices

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Appendix A *You Can't Pull the Woolies Over My Eyes – Karyn Sassella*

Woolies is the place to be seen
 In my hometown of Katherine
 You can catch friends, foes, freak
 Family, fauna, EVERYBODY
 Down those Big W wonderous aisles
 Squeaky clean.
 If indeed you spot me
 Hiding behind the baked beans
 I haven't quite lost the plot
 Gone loopy

I'm looking for my lost anonymity
 And you can't pull the Woolies over my eyes
 There's no such thing
 As goodbuys

In high rise territorial skies
 But Woolies is where the ACTION is
 Forget city-slicky group work bizz
 There's all sorts of groupy-groupies festering
 alongside the fruit and veg
 And you can't pull the Woolies over my eyes
 the prices might be high
 but so am I
 as I walk down those friendly aisles

Yes, Woolies is the place to be seen
 It's the CENTRE for rural and remote networking
 In my hometown of Katherine.

Karyn Sassella, (1991), Sunraysia College of TAFE, Swan Hill Campus

Appendix B *Stage One Focus Groups – Invitation to Participate*



John Richards Initiative
Research into Aged Care in Rural Communities
Australian Institute for Primary Care & Ageing
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Invitation to Participate

RESEARCH INTO THE QUESTION ‘WHAT IS RURAL CASE MANAGEMENT?’

Dear Case Manager,

You are being contacted to invite you to participate in research into rural case management conducted by Jozette Dellemain, PhD student with the John Richards Initiative, La Trobe University. This research seeks to develop a better understanding of rural case management practice by interviewing small groups of case management practitioners working in the Riverina of NSW, and Upper North East Victoria.

WHAT WILL I HAVE TO DO?

If you agree to participate in this research, you will be invited to a group meeting with five or six case managers from your local area. In this group you will be asked questions such as ‘what is rural case management?’ You will be asked about your practice, but you will not be asked about confidential client work. This two-hour discussion will be recorded on an audio recorder so the researcher can analyse the group’s responses word for word at a later time. Before the research begins you will be asked to complete a small questionnaire about your work and the type of case management you provide. This will help the researcher determine which case managers to invite to future groups. After discussion you will be thanked for your attendance and offered a light lunch.

CONFIDENTIALITY IS OF PRIME IMPORTANCE

Confidentiality is an important consideration in this research. To preserve your privacy only the researcher will have access to the information collected from you during this research, though an assistant may be used to manage the sound equipment. To make sure your identity is preserved the researcher will use a special code number instead of your name during all stages of the research including transcribing the recordings, in data analysis and in written reports. Confidentiality will also be preserved in all publications arising from this research so that no case manager names or identifying features will be

revealed in any results that are written up. In keeping with research requirements all data gathered in this research will be stored in a locked cabinet at La Trobe University, Albury Wodonga Campus for five years. All digital data will be stored on a password protected server at La Trobe University.

WILL I RECEIVE FEEDBACK?

If you are interested in receiving information about the results of the study, you can let the researcher know. You will be asked to provide contact details so that you can be sent a summary of the results obtained once the research is completed. Please be aware that some results may not be available for some years. If you have registered your interest, you will be alerted to the details of any publications that arise from the research once they have been accepted by a publisher.

DO YOU HAVE ANY QUESTIONS?

This research is funded by the John Richards Initiative, which is part of La Trobe University, Albury Wodonga Campus and has been approved by the Human Ethics Committee of La Trobe University. The project has received clearance from the Human Research Ethics Committee, HREC no. (FHEC13/171).

If you any questions about this research please telephone Jozette Dellemain on 02 6024 9632 or mobile 0410-844-199 or alternatively email j.dellemain@latrobe.edu.au.

Thank you for supporting this project,

Yours sincerely,



Jozette Dellemain

John Richards Initiative,

La Trobe University, Albury Wodonga Campus

Appendix C Stage One Focus Groups – Participant Information Statement



John Richards Initiative
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Participant Information Statement

What Is Rural Case Management?

Stage 1: Case Managers

Researcher Details

Jozette Dellemain. PhD Student. John Richards Initiative. Faculty of Health Sciences, Latrobe University.
 Telephone: (02) 60519221; 0438 047 630
 Email j.dellemain@latrobe.edu.au

Supervisor Details

Dr Suzanne Hodgkin. Associate Head, La Trobe Rural Health School, La Trobe University, Wodonga.
 Telephone: (02) 6024 9814
 Email S.Hodgkin@latrobe.edu.au

AIMS OF THE PROJECT

This project will explore the work of rural case managers and is conducted in two stages. In the first stage, to find out more about rural case management case managers will be asked about their practice of case management in rural areas. To do this the project will ask rural case managers in the Riverina Murray in New South Wales, and Upper North East Victoria to participate as individuals in small groups to answer a few questions about their practice. This research will not ask any questions about individual client cases. In the second stage of the research social work academics will be asked to consider case manager responses and identify those aspects of the data that contribute knowledge about rural case management to social work theory.

This Participant Information Sheet informs you about this research project. It explains what is involved in the project and will help you decide whether you want to take part. You are asked to read this information carefully and ask the researcher if there is anything you do not understand or would like more information about. If you decide to take part in this research, you will be asked to sign a participant consent form and you will be provided with a copy of this Participant Information Sheet to keep.

WHAT DOES PARTICIPATION IN THIS RESEARCH INVOLVE?

If you decide to be part of this project you will be asked to attend a two hour meeting with 5-6 case managers from your local area. The group will be asked to answer questions about rural case management practice such as ‘What factors influence your case management practice in rural areas?’

Participation in any research project is voluntary. Due to the group participation nature of this research design once you have participated in an audio-recording of the discussion you will not be able to withdraw your consent at a later time. You can however withdraw any time up to the recording of the group discussion. There will be no negative consequences for you if you do withdraw from this research.

COST, REIMBURSEMENT OR COMPENSATION

Your participation in this research is voluntary. You will not be paid for your participation in this research however you will be offered light refreshments at the conclusion of the meeting and thanked for your participation.

WHAT ARE THE POSSIBLE BENEFITS FOR ME?

This research aims to develop a better understanding of rural case management because there is a gap in the literature about this type of work. You might find it useful as a practitioner to reflect on your work as a case manager with others who do the same sort of work. You may find it rewarding to contribute to a new body of literature on the contributions made by case managers to rural communities.

WHAT ARE THE POSSIBLE RISKS TO ME?

There is a low risk that there will be strong difference of opinion between group members about the answers to the questions asked. Though difference in opinion is valued in this type of research, ground rules established before the meeting will ensure you will feel safe, respected, and heard. Though not anticipated, if conflict did arise the researcher would end the meeting and support the individuals involved.~~~~~

WHAT WILL HAPPEN TO INFORMATION ABOUT ME?

If you participate, this research will collect information from you in two ways. Before the group begins you will be asked to fill in a small questionnaire (attached) about your role and your training background and your field of practice. This helps the researcher work out what case managers to invite to future groups.

Later, when you participate in a group discussion it will be recorded on an audio recorder. When the researcher returns from the field, she will transfer the audio recording to a password protected La Trobe University secure server and delete the recording from the recording equipment. Information from the audio recording will be transcribed word for word by the researcher into a Word document. This allows the researcher to think carefully about what participants said about rural case management practice. The Word document will be stored on a password protected La Trobe University secure server. To maintain confidentiality the researcher will allocate each participant with a unique code number that will be used instead of names when the data is analysed.

In a further stage of this research the researcher will use general de-identified information obtained from case managers with social work academics in an online questionnaire. This information will not include personal or identifiable information. These academics will be asked which parts of the case manager answers should be included in new theory about rural case management practice.

This research is part of the researcher's PhD studies. After the researcher has finished collecting information a number of journal articles will be written about these findings. These articles will not include any personal information about you or any other participant; however, the articles might include short quotes if these help her to make a specific point.

In accordance with relevant Australian privacy and other relevant laws, you have the right to access the information about you collected and stored by the researcher. All information collected must be kept for five years as part of research requirements. Please contact the researcher named in this document if you would like to access your information at a later date.

CAN I FIND OUT ABOUT THE RESULTS OF THE PROJECT?

If you are interested in receiving information about the results of the study you can let the researcher know. You will be asked to provide contact details so that you can be sent a summary of the results obtained once the research is completed. Please be aware that some results may not be available for some years. If you have registered your interest, you will be alerted to the details of any publications that arise from the research once they have been accepted by a publisher.

IS THIS RESEARCH PROJECT APPROVED?

This research has been approved by the Human Research Ethics Committee of La Trobe University. This committee ensures that all research safeguards the rights, interests and welfare of all people who take part in human research studies. They have scrutinised this research design to make sure your welfare needs are met.

FURTHER INFORMATION

If you have any questions or need more information you can contact Jozette Dellemain, John Richards Initiative, La Trobe University by email to j.dellemain@latrobe.edu.au or the supervisor Dr Suzanne Hodgkin on 02 6024 9814.

COMPLAINTS PROCESS

If you feel that a query you have made, or a question you have asked, has not been dealt with to your satisfaction you have a right to take your query to the Secretary, Faculty Human Ethics Committee, Faculty of Health, La Trobe University, Victoria, 3086. The Secretary can be contacted on (03) 94793583 or email on fhehealth@latrobe.edu.au



Jozette Dellemain

Appendix D Stage One Focus Groups – Consent Form



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 jri@latrobe.edu.au

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Consent Form

What Is Rural Case Management?

Stage 1: Case Managers

I, the undersigned, have been invited to participate in the above research being conducted under the direction of PhD student Jozette Dellemain of the John Richards Initiative at La Trobe University Wodonga campus.

In consenting to participate in this study I agree with the following statements:

1. That while the study will be under Ms. Dellemain's supervision I agree to her using the help of a research assistant as required,
2. That I agree to participate actively in a small group discussion to answer questions about my rural case management experience.
3. That shortly before the group begins, I will complete a registration form about the type of case management I provide and my professional background.
4. That all information collected during this research will be kept confidential and my privacy will be preserved as described in the Participant Information Sheet.
5. That information from the research will be disseminated in formats such as conferences, forums and journal articles as deemed appropriate by the researcher.
6. That any results of the study may be published provided my identity is not disclosed
7. That I know I can withdraw my consent from this study at any time without providing a reason and without comprising my current or future relationship with La Trobe University.
8. That I hereby do voluntarily and without coercion, consent and offer to take part in this research.

Please read and tick the following if you agree:

- ☐ I consent that while I am in the group that my contributions to the discussion can be recorded so the researcher can analyse all responses from the group, word for word at a later time.

Participant's Name:

Participant's signature:

Date:

Appendix E *Stage One Focus Groups – Withdrawal of Consent Form*



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Withdrawal of Consent Form

What Is Rural Case Management?

I, (your name)

wish to WITHDRAW my consent to use data arising from my participation in the above research. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form.

I understand that data arising from my participation will be destroyed provided this request is received within four (4) weeks of the completion of my participation in this project.

I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant's Name:

Participant's signature:

Date:



FACULTY OF HEALTH SCIENCES

MEMORANDUM

To: Suzanne Hodgkin – LRHS
Student: Jozette Dellemain
From: Chair, Faculty Human Ethics Committee
Reference: FHEC13/171
Title: Understanding the nature of the rural case management
Date: 30 September 2013

The chair of FHS FHEC has evaluated your application as of negligible risk and has approved the project without review.

As a negligible-risk project (see http://www.latrobe.edu.au/research_services/assets/downloads/HEC_Guidelines%202012.pdf section 6.2 and 6.3), you are not required to submit annual and final reports, but you are required to maintain auditable records of the project.

Please note that the Informed Consent forms need to be retained for a minimum of 5 years. Please ensure that each participant retains a copy of the Informed Consent form. Researchers are also required to retain a copy of all Informed Consent forms separately from the data. The data must be retained for a period of 5 years.

Owen M Evans, PhD

Chair, Faculty Human Ethics Committee, Faculty of Health Sciences

Appendix G *Stage One Focus Groups – Questioning Route*
Questioning Route Focus Group 1*

Opening	Can you briefly tell the group your name and how long you have been working as a rural case manager?	Warm-up, develop group rapport Demographic information
Introductory	Can you tell me what attracted you to take a job as a rural case manager?	Warm-up Workforce information Demographic information
Transition	What does being a rural case manager mean to you?	Highlights what is most important about rural case management practice Skills and tasks
Transition	I want you to think back to the time when you first started as a rural case manager. What were the main things you remember about the first weeks of you practice?	Skills and tasks Knowledge base Becoming a rural case manager What a rural case manager is
Key question	If you had a magic wand that instantly turned a new worker into a skilled rural case manager, what skills would you observe they now have?	Practice based question What skills are needed to do rural case management
Key question	Can you take me through a typical day as a rural case manager and tell me the tasks and activities that would make up a typical day?	Tasks and activities What does a rural case manager do? Rural case management practice
Key question	If there was a box on this desk that held information about the training needs of rural case managers what information do you think we would find inside?	Training needs Education and Qualifications
Ending question	This morning we have been talking about rural case management practice. The practice or rural case management has been overlooked in much of the research and particular the views of rural case managers themselves. In the last 10 minutes can you tell me if there is anything you think we should have talked about but have missed? I would like to thank you for your time today and wish you a safe journey home.	Wind down. Anything not covered

***Route is subject to change in line with grounded theory processes**

Appendix H Stage One Focus Groups – Demographic Questionnaire



John Richards Initiative
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 jri@latrobe.edu.au

www.latrobe.edu.au/jri

Case Manager Short Questionnaire

Research into the question ‘What Is Rural Case Management?’

The information asked in this form will help the researcher to ensure a broad range of rural case manager voices is obtained. Thank you for taking the time to complete these questions.

Name:

Agency:

Local Government Areas covered in your practice:

What is your main field of work? Tick more than one of required

- | | |
|---|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Men | <input type="checkbox"/> Aged Care |
| <input type="checkbox"/> Women | <input type="checkbox"/> Other. Please Describe: |
| <input type="checkbox"/> Children | |
| <input type="checkbox"/> Mental Health Care | |

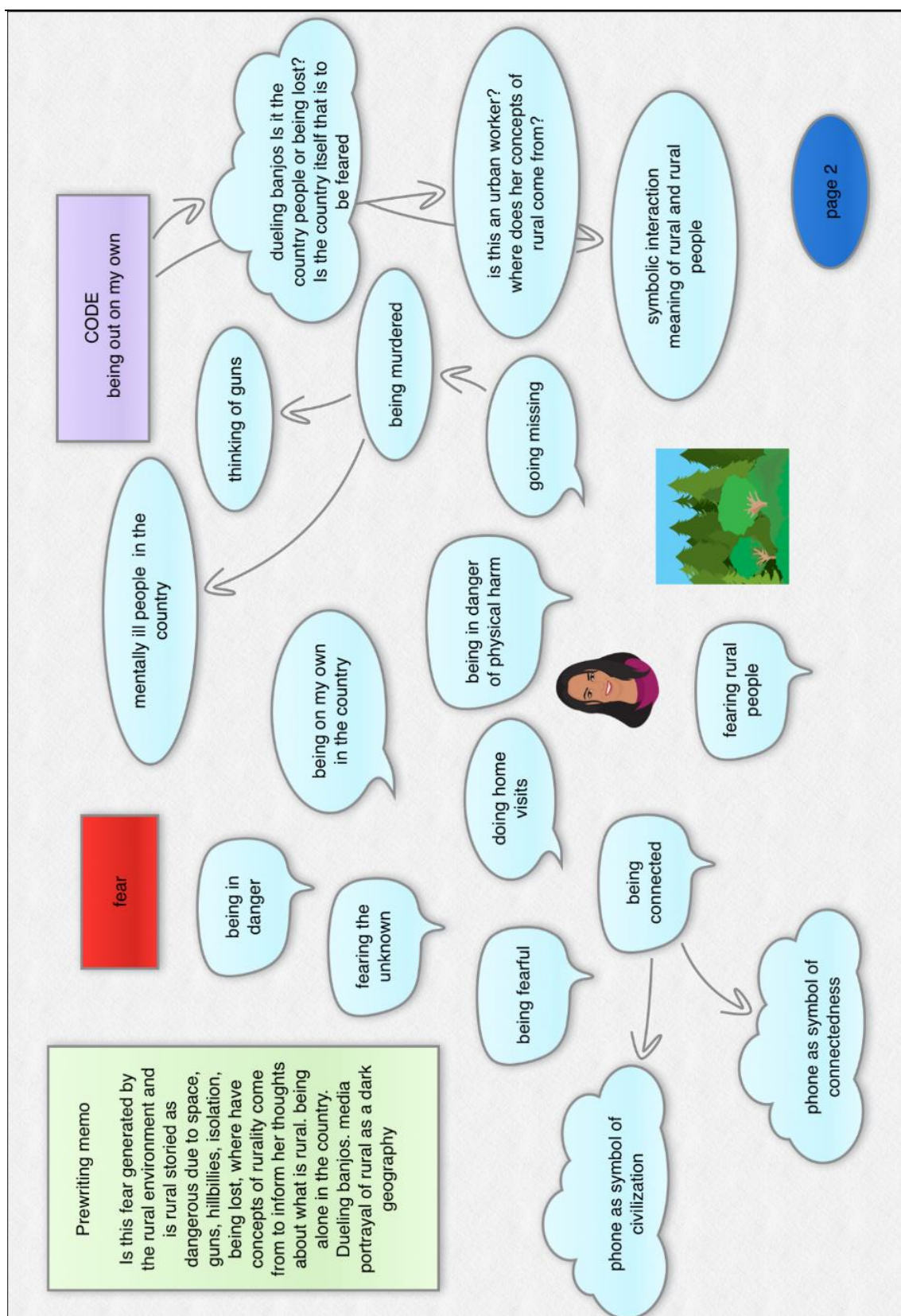
Describe your formal qualification/s background?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Allied Health (OT, Physiotherapy) |
| <input type="checkbox"/> Social Work | Please Specify: |
| <input type="checkbox"/> Welfare | |
| | <input type="checkbox"/> No formal qualification/s, have gained experience gained on the job |

How long have you worked in rural case management?

Write the approximate years in rural case management

Thank you.



What is Rural Case Management?

Stage 2: Delphi Rounds

Researcher Details

Jozette Dellemain. PhD Student. John Richards Initiative. Faculty of Health Sciences, La Trobe University.
Telephone: (02) 60519221; 0438 047 630
Email j.dellemain@latrobe.edu.au

Supervisor Details

Dr Suzanne Hodgkin. Associate Head, La Trobe Rural Health School, La Trobe University, Wodonga.
Telephone: (02) 6024 9814
Email S.Hodgkin@latrobe.edu.au

AIM OF THE PROJECT

This research explores the nature of rural case management practice in two stages. In the first stage, focus groups were held with case-managers who were asked about practicing case management in rural areas. In this second stage, academics will be asked to participate in online Delphi rounds, and will make decisions about the analytical deductions made from data gathered from the case managers. The goal of this research is to identify those aspects of rural case management practice that contribute to new knowledge about this form of practice.

This Participant Information Statement tells you about stage two of the research project. It explains what is involved in the project and will help you decide whether you want to take part. You are asked to read this information carefully and ask the researcher if there is anything you do not understand or would like to clarify. If you decide to take part in this research, you will be asked to sign a participant consent form and you will be provided with a copy of this Participant Information Statement to keep.

WHAT DOES PARTICIPATION IN THIS RESEARCH INVOLVE?

If you agree to participate in this research, you will be invited to participate in online Delphi rounds with other social work academics from Australia. You will be provided with observations by the case managers about rural case management to permit us to prioritise these observations according to its ability to add to rural case management theory. You will also be asked open-ended questions about your own decisions and to comment on decisions made by others. Your online contributions are all anonymous to other participants. There will be opportunities to change your decision, based on the

feedback from other anonymous group members. It is anticipated you will participate in two to three rounds over a 6- to 8-week period.

Participation in any research project is voluntary. You have the right to withdraw from active participation in this project at any time. You may also request that data arising from your participation not be used in the research project, provided that this right is exercised within four weeks of the completion of your participation in the project. You are asked to complete the “Withdrawal of Consent Form”, or to notify the researcher by email or telephone that you wish to withdraw your consent for your data to be used in this research project.

WHAT ARE THE POSSIBLE BENEFITS FOR ME?

This research aims to develop a better understanding of rural case management practice, because there is a gap in the literature about this type of work. You might find it useful as an academic, to reflect on the experience of practitioners in the field and to contribute to a new knowledge about this form of practice.

WHAT ARE THE POSSIBLE RISKS TO ME?

As the online Delphi Rounds are anonymous, the risk of conflict arising between Delphi group members is negligible. Anonymity is strictly observed by the research processes, as outlined in the Participant Information Statement.

WHAT WILL HAPPEN TO INFORMATION ABOUT ME?

If you participate, this research will collect information from you in the form of online Delphi Rounds. To maintain confidentiality, the researcher will allocate each Delphi participant with a unique identifier that will be used during analysis of the data and in written reports.

This research is part of the researcher’s Ph.D. studies. After data is collected, the researcher aims to author a number of journal articles about the findings. These articles will not include any personal information about you or any other participant; however, the articles may include short quotes, where it is considered these will assist in making a specific point.

In accordance with relevant Australian privacy and other relevant laws, you have the right to access the information about you collected and stored by the researcher. All information collected, must be kept for five years as part of research requirements.

Please contact the researcher named in this document if you would like to access your information at a later date.

CAN I FIND OUT ABOUT THE RESULTS OF THE PROJECT?

If you are interested in receiving information about the results of the study, you can let the researcher know. You will be asked to provide contact details, so that you can be sent a summary of the results obtained once the research is completed. Please be aware that some results, in the form of publications, may not be available for some years. If you have registered your interest, you will be alerted to the details of any publications that arise from the research once they have been accepted by a publisher.

IS THIS RESEARCH PROJECT APPROVED?

This research has been approved by the Human Research Ethics Committee of La Trobe University. This committee ensures that all research safeguards the rights, interests and welfare of all people who take part in human research studies. They have scrutinised this research design to make sure your welfare needs are met.

FURTHER INFORMATION

Any questions regarding this project may be directed to the Investigator, Jozette Dellemain, La Trobe University by email at jy2.dellemain@students.latrobe.edu.au of the College of Science, Health and Engineering or her supervisor Dr Suzanne Hodgkin on (02) 6024 9814 during business hours.

COMPLAINTS PROCESS

If you have any complaints or concerns about your participation in the study that the researcher has not been able to answer to your satisfaction, you may contact the Senior Human Ethics Officer, Ethics and Integrity, Research Office, La Trobe University, Victoria, 3086 (P: 03 9479 1443, E: humanethics@latrobe.edu.au). Please quote the application reference number S15-288.

Thank you for supporting this project,

Jozette Dellemain



Researcher

John Richards Initiative. Research into Aged Care in Rural Communities.
La Trobe University. Albury-Wodonga Campus.

Appendix K Stage Two Delphi Study – Participant Information Statement



John Richards Initiative
Research into Aged Care in Rural Communities
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Dear Academic,

Re: Invitation to Participate in a Delphi Research Study into Rural Case Management

This is an invitation to participate in research into rural case management conducted by Jozette Dellemain, PhD student with the John Richards Initiative, La Trobe University. This research will use a two-stage research design, to develop a better understanding of rural case management practice. In an earlier phase of this research, focus groups were held with rural case management practitioners, asking them about the impact of rurality on their practice. In this second phase of the research, ‘experts’ with academic experience in rurality or case management, are being asked to participate in a Delphi study to determine what aspects of the case manager data can offer new knowledge about this form of practice

WHAT WILL I HAVE TO DO?

If you agree to participate in this research, you will be invited to participate anonymously, in a number of online Delphi rounds with academics from Australia. You will be provided with conceptual data, gathered using rural case manager focus groups, and asked to prioritise the data according to its ability to add to new practice knowledge. You will also be asked some open-ended questions about your decisions and to comment on decisions made by others. There will be opportunities to change your decision, based on the feedback from other members of the group. It is anticipated you will participate in two to three rounds over a 6- to 8-week period.

CONFIDENTIALITY IS OF PRIME IMPORTANCE

Confidentiality is an important consideration in this type of research. To ensure privacy, only the researcher will have access to the identity of the respondent and the information collected. You will have access to anonymous responses provided by other participants, and they will have access to, and will comment on, your responses during Delphi rounds. To ensure your identity is preserved, the researcher will use a special

code number instead of your name, during all stages of the research, including data analysis and in written reports. Confidentiality will also be preserved, in all publications arising from this research, so that no identifying features will be revealed in any results that are written up. In keeping with research requirements, all data gathered in this research will be stored in a locked cabinet, at La Trobe University, Wodonga Campus, for five years. Digital data will be stored on a password protected server, at La Trobe University.

CONTACT DETAILS

This survey is funded by the John Richards Initiative, which is part of La Trobe University, Wodonga Campus and has been approved by the Human Ethics Committee of La Trobe University. The project has received clearance from the Human Research Ethics Committee, HREC no. (S15-288). Any questions regarding this project may be directed to the Chief Investigator Jozette Dellemain, La Trobe University by email at jj2.dellemain@latrobe.edu.au of the College of Science, Health and Engineering or her supervisor Dr. Suzanne Hodgkin on (02) 6024 9814 during business hours [EST].

DO YOU HAVE ANY CONCERNS?

If you have any complaints or concerns about your participation in the study that the researcher has not been able to answer to your satisfaction, you may contact the Senior Human Ethics Officer, Ethics and Integrity, Research Office, La Trobe University, Victoria, 3086 (Phone: 03 9479 1443, Email: humanethics@latrobe.edu.au). Please quote the application reference number S15-288.

Thank you for supporting this project,

Yours sincerely,



Researcher, John Richards Initiative, College of Science, Health and Engineering,
La Trobe University, Wodonga Campus, Wodonga, Victoria.

Consent Form

What Is Rural Case Management?

Stage 2: Delphi Rounds

I (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement and consent form, and any questions I have asked been answered to my satisfaction.

I agree to participate in the project, realising that I may withdraw at any time.

I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

Name of Participant (block letters):

Signature:

Date:

Name of Investigator (block letters): JOZETTE DELLEMAIN

Signature:

Date:

Name of Student Supervisor (block letters): DR SUZANNE HODGKIN

Signature:

Date:

Withdrawal of Consent Form

I, (your name)

wish to WITHDRAW my consent to use data arising from my participation in the above research. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form.

I understand that data arising from my participation will be destroyed provided this request is received within four (4) weeks of the completion of my participation in this project.

I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Participant's Name:

Participant's signature:

Date:



COLLEGE OF SCIENCE, HEALTH & ENGINEERING

MEMORANDUM

To: Dr. Suzanne Hodgkin
Student: Ms Jozette Yvonne Dellemain
From: Secretariat, SHE College Human Ethics Sub-Committee SHE CHESC)
Reference: S15/288 – Ethics application for low risk project – Approved
Title: Understanding the nature of rural case management
Date: 17 March 2016

Thank you for your recent correspondence in relation to the research project referred to above. The project has been assessed as complying with the *National Statement on Ethical Conduct in Human Research*. I am pleased to advise that your project has been granted ethics approval and you may commence the study now.

The project has been approved from the date of this letter until 31/12/2016.

Please note that your application has been reviewed by a sub-committee of the University Human Ethics Committee (UHEC) to facilitate a decision before the next Committee meeting. This decision will require ratification by the UHEC, and it reserves the right to alter conditions of approval or withdraw approval at that time. You will be notified if the approval status of your project changes. The UHEC is a fully constituted Ethics Committee in accordance with the National Statement under Section 5.1.29.

The following standard conditions apply to your project:

- **Limit of Approval.** Approval is limited strictly to the research proposal as submitted in your application while taking into account any additional conditions advised by the SHE College Human Ethics Sub-committee (SHE CHESC)
- **Variation to Project.** Any subsequent variations or modifications you wish to make to your project must be formally notified to the SHE CHESC for approval in advance of these modifications being introduced into the project.

This can be done using the appropriate form: *Ethics – Application for Modification to Project* which is available on the Research Services website at <http://www.latrobe.edu.au/researchers/starting-yourresearch/human-ethics>. If the SHE CHESC considers that the proposed changes are significant, you may be required to submit a new application form for approval of the revised project.

- **Adverse Events.** If any unforeseen or adverse events occur, including adverse effects on participants, during the course of the project which may affect the ethical acceptability of the project, the Chief Investigator must immediately notify the SHE CHESC Secretary on at chesc.she@latrobe.edu.au. Any complaints about the project received by the researchers must also be referred immediately to the SHE CHESC Secretary.
- **Withdrawal of Project.** If you decide to discontinue your research before its planned completion, you must advise the SHE CHESC and clarify the circumstances.
- **Monitoring.** All projects are subject to monitoring at any time by the SHE College Human Ethics Sub-committee.
- **Annual Progress Reports.** If your project continues for more than 12 months, you are required to submit an *Ethics – Progress/Final Report Form* annually, **on or just prior to 12 February**. The form is available on the Research Services website (see above address). Failure to submit a Progress Report will mean approval for this project will lapse.
- **Auditing.** An audit of the project may be conducted by members of the SHE CHESC.
- **Final Report.** A Final Report (see above address) is required within six months of the completion of the project.

If you have any queries on the information above or require further clarification, please contact me at chesc.she@latrobe.edu.au.

On behalf of the College of Science, Health and Engineering Human Ethics Subcommittee, best wishes with your research!

Ms Kate Ferris

Human Ethics Officer, Secretariat – SHE College Human Ethics Sub-Committee
Ethics and Integrity / Research Office, La Trobe University Bundoora, Victoria 3086
E: hesc.she@latrobe.edu.au | P: (03) 9479 – 3370

Appendix O *Stage Two Delphi Study – Vignettes Round One*

PREAMBLE – What is rural case management?

Aims and broader project: Thank you for agreeing to participate in our Delphi research. This Delphi is part of a two-stage research project aiming to articulate rural case management practice. In this research, we ask the question, "What is rural case management?"

Phase One of this research has been completed and involved three focus groups of case managers who described how rurality impacted on their practice. In this phase, **Phase Two**, we are asking for your views, as an established expert in the field of rurality and social work, about data collected from rural case managers. Ultimately, the aim of this research, is to add to existing knowledge about rural case management practice.

The survey questions are provided in the form of a vignette

You will be provided with field data obtained from rural case managers in the form of the attached survey. It comprises 21 questions, as a vignette, where case managers are discussing case management in a group meeting. You are asked to carefully consider each case manager's contribution and comment about the statement made.

Following this **Round (1)** of the Delphi, you will be asked to participate in a further Delphi **Round (2)** and asked to comment on and rate, the combined responses to Round 1, in terms of importance. Lastly, responses to the second round will be analysed and prioritised and, if needed, returned for a final comment. Consequently, depending on the data collected, there will be 2 or 3 rounds. Further explanation of the Delphi research method can be found in your *Invitation to Participate* form.

Once again, thank you for agreeing to participate in this project.

Regards,

Jozette Dellemain (Dr. Suzanne Hodgkin, Doctoral Supervisor)

QUESTIONS

Q1 *Chris, describing rural case management practice, "A rural case manager must have a good understanding of rural communities. You need to understand the difference between rural, regional and city and to understand you cannot apply what you do in the city or the region, to the rural..."*

Given your knowledge and experience, what is your response to Chris' comment? **Please elaborate.**

Q2 *Mohan states, "Case managers don't always live in or around the town that they're servicing. To build rapport with my clients, I have to be able to talk to them about their everyday life experiences and know what's going on in their town. I don't live there, so I have to make an effort to find out."*

Given your knowledge and experience, what is your response to Mohan's comment? **Please elaborate.**

Q3 *Peta observes, "In rural areas, case managers have to look after their professional reputation, because everybody knows everybody else and everyone talks to everyone else. Reputation opens doors. I think it is a lot about the reputation, who knows who and who works where."*

Given your knowledge and experience, what is your response to Peta's comment? **Please elaborate.**

Q4 *Felicity says, "Everyone knows everyone, and my car gives me away as being a stranger. For my clients, everybody in the town knows when you've got someone visiting and if there's a strange car out the front."*

Given your knowledge and experience, what is your response to Peta's comment? **Please elaborate.**

Q5 *Mohan's adds, "I had a client who cancelled a mental health appointment I made for her. She told me, "I couldn't go in, I went into the clinic and I saw my next-door neighbour sitting there, he would have seen the psychiatrist call my name and there would have been questions."*

Given your knowledge and experience, what is your response to Mohan's comment? **Please elaborate.**

Q6 *Chris, on where to meet clients, "Even when you get there, it's like where do I meet them? There is no public library or venue to meet with people in small places. You can't go to their home, you're hoping there's a risk assessment already done with them, at least orally."*

Given your knowledge and experience, what is your response to Chris' comment? **Please elaborate.**

-
- Q7 *Felicity on her early days as a rural case manager, "Fear was a big thing for me. Being out on my own in a rural community, not having access to services, the phones sometimes don't work. So, I'm thinking, anything could happen at this home visit. Once I got a general gist of the clients I was working with, and then the safety procedures, it became easier."*
Given your knowledge and experience, what is your response to Felicity's comment? **Please elaborate.**
-
- Q8 *Maria adds, "You go on home visit and you park the car according to policy, pointing it towards the road. But if you have to vacate the place, you've got to stop and open eight gates on the way out."*
Given your knowledge and experience, what is your response to Maria's comment? **Please elaborate.**
-
- Q9 *Chris adds, "In small towns, people find out where you live. Silent numbers don't work because everybody knows where everyone lives. If they don't phone me, they just bail me up beside the baked beans at the shop and it gets very awkward. The advantage of living there is you know what other services you can refer to, but you are also "more visible" to clients and part of their daily life. If you have to do something that they're not so happy about, and that happens in this work, you don't know what the consequences will be in a small community. It gets around."*
Given your knowledge and experience, what is your response to Chris' comment? **Please elaborate.**
-
- Q10 *Mohan observes, "Interagency meetings are really important because funding changes all the time and programs come and go. Attending is a drain on your time, but you have to stay linked in, you have to go along to keep up with what's on offer to that community."*
Given your knowledge and experience, what is your response to Mohan's comment? **Please elaborate.**
-
- Q11 *Maria tells the group, "Not being from this community, I had to form networks relevant to this role. In bigger places, you can go to the interagency meetings but in small communities, you are forced to lean on some services. There aren't other services you can go and see."*
Given your knowledge and experience, what is your response to Maria's comment? **Please elaborate.**
-

-
- Q12 *Peta suggests, "Rural services are a little bit suspicious of new services coming in or new people coming into their interagency networks. They see services come and go and funding comes and goes. They sort of say 'Well, why should we put our trust in you if you're just going to disappear in a year's time?'"*
 Given your knowledge and experience, what is your response to Peta's comment? **Please elaborate.**
-
- Q13 *Chris discusses his dilemma, "You know there are hidden rules in communities. We have been going to some communities for five years now and there are some that we still have not cracked. That's really hard as a rural case manager, thinking, 'How do I go in and service that community?' when you know the need is there?"*
 Given your knowledge and experience, what is your response to Chris' comment? **Please elaborate.**
-
- Q14 *Maria states, "It is very isolating having no one. I have been lucky to be helped by another case manager, and that made a big difference. I watched him work and he introduced me to other agencies. That created a support network for me when I went out into the community. I call in and see him and say, hi, so meeting him and being introduced to other people made a big difference."*
 Given your knowledge and experience, what is your response to Maria's comment? **Please elaborate.**
-
- Q15 *Felicity states, "My latest stressful thing is, I'm doing lots of travel and I need to use that time more effectively. Like, instead of just sitting in the car doing nothing, I do professional development or listen to educational podcasts to get better use out of the time. You spend so many hours driving to places and it adds up over the weeks."*
 Given your knowledge and experience, what is your response to Felicity's comment? **Please elaborate.**
-
- Q16 *Mohan raises, "My clients don't want to inconvenience me. They tell me, 'There are other people out there that are worse off than I am.' So, they only ring me when there's a full-on crisis, it's like spot fire stuff."*
 Given your knowledge and experience, what is your response to Mohan's comment? **Please elaborate.**
-

Q17 *Felicity notes, "You would rarely find a conflict of interest in the city area. But when you get a referral out here, the manager tells you, 'Okay, you cover that town so you can have that client.' I think, I went to school with them, or I'm best friends with their brother so I can't have that case, but I am sitting there thinking, 'Oh well, if I don't take this case who's going to take it then?'"*

Given your knowledge and experience, what is your response to Felicity's comment? **Please elaborate.**

Q18 *Chris suggests, "A lot of service eligibility criteria doesn't fit a rural situation. I think in rural case work you have to be so creative as to how you're going to address some of the needs of the clients, when the services aren't there. I try to find the grey area...the client doesn't fit this criteria, and they don't fit that one, so we mash them together to fit, or find something that could be put in place until they do fit the criteria."*

Given your knowledge and experience, what is your response to Chris' comment? **Please elaborate.**

Q19 *Mohan raises, "Being flexible can have a downside. There can be a bit of tendency in rural areas for workers to overstep their boundaries; to do things they are not qualified to do, because there are no other services out there. For example, they say to themselves, "There's no counsellor out here, so I'll do a bit of counselling."*

Given your knowledge and experience, what is your response to Mohan's comment? **Please elaborate.**

Q20 *Peta on skills required by case managers, "They don't need a formal degree. I have found everyday people who have lived life and just want to make a difference to their clients' life, make the best case managers because they want to learn. They weren't young; they've had their children and are looking to return to the workforce. These make the best case managers that I ever employed, because they knew what they wanted by then."*

Given your knowledge and experience, what is your response to Peta's comment? **Please elaborate.**

Q21 *Finally, given your knowledge and experience, and noting the aim of this research, you have any comments you wish to add?*

Please elaborate.

Appendix P *Stage Two Delphi Study – Rating Scale Round Two*

PREAMBLE (Delivered within Qualtrics online survey tool)**What is rural case management?**

Instructions for completing round two of this Delphi.

Thank you for agreeing to participate in this Delphi research.

This Delphi round utilises panel members responses from Round 1. Panel responses have been content analysed, collated, and formulated into 37 statements grouped into categories aligned to case management activities. The meanings of the responses have been maintained.

In this round, you are provided with a 10-point scale. Thinking about rural case management you are asked to rate each statement on its relative importance in informing the case manager's activities in rural practice.

When returned, the results will be analysed and quantified to identify items with high consensus amongst panel members.

Further explanation of the Delphi research method can be found in your Invitation to Participate form.

Once again, thank you for agreeing to participate in this important project.

Regards,

Jozette Dellemain

(Dr. Suzanne Hodgkin, Doctoral Supervisor)

information, therefore perceptions about the case manager's responsiveness, competence and reliability may influence the engagement process

1.7. Recognises a good professional and personal reputation is a valuable asset that bestows an immediate level of credibility and trust that might otherwise take much longer to develop

1.8. Recognises some referrals are likely to be heavily weighted with local knowledge, meaning individuals may be labelled before the case manager has met them

1.9. Attempts to identify hidden rules in rural communities such as one family not using a service where another family goes

1.10. takes extra precautions with privacy and confidentiality because clients are more easily identifiable in rural communities

1.11. Should request management input to evaluate and manage conflicts of interest arising from the case manager's personal relationships with potential clients

1.12. Addresses the unique risk associated with rural assessments, by networking closely with local services and

Round 1 generated the following statements. Thinking specifically about rural case management, on a scale of 1-10 rate you are asked to rate each statement on its relative importance to informing a case manager's activities in rural practice. The rural case manager...

[illegible]

2.4. Best addresses local ambivalence to his or her service by reflecting on its impact on existing networks and showing respect for local knowledge and expertise

2.5. Seeks out a local champion who can recommend them to local services and who can work to have them accepted into local networks

2.6. Establishes a network of key informants in professional networks with first-hand knowledge about the community

2.7. Applies a community development approach linking more with naturally occurring leaders in civic groups such as churches, schools, clubs, and stockyards

2.8. Addresses a lack of rural services by identifying local informal support networks such as client family, friends, and local civic networks to take on support roles

2.9. Develops excellent advocacy skills because lack of services in rural areas can exacerbate the inability to successfully refer a client out

2.10. Builds trust with local agencies and communities, by doing what they said they'd do, being where they said they'd be and delivering

what they said they
would deliver

2.11. Need to be
prepared to be creative
and at times courageous,
in the face of scarce
resources, if they are to
be client focused

2.12. Must balance
creative service
provision with
transparency in order to
ensure they do not
misuse formal resources

2.13. Role requires a
practitioner to be more
holistic and autonomous
and to develop a wider
skill set, to fill gaps in
rural services

2.14. Can hold
stereotypes that blind
them to the strengths
within small rural
communities, therefore
taking time to find out
how communities work
would make them more
effective

2.15. Need to increase
community awareness of
health issues and
services, in order to
normalise these issues
and reduce the impact of
social stigma

3. Implementing, monitoring, review in rural case management practice

Round 1 generated the following statements. Thinking specifically about rural case management, on a scale of 1-10 rate you are asked to rate each statement on its relative importance to informing a case manager's activities in rural practice. The rural case manager...

decisions about people's
lives

3.7. Must 'think outside
the box' where required,
to preserve a client's
anonymity because the
risk of social stigma can
be greater in rural
communities

3.8. Is responsible for
seeking out good
supervision from
someone who
understands rural
practice in order to
reflect on all aspects of
rural practice

3.9. Addresses the
impact of lack of worker
anonymity in small
towns by using
supervision to identify
the professional, personal
and safety issues that can
arise

Appendix Q *Stage Two Delphi Study – Table of Results*

2nd Delphi Round	#01	#02	#04	#05	#06	#07	#08	#12	#17	#18	percent ≥7	Median
1. Engagement and Assessment												
Statement 1.1	10	10	7	8	8	10	9	7	9	8	100	8.5
Statement 1.2	8	10	9	8	10	8	10	8	9	8	100	8.5
Statement 1.3	10	10	7	9	10	10	10	10	8	7	100	9.5
Statement 1.4	10	9	9	10	10	10	9	9	10	6	90	9.5
Statement 1.5	8	9	7	5	10	10	8	5	8	6	70	8
Statement 1.6	9	7	9	10	10	10	8	8	9	5	90	9
Statement 1.7	9	8	9	10	10	10	8	8	9	9	100	9
Statement 1.8	9	7	9	10	10	10	7	9	10	7	100	9
Statement 1.9	9	7	8	10	10	10	7	8	7	5	90	8
Statement 1.10	10	9	9	10	10	10	9	10	10	6	90	10
Statement 1.11	10	9	7	8	10	10	9	6	8	9	90	9
Statement 1.12	10	10	8	10	10	9	8	8	8	7	100	8.5
Statement 1.13	9	6	8	10	8	8	8	7	7	4	80	8
2. Planning, Linking												
Statement 2.1	8	9	9	10	10	7	8	10	8	10	100	9
Statement 2.2	7	8	5	10	10	6	7	8	8	6	70	7.5
Statement 2.3	9	8	8	8	6	8	8	8	7	8	90	8
Statement 2.4	9	7	8	8	10	8	8	9	10	7	100	8
Statement 2.5	7	7	10	8	9	5	9	6	9	6	80	8
Statement 2.6	9	7	10	9	10	5	8	5	9	9	80	9
Statement 2.7	9	10	7	10	9	3	9	7	9	7	90	9
Statement 2.8	9	7	8	10	10	8	10	8	10	8	100	8.5
Statement 2.9	10	9	7	10	10	7	9	7	9	7	100	9
Statement 2.10	10	9	8	10	10	7	9	8	10	10	100	9.5
Statement 2.11	10	8	8	10	10	10	10	8	10	9	100	10
Statement 2.12	9	8	8	10	10	0	9	8	8	7	90	8
Statement 2.13	8	8	10	9	10	5	8	7	10	9	90	8.5
Statement 2.14	10	7	7	9	10	0	8	8	9	9	90	8.5
Statement 2.15	10	8	7	9	10	6	9	8	8	6	80	8
3. Monitoring and Review												
Statement 3.1	8	7	9	10	10	5	8	7	9	8	90	8
Statement 3.2	8	10	7	9	10	0	8	9	10	7	90	8.5
Statement 3.3	7	6	8	10	9	5	9	9	10	8	80	8.5
Statement 3.4	10	10	10	10	10	10	10	8	10	8	100	10
Statement 3.5	10	10	8	10	10	10	9	6	8	9	100	9.5
Statement 3.6	10	8	8	8	10	10	10	8	8	10	90	10
Statement 3.7	10	7	7	10	10	8	9	9	9	9	100	9
Statement 3.8	10	7	8	10	10	5	8	10	10	10	100	9.5
Statement 3.9	10	10	10	10	10	5	9	7	10	10	90	10

Appendix R *Stage Two Delphi Study – Automated reminders in Qualtrics*

Mail out accompanying Qualtrics Questionnaire

Sample Reminder sent at 7 days

Dear [name],

Thank you for your offer to participate in this Delphi Survey.

This is a courtesy reminder to complete a Delphi Survey in which you are participating. The survey is open for 30 days from receipt of the first email. I trust this time frame is still be suitable for you.

The link for the survey is as follows:

[\\$\[l://SurveyLink/e=Take the Survey\]](#)

Or copy and paste the URL below into your internet browser:

[\\$\[p://SurveyURL\]](#)

Once again, thank you for your participation.

I look forward to your responses in the survey.

Regards,

[Researcher Name]

[organisation details]

Follow the link to opt out of future emails:

[\\$\[l://OptOutLink/e=Click here to unsubscribe\]](#)

Sample Thank You Letter sent at completing

Dear [name],

I would like to thank you for completing this first round of the Delphi Survey.

Following analysis and collation the combined (anonymous) responses of all 'experts' will be sent to you for comment and scaling.

Once again thank you for assisting with this research project.

Regards,

[Researcher Name]

[organisation details}

Follow the link to opt out of future emails:

[\\$\[l://OptOutLink/e=Click here to unsubscribe\]](#)

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