

# How Documentation Influences Front-Line Practice: A Qualitative Study of Case Managers in Supportive Housing Programs

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This study uses qualitative methods to explore the complexity of front-line practice in a climate of increasing demands for accountability in the public sector. The rise of “managerialism” has resulted in closer monitoring of social and health care services workforce through documentation in order to codify and measure outcomes. Whereas positivist methods often replicate the goals of managerialism by focusing on “what works”, qualitative methods can explore its influence on service provision processes. This study of case managers in supportive housing programs explores how documentation procedures influence their practice. Methods: This NIMH funded qualitative study investigated the views of 34 case managers working in two supportive housing programs. A total of 80 in-depth, semi-structured interviews were conducted with case managers as their clients entered housing, six months later if the client remained in housing, and at 12 months. Coding and thematic analyses explored case manager views of documentation and how these accountability mechanisms impacted their practice. Results: Documentation influenced practice in the following ways: 1) providers structured their encounters with clients around service plan goals rather than around immediate client-identified issues, 2) providers reported repetitive documentation as damaging to client-provider rapport, distinguishing between ‘real work’ and ‘busy work’, and 3) while some providers structured their practice around service plans, others used discretionary power to circumnavigate documentation demands. Conclusions and Implications: Although documentation endeavors to tie practice more closely to the goals of the clients, the actual impact was to limit quality time case managers spent with clients and place demands on the type of interactions taking place in face-to-face encounters. This prevented case managers from addressing immediate concerns and building rapport with clients. This more prescribed approach to practice, while more measurable, may lead to greater disengagement by clients as critical therapeutic components of casework are reduced to routine practices.