

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for

Social  

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Work Case  
Management

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Work Case  
Management

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# Standards

## for Social Work Case Management

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### **Standard 1. Ethics and Values**

The social work case manager shall adhere to and promote the ethics and values of the social work profession, using the NASW *Code of Ethics* as a guide to ethical decision making in case management practice.

### **Standard 2. Qualifications**

The social work case manager shall possess a baccalaureate or advanced degree in social work from a school or program accredited by the Council on Social Work Education; shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices; and shall possess the skills and professional experience necessary to practice social work case management.

### **Standard 3. Knowledge**

The social work case manager shall acquire and maintain knowledge of current theory, evidence-informed practice, sociohistorical context, policy, research, and evaluation methods relevant to case management and the population served, and shall use such information to ensure the quality of case management practice.

### **Standard 4. Cultural and Linguistic Competence**

The social work case manager shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the NASW *Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice*.

### **Standard 5. Assessment**

The social work case manager shall engage clients—and, when appropriate, other members of client systems—in an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges.

### **Standard 6. Service Planning, Implementation, and Monitoring**

The social work case manager shall collaborate with clients to plan, implement, monitor, and amend individualized services that promote clients' strengths, advance clients' well-being,

and help clients achieve their goals. Case management service plans shall be based on meaningful assessments and shall have specific, attainable, measurable objectives.

### **Standard 7. Advocacy and Leadership**

The social work case manager shall advocate for the rights, decisions, strengths, and needs of clients and shall promote clients' access to resources, supports, and services.

### **Standard 8. Interdisciplinary and Interorganizational Collaboration**

The social work case manager shall promote collaboration among colleagues and organizations to enhance service delivery and facilitate client goal attainment.

### **Standard 9. Practice Evaluation and Improvement**

The social work case manager shall participate in ongoing, formal evaluation of her or his practice to advance client well-being, assess the appropriateness and effectiveness of services and supports, ensure competence, and improve practice.

### **Standard 10. Record Keeping**

The social work case manager shall document all case management activities in the appropriate client record in a timely manner. Social work documentation shall be recorded on paper or electronically and shall be prepared, completed, secured, maintained, and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements.

### **Standard 11. Workload Sustainability**

The social work case manager shall responsibly advocate for a caseload and scope of work that permit high-quality planning, provision, and evaluation of case management services.

### **Standard 12. Professional Development and Competence**

The social work case manager shall assume personal responsibility for her or his professional development and competence in accordance with the *NASW Code of Ethics*, the *NASW Standards for Continuing Professional Education*, and the licensure or certification requirements of the state(s) or jurisdiction(s) in which the social worker practices.

## Introduction

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Case management dates its development to the emergence of the social work profession and remains integral to 21st-century social work practice. According to NASW's benchmark study of licensed social workers in the United States, case management is a component of many social work jobs, and "significant numbers of social workers report spending more than half their time" on case management responsibilities (Whitaker, Weismiller, & Clark, 2006, p. 19). Nurses and other professionals also practice case management, and peer counselors (often referred to as *peer support specialists*) have begun to play a role in the field.

More than a century after its emergence, case management has garnered renewed attention. Amid mounting constraints on both public and private funding for education, health care, housing, and social services, coordination of services is increasingly perceived as a strategy to improve service quality and outcomes while decreasing costs (Brown, 2009; Centers for Medicare & Medicaid Services, 2011; Silow-Carroll, Edwards, & Lashbrook, 2011; U.S. Department of Veterans Affairs, 2011). At the same time, additional research demonstrating the effectiveness of various case management models with specific populations is needed (Agency for Healthcare Research and Quality, 2011; Culhane, Parker, Poppe, Gross, & Sykes, 2007; Vanderplassen, Wolf, Rapp, & Broekaert, 2007). Moreover, with the growing focus on job delegation (Institute of Medicine, 2008), tasks previously performed by case managers in some settings are being divided

among multiple personnel, including volunteers (Robert Wood Johnson Foundation, 2009).

Within this context, social work case managers face both opportunities and challenges. With its strengths-based, person-in-environment perspective, the social work profession is well trained to develop and improve support systems (including service delivery systems, resources, opportunities, and naturally occurring social supports) that advance the well-being of individuals, families, and communities. Furthermore, social workers have long recognized that the therapeutic relationship between the practitioner and the client plays an integral role in case management. This expertise positions the social work profession as a leader within the field of case management. However, such leadership requires not only the integration of direct practice skills and administrative strategies, but also continued development of the evidence base for social work case management. These standards are designed to enhance social work case management and to help the public understand the professional social work role in case management.

## Background

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The profession of social work and the practice of case management emerged simultaneously in the United States during the late 19th and early 20th centuries. Fueled by poverty and other social problems associated with industrialization, urbanization, immigration, and population growth, charity organization societies (COS) and settlement houses sprang up across the United States (Poppo, 2008; Stuart, 2008).

The complementary and contrasting emphases of the COS and settlement house movements manifest, to some extent, in 21st-century social work case management.

In the first half of the 20th century, social work incorporated psychodynamic perspectives from the field of psychiatry, and social casework was the primary practice approach (McNutt, 2008). The sociopolitical events and movements of the 1960s expanded the theory base of social casework and renewed the social work profession's emphasis on social action, planning, and policy (McNutt, 2008). Micro-, mezzo-, and macro-level social work practitioners now draw on a variety of theories and techniques, many of which manifest in case management practice. At the same time, the practice area specialization that began within both case management and social work in the early 20th century (Federal Interagency HIV/AIDS Case Management Work Group, 2008) continues to the present day—even as social work case managers work with increasingly diverse, often vulnerable clientele in an ever-broadening array of settings. The following list denotes some, but not all, of the settings and specialties in which social workers practice case management:

- aging
- behavioral health care (includes mental health and substance use)
- child welfare and other youth- and family-oriented services
- corrections
- disabilities (cognitive, developmental, physical, and psychiatric)
- education (early childhood through university; lifelong learning programs)
- employee assistance

- health care (including, but not limited to, ambulatory, acute, and rehabilitative care; disease-specific services; maternal health; palliative and hospice care; and public and private health insurance programs)
- housing
- immigrant and refugee support services
- income support programs
- long-term services and supports
- services for veterans and active duty military personnel
- tribal services.

Furthermore, social work case managers operate across the public, nonprofit, and for-profit sectors, in both accredited and nonaccredited organizations, and in urban, suburban, rural, and frontier areas. They provide services (with or without clinical supervision, and sometimes as independent practitioners) in offices and facilities, in home- and community-based settings, by telephone, and electronically. Such services may be supported by organizational operating funds, government funding, public or private insurance, other third-party payers, foundation grants, or client funds.

Both the practice of social work case management and the desired outcomes associated with this practice modality vary greatly across sectors, settings, and specialties. Program and job titles also vary; the terms *care management*, *care coordination*, *service coordination*, *client navigation*, *health care navigation* and *patient navigation* describe work that resembles, to varying degrees, case management. Although these terms are sometimes used interchangeably, the choice of terms may reflect underlying philosophical differences, and the program goals

and job tasks and functions of each may differ. Significant diversity of opinion exists regarding the differences between case management and these related roles and practices, and rendering such distinctions lies beyond the scope of these standards. Consequently, the terms *case management* and *case manager* are used throughout the standards. Nonetheless, these standards may also be useful to social workers whose primary function is described by related terms such as care management or care coordination—practices which, similar to case management, engage clients in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring, and evaluating resources, supports, and services. Such resources, supports, and services may either be located in a single organization or spread across numerous settings.

Even among identically titled programs, however, significant diversity exists. Conceptual differences in case management paradigms, or how an organization perceives the roles of both case managers and clients, influence organizational culture and affect service provision, client population, and outcomes (Moxley, 2011). Thus, a social work case manager may find her or his individual approach more congruent with certain programs, or more effective with certain client populations, than with others. This reality requires social workers not only to understand the culture of their organizations, but also to help each client determine whether the organization's and practitioner's approach will best serve the individual's expectations and needs. Success, as defined by clients, case managers, and organizations alike, is most likely when

“consonance...among the case manager’s preferred approach, the value set and experiences of clients, and the culture of the sponsoring organization” (Moxley, 2011, p. 277) exists.

The *National Association of Social Workers Standards for Social Work Case Management* reflect the current environments in which case management is practiced. For many social workers, these standards reinforce current practices. For others, they provide objectives to achieve and guidelines to assist in practice.

## Goals of the Standards

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These standards address case management as a specialty area within social work practice. The standards are designed to enhance social workers’ awareness of the values, knowledge, methods, and skills needed to practice case management competently.

Ideally, these standards will stimulate the development of clear guidelines, goals, and objectives related to case management in social work practice, research, policy, and education.

The other goals of the standards are

- to inform social workers, policymakers, employers, and the public about case management as a long-standing and continually expanding domain of social work practice
- to improve the quality of social work case management services
- to provide a basis for the development of continuing education materials and programs related to social work case management

- to ensure that social work case management services are guided by the *NASW Code of Ethics*
- to advocate for clients' rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision making affecting their well-being
- to encourage social workers to participate in the development and refinement of public policy (at the local, state, and federal levels) to support clients participating in case management
- to encourage social workers to participate in the development, refinement, and integration of best practices in case management and
- to advance the practice of case management as an integral component of organizations and service delivery systems.

## Definitions

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### **Case management**

A process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings (Barker, 2003).

### **Social worker**

Within the United States, *social worker* refers to an individual who possesses a baccalaureate or master's degree in social work from a school or program accredited by the Council on Social Work Education. Although all 50 states and the District of Columbia license or certify social workers, licensure and certification laws vary by state. Each social worker should be licensed or certified, as applicable and required, at the level appropriate to her or his scope of practice in the practitioner's jurisdiction(s).

### **Client and client system**

The term *client* refers to the individual or family who is the recipient of case management services—in other words, whose goals, needs, and strengths constitute the primary focus of case management. (Within these standards, *client* often refers to an individual; the term *family* may be substituted if applicable, however.) Each organization's mission usually defines its clientele; funding sources may also play a role in this determination. In some practice settings or case management models, *beneficiary*, *consumer*, *patient*, *peer*, *resident*, or other terms may be used in lieu of *client*. The *client system* includes both the client and members of the client's support network (such as family members, friends, religious communities, or service providers).

### **Family and family system**

Family involvement in case management varies greatly across client populations and practice settings. The term *family* is defined by each individual and may refer to family of origin, spouses or domestic partners, children, extended family, friends, community elders, or other individuals who support the client participating

in case management services. Similar to individual case management clients, family members may cross the life span from childhood to advanced age. Families may support each other emotionally, financially, medically, physically, practically, socially, and spiritually. They may also provide assistance with decision making related to health care, support services, financial or legal matters, and life span planning. Such support, which individuals and families may or may not identify as *caregiving*, may be provided on an intermittent, part-time, or full-time basis and at close proximity or at a distance from the client participating in case management services. Furthermore, some family members may receive remuneration for caregiving services through consumer-directed programs. The *family system* includes both the client and the family. For the purposes of these standards, however, the family system does not include individuals whose primary relationship with the client is based on a financial or professional agreement. Nonetheless, such individuals (including, but not limited to, health care professionals, home care workers, attorneys, fiduciary agents, guardians, other service providers, and case managers themselves) constitute an important part of the client system.

### **Culture**

Culture influences the values, perceptions, and goals every social worker and client brings to case management. Cultural identification may include, but is not limited to, race, ethnicity, and national origin; migration background, degree of acculturation, and documentation status; socioeconomic class; age; gender, gender identity, and gender expression; sexual orientation; family status; spiritual, religious, and political belief or

affiliation; physical, psychiatric, and cognitive ability; and literacy, including health, behavioral health, and financial literacy.

### **Cultural competence**

“The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors [including, but not limited to, gender identity and expression, sexual orientation, and family status] in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (NASW, 2007, pp. 12–13).

### **Health and health care**

As noted in the *Social Work Dictionary* (Barker, 2003), NASW supports the World Health Organization (WHO)’s definition of health: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946, 2011). Within these standards, the terms *health* and *health care* refer not only to physical health and medical care, but also to psychosocial well-being and behavioral health care.

## Guiding Principles

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The primary goal of social work case management is to optimize client functioning and well-being by providing and coordinating high-quality services, in the most effective and efficient manner possible, to individuals with multiple complex needs. Social workers use the following strategies to achieve this goal:

- strengthening the developmental, problem-solving, and coping capacities of clients
- enhancing clients' ability to interact with and participate in their communities, with respect for each client's values and goals
- linking people with systems that provide them with resources, services, and opportunities
- increasing the scope and capacity of service delivery systems
- creating and promoting the effective and humane operation of service systems
- contributing to the development and improvement of social policy.

Amid the diversity of program settings, titles, paradigms, and goals, the following characteristics distinguish social work case management:

- **Person-centered services.** The social work case manager engages the client (and, when appropriate, other members of the family system) in all aspects of case management and tailors services to the client's needs, preferences, and goals.
- **Primacy of client–social worker relationship.** The therapeutic relationship or working alliance between the social work case manager and the client is integral to helping the client achieve her or his goals.
- **Person-in-environment framework.** The social work case manager understands that

each individual experiences a mutually influential relationship with her or his physical and social environment and cannot be understood outside of that context. This ecological perspective recognizes that systemic injustice and oppression underlie many challenges faced by clients.

- **Strengths perspective.** Rather than focus on pathology, the social work case manager elicits, supports, and builds on the resilience and potential for growth and development inherent in each individual. Client strengths and assets may be intrapersonal, found within the environment, or developed in response to the environment.
- **Collaborative teamwork.** The social work case manager does not work in isolation. Collaboration with other social workers, other disciplines, and other organizations is integral to the case management process.
- **Intervention at the micro, mezzo, and macro levels.** The social work case manager uses a variety of approaches to effect change in individuals, families, groups, communities, organizations, systems, and policies. Advocacy for systemic change plays a key role.

Similarly, although the roles and responsibilities of individual social work case managers may vary considerably depending on program or system objectives, some core functions are common to social work case management:

- engagement with clients
- assessment of client priorities, strengths, and challenges
- development and implementation of a care plan
- monitoring of service delivery
- evaluation of outcomes

- closure (including termination or transition follow-up).

The following standards address, in greater detail, aspects of practice integral to social work case management.

## **Standards with Interpretations**

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### **Standard 1. Ethics and Values**

**The social work case manager shall adhere to and promote the ethics and values of the social work profession, using the NASW *Code of Ethics* as a guide to ethical decision making in case management practice.**

#### **Interpretation**

The primary mission of the social work profession is to enhance human well-being and to help meet the basic needs of all people, with particular attention to the needs of individuals and communities who are vulnerable and oppressed. This mission is rooted in core values that constitute the foundation of social work and underlie social work case management:

- **Service.** The social work case manager applies her or his knowledge and skills to support the biopsychosocial well-being of clients and to address challenges faced by clients. She or he prioritizes service to clients above professional or personal self-interest.
- **Social justice.** The social work case manager pursues change to reduce poverty, discrimination, oppression, and other forms of social injustice experienced by clients. She or he provides services in a culturally and linguistically appropriate manner and acts on individual and systemic levels to ensure

clients' access to needed information, services, and resources and to facilitate clients' maximal participation in decision making.

- **Human dignity and worth.** The social work case manager treats clients in a caring manner, respecting their self-determination and valuing their strengths. She or he strives to enhance clients' capacity to improve their circumstances and achieve their goals.
- **Importance of human relationships.** The social work case manager promotes the role of human relationships in the change process and strives to strengthen relationships between the client and other members of the client system. The social worker cultivates a therapeutic relationship with each client and engages the client, to the greatest extent possible, as a partner in goal identification, service planning and implementation, and practice evaluation.
- **Integrity.** The social work case manager acts in accordance with the mission, values, ethical principles, and ethical standards of the social work profession and uses the power inherent in the professional social work role responsibly. She or he undertakes all actions with respect for clients' goals, exercising judicious use of self, avoiding conflicts of interest, and applying professional judgment in presenting resource options and providing services to clients.
- **Competence.** The social work case manager practices within her or his area of competence and continually strives to enhance knowledge and skills related to case management and the population served. She or he recognizes that self-care is essential to being present for clients and attends to self-care accordingly.

Social work case managers promote client self-determination while helping clients navigate complex service delivery systems. Client involvement in goal identification and decision making is a basic tenet of social work practice and is upheld, to the greatest extent possible, throughout the case management process. Nonetheless, differences in the wishes, perceptions, and capacity of clients and other members of the client system can present complex ethical and legal challenges to social workers. When a client's decision-making capacity is limited, the case manager should collaborate with the individual who is legally authorized to represent the client—such as a power-of-attorney, health care agent, or guardian—while continuing to promote the client's participation in case management. (For the purposes of these standards, *the individual who is legally authorized to represent the client* can be substituted for *the client*, where appropriate.) The social work case manager must also know and comply with federal, state, local, and tribal laws, regulations, and policies addressing topics such as guardianship, parental rights, advance directives, and reporting requirements for abuse, neglect, suicide, threat of harm to others, confidentiality and privacy of client information, and use of health information technology.

Maintaining primacy of a client's interests can be difficult in an environment of resource scarcity, especially when the social work case manager bears partial or full responsibility for resource allocation. Although the lack of organizational or community resources may limit a client's options, the social worker should inform the client of the full range of existing choices so the client may decide which services

will best meet her or his needs. When a conflict between primacy of the client's interest and the goals or policies of organizations or delivery systems occurs, the case manager should use mechanisms such as peer review, ethics committees, or external consultation, or should advocate for internal change, to resolve the dilemma. Creativity may be required to support the client in accessing resources, supports, and services needed to meet that individual's priorities. If the conflict cannot be resolved, mezzo- or macro-level action on the part of the social work case manager (such as program development, community organization, and policy or legislative advocacy) may be needed to prevent the recurrence of similar resource gaps.

Similarly, the social work case manager has an ethical responsibility to

- ensure the client has the requisite information to provide informed consent in all aspects of the case management process
- terminate a service when it is no longer helpful to the client or is detrimental to the client's well-being and growth
- promptly notify the client if the case manager anticipates that a service will be interrupted or terminated by a service provider and
- make the necessary transfer or referral if the client still needs such a service to ensure continuity of care.

## **Standard 2. Qualifications**

**The social work case manager shall possess a baccalaureate or master's degree in social work from a school or program accredited by Council on Social Work Education; shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he**

**practices; and shall possess the skills and professional experience necessary to practice social work case management.<sup>1</sup>**

### **Interpretation**

Social work degree programs provide education and training in social work values, ethics, theories, practice, policy, and research. This preparation is essential for any individual engaging in the practice of social work. Social work licensing and certification laws vary by state. It is each social work case manager's responsibility to abide by the licensing and certification laws and regulations of her or his respective state(s) or jurisdiction(s). Adherence to such laws and regulations includes, but is not limited to, several responsibilities on the part of the social work case manager:

- acquisition and maintenance of social work licensure or certification, as available for the social worker's educational level, professional experience, and scope of practice
- adherence to supervision requirements, which may apply not only to supervisees, but also to social work supervisors
- practicing within the defined scope of practice outlined by law or regulation.

The practice of social work case management is complex, entailing multiple roles and skills. Each social worker's qualifications should be congruent with the skills required to fulfill her or his case management responsibilities. A differential use of staff may be implemented in carrying out case management tasks, particularly when specialized expertise is indicated. For example, a social work case manager whose responsibilities include the diagnosis of behavioral health conditions or the provision of

psychotherapy should have a master's degree in social work and should either be licensed at the clinical level or, if the licensing jurisdiction allows, perform clinical tasks under supervision. Regardless of educational background or licensure status, every social worker should accept case management duties or employment only on the basis of existing competence. Should the case manager need additional knowledge or skill to perform case management responsibilities, she or he should pursue professional development activities (including supervision and other activities, described elsewhere in these standards) to acquire the necessary competence.

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<sup>1</sup> Degree and licensure or certification requirements are specific to social work practice in the United States. NASW recognizes that qualifications may differ outside the United States.

### **Standard 3. Knowledge**

**The social work case manager shall acquire and maintain knowledge of current theory, evidence-informed practice, sociohistorical context, policy, evaluation methods, and research relevant to case management and the population served, and shall use such information to ensure the quality of case management practice.**

#### **Interpretation**

Although case management is an integral component of generalist social work education, the practice of case management requires specialized knowledge and skills as outlined in these standards. Ideally, the social work case manager attains such knowledge and skills during her or his degree program, through coursework and field practice experience related to case management. Specialty practice

credentials earned after graduation may indicate expertise in case management or other areas related to the setting in which the practitioner works (such as a health care setting) or the clientele served (such as children or older adults). Whether through credentialing, continuing education, or professional experience, the social worker should continually enhance her or his skills and knowledge related to case management and the population served.

Given the growing complexity of service delivery systems and client needs, even experienced social work case managers may encounter situations beyond the scope of their usual practice setting. For example, a case manager practicing in a youth-oriented setting may encounter a grandparent providing kinship care; a client participating in case management in a behavioral health setting may be diagnosed with a serious medical illness; or a recent immigrant may seek services from an organization that primarily serves long-time residents. In such circumstances, the social work case manager should seek supervision, consultation, and continuing professional development, as described elsewhere in these standards, to ensure she or he has both the requisite knowledge of service delivery systems and the skills to serve clients effectively. At times, the social worker may need to work in partnership with other service providers on behalf of an individual or to refer a client to other case managers whose expertise is more suited to the person.

The breadth and depth of knowledge required for effective case management practice may vary based on client population and practice setting.

Regardless of such distinctions, however, the social work case manager applies knowledge about human growth and development, behavioral health, physical health, and family relationships to enhance the biopsychosocial well-being of clients. As a resource expert, the social worker supports clients in navigating service delivery systems, accessing resources, and identifying service gaps and barriers. Each case manager's understanding of the professional social work role also guides her or his interactions with, and on behalf of, clients.

Knowledge essential to social work case management includes, but is not limited to, the following areas:

- Human behavior, growth, and development
  - concepts and theories associated with life span development and behavioral change
  - cognitive, physiological, and psychosocial processes associated with various life stages, including the end of life
- Behavioral health
  - strengths, coping patterns, and points of resilience
  - depression, anxiety, and other mental health conditions
  - addictive behaviors and their effect on the client system
  - signs of trauma, abuse, neglect, and exploitation
- Physical health
  - physiological and cognitive processes associated with acute and chronic conditions
  - psychosocial effects of acute, chronic, and life-limiting illness
  - psychosocial effects of physical and cognitive disability

- Family relationships
  - family systems and family life cycles
  - family caregiving roles and support needs
  - interdependence in care partnerships (within family systems, for example)
- Resources and systems
  - programs and systems related to the case manager's client population and practice setting (such as resources specific to aging, behavioral health, children, economic assistance, employment, families, health, housing, immigration, legal concerns, social support, and tribal systems)
  - policies, eligibility requirements, and financial and legal concerns affecting case management clientele
  - systems functioning and theory
- Professional social work role
  - the multifaceted social work roles and functions related to both case management and the case manager's client population or practice setting
  - research and evaluation methods, including knowledge of how to analyze professional literature and incorporate research findings into practice
  - interdisciplinary collaboration
  - appropriate professional boundaries and use of self
  - signs of, and strategies to address, ethical dilemmas, compassion fatigue, burnout, vicarious traumatization, and professional grief
  - use of the strengths perspective to improve clients' perceptions of their own abilities and facilitate their participation in the case management process
  - culturally and linguistically appropriate service delivery.

#### **Standard 4. Cultural and Linguistic Competence**

**The social work case manager shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the *NASW Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice*.**

#### **Interpretation**

The increasing cultural and linguistic diversity of the United States and many other countries requires social workers to strive continually for cultural and linguistic competence. The social work case manager's recognition and affirmation of cultural and linguistic diversity are critical to both therapeutic alliances with clients and cooperative working relationships with colleagues. Such diversity includes, but is not limited to, race, ethnicity, socioeconomic class, gender, gender identity, gender expression, sexual orientation, religion, age, health and family status; cognitive, physical, or psychiatric ability; and sensory differences, preferred language, migration background (within-country migration, immigration, refugeeism, and documentation status), degree of acculturation, level of formal education, and literacy (including health, behavioral health, and financial literacy). It can also include vocational affiliations, such as participation in the military or involvement in veterans' services. Given the complexity of cultural identity, the social work case manager needs to approach every interaction with clients and colleagues as a cross-cultural exchange, recognizing the potential for value conflicts and being proactive to ensure that such conflicts do not undermine practice.

Cultural competence begins with the social work case manager's cultural self-identification. Cultural self-awareness is fundamental to recognizing and addressing how one's own cultural values, beliefs, biases, experiences, and practices affect interactions with clients and colleagues. The social worker who practices such self-assessment can then recognize how cultural identity, in its multifaceted expressions, is central to the resilience of the individuals, families, and communities with whom she or he interacts. Specifically, the social work case manager needs to appreciate and affirm clients' cultural values, beliefs, and practices, especially the ways in which culture influences perceptions and practices related to human growth and development, including death and dying; definitions of *family*; family communication patterns and life cycle functions, including child rearing and caregiving; illness, disability, and treatments for health and behavioral health conditions; help-seeking behaviors; and decision making related to education, employment, financial or legal matters, health care, and housing.

The social work case manager also needs to recognize that culture varies within both families and cultural groups. These differences may manifest in multiple ways, such as contrasting perceptions of family responsibilities or varying levels of fluency in the dominant language of the country of residence. In such instances, the social worker should honor the differences within the client system and facilitate, as appropriate, maximal participation in the case management process of all members with whom she or he interacts—by using professional interpreters rather than relying on family members to interpret for each other, for example.

Cultural and linguistic factors influence not only case manager–client relationships, but also organizational policies and societal structures and dynamics. The social work case manager should advocate for organizational practices and policies that promote cultural diversity among case management staff and throughout the organization and a work environment, policies, and practices supportive of multiculturalism.

The social work case manager should also recognize how systemic or institutional privilege and oppression related to cultural and linguistic diversity (such as ableism, ageism, racism, sexism, or xenophobia) affect clients' biopsychosocial well-being, access to and use of supports and services, and service outcomes. Identification of cultural biases in policy, the media, and service delivery systems is especially useful in helping clients contextualize the challenges they face and, sometimes, in identifying and addressing their internalized biases. Action to eliminate institutional oppression on organizational, community, and broader levels is essential to promoting client strengths and reducing economic, health, and social disparities experienced by case management clientele.

### **Standard 5. Assessment**

**The social work case manager shall engage clients—and, when appropriate, other members of client systems—in an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges.**

### **Interpretation**

Biopsychosocial assessment is the foundation of social work case management and is conducted

in collaboration with the client. Assessment is a complex function requiring openness to a wide variety of information, both verbal and nonverbal, presented by the client—and, when appropriate, other members of the client system—in the context of the social environment. Using empathy, client-centered interviewing skills, and methods appropriate to clients' capacity, the social work case manager engages clients in identifying their needs and strengths. On the basis of this discussion, the social worker supports the client in establishing priorities and goals. Because assessment guides service planning and implementation, the case manager needs to complete initial assessments in a timely manner.

Assessment is an ongoing activity, not a one-time event. During the reassessment process, the social work case manager and client (and, if appropriate, other members of the client system) revisit the needs, assets, and priorities identified in the initial assessment and discuss the client's emerging concerns. Reassessment serves both monitoring and evaluative functions, enabling the social worker and the client to determine whether services have been effective in helping achieve the client's goals. On the basis of such reassessment, the case manager and the client may determine that case management goals or service plans need to be adjusted.

Throughout the assessment and reassessment process, some social workers may find standardized instruments helpful in identifying and responding to the client's concerns. Such instruments should be used only as starting points in the development and refinement of an individualized, comprehensive assessment, however—and, if used, should be explained

clearly to maximize the client's understanding of the information sought and how it will be used to benefit that individual.

Social work case management assessment is rooted in the profession's person-in-environment perspective and, accordingly, seeks to understand the relationships between the client, other people, and the physical and social environment. Assessments may vary on the basis of organizational setting and practice specialty and should reflect the individual needs and strengths of each client. Assessment conversations with clients and other members of the client system may include the following domains, *as they pertain to client priorities, strengths, and service needs*:

- motivating factors in seeking case management services or reason for referral to the social work case manager
- living arrangements, including suitability and safety of the home environment
- vocational history (for example, employment, education, volunteer work, or significant hobbies), challenges, and goals
- language preferences and proficiency levels
- preferred methods of communication and learning (such as oral explanation, written information, or practical demonstration)
- degrees of literacy, including health, behavioral health, and financial literacy
- cultural values, beliefs, and practices (including, but not limited to, spirituality and religion) related to client's goals for case management
- effects of culturally based discrimination on client's ability to realize case management goals
- psychosocial strengths, protective factors, and points of resilience
- family composition, structure, roles, and communication patterns

- relationships with community organizations or other social supports
- physical, cognitive, and psychosocial functioning, including ability to fulfill social roles
- desire and capacity for independence
- desire for support from other members of the family or client system
- desire and capacity of family or other members of the client system to support the client
- need for economic or other psychosocial resources, supports, and services
- ability to navigate relevant service systems (such as educational, employment, health care, housing, legal, nutritional, social services, or transportation systems)
- individual and systemic barriers to client's participation in the community or use of resources and services
- changes in resources, policies, and programs needed to support the client and, if applicable, other members of the family system
- behavioral health, including coping style, crisis management skills, substance use history, and risk of suicide or homicide
- health conditions and impact of those conditions on the client's goals
- risk of abuse, neglect, or exploitation of or by the client, and underlying causes for such mistreatment
- life span planning (which may include advance care planning, anticipation of caregiving responsibilities, permanency planning for minor children, retirement planning, or other domains)
- past strategies used to resolve the client's concerns or enhance the client's strengths
- client's perceptions of changes needed to improve her or his situation

- client's engagement in case management process and participation in shared decision making
- congruence with and adherence to preexisting service plans
- patterns of service over- and underutilization.

Throughout the assessment, the social work case manager should be attuned to the congruence between the goals and expectations of the client and the structure and philosophy of the case management program. For example, the program's approach to case management may contrast with the client's preferred style, or the social worker's professional expertise may not be congruent with the client's needs. In such circumstances, the case manager should demonstrate flexibility and advocate to maximize the program's benefit to the client. At the same time, she or he should ensure competent practice and, if necessary, refer the client to other practitioners or programs that may be better able to meet the individual's needs.

### **Standard 6. Service Planning, Implementation, and Monitoring**

**The social work case manager shall collaborate with clients to plan, implement, monitor, and amend individualized services that promote clients' strengths, advance clients' well-being, and help clients achieve their goals. Case management service plans shall be based on meaningful assessments and shall have specific, attainable, measurable objectives.**

#### **Interpretation**

Social work case management services should be planned to meet the biopsychosocial needs and goals of clients and should be delivered in a

manner that ensures confidentiality in accordance with the *NASW Code of Ethics*. Service planning, implementation, and monitoring draw not only on ongoing, comprehensive social work assessments, but also, if appropriate and available, on the input of other members of the client system. Collaboration with clients throughout the service planning, implementation, and monitoring process is critical to ensure that services meet clients' identified priorities; are clearly communicated; are delivered or accessed in a timely, effective manner; and achieve positive outcomes.

Service plans should be individualized to the client's needs and strengths, as identified during the assessment process, and should foster client self-sufficiency. During the planning process, the social work case manager helps the client identify and prioritize specific, attainable, measurable objectives and the steps needed to attain those objectives. The social worker and the client also identify the resources available to realize the client's goals. Such resources may include individual client strengths; naturally occurring resources within the social environment; and formal services provided by the case manager, employing organization, external organizations, or other service delivery systems.

Delineation of the responsibilities of the social work case manager, the client, and other involved parties is integral to service planning and successful implementation. A schedule for reassessing and modifying the client's initial goals and service plans should also be included. Whenever possible, the client should sign the service plan to indicate participation in the

development of, and concordance with, the plan. The social worker should provide a written, plainly worded copy of the service plan to the client. In this manner, the case manager and the client may both use the document as a guide to plan implementation and evaluation.

Because service planning and implementation frequently involve allocation of resources, the social work case manager should be cognizant of the costs and financing of a particular service plan. Social workers practice with varying levels and types of authority for resource allocation. Thus, the case manager may be responsible both for delivering appropriate services to the client (including informing clients of the anticipated availability, costs, benefits, and risks of such resources) and for carefully allocating and managing organizational services and financial resources. This dual role may require the social worker to balance organizational and client goals. Conflicts between the two goals may require education, negotiation, and advocacy during the planning process. As a client advocate, the case manager also provides critical feedback regarding organizational and delivery system performance.

Service frequency and duration may be affected by practitioner role and setting parameters but, ideally, should be in accordance with the needs and goals identified in the assessment.

Person-centered service plans also vary by the social work case manager's scope of practice and may incorporate the following activities:

- education and coaching in life skills (for example, wellness promotion, parenting skills, management of acute or chronic conditions, job-search strategies, or in-service training to

enhance the responsiveness of service providers) for individuals, families, and communities

- permanency, life span, and advance care planning
- individual counseling and psychotherapy drawing on a variety of modalities, such as cognitive-behavioral or solution-focused approaches
- couples and family counseling
- family-team conferences
- group interventions (such as psychotherapeutic groups, professionally facilitated psychoeducational groups, or peer-led support groups)
- family caregiving support interventions
- mediation and conflict resolution
- crisis intervention
- disaster planning and preparedness
- advocacy on behalf of, and in collaboration with, clients
- team, organizational, and interorganizational service planning and collaboration
- resource information and referral (for example, financial, housing, legal, medical, or behavioral health resources)
- systems navigation and coordination of services, especially during transitions of care or other significant life transitions
- ongoing monitoring and evaluation of the service plan
- planning for service transfer or termination.

The social work case manager should coordinate service implementation to promote the continuity of services, especially during transitions of care (such as a child entering a foster home, an individual leaving a psychiatric hospital, or a client experiencing an exacerbation

of a health condition). Throughout the implementation phase, monitoring enables the social worker to respond promptly to changes in client needs and help the client alter services accordingly.

Special attention should also be devoted to termination of case management services. Although an organization may set criteria for discontinuing service, it is the responsibility of the social work case manager, the client, and other members of the client system to prepare for the effects of termination. The case manager should help the client make appropriate arrangements with other service providers and should conclude the financial aspects of service. After termination, the social worker may need to follow up with the client and collateral professionals or organizations to determine if the transition has proceeded as planned.

### **Standard 7. Advocacy and Leadership**

**The social work case manager shall advocate for the rights, decisions, strengths, and needs of clients and shall promote clients' access to resources, supports, and services.**

#### **Interpretation**

Effective advocacy involves helping case management clientele identify and define their strengths, needs, and goals and communicate those needs and goals to service providers and decision makers. Social workers strive not only to promote clients' self-advocacy, but also to enhance the capacity of communities to support clients' biopsychosocial quality of life. Creativity and flexibility are central to successful advocacy efforts with, and on behalf of, case management clients.

Advocacy is often required to ensure that organizations and service delivery systems

- recognize the strengths and needs of clients
- make services accessible
- provide services appropriate to each client's circumstances
- deliver services in an effective and timely manner
- continue services for an appropriate length of time and
- prepare clients, other members of the family system, and service providers for transitions when services are discontinued or transferred.

Social work case managers exercise leadership by advocating for clients on the micro, mezzo, and macro levels. Micro-level advocacy may involve the following activities:

- inclusion of clients in advocacy efforts and in program design, planning, and evaluation
- promotion of clients' strengths, needs, and goals among colleagues and with other organizations
- communication with other service providers and organizations to improve clients' access to resources, supports, and services.

Mezzo- and macro-level advocacy may include the following activities:

- identification and development of strategies and resources to address service gaps, fragmentation, discrimination, and other barriers that affect case management clients
- securing funding (through grants, third-party reimbursement, or other sources) for case management services
- review, modification, and creation of organizational policy, procedures, and

resources to facilitate clients' access to high-quality services

- community needs assessments and community organizing
- social and political action to foster environments that support client strengths
- analysis of historical and current local, state, and national policies as they affect case management clientele, especially historically marginalized or underresourced populations
- education of the public, the media, corporations, and policymakers (including legislative activity) regarding clients' strengths, needs, and concerns
- use of multiple media, including written materials, oral presentations, and computer technology, to achieve advocacy goals
- integration of organization- and population-level case management data in advocacy efforts, with respect for client confidentiality and privacy.

### **Standard 8. Interdisciplinary and Interorganizational Collaboration**

**The social work case manager shall promote collaboration among colleagues and organizations to enhance service delivery and facilitate client goal attainment.**

#### **Interpretation**

As described throughout these standards, collaboration with clients constitutes the foundation of social work case management; thus, the client (and, when appropriate, other members of the family system) is at the center of the team. At the same time, social worker–client communication is but one aspect of the cooperation needed to help clients achieve their goals. Multiple service providers and organizations are often involved in supporting a

client. In such circumstances, designation of a primary case manager (ideally, at the discretion of the client) and written interorganizational agreements can be useful. Even when such measures are not feasible, collaboration within teams and organizations, as well as among organizations and service delivery systems, is essential to continuity of services. Such collaboration also enhances organizational and systemic capacity to support clients and reduces inappropriateness, duplication, or fragmentation of services.

The social work case manager plays an integral role in fostering, maintaining, and strengthening collaborative partnerships on behalf of clients and shall demonstrate the following abilities:

- differentiate social work perspectives, values, and interventions from those of other disciplines
- describe and support the roles of other disciplines and organizations involved in supporting case management clients
- articulate and fulfill the missions and functions of their employing organizations, with consideration of social work ethics and values
- communicate effectively with all professionals, paraprofessionals, and volunteers involved in supporting case management clientele
- advocate for clients' integral role in team communications and service planning, delivery, and monitoring
- communicate client and family information in a respectful, objective manner while protecting confidentiality and privacy
- promote the strengths, and advocate for the goals, of case management clients

- facilitate communication between clients and providers/organizations
- share team leadership in planning and providing services to case management clients
- foster an organizational culture that promotes effective, coordinated services for case management clients
- develop and maintain partnerships across disciplines, organizations, and the service spectrum to enhance access to and continuity of services for case management clientele
- integrate a strengths perspective in program and organizational administration to maximize and sustain human and fiscal resources on behalf of case management clients
- manage personal and interpersonal processes at the intraorganizational, interorganizational, and community levels to optimize services for case management clientele.

### **Standard 9. Practice Evaluation and Improvement**

**The social work case manager shall participate in ongoing, formal evaluation of her or his practice to maximize client well-being, assess appropriateness and effectiveness of services, ensure competence, and improve practice.**

#### **Interpretation**

Evaluation entails soliciting and integrating internal and external feedback on the process and outcomes of social work case management practice. Practice evaluation is vital in ensuring that services provided to clients are appropriate, effective, and timely in helping clients achieve their goals. Moreover, outcomes from evaluations are increasingly used for position justification, performance review, practice standards, goal setting, risk management,

utilization review, and research efforts. Similar to other aspects of case management practice, client involvement is essential, as is protecting the privacy of the client and, when applicable, other members of the client's family system.

Evaluation practices may include the following activities:

- solicitation and incorporation of feedback from case management clients regarding the extent to which social work services have helped them identify and achieve their goals
- strategic planning to reach measurable objectives in program, organizational, or community development for case management clientele
- development of program budgets that take into account diverse sources of financial support for, and equitable allocation of resources among, case management clients
- application of appropriate tools such as clinical indicators, practice guidelines, satisfaction surveys, and standardized performance assessments to evaluate client progress and satisfaction
- measurement of both process and outcome objectives
- practitioner, program, and organizational self-evaluation
- use of internal and external practice, program, or organizational evaluators
- use of peer review, supervision, and consultation with other social workers and across disciplines
- incorporation of evaluation practices in the service transfer or termination process
- analysis and use of professional literature to inform and improve case management practice
- participation in qualitative and quantitative social work research to strengthen the

evidence base for social work case management

- application of evaluation and research findings, including evidence-based practice, to facilitate client goal setting and to enhance practice and program quality and outcomes
- dissemination of evaluative data to clients, payers, and other service providers on request, and with consideration for clients' rights to privacy and confidentiality.

### **Standard 10. Record Keeping**

**The social work case manager shall document all case management activities in the appropriate client record in a timely manner. Social work documentation shall be recorded on paper or electronically and shall be prepared, completed, secured, maintained, and disclosed in accordance with regulatory, legislative, statutory, and employer requirements.**

#### **Interpretation**

Clear, concise, and ongoing documentation of social work practice facilitates clear communication with other service providers and organizations, thereby promoting continuity of services. Documentation also serves as a foundation for service planning and practice and program evaluation. Moreover, written information about clients is often needed for service reimbursement, for utilization review, and to promote organizational accountability to payers or funding sources. Updated, concise records also provide support for social work case managers in the event of a legal review.

The purpose of documentation is not to supplant but, rather, to foster strong working relationships with, and services for, case

management clientele. Thus, documentation should reflect clients' informed consent regarding all aspects of case management practice: assessment; service planning, delivery, and monitoring; practice evaluation and improvement; and transfer or termination of services. The social work case manager can ensure her or his practice reflects clients' involvement by incorporating in documentation clients' own words, stories, goals, and feedback.

Social work case management documentation should reflect the following elements:

- client's identifying information
- dates, times, and descriptions of contact with the client, family system, and other service providers or organizations
- initial and subsequent psychosocial assessments
- service plan and procedures for monitoring progress toward accomplishment of the client's goals
- services provided and other information about plan implementation
- outcomes of service provision
- referrals to or from other providers, organizations, or resources, including rationale for referrals, and other collaboration on behalf of the client
- supervision or consultation sought or provided to enhance case management services
- rationale for referrals and transfer or termination of services.

Each entry should be dated and signed by the social work case manager.

The client record should also include the following elements:

- written permission from the client to release and obtain information, when necessary

- compliance with confidentiality and privacy rights and responsibilities
- accounting of receipts and disbursements related to client service provision
- documentation of the release of client records.

The social work case manager must hold all client information in confidence. Such information may be released to other members of the family system, other service providers or organizations, or other parties only with written permission of the client (or the individual legally authorized to represent the client). This release should detail which information is to be disclosed, to whom, and in what time frame.

The social worker should also follow the requirements for record keeping specified by her or his organization and licensing jurisdiction. Such requirements may include the type of data collected, the manner in which information is recorded, with whom and under what circumstances information may be exchanged, processes for amending client records, the length of time records are retained, and plans for appropriate disposal of records.

At the same time, certain limits of confidentiality are inherent in service delivery. For example, the social work case manager may be ethically and legally obliged to release information in circumstances of abuse, neglect, and threat of client suicide or harm to others. Moreover, court orders may require an organization or practitioner to release specific information about a client. The case manager also needs to be aware of organizational policy and processes in handling requests for confidential information and should seek appropriate consultation before disclosing any information not covered by the

client's written release. The case manager should explain the limits on confidentiality to clients both orally and in writing at the onset of services, to ensure that the client has the information needed to provide informed consent, and should facilitate the client's understanding of how the organization responds to requests for confidential information.

### **Standard 11. Workload Sustainability**

**The social work case manager shall responsibly advocate for a caseload and scope of work that permit high-quality planning, provision, and evaluation of case management services.**

#### **Interpretation**

Social workers, managers or administrators, and organizations have joint responsibility for establishing and maintaining a workload that allows for adequate and appropriate interventions and monitoring of services and outcomes. A workload consists of any social work function—such as direct contact with or on behalf of clients, administration, policy, research, or education—performed in support of case management services. The workload reflects the needs and goals of the clientele served and may include social work coverage outside of regular office hours. The caseload, in contrast, refers to the number of clients served at a given point in time. Multiple variables affect both caseload size and workload manageability:

- case management model or paradigm in which the social worker practices
- organizational mission and services
- program funding sources
- breadth and complexity of client needs and goals

- availability of resources to meet clients' needs and goals
- number of clients the organization serves
- amount of time the case manager needs to spend with, or on behalf of, various clients
- duration of organizational service across clientele and for specific clients
- scope of social work case manager's professional responsibilities
- administrative responsibilities and available support
- access to technology.

Thus, determinations of workload sustainability cannot be based solely on caseload size, even within one organization. The number of clients a social work case manager can serve effectively is limited by the degree to which organizations serve clients in acute, high-risk situations or other circumstances requiring intensive, frequent contact with clients. Caseload size directly affects a social worker's capacity to engage clients in the ongoing processes of case management. Consequently, caseload size should allow for meaningful opportunities for client contact (ideally, face-to-face, though some models rely periodically or solely on telephonic, electronic, or video contact, especially in rural and frontier communities).

Staffing decisions and organizational policies influence both caseload size and workload sustainability. Ideally, the size of the social work staff reflects the mission of the organization, scope and complexity of the case management program, number of case management clients served, and scope of client need. Insufficient staffing decreases the social worker's ability to provide case management services in a timely,

effective manner. Thus, the organization should establish policies and develop systems to maintain reasonable caseloads and workloads for both supervisors and staff. Such policies and systems should reflect findings from practice evaluation and, to the extent available, research. Additional social work research regarding social work case management caseloads and workloads, with a variety of populations and within diverse practice settings, is needed.

### **Standard 12. Professional Development and Competence**

**The social work case manager shall assume personal responsibility for her or his professional development and competence in accordance with the *NASW Code of Ethics*, the *NASW Standards for Continuing Professional Education*, and the licensure or certification requirements of the state(s) or jurisdiction(s) in which she or he practices.**

#### **Interpretation**

Social workers must engage in ongoing professional development to maintain competence in case management and to add depth to their areas of concentration. Employing organizations should encourage and support social workers' participation in professional development activities. Such activities may include receiving or providing social work continuing education, training, supervision, consultation, or mentoring, as well as peer review, research, publication, and volunteer activities. Numerous opportunities for professional development exist within NASW, other professional organizations, schools of social work, and organizations providing services to or on behalf of various

constituencies (such as youths, older adults, or people with disabilities) at the local, state, national, and international levels.

Professional development activities relevant to social work case management may address the following topics, among others:

- developments in social work theory and practice
- research developments related to case management practice and clientele
- policies and legislation affecting case management clientele and practice
- community resources, supports, and services available to case management clients
- issues and experiences specific to the social work case manager's specialty area (for example, aging, child and adolescent development, death and dying, disability, employment support, family systems, family caregiver health and wellness, grief and loss, housing, immigration, LGBT [lesbian, gay, bisexual, and transgender] services, medical conditions, behavioral health, trauma, veterans' concerns)
- cultural and linguistic competence, including concerns specific to case management population served
- ethics
- strengths-based models
- assessment of professional and personal strengths, learning needs, and goals as related to social work practice
- professional and personal self-care
- technological advances related to the provision of case management.

Educating other social work case managers is another important component of professional development. Mentoring, supervising, and teaching all provide opportunities for social workers to ensure the profession's continued growth and excellence within case management.

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