

NATIONAL ASSOCIATION OF SOCIAL WORKERS

NASW Standards for
Social Work Services in

Long-Term Care Facilities

N A S W S t a n d a r d s f o r
S o c i a l W o r k S e r v i c e s i n

Long-Term Care Facilities

National Association of Social Workers

Gary Bailey, MSW

NASW President (2003–2005)

Elizabeth J. Clark, PhD, ACSW, MPH

Executive Director

Aging Section

Steering Committee (2002–2003)

Len Kaye, DSW, ACSW, Chair

Suzanne Cross, PhD, ACSW

Patricia Nagle, ACSW, LCSW

Cynthia Stuen, DSW, ACSW

Joe Torres, MSW

Long-Term Care Facilities

Standards Task Force

Patricia A. Nagle, ACSW, LCSW, Chair

Mary Avery-Edwards, MA, MSW

Laurie Frank, MSW

Phyllis A. Hall, MSW, LCSW-C

Arlene Kleinman, MSW, LCSW-C

William L. Miller, MSW, LISW

Carmen Morano, PhD, LCSW-C

Susan Dishler Shubin, JD, LCSW

Sharon Hines Smith, PhD, ACSW

NASW Staff

Toby Weismiller, ACSW

Tracy Whitaker, ACSW

Lisa Yagoda, ACSW, LICSW

Contents

5	Introduction
7	Definitions
9	Guiding Principles
10	Standards
10	Standard 1. Ethics and Values
10	Standard 2. Service Plan
12	Standard 3. Responsibilities of the Social Work Department
13	Standard 4. Program Functions
15	Standard 5. Staffing
16	Standard 6. Professional Development
17	Standard 7. Personnel Policies and Procedures
17	Standard 8. Documentation
18	Standard 9. Work Environment
19	Standard 10. Cultural Competence
19	Standard 11. Interdisciplinary Collaboration
20	References

Long-term care is an increasingly important and rapidly changing component of today's social services delivery system. The need for long-term care services is expected to increase dramatically in the United States as the population ages. Changing demographics have continued to affect the demand for long-term care services and the availability of social workers to provide care to the most vulnerable members of our society. As the number of individuals in need of long-term care services rises, new issues surrounding staffing, family involvement, quality of life, the role of spirituality, end-of-life care, medical management, program development, and overall service delivery are emerging.

The principal components of social work services in long-term care settings are designed to provide assessment, treatment, rehabilitation, and supportive care, and to preserve and enhance social functioning. Service provision requires a unique combination of physical, psychological, and social interventions and family support, the goal of which is to promote an optimal level of psychological, physical, and social functioning.

There have been significant changes in the manner in which long-term care services are delivered across the long-term care spectrum. Long-term care services and programs have evolved into a variety of institutional and noninstitutional modalities. Because long-term care encompasses a wide array of services, many definitions of long-term care exist. The need for long-term care services most often arises among older people, but some people need long-term care services because of physical, mental, or

developmental limitations that occur at birth or at any point across the life span. Long-term care services can be provided in a person's own home, in the community, or in a facility. However, even with changing patterns of care, long-term care facilities, as temporary or permanent providers of care, are still a major resource for those who receive social work services in this country.

In 1981 the National Association of Social Workers (NASW) developed *Standards for Social Work Services in Long-Term Care Facilities* that have served as an initial effort to formulate standards in this important and continually evolving area of practice. Because it is essential that standards reflect and promote sound social work practice, these standards have been revised to reflect changing practices and policies. The standards may be regarded as a basic tool for social work practice in long-term care facilities, although practice priorities may vary among settings.

NASW recognizes the need to integrate knowledge of long-term care services into social work practice. The standards outlined in this document are the results of that recognition.

Definitions

For the purposes of these standards, the term *resident* is used instead of patient, client, or consumer. A *resident* is defined as the recipient of care who resides in a long-term care facility.

Long-Term Care Facility

As used in these standards the term *long-term care facility* includes skilled nursing facilities, intermediate or health-related care facilities, and residential care facilities such as assisted living, congregate, domiciliary, or propriety adult homes. When these facilities have programs such as day care, home care, and so forth, these social work standards for long-term care shall apply.

Family

The reference throughout these standards to “family” refers to family of origin, extended family, domestic partners, friends, or health care surrogates, all of whom must be designated by the competent resident, or in the case of a resident deemed incompetent, a legal guardian or surrogate.

Social Worker

A *social worker* has, at minimum, a bachelor’s degree from an accredited school or program of social work; has two years of postgraduate experience in long-term care or related programs; and meets equivalent state requirements for social work practice, or, in jurisdictions not having such legal regulation, holds certification or credentialing from the National Association of Social Workers. In no instance shall a social worker have less than a baccalaureate degree from an accredited school or program of social work.

Social Work Director

The term *social work director* is defined in these standards as a social worker who is the staff member responsible for the social work program in the facility. It is preferable that the social work director be a graduate of a master's degree program from an accredited school or program of social work, have a minimum of two years postgraduate experience in long-term care or related programs, and meet equivalent state requirements for social work practice or, in jurisdictions not having such legal regulation, is a member of the Academy of Certified Social Workers.

Guiding Principles

Social work services in long-term care settings focus on several key areas, including the social and emotional impact of physical or mental illness or disability, the preservation and enhancement of physical and social functioning, the promotion of the conditions essential to ensure maximum benefits from long-term health care services, the prevention of physical and mental illness and increased disability, and the promotion and maintenance of physical and mental health and an optimal quality of life.

Objectives include the following:

- providing direct social services to residents and their families by professionally trained social workers
- assisting residents and families to use and receive maximum benefit from the facility and community-based social and health resources on a continuum throughout the stay of each resident
- strengthening communications among residents, families, and the program or facility staff
- assisting the facility to achieve and maintain a therapeutic environment essential to the optimal quality of life and independent functioning of each resident and to provide for maximum participation of residents in planning activities and policies
- promoting facility–community interaction by encouraging community involvement in the facility along with resident and staff involvement in the community, developing linkages with a wide range of community resources, and participating in the assessment of and the need for planning related to other long-term social and health care resources.

Standards for Social Work Services in Long-Term Care Facilities

Standard 1. Ethics and Values

Social workers in long-term care facilities shall demonstrate a commitment to the values and ethics of the social work profession, emphasizing resident empowerment and self-determination, and shall use NASW's *Code of Ethics* (2000) as a guide to ethical decision making.

Interpretation

Social workers shall demonstrate a recognition of basic human rights, including the right of residents to receive an optimal level of social services and medical care. Social workers shall demonstrate a willingness to act on professional judgment and convictions, which are informed by the NASW *Code of Ethics*.

With the recognition that change in long-term care settings is constant, social workers shall remain current by regularly evaluating and contributing to social work theory, policy, and practice. Social workers have a responsibility to know and comply with federal, state, and local legislation, regulations, and policies. In the event conflicts arise among competing expectations, social workers should use the NASW *Code of Ethics* as a guide in their decision making.

Standard 2. Service Plan

The long-term care facility shall maintain a written plan for defining social work services designed to ensure their availability to all residents and their families. The plan for social work services shall be guided by a written statement of philosophy, objectives, and policies.

Interpretation

An organized department under the leadership of a social work director is the preferable approach to providing social work services in long-term care facilities. The plan shall ensure that a professionally directed program will be provided. The plan shall document the philosophy, objectives, goals, policies, procedures, and scope of services provided. The plan shall provide for access to services for all residents and for prospective residents from preadmission until discharge or end-of-life. All services and programs shall be directed toward the following: creating a therapeutic environment to promote independent functioning; maintaining residents at or restoring residents to an optimal level of functioning; providing for the highest level of well-being; and allowing for maximum participation by the resident, the family, and staff involved with residents' care.

The plan shall include, but not necessarily be limited to, the following:

- assurance of the selection of appropriately trained, educated, and licensed or credentialed social work staff
- communication and collaboration with the care plan team and others involved with residents' care
- collaboration with colleagues, community agencies, volunteers, and consultants
- development and implementation of services and special programs
- compliance with laws and regulations mandated by federal, state, and local governing bodies
- requirements for professional development and continuing education of social work staff
- maintenance of residents' medical records and reports mandated by federal, state, and local laws and the facility.

The social work director, in collaboration with other clinical and administrative representatives, is responsible for ensuring that the social work plan is implemented. The plan of the social work department shall provide procedures to ensure that all federal, state, and local laws are implemented and adhered to and shall be consistent with the facility's policies and regulations.

Standard 3. Responsibilities of Social Work Department

The social work director shall carry primary responsibility for social work services, including the development of organizational plans and administrative policies and procedures and coordination of services.

Interpretation

The social work director's responsibilities may include the following:

- development and implementation of all social health programs in the setting
- participation in budget planning, defining space and material requirements, and establishing qualifications and staffing patterns of social work personnel to ensure that appropriate and adequate services are provided consistent with stated goals and objectives
- implementation and oversight of procedures to ensure that adequate documentation of social work services is provided in each resident's medical record and that legal, ethical, and professional standards are observed in written recordings
- establishment and administration of a social work program that provides high-quality care and services reflective of professional standards of practice and in compliance with all federal, state, and local laws

- establishment and administration of quality assurance procedures and modification of these procedures where appropriate
- encouraging participation where appropriate in the education of social work interns, as well as other health care personnel and students and in the development, implementation, and review of research in which social workers can contribute
- ensuring that social work staff are knowledgeable about residents' rights in accordance with all federal, state, and local laws.

Standard 4. Program Functions

The functions of the social work program shall include, but not be limited to, direct services to residents, families, and other individuals involved with residents' care; advocacy; care planning, discharge planning and documentation; participation in policy and program planning; quality improvement; staff education pertaining to social services; liaison to the community; and consultation to other staff members.

Interpretation

Social work services should be designed to meet the biopsychosocial needs of residents, their families, and others involved with the residents' care and should be delivered in a manner that ensures confidentiality and cultural competence in accordance with NASW professional standards.

Specific social work functions may include, but are not be limited to, the following:

- preadmission services, including biopsychosocial assessments and participation in interdisciplinary evaluation of the individual's need for institutional care and preparation of the incoming resident

- identification of needs and coordination of services to ensure that the biopsychosocial needs of each resident are met
- participation in the development and reassessment, as needed, of individualized social service and interdisciplinary care plans designed to meet the biopsychosocial needs of each resident
- assisting residents and families in locating and using financial, legal, mental health, and other community resources
- provision of individual, family, and group services focused on the maintenance or enhancement of the resident's biopsychosocial functioning and understanding of the resident's placement and health status; services may include assistance with the following: concerns related to the resident's illness, disability, treatment, financial and medical decision making; placement and expectations of care; inter- or intrafacility transfers; interpersonal relationships; re-establishing community living; and coping with separation, loss, dying, and death
- advocacy of appropriate care and treatment of residents through the development and implementation of policies, and the education of residents, staff, and family regarding residents' rights, as well as consultation with the long-term care ombudsperson
- ensuring that health and mental health social work services are available to residents to assist with attaining or maintaining the highest practical mental and psychosocial well-being, while helping residents who display mental or psychosocial difficulty receive appropriate treatment and services
- acting as a resource to staff participating in behavioral interventions

- facilitating residents' safe integration into the community through interdisciplinary discharge planning and follow-up services
- participation in planning and policy development for the facility, including collaboration with other members of the staff in the identification of biopsychosocial, cultural, and environmental factors essential to the delivery of quality care to residents and families, participation in orientation of all new employees, and in-service training of facility personnel
- participation in resident and family council development, as needed or requested
- participation with medical personnel and facility staff in discussing with competent residents and families advance directives and financial powers of attorney; for incompetent residents, participation in discussions of guardianship and surrogate decision making
- orientation and supervision of volunteers
- contribution to the development of community resources by participating with community groups to initiate, plan, and carry out programs concerned with the health, mental health, and other welfare needs of the residents
- supervision of fieldwork for social work students in affiliation with an accredited school or program of social work
- participation in research and demonstration projects that may be conducted either independently or collaboratively.

Standard 5. Staffing

A sufficient number of appropriately trained licensed or credentialed and experienced social work and supportive personnel shall be available to plan, provide, evaluate, and modify all social work services.

Interpretation

The number and qualifications of the social work staff and the level of consultation needed shall be based on criteria related to the type, scope, and complexity of the social work program, the size of the facility, and the biopsychosocial needs and characteristics of the population served.

All social work services shall be provided by social workers with experience in long-term care and a master's degree in social work or a baccalaureate degree in social work from an accredited school of social work.

All social work staff and consultants shall be licensed, certified, or registered as mandated by specific state licensing agency requirements in the state in which the social worker practices.

The social work program shall have a sufficient number of appropriately trained or experienced support personnel to enable the provision of social work services that ensure each resident maintains or attains the highest practicable level of well-being.

Standard 6. Professional Development

Social workers in long-term care settings shall assume personal responsibility for their continued professional development in accordance with the *NASW Standards for Continuing Professional Education* (NASW, 2002) and state requirements.

Interpretation

To practice effectively, social workers in long-term care settings must remain knowledgeable about reforms in long-term care and best practice models in the social work profession. Opportunities for enhancing professional identity and development

include participation and leadership in NASW and other professional organizations and coalitions at local, state, and national levels; participation in and contribution to professional conferences, training events, and other activities; and assisting in the ongoing development of the social work knowledge base by contributing to and promoting professional publications.

Standard 7. Personnel Policies and Procedures

A written statement of the personnel policies and procedures of the facility for the social work department, the NASW *Code of Ethics*, and all other relevant NASW practice standards shall be available to each staff member.

Interpretation

Personnel policies that relate to the social work program and those of the facility shall be available to all staff. There shall be current written position descriptions and statement of qualifications within the specifications for each position. All staff, including social workers, shall have knowledge of and access to the personnel policies. These policies and procedures shall be periodically reviewed, communicated, and implemented.

Standard 8. Documentation

Documentation of social work services provided to residents, family members, and other individuals involved with the resident's care must be recorded in the medical record.

Interpretation

Progress notes and other social work entries in the medical record shall be recorded to permit and encourage regular and ongoing communication with physicians and other professionals involved in the resident's care.

Entries by social work personnel shall include information related to the social and emotional functioning of the resident; relevant historical information regarding the resident and family and others involved with the resident's care; psychosocial assessments; the social work plan and specific goals; services provided and outcomes; and a summary of problems and goals attained, as well as reasons for nonattainment of goals. Referrals to other agencies or resources should be documented in the resident's medical record and should include any ongoing follow-up or recommendations by an outside agency or individual. Notes shall be clear and concise.

Progress notes, reports, and summaries of services shall be regularly recorded in the medical record and be consistent with all federal, state, and local legal and statutory, regulatory, and policy requirements and with the organization's or facility's policies on reporting, maintenance of and access to records, and confidentiality.

Policies and procedures shall be developed and implemented to protect residents' rights to privacy, including confidentiality of records and procedures for release of information to individuals, and relevant community agencies.

Standard 9. Work Environment

There should be adequate budget, space, facilities, and equipment to fulfill the professional and administrative needs of the social work program.

Interpretation

Offices of the social work staff must be readily accessible to residents, their families, and facility staff. They should provide privacy and confidentiality for individual, family, and group work; conferences;

telephone calls; and documentation. Standard office equipment that adequately reflects current office technological needs should be provided.

Standard 10. Cultural Competence

Social workers shall provide residents and their families with social services in the context of multicultural understanding and competence.

Interpretation

The increasingly diverse population in the United States requires that social workers raise their awareness and appreciation of cultural differences. Social workers must develop competencies that include heightened self-awareness, knowledge, and practice skills consistent with the *NASW Standards for Cultural Competence in Social Work Practice* (NASW, 2001).

Culturally competent social workers need to be knowledgeable about the deleterious effects of racism, sexism, ageism, heterosexism or homophobia, anti-Semitism, ethnocentrism, classism, and disability-based discrimination on residents' lives and the need to advocate for and with residents.

Social workers must recognize racial, ethnic, and cultural differences that may be interpreted as barriers and develop strategies and skills that help ameliorate such barriers.

Standard 11. Interdisciplinary Collaboration

Social workers should be part of an interdisciplinary effort for the comprehensive delivery of long-term care services and should strive to enhance interdisciplinary and interorganizational cooperation. Social workers shall work in partnerships that include mutual respect, shared information, and effective communication.

Interpretation

As leaders and members of interdisciplinary teams, social workers must constantly be aware of the overall goals, objectives, and tasks of their practice area and interpret them to residents, families, and other relevant professions and organizations so that professional activities and competencies are maintained.

Social workers shall have a basic understanding of the missions and functions of other relevant professions and organizations that promote resident health, mental health, and well-being. Social workers shall be able to communicate, cooperate, and collaborate appropriately with professionals from different disciplines and agencies. The social work roles and responsibilities in long-term care shall be clearly delineated and communicated to other members of interdisciplinary teams.

References

National Association of Social Workers. (2000). *Code of ethics of the National Association of Social Workers*. Washington, DC: Author.

National Association of Social Workers. (2002). *NASW standards for continuing professional education*. Washington, DC: Author.

National Association of Social Workers. (2001). *NASW standards for cultural competence in social work practice*. Washington, DC: Author.

NATIONAL ASSOCIATION
OF SOCIAL WORKERS
750 First Street, NE
Suite 700
Washington, DC 20002-4241
202.408.8600
<http://www.socialworkers.org>