Practice**Perspectives**

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The Evolving Context of Social Work Case Management: NASW Releases Revised Standards of Practice

Introduction

Though case management has been integral to social work since the founding of the social work profession, the practice of case management has changed greatly over the past century. NASW's revised standards for social work case management reflect this evolving context and reinforce the social work profession's leadership role in case management. The standards equip social work case managers to respond effectively to clients in a variety of practice settings.

Social Work Case Management in the 21st Century

Since its inception in the late 19th century, social work case management has become both widespread and specialized. Social work case managers work with a broad array of client populations across practice settings and specialties.[1] Likewise, the philosophical foundation of social work case management has shifted over time. Whereas early caseworkers viewed themselves as benevolent helpers, social work case managers now recognize their relationship with clients as a partnership. Considerable diversity in paradigms still exists, however, and social

workers may find their case management approach influenced by client population, employment sector, practice setting, and payer (Moxley, 2011). Moreover, though case management remains integral to most social work jobs (Whitaker, Weismiller, & Clark, 2006), social work case managers increasingly practice alongside nurse case managers, case managers from other professional backgrounds, and consumer or peer providers. Case management— along with related practices such as care management and care coordination—is also gaining increased consideration on a national level, especially in health care reform, as policy makers, administrators, and payers strive to decrease costs and increase quality. In many such deliberations, however, specific roles and qualifications for case managers or care coordinators have not been defined.

In response to these changes, NASW recently revised its *Standards for Social Work Case Management* (2013). Social workers contributed to the revision process by participating in an expert panel (which reflected a variety of practice settings and specialties) and submitting feedback during a public comment period.

The standards include six guiding principles that distinguish social work case management:

- person-centered services
- primacy of the client–social worker relationship[2]
- person-in-environment framework
- strengths perspective[3]
- collaborative teamwork
- intervention at the micro, mezzo, and macro levels (NASW, 2013, p. 17–18).

These principles are reflected throughout the 12 standards, which address various aspects of social work case management practice.

Applying the NASW Standards in Practice

The following case examples illustrate how the *NASW Standards for Social Work Case Management* (2013) may be applied in practice.

ETHICS AND VALUES. An older couple hires a geriatric care manager to help them figure out whether they can remain in their home or need to relocate. The couple's adult children contact the care manager, urging her to move their parents to a nursing home without delay. They even offer to assume financial responsibility for the care management services if the care manager will carry out their wishes. The care manager explains that she must honor her clients' wishes and cannot provide information without their consent. She discusses the situation with the couple and offers to facilitate a family meeting to discuss concerns and options. The couple agrees to participate in the meeting, understanding that their social worker will support their right to make their own decisions.

QUALIFICATIONS. A social worker supervises the case managers within a housing agency. Her manager, the agency administrator, wants to hire a newly graduated MSW who is not yet licensed. The state in which the agency is based licenses MSWs at the graduate level and requires such a license to practice social work. The social work supervisor explains to the agency administrator that the MSW is not able to practice without a license and that she, as a supervisor, would be putting her own license in jeopardy by supervising an unlicensed social worker.

KNOWLEDGE. A social work case manager leaves a job in a managed care company to work for a community-based health care organization. Most of his new clients have limited economic resources; some are undocumented and have limited English-speaking

ability. Though already knowledgeable about community resources, the case manager immediately seeks additional information about such as Medicaid, the Children's Health Insurance Program, Temporary Aid to Needy Families, pharmaceutical assistance, Legal Aid, and professional interpretation services. He also establishes a relationship with a local cultural organization serving immigrants and refugees and seeks continuing education addressing trauma related to the refugee experience.

CULTURAL AND LINGUISTIC COMPETENCE. A social work administrator realizes her case management company has few clients who acknowledge being lesbian, gay, bisexual, or transgender (LGBT). She convenes a committee of her colleagues to determine how the organization can be more welcoming to LGBT clients. The committee revises the company's intake forms and adds images of same-sex couples to the organization's office space and marketing materials. The social worker invites a trainer from a local LGBT organization to work with the staff for a day. During the training, one staff member comes out to her colleagues. Other staff members realize ways in which their behavior may have alienated LGBT colleagues and clients, and the entire staff commits to reconvening on a quarterly basis to assess the company's progress in creating an LGBT-affirming environment for both clients and employees.

ASSESSMENT. A social work case manager in an adult protective services agency has her first meeting with a middle-aged woman referred for suspected neglect of her chronically ill husband, who needs assistance with several activities of daily living. The case manager begins the conversation by explaining that her goal is to support the family in coping with the stresses of illness and caregiving. The woman responds that she desperately needs help and is struggling to balance her full-time job with caring for her husband. She also acknowledges having felt too proud to ask for help and not knowing which services might be available. The social worker also talks individually with the man, who expresses concern about being a burden on his wife and openness to outside assistance. The case manager observes to the couple that a great deal of strength and mutual caring exists in their relationship. She then reflects that the couple seems to have three main goals: to remain in their home together, to ensure high-quality care

for the man, and for the woman to be able to continue working outside the home. The couple concurs, and the three agree to meet again in a couple days to identify steps and resources to achieve those goals.

SERVICE PLANNING, DELIVERY, AND INTERVENTION.

A social work case manager in a child and family services agency is working with a family displaced by a natural disaster. During the assessment process, the social worker ascertains that the family's goal is to settle in the area for the remainder of the school year. The social worker intervenes rapidly to address the family's immediate needs for shelter, food, clothing, and health care. She then helps the parents reestablish communication with family and friends in their home state, access benefits for disaster survivors, and connect with job-search resources. The case manager also helps enroll the children in the local school, collaborates with the school guidance counselor, and arranges for the children to meet with an art therapist. Moreover, she works with her agency and neighboring organizations to determine how to respond effectively to other displaced individuals and families.

ADVOCACY AND LEADERSHIP.

A social work case manager works in a rural, consumer-led organization for people with disabilities. She observes that many of her clients experience difficulty accessing accessible, affordable transportation options in the community. The social worker, in collaboration with her colleagues and members of the organization's grassroots advocacy network, forms a task force to address the issue. The task force identifies existing transportation resources, communicates recommendations for improvement to existing transportation vendors, and works with the vendors to educate the community about service options. Given the scarcity of resources available to cover a large area, the task force develops a plan to seek funding for a volunteer- and peer-based transportation network. The task force also identifies federal, state, and local legislation addressing accessible transportation, educates the organization's constituents and other potential allies about the bills, and meets with legislators to build support for the legislation.

INTERDISCIPLINARY AND INTERORGANIZATIONAL COLLABORATION.

A social work case manager is working with an individual reentering the community following incarceration. The case manager obtains his client's permission to communicate with other professionals and organizations—such as a parole officer, county social services office, job placement service, and behavioral health agency—serving the client. The social worker exchanges information with all involved parties about the respective roles each plays in supporting the client's reentry. He proposes a follow-up conference call, including the client and all involved service providers, for the following month to discuss the client's reentry process.

PRACTICE EVALUATION AND IMPROVEMENT.

A small group of social workers staff a pilot case management program serving veterans. The social workers seek to evaluate the program's success in helping veterans access resources and transition from military service to civilian life. They use a variety of methods, including qualitative client surveys, validated measures, and program evaluations, to obtain this information. In the process, the case managers examine not only outcomes but also the quality and efficiency of the case management process. They convey their aggregated findings to the agency administrator, who uses the data to secure ongoing funding for the program. The social workers also present their findings at a local conference and coauthor a journal article to illustrate the value of social work case management in supporting veterans.

RECORD KEEPING.

A social work case manager works in an educational setting for teenagers with behavioral disorders. She maintains accurate, timely documentation and other records in a secure database. Her documentation reflects each student's evolving goals and ongoing participation in the case management process. Because some of her clients are involved in the foster care system, the court occasionally subpoenas the social worker's records. The social worker explains this limitation on confidentiality to each client at the beginning of service and documents that such communication has taken place. When the social worker receives a subpoena for her records, she consults her supervisor and reviews her employer's policy for release of records. The case manager releases only the information requested by the court.

WORKLOAD SUSTAINABILITY.

When new management takes over a mental health agency, both caseloads and documentation requirements increase. Over the course of a year, one social

work case manager struggles to provide her usual quality of service to her clients, many of whom live with schizophrenia. Her colleagues report similar experiences. The social worker requests a meeting with her supervisor to discuss her concern. During that meeting, the case manager identifies the most time-intensive functions of her job, describes how the growing caseload size and documentation requirements have affected service quality, and conveys anecdotal information she has gathered about caseload sizes in similar programs. She reiterates her commitment to the agency's mission and requests her supervisor's assistance in decreasing caseload size. The supervisor, who is also a social worker, schedules a meeting with the entire case management staff to discuss the department's workload. Following the meeting, the supervisor approaches the agency administrator and advocates that an additional case manager be hired to ensure high-quality service. She also proposes, and offers to chair, an internal task force to develop policies for determining and maintaining caseload size. The task force, which includes direct practice employees, incorporates in its recommendations data from both the agency's own program evaluations and the professional literature.[4, 5]

PROFESSIONAL DEVELOPMENT AND COMPETENCE.

A social work case manager with a decade of experience in HIV/AIDS work is qualified to practice without supervision but participates in ongoing continuing education and seeks supervision or consultation as needed. She has a growing number of clients who are American Indian or Alaska Native. The social worker has little experience with these groups and recognizes she needs to boost her knowledge and skills. She turns to the social work literature and also seeks information from reliable sources, such as the Indian Health Service, the Centers for Disease Control and Prevention, and the National Institutes of Health. The case manager also enrolls, with support from her employer, in a continuing education course on culturally competent practice with American Indians and Alaska Natives (AI/AN). This course links her with other social workers with personal or professional interest and experience in the topic. The social worker joins a network devoted to improving AI/AN health care and, over time and in collaboration with her network colleagues, becomes a trusted resource on the topic both within and beyond her organization.

Conclusion

Case management constitutes a core function of, and specialty within, social work practice. Social work case management has evolved, and will continue to grow, in response to changes in both practice and policy. The *NASW Standards for Social Work Case Management* (2013) exemplify these changes, highlighting the principles and elements integral to social work case management across client populations and practice settings.

Visit www.socialworkers.org/practice/nasw standards/CaseManagementStandards2013.pdf to download and print the *NASW Standards for Social Work Case Management.* Single copies or bulk orders are available from the NASW Press (www.naswpress.org/publications/ standards/index.html).

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[1] See, for example, Austin & McClelland, 2009; Berger, 2009; Giddens, Ka'opua, & Tomaszewski, 2009; Lightfoot, 2009; Mather & Hull, 2009; Moxley, 2009; Rapp, 2009; Ritter, Vakalahi, & Kiernan-Stern, 2009; Sullivan, 2009; Vanderplasschen, Wolf, Rapp & Broekart, 2007; and Walsh, 2009.

[2] Resources addressing the client–social work case manager relationship include Stanhope & Solomon's 2009 publication on the consumer-provider relationship and Kondrat & Early's 2010 article on the working alliance in mental health case management.

[3] Articles by C. A. Rapp (2008), R. C. Rapp (2007), and Sullivan (2009) expand on strengths-based case management.

[4] Social work case managers may find the *Case Management Caseload Concept Paper*, published jointly by the NASW and the Case Management Society of America and NASW (Craig & Stanton, 2008), useful in deliberations regarding caseload and workload in health, behavioral health, and compensation settings. The Caseload Capacity Calculator (CLC), which builds on both the 2008 NASW–CMSA concept paper and a 2011 survey of NASW members, may also be useful to social workers working within health plans or in acute, inpatient hospitals. The CLC software, developed by Consulting Management Innovators, Inc. (CMI) and available free of charge at www.socialworkers.org/ caseloadcalculator, allows users to download comparison data regarding caseload ratios of case managers in similar settings. The software does not, however, identify recommended caseload ratios.

[5] Social worker self-care, addressed in the ethics section of the revised case management standards, may also be affected by an unsustainable workload. Please refer to NASW's policy statements addressing professional self-care (2012a) and professional impairment (2012b) for additional information. See also the NASW Center for Workforce Studies report, *Stress at Work: How Do Social Workers Cope?* (Arrington, 2008).

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NASW's revised standards for social work case management reflect the evolving practice and policy context and reinforce the social work profession's leadership role in case management.

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