

CMSUK STANDARDS

The standards and education committee are delighted to present these standards of practice on behalf of CMSUK.

The standards group cannot represent every facet of case management. Therefore we consider that consultation is essential to ensure that practitioners from all disciplines are included. We welcome your input and encourage you to read and critically appraise this work. In producing this document, we recognise that changes in health social policy and law will influence the practice of case management. Accordingly the standards and education committee have agreed to revisit this work regularly. If you are interested in becoming involved in the future, we would welcome your contribution.

Members of the Group [in alphabetical order]

Helen Ainsworth
Carol Chantler
Catherine Chapman
Jan Harrison
Allison Saltrese

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Standards for case management practice

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Enquiries about this document should be addressed to: CMSUK, PO Box 2073, Reading, RG4 7ZG

Acknowledgments:

These professional standards have been adapted from the Professional Standards for Occupational Therapy Practice (2003) developed and published by the College of Occupational Therapists, London, 2003. CMSUK wishes to express its thanks to the College for its permission to adapt them for the use of members of CMSUK

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FOREWORD

- 1) These standards have been adapted from the Professional Standards for Occupational Therapy Practice (2003) developed and published by the College of Occupational Therapists, London, 2003. CMSUK wishes to express its thanks to the College for its permission to adapt them for the use of members of CMSUK
- 2) This work has added to those original core standards, another 4 specific standards of particular relevance to case managers. The CMSUK standards (The Standards) for case managers are produced here as a single set of core standards, applicable to all areas of practice. This includes the duty for all case managers to base their practice upon evidence and to work towards integrating research and practice. This not only benefits our service users, but builds up the body of evidence which supports the credibility of case management.
- 3) We have taken this opportunity to develop professional standards, enabling case managers to maintain and develop the quality and rigour of their practice in a way that encompasses a broad range of disciplines.
- 4) The Standards have two main functions. The main role is to provide a key reference point for all case managers – a measuring tool against which they may monitor the quality of their services and can be included in their terms of business, continuing professional development and curriculum vitae. As well as procedural responsibilities, they also outline the case manager's duty to develop the knowledge, skills and behaviour necessary for good and safe working practice.
- 5) The Standards will also have a valuable role in helping those who may be unfamiliar with case management and to understand the level and standard of service to expect.
- 6) We have no doubt that the publication of these standards will prove an important landmark in the delivery of case management. They will be essential reading for all people working within the field of case management and an invaluable resource to those who wish to ensure that case managers provide competent and appropriate services.
- 7) We recommend that commissioners and employers of case management services incorporate adherence to The Standards into the terms and conditions with the case manager.

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INTRODUCTION

A key function of CMSUK is to support its members in pursuing practice of the highest standard. By providing guidance material, information and advice, its objective is to raise the quality and effectiveness of case management services delivered in the United Kingdom.

These standards for case management practice provide a single resource by which all case managers may monitor and improve their practice. They build on the original “standards of practice, conduct for case managers”, which promotes key values and principles to maintain high standards of conduct (CMSUK 2001/2).

The context of the standards

It is a priority for the Government to establish standards for safe and effective practice. This has led to the development of new quality assurance bodies and the production of national service frameworks and guidelines.

Those case managers whose area of work means that they are registered with a professional body, will be answerable to those organisations. For those case managers who do not have a professional body, these standards will be particularly valuable.

These standards specify the minimum level of service that a case manager should deliver. These standards are achievable by an individual case manager or case management organisation.

Legal applications of The Standards

In any civil or criminal proceedings these standards may be admissible as evidence. They may be used as a measure of reasonable and/or acceptable practice. For instance, it may be more difficult to put up a defence against allegations of negligence if these standards have not been followed.

In some instances these standards simply reiterate present legal requirements. If legal proceedings concern a breach of those requirements, then these standards could be used to support the contention that the individual was aware of the requirement and lack of knowledge would not be a valid defence.

How to use The Standards

The Standards for case management have been broadly structured to reflect the general case management process. In certain circumstances more than one standard will be relevant to one stage of practice. For example, there is a standard concerning assessment prior to discharge/closure or transfer, but the standard on general assessment is also pertinent to this activity, as is record keeping.

The Standards for the practice of case management are designed to enable case managers to build and strengthen their quality of service and its effectiveness. Each section has a statement defining the fundamental standard followed by statements of expectation. Accompanying each section is a compatible audit tool to enable the standard to be monitored. By using these it is possible to highlight areas of excellence and aspects of the service where improvements can be made. The audit tool forms can be photocopied for repeated use.

Comments and feedback

In order to ensure that The Standards for practice of case management have been produced in the best possible style and format, CMSUK welcomes comments or feedback that readers would like to give. The responses will inform future revisions of this document and allow CMSUK to monitor the publication.

Please send your comments and feedback to: CMSUK, PO Box 2073, Reading, RG4 7ZG.

1. REFERRAL

Accurate, sensitive and timely referral to a case manager is a crucial element in a service user's pathway of care, enabling them to benefit from the most appropriate intervention at an optimal time.

1.1. *Referral statement 1*

Case managers should have and abide by clearly documented procedures and criteria for referral to their service.

Case managers and case management services are required to:

- obtain adequate information on which to base a decision about the appropriateness of the referral
- decline the referral if the information gathered indicates that the needs of the individual cannot be met by the case management service
- inform the referring agency if the referral is declined and on what basis
- inform both the service user and the referring agency if an individual has to be placed on a waiting list and advise them of the likely waiting time
- record or maintain the referral details in the case management records, including the source and date of referral

1.2. *Referral statement 2*

Case managers should respond to referrals within a stated time frame, based upon local need, resources and policy.

Case managers and case management services are required to:

- have a clearly documented policy stating a time frame for responding to referrals
- have a clearly documented system for prioritising referrals that recognises levels and degrees of need and optimises the use of resources.

1.3. *Referral statement 3*

Where the written referral is inappropriate or the service user's needs cannot be met, case managers should decline the written referral and if possible, suggest alternative services.

Case managers and case management services are required to:

- decline the written referral in writing
- suggest alternative services if possible.

Referral statement 1 (1.1) Case managers should have and abide by clearly documented procedures and criteria for referral to their service.			
Do you/does your service:	Yes	No	Comment and action required
▪ obtain adequate information on which to base a decision about the appropriateness of the referral			
▪ decline the referral if the information gathered indicates that the needs of the individual cannot be met by the case management service			
▪ inform the referring agency if the referral is declined and on what basis			
▪ inform both the service user and the referring agency if an individual has to be placed on a waiting list and advise them of the likely waiting time			
▪ record or maintain the referral details in the case management records, including the source and date of referral			
Referral statement 2 (1.2) Case managers should respond to referrals within a stated time frame, based upon local need, resources and policy.			
Do you/does your service:	Yes	No	Comment and action required
▪ have a clearly documented policy stating a time frame for responding to referrals			
▪ have a clearly documented system for prioritising referrals that recognises levels and degrees of need and optimises the use of resources.			
Referral statement 3 (1.3) Where the written referral is inappropriate or the service user's needs cannot be met, case managers should decline the written referral and if possible, suggest alternative services.			
Do you/does your service:	Yes	No	Comment and action required
▪ decline the written referral in writing			
▪ suggest alternative services if possible			

2. CONSENT

These standards recognise that some service users are unable to give their consent and it is necessary to obtain consent from a parent or guardian in the case of a child or an appropriate representative in the case of the adult lacking in capacity to make informed decisions. For the purposes of brevity, throughout this standard, the “service user” or “their representative” will be used.

"It is a general legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a patient. This principle reflects the right of patients to determine what happens to their own bodies, and is a fundamental part of good practice. A health professional who does not respect this principle may be liable both to legal action by the patient and action by their professional body. Employing bodies may also be liable for the actions of their staff."
(Department of Health 2001d)

2.1. *Consent statement 1*

Consent to receive case management services should be obtained from the service user or representative, recorded and regularly confirmed.

Case managers and case management services are required to:

- ensure that the staff member who obtains consent has the knowledge and skills necessary
- explain to the service user, and document, the proposed course of action before obtaining consent
- provide ongoing information and re-confirm consent on a regular basis throughout the intervention
- record the nature of consent given, whether by:
 - word of mouth
 - in writing
 - through guardian/advocate
 - other means
- gain written consent to the proposed intervention when substantial risk is identified, documenting what points were discussed before written consent was given
- consider the interests of carers and/or other family members when discussing and obtaining consent
- be assured of the mental capacity of the service user to give consent
- fully explain and gain written consent before audio-recording, photographing or videoing an individual for information purposes, research, training or publication
- keep all written consent forms in the service user's records
- gain consent before a student observes or provides intervention and ensure the consent and its nature are documented in the service user's record.

2.2. *Consent statement 2*

Case management staff should be aware of the correct legal approach to take when obtaining consent is difficult or impossible.

a) Adults with impaired capacity

Incapacity is not automatically implied simply by reason of the client's mental disorder/learning disability or because the client is subject to a section of the Mental Health Act 1983 (Great Britain, Parliament 1983).

While no one can give consent on behalf of a mentally incapacitated adult, in common law case managers and other health professionals have a duty to act in the service user's best interests. Such action may include substantial treatment to preserve the life and health of the individual, but may also include routine matters to preserve the service user's general well-being.

Case managers and case management services are required to:

- always offer people the opportunity to make decisions about their care, and give consent
- document if consent is freely given
- document the legal status of the service user, for example whether they are detained under the Mental Health Act 1983 (Great Britain, Parliament 1983)

- act in the best interests of the service user where the person lacks the requisite capacity to make valid decisions
- inform themselves of and abide by the legal requirements relating to consent to treatment under the Mental Health Act 1983 (Great Britain, Parliament 1983).

b) People under the age of 16

Case managers and case management services are required to:

- ensure that the child, or person under the age of 16, has a clear understanding of what is involved in their care
- discuss with the child the advantages and advisability of having a parent/guardian present
- obtain parental/guardian consent if the child does not have sufficient understanding of what is involved in treatment.

They are also required to document discussions relating to consent in the child's records, in particular:

- the nature of the consent given by the child
- the consent given by a parent/guardian
- the case manager's reasons for believing that the child understands enough to give consent
- the reasons why a child is believed not to have sufficient understanding to give consent
- discussions with the child about the advisability of having a parent/guardian present
- the reasons behind any decision not to have a parent/guardian present or involved.

Case managers should seek legal advice if they are concerned that disclosing a child's records to a parent/guardian or other person may act against the interests of the child.

In some cases a child will require emergency treatment, but will be judged not to have the requisite mental capacity to give consent, and there will be insufficient time to gain parental/guardian consent. In such cases, the case manager should document:

- the treatment given
- the reasons for the treatment being given.

c) Obstacles to language or communication

Case managers and case management services are required to:

- obtain the services of an interpreter when there are obstacles to language
- record the identified need and subsequent use of an interpreter in the service user's record
- obtain communication aids where there are obstacles to communication and document the identified means of communication in the service user's records
- ensure that there is a procedure in place to obtain a signing interpreter or communication aids.

2.3. Consent statement 3

Case managers should ensure that the service user or their representative is fully informed about the nature of the case management plan generally and the specific nature of the interventions relevant to them. This means that their decisions on consent will be informed.

Case managers and case management services are required to:

- have personal identification available when discussing consent
- inform the service user or representative referred to case management about assessment and intervention – providing details about its purpose, nature, consequences, risks and possible alternatives
- provide information, in appropriate languages and modalities, which explains the nature and purpose of case management and sets out clearly the client's rights in consenting to case management.

2.4. Consent statement 4

Case managers should accept the service user's or their representative's decision to refuse or withdraw consent at any time, unless the individual lacks the requisite capacity to make valid decisions.

Case managers and case management services are required to:

- inform the service user that, once consent is given, it can be withdrawn at any time without jeopardising any care they may receive in the future
- document a service user's refusal to consent and the reasons given.

2.5. Consent statement 5

Case management staff have a professional and legal obligation to respect the duty of confidentiality, subject to statutory and common-law exceptions to this duty.

Case managers and case management services are required to:

- have a policy statement on confidentiality provided to service users on referral or prominently displayed
- only give information to other professionals directly involved in the service user's care and welfare, unless there are specific circumstances where the law requires it to be disclosed to others
- obtain written consent if information is to be disclosed to a third party not directly involved in the service user's care, except where law requires the disclosure
- keep all written consent forms in the service user's records
- document the legal justification for the disclosure and details of the person to whom it has been made.

2. Audit tool form

Date

CONSENT

Consent statement 1 (2.1)			
Consent to receive case management should be obtained from the service user or their representative, recorded and regularly confirmed.			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that the staff member who obtains consent has the knowledge and skills necessary			
▪ explain to the service user, and document, the proposed course of action before obtaining consent			
▪ provide ongoing information and re-confirm consent on a regular basis throughout the intervention			
▪ record the nature of consent given, whether by: - word of mouth - in writing - through guardian/advocate - other means			
▪ gain written consent to the proposed intervention when substantial risk is identified, documenting what points were discussed before written consent was given			
▪ consider the interests of carers and/or other family members when discussing and obtaining consent			
▪ be assured of the mental capacity of the service user to give consent			
▪ fully explain and gain written consent before audio-recording, photographing or videoing an individual for information purposes, research, training or publication			
▪ keep all written consent forms in the service user's records			
▪ gain consent before a student observes or provides intervention and ensure the consent and its nature are documented in the service user's record.			

Consent statement 2 (2.2a) Case management staff should be aware of the correct legal approach to take when obtaining consent is difficult or impossible.			
a) Adults with impaired capacity			
Do you/does your service:	Yes	No	Comment and action required
▪ always offer people the opportunity to make decisions about their care, and give consent			
▪ document if consent is freely given			
▪ document the legal status of the service user, for example whether they are detained under the Mental Health Act 1983 (Great Britain, Parliament 1983)			
▪ act in the best interests of the service user where the person lacks the requisite capacity to make valid decisions			
▪ inform themselves of and abide by the legal requirements relating to consent to treatment under the Mental Health Act 1983 (Great Britain, Parliament 1983).			
Consent statement 2 (2.2b) Case management staff should be aware of the correct legal approach to take when obtaining consent is difficult or impossible.			
b) People under the age of 16			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that the child, or person under the age of 16, has a clear understanding of what is involved in treatment			
▪ discuss with the child the advantages and advisability of having a parent/guardian present			
▪ obtain parental/guardian consent if the child does not have sufficient understanding of what is involved in treatment			

Consent statement 2 (2.2b) cont...			
<ul style="list-style-type: none"> ▪ document discussions relating to consent in the child's records, in particular: <ul style="list-style-type: none"> - the nature of the consent given by the child - the consent given by a parent/guardian - the case manager's reasons for believing that the child understands enough to give consent - the reasons why a child is believed not to have sufficient understanding to give consent - discussions with the child about the advisability of having a parent/guardian present - the reasons behind any decision not to have a parent/guardian present or involved 			
<ul style="list-style-type: none"> ▪ document the service given in an emergency 			
<ul style="list-style-type: none"> ▪ document the reasons for the service given in an emergency. 			
<p>Consent statement 2 (2.2c) Case management staff should be aware of the correct legal approach to take when obtaining consent is difficult or impossible.</p>			
<p>c) obstacles to language or communication</p>			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ obtain the services of an interpreter when there are obstacles to language 			
<ul style="list-style-type: none"> ▪ record the identified need and subsequent use of an interpreter in the service user's record 			
<ul style="list-style-type: none"> ▪ obtain communication aids where there are obstacles to communication 			
<ul style="list-style-type: none"> ▪ document the identified means of communication in the service user's records 			
<ul style="list-style-type: none"> ▪ ensure that there is a procedure in place to obtain a signing interpreter or communication aids. 			

Consent statement 3 (2.3) Case managers should ensure that the service user is fully informed about the nature of case management generally and the specific nature of the interventions relevant to them. This means that their decisions on consent will be informed.			
Do you/does your service:	Yes	No	Comment and action required
▪ have personal identification available when discussing consent			
inform the service user referred to case management about assessment and intervention – providing details about its purpose, nature, consequences, risks and possible alternatives			
▪ provide information, in appropriate languages and modalities, which explains the nature and purpose of case management and sets out clearly the client's rights in consenting to case management.			
Consent statement 4 (2.4) Case managers should accept the service user's or their representative's decision to refuse or withdraw consent at any time, unless the individual lacks the requisite capacity to make valid decisions.			
Do you/does your service:	Yes	No	Comment and action required
▪ inform the service user that, once consent is given, it can be withdrawn at any time without jeopardising any care they may receive in the future			
▪ document a service user's refusal to consent and the reasons given.			
Consent statement 5 (2.5) Case management staff have a professional and legal obligation to respect the duty of confidentiality, subject to statutory and common-law exceptions to this duty.			
Do you/does your service:	Yes	No	Comment and action required
▪ have a policy statement on confidentiality provided to service users on referral or prominently displayed			
▪ only give information to other professionals directly involved in the service user's care and welfare, unless there are specific circumstances where the law requires it to be disclosed to others			
▪ obtain written consent if information is to be disclosed to a third party not directly involved in the individual's care, except where law requires the disclosure			
▪ keep all written consent forms in the service user's records			
▪ document the legal justification for the disclosure and details of the person to whom it has been made.			

3. ASSESSMENT AND GOAL SETTING

Assessment provides the foundation for effective intervention and it is crucial to undertake a thorough and reliable assessment at several stages during the case management process. Without thorough and accurate assessment the intervention selected may prove inappropriate and/or ineffective (with reference to Laver Fawcett 2002, p107).

3.1. *Assessment and goal setting statement 1*

Case managers should prepare for an assessment by ensuring that it is appropriate and safe, and that the person being assessed has given their consent.

Case managers and case management services are required to:

- identify the need for an assessment, based on information provided upon referral or screening and in line with local policy guidance
- assess and document the service user's physical, environmental and personal safety before or in the early stages of an case management assessment
- explain the nature and purpose of the assessment to the service user and/or their carers to facilitate their involvement, gain and document consent before the assessment commences.

3.2. *Assessment and goal setting statement 2*

A decision not to carry out, or to discontinue, assessment should be based on identifiable and justifiable reasons.

Case managers are required to:

- assess only when it is in the remit of the service, in the scope of their competence and when it does not pose a risk to the safety of the service user or case manager
- document any decision not to assess and the reasons behind it
- inform the referral source when an assessment is not carried out following a referral
- document any decision to discontinue an assessment and the reasons behind it – for example, sudden illness, distress, consent not given, participation refused, risk to the service user or case manager.

3.3. *Assessment and goal setting statement 3*

The assessment tool should be fit for purpose, and should be used appropriately by the case management service and its staff.

Case managers and case management services are required to:

- utilise standardised assessments, or assessments derived from recognised models of best practice, where available
- contribute to a shared or single assessment process where one is established
- ensure that the staff member who carries out the assessment has the knowledge and skills required
- fully document the details of the assessment, including the date, time, location, those present and the outcomes
- take all possible measures to ensure the service user's safety during the assessment, in terms of mobility, the environment and equipment used.

3.4. *Assessment and goal setting statement 4*

The assessment should be carried out under conditions that recognise and value the needs of the service user, their main carer/s, representatives and relevant agencies.

Case managers and case management services are required to:

- obtain as much relevant information as possible from other involved appropriate agencies to enhance the assessment process
- ensure assessments are centred on the service user, taking into account their needs, occupation, role, environment and lifestyle
- ensure the assessment accepts and values the background and culture of the service user
- ensure the assessment is undertaken in the service user's preferred language
- ensure privacy and confidentiality by undertaking the assessment in a suitable environment

- make the outcome of the assessment available to the service user and/or their carer/s (with the individual's consent)
- provide an opportunity for the service user and/or their carer/s to comment upon the assessment
- recognise the rights of the service user's main carer/s to an assessment of their own needs and make appropriate referrals if required
- document the needs and abilities of the person who provides assistance and any referrals made on behalf of that person.

3.5. *Assessment and goal setting statement 5*

The goals for intervention should be agreed in discussion with the service user and/or their representative, based on their priorities and the needs as indicated by the assessment.

Case managers and case management services are required to:

- record clearly the service user's assessed needs and the goals and objectives of intervention
- agree priority areas for intervention with the service user
- record clearly the service user's priorities and choices
- work in partnership with the service user and their representative/s when identifying the goals for intervention
- set realistic and achievable goals with suggested time frames and estimations of case management costs
- communicate the outcome of the assessment and the identified intervention goals with other core members of the health and social care team.

Assessment and goal setting statement 1 (3.1)			
Case managers should prepare for an assessment by ensuring that it is appropriate and safe, and that the person being assessed has given their consent.			
Do you/does your service:	Yes	No	Comment and action required
▪ identify the need for an assessment, based on information provided upon referral or screening and in line with local policy guidance			
▪ assess and document the service user's physical, environmental and personal safety before or in the early stages of an case management assessment			
▪ explain the nature and purpose of the assessment to the service user and/or their carers to facilitate their involvement			
▪ gain and document consent before the assessment commences			
Assessment and goal setting statement 2 (3.2)			
A decision not to carry out, or to discontinue, assessment should be based on identifiable and justifiable reasons.			
Do you/does your service:	Yes	No	Comment and action required
▪ assess only when it is in the remit of the service, in the scope of your competence and when it does not pose a risk to the safety of the service user or case manager			
▪ document any decision not to assess and the reasons behind it			
▪ inform the referral source when an assessment is not carried out following a referral			
▪ document any decision to discontinue an assessment and the reasons behind it – for example, sudden illness, distress, consent not given, participation refused, risk to the service user or case manager.			

Assessment and goal setting statement 3 (3.3) The assessment tool should be fit for purpose, and should be used appropriately by the case management service and its staff.			
Do you/does your service:	Yes	No	Comment and action required
▪ utilise standardised assessments, or assessments derived from recognised models of best practice, where available			
▪ contribute to a shared or single assessment process where one is established			
▪ ensure that the staff member who carries out the assessment has the knowledge and skills required			
▪ fully document the details of the assessment, including the date, time, location, those present and the outcomes			
▪ take all possible measures to ensure the service user's safety during the assessment, in terms of mobility, the environment and equipment used.			
Assessment and goal setting statement 4 (3.4) The assessment should be carried out under conditions that recognise and value the needs of the service user, their main carer/s, representatives and relevant agencies.			
Do you/does your service:	Yes	No	Comment and action required
▪ obtain as much relevant information as possible from other involved appropriate agencies to enhance the assessment process			
▪ ensure assessments are centred on the service user, taking into account their needs, occupation, role, environment and lifestyle			
▪ ensure the assessment accepts and values the background and culture of the service user			
▪ ensure the assessment is undertaken in the service user's preferred language			
▪ ensure privacy and confidentiality by undertaking the assessment in a suitable environment			
▪ make the outcome of the assessment available to the service user and their carer/s (with the individual's consent)			
▪ provide an opportunity for the service user and/or their carer/s to comment upon the assessment			
▪ recognise the rights of the service user's main carer/s to an assessment of their own needs and make appropriate referrals if required			
▪ document the needs and abilities of the person who provides assistance and any referrals made on behalf of that person			

Assessment and goal setting statement 5 (3.5)			
The goals for intervention should be agreed in discussion with the service user and/or their representatives, based on their priorities and the needs as indicated by the assessment.			
Do you/does your service:	Yes	No	Comment and action required
▪ record clearly the service user's assessed needs and the goals and objectives of intervention			
▪ agree priority areas for intervention with the service user			
▪ record clearly the service user's priorities and choices			
▪ work in partnership with the service user and their representative/s when identifying the goals for intervention			
▪ set realistic and achievable goals with suggested time frames and estimations of case management costs			
▪ communicate the outcome of the assessment and the identified intervention goals with other core members of the health and social care team.			

4. INTERVENTION AND EVALUATION

Intervention is the actions taken by the case manager on behalf of the service user. It can include planning, implementing, co-ordinating, monitoring and evaluating the options and services required to promote quality cost effective outcomes.

Intervention may be interpreted as the process of initiating, undertaking and co-ordinating activities with or on behalf of a service user in order to move them towards their stated goal.

"Evaluation is carried out both formally and informally. The measurement of outcomes is an integral part of quality assurance. Whalley Hammell (1994) defines outcome measures in occupational therapists, and it is felt that this is equally applicable to case managers, as referring to 'an end product in terms of health, performance and satisfaction'."

(Hagedorn 1995, p184)

4.1. *Intervention and evaluation statement 1*

Intervention should be based upon the goals and objectives that have been identified and negotiated with the service user.

Case managers and case management services are required to:

- select the course of action or activities on the basis of which offer the best options for achieving the agreed goals and have the most meaning for the service user
- carry out the intervention in a suitable environment
- make the best use of existing resources
- work in collaboration with other professionals to fit in with the overall programme of intervention the service user is receiving
- actively co-ordinate and promote the activities for the benefit of the service user.
- manage and document any decisions or actions taken where there is an element of risk in planning and/or respecting the service user's choices
- document and explain any unmet needs
- respect the choice of the service user, if at any time they wish to discontinue intervention.

4.2. *Intervention and evaluation statement 2*

Intervention should be in accordance with the best or evidence-based practice.

Case managers and case management services are required to:

- develop an information and evidence resource to support best practice
- seek evidence or descriptions of best practice to justify interventions or approaches
- evaluate this evidence and incorporate findings within intervention.

4.3. *Intervention and evaluation statement 3*

Intervention should only be delegated to another member of staff or person in a care role if they are deemed competent.

Case managers and case management services are required to:

- provide only those services and techniques which are within their professional competence and which they are qualified to employ by education and training and/or experience
- ensure that any person to whom tasks or actions are delegated – such as students, support workers and volunteers – is competent to carry them out
- provide adequate information, supervision and teaching to other members of staff, family members and carers if they are to provide intervention
- retain ultimate responsibility for the care being given to the service user.

4.4. *Intervention and evaluation statement 4*

The case managers should monitor and review the effectiveness of an activity or intervention, revising it as necessary to ensure progress.

Case managers and case management services are required to:

- identify a baseline from which to measure any change in the service user's status and thereby to evaluate treatment
- use assessment tools incorporating outcome measures, where formal evaluation is required
- understand the purpose and accuracy of the outcome measure being used, so that the results can be interpreted correctly
- document the process and results of intervention, using the records and outcome measures to ensure that progress is being made towards the agreed goals and objectives.

<i>Intervention and evaluation statement 1 (4.1)</i>			
Intervention should be based upon the goals and objectives that have been identified and negotiated with the service user.			
Do you/does your service:	Yes	No	Comment and action required
▪ select the course of action or activities on the basis of which offer the best options for achieving the agreed goals and have the most meaning for the service user			
▪ carry out the intervention in a suitable environment			
▪ make the best use of existing resources			
▪ work in collaboration with other professionals to fit in with the overall programme of intervention the service user is receiving			
▪ actively co-ordinate and promote activities for the benefit of the service user.			
▪ manage and document any decisions or actions taken where there is an element of risk in planning and/or respecting the service user's choices			
▪ document and explain any unmet needs			
▪ respect the choice of the service user, if at any time they wish to discontinue intervention.			
<i>Intervention and evaluation statement 2 (4.2)</i>			
Intervention should be in accordance with the best or evidence-based practice.			
Do you/does your service:	Yes	No	Comment and action required
▪ develop an information and evidence resource to support best practice			
▪ seek evidence or descriptions of best practice to justify interventions or approaches			
▪ evaluate this evidence and incorporate findings within intervention.			

<i>Intervention and evaluation statement 3 (4.3)</i>			
Intervention should only be delegated to another member of staff or person in a care role if they are deemed competent.			
Do you/does your service:	Yes	No	Comment and action required
▪ provide only those services and techniques which are within your professional competence and which you are qualified to employ by education and training and/or experience			
▪ ensure that any person to whom tasks or actions are delegated – such as students, support workers and volunteers – is competent to carry them out			
▪ provide adequate information, supervision and teaching to other members of staff, family members and carers if they are to provide intervention			
▪ retain ultimate responsibility for the care being given to the service user.			
<i>Intervention and evaluation standard statement 4 (4.4)</i>			
The case manager should monitor and review the effectiveness of an activity or intervention, revising it as necessary to ensure progress.			
Do you/does your service:	Yes	No	Comment and action required
▪ identify a baseline from which to measure any change in the service user's status and thereby to evaluate treatment			
▪ use assessment tools incorporating outcome measures, where formal evaluation is required			
▪ understand the purpose and accuracy of the outcome measure being used, so that the results can be interpreted correctly			
▪ document the process and results of intervention, using the records and outcome measures to ensure that progress is being made towards the agreed goals and objectives.			

5. DISCHARGE, CLOSURE OR TRANSFER OF CASE

It is acknowledged that in any case management some service users will require ongoing services for the remainder of their lives, while others will, in the course of their rehabilitation, cease to require the services of a case manager. This standard confirms that for those people who will cease to require case management from your service, there will be discharge, closure or transfer of the case. Some service users may require ongoing case management or other services.

5.1. *Discharge, closure or transfer statement 1*

Case managers should assess the service user in preparation for discharge, closure or transfer, considering their ability to manage in their future environment, and at all times taking into account the service user's priorities and choices.

Case managers and case management services are required to:

- assess the service user's progress against their pre-set goals
- document the amount of assistance needed for performance areas
- make recommendations for any ongoing intervention or support required
- make recommendations for any assistive equipment and/or environmental modifications required
- make recommendations for any further follow-up, intervention or re-assessment required.

5.2. *Discharge, closure or transfer statement 2*

Case management should be discontinued only when the service user has achieved their pre-set goals, has moved outside the criteria of the service, or withdraws their consent.

Case managers and case management services are required to:

- include discharge, closure or transfer of case as part of the intervention plan
- prepare and implement a discharge, closure or transfer plan that is consistent with the goals of the service user and the intervention plan
- prepare and implement a discharge, closure or transfer plan that takes into consideration the needs and considerations of the family or carer, and the community or other support resources
- allow sufficient time for the co-ordination and implementation of a discharge, closure or transfer plan
- liaise with members of the service user's team about the discharge, closure or transfer plan, keeping them informed about how it will be implemented and followed up.

5. Audit tool form Date DISCHARGE, CLOSURE OR TRANSFER OF CASE

Discharge, closure or transfer statement 1 (5.1)			
Case managers should assess the service user in preparation for discharge, closure or transfer, considering their ability to manage in their future environment, and at all times taking into account the service user's priorities and choices.			
Do you/does your service:	Yes	No	Comment and action required
▪ assess the service user's progress against their pre-set goals			
▪ document the amount of assistance needed for performance areas			
▪ make recommendations for any ongoing intervention or support required			
▪ make recommendations for any assistive equipment and/or environmental modifications required.			
▪ make recommendations for any further follow-up, intervention or re-assessment required.			
Discharge, closure or transfer statement 2 (5.2)			
Case management should be discontinued only when the service user has achieved their pre-set goals, has moved outside the criteria of the service, or withdrawn their consent.			
Do you/does your service:	Yes	No	Comment and action required
▪ include discharge, closure or transfer of case as part of the intervention plan			
▪ prepare and implement a discharge, closure or transfer plan that is consistent with the goals of the service user and the intervention plan			
▪ prepare and implement a discharge, closure or transfer plan that takes into consideration the needs and considerations of the family or carer, and the community or other support resources			
▪ allow sufficient time for the co-ordination and implementation of a discharge, closure or transfer plan			
▪ liaise with members of the service user's team about the discharge, closure or transfer plan, keeping them informed about how it will be implemented and followed up.			

6. RECORD KEEPING

Record keeping – as either a case management record or part of a multidisciplinary record – is an essential and integral part of care. The purpose of the records is to give a comprehensive, accurate and justifiable account of the care, treatment and support provided or planned for a service user. The information also supports the use of audit, evidence based clinical practice and improvements in clinical effectiveness through research.

6.1. *Record keeping statement 1*

A record should be kept of all case management activity and intervention made with, or on behalf of, the service user.

Case managers and case management services are required to:

- clearly identify the service user by name, address and date of birth on all records kept
- document details of all key people involved in the service user's management, including professionals, family, carers and other agencies
- document all referral details, including date and source of referral and reason for referral when given
- document any relevant social, medical or rehabilitative history
- document, date and time all assessments made, methods used and resulting outcomes
- document and date the views and wishes of the service user about goals or treatment plans, and any time frames suggested
- document the consent and nature of consent given to intervention
- document, date and time all interventions planned and carried out in connection with the service user, the resulting outcomes and associated costs where known.
- document and date all reviews, alterations to goals, treatment plans or time frames
- document all interventions or decisions made by members of the multidisciplinary team when they impact upon the case management care given, including decisions taken in clinical supervision
- incorporate in the records all correspondence, telephone conversations and reports related to the service user's care
- document and date interventions or contact with family and carers, and any outcomes
- document all information and advice provided to the service user and their family/people providing support and assistance
- document all discharge, closure or transfer details
- document the destination of onward referrals or case transfers and any information that needs to be considered in handover (with the knowledge and consent of the service user).

6.2. *Record keeping statement 2*

Case management records should be well organised, well managed and clear, to ensure that they are accessible to those who may need to refer to them.

Case managers and case management services are required to:

- maintain and organise records systematically, ensuring that they are easy to find and in good order
- ensure that records are chronological and contemporaneous
- ensure the records are complete, factual, objective and concise
- ensure the records are legible and do not use slang or unexplained abbreviations and acronyms
- amend written records by scoring out with a single line, so that the original text is still legible
- provide a clear signature, designation and date with all entries, additions or amendments
- countersign student or support staff records to ensure and demonstrate their accuracy
- ensure that electronic records clearly identify the member of staff making the record, in the absence of a signature and meet the same standards as written records
- ensure electronic records are completed to the same standard as written records.

6.3. Record keeping statement 3

Case management staff should be aware of, and abide by, legal regulations about the confidentiality, storage and disposal of records, and a service user's right to access their own records. They should also be guided by local policy on these matters.

Case managers are required to:

- inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, in relation to a service user's right of access to their records (Great Britain, Parliament 1998a)
- inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, relating to the confidentiality, storage and disposal of records (Great Britain, Parliament 1998a)
- store records securely, with arrangements in place to protect them from use by unauthorised persons, damage or loss
- ensure the safekeeping of other records such as diaries that may be used as legal evidence
- retain and dispose of records according to legal and local guidance.

Record keeping statement 1 (6.1)			
A record should be kept of all case management activity and intervention made with, or on behalf of, the service user.			
Do you/does your service:	Yes	No	Comment and action required
▪ clearly identify the service user by name, address and date of birth on all records kept			
▪ document details of all key people involved in the service user's management, including professionals, family and carers and other agencies			
▪ document all referral details, including date and source of referral and reason for referral when given			
▪ document any relevant social, medical or rehabilitative history			
▪ document, date and time all assessments made, methods used and resulting outcomes			
▪ document and date the views and wishes of the service user about goals or treatment plans and any time frames suggested			
▪ document the consent and nature of consent given to intervention			
▪ document, date and time all interventions planned and carried out in connection with the service user, the resulting outcomes and associated costs where known.			
▪ document and date all reviews, alterations to goals, treatment plans or time frames.			
▪ document all interventions or decisions made by members of the multi-disciplinary team when they impact upon the case management care given, including decisions taken in clinical supervision			
▪ incorporate in the records all correspondence, telephone conversations and reports related to the service user's care			
▪ document and date interventions or contact with family and carers, and any outcomes			
▪ document all information and advice provided to the service user and their family/people providing support and assistance			
▪ document all discharge, closure or transfer details			
▪ document the destination of onward referrals or care transfers and any information that needs to be considered in handover (with the knowledge and the consent of service user).			

Record keeping statement 2 (6.2)			
Case management records should be well organised, well managed and clear, to ensure that they are accessible to those who may need to refer to them.			
Do you/does your service:	Yes	No	Comment and action required
▪ maintain and organise records systematically, ensuring that they are easy to find and in good order			
▪ ensure that records are chronological and contemporaneous			
▪ ensure the records are complete, factual, objective and concise			
▪ ensure the records are legible and do not use slang or unexplained abbreviations and acronyms			
▪ amend written records by scoring out with a single line, so that the original text is still legible			
▪ provide a clear signature, designation and date with all entries, additions or amendments			
▪ countersign student or support staff records to ensure and demonstrate their accuracy			
▪ ensure that electronic records clearly identify the member of staff making the record, in the absence of a signature and meet the same standards as written records			
▪ ensure electronic records are completed to the same standard as written records.			
Record keeping statement 3 (6.3)			
Case management staff should be aware of, and abide by, legal regulations about the confidentiality, storage and disposal of records, and a service user's right to access their own records. They should be guided by local policy on these matters.			
Do you/does your service:	Yes	No	Comment and action required
▪ inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, in relation to a service user's right of access to their records			
▪ inform themselves of, and abide by, the key principles of the Data Protection Act 1998, local policy and current legislation, relating to the confidentiality, storage and disposal of records			
▪ store records securely, with arrangements in place to protect them from use by unauthorised persons, damage or loss			
▪ ensure the safekeeping of other records such as diaries that may be used as legal evidence			
▪ retain and dispose of records according to legal and local guidance.			

7. SERVICE QUALITY AND GOVERNANCE

The principles of quality and governance apply equally to all case managers, in all settings. Individual practitioners and services have a duty to provide a case management service of the highest competence, safety, quality and value.

Quality has been defined as "doing the right things, to the right people, at the right time and doing things right first time" (Department of Health 1997b, p17).

Governance refers to the processes and systems put in place to ensure that quality is provided, while making best use of resources.

7.1. *Service quality and governance statement 1*

Case managers should maintain and develop their knowledge, skills and attitudes, and therefore their competence to practise.

Case managers are required to:

- seek out and attend learning opportunities relevant to their practice and development as practitioners (Ilott and White 2002)
- enable the development of their staff, by providing supervision and appraisal systems and support for learning opportunities
- be aware of national/international practice development, e.g. through reading, attending learning opportunities, membership of a specialist section or special interest group
- apply newly acquired professional knowledge, skills and behaviour in a safe and responsible manner
- share good practice with fellow practitioners and colleagues
- have local management structures which provide regular supervision and feedback (or equivalent support) where relevant
- reflect upon practice and development, maintaining a record where relevant, through the use of professional development portfolios
- participate in a regular appraisal process, enabling reflection on current practice, consideration of past, current and future objectives and learning/development needs.

7.2. *Service quality and governance statement 2*

Case managers should protect and maintain the safety of those who use their service.

Case managers and case management services are required to:

- abide by national and local health and safety regulations, policies and procedures
- work only within their professional competence, in terms of education, training and/or experience
- minimise the risk of untoward events by identifying the potential for harm and avoiding or managing these factors. This should not rule out positive risk-taking as part of intervention
- recognise and learn from adverse events, identifying and addressing areas of poor practice.

7.3. *Service quality and governance statement 3*

Case managers should provide a service of consistent quality, in line with local, professional and national standards.

Case managers and case management services are required to:

- monitor the performance and quality of their service against relevant local, national and professional standards and guidelines as they are published
- ensure mechanisms are in place to monitor safe, effective, ethical, equitable and anti-discriminatory practice
- be informed of the opinions of the people to whom they provide a service and their carers
- participate in the development of and co-operate with local quality and governance systems
- raise awareness of and co-operate with the local complaints procedure
- take responsibility for drawing attention to any areas of concern about the service.

7.4. Service quality and governance statement 4

Case managers should provide a service that is of the highest quality and the best value for money.

Case managers and case management services are required to:

- monitor the use of resources and facilities, along with the outcomes of the service, to ensure their optimum efficiency and effectiveness
- recognise and take opportunities to influence health and social policy and practice to the benefit of those who use the service.

Service quality and governance statement 1 (7.1)			
Case managers should maintain and develop their knowledge, skills and attitude, and therefore their competence to practise.			
Do you/does your service:	Yes	No	Comment and action required
▪ seek out and attend learning opportunities relevant to your practice and development as practitioners			
▪ enable the development of staff, by providing supervision and appraisal systems and support for learning opportunities			
▪ be aware of national/international development, e.g. through reading, attending learning opportunities, membership of a specialist section or special interest group			
▪ apply newly acquired professional knowledge, skills and behaviour in a safe and responsible manner			
▪ share good practice with fellow practitioners and colleagues			
▪ have local management structures which provide regular supervision and feedback (or equivalent support) where relevant			
▪ reflect upon professional practice and development, maintaining a record where relevant through the use of professional development portfolios			
▪ participate in a regular appraisal process, enabling reflection on current practice, consideration of past, current and future objectives and learning/development needs.			
Service quality and governance statement 2 (7.2)			
Case managers should protect and maintain the safety of those who use their service.			
Do you/does your service:	Yes	No	Comment and action required
▪ abide by national and local health and safety regulations, policies and procedures			
▪ work only within your professional competence, in terms of education, training and/or experience			
▪ minimise the risk of untoward events by identifying the potential for harm and avoiding or managing these factors. This should not rule out positive risk-taking as part of intervention			
▪ recognise and learn from adverse events, identifying and addressing areas of poor practice.			

Service quality and governance statement 3 (7.3) Case managers should provide a service of consistent quality, in line with local, professional and national standards.			
Do you/does your service:	Yes	No	Comment and action required
▪ monitor the performance and quality of your service against relevant local, national and professional standards and guidelines as they are published			
▪ ensure mechanisms are in place to monitor safe, effective, ethical, equitable and anti-discriminatory practice			
▪ inform yourself of the opinions of the people to whom you provide a service and their carers			
▪ participate in the development of and co-operate with local quality and governance systems			
▪ raise awareness of and co-operate with the local complaints procedure			
▪ take responsibility for drawing attention to any areas of concern about the service.			
Service quality and governance statement 4 (7.4) Case managers should provide a service that is of the highest quality and the best value for money.			
Do you/does your service:	Yes	No	Comment and action required
▪ monitor the use of resources and facilities, along with the outcomes of the service, to ensure their optimum efficiency and effectiveness			
▪ recognise and take opportunities to influence health and social policy and practice to the benefit of those who use the service.			

8. PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Continuing personal and professional development and lifelong learning for all members ensures the competence required to provide safe, efficient and effective services in all settings.

8.1. *Professional development/lifelong learning statement 1*

Case managers should be supported in their practice and development through regular supervision, within an agreed structure or model.

Case managers and case management services are required to:

- participate in supervision to an agreed structure or model, such as peer group or individual supervision
- have a verbal or written agreement between the supervisor and the supervisee, detailing the frequency, duration, content, process and confidentiality boundaries
- ensure that if individual supervision is used, it is by a case manager with appropriate experience in the field of practice
- ensure that supervisory staff are sufficiently trained and have the equivalent of 5 years' case management experience to fulfil their role
- respect and uphold the confidentiality of the supervisory relationship
- provide a suitable location and adequate time for supervision.

8.2. *Professional development/lifelong learning statement 2*

Supervision sessions should be recorded detailing the content of discussion and any agreed action.

Case managers and case management services are required to:

- objectively record all supervision sessions
- ensure that the record is agreed as a true account by participating individuals
- keep supervision records for a minimum of 12 months
- ensure supervision records are available for use at an annual appraisal
- ensure that the previous 12 months of supervision records and any agreed contract are available if formal or informal disciplinary action or grievance action is taken.

8.3. *Professional development/lifelong learning statement 3*

Case management staff should participate in an annual appraisal cycle where appropriate.

Case managers and case management services are required to:

- provide a suitable location and adequate time for the appraisal
- prepare adequately for the appraisal meeting, using any documentation provided, and reflecting upon performance, achievement of role and responsibilities
- review, clarify and confirm the roles and responsibilities expected of the staff member, in light of the organisational structure and objectives
- appraise the staff member fairly and objectively against past or current objectives, roles and responsibilities
- agree future objectives for the staff member, including key targets, action to be taken and timescale, considering the requirements of the individual, the post and the objectives of the organisation
- agree and document the development and learning needs of the staff member
- document accurately and objectively the content and outcomes of the appraisal, using any local or organisational documentation provided
- ensure the record is agreed as a true account by participating individuals
- ensure the appraiser is sufficiently trained and experienced to fulfil their role
- review the appraisal outcome on a regular basis and follow up any agreed actions
- provide a procedure for either party to follow should they be dissatisfied with the appraisal outcome.

8.4 Professional development/lifelong learning statement 4

Case management staff should achieve and continuously maintain high standards of competence in terms of knowledge, skills and conduct.

Case managers and case management services are required to:

- allocate at least 4 hours per month for relevant continuing development, scholarship and/or research
- provide continuing development opportunities to support workers who contribute to case management services
- support the training and development of colleagues from other professions, services and agencies
- participate in informal and formal learning opportunities
- have access to time, funding and developmental opportunities that enhance the contribution of case management to the employing organisation
- apply their learning to benefit service users and their carers
- ensure learning opportunities are socially and culturally inclusive and appropriate
- participate in inter-professional learning to develop team skills through better knowledge and understanding of team member roles
- document professional development activities to provide evidence of continuous learning.

8. Audit tool form Date **PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING**

Professional development/lifelong learning statement 1 (8.1)			
Case managers should be supported in their practice and development through regular supervision, within an agreed structure or model.			
Do you/does your service:	Yes	No	Comment and action required
▪ participate in supervision to an agreed structure or model, such as peer group or individual supervision			
▪ have a verbal or written agreement between the supervisor and the supervisee, detailing the frequency, duration, content, process and confidentiality boundaries			
▪ ensure that if individual supervision is used, it is by a case manager with appropriate experience in the field of practice			
▪ ensure that supervisory staff are sufficiently trained and have the equivalent of 5 years' case management experience to fulfil their role			
▪ respect and uphold the confidentiality of the supervisory relationship			
▪ provide a suitable location and adequate time for supervision.			
Professional development/lifelong learning statement 2 (8.2)			
Supervision sessions should be recorded detailing the content of discussion and any agreed action.			
Do you/does your service:	Yes	No	Comment and action required
▪ objectively record all supervision sessions			
▪ ensure that the record is agreed as a true account by participating individuals			
▪ keep supervision records for a minimum of 12 months			
▪ ensure supervision records are available for use at an annual appraisal			
▪ ensure that the previous 12 months of supervision records and any agreed contract are available if formal or informal disciplinary action or grievance action is taken			

8. Audit tool form Date PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Professional development/lifelong learning statement 3 (8.3)			
Case management staff should participate in an annual appraisal cycle where appropriate.			
Do you/does your service:	Yes	No	Comment and action required
▪ provide a suitable location and adequate time for the appraisal			
▪ prepare adequately for the appraisal meeting, using any documentation provided, and reflecting upon performance, achievement of role and responsibilities			
▪ review, clarify and confirm the roles and responsibilities expected of the staff member, in light of the organisational structure and objectives			
▪ appraise the staff member fairly and objectively against past or current objectives, roles and responsibilities			
▪ agree future objectives for the staff member, including key targets, action to be taken and timescale, considering the requirements of the individual, the post and the objectives of the organisation			
▪ agree and document the development and learning needs of the staff member			
▪ document accurately and objectively the content and outcomes of the appraisal, using any local or organisational documentation provided			
▪ ensure the record is agreed as a true account by participating individuals			
▪ ensure the appraiser is sufficiently trained and experienced to fulfil their role			
▪ review the appraisal outcome on a regular basis and follow up any agreed actions			
▪ provide a procedure for either party to follow should they be dissatisfied with the appraisal outcome.			

8. Audit tool form Date PROFESSIONAL DEVELOPMENT/LIFELONG LEARNING

Professional development/lifelong learning statement 4 (8.4)			
Case management staff should achieve and continuously maintain high standards of competence in terms of knowledge, skills and conduct			
Do you/does your service:	Yes	No	Comment and action required
▪ allocate at least 4 hours per month for relevant continuing development, scholarship and/or research			
▪ provide continuing development opportunities staff contracted to support case management services			
▪ support the training and development of colleagues from other professions, services and agencies			
▪ participate in informal and formal learning opportunities			
▪ have access to time, funding and developmental opportunities that enhance the contribution of case management to the employing organisation			
▪ apply your learning to benefit service users and their carers			
▪ ensure learning opportunities are socially and culturally inclusive and appropriate			
▪ participate in inter-professional learning to develop team skills through better knowledge and understanding of team member roles			
▪ document professional development activities to provide evidence of continuous learning.			

9. FIELDWORK EDUCATION

Case managers are encouraged to provide practice education opportunities for trainee case managers, to ensure a future workforce and to promote a learning culture within the workplace. It is acknowledged that case management courses are developing, and this standard will become more applicable.

The following standards are a précis/shortened version of the Fieldwork Education section of the College of Occupational Therapists Standards for Education: Pre-registration Education Standards.

9.1. *Fieldwork education statement 1*

As educational courses develop, there should be a placement agreement between the Higher Education Institution [HEI] and the case management service. There should be appropriate policies and procedures, sufficient facilities and resources to support practice education.

Case managers and case management services are required to:

- maintain a reciprocal relationship with the HEI which acknowledges the costs, benefits and resource requirements of providing practice education
- ensure that practice education contributes to the learning culture of their service, supporting lifelong learning, continued competence and a work-life balance
- develop a placement resource file including the operational policies and procedures that assure the quality of practice education (for example, health and safety, support available to both student and educator, etc.)
- ensure mechanisms are in place to support students with diverse needs, to ensure compliance with the special education needs, disability and equal opportunities legislation
- provide students with preparatory information before the placement starts and a comprehensive induction programme at the beginning of the placement, orientating the student and providing practical information and advice
- ensure access to a range of resources, facilities and staff to support independent learning
- ensure the students and the educator have clear support mechanisms within the placement and from the HEI.

9.2. *Fieldwork education statement 2*

The practice education provided within the service should contribute to the overall aims of the education programme, by helping students become fit to practise independently.

In partnership with the HEI, case management services are encouraged to:

- ensure that the practice curriculum reflects the international and national reference standards and benchmarks
- base the practice curriculum upon a sound educational philosophy that is compatible with the values of case management
- contribute to the development of the pre-registration curriculum
- ensure that the curriculum is updated regularly to reflect contemporary practice, professional priorities for service development, research findings and policy initiatives.

9.3. *Fieldwork education statement 3*

There should be sufficient, properly prepared and supported practice placement educators to facilitate the achievement of students' learning outcomes, while maintaining service delivery.

Case management services that are able to offer this support are required to:

- acknowledge the responsibilities placed on practice placement educators and their need to balance pre-registration education with caseload management
- ensure that practice placement educators have sufficient time and availability to provide regular supervision and assessment (a minimum of one hour formal supervision per week)
- ensure that there are appropriate arrangements to guarantee client safety and continuity of learning when the practice placement educator is absent
- ensure that practice placement educators are aware of their duty of care to students and service users
- recognise only people with sufficient experience and expertise as practice placement educators
- support practice placement educators with relevant professional development activities.

9.4. *Fieldwork education statement 4*

A range of methods designed to promote trainee case managers' personal and professional development and help them achieve learning outcomes, should be employed during each placement.

Case managers and case management services are required to:

- ensure that each trainee has an individual learning agreement that reflects their learning needs, the module outcomes and the experience available
- ensure that the learning, teaching and supervisory strategies promote continuing professional development towards entry level competence and are outlined in the placement resource file
- use a range of learning methods and opportunities, including inter-professional learning, to enable the placement outcomes to be achieved
- design all learning, teaching and supervisory methods so as to: assess and manage risk, ensure the safety, consent and confidentiality of service users and their carers, and demonstrate respect for others
- use a planned approach to the amount, type and frequency of supervision, employing a model that recognises individual learning styles
- facilitate the integration of theory with practice throughout the placement by formal and informal supervision demonstrated in the student's portfolio and the practice placement report
- identify the requirements for professional conduct and the opportunities for developing professional identity in the practice placement file
- enable the student to set time aside each week for independent study.

Fieldwork education statement 1 (9.1)			
As educational courses develop, there should be a placement agreement between the Higher Education Institution (HEI) and the case management service. There should be appropriate policies and procedures, sufficient facilities and resources to support practice education.			
Do you/does your service:	Yes	No	Comment and action required
▪ maintain a reciprocal relationship with the HEI which acknowledges the costs, benefits and resource requirements of providing practice education			
▪ ensure that practice education contributes to the learning culture of their service, supporting lifelong learning, continued competence and a work-life balance			
▪ develop a placement resource file including the operational policies and procedures that assure the quality of practice education (for example, health and safety, support available to both student and educator etc)			
▪ ensure mechanisms are in place to support students with diverse needs, to ensure compliance with the special education needs, disability and equal opportunities legislation			
▪ provide students with preparatory information before the placement starts and a comprehensive induction programme at the beginning of the placement, orientating the student and providing practical information and advice			
▪ ensure access to a range of resources, facilities and staff to support independent learning			
▪ ensure the students and the educator have clear support mechanisms within the placement and from the HEI.			

Fieldwork education statement 2 (9.2)			
The practice education provided within the service should contribute to the overall aims of the education programme, by helping students become fit to practise independently.			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that the practice curriculum reflects the international and national reference standards and benchmarks			
▪ base the practice curriculum upon a sound educational philosophy that is compatible with the values of case management			
▪ contribute to the development of the pre-registration curriculum			
▪ ensure that the curriculum is updated regularly to reflect contemporary practice, professional priorities for service development, research findings and policy initiatives.			
Fieldwork education statement 3 (9.3)			
There should be sufficient, properly prepared and supported practice placement educators to facilitate the achievement of students learning outcomes, while maintaining service delivery.			
Do you/does your service:	Yes	No	Comment and action required
▪ acknowledge the responsibilities placed on practice placement educators and their need to balance pre-registration education with caseload management			
▪ ensure that practice placement educators have sufficient time and availability to provide regular supervision and assessment (a minimum of one hour formal supervision per week)			
▪ ensure that there are appropriate arrangements to guarantee client safety and continuity of learning when the practice placement educator is absent			
▪ ensure that practice placement educators are aware of their duty of care to students and service users			
▪ recognise only people with sufficient experience and expertise as practice placement educators			
▪ support practice placement educators with relevant professional development activities.			

Fieldwork education statement 4 (9.4)			
A range of methods designed to promote trainee case managers' personal and professional development and help them achieve learning outcomes, should be employed during each placement.			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that each trainee has an individual learning agreement that reflects their learning needs, the module outcomes and the experience available			
▪ ensure that the learning, teaching and supervisory strategies promote continuing professional development towards entry level competence and are outlined in the placement resource file			
▪ use a range of learning methods and opportunities, including inter-professional learning, to enable the placement outcomes to be achieved			
▪ design all learning, teaching and supervisory methods so as to: assess and manage risk, ensure the safety, consent and confidentiality of service users and their carers, and demonstrate respect for others			
▪ use a planned approach to the amount, type and frequency of supervision, employing a model that recognises individual learning styles			
▪ facilitate the integration of theory with practice throughout the placement by formal and informal supervision demonstrated in the student's portfolio and the practice placement report			
▪ identify the requirements for professional conduct and the opportunities for developing professional identity in the practice placement file			
▪ enable the student to set time aside each week for independent study.			

10. SAFE WORKING PRACTICE

Health and safety law puts a duty on employers to ensure the health, safety and welfare of their employees, so far as is reasonable. Employees have a duty to care for their own health and safety, and to care for the health and safety of those who may be affected by what they do. These duties, under the Health and Safety at Work. etc. Act 1974 and the Management of Health and Safety at Work Regulations (1999), also apply to lone workers.

Risk management is having a strategy for managing potential risks and reducing the likelihood and effect of untoward incidents. This includes strategies that incorporate positive risk-taking aspects of case management which case managers frequently engage in so as to provide positive, realistic and meaningful interventions (adapted from Clarke 2000, p529).

Case managers have both professional and legal responsibilities to ensure safe moving and handling practice irrespective of their professional background (adapted from Tipping 2002, p181). The Manual Handling Operations Regulations (1992) specify that each employer shall, as far as is reasonably practicable, avoid the need for his/her employees to undertake any manual handling operations at work which involve a risk of their being injured. Where it is not practicable to avoid the need, they must make a suitable assessment of all manual handling operations, taking appropriate steps to reduce the risk of injury.

Identical duties are placed on self-employed workers in respect of their own safety.

10.1. *Safe working practice statement 1*

Case managers should take responsibility for systematically assessing and managing the risks involved in providing a service.

Case managers are required to:

- have clear, up to date policies, programmes or systems in place aimed at identifying and managing real or potential risk
- enable positive risks to be taken safely by service users, in cases where such risks are a necessary part of intervention
- assess the likelihood of risk to the health and safety of anyone affected by their activities
- clearly document the outcome of any risk assessment
- develop and implement risk management strategies to eliminate, avoid or reduce the likelihood of unwanted risk
- participate in training to prevent and manage violence at work, including abuse and harassment, where assessment shows there to be a risk
- ensure contingency plans are in place for risks that cannot be eliminated
- clearly document any decisions based upon the risk assessment, especially where a risk is taken in assessment or intervention
- adhere to local risk management policies and incident reporting procedures including and in relation to infectious diseases
- change practice where reviews of incidents indicate this may be necessary
- establish documentation and incident reporting procedures where there are none locally
- fully co-operate with the investigation of incidents if they occur
- identify and be aware of procedures to be carried out should an incident occur.

10.2. *Safe working practice statement 2*

Case managers who are lone workers or working alone away from their base, should take reasonable care of themselves and other people affected by their work and co-operate with their employers in meeting their legal obligations.

Case managers and case management services are required to:

- ensure that a risk assessment is made of lone working practice and that any risks or hazards are identified and documented
- be aware of and follow measures which avoid or control the risks/hazards associated with lone working
- ensure that the lone worker can handle all equipment/material used safely

- provide an appropriate level of supervision, based on the findings of the risk assessment
- provide a higher level of supervision for less experienced staff
- ensure that arrangements are in place for providing help when the risk assessment shows that it is not possible for the work to be done safely by a lone worker
- ensure that there is a system for monitoring the safety and well-being of the lone worker, or those working alone away from their base, such as regular telephone contact
- ensure that there is an emergency system in place should an incident occur.

10.3. Safe working practice statement 3

Case management staff should maintain an approach to moving and handling people that abides by the law and should also facilitate the active rehabilitation of the people in their care, enabling them to exercise control and autonomy in their lives.

Case managers and case management services are required to:

- exercise sound professional judgement in arriving at handling regimes that are sensitive to the needs and wishes of service users and their family/carers, and ensure that the welfare and autonomy of the person requiring lifting or moving is paramount
- acknowledge a service user's right of refusal and right of choice, placing emphasis on a working partnership that promotes dignity, privacy, safety and social inclusion
- avoid unnecessary manual handling operations which involve a risk of injury
- complete a formal risk assessment where an individual is assessed as having some dependency, to ensure that assistance is provided safely
- carry out and document appropriate actions and recommendations based upon the risk assessment
- take steps to ensure the risk of injury during those operations is as low as possible, and that others are not put at risk
- make full and proper use of any system for manual handling provided by the employer, knowing how to select and use equipment when appropriate
- inform the employer if hazardous handling activities are identified
- ensure that they are competent at handling people and up to date in techniques having attended local manual handling courses
- ensure that service staff who are untrained, unconfident or who have musculo-skeletal problems, do not perform tasks which will pose a risk to them
- ensure the service or team has an agreed protocol for manually handling patients.

10.4. Safe working practice statement 4

Case managers and case management services should use equipment appropriately and with regard to the safety of staff and those referred to the service.

Case managers and case management services are required to:

- select and use the most appropriate equipment for the task
- use equipment only for the purpose for which it was manufactured
- ensure the equipment is safe and hygienic for use
- provide adequate information and training to people and/or their carers, to ensure safe use of loan equipment
- store all equipment safely and securely
- handle equipment with regard to manual handling operations
- transport equipment safely, being adequately restrained within a vehicle.

Safe working practice statement 1 (10.1)			
Case managers should take responsibility for systematically assessing and managing the risks involved in providing a service.			
Do you/does your service:	Yes	No	Comment and action required
▪ have clear, up to date policies, programmes or systems in place aimed at identifying and managing real or potential risk			
▪ enable positive risks to be taken safely by service users, in cases where such risks are a necessary part of intervention			
▪ assess the likelihood of risk to the health and safety of anyone affected by your activities			
▪ clearly document the outcome of any risk assessment			
▪ develop and implement risk management strategies to eliminate, avoid or reduce the likelihood of unwanted risk			
▪ participate in training to prevent and manage violence at work, including abuse and harassment, where assessment shows there to be a risk			
▪ ensure contingency plans are in place for risks that cannot be eliminated			
▪ clearly document any decisions based upon the risk assessment, especially where a risk is taken in assessment or intervention			
▪ adhere to local risk management policies and incident reporting procedures including and in relation to infectious diseases			
▪ change practice where reviews of incidents indicate this may be necessary			
▪ establish documentation and incident reporting procedures where there are none locally			
▪ fully co-operate with the investigation of incidents if they occur			
▪ identify and be aware of procedures to be carried out should an incident occur.			

Safe working practice statement 2 (10.2)			
Case managers who are lone workers or working alone away from their base should take reasonable care of themselves and other people affected by their work and co-operate with their employers in meeting their legal obligations.			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that a risk assessment is made of lone working practice and that any risks or hazards are identified and documented			
▪ make yourself aware of and follow measures which avoid or control the risks/hazards associated with lone working			
▪ ensure that the lone worker can handle all equipment/material used safely			
▪ provide an appropriate level of supervision, based on the findings of the risk assessment			
▪ provide a higher level of supervision for less experienced staff			
▪ ensure that arrangements are in place for providing help when the risk assessment shows that it is not possible for the work to be done safely by a lone worker			
▪ ensure that there is a system for monitoring the safety and well being of the lone worker, or those working alone away from their base, such as regular telephone contact			
▪ ensure that there is an emergency system in place should an incident occur.			
Safe working practice statement 3 (10.3)			
Case managers should maintain an approach to moving and handling people that abides by the law and should also facilitate the active rehabilitation of the people in their care, enabling them to exercise control and autonomy in their lives.			
Do you/does your service:	Yes	No	Comment and action required
▪ exercise sound professional judgement in arriving at handling regimes that are sensitive to the needs and wishes of service users and their family/carers, and ensure that the welfare and autonomy of the person requiring lifting or moving is paramount			
▪ acknowledge a service user's right of refusal and right of choice, placing emphasis on a working partnership that promotes dignity, privacy, safety and social inclusion			
▪ avoid unnecessary manual handling operations which involve a risk of injury			

Safe working practice statement 3 (10.3) cont...			
▪ complete a formal risk assessment where an individual is assessed as having some dependency, to ensure that assistance is provided safely.			
▪ carry out and document appropriate actions and recommendations based upon the risk assessment			
▪ take steps to ensure the risk of injury during those operations is as low as possible, and that others are not put at risk			
▪ make full and proper use of any system for manual handling provided by the employer, knowing how to select and use equipment when appropriate			
▪ inform the employer if hazardous handling activities are identified			
▪ ensure that they are competent at handling people and up to date in techniques having attended local manual handling courses			
▪ ensure that service staff who are untrained, unconfident or who have musculo-skeletal problems, do not perform tasks which will pose a risk to them			
▪ ensure the service or team has an agreed protocol for manually handling patients.			
Safe working practice statement 4 (10.4)			
Case managers and case management services should use equipment appropriately and with regard to the safety of staff and those referred to the service.			
Do you/does your service:	Yes	No	Comment and action required
▪ select and use the most appropriate equipment for the task			
▪ use equipment only for the purpose for which it was manufactured			
▪ ensure the equipment is safe and hygienic for use			
▪ provide adequate information and training to people and/or their carers, to ensure safe use of loan equipment			
▪ store all equipment safely and securely			
▪ handle equipment with regard to manual handling operations			
▪ transport equipment safely, being adequately restrained within a vehicle.			

11. RESEARCH ETHICS

The conduct and ethics of research in the NHS has become subject to a range of standards, which are applicable in independent practice. Recently, research governance frameworks for health and social care in the United Kingdom have been published. Recent legislation and guidance documents have formed part of the political framework acknowledging public concern about health research and issues around informed consent.

Case managers should refer to their local ethics committee or MREC (Multiple Research Ethics Committee) on research before beginning any project.

11.1. *Research ethics statement 1*

Case managers who undertake research should take steps to prevent or minimise harm to participants, researchers or others throughout the research.

Case managers who undertake research are required to:

- judge whether a research method is likely to affect the well-being of participants, researchers or others
- identify and address any potential risks which might arise in the course of the research
- justify the research methods and processes used, demonstrating why alternative approaches involving less risk or intrusion cannot be used
- justify any intervention used in the course of the research
- place the welfare of participants above the needs of the research and the researchers
- ensure that appropriate support is available to both participants and researchers throughout the research and beyond.

11.2. *Research ethics statement 2*

Case managers who undertake research should take steps to maximise the potential benefits of research.

Case managers who undertake research are required to:

- make explicit the intended value of the research for participants, researchers, the profession, the research community and/or society
- identify and state clearly from the outset the potential benefits (or absence of them) of the research
- design and conduct research in a methodologically rigorous manner
- disseminate research findings in a format that would reach the proper audience.

11.3. *Research ethics statement 3*

Case managers who undertake research should respect everyone involved in research as true partners.

Case managers who undertake research are required to:

- respect cultural, religious, gender and other differences in a research population
- acknowledge the possibility of a power relationship between themselves and participants, and avoid exploiting that power
- identify and acknowledge any undue influences which might exist if the researchers have had a relationship of trust with the participants.

11.4. *Research ethics statement 4*

Case managers who undertake research should create circumstances in which participants are able to act on their own, freely made decisions.

Case managers who undertake research are required to:

- explain research procedures, including any potential benefits or harm, in a way that can be understood by each potential participant
- give sufficient time for potential participants who are able to give consent to consider whether or not to participate

- ensure that potential participants who decline to participate suffer no detriment because of their decision
- allow potential participants to withdraw freely from the research at any time without giving a reason and suffer no detriment as a result
- withdraw and destroy a participant's data if he or she so requests, provided that the data can be identified
- refrain from using any coercion or inducement to persuade potential participants to participate in research
- identify and clearly state from the outset any potential risks involved in participation and discuss these with participants.

11.5. Research ethics statement 5

Case managers who undertake research should act with integrity and honesty.

Case managers who undertake research are required to:

- take steps to avoid deceiving or misleading, or withholding information from, participants and potential participants
- act with integrity and honesty in stating what they intend to do in their research and in conducting the research
- act with integrity and honesty in collecting, storing, analysing and interpreting data and in presenting their results
- take care not to raise expectations of improved service provision as a result of participation in research.

11.6. Research ethics statement 6

Case managers who undertake research should act with impartiality and fairness.

Case managers who undertake research are required to:

- have a valid reason for deciding to include or exclude any groups or service user/s in the research
- attempt to validate the accuracy of information given by those advocating or interpreting for participants.

11.7. Research ethics statement 7

Case managers who undertake research should establish and maintain the confidentiality and/or anonymity of participants.

Case managers who undertake research are required to:

- explain clearly, during the process of obtaining informed consent, any limits to confidentiality and anonymity
- obtain explicit consent from potential participants before accessing personal information about them
- design and put into place procedures to ensure the confidentiality and anonymity of participants
- store data securely and destroy them at the appropriate time.

Research ethics statement 1 (11.1) Case managers who undertake research should take steps to prevent or minimise harm to participants, researchers or others throughout the research.			
Do you/does your service:	Yes	No	Comment and action required
▪ judge whether a research method is likely to affect the well-being of participants, researchers or others			
▪ identify and address any potential risks which might arise in the course of the research			
▪ justify the research methods and processes used, demonstrating why alternative approaches involving less risk or intrusion cannot be used			
▪ justify any intervention used in the course of the research			
▪ place the welfare of participants above the needs of the research and the researchers			
▪ ensure that appropriate support is available to both participants and researchers throughout the research and beyond.			
Research ethics statement 2 (11.2) Case managers who undertake research should take steps to maximise the potential benefits of research.			
Do you/does your service:	Yes	No	Comment and action required
▪ make explicit the intended value of the research for participants, researchers, the profession, the research community and/or society			
▪ identify and state clearly from the outset the potential benefits (or absence of them) of the research			
▪ design and conduct research in a methodologically rigorous manner			
▪ disseminate research findings in a format that would reach the proper audience.			

Research ethics statement 3 (11.3)			
Case managers who undertake research should respect everyone involved in research as true partners.			
Do you/does your service:	Yes	No	Comment and action required
▪ respect cultural, religious, gender and other differences in a research population			
▪ acknowledge the possibility of a power relationship between themselves and participants, and avoid exploiting that power			
▪ identify and acknowledge any undue influences which might exist if the researchers have had a relationship of trust with the participants.			
Research ethics statement 4 (11.4)			
Case managers who undertake research should create circumstances in which participants are able to act on their own, freely made decisions.			
Do you/does your service:	Yes	No	Comment and action required
▪ explain research procedures, including any potential benefits or harm, in away that can be understood by each potential participant			
▪ give sufficient time for potential participants who are able to give consent to consider whether or not to participate			
▪ ensure that potential participants who decline to participate suffer no detriment because of their decision			
▪ allow potential participants to withdraw freely from the research at any time without giving a reason and suffer no detriment as a result			
▪ withdraw and destroy a participant's data if he or she so requests, provided that the data can be identified			
▪ refrain from using any coercion or inducement to persuade potential participants to participate in research			
▪ identify and clearly state from the outset any potential risks involved in participation and discuss these with participants.			

Research ethics statement 5 (11.5)			
Case managers who undertake research should act with integrity and honesty.			
Do you/does your service:	Yes	No	Comment and action required
▪ take steps to avoid deceiving or misleading, or withholding information from, participants and potential participants			
▪ act with integrity and honesty in stating what they intend to do in their research and in conducting the research			
▪ act with integrity and honesty in collecting, storing, analysing and interpreting data and in presenting their results			
▪ take care not to raise expectations of improved service provision as a result of participation in research.			
Research ethics statement 6 (11.6)			
Case managers who undertake research should act with impartiality and fairness.			
Do you/does your service:	Yes	No	Comment and action required
▪ have a valid reason for deciding to include or exclude any groups or a service user/s in the research.			
▪ attempt to validate the accuracy of information given by those advocating or interpreting for participants.			
Research ethics statement 7 (11.7)			
Case managers who undertake research should establish and maintain the confidentiality and/or anonymity of participants.			
Do you/does your service:	Yes	No	Comment and action required
▪ explain clearly, during the process of obtaining informed consent, any limits to confidentiality and anonymity			
▪ obtain explicit consent from potential participants before accessing personal information about them			
▪ design and put into place procedures to ensure the confidentiality and anonymity of participants			
▪ store data securely and destroy them at the appropriate time.			

12. PEOPLE WHO PROVIDE SUPPORT AND ASSISTANCE

In meeting the needs of the client, case managers draw upon the resources of people who provide support and assistance. This may be in a professional, voluntary or familial capacity. The term “carer” is often used to describe people who undertake a variety of activities, but this is frequently thought to mean physical or personal assistance. Since case management has a broad remit the term “*people who provide support and assistance*” is more encapsulating and includes everyone who contributes physical, psychological and social support and assistance to enable rehabilitation by “***a process of active change by which a person who has become disabled acquires the knowledge and skills needed for optimal physical, psychological and social function***” [Wilson and McLellan 1997].

The Care Standards Act, 2000 did not include a definition of “personal care” (except that regulations may be made excluding prescribed activities from personal care). Its established, ordinary meaning includes four main types of care which are:

- 1 Assistance with bodily functions such as feeding, bathing and toileting.
- 2 Care falling just short of assistance with bodily functions, but still involving physical and intimate touching, including activities such as helping a person get out of a bath and helping them to get dressed.
- 3 Non-physical care, such as advice, encouragement and supervision relating to the foregoing, such as prompting a person to take a bath and supervising them during this.
- 4 Emotional and psychological support, including the promotion of social functioning, behaviour management, and assistance with cognitive functions.

12.1. *People who provide support and assistance statement 1*

The case manager will provide the information to allow users or their families to make an informed decision regarding their training needs to people providing support and assistance.

Case managers are required to:

- ensure that the learning, teaching and supervisory strategies promote competence and where relevant, continuing professional development
- use a range of teaching methods and opportunities, including inter-disciplinary learning where appropriate
- design all learning, teaching and supervisory methods so as to assess and manage risk, ensure the safety, consent and confidentiality of service users and demonstrate respect for others
- use a planned approach to the amount, type and frequency of training, by employing a model that recognises individual learning styles
- facilitate the integration of theory with practice by formal and informal supervision.

12.2. *People who provide support and assistance statement 2*

Case managers will identify training needs and see evidence of mandatory training completed, when support and assistance is delivered by paid care staff.

Case managers are required to:

- monitor training delivery to paid care staff
- initiate training where appropriate in accordance with current legislation.

12.3. *People who provide support and assistance statement 3*

The case manager will show evidence of planning to deal with emergencies that occur out of hours which would inadvertently affect service users.

Case managers are required to:

- have a contingency plan in case of out of hours emergencies.

12. Audit tool form Date PEOPLE WHO PROVIDE SUPPORT AND ASSISTANCE

People who provide support and assistance statement 1 (12.1)			
The case manager will provide the information to allow users or their families to make an informed decision regarding their training needs to people providing support and assistance.			
Do you/does your service:	Yes	No	Comment and action required
▪ ensure that the learning, teaching and supervisory strategies promote competence and where relevant, continuing professional development			
▪ use a range of teaching methods and opportunities, including inter-disciplinary learning where appropriate			
▪ design all learning, teaching and supervisory methods so as to assess and manage risk, ensure the safety, consent and confidentiality of service users and demonstrate respect for others			
▪ use a planned approach to the amount, type and frequency of training, by employing a model that recognises individual learning styles			
▪ facilitate the integration of theory with practice by formal and informal supervision.			
People who provide support and assistance statement 2 (12.2)			
Case managers will identify training needs and see evidence of mandatory training completed, when support and assistance is delivered by paid care staff.			
Do you/does your service:	Yes	No	Comment and action required
▪ monitor training delivery to paid care staff			
▪ initiate training where appropriate in accordance with current legislation.			
People who provide support and assistance statement 3 (12.3)			
The case manager will show evidence of planning to deal with emergencies that occur out of hours which would inadvertently affect service users.			
Do you/does your service:	Yes	No	Comment and action required
▪ have a contingency plan in case of out of hours emergencies.			

13. SERVICE USER PROTECTION

This standard identifies aspects that need to be addressed to ensure that services that the case manager provides are as safe as possible. Vulnerable adults and children are particularly susceptible to abuse for many different reasons ranging from dependency on others for personal care to difficulties in communication.

The Care Standards Act 2000 defines abuse or exploitation as physical, financial, psychological, sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment through deliberate intent, negligence or ignorance (Domiciliary Care Standards, Standard 14).

In order to meet this standard, the case manager or case management organisations must be able to provide evidence of a clear policy statement and procedures in place to demonstrate their commitment to guaranteeing the safety of all children and vulnerable adults for whom they provide case management. This includes agreed statements for code of conduct, appropriate behaviour, record keeping, risk assessments and evidence of staff training.

Case managers/case management organisations should have training and education to raise their awareness of child/vulnerable adult protection issues and have a working knowledge of how to spot signs of abuse and how to take decisive action and respond to allegations or suspicions.

Current employment legislation and guidelines should be adhered to ensure proper recruitment and selection of employees to work with service users because this is one of the most sensible and effective ways of assessing an applicant's suitability, and may in itself act as a deterrent to potential abusers.

Everyone has the right:

- To be safe and protected from abuse in any form.
- To protect their own bodies.
- To say 'no'.
- To get help against any form of bullying.
- To tell.
- To be believed.

13.1. Service user protection statement 1

Case managers/case management organisations accept and recognise their responsibilities to develop awareness of the issues that can cause service users harm.

Case managers are required to:

- have a rigorous recruitment and selection procedure that meets the requirements of legislation and ensures the protection of service users and their carers as outlined in Standard 17 of the Domiciliary Care Standards Act 2000
- adopt protection guidelines through agreed procedures and a code of conduct for staff
- share information about protection and good practice with the service users, families, staff and other practitioners and agencies
- share information about concerns with agencies who need to know, and involving families appropriately as stated in the Children Act 1989 and "No Secrets - guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" (DOH 2000)
- keep informed in respect of the procedures for recruitment and selection and induction training for staff and volunteers
- provide effective support for inexperienced staff through mentorship and role modelling.

13.2. Service user protection statement 2

Case managers will teach service users about their rights. Where this is not possible, they will ensure those rights are preserved.

Case managers are required to:

- Provide suitable educational materials to enable service users to know their rights to be safe from an abuse
- tell service users that no one should take away their right to be safe
- treat all service users with respect and to create an environment where children and adults feel comfortable enough to point out attitudes or behaviour they do not like
- provide a written Code of Conduct
- respect the service user's right to personal privacy
- be aware that physical contact with a service user may be misinterpreted
- challenge unacceptable behaviour and report all allegations/suspensions of abuse immediately following current legislation, procedures and guidelines
- believe and support service users when they seek help or advice
- recognise that special care is required when sensitive issues are being discussed
- assure service users that arrangements will be made for them to talk in confidence about their concerns
- assure service users that arrangements will be made for them to talk to appropriate others if they feel unable to talk to the immediate team.

Service user protection statement 1 (13.1)			
Case managers/case management organisations accept and recognise their responsibilities to develop awareness of the issues that cause service users harm.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ have a rigorous recruitment and selection procedure that meets the requirements of legislation and ensures the protection of service users and their carers as outlined in Standard 17 of the Domiciliary Care Standards Act 2000 			
<ul style="list-style-type: none"> ▪ adopt protection guidelines through agreed procedures and a code of conduct for staff 			
<ul style="list-style-type: none"> ▪ share information about protection and good practice with service users, families, staff and other practitioners and agencies 			
<ul style="list-style-type: none"> ▪ share information about concerns with agencies that need to know, and involving families appropriately as stated in with the Children Act 1989 and 'No Secrets' document 			
<ul style="list-style-type: none"> • keep informed in respect of the procedures for recruitment and selection and induction training for staff and volunteers 			
<ul style="list-style-type: none"> ▪ provide effective support for inexperienced staff through mentorship and role modelling. 			

Service user protection statement 2 (13.2)			
Case managers will teach service users about their rights. Where this is not possible, they will ensure those rights are preserved.			
Do you/does your service:	Yes	No	Comment and action required
▪ provide suitable educational materials to enable service users to know their rights to be safe from abuse.			
▪ tell service users that no one should take away their right to be safe			
▪ treat all service users with respect and create an environment where children and adults feel comfortable enough to point out attitudes or behaviour they do not like			
▪ provide a written Code of Conduct			
▪ respect a service user's right to personal privacy			
▪ demonstrate awareness that physical contact with a service user may be misinterpreted			
▪ challenge unacceptable behaviour and report all allegations/suspicions of abuse immediately following current legislation, procedures and guidelines			
▪ believe and support service users when they seek help or advice			
▪ recognise that special care is required when sensitive issues are being discussed.			
▪ assure service users that arrangements will be made for them to talk in confidence about their concerns.			
▪ assure service users that arrangements will be made for them to talk to appropriate others if they feel unable to talk to the immediate team.			

14. REPORTING ABUSE

Recognising and reporting suspected or actual abuse

The ability to recognise abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. Abuse is not always readily visible, but case managers might have the feeling that something is wrong. In all situations it is important to record details of the intuitive reasons for concern, an allegation or reported incident, regardless of whether or not the concerns are shared with a statutory protection agency or the police.

14.1. *Reporting abuse statement 1*

The case manager/case management organisation will adhere to recognised best practice in recognising and reporting suspected or actual abuse

Case managers and case management organisations are required to:

- have clear guidelines which clarify what abuse is, how to report it and how to respond to an allegation or expression of concern
- have clear written procedures, including good record-keeping, which describe what actions must be taken following the receipt of an allegation of abuse
- have accessible details of support services available with contact names and telephone numbers.

Reporting abuse statement 1 (14.1)			
The case manager/case management organisation will adhere to recognised best practice in recognising and reporting suspected or actual abuse.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ have clear guidelines which clarify what abuse is, how to report it and how to respond to an allegation or expression of concern 			
<ul style="list-style-type: none"> ▪ have clear written procedures, including good record-keeping, which describe what actions must be taken following the receipt of an allegation of abuse 			
<ul style="list-style-type: none"> ▪ have accessible written details of support services available with contact names and telephone numbers. 			

15. THE CASE MANAGER AS PRACTITIONER

The case manager must protect the health and well-being of people who use their services. This means that the case manager must always keep high standards of conduct, behaviour, performance and ethics.

15.1 *Case manager as practitioner statement 1*

Case managers should demonstrate professional responsibility and accountability in accordance with their discipline, training and experience.

Case managers are required to:

- practice within the legal and ethical boundaries of their discipline, experience, qualifications, training and terms of insurance
- practice in a safe, effective, ethical, equitable and non-discriminatory manner
- keep high standards of personal conduct.
- Know the limits of their experience/practice and when to seek advice
- exercise a duty of care
- understand the importance of maintaining your own health/care to ensure fitness for practice.

15.2 *Case manager as practitioner statement 2*

Case managers should maintain effective communication systems.

Case managers are required to:

- demonstrate effective and appropriate skills in communicating advice, information, instruction and opinions to service users, their representatives, support staff, professional colleagues and other agencies
- communicate in English to the standard equivalent to level 7 of the international English Language Testing System
- understand the need to use an interpreter to assist service user whose first language is not English, where appropriate
- demonstrate awareness of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed choices
- recognise that rapport with service user should be based on mutual respect and trust even in situations of personal incompatibility
- recognise the need to use interpersonal skills to encourage active participation of service user
- build therapeutic and professional rapport with service user and others.

15.3 *Case manager as practitioner statement 3*

Case managers should ensure that service to service users is effectively managed using evidence based practice which is in line with current national guidelines frameworks standards and legislation.

Case managers are required to:

- demonstrate that the welfare, health and safety of service users are promoted and protected in accordance with current national guidelines frameworks standards and legislation.
- demonstrate that they have a user-friendly complaints policy
- promote a service user centred approach
- outline clearly the accessibility of your service, within office hours, out of hours or on call facility.

Case manager as practitioner statement 1 (15.1)			
Case managers should demonstrate professional responsibility and accountability in accordance with their discipline, training and experience.			
Do you/does your service:	Yes	No	Comment and action required
▪ practice within the legal and ethical boundaries of your discipline, experience, qualifications, training and terms of insurance			
▪ practice in a safe, effective, ethical equitable and non-discriminatory manner			
▪ keep high standards of personal conduct			
▪ know the limits of your experience/ practice and when to seek advice			
▪ exercise a duty of care			
▪ understand the importance of maintaining your own health/care to ensure fitness for practice.			
Case manager as practitioner statement 2 (15.2)			
Case managers should maintain effective communication systems.			
Do you/does your service:	Yes	No	Comment and action required
▪ demonstrate effective and appropriate skills in communicating advice, information, instruction and opinions to service users, their representatives, support staff, professional colleagues and other agencies			
▪ communicate in English to the standard equivalent to level 7 of the international English Language Testing System			
▪ understand the need to use an interpreter to assist service users whose first language is not English, where appropriate			
▪ demonstrate awareness of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status			
▪ understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed choices			
▪ recognise that rapport with service users should be based on mutual respect and trust even in situations of personal incompatibility			
▪ recognise the need to use interpersonal skills to encourage active participation of service users			
▪ build therapeutic and professional rapport with service user and others.			

Case manager as practitioner statement 3 (15.3)			
Case managers ensure that service is effectively managed using evidence based practice which is in line with current national guidelines frameworks standards and legislation.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ demonstrate that the welfare, health and safety of service users are promoted and protected in accordance with current national guidelines, frameworks, standards and legislation. 			
<ul style="list-style-type: none"> ▪ have a user-friendly complaints policy 			
<ul style="list-style-type: none"> ▪ promote a service user centred approach 			
<ul style="list-style-type: none"> ▪ outline clearly the accessibility of your service, within office hours, out of hours or on call facility. 			

16. BUSINESS PRACTICE

Many case managers work in independent practice rather than in the statutory sectors. These recommendations seek to help those case managers who are either self-employed or working within a case management company to achieve and maintain good business practice.

16.1 *Business practice statement 1*

The case management service provides a clear business identity for customers.

Case management services are required to:

- clearly define for themselves and others the legal trading status of the business: sole trader, partnership, limited company
- define in writing the objectives and scope of professional and business practice including the nature of the service and how the service is delivered.

16.2 *Business Practice Statement 2*

The case manager ensures that the business is robust and is protected as far as possible against risk.

Case management services are required to:

- demonstrate awareness of the requirements placed on you to adhere to Inland Revenue, National Insurance and Data Protection regulations
- demonstrate awareness and adhere to good practice and the law (dependent on the nature, size or location of the practice) pertaining to areas such as:
 - Employment Law
 - Customs and Excise (VAT) regulations
 - Health and Safety Law
 - Supply of Goods and Services Act 1982
 - National Care Standards
 - Criminal Records Bureau requirements
 - Disability Discrimination Act
 - Confidentiality: NHS Code of Practice
- carry professional, public and product indemnity, relevant to the business, and employer's liability if employing staff (the certificate has to be displayed and product indemnity if supplying products)
- agree to continue the professional indemnity and other insurance for the necessary period of years following cessation of practice to cover the lapse of time allowed in law for possible claims to be made
- have a system of financial record keeping and accounting in accordance with relevant legal, tax and accounting practice. There is an annual financial audit or accounts review
- have a strategy for reflecting on business progress and planning future business development
- set and maintain a clear fee structure, regularly reviewed, which fairly reflects the nature of the business undertaken
- pro-actively and responsibly manage financial planning and cash flow
- have terms of business in written form readily available for each customer
- have a contract in written form to cover each piece of work, agreed prior to commencement of that work and to include all likely fees
- obtain and document authorisation from the fund holder for any expenditure in a case.
- agree not to canvas individuals/case managers of any previous employer according to the terms of any contract with that employer.

16.3 *Business practice statement 3*

The case manager will strive to ensure a quality business.

The case manager is required to:

- take responsibility for updating knowledge of current business issues relevant to the service
- take responsibility for ensuring adequate mentoring and advice for business development
- maintain records, which are clear and accurate, facilitating an optimum service to service users and satisfying legal and good business requirements
- have a clear system in place for recording and managing complaints and other customer feedback, and clarifying lines of accountability
- give and adhere to clear timescales for the customer with respect to enquiries, and completion of reports and other work agreed, providing supporting documentation where relevant.

16.4 *Business practice statement 4*

The case manager will promote their business honestly.

The case manager is required to:

- advertise and market the service with honesty without inflated claims, and according to any relevant professional codes regarding advertising
- only use logos that you or the service are legally entitled to use. The CMSUK logo is copyright and cannot be used without permission
- ensure that there are sufficient resources and expertise to deliver the service advertised or that they may be commissioned to provide
- present a comprehensive range of information to service users on the range of relevant options, services, products or suppliers to ensure that needs and choices are not compromised by the case manager.
- declare any conflict of interest, pecuniary or otherwise, to all relevant parties.

Business practice statement 1 (16.1)			
The case management service provides a clear business identity for customers.			
Do you/does your service;	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ clearly define for yourself and others the legal trading status of the business: sole trader, partnership, limited company 			
<ul style="list-style-type: none"> ▪ define in writing the objectives and scope of professional and business practice including the nature of the service and how the service is delivered. 			
Business practice statement 2 (16.2)			
The case manager ensures that the business is robust and is protected as far as possible against risk.			
Do you/does your service:	Yes	No	Comment and action required
<ul style="list-style-type: none"> ▪ demonstrate awareness of the requirements placed on you to adhere to Inland Revenue, National Insurance and Data Protection regulations 			
<ul style="list-style-type: none"> ▪ demonstrate awareness and adhere to good practice and the law (dependent on the nature, size or location of the practice) pertaining to areas such as: <ul style="list-style-type: none"> i) Employment Law ii) Customs and Excise (VAT) regulations iii) Health and Safety Law iv) Supply of Goods and Services Act 1982 v) National Care Standards vi) Criminal Records Bureau requirements vii) Disability Discrimination Act viii) Confidentiality: NHS Code of Practice 			
<ul style="list-style-type: none"> ▪ carry professional, public and product indemnity, relevant to the business, and employer's liability if employing staff (the certificate has to be displayed and product indemnity if supplying products). 			

Business practice statement 2 (16.2) cont...			
<ul style="list-style-type: none"> ▪ agree to continue the professional indemnity and other insurance for the necessary period of years following cessation of practice to cover the lapse of time allowed in law for possible claims to be made 			
<ul style="list-style-type: none"> ▪ have a system of financial record keeping and accounting in accordance with relevant legal, tax and accounting practice. There is an annual financial audit or accounts review 			
<ul style="list-style-type: none"> ▪ have a strategy for reflecting on business progress and planning future business development. 			
<ul style="list-style-type: none"> ▪ set and maintain a clear fee structure, regularly reviewed, which fairly reflects the nature of the business undertaken 			
<ul style="list-style-type: none"> ▪ pro-actively and responsibly manage financial planning and cash flow. 			
<ul style="list-style-type: none"> ▪ have terms of business in written form readily available for each customer 			
<ul style="list-style-type: none"> ▪ have a contract in written form to cover each piece of work, agreed prior to commencement of that work and to include all likely fees 			
<ul style="list-style-type: none"> ▪ obtain and document authorisation from the fund holder for any expenditure in a case. 			
<ul style="list-style-type: none"> ▪ agree not to canvas individuals/case managers of any previous employer according to the terms of any contract with that employer. 			

Business practice statement 3 (16.3)			
The case manager will strive to ensure a quality business.			
Do you/does your service:	Yes	No	Comment and action required
▪ take responsibility for updating knowledge of current business issues relevant to the service			
▪ take responsibility for ensuring adequate mentoring and advice for business development			
▪ maintain records, which are clear and accurate, facilitating an optimum service to service users and satisfying legal and good business requirements			
▪ have a clear system in place for recording and managing complaints and other customer feedback, and clarifying lines of accountability			
▪ give and adhere to clear timescales for the customer with respect to enquiries, and completion of reports and other work agreed, providing supporting documentation where relevant.			
Business practice statement 4 (16.4)			
The case manager will promote their business honestly.			
Do you/does your service	Yes	No	Comment and action required
▪ advertise and market the service honestly without inflated claims, and according to any relevant professional codes regarding advertising			
▪ only use logos that you or the service are legally entitled to use. The CMSUK logo is copyright and cannot be used by without permission			
▪ ensure that there are sufficient resources and expertise to deliver the service advertised or that you may be commissioned to provide			
▪ present a comprehensive range of information to service users on the range of relevant options, services, products or suppliers to ensure that needs and choices are not compromised by the case manager.			
▪ declare any conflict of interest, pecuniary or otherwise, to all relevant parties.			

GLOSSARY OF TERMS

The original source for many of the definitions in this glossary have been taken from Creek (2003 Occupational Therapy Defined As A Complex Intervention). Most are distillations of various people's definitions and/or general dictionaries. The original sources may be found in the above document.

Action plan (treatment plan):	Specification of the approach to be used and the actions to be taken by the case manager and service user towards solving identified problems or reaching agreed goals.
Action planning (treatment planning):	A collaborative endeavour between the case manager, the service user, the person providing support and assistance and the treatment team to devise a unique approach that meets the needs of the service user in a particular set of circumstances.
Activities of daily living:	Basic activities required to maintain personal health and well-being.
Aim:	A brief statement of the general purpose which treatment or intervention will be planned to achieve.
Appraisal (critical appraisal):	A systematic way of considering the truthfulness of a piece of research, the results and how relevant and applicable they are, in order to make a decision about whether any flaws are important enough to raise doubts about the conclusions arising from the research.
Approach:	The methods by which theories are put into practice and case management is delivered.
Assessment:	The process of collecting accurate and relevant information about a service user in order to set baselines and to monitor and measure the outcomes of therapy or intervention. The art of gathering relevant information in order to define the problem to be tackled, or identify the goal to be attained, and to establish a baseline for treatment planning.
Audit:	The systematic and critical analysis of the quality of clinical care including diagnostic and treatment procedures, associated use of resources, outcomes and quality of life for people seen by the service.
Autonomy:	Personal freedom; freedom of will; the capacity to make choices; the ability to govern one's own actions.
Case Management	A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes.
Case manager who undertakes research:	Any case management personnel involved in any part of the research process, other than as participants.
Choice:	The power, right or faculty of deciding between possibilities; a scope or field of possibilities.
Clinical reasoning:	The mental strategies and high-level cognitive patterns and processes that underlie the process of naming, framing and solving problems and that enable the case manager to reach decisions about the best course of action. Clinical reasoning

translates the knowledge, skills and values of the case manager into action and ensures that case managers practise case management and not some other form of intervention.

Continuing professional development:

Movement along the continuum of competence required by practitioners, educators, managers and researchers to provide services based upon evidence of effectiveness and best value. This can be achieved through informal and formal learning.

Enablement/enabling:

The process of helping the service user to achieve what is important to her/him, to respond to her/his circumstances, to assert her/his individuality and establish her/his goals.

Environment:

The human and non-human surroundings of the individual, including objects, people, events, cultural influences, social norms and expectations. Environmental factors make up the physical, social and psychological attitudinal environment in which people live and conduct their lives.

Environmental adaptation:

Changing the physical or social features of an environment in order to enhance performance, promote or restrict a behaviour, provide therapy or enable an activity.

Ethics:

The formal, co-operative endeavour of a particular tradition, group or individual to define its values and moral principles.

Evaluation:

The process of using clinical reasoning, problem analysis, self appraisal and review to interpret the results of assessment in order to make judgements about the situation or needs of an individual, the success of case management or the case manager's own performance.

Evidence:

Facts or testimony in support of a conclusion, statement or belief. Can include the findings from high-quality, systematic research, clinical expertise, past experience, information gathered from assessment and the preferences of people seen by the service.

Evidence-based practice:

The conscious, explicit and judicious use of current best available evidence in making decisions about the care of individual people. It is a way for staff to be more accountable in the interventions they provide.

Function:

The ability to perform competently the roles and occupations required in the course of daily life; an action performed to fulfil an allocated task.

Functional assessment (functional analysis):

Part of the assessment process that looks at the roles and occupations performed by the service user in her/his daily life, including self-care, productivity and leisure, and at her/his capabilities and problem areas. Functional assessment allows the case manager to identify areas of difficulty, determine level of independence, make recommendations about care needs, find out what meaning the individual places on different aspects of life, identify areas needing further assessment and set the main goals of intervention.

Goal:

A concise statement of a desired outcome or specific result to be attained at a particular stage in an intervention.

Governance:	The processes and systems in place to ensure that quality is provided, while making best use of resources.
Independence:	The position of not being dependent on authority; not relying on others for one's opinions or behaviours; being able to do things for oneself; having choice, control and participation in society.
Intervention:	Case management intervention (Intervention): Actions taken by the case manager on behalf of the service user.
Lone workers:	Those who work by themselves without close or direct supervision, including peripatetic professionals working away from their fixed bases.
Manual handling:	"Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force." (Great Britain, Parliament 1992, Regulation 2)
Model for practice:	A simplified representation of the structure and content of a phenomenon or system that describes or explains certain data or relationships and integrates elements of theory and practice.
Occupation:	The highest level of complexity of human function, which provides longitudinal organisation of time and effort in a person's life. Occupation defines and organises a sphere of action over a period of time and is perceived by the individual as part of her/his personal and social identity.
Outcome measurement:	Evaluation of the nature and degree of change brought about by intervention, or the extent to which a goal has been reached or an outcome has been achieved.
Outcome:	An agreed, clearly defined, expected or desired result of intervention (predetermined outcome); the result of therapeutic processes, which may be different from the initial objectives of therapy (actual results of therapy).
Person-centred practice:	A partnership between the case manager and service user in which the service user's goals are given priority during assessment and treatment. The case manager listens to and respects the service user's standards and adapts the intervention to meet their needs. The service user actively participates in negotiating goals for intervention and making decisions.
Policy/local policy:	A principle or guideline that governs an activity and that employees or members of an institution or organisation are expected to follow.
Problem solving:	A set of cognitive strategies used to resolve difficulties; the analytical process whereby a course of action is decided upon, or one or more solutions to a problem are found and tried out until one is found to be effective.
Professional	Suitable for, or engaged in a profession. Engaging in an activity for gain or as a means of livelihood. Extremely competent in a job. A person who belongs to or engages in one of the professions. A person who engages for his livelihood in some activity also pursued by amateurs. A person who engages in an activity with great competence.

Professional competence:	The combination of knowledge, skills and behaviour required to perform the role of a case manager.
Professional experience:	The aptitudes, skills, knowledge and judgement acquired from having been occupied for a period of time in any branch or branches of case management practice.
Professional responsibility:	Being accountable for carrying out the duties required of a case manager and for one's actions.
Professional role:	The responsibilities and functions expected of someone in a particular job or position.
Record keeping:	Systems for collecting, collating and storing information about people.
Records:	Detailed accounts, kept by professionals, of people from the time they enter the care of a health or social care facility until the intervention ends or they are discharged. Records include the actions of the professional.
Referral:	The process by which a case manager comes into contact with a person with case management needs or puts the person in contact with another, appropriately qualified/ experienced professional or with another agency.
Reflection:	Self-monitoring of thoughts and feelings, and self-regulation of actions, leading to more effective practice, increased insight, new knowledge and improved skills. Reflection in action involves thinking about oneself during the therapy process and acting on feedback. Reflection after the event involves returning to, recalling and re-evaluating the experience.
Rehabilitation:	The process through which a service user is helped to adjust to the limitations of her/his disability by developing residual capacities and regaining maximum competence commensurate with individual limitations.
Research:	A search or investigation undertaken to discover facts and reach new conclusions by the critical study of a subject or by a course of scientific enquiry.
Resources:	Includes equipment (such as standardised assessments), IT equipment, office space, staffing, etc.
Risk:	Exposure to the possibility of loss, injury or other adverse circumstance.
Risk assessment:	The systematic evaluation of local risk factors, carried out to determine the degree to which risk is present and to develop a risk management strategy.
Risk management:	Weighing up the potential benefits and risks of an activity in order to allow positive risk taking to take place; having a strategy for dealing with potential risks in order to reduce the likelihood and effect of harm.
Service User	The person who receives case management services.

- Skill:** A specific ability or integrated set of abilities (e.g. motor, sensory, cognitive or perceptual) which evolve with practice. Skills have to be learnt or practised to a standard that will enable the effective performance of a task or subsection of a task.
- Supervision:** A relationship in which one person oversees and/or directs the work of, and shares knowledge and skills with, a less experienced or less skilled person, as in the fieldwork educator/student relationship.
- Task:** A self-contained stage in an activity; a definable piece of performance with a completed purpose or product; a constituent part of an activity.
- Treatment plan/treatment planning:** See Action plan/action planning

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