

Code of Ethics and Conduct in Case Management Practice

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Forward

The profession of case management in the UK is evolving rapidly, which means it is an exciting time to be a case manager. It also means that there has never been a more important time to ensure that ethical practice underpins everything we do.

When we started the work on this Code, we spent some time reviewing the work that had gone before; the previous Codes of Ethics for the three associations (CMSUK, BABICM, VRA) as well as those of other relevant agencies. We consulted with the memberships of our organisations, and received feedback and comments on the areas of concern. We were struck by the speed of development in current case management practice, the huge range and complexity of the ethical issues being faced by case managers, and the how the profession is maturing. We were tasked with producing a Code that would be comprehensive, useful and accessible; a Code that will be relevant to case managers regardless of practice setting, work sector or client group. We hope that we have achieved this, and that you will use the Code to support and inform your practice.

Sue Ford
Chair of Ethics Project Group

Introduction

Case management has a broad remit in the provision of rehabilitation and services to clients. The case manager initially identifies needs with a client and makes recommendations to meet these needs. The case manager would then work with the client to agree and implement plans with the clients to achieve their best outcomes.

It is acknowledged that case management practice varies by individual clients, differing models of provision, and professional background of the case manager. However, this code of ethics and conduct applies to all case management practice.

A case manager's scope of practice may include:

- Taking an overview of a client's life and support needs;
- Assessing client need;
- Formulating a plan of intervention;
- Commissioning services;
- Meeting occupational and vocational needs;
- Monitoring interventions for their efficacy;
- Assessing and minimising risk;
- Recruiting, training and supervising staff;
- Liaising with legal teams/statutory services/funders to ensure the best outcome for the client;
- Varying their approach and practice to meet the needs and achieve the best outcomes for the client and their family;
- Providing written evidence of the interventions;
- Ensuring interventions are evidence-based and, as far as can be predicted, the best course of action for the client.

A taxonomy of the case management role has been published by Lukersmith et al (2016).

Background and Purpose

In 2008 the British Association of Brain Injury Case Managers (BABICM) and the Case Management Society of the UK (CMSUK) convened a joint working party and produced a Code of Ethics. The Vocational Rehabilitation Association (VRA) produced their Standards of Practice and Code of Ethics in 2007, with a second edition in 2013. These Codes provided sound principles to work from and laid a foundation for integrity, values and ethical service delivery within the profession.

Over the past few years, BABICM, CMSUK and VRA have worked together to promote high quality case management practice, involving the development of professional pathways for case managers. The Joint Case Management Project Group, with membership across the three organisations, continues to progress this work. Ultimately the aim is to establish a register of case managers accredited with the Professional Standards Authority (PSA). In order to hold a PSA accredited register there must be evidence to support the commitment to public protection and high professional standards.

This Code of Ethics and Conduct has been devised to support ethical practice and professional conduct across the profession of case management. It is understood that case managers will at times, have to make difficult ethical decisions. The decisions taken by the case manager will depend on the application of professional skills and judgement, the specific details of the case, the needs of the client and the circumstances based on the principles contained within this Code. Case managers must be aware of the details of this code and the competency framework document.

The case manager's accountability should be considered in the context of acting in the best interests of the client, the information available to them at the time and adhering to the guidance of the Code.

Principles of Ethical Case Management

The Code of Ethics and Conduct has established five guiding principles of practice that all case managers must uphold when working with clients, their families, support teams, professionals, providers of services, legal services, commissioners and fund-holders.

The five principles of ethical practice are:

- 1. Duty of care**
- 2. Best interests of the client**
- 3. Integrity and transparency**
- 4. Professional competence**
- 5. Business ethics**

The Principles of the Code

Principle 1: Duty of Care

To act with due regard to the protection and safety of the client and not to act in any way that causes harm.

- 1.1 The case manager will act to take all reasonable steps to manage and minimise the risk of harm to the client or others.
- 1.2 The case manager will identify and manage risk through the application of appropriate risk assessment and risk management strategies.
- 1.3 The case manager will not act in any way which exacerbates unnecessary risk to the health or safety of the client or others.
- 1.4 The case manager will have knowledge of relevant legislation and policy and act accordingly to safeguard the client and others.

Principle 2: Best interest of the client

The case manager will place the best interests of the client at the centre of their input, decision-making and intervention.

- 2.1 Where a client has capacity, or can be assisted to maximise their decision-making ability, the case manager will respect and facilitate the autonomy of the client.
- 2.2 Where a client has been deemed not to have capacity to make a decision in line with the Mental Capacity Act (2005) then the case manager will follow Best Interests process.
- 2.3 The case manager will act in the best interests of the client and show no bias in their professional decision making through influence by an outside agency, funder, or legal entity.
- 2.4 The case manager will obtain client consent or consent from their representative to share necessary information with other appropriate parties and in their best interests.
- 2.5 The case manager will review and update a client's consent to share information and their capacity to do so.
- 2.6 The case manager will share relevant information in a timely manner with all appropriate parties in the best interests of the client.
- 2.7 The case manager will only breach confidentiality to other parties when the client's best interests, well-being and/or public protection override the need for confidentiality.
- 2.8 If there is a potential for a breach of confidentiality in the best interests of the client, where possible the case manager will seek appropriate peer consultation to make a clear and reasoned decision. The case manager will document their decision-making process.

Principle 3: Integrity and transparency

The case manager will act with integrity and transparency to ensure best practice at all times.

- 3.1 The case manager will not bring the profession of case management into disrepute.
- 3.2 The case manager will disclose to appropriate parties any relevant cautions and criminal offences. The case manager will disclose any impending legal matters that may affect their work.
- 3.3 The case manager will be open and honest with all parties when something has gone wrong with the support or input that are provided to the client, in line with the Duty of Candour. Where possible the case manager will take action to rectify the situation.
- 3.4 The case manager will raise a concern, or support their client to raise a concern, where they become aware of poor or inadequate practice.
- 3.5 The case manager will not practice or condone discrimination of any kind.
- 3.6 The case manager will not abuse or exploit the relationship they have with their client, their family or others involved in their life, for any purpose including for sexual, emotional or financial gain.
- 3.7 The case manager will respect the client's privacy and dignity.
- 3.8 The case manager will maintain professional boundaries and appropriate communication with the client, their family and others in the client's life.
- 3.9 The case manager will act with integrity and transparency in any action necessitating a request for further services and/or funding in the best interests of the client.

Principle 4: Professional competence

The case manager will be aware of and accept responsibility to work within their scope of practice and in line with the Standards of Practice for case managers.

- 4.1 The case manager will not misrepresent their abilities and will be truthful regarding their skills, experience and qualifications in their professional practice.
- 4.2 The case manager will have a criterion for identifying appropriate clients for their service.
- 4.3 When a case manager identifies that the needs of a client is beyond their scope of practice or working capacity, they will communicate this openly and take appropriate action, which may include a suitable referral for additional or alternative input. A case manager will not provide a professional service to a client where they believe they cannot safely do so.
- 4.4 The case manager will only delegate tasks to another, where they are confident that the person has the appropriate skills, experience and knowledge to carry out the task safely.
- 4.5 The case manager has a duty to manage their own mental and physical health needs to ensure their fitness to practice.
- 4.6 The case manager will ensure that their practice is covered by adequate professional indemnity insurance.
- 4.7 The case manager will act within the law.
- 4.8 The case manager will act with regard to evidence based practice.
- 4.9 The case manager will have and maintain a working knowledge of legislation relevant to their area of professional practice.
- 4.10 The case manager will maintain an accurate, truthful, relevant and timely record of their practice.
- 4.11 The case manager will store client records in line with the appropriate legal framework and as required by the code of practice specific to their professional area.
- 4.12 The case manager will maintain any relevant registration and accreditation for their area of practice.
- 4.13 The case manager will participate in regular supervision relevant to their area of practice.
- 4.14 The case manager will maintain their knowledge and skills and update their practice through maintaining a programme of continuing professional development.

Principle 5: Business ethics

The case manager will be aware of and accept responsibility to work within ethical business practice.

- 5.1 The case manager will act with due regard to the cost-effectiveness of any intervention.
- 5.2 The advertisement of case management will be open, honest and relevant to the area of practice.
- 5.3 When contracting services the case manager will act with integrity and that to the best of their knowledge financial obligations will be met.
- 5.4 The case manager will adhere to a clear and transparent complaints procedure which is available to all.
- 5.5 The case manager will declare any actual or potential conflict of interest, whether it be personal, professional or financial.
- 5.6 The case manager will respect intellectual property rights and not engage in unauthorised use, copying, distribution or alteration of any materials related to case management practice.

Appendix 1: Joint working group for Code of Ethics and Conduct

Name and professional membership of case management organisations

- Andrea Fields (CMSUK/VRA)
- Sue Ford (CMSUK)
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Appendix 2: Disclaimer

Although every effort has been made to ensure that the Code of Ethics and Conduct is appropriate, and represents current best ethical practice and professional conduct, the contributors cannot accept any liability for the consequences of any inaccurate or misleading data or omissions.

It is intended that the Code covers all case management practice. However, the term case manager is not a protected title. The individual case manager is responsible for the appropriate application of the code to their area of practice.

APPENDIX 3: GLOSSARY

Best Interests Principle

The best interests principle in the Mental Capacity Act 2005 states that any act done or decision made on behalf of an adult lacking capacity must be in their best interests. This can cover financial, health and social care decisions. The person making the decision is the “decision-maker” and is likely to be the person caring for the client on a day-to-day basis, the doctor or other member of the healthcare staff responsible for carrying out the particular treatment or procedure, or a Lasting Power of Attorney (LPA) or Court of Protection deputy.

Business ethics

Business ethics is the application of ethical values to business and professional behaviour. Business ethics is relevant both to the conduct of individuals and to the conduct of the organisation as a whole. It applies to any and all aspects of business conduct, including organisational strategies, marketing and promotion of services, commissioning, human resource deployment and accounting practices.

Capacity

The ability to understand, use, retain and weigh up information in order to make decisions.

Case management

Case management is a complex, integrated health and social care intervention and makes a unique contribution to the health, social care and participation of people with complex conditions. (Lukersmith et al, 2016)

Client

The individual with the injury/condition/disability or support needs who is receiving case management.

Continuing Professional Development

A range of learning activities through which health professionals maintain and develop throughout their career which is required to they retain their registration to practice safely, effectively and legally.

Duty of Candour

There is a contractual duty of candour imposed on all NHS and non-NHS providers of services to NHS patients in the UK to 'provide to the service user and any other relevant person all necessary support and all relevant information' in the event that a 'reportable patient safety incident' occurs.

Duty of Care

A moral or legal obligation to ensure the safety or well-being of others.

Evidence-based Practice

The use of a knowledge base of empirical research that could guide or support case management interventions.

Rehabilitation

An active process by which those individuals with disabilities realise their optimal physical, mental and social potential.

Supervision

Supervision oversees, supports, monitors and directs the development of case manager's professional practice in order to ensure the quality of the service provided.

APPENDIX 4: REFERENCES

Lukersmith, S, Fernandez, A, Millington, M, Salvador-Carulla, L. (2016). The brain injury case management taxonomy (BICM-T); a classification of community-based case management interventions for a common language. *Disability Health J*, 9(2):272-80.

Department of Health. (2005). *Mental Capacity Act*. London: HMSO

Department of Health. (2005). *Mental Capacity Act*. Appendix 7: Section 4, Best Interests. London. HMSO.