



Standards of Proficiency
Version 1

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Introduction

These Standards of Proficiency are referred to as ‘the Standards’ throughout this document. Please refer to the IRCM Glossary of Terms (glossary) for explanations of terms where further clarification is needed.

The Standards are focused on 'case management' specifically and many of our registrants will work wholly as a case manager. However, some registrants may deliver case management as part of a wider role and will therefore also need to meet the competencies, codes and standards of other registers or regulators, and it is likely that there may be some overlap with these from the IRCM.

Purpose

This document sets out the standards for the safe and effective practice of case management. These have been informed by the Case Management Competency Framework and reflect the knowledge and skills needed and apply across all case management settings and specialisms. This is an inclusive approach to case management and the case manager has the flexibility to tailor their support to the service user’s needs working within the standards.

The standards are structured around four key themes

- Moral and ethical conduct
- Case management practice
- Management and leadership
- Learning, development and research

Registered Case Managers are required to meet the Standards and commit to this as part of the registration process. The standards are used where a concern is raised about a registrant’s practice.

Case Management

Case management roles are found in a range of health and social care/support settings. Case management may be a dedicated role or an aspect of an individual’s broader practice.

The definition adopted here identifies case management as,

“a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health, wellbeing, social care, education and/or occupational needs, using communication and available resources to promote quality, cost-effective and safe outcomes”.

‘Case Manager’ is not a protected title or a statutorily regulated profession and, unlike most other professional areas of health and social care practice, there is currently no specific educational qualification route into Case Management.

Individuals tend to transition into case manager roles from a variety of other educational or occupational routes, some being regulated by a professional body in relation to other aspects of their work and others not, but either way the fundamental case management aspects of their roles will not be regulated. This has led to the Institute of Registered Case Managers (IRCM) being established.

The Institute of Registered Case Managers

IRCM’s mission is *“to safeguard people who use case management services, by setting and upholding standards for registered case managers.”*

Its vision is that *“we will be fair, proportionate and effective in administering a nationally recognised register, ensuring protection of service users and the public by promoting and upholding high standards of practice and ethical conduct for the case management profession”*

It will deliver on these:

- by setting standards for case managers’ practice;
- through publishing a public register of people who meet our requirements and commit to practising in line with our standards; and
- by providing a process through which concerns can be reported, and then investigating and taking action where registered case managers do not meet our standards.

A certificate of proficiency in case management is being established by IRCM and it will also develop accreditation for education and training opportunities that meet our standards.

IRCM is a not-for-profit organisation and will be seeking accreditation from the Professional Standards Authority under its accredited register scheme. This will validate IRCM's commitment to high standards and public protection and service users will be able to have confidence when choosing services from someone who is not otherwise regulated for their case management practice.

IRCM Core Values

Inclusivity and Diversity: Case managers treat everyone equally and fairly, regardless of any personal or protected characteristics and circumstances; they strive to provide care that is inclusive, respectful, non-judgmental and values difference.

Compassion: Case managers relate with understanding, empathy, and kindness to service users and other stakeholders.

Person-centred: Case managers put the service user at the centre of their care, respecting the values of the service user and their experiences, and practising in their best interests.

Empowerment: Case managers strive to empower service users and their significant others, according to their specific values, needs, and goals; providing options, consulting, and collaborating with the service user (and appropriate stakeholders) in decision-making to create consensus and foster trusting and productive relationships.

About the Standards

The Standards reflect the competent level of proficiency.

“The competent level of proficiency is that which all IRCM Registered Case Managers must be able to demonstrate through successful completion of the Certificate of Proficiency (once available) and meeting the Standards of Proficiency.

Competent denotes a case manager who can plan effectively. They should now know what to expect and have adopted a holistic approach in their practice. They will think analytically, with an evidence-informed approach (see glossary), rather than following instruction. They can anticipate risks and consequences in unpredictable situations, operating with an increasing level of autonomy and scope.

They should continue to develop by engaging in managerial and professional supervision for themselves, as well as by providing the same for others.

They should also ensure that they have appropriate levels of support to practice safely and effectively and work within their scope of practice.”

Case Management Competency Framework (2022)

Background

These standards have been developed over a number of years and reflect input from a broad range of case managers as part of the standards working group. This has included case managers with different specialisms, from a range of professional backgrounds and who have worked in organisations of varied types and sizes including independent practitioners. Members from the British Association of Brain Injury Case Management (BABICM), the Case Management Society of the UK (CMSUK) and Vocational Rehabilitation Association (VRA) have all been included in the process.

The standards of related health and social care organisations and BABICM, CMSUK and VRA were also considered as part of this process. In the development of the standards, we have employed a common taxonomy for case management based on Lukersmith et al, 2016.

A formal public consultation on the draft standards was held in Autumn 2021 which sought input from across the sector and wider stakeholders.

The standards of moral and ethical conduct are based on the joint Code of Ethics and Conduct in Case Management Practice from BABICM, CMSUK and VRA. This was first published in 2018 and then subsequently reviewed in 2022 by a working group involving members from each of the three organisations.

IRCM would like to thank everyone who has contributed to the development of these Standards and the earlier documents for their input.

The Standards of Proficiency

[A] Standards of Moral and Ethical Conduct

Case Managers are expected to maintain high standards of conduct. These standards describe the IRCM's expectations of the case manager's behaviour, their attitudes, and their moral character, regardless of the sector or context they work in.

Duty of Care

- 1. The case manager will act with due regard to the protection and safety of the service user and not in any way that causes harm, regardless of their role or position, and must**
 - 1.1. apply appropriate risk assessment strategies, taking all reasonable steps to mitigate and minimise any risk of harm to the service user, themselves, or others.
 - 1.2. have knowledge of, and adhere to, any relevant professional standards, codes, guidance, legislation, and policy, acting accordingly to safeguard the service user and others
 - 1.3. seek to ensure and manage risks having the necessary insurances in place, including professional indemnity
 - 1.4. ensures mechanisms are in place for continuity of service should they no longer be able to provide the service

Best interest of the service user

- 2. The case manager will place the best interests of the service user at the centre of practice, and must**
 - 2.1. respect and facilitate the autonomy of the service user, where a service user has capacity, or can be assisted to maximise their decision-making ability.
 - 2.2. follow best interests process, considering the service user's stated preferences and wishes, where a service user has been deemed not to have capacity to decide in line with the Mental Capacity Act (2005).

- 2.3. show no bias in their professional decision making through influence by an outside agency, funder, or legal entity.
- 2.4. have a clear and transparent policy and process in place for declaring to all relevant parties, and dealing with, any perceived or actual conflicts of interest, whether it be personal, professional, or financial.
- 2.5. obtain appropriate consent or apply best interest principles in line with the Mental Capacity Act when sharing necessary information with other relevant parties.
- 2.6. regularly review and update a service user's consent to share information and consent to engage with input, and their capacity to do so.
- 2.7. share relevant information in a timely manner with all appropriate parties in the best interests of the service user.
- 2.8. only breach confidentiality to other parties when the service user's best interests, wellbeing and/or public protection override the need for confidentiality.
- 2.9. in the event of any potential for a breach of confidentiality, acting in the best interests of the service user, seek appropriate peer consultation to make a clear and reasoned decision and document their decision-making process.

Integrity and Transparency

3. The case manager will act with integrity, openness and transparency at all times and must

- 3.1. not bring the profession of case management into disrepute.
- 3.2. disclose to appropriate parties including IRCM, any cautions and criminal offences, and any impending legal matters that may affect their work.
- 3.3. report any loss or termination of registration with a regulator or accredited register of health and social care to the IRCM.
- 3.4. raise a concern, or support their service user to raise a concern including to IRCM where appropriate, where they become aware of poor or inadequate practice including their own
- 3.5. be open and honest with all parties when something has gone wrong, in line with their Duty of Candour and where possible take action to rectify the situation

- 3.6. treat all service users and others with respect, upholding the IRCM core values, of inclusivity and diversity, compassion, person-centredness, and empowerment.
- 3.7. respect the service user's privacy and dignity and not abuse or exploit their relationship with their service user, their family or other support systems, for any purpose including for sexual, emotional, or financial gain.
- 3.8. maintain professional boundaries and appropriate communication with the service user, their family, and others in the service user's life.
- 3.9. act with integrity and transparency in any action necessitating a request for further services and/or funding in the best interests of the service user.

Professional Competence

4. The case manager will be accountable for maintaining and working within their scope of practice and must

- 4.1. not misrepresent the scope of case management, their role, or their own abilities; being truthful and open regarding their skills, experience, and qualifications.
- 4.2. know the limits of their practice and when to seek advice or refer to another professional; not providing a service to a service user where they believe they cannot safely do so.
- 4.3. 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.
- 4.4. manage their own mental and physical health needs accessing support where needed to ensure their fitness to practice, and report any concerns in this regard to the IRCM.

[B] Standards of Case Management Practice

Case managers work across a range of sectors, in different roles and operational contexts. These standards describe the fundamentals of what a case manager must know, understand and be able to do when working with service users and colleagues.

Engagement

5. The case manager will establish, develop, and maintain a positive working relationship, working in partnership with the service user and other stakeholders and must

- 5.1. have clear screening criteria in place for acceptance of referrals, only accepting referrals within their scope of practice (and that of the service) and in accordance with relevant legislative and regulatory frameworks and be able to justify these decisions.
- 5.2. manage expectations in collaborative and partnership working by providing sufficient information about their role and their services.
- 5.3. ascertain the service user's capacity for decision making in order to obtain appropriately informed consent in accordance with legislation and any relevant professional codes.

Holistic Assessment

6. Case managers conduct a holistic assessment in order to identify appropriate objectives, plans and interventions and must

- 6.1. use active listening skills to understand the service user's perspective, capturing their values, beliefs, and preferences in a person-centred assessment process.
- 6.2. evaluate the service user's health, wellbeing, and social condition, including functional performance, behaviour, and capacity, in the most appropriate environment.
- 6.3. observe, assess, and test the service user's strengths, abilities, and capacity, and the support systems available to them, and identify any risks or potential obstacles that need to be mitigated or addressed in order to achieve positive outcomes.
- 6.4. gather and analyse baseline information from a range of relevant sources, and include evidence-informed tools and measures, where available and appropriate, to support assessment, planning, and evaluation of interventions and case management provision.

Planning

7. Case managers collaborate with the service user, their family, and other stakeholders to develop and agree individualised and person-centred case management plans, and must

- 7.1. facilitate and support service user planning, promoting autonomy to the extent possible and where the service user has capacity according to their preferences.
- 7.2. collaborate with the service user and relevant stakeholders to develop and agree comprehensive individualised plans with clear goals, responsibilities, and timelines.
- 7.3. identify resources, supports, barriers, risks, and opportunities to facilitate successful outcomes, with due regard to the cost-effectiveness of any intervention.
- 7.4. seek to ensure that resources available are used effectively and work within a given budget, where relevant to the service context.
- 7.5. formalise a process for regular monitoring of progress and outcomes in order to adjust the plan as required, whilst respecting and supporting service user choice.
- 7.6. finalise the plan with the service user, considering all available information, scientific evidence, professional experience, shared perspective, and practical considerations.
- 7.7. develop long term plans and strategies, promoting and supporting service user ownership, self-advocacy, and independence in the management and coordination of activities in key life areas.
- 7.8. plan ahead for the timing and manner of case management withdrawal where appropriate.

Knowledge and Skills Development

8. Case managers support service users, and others, in developing knowledge and skills relevant to their case management, and must

- 8.1. provide structured information in a manner conducive to the recipient's needs in relation to the service user's condition, medical or therapeutic interventions, functioning, and ongoing self-management.
- 8.2. be able to identify learning requirements to meet service user's needs and objectives, which may include education of other stakeholders such as co-workers, family, and employers.
- 8.3. provide a rationale for the educational method(s) chosen, why it was chosen and the expected output from the learning domains utilised.
- 8.4. facilitate, provide, or coordinate relevant training and skills development for the service user and/or other stakeholders.

- 8.5. be able to demonstrate the effectiveness of any strategies used to develop knowledge and skills in line with agreed objectives.
- 8.6. reinforce, or seek to clarify, training and skills development provided by others in the wider team.

Emotional and Motivational Support

9. Case managers provide the service user, family, and others as appropriate, with empathy, compassion, and motivational support, and must

- 9.1. be able to recognise the need for, and use, supportive communication skills and strengths-based approaches in exploring strategies to minimise or overcome obstacles, supporting, and motivating the service user in developing their independence and autonomy.
- 9.2. demonstrate professional respect, kindness, and compassion for the service user, family, and others as appropriate.
- 9.3. recognise and respect the contribution that the service user and their support network can make to the service user's wellbeing and identify motivating factors.
- 9.4. respect a service user's right to accept or refuse interventions and document this clearly, making them aware of any consequences of refusal.

Advising

10. Case managers make recommendations and provide guidance based on specialist knowledge and sound professional reasoning within their scope of practice, and must

- 10.1. provide appropriately accessible information, according to the recipients' needs, to facilitate supported decision-making.
- 10.2. demonstrate appropriate communication skills, including strength-based approaches, to support and enable the service user and other stakeholders to make informed choices.
- 10.3. be open and transparent at all times with the service user and other stakeholders.

Coordination

11. Case managers navigate and facilitate the access, management, and cohesion of support and services for the service user, and must

- 11.1. identify and select the most appropriate resources, services, and pathways that will enable optimum outcomes, according to the service user's needs.
- 11.2. protect the safety and wellbeing of the service user, by undertaking appropriate due diligence, when referring them to third-party providers and services.
- 11.3. proactively anticipate potential barriers to recovery and take steps to remove or reduce their impact by advocating or negotiating on the service user's behalf and providing practical assistance and guidance to facilitate the case management process, as required.
- 11.4. encourage the service user to engage with the services and support they are referred to and motivate them to undertake their own recovery-related activities, as appropriate.
- 11.5. consult and collaborate with the service user and all relevant stakeholders, promoting teamwork where appropriate, to ensure integration and effectiveness of the services and supports involved to facilitate progression towards agreed goals.
- 11.6. maintain regular and effective communication with (and between) all relevant stakeholders, and ensure that appropriate feedback mechanisms are in place, with agreed roles, responsibilities, and timings.
- 11.7. maintain contemporaneous, truthful, complete, accurate, and unbiased records of their practice, including the documentation of consent.

Monitoring

12. Case managers continuously acquire information about the service user's health, functioning, environment, behaviour, or situation to evaluate their progress and modify plans and services where appropriate, and must

- 12.1. regularly review the service user's needs, and whether they are being met, acting to adjust the case management plan and the intervention(s) of engaged providers should the service user's needs change.
- 12.2. utilise systems for reviewing, analysing, and reporting about the case management process, including access, delivery, and service user engagement with services.
- 12.3. ensure that appropriate feedback mechanisms are in place to monitor and analyse person-centred outcomes, and to inform any necessary changes to the case management plan.

[C] Standards of Management and Leadership

Case managers are required to manage and lead at all levels of practice, regardless of their specific field of case management. These standards describe what they need to know and be able to do to manage and lead safely and effectively.

Service Definition

13. Case managers are responsible for ensuring their services and their role within an organisation are communicated clearly, and must

- 13.1. ensure their services are described in an open, honest manner that is relevant to their area of practice.
- 13.2. ensure there is documentation setting out the nature of the service to be provided, and any fees if applicable.
- 13.3. advertise or promote their services and the profession of case management, with integrity, without inflated claims, and in accordance with legislation and any relevant professional codes regarding advertising including the Advertising Standards Authority guidance.
- 13.4. communicate clearly to the service user, any business relationships, their role in the case management process, and their accountability.

Managing Data

14. Case managers gather, create, store, and share data safely and effectively, and must

- 14.1. organise information into a coherent system that is comprehensible to other colleagues and relevant stakeholders.
- 14.2. recognise the need to manage and store records and all other information in accordance with applicable data protection legislation, protocols, and guidelines.

Working Independently

15. Case managers work independently in managing a service user caseload within their scope of practice, recognising when to seek appropriate support, and must

- 15.1. employ critical thinking skills, making sound decisions and judgements based on, or informed by, a range of evidence.
- 15.2. manage and prioritise their caseload to maintain their own wellbeing and effectiveness, and in the interests of service user safety.

Managing Feedback

16. Case managers ensure there is a method in place to collect and address formal and informal feedback from the service user and other stakeholders and must

- 16.1. acknowledge and objectively analyse feedback, whether positive or negative, in order to inform improvements in practice or service provision.
- 16.2. follow up on feedback, positive or negative, to address concerns and inform of any resultant actions or plans for improvement.
- 16.3. have in place, and adhere to, a transparent process for dealing with and recording any feedback and complaints which is accessible to all.
- 16.4. ensure the service user is provided with information about IRCM, its role in protecting the public and its process for raising concerns if needed.
- 16.5. ensure that in all instances of collecting and addressing issues and information they act in an open and honest manner reflecting their duty of candour.

Being a Leader

17. Case managers lead by modelling best practice and must

- 17.1. take the initiative in seeking out and accepting opportunities to develop their leadership skills.
- 17.2. demonstrate leadership by inspiring others to be the best they can be, in order to ensure best quality case management provision.
- 17.3. apply principles of inclusivity and fairness in their leadership, valuing difference and promoting equity.

Managing Performance

18. Case managers ensure the organisation and delivery of safe, effective, and efficient services and must

- 18.1. recognise and understand their own support needs, seeking out and engaging with management supervision or performance appraisal where needed.
- 18.2. provide management supervision and performance appraisal within their own scope of practice, according to best practice guidance, policies, codes, and protocols as applicable.
- 18.3. develop management supervision plans that are reasonable, relevant, and feasible, having a structure for monitoring progress against clear objectives and timelines.
- 18.4. employ a supportive and empowering approach to appraisal and management supervision, adhering to equality, diversity and inclusion principles and facilitating growth.

[D] Standards for Learning, Development and Research

Case managers commit to continuing professional and personal development (CPD) in order to maintain their competence to provide safe, effective, and efficient services. They engage with teaching, learning and research, to contribute to their own development and that of the profession, enhancing services for those who need them. These standards describe what they must know and be able to do.

Continuing Professional Development

19. Case managers are committed to continuing professional development (CPD) to ensure that they remain able to practice safely, effectively, and legally and must

- 19.1. take ownership of their own learning and development, identifying their support needs, and developing and negotiating their own personal development plans as required.
- 19.2. keep an up-to-date record of their CPD activities, highlighting relevant learning and how this contributes to improved safety and effectiveness for the benefit of service users.

- 19.3. engage in a mixture of CPD activities relevant to their current or future case management practice which, at a minimum, meet the requirements of the current IRCM CPD policy.

Shaping Practice

20. Case managers are committed to developing and promoting evidence-informed case management practice, and must

- 20.1. maintain a contemporary knowledge of case management and contribute to the development of case management policy, practice and principles.
- 20.2. apply an evidence-informed approach to their practice, using the right data and the right information in a structured way, to make good decisions and achieve the best outcomes possible in the interest of their service users.
- 20.3. engage with scientific research outputs, using critical appraisal skills to assess the level of available evidence: its strength, significance, and relevance to inform their practice.
- 20.4. identify, select, and use appropriate evidence-informed tools to standardise assessment and measurement and to ensure consistency.
- 20.5. promote, and seek to ensure, that any practitioners they refer service users to will also apply evidence-informed practice.

21. Case managers take opportunities to engage with evaluation and research that will enhance knowledge and understanding in relation to case management and must

- 21.1. demonstrate that they evaluate their own practice/service and that they use their findings to facilitate quality improvements.
- 21.2. undertake, any evaluation/research in a professional and responsible manner adhering to accepted research and ethical practices.
- 21.3. take opportunities, where feasible, to engage with/get involved in, research projects that will enhance the evidence base, or develop the understanding of case management.

Education and Training

22. Case managers take opportunities where feasible to teach or facilitate the learning of others in relation to case management in order to promote and disseminate good practice and facilitate effective multi-disciplinary and multi-agency working, and must

- 22.1. Provide constructive feedback to colleagues/stakeholders to enable them to reflect on their practice as part of their own CPD.
- 22.2. When providing professional supervision/mentoring/peer review sessions for the development of others (and themselves), agree the parameters and objectives of the supervision and a means for reviewing and assessing progress and adjustments where needed.
- 22.3. Contribute to formal and/or informal learning and development for aspiring case managers, case managers working towards IRCM registration, wider case manager colleagues, and other stakeholders including other professionals and the public.



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