
A Social Work Practice Model of Case Management: The Case Management Grid

WHAT IS CASE management? This question has been answered in many ways by social work practitioners and scholars. Although definitions of case management are diverse, the field is unified on one basic principle: Case management is what most social workers do in most fields of practice most of the time (Roberts-DeGennaro, 1987). This article contributes to a more precise definition of case management as a practice concept. A model is presented that delineates the two basic dimensions of case management: enabling and facilitating. It is understood that many fields other than social work use the term "case management" to describe various professional activities. The purpose of this discussion is to define case management as a social work practice concept.

Defining Case Management

Practicing social workers respond in many ways to the question, What is case management? Some argue that it is a field of practice that requires both the clinical skills of a psychotherapist and the advocacy skills of a community organizer. Others assert that case management is a paraprofessional activity that is best left to those with bachelor's degrees in social work or clerical staff. However, the most common response is that case management is just old-fashioned social work wearing new clothes.

The professional literature also presents a diverse range of definitions. Discussions of case management in the mental health field emphasize the therapeutic nature of both the process of case management and the relationship between the case manager and the client (Harris & Bergman, 1987; Johnson & Rubin, 1983; Lamb, 1980; Rapp & Chamberlain, 1985). The social gerontology literature has placed a greater emphasis on the role of the case

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Case management is a major component of the current mainstream of social work practice. Nevertheless, the field has failed to adequately conceptualize case management. The first step in defining case management practice is to separate it from the administrative structure that forms the context of practice. The next step is to delineate the two basic dimensions of case management—enabling and facilitating. The role of the social work case manager is to integrate formal systems of care with the activities of families and primary groups. Case management practice focuses on enabling individuals and primary groups to reach their full potential and on facilitating more effective interaction with the larger social environment. The case management grid illustrates how social work practitioners integrate enabling and facilitating into their practice approaches.

manager as planning and coordinating a package of health and social services that is individualized to meet a particular client's needs (Goodman, 1987; Intagliata, 1982; Sussman, 1982). Case management has been offered as a way of coordinating a fragmented service delivery system. Writers in the mental health fields also have paid considerable attention to service coordination (Intagliata, 1982; Rapp & Chamberlain, 1985; Sullivan, 1981). Social gerontologists have focused on the psychosocial dimension of case management with the elderly (Moore, 1987). Writers in the fields of child welfare (Davidson & Rapp, 1976; Rapp & Poertner, 1980) and health (Loomis, 1988; Sonsel, Paradise, & Stroup, 1988) have discussed

case management as a balance between a focus on the individual and on the environment.

More general definitions of case management have focused on the balance between interventions targeted to the person and to the environment (Bertsche & Horeisi, 1980; O'Connor, 1988; Roberts-DeGennaro, 1987). As Roberts-DeGennaro wrote, "The concept of case management combines the best ideas of direct service practice with the best ideas of community practice on behalf of a particular at-risk population" (p. 466). O'Connor referred to case management as one of social work's "core technologies" (p. 97). Clearly, case management has emerged as a salient concept in the current mainstream of social work practice.

Many definitions of case management are so global, however, that they contribute little to a useful understanding of social work practice. For example, Austin and Caragonne (1980) defined case management as a systematic problem-solving process consisting of a series of sequentially related tasks aimed at delivering a variety of services to a client. Although it is difficult to disagree with such a definition, it is also difficult to use this definition to distinguish between case management and other practice areas. A wit once described case management as an undefined set of activities aimed at achieving an undefined set of objectives. Unfortunately, this definition is not altogether dissimilar to more serious attempts to define this practice area (Roberts-DeGennaro, 1987).

Others have attempted to define case management by listing the functions case managers perform (Austin, 1983; Merrill, 1985; Newold, 1986; Steinberg & Carter, 1983). These functions include the following: case finding (or entry), assessment, goal setting and service planning, care plan implementation, and monitoring and evaluating (Loomis,

1988). Each of these functions is an important aspect of case management; however, this list provides an incomplete picture of the total concept.

O'Connor (1988) made an important distinction between case management practice and case management systems. *Case management practice* refers to the direct practice activities that contribute to the implementation of a case plan. *Case management systems* include the administrative structure, the interagency networks, and the formal and informal community resources within which case management practice takes place. O'Connor delineated the following dimensions of a case management system: personnel, status, functions, roles, focus or target, and technology. However, O'Connor did not provide an adequate model of case management practice.

A Case Management Practice Model

The most fundamental component of a case management model of social work practice is that families and other primary groups provide the bulk of care for individuals in need of assistance (Havinghurst & Albrecht, 1953; Litwak, 1985; Sussman, 1985; Townsend, 1957). Sociological theory has placed considerable emphasis on the relationship between formal organization and primary groups in the provision of support for individuals in need (Litwak, 1985; Shanas and Sussman, 1981; Sussman, 1977; Townsend, 1968; Weber, 1947). The primary goal of case management, therefore, is to integrate formal supports with family and primary group caretaking systems (Moore, 1987; Nelson, 1982).

Social workers, as case managers, play a critical role in the successful integration of formal services and services provided by families and other primary groups. Social workers serve as enablers in maximizing the potential of individuals and primary groups to function independently; as facilitators, they "negotiate and provide a liaison among social institutions, organizations, agencies, and people in need of any kind" (Lowy, 1985, p. 155). Formal services, such as home-delivered meals, home-making services, or job placement services, not only benefit the client, but

also reduce the burden of care for family caregivers. Effective social work practice is based on a conceptual model that integrates the environmental components and the relationship components of the caregiving process.

The demands of modern technological society require new forms of organization that allow complex tasks to be broken into managerial and specialized functions (Weber, 1947). Industrialization brought about the decline of the primary group and the rise of bureaucracy. The bureaucracy could by far outperform the primary group in many areas of production (Litwak, 1985). However, the primary group, especially the family, continues to play a vital role in modern society.

In the area of health and social services, families and formal organizations have complementary goals (Sussman, 1977). The coordination of shared functions requires that a balance of distance be maintained (Litwak, 1985). If formal organizations get too involved, conflict will arise in the primary group. However, if formal organizations are not involved enough, they cannot provide effective support for the primary group. Linking mechanisms are required to regulate the distance between formal services organizations and primary groups (Litwak, 1985; Sussman, 1977).

Litwak (1985) suggested that primary groups are more effective than formal organizations in meeting the needs of individuals. He characterized the tasks involved in providing care as being unpredictable, containing too many contingencies, and not being easily subdivided into small units. Formal organizations are effective at performing only tasks that are routine and that conform to formalized policies and procedures. Primary groups are much more flexible and able to adapt to unpredictable circumstances, and this flexibility makes the primary group more effective at organizing caregiving services.

Litwak (1985) pointed out that it is imperative that primary groups work together with formal organizations in providing support services to individuals. He suggested that conflict between primary groups and formal organizations can be resolved in three ways (Litwak, 1985, pp. 253-259).

First, primary groups can modify their structures to minimize conflict. An example is when the individual enters an institution. The family may still be involved with the individual, but it must limit its involvement in accordance with institutional regulations regarding visitation. As long as the family abides by the rules of the institution, no conflict should arise.

Second, formal organizations can modify their structures to minimize conflict. An example is when a family hires a live-in caretaker from a private-duty nursing agency. The live-in caretaker is expected to conform to the rules and customs of the family unit. If the caretaker does not fit in with the rules, he or she is usually replaced.

Third, linkage mechanisms between two types of organizations can keep them at a midpoint of social distance—that is, close enough to coordinate efforts, but not so close that conflicting structures lead to fatal warfare. The social worker as professional case manager must negotiate the relationship between the family and the formal care system in a way that minimizes conflict. The case manager adapts the service to the specific needs and preference of the family without compromising the quality of the service provided.

Nelson (1982) provided a somewhat less abstract method of examining the fit between formal services and primary group caregiving. He observed that formal services can complement, compete with, or substitute for family care. Nelson's analysis provides a useful basis for the analysis of alternatives to institutional care. In the first alternative, a social worker serves as a facilitator among the client, the family, and formal systems of care. In this role, the social worker designs the service package so that the family receives adequate support but remains active in the caregiving process. In the second alternative, the social worker acts as an enabler in helping the family to maximize its caregiving potential.

A Case Management Model of Social Work Practice

The goal of a case management model of social work practice is to contribute

to the achievement of a balance between individuals' capabilities and their resources. This statement is consistent with the overall goal of social work practice set forth by Germain and Gitterman (1980). A principle that guides the achievement of this goal is that clients should be helped to reach an environmental fit that meets their desires and their needs. Institutional placement may improve the objective fit between individual capabilities and resources, but it seldom meets an individual's social needs and subjective goals.

The objectives of a case management approach to social work practice are as follows: to maximize the potential of individuals to meet environmental challenges, to maximize the caring capacity of families and primary groups, to integrate formal systems of care with primary caring resources, and to maximize the capabilities within the formal system of care for meeting the needs of individuals and primary groups.

A central value underlying these objectives is self-determination. This value contains a bias toward least-restrictive environments. It also embodies a focus on the strengths of individuals and primary groups. When individuals and primary groups do as much as they can, formal services can be integrated in ways that complement rather than compete with informal systems of care. Although it is recognized that formal organizations must sometimes substitute for primary groups, institutionalization is seen as a measure of last resort. *Institutionalization* has been defined as a situation "where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead a formally administered round of life" (Goffman, 1961, pp. 435-436). Institutionalization can be viewed as the wholesale substitution of a formal organization for the service of a primary group. The primary objective of the case management approach to social work practice is to keep individuals in primary groups with the support of formal organizations.

Functions of Case Management

The functions of case management are simply a classification of activities

performed by practitioners. These functions include the following:

- to assess the individual's ability to meet environmental challenges
- to assess the caring capability of the individual's family and primary group
- to assess the resources within the formal system of care
- to enable individuals to use their personal resources in meeting environmental challenges
- to enable families and primary groups to expand their caretaking capacity
- to facilitate effective negotiation by individuals for resources from families or primary groups and formal service providers
- to facilitate effective interchanges between families or primary groups and the formal system of care
- to evaluate the ongoing needs of the individual
- to evaluate the extent to which the individual is adequately supported by both the family or primary group and the formal system of care
- to evaluate the extent to which the efforts of the family or primary group are integrated with those of the formal system of care.

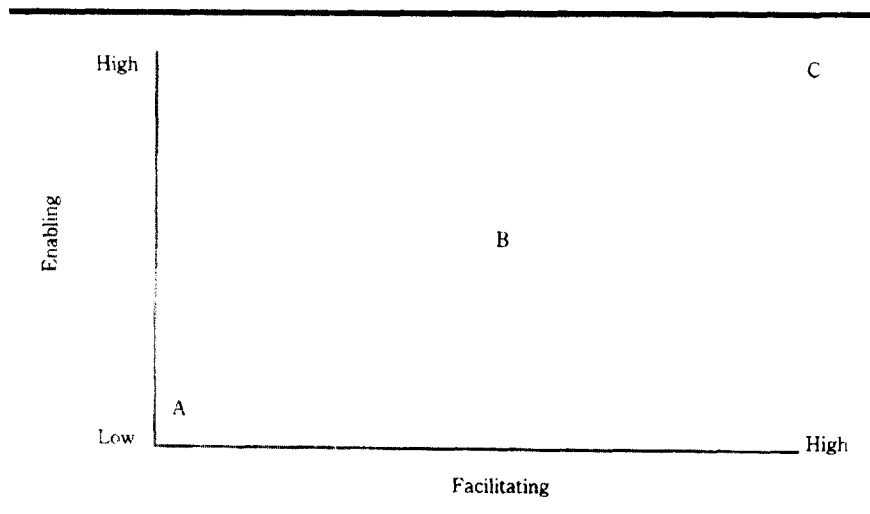
The Case Management Grid

In O'Connor's (1988) model, the appropriate targets of case management

interventions are at the micro-meso level. O'Connor pointed out that case managers operate at various levels of complexity determined by the difficulty of the case and the knowledge and skills of the case manager. Case managers in different fields of practice may specialize in either the enabling or the facilitating function at the expense of the other.

The case management grid illustrates the relationship between the two central functions of practice—facilitating and enabling (Figure 1). The levels of complexity of enabling or facilitating activities can be analyzed using this grid. For example, a case manager dealing with a healthy 85-year-old widower with a rich resource system may simply assess the client and make referrals for homemaking and other appropriate services (Figure 1, point A). A case manager working with an individual who has severe psychiatric impairment and lives in a resources-poor environment may be heavily involved in both individual and family interventions and in coordinating a variety of community services (Figure 1, point C). A school social worker dealing with a child who has a truancy problem might intervene at both the level of the child and family and at the level of the school. Such an intervention would be more complex than in the case of the elderly widower, but less complex than in the case of the chronically mentally ill client (Figure 1, point B).

Figure 1.
The Case Management Grid



Case Management Systems

Case management is carried out within the context of an organizational structure—the case management system (O'Connor, 1988). Administrative discussions of case management have tended to focus too much on the facilitating role (case coordination) and too little on the enabling role of case management. The case management grid illustrates the equal importance of both of these functions.

Because of the varying levels of complexity in case management roles and functions, it is reasonable to consider a division of labor that maximizes the contributions of professionals with differing levels of knowledge and skills. An organizational division must be based on a clear understanding of case management practice. O'Connor's (1988) model of the case management system demonstrates how various levels of personnel can be integrated into an effective organizational structure (Table 1). O'Connor's model clarifies the concept of a case management system by illustrating that the dimension of complexity determines the level of professional expertise required. An effective case management

system integrates the functions of various levels of professionals to maximize their contribution to the case management process.

O'Connor's (1988) model illustrates that case management systems should address the micro, meso, exo, and macro levels of social work practice. Direct practitioners work primarily at the micro level, or the level of the individual and primary group relationships, and the meso level, or the linkage between individuals, primary groups, and formal organizations. The case management grid illustrates that practitioners operate in these practice levels with varying intensity. However, effective case management systems also address the exo level, or the administrative structures that influence the relationship between formal organizations and primary groups, and the macro level, or the social, economic, and cultural environment within which service delivery takes place. Without the support of appropriate administrative structures and community organization, case managers are relegated to a role not unlike the proverbial Dutch child who had only fingers to plug a leaking dike.

Conclusion

Case management is not a panacea for the problems of social service delivery. Case management has been criticized as a least-change alternative that fails to address adequately the fragmentation that characterizes current social service delivery systems (Brody, 1973; Kodner, 1981; Kodner & Feldman, 1982). Although it is difficult to imagine a totally integrated social service delivery system, increased coordination at the organizational level is needed. Case management systems work most effectively within horizontally and vertically integrated systems of care.

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Table 1.
Case Management: A Multilevel System

| Personnel | Status | Functions | Roles | Focus or Target | Technology |
|--------------------------|---|--|---|-----------------|---|
| Administrators | Autonomous practice Full responsibility High complexity | Develop community network Coordinate network Administer program | Programs manager Resource network Class advocate | exo-macro | Policy development and implementation Program development Program operations |
| Supervisor | Autonomous practice Full responsibility High complexity | Link administration and direct practice Oversee work Prepare workers | Work unit case manager and teacher Class and case advocate | meso-exo | Job analysis and design Work flow coordination Work monitoring Staff training Case management |
| Social caseworkers | Autonomous practice Full responsibility High complexity | Direct practice service provision and coordination | Case manager and interpersonal helper Case advocate | micro-meso | Case management Clinical skills |
| Social service workers | Supervised practice Full responsibility Moderate complexity | Direct practice service provision and coordination | Case manager and interpersonal helper Case advocate | micro-meso | Case management Clinical skills |
| Case aides Volunteers | Supervised practice Partial responsibility Low complexity | Direct practice service provision only | Interpersonal helper Case advocate | micro-meso | Related to worker competence |

SOURCE: O'Connor, G. G. (1988). Case management system and practice. *Social Casework, 62*(2), 99.

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