

A STUDY ON THE PERFORMANCE OF CASE MANAGERS IN SERVICE COORDINATION FOR PERSONS WITH DISABILITIES

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ABSTRACT

Coordination in professional teamwork is the keynote of case management with persons with disabilities. The case manager plays a crucial role in the planning, seeking, advocating and monitoring process of supporting the client to access different services or resources. Meanwhile, Vietnam's government has been encouraging case management in the social work service delivery system as a measure of social protection for PWDs and other vulnerable populations. The study aimed to examine how the case managers performed in service coordination through a questionnaire survey with 374 social work case managers and in-depth interviews with 06 of them, 05 PWDs and their family members, and 04 other sectoral staff. The most significant results showed that they could rarely coordinate professional teamwork, and their work was limited to introducing the PWDs to several services. Some highlighting implications include a lack of official interdisciplinary protocol, low recognition of the social work profession and missing core competencies of the case managers. The paper came up with some key recommendations to improve the performance of case managers through capacity building, awareness-raising for delivery service standards and policy reinforcement to recognise case managers. Hopefully, it would profoundly impact strengthening the practice of social work case management in the indigenous context of Vietnam.

Keywords: Coordination, interdisciplinary, persons with disabilities, social work case management.

INTRODUCTION

Collaborative teamwork is one of the characteristics that distinguish social work case management (National Association of Social Workers, 2013). The social work case manager does not work in isolation but with other social workers, disciplines, and organisations in the case management process (p. 18). Munavvarova (2017) studied a group of 30 community rehabilitation coordinators, who were selected from social workers from social service agencies and family nurses from health centres in each pilot district. It showed that these coordinators are the key person whose competence, activity and motivation determine the ultimate success of the community-based rehabilitation (CBR) program in the case of each person with disabilities. They contacted the clients, coping with different difficulties in their work, searching for solutions, and attained success or bore failure. No District Coordination Committees activities by local authorities can ensure the success of CBR work unless it is given full support by the CBR program coordinators (p. 39).

Several studies have shown that the process of selecting or adapting a case management model requires the participation of collaborative staff, preferably a multidisciplinary team (Kirk, Gallagher, & Coleman, 2014), (Guarino, 2011) in multidisciplinary and multiagency contexts (Department of Health [NHS], 2005b). The case manager can be a trained nurse, a social worker or a health professional working with a group of clients who need long-term support (NHS, 2005b). In the Philippines, the Department of Social Welfare & Development has also regulated the Case Management Team (CMT) as an interdisciplinary group, including participating in rehabilitation. It involves social workers, psychologists, psychiatrists, occupational therapists, doctors, nurses, and other professionals committed to working together to help individuals recover, maintain, and enhance social functioning (Philippines Department of Social Welfare & Development [DSWD], 2008). In different international and national guidelines, the case manager is identified as a social work worker and a group leader who facilitates and monitors the case management process by standards, policies and procedures. The social work case managers take the lead and coordinate all team members and stakeholders (DSWD, 2008, p. 2; Case Management Society of America [CMSA], 2014, p. 5).

Munavvarova (2017) also stated that District Coordination Committees (DCC) were established for coordinator support, project implementation effectiveness, and attraction of additional regional resources. The committees were composed of representatives of local authorities in charge of the social protection sector, district education and health departments, the Society for Disabled People, people with disabilities, community activists, community leaders, teachers and doctors (pp. 41–42).

The social work case manager shall promote collaboration among colleagues and organisations to enhance service delivery and facilitate client goal attainment (NASW, 2013, p. 40). Collaboration with clients constitutes the foundation of social work case management, in which many service providers and organisations are often involved in supporting a client. In such circumstances, the designation of a primary case manager (ideally, at the client's discretion) and written inter-organisational agreements can be helpful. Such collaboration also enhances the organisational and systemic capacity to support clients and reduces services' inappropriateness, duplication, or fragmentation (p. 41).

In Vietnam, social work has been recognised as a profession at a very early stage of over 12 years since 2010 (Vietnam's Government, 2010). The pilot social work case management started earlier; Nevertheless, this practice was officially guided in providing services and support for PWDs much later in 2015 (Ministry of Labour- War Invalids & Social Affairs, 2015). Recently, social work case management has been encouraged to develop in social work agencies by the Ministry of Labour- War Invalids & Social Affairs since February 2020 (Ministry of Labour- War Invalids & Social Affairs, 2020). In 2015, Caritas-Germany gave

financial and technical support to the University of Labour & Social Affairs Campus 2 to adopt the WHO Guidelines about "Community-based Rehabilitation for People with Disabilities" with an emphasis on case management in multidisciplinary and multidimensional approaches in Vietnam's context (Le, 2020). It means the development of case management takes a long way ahead as a professional practice in Vietnam.

As of July 2019, the total number of PWDs in Ho Chi Minh City (HCMC) is 62,554 persons, of which 55,148 people have been identified as PWDs. The need assessment survey showed that they have different levels of complex needs, which require multiple services, support and resources in medical care, rehabilitation, education, livelihood, empowerment, etc. (Bui, 2014, p. 70). Only 01% were in social protection agencies accessible to most social policies but at deficient and primary levels. Meanwhile, up to 99% were living in the communities could not receive sufficient benefits from social policies and services. As proven, 52% requested more social work services, of which 82% asked for certain services through case management-CM (HCMC Committee & UNICEF, 2015).

Regarding the social work human resources in HCMC, there are currently about 5,000 employees, including 2,000 people working in social work agencies, social protection centres, and drug treatment facilities under the governing body of HCMC Department of Labor – War Invalids & Social Affairs, more than 1,000 civil servants of the Division of Labor – War Invalids and Social Affairs of 24 districts and social-cultural officers or social work collaborators of the wards/communes/towns, about 1,000 persons in other sectoral departments (Department of Health, Department of Education and Training, Department of Justice, etc.), over 500 staff of mass organisations (Women's Union, Ho Chi Minh Communist Youth Union, etc.), and over 500 social workers from NGOs and foreign organisations (Ho Chi Minh City Department of Labour- War Invalids & Social Affairs, 2011). The Decree No. 34/2019/ND-CP of the Government dated April 24, 2019, with several regulations on quotas and reduction of commune-level cadres, civil servants and part-time workers, significantly impacts local implementation. It is streamlined in lower numbers of staff while the responsibilities and pressures of contemporary work are higher and higher because of the intensive population of citizens.

While coordination, further included with collaboration and referral, is a crucial component of social work case management, it enhances the organisational and systemic capacity to support clients and reduces inappropriateness, duplication, or fragmentation of services (National Association of Social Workers, 2013, p. 41). In the absence of an available social service system and sufficient social workers, this becomes more critical in a prompt response to the needs of PWDs in the locality that the government has attempted to cover for all. The recent reinforcement of the government to move the CM practice forward, on the one hand, is a highlight; on the other hand, it requires a thorough reflection of the current performance of the case managers through their mirror as well as the clients and their partners. It is also helpful to get a sense of what obstacles are hindered better practice and close working with the PWDs. Hence, the further implication of change might be sought in a joint effort to strengthen the coordination of social work services for the goodness of PWDs.

Definition of terms

Case management (CM) is a social work practice of engaging clients in the collaborative process of identifying, planning, accessing, advocating for, coordinating, monitoring, and evaluating resources, supports, and services.

The case manager is the employed staff assigned to manage and support individuals with disabilities.

Service is mentioned as the service itself, support and resources.

Coordination is determined by managing the CM process, navigation of the services, information provision and reference to services in a single organisation or spread across numerous settings with inter-organisational agreements (ideally with the client).

RESEARCH METHODOLOGY

Data gathering

The primary data was gathered through the survey with questionnaires and in-depth interviews.

Survey

The survey with questionnaires was conducted with 374 social work case managers through different steps as followings:

Pilot test

The questionnaires were tested and analysed with 84 observations. Cronbach's Alpha coefficient evaluated the reliability results of the scales in the questionnaire from 0.674 to 0.804.

Scale

Table 1: 05 point-Likert scale

Frequency	Scale (point)				
	1	2	3	4	5
Interpretation	Never	Rarely	Occasionally	A moderate amount	A great deal

Source: (Vagias, 2006)

Sampling

Sample size

The sample size was determined by the Z-score, standard of deviation, and confidence interval in the sample size calculator (Qualtrics XM, 2020)

$$\text{Necessary Sample Size} = \frac{(Z\text{-score})^2 \times \text{StdDev} \times (1\text{-StdDev})}{(\text{margin of error})^2}$$

- Confidence level: 95%
- Population Size: 5,000
- The margin of Error is 5%
- Thus, the ideal sample size is **357**

Sampling method

A non-probability sampling technique was explored through snowball. The list was introduced and synthesised from diverse sources, including the Southern Regional Office of the Ministry of Labour, Invalids and Social Affairs, the HCMC Department of Labour- War Invalids and Social Affairs, the HCMC Club of Social Work Profession, HCMC Forum of non-profit organisations, from leaders of social agencies for PWDs (Center for Disability and Development, Thien An Shelter and more), the former students of the University of Labor and Social Affairs (Campus 2). They are also officials and employees at local communes. While conducting the survey, the respondents gave their addresses and were introduced to other potential candidates.

Information gathering

Information gathering through surveys with questionnaires, including the 02 following techniques:

Online survey: The questionnaires were designed with Google Forms. The survey kit includes a letter of recommendation and a link to the survey (with instructions). It was then sent based on the lists via email channels, Club Fanpage, NPO-Forum and other social networks. The guidelines included information and how to contact the researcher for further clarification. The results were collected with 169 responses, of which 165 were eligible for data processing.

Face-to-face survey: The researcher conducted questionnaires with staff from social agencies, Ward People's Committees and other service providers according to the list compiled and introduced from different sources. As a result, 215 responses were achieved, and 209 valid ones were selected.

There were 374 valid respondents for data analysis, which satisfied the necessary sample size.

In-depth interviews

After the raw survey results with questionnaires were analysed, in-depth interviews were conducted with 06 social work case managers, 05 PWDs and their family members, and 04 other sectoral staff.

The social work case managers were selected among the survey participants, while PWDs were selected among their clients. The interviewees representing each target group were selected based on the inner city and outskirt districts. The in-depth interview process was held with the consent of the participant's recording. The flexible structure of questions was designed for each group. Other important exploring questions came out during the interviews for their feedback.

Data analysis

Mathematical and Statistical Methods: The study used the IBM SPSS Statistics 20 software tool to analyse survey data by questionnaires, mainly with the descriptive statistics method. The study was also run with Cronbach's Alpha test and the difference ANOVA test.

Mean	Interpretation
1.0 ≤ μ ≤ 1.80	: Never performing
1.80 < μ ≤ 2.60	: Rarely performing
2.60 < μ ≤ 3.40	: Occasionally performing
3.40 < μ ≤ 4.20	: Moderately performing
4.20 < μ ≤ 5.00	: Frequently performing

Other information processing methods: The results of the in-depth interviews were recorded, coded, and transferred. Meaningful quotations were extracted and attached to the interviewees (anonymously) for the analysis.

DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

Workplaces

Most participants (72.5%) work at the Ward People’s Committee. Commonly, their working units take charge of social welfare, social protection, and social work for clients in the communities. In another group of participants, 18.4% are employed by public social protection/social work agencies. Meanwhile, there is only 9.1% for non-governmental organisations. It implied the significant gaps between governmental and non-governmental sectors.

Job title

The primary case managers of PWDs are quite diverse due to their organisations but almost equal distribution (34.5% for social workers, 33.2% for labour-war invalid & social civil servants and 29.7% for social work collaborators). These people are supposed to work as case managers due to the government's regulations. Another odd percentage of 2.6% of case managers are project coordinators and administrators in some other agencies or programs.

Educational background

The most considerable proportion of 43.3% comprises those with short social work courses or vocational levels. Considerably, another portion of 31.8% has no social work background. While those at the college or university level count for 24.1% and less than 1% with postgraduate courses. Among them, 62.3% had no training in social work with PWDs or case management. The significant demographical characteristics of educational background imply a massive demand for capacity building in social work and case management with PWDs.s

Age

More than half of the respondents are between the ages of 30-40, nearly a quarter are young ages 18-30, and the left amount is from 40-55. It is implied that most case managers are of working age with high potential and somehow relevant to their working experience.

Working experience

The most significant proportion (50.8%) is those with 01-03 years of working with PWDs, followed by 26.2% with 04-07 years of working experience, adding to over 10% of others with over eight years. Only a tiny percentage, 12.8%, have started their work in less than 01 year. The high number of those with long-time experience might contribute to their practical understanding of working with PWDs; nevertheless, it is vague to conclude the high performance of their delivery services with a lack of compatible educational background.

Gender

Among them, 85.6% are female workers, that far overweigh male counter partners with 14.4% only. It might be implied that unbalanced gender issues in the labour patterns of social work.

KEY FINDINGS

Coordination and navigation of the services, resources and support for clients' needs are considered the critical roles of social work case managers. The significant findings of how case managers perform this task are indicated below:

Table 1: Frequency of social work case manager’s performance in service coordination for persons with disabilities

Q-Code	Activities	Frequency (n = 374)					Mean μ	Std. Deviation SD
		1	2	3	4	5		
C36	Coordinating the CM process (information gathering, assessment, planning, monitoring and evaluation of service delivery)	36.4	42.2	18.4	3.0	0	1.88	.820
C37	Coordinating the appropriate interdisciplinary team and experts	55.9	21.7	19.5	2.9	0	1.70	.884
C38	Navigating the services for individual needs	29.4	42.8	19.8	8.0	0	2.06	.900
C39	Giving information and introducing PWDs to access services	2.4	35.0	50.8	11.0	0.8	2.73	.718
C310	Connecting and referring PWDs to external services	6.9	57.0	27.0	9.1	0	2.38	.747
C311	Having inter-organisational agreements	48.7	28.1	18.7	4.5	0	1.79	.902

It can be seen that the task of coordination of the appropriate interdisciplinary team and experts (C37) has the lowest frequency with $\mu = 1.70$. An immense proportion of case managers (77.6%) do not or rarely coordinate the professional team. The research also found that up to 62.8% of respondents said there was a lack of specific policies on positions, roles, responsibilities, and coordination mechanisms of the collaborative team, and 52.1% blamed the absence of sanctions and incentives for CM practice. In-depth interviews revealed that the status of social workers had not been adequately recognised due to a lack of public awareness about the social work profession. *"The journalists, news reporters, for example, have their job cards, mighty and well recognised in casework... When I contacted other agencies, I brought my card with external power, which is almost extremely challenging for collaboration. I feel I have no power, no position, even though I am on duty."* (NTC, CM staff, Go Vap District).

Similarly, the case managers seemed to pay little attention to having/making inter-organisational agreements (C311, $\mu = 1.79$). Over three-quarters of participants do not or rarely process official commitment during the CM with clients and other relevant service providers. They explained that agency leaders should make the agreements rather than their tasks.

At the same time, the role of case managers to coordinate either the whole process (C36, $\mu = 1.88$) or the services for individual needs (C38, $\mu = 2.06$) is rarely performed when around three-quarters of them do not or rarely take it, only nearly 3% often take charge in the CM process. In addition, only about 8% often navigate the services for the individual client. The case manager might not be able to perform it provided that they were not officially assigned the position when contacting or working with colleagues from internal and external organisations.

Besides, the survey results showed that the case manager's performance in connecting and referring PWDs to service providers is rare (C310, $\mu = 2.38$). Up to 63.9% do not or rarely conduct reference processes or procedures for PWDs to access other services. The underlying reason might be that they are in charge of over caseload, so they might prioritise giving one-time or financial support as per the government's regulation. The proven result shows that 85.6% of respondents are concurrently managing other beneficiaries in the community, and 38.5% have over 50 clients with disabilities simultaneously.

Positively, there are also several case managers giving information and introducing PWDs to access services on a moderate or regular basis (C39, $\mu = 2.73$). In the interviews, the respondents said they often connect to other colleagues through personal relationships because their agencies do not have a database or official network of service provision. They also know the importance of making service references, citing that "Networking is vital. You cannot take care of the case (PWDs) by yourself. Having friends and colleagues from other service agencies is quite convenient. When I notice that clients need support or service my agency does not have, I will call and refer them to others. That is why I often go for network meetings and training sessions. I also try to make as many friends as possible." (TD, the CM staff, District 10).

For the feedback of PWDs/families during in-depth interviews, the common opinion is that they have rarely seen the CM staff coordinate the services or other staff for what they need. Most support provisions focus on giving a monthly allowance, occasional presents, medical insurance and others for once thanks to the national welfare policies. When visiting the houses of PWDs, the social and cultural civil servants were more likely to be the active communicators among other member staff, but often they came alone. Some of them also said they did not receive assistance with administrative procedures, for example, dispatching, referral, or any advice on procedures and how to access other service agencies. It is cited that "When I need the service, I come by myself. Getting a referral is also difficult! Getting a meeting with a civil servant is challenging. Sometimes they are unavailable. Then you have to wait for a long to have a sealed paper of referrals. All in all, a long time!" (PTLY, sister of PTLO, a person with a stroke).

Among the respondents, only a few said they performed as the coordinator quite often, ranging from 03-09%. At some service agencies that have applied the CM practice for years, the performance of case managers on coordination is more transparent and more often. In an interview, a manager from Caritas Saigon Organization shared that *"The Roman Catholic Archdiocese of Ho Chi Minh City often assign a Sister for the CM. She is in charge of supporting children with cerebral palsy. She coordinates the whole process and services for needy children when their families are contacted for help. A retired doctor takes care of the district's bishop shelter/office. Two of them and other volunteers work together."* (NTTH, the project manager, Caritas Archdiocese of Saigon).

The difference between testing in the coordination of the case managers in supporting people with disabilities

ANOVA test was used to determine whether there is a difference between the participants in the coordination and referral to support for PWDs based on their demographic characteristics.

Table 3: Differences in coordination performance of case managers

ANOVA Post Hoc Tests Multiple Comparisons Tamhane					
Dependent Variable	Types of agencies (I)	Types of agencies (J)	Mean Difference (I-J)	Std. Error	Sig.
Coordination	1	2	-.395*	.121	.004
		3	-.927*	.174	.000
	2	1	.395*	.121	.004
		3	-.532*	.199	.028
	3	1	.927*	.174	.000
		2	.532*	.199	.028
Referral	1	3	-.668*	.163	.001
	2	3	-.594*	.194	.009

ANOVA Post Hoc Tests Multiple Comparisons Tamhane					
Dependent Variable	Types of agencies (I)	Types of agencies (J)	Mean Difference (I-J)	Std. Error	Sig.
	3	1	.668*	.163	.001
		2	.594*	.194	.009

(1- units of the Ward People's Committee; 2- public agencies, 3- non-governmental agencies)

The results revealed a clear difference by types of service providers with Sig.< 0.05 at the 95% confidence level. The most obvious difference is between non-governmental agencies (3) and public agencies (2) or the units of the Ward People's Committee (1). When comparing the Mean Difference values for coordination tasks, case managers at the NGOs performed the most frequently, leaving those who are providing services on behalf of the Ward People's Committee far behind with 0,927 points on average and those from public service agencies with 0,532 points. This tendency occurs similarly for the referral tasks, which were conducted the most at the NGOs in a large gap of 0,668 points for the units of the Ward People's Committee and 0,594 points for the public agencies. The overall trend could be drawn that the frequency of implementation is most often at non-governmental agencies, then public institutions and finally, the department of the People's Committee. The underlying reason might be that NGOs are more flexible and ready to pilot and professionalise the practice on a smaller scale of clients rather than the public ones assigned to care for a variety of client groups. It is relevant to the history of developing social work case management rooted in the INGOs and NGOs in the pilot funding programs from international organisations to advocate professionalism in Vietnam.

DISCUSSION

Although Circular No. 01/2015/TT-BLDTBXH, dated January 6, 2015, for the guidelines for the management of people with disabilities, there was a mention of coordination activities in the process of public administration. However, when it was replaced by Circular No. 02/2020 /TT-BLDTBXH dated February 14, 2020, guiding the case management provided with social work services by social agencies, this essential role and task were vague. Meanwhile, coordination in countries with advanced social work is considered an indispensable element of the social work CM. This missing gap shows in practical implementation, policy designation, and the downward trend of professional social work in Vietnam.

The most prominent reason for the case manager's weak and rare coordination performance might be the absence of official mechanisms/protocols for the collaborative team and network of social work service agencies. As a result, the case managers hardly coordinate the other staff and the multidisciplinary expertise or services. In the current context of the lack of social work service delivery in an appropriate response to the needs of PWDs with different types of disabilities, rare performance on coordination of the case managers might be led to unmet needs which have been somehow reflected through the feedback of PWDs and their families in the research.

The primary underlying implication might be sought at the low status of the social work profession in Vietnam. Social work has been newly recognised as a profession since 2010. There is low awareness in society or other sectors of how crucial social work case management can be to serve clients' complex needs, including PWDs. Therefore, the barriers remain steadily against the collaboration of numerous disciplines between case managers and other staff. At the same time, there is a shortage of leading status, specific roles and responsibilities of social workers (including civil servants) in legal documents, and the slow implementation of professional CM practice among service providers in Ho Chi Minh City.

Additionally, the incompatible educational background and little knowledge of social work case management also affect how frequently the case managers conduct their roles and responsibilities. Social workers still take on coordinating tasks that they might not realise or know the nature of coordination. In social protection centres, social workers in the organisational-administrative-general departments are responsible for keeping case records and often work with those from other units, such as caregivers, nurses, doctors, psychologists, and rehabilitation therapists, for the specific case of children with disabilities. At the ward and commune level, socio-cultural civil servants or social work collaborators often act as public administration staff in charge of monitoring and evaluating the support of PWDs and implementing welfare policies. They are also a member and the secretary of the Ward Disability Committee in charge of certifying a person with disabilities. However, this role as a case manager or coordinator, in particular, has not been clearly defined. They can start to collect the casework, assess the client's needs and make a referral; however, it is challenging for them to coordinate or host the case conferences with an interdisciplinary team for each client.

CONCLUSION

The local, socio-political and economic context of Ho Chi Minh City has provided an overview of the current situation on how social workers are performing coordination services in the process of case management with PWDs. They have also been enabling PWDs to access different social welfare policies. Nevertheless, the other core functions of social workers, namely navigating and coordinating services and support and facilitating and empowering PWDs in social inclusion, are weak and infrequently performed. Poor performance of social workers in coordination roles or tasks could be explained by significant difficulties and barriers stemming from the limitation on their competencies, gaps in policy mechanisms, low-level awareness and participation of PWDs, their families and communities and leadership and capacities of service agencies. Remarkably, the most common difficulties of social workers are their unclear status, overloaded casework, and insufficient competencies.

Therefore, some strong recommendations are suggested through the implication and discussion of the study. For practice, the research provides a clear-cut for social workers to reflect on their own and get feedback from the clients about their case management practice, specifically the coordination tasks and a need for continuing capacity building so that they can respond promptly to the needs of PWDs. At the same time, the service agencies should invest more in their CM concerning less casework

load, better identity, and higher benefits. A coordination network could enhance organisational and systemic capacity to support clients.

For education, the study might be meaningful for institutions to design specialisation training programs in social work case management with PWDs with a focus on coordination, navigating the CM process, compatible services, collaboration with interdisciplinary teams, engaging different stakeholders, and so on.

For policy-making, it helps policymakers and different management levels with scientific, evidence-based recommendations on developing and adjusting appropriate policies to promote professional services and social workers' capacity building. The job description should be clearer guided during a CM. Foremost, the social workers should be titled with a more substantial and explicit identity in the collaboration protocols, which should also be laid down.

LIMITATIONS OF THE STUDY

First and foremost, the study could, on the one hand, reflect the social work case managers' self-critical and acknowledged. However, on the other hand, the excellent quality of services might be arguably discussed. Fortunately, similar feedback from different participants, remarkably with PWDs as the clients, might constantly reinforce the key findings.

Furthermore, some self-evaluations of the respondents might be inflated or deflated due to the use of a cross-sectional methodology (Siemsen, Roth, & Oliveira, 2010) or might not generate artifactual interactions (Evans, 1985). The study exploited a prominent representative of the target population from a wide range of workplaces and localities. The online survey method might be affected by several factors, such as a lack of face-to-face instruction or clarification. However, thanks to this new trend of ICT, the study could cover almost all population localities. At the same time, the in-person survey still accounted for the majority to ensure the reliability of the study.

Last, the study might not be well generalised to the client's pleasure without various disabilities or severity. Some might be more thorough with their engagement in the interviews rather than their primary caregivers. It seems common sense that the PWDs are hesitant to participate in any form of activities, or the researcher was not endless patient with their readiness.

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