



VICTIM SUPPORT
PROMOTING RIGHTS & RECOVERY



Policy – Case Management

Purpose

This policy outlines how case management and service planning for clients within Victim Support ACT (VS ACT) will be implemented. It aims to reflect contemporary best practice case management approaches to victims of crime by providing trauma-informed, strengths-based, solution-focused, tailored support, within the context of the criminal justice system.

Scope

This policy applies to Health Professional Officers in VS ACT working in a case management role, including Case Managers working in the Intake and Assessment team, and students on placement at VS ACT.

Background and Rationale

The *Victims of Crime Regulation 2000* established the Victim Services Scheme which underpins the services provided to victims of crime within VS ACT.

The object of the Victim Services Scheme is to provide assistance to victims of crime using a multidisciplinary approach, in ways that are:

- timely;
- accessible;
- solution focused;
- professional;
- individualised; and
- appropriate to the victim.¹

Research suggests that people dealing with multiple legal, health, social and financial difficulties benefit from case management². Case management is intended to meet the multiple needs of clients in a coordinated and comprehensive manner and is therefore a central component in the provision of person-centered services at VS ACT.

¹ 20(c) Victims of Crime Regulation 2000

² Matrix Research & Consultancy. Intensive help for vulnerable people: Applying case management models in the justice system. Ministry of Justice, 2009.

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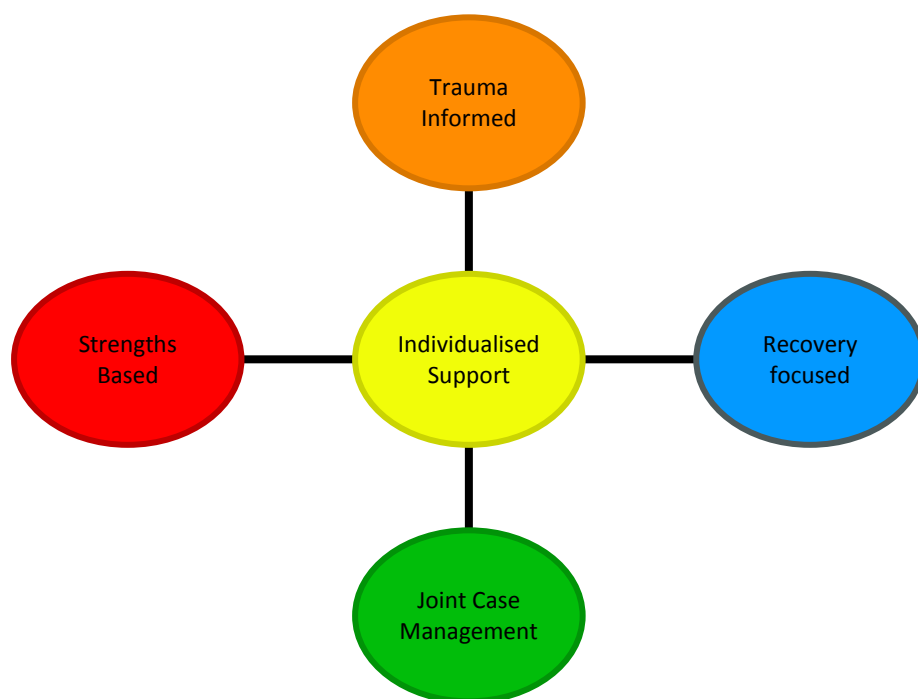
VS ACT provides case management and service planning to support clients in their recovery from the impact of a violent crime, and to enable their recovery through participation in the social, economic and cultural life of their community.³

*Case Manager*⁴ is the position title of the health professional officer employed by VS ACT whose primary role and function is to facilitate the process of case management.

It is important to note that people experience a variety of responses to being victims of crime and these responses may be influenced by a range of individualised circumstances, including people's social, economic and cultural backgrounds. Therefore within each phase of the case management process, the case manager must carefully assess the client's individual, diverse and special needs, including choices, expectations, motivations, preferences and values, and available resources, services and supports.

Traumatic experiences affect individuals and those close to them, including children, in a lot of different ways, including physical, cognitive, emotional, behavioural and social. Victims of crime, particularly those impacted by incident(s) of a serious and/or complex nature, will require case management where strengths are recognised and they are linked to appropriate services.

Case Management Theories and Practice Frameworks



³ 20 (a) Victims of Crime Regulation 2000

⁴ Also called care coordinator in the Victims of Crime Regulation 2000

Trauma Informed Case Management

Trauma is defined as a state of high arousal that impairs integration across many domains of learning and memory⁵. Trauma stems from activation of the instinctive 'fight-flight' response to an overwhelming threat. Mobilisation of this biological 'survival' response leads to a 'freeze' response when the danger cannot be escaped, and the normal impulse for action is arrested. Experience need not literally be life threatening to qualify as traumatic.

Complex trauma, in contrast to 'single-incident' trauma, is cumulative, repetitive and inter-personally generated, and includes ongoing abuse which has occurred in the context of the family and intimate relationships. Unlike a one-off event, the cumulative impact of premeditated and multiple episodes of abuse involves compounded dynamics and entails pervasive effects. Complex trauma places the person at risk; for not only recurrent mental health issues/ illness, but also interruptions and breakdowns in the most fundamental outcomes of healthy psychobiological development⁶.

VS ACT is a **trauma informed service** where Case Managers are trained in, and sensitive to, trauma related issues affecting clients. In a trauma informed service environment, clients and their behaviour are viewed through a trauma aware lens, all staff respond accordingly, and the day to day delivery of services is conducted to meet the individual needs of the client.⁷

VS ACT is committed to and acts upon key principles of trauma informed care including safety, trustworthiness, choice, collaboration and empowerment⁸. Interactions with clients and delivery of services will be undertaken in a way that avoids inadvertent re-traumatisation and facilitates capacity building for clients in treatment.

Trauma specific services operate from the premise that 'recovery cannot occur in isolation', and that it needs to be assisted in a context which does not replicate elements of the initially traumatising experience.

As a **trauma informed service**, VS ACT offers treatment approaches which are designed to directly address the treating of trauma experiences and related symptoms, within a criminal justice context.

⁵ Cozolino, L. (2002). *The neuroscience of psychotherapy: Building and rebuilding the human brain*. New York: Norton.

⁶ Courtois, C. & Ford, J. (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guildford Press.

⁷ Jennings, A. (2004). *Models for developing Trauma-informed behavioural health systems and Trauma-specific services*, US: NASMHPH & NTAC, pg 5.

⁸ Falot, V. & Harris, M. (2009). *Creating cultures of trauma-informed care: A self-assessment and planning protocol*. Washington DC: Community Connections, p3.

Strengths-based, Solution Focused Case Management Approach

Strengths-based approaches to assessment and service planning emphasise the existing resources of the client, which fosters client options and empowerment, and which is explicitly non-pathologising. Needs do not define the whole person, therefore focusing on a person's assets, resilience and their capacity for self-direction is important⁹.

A strengths-based model of case management focuses on helping clients to build on their capacity and strengths. This may be suitable for clients with individual capacity to learn and develop¹⁰. Focusing on a client's ability to help themselves combined with effective interventions to manage their specific issues seems to have positive outcomes but this 'self-motivating' approach is unlikely to suit all client groups.

Strengths spotting > Discovering hidden resources > Setting goals

A **solution focused** approach as a problem solving practice method is designed to link the needs of individuals to a range of service providers. Based on assessed needs, services are tailored based on the client's unique capabilities, goals, and circumstances. It is therefore important that the case manager is skilled in all aspects of case management as a problem solving practice method.

Joint Case Management Approach

Delivering a trauma informed service requires close collaborative interagency relationships. Joint case management requires working in partnerships and joint planning with other related agencies involved in the care and wellbeing of the client. This involves ongoing analysis, decision-making and record-keeping to ensure that the identified needs of the client are being met.

A joint case management approach includes:

- Developing a shared understanding of a client's needs and a common focus
- Negotiating roles and tasks to be undertaken by each worker which articulates boundaries
- Managing differences in expectations
- Establishing clear and responsive communication channels

⁹ Rapp, R. (2006). Strengths-based case management, in *The strengths perspective in social work practice*, 4th ed. D Saleebey (ed). Boston: Pearson Education; Case Management Society of America. (2010). *Standards of practice for case management*. Arkansas: CMSA.

¹⁰ Matrix research & Consultancy, 2009

Components of Case Management

Case management is a process aimed at co-coordinating services and support on behalf of an individual to achieve identified goals¹¹. It is an interactive and dynamic process with an emphasis on building relationships with clients to facilitate change. Services are identified based on assessed needs which enable clients to navigate the criminal justice and other service systems.

Case management encompasses key consecutive and collaborative components, including initial intake, assessment, recovery care planning, implementation, monitoring, transitioning / closure and evaluation.

These components allow for the development of an individualised recovery care plan that will promote recovery using a trauma informed, strengths-based, solution-focused/ recovery-focused approach.

Initial Intake:

An initial intake is conducted by the VS ACT Intake and Assessment team to determine eligibility and suitability for VS ACT services.

Clients may request assistance and information about practical support as well as emotional and psychological support. Practical support with dealing with the immediate effects of the crime can include arranging and receiving medical treatment or making funeral arrangements. There may also be justice related priorities such as reporting to police and obtaining a protection order. A client may request access to therapeutic services, including psychological services and complementary therapies, to recover from the impact of the crime.

Clients may also request information about, or assistance with the criminal justice system, the operation of the Victim Services Scheme, their rights as victims of crime or how to make a complaint about an agency or a person.

Clients' specific needs, requirements and goal preferences are identified in order to determine whether VS ACT is able to assist them, or whether a referral to a more appropriate service is required.

A preliminary plan is developed at this stage based on the initial intake. This preliminary plan can make recommendations as to whether a client should be allocated a Case Manager at VS ACT for further support, advocacy and assistance.

¹¹ Marfleet, F., Trueman, S. & Barber, R. (2013). 3rd Edition, *National Standards of Practice for Case Management*, Case Management Society of Australia & New Zealand

Key Outcomes:

- Engage client
- Identify presenting needs
- Assess risk and safety issues
- Determine eligibility
- Provide information
- Identify support services already involved with client
- Develop preliminary plan:
 - Provide necessary client or service referral
 - Recommend allocation to Case Manager as required

Assessment:

The assessment process involves the Case Manager and client identifying the presenting issues, client strengths and service requirements that will inform the planning process.

In collaboration with the client, significant others and, where appropriate, other agencies involved, information is collected about the individual's physical, mental, social, and psychological functioning, their physical environment including strengths and resources.

An assessment of needs and strengths should include cultural considerations, employment status, education and training, health and wellbeing, housing and accommodation, interpersonal relationships (family and social systems), personal safety planning, daily living requirements and financial and legal requirements.

This multidimensional assessment¹² will guide the development of the recovery care plan.

Key Outcomes:

- Assess all life domains
- Collate information and observations
- Provide support, information and assistance where required and appropriate
- Identify existing supports and services being accessed by the client and how multiservice collaboration will be recognised and co-ordinated.

¹² Green, D & Roberts, A. (2008) *Helping Victims of Violent Crime: Assessment, Treatment and Evidence Based Practice*. Springer Publishing, New York.

Recovery Care Planning:

Recovery care planning is a multifaceted exercise that sets the scene for what follows between a client, the case manager and formal and informal supports.

The recovery care plan is a document that reflects the assessment of the client's situation as well as their needs and goals. The recovery care plan is developed in collaboration with the client, based on identified goals, and tailored to the unique needs and circumstances of the client. The recovery care plan will include therapeutic goals, as well as information and assistance required to navigate the criminal justice system as appropriate. The recovery care plan must outline the client centred recovery goals and the number of contact hours and particular services to be provided, to support the client to achieve those goals.

Goals and objectives are developed based on assessed need, and in collaboration with the client. Identified goals and objectives should be specific, measurable, achievable, relevant and time-related (SMART)¹³. They may relate to physical and psychological health (therapeutic), relationships and family, education and employment, social/ community engagement and financial assistance¹⁴.

Key Outcomes:

- Determine specific goals
- Determine strategies to achieve outcomes
- Clarify all roles and timeframes
- Identify and respond to risk and safety issues

Implementation:

Implementing the recovery care plan involves conscious, deliberate and purposeful activity with and for the clients in order to promote recovery.

The Case Manager acts as a broker to negotiate, mediate, and advocate on behalf of clients to ensure they have access to the needed services identified as required to address their individual needs and goals.

Planning and linking to resources are interdependent functions. Both formal and informal resources and appropriate service providers are identified. Specific services as well as the frequency and duration of contact with the service provider are agreed on by the client and Case Manager, and followed up as appropriate.

Case Managers may provide *in-house counselling* in certain circumstances. This will relate to clients with eligibility limited to Level 1 services as victims of non-violent crime, including property crime, theft or burglary. It will also relate to clients who may not be suitable to be referred to an external service provider for therapeutic support due to complex needs or upcoming justice processes. In-

¹³ Based on the SMART theory of goal setting, Dr Edwin Locke

¹⁴ Through the Victims of Crime Financial Assistance Schemes, 1983 & 2016

house provision of psychological services will also enable Case Managers to utilise and strengthen their skills in therapeutic interventions.

Referrals: Where appropriate, referrals are made to approved Panel Service Providers for provision of psychological and complimentary therapies. Referrals to appropriate agencies may be required for assistance with more practical or specialised needs for clients, which may include, but not limited to mental health, alcohol and other drug services, children and young people services, older persons, employment, housing, financial, legal and/or other mainstream or specialist services.

Advocacy: The provision of specialised advocacy services is an essential function of VSACT to address the problems of 'secondary victimisation'¹⁵ that is experienced by victims of crime when they are involved in criminal justice processes. Secondary victimisation can occur during reporting, investigative and prosecution stages. Advocacy will assist clients to understand their rights and entitlements across a range of service systems.

Key Outcomes:

- Deliver on recovery care plan tasks
- Provide referral and advocacy
- Facilitate collaboration and coordination of services
- Provide regular communication and information sharing

Monitoring:

Monitoring progress of recovery care plans is a vital, ongoing and proactive process. Monitoring of the recovery care plan with the client will help to identify progress, prioritise next steps and ensure efficiency in achieving goals. This will ensure the client is receiving the expected level and quality of service provision during the period of service with VS ACT.

Information can be ascertained through:

- regular contact with approved Panel Service Providers to determine if services are responsive in meeting identified recovery goals
- monitoring progress towards the identified recovery goals
- the client's observations regarding the level of progress and satisfaction with the Panel Service Provider to whom they have been referred.

It is particularly important to be sensitive to changes in client's needs and to adjust or modify the recovery care plan as indicated. Reviews of progress can be formal or informal and should be completed at a minimum of three monthly intervals. The information gathered can also determine change since the initial assessment.

¹⁵ Wemmers, J. (2013) Victims experiences in the criminal justice system and their recovery from crime. *International Review of Victimology* 19(3), 221-233. DOI: 10.1177/0269758013492755

Key Outcomes:

- Reviewing progress
- Identifying and responding to change
- Celebrating milestones
- Planning for transition or exit stage

Transitioning/ Closure:

At the end of VS ACT's case management service provision, where possible, the Case Manager should assess satisfactory progress and identified recovery goal attainment; ensure that client is able to implement strategies as learnt and is linked to services for ongoing support according to their individual needs if required.

While therapeutic services are capped, Case Managers may need to provide psychological support to clients who are involved in ongoing criminal justice processes until matters are resolved/ finalised.

Where goals have been achieved, case finalisation and file closure is undertaken in consultation with client.

Transitioning can occur internally, for example a change of Case Manager, or externally should a client no longer require the services of a particular service provider. Transitions and case closures need to be carefully planned and implemented.

Key Outcomes:

- Provide recognition of achievements
- Plan next steps

Evaluation

An outcomes evaluation should be conducted to ensure services provided are meeting/ have met the needs of the client. The client should be involved and is central to the evaluation of the adequacy of the service. Evaluating the contributions of the Case Manager is an important part of the process.

The evaluations will be used to further inform the future of case management in VS ACT to evaluate practice approaches currently utilised.

Key Outcomes:

- Evaluate progress and outcomes
- Identify continuous improvement opportunities
- Recognise contributors

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Related Legislation and Policies

Crimes Act 1900

Human Rights Act 2004

Victims of Crime Act 1994

Victims of Crime Regulation 2000

Victims of Crime (Financial Assistance Act 1983

Standards

Case Management Society of Australia's (CMSA) National Standards of Practice of Case Management

Codes of Ethics, Australian Association of Social Workers (AASW) 2010

Codes of Ethics and Practice, Australian Counseling Association (ACA) 2012

Australian Psychological Society (APS) Code of Ethics 2007

ACT Public Service Code of Conduct

ACT Public Service Code of Ethics

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Appendix A

Case Management Guiding Principles at Victim Support ACT

Case manager - client relationship: A respectful and collaborative relationship is developed as the foundation on which the case management process is based

The focus: Needs-based support is provided to achieve identified goals

Single point accountability: Case manager acts as the single point of contact for the agency

Client safety: Promote optimal client safety

Trauma Informed: Case managers recognise the impact of trauma on clients and act upon key principles of trauma informed care (Fallot & Harris, p3)

Strengths-based: Emphasise the existing resources of the client, which fosters client empowerment, and is explicitly non-pathologising

Empowerment: Support and enable clients to make informed choices and decisions and to achieve their optimal level of independence and wellbeing within their community

Facilitator of communication: Assist client to navigate complex criminal justice and social service systems.

Advocacy: Promote the interests of victims of crime, particularly on behalf of clients from diverse population groups

Flexibility: Services is provided in a flexible way in response to the changing needs of the client

Timeliness: Timely service delivery is provided as needed and accepted by client

Comprehensive assessment: Holistic assessment of all physical, social, cultural, spiritual and practical aspects of a client is undertaken

Confidentiality: Maintained at all times in accordance with legislative requirements

Joint Case Management/ Co-Case Management: Working in partnerships and joint planning with other related agencies involved in the care and wellbeing of the client

Effective documentation: Maintained at all times in accordance with legislative requirements

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Appendix B

Case Management Skills and Training, VSACT Induction Package

4 components of essential skills and knowledge to be included as part of VSACT Induction Package to strengthen casework practice:

1. Required Knowledge, which provides a foundation for victim services:

- Victims' rights - governing principles¹⁶
- Understanding the criminal justice system
- Understanding the financial assistance scheme¹⁷

2. Core Competencies and Skills:

- Communication skills (eg trauma informed interactions, skills in conversational assessment)
- Goal setting¹⁸
- Understanding confidentiality and informed consent
- Advocacy function
- Professional documentation requirements

3. Crimes Section:

- Characteristics and Prevalence of Crime
- Other information about specific crime categories, including sexual assault, domestic violence, stalking, property crime

4. Specialist Knowledge:

- Information and skills to better serve diverse populations such as clients from CALD background, LGBTIQ, client living with disability, domestic and family violence
- Understanding of Vicarious trauma and the importance of appropriate and regular supervision

¹⁶ *Victims of Crime Act 1994*

¹⁷ *Victims of Crime Financial Assistance Schemes, 1983 & 2016*

¹⁸ Based on the SMART theory of goal setting, Dr Edwin Locke