



**ACT**  
Government



**VICTIM SUPPORT**  
PROMOTING RIGHTS & RECOVERY

## Standard Operating Procedure: Clients with Complex Needs

### Statement

Victim Support ACT (VS ACT) strongly supports and advocates for clients to:

- Access services to address their identified needs.
- Receive safe and high quality services that are provided by professionals who are skilled and competent.
- Receive services, which demonstrate respect for their culture, beliefs, values and personal characteristics
- Receive open, timely and appropriate communication about services in a way that they can understand.
- Work in collaboration with staff, which actively promotes decisions and choices about the services to provide the support and/or treatment required to have their needs met.
- Have their rights to privacy and confidentiality of their personal information respected.
- To receive information about the criminal justice system and complaint procedures, and to receive justice advocacy.

### Purpose

All victims of crime in the ACT have a right to access at least two hours of service from the Government's Victim Services Scheme, which is explained in the Victims of Crime Regulation 2000. All victims of violent crime in the ACT are entitled to access an additional six hours of service. The Victim Services Scheme is administered by VS ACT.

Notwithstanding these entitlements, there will be occasions when an eligible victim presents to VS ACT with very complex issues, and following assessment by a Case Manager, it may be identified that the needs of the client would be better responded to primarily by other services, with our involvement, assistance and/or coordination. It is envisaged that these presentations would be uncommon and should be discussed with the Team Leader, or delegated senior Case Manager prior to a plan being made.

This Standard Operating Procedure (SOP) aims to provide guidance for Case Managers working through the intake, assessment and/or review process with **eligible victims**<sup>1</sup> whose priority needs may be better met by an agency other than VS ACT.

In these situations the immediate and/or presenting client needs that may require further assessment and/or inter-agency/service collaboration and/or referral may include but are not limited to clients who:

- present with exacerbated signs and symptoms of acute mental illness, e.g. psychosis, suicidality, thought disorder, dissociative states, etc
- experience significant cognitive impairment, which may be related to a medical condition and/or acquired brain injury
- have ongoing substance use issues that limit their ability to engage in therapeutic services
- require a 'crisis response' to support their immediate needs and/or they or others are at imminent danger (e.g. suicidality; acute mental health issues; escalating family violence)
- are identified as having long term, complex needs<sup>2</sup> that may be better supported by an agency with capacity to provide long-term interventions
- require support from a specialist service that can work collaboratively with the client and/or care givers to coordinate care and reduce duplication and/or limit contradictions which may relate to the physical, psychological, social, age, gender, and/or cultural needs
- are being stalked or are potentially under surveillance and their attendance or association with a 'victim' related service may put them in danger (e.g. a victim associated with organised crime).

These client needs may be identified through the Intake process and/or when the client has been allocated for Case Management services and a full assessment has been undertaken. It is important to note the complexity of clients' needs will rarely remain static. The level of complexity, and consequently the level of involvement from other services may be reassessed by a Case Manager at appropriate intervals and appropriate services offered accordingly. . Where client needs are highly specialised and complex, and are better met predominantly by other services, Case Managers will continue to maintain regular contact with the client and/or other support services to monitor changing needs and to determine when and if VSACT can take a more proactive role. Alternatively, clients may choose to have their case closed, and can re-engage with the service when they have had their other needs met, or are in a better position to make use of our services.

The Case Manager will take into account the following key considerations during their engagement and care planning with such clients.

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<sup>1</sup> See Victims Services Scheme for Victims of Crime Policy.

<sup>2</sup> Complex needs can be seen as a range of client needs that span across bio-psychosocial issues and it is the interaction of these multiple needs that leads to complexity. "Each individual with complex needs has a unique interaction between their health and social care needs and requires a personalised response from services" (Rankin & Regan 2004:1).

- Do they have immediate needs that should be referred to a crisis service?
- Are they receiving support from any other services, including specialised services? Or, do they present with issues that require referrals to specialised services?
- Do they have an existing care plan with other support services/agencies? Is that agency well placed to provide a lead agency role?
- Are they engaged with any advocacy services? Should they be linked to a specialised advocacy service? (e.g. Public Advocate)
- What VS ACT services could complement the services they are already receiving or should be receiving? Should these services be provided now, or after the client has received other services?
- What role will the VS ACT Case Manager play in the short and long term with this client?

## Scope

This Standard Operating Procedure (SOP) pertains to all Case Managers at Victim Support ACT, whilst undertaking the process of intake and further bio-psychosocial assessment during case management.

## Procedure

1. When a person is referred to Victim Support ACT prior to initial contact with the client, Case Managers will familiarise themselves with the information that has been provided by the referring agency, service or person. Should the Case Manager require clarification regarding any of the information provided within the referral, they should contact the referring agency to clarify details as required prior to contacting the client.
2. A Case Manager from the Intake Team will make initial contact with the referred client. During the intake process, the Intake Case Manager should be prepared to document any concerns relating to the client's presentation that may indicate that the client may be experiencing any of the following:
  - self-harm risk or risk to others - complete Suicide Vulnerability Assessment Tool (SVAT)
  - acute exacerbation of mental illness e.g. presents with thought disorder, dissociative state
  - ongoing substance abuse
  - cognitive impairment which may be related to an acquired brain injury or medical condition, which would impair their capacity to make informed decisions about their situation and available interventions to support their needs
3. The Intake Case Manager should try to get as much information as possible from the client to assist the case plan formulation process and assess the suitability of the client to access services provided by VS ACT.
4. It is essential to ask the client about current support systems in place e.g. GP, and any other services that are currently and/or have in the past provided them with support to meet their needs. It is important to get as much information regarding social support networks, family, friends and/or employment supports.

5. It is important to inform the client that further assessment may be required, and consideration will be given to whether VSACT will:
  - be the lead service assisting the client;
  - provide complimentary services; or
  - suggest delaying active engagement until other needs are addressed.
6. If it is determined following initial contact that the client's presentation requires other specialist services to be contacted to support their immediate needs (e.g. acute mental illness), if appropriate, seek consent from the client to make enquiries with other services. If this is not possible and the Intake Case Manager believes that the person is at imminent risk of harm to themselves and/or others, the Mental Health Crisis and Assessment Treatment Team (CATT) or ACT Policing should be contacted. If the client is at high risk of experiencing family violence they should be encouraged to contact the Domestic Violence Crisis Service to undertake comprehensive safety planning.
7. If the client is placed on the allocation list the Intake Case Manager should highlight any issues that require further exploration with the client during the full assessment process.
8. Following allocation the Case Manager should complete a full assessment to gather comprehensive information relating to the client's presentation and current circumstances and needs. Clients should be encouraged to actively participate in the identification of their support needs, recognising that the level of insight of their own situation may be absent and/or limited due to the level of trauma that they are experiencing, an acute exacerbation of psychological distress, mental illness, alcohol and/or other drug use, cognitive impairment related to physical illness, which may be impairing their capacity to make good judgments and/or informed decisions.
9. Case Managers should consider the full range of supports available through VS ACT to assist clients, and whether the services would be most useful now or at a later date.
10. If the Case Manager, after full assessment, determines that VS ACT is not the most appropriate service to meet the client's needs and the client is eligible for another more appropriate service, they should provide this information to the Team Leader at the weekly HPO meeting and a planned referral process should be undertaken in collaboration with the client, as and if appropriate.
11. The Case Manager should meet with the client and/or significant other/s e.g. parents / guardian to provide as much information as possible in a 'Plain English' communication style, which will aim to advise the client / significant other/s as to the rationale why VS ACT is not the most appropriate service to meet the client's current needs. The Case Manager can seek assistance from the Team Leader if required.
12. During this communication with the client / significant other/s it should be reaffirmed that the person seeking services from VS ACT is eligible for service, however their current needs would be best met through referral to alternative services, which have the expertise and resources to work with the client's current needs.
13. The client and/or significant other/s should be advised that the client can be provided with VS ACT services (noting the limitations of VSACT services in being able to meet their needs) and/or VS ACT can provide complementary services, whilst other more appropriate services with the

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expertise and resources will take the lead role in supporting them to meet their other bio-psychosocial needs.

14. If the client and/or significant other/s are satisfied with this plan, the Case Manager should work collaboratively and support the client to implement the plan, including making any relevant referrals. The Case Manager may either make the referrals on behalf of the client, or if the client is able and agrees to make a self referral to the appropriate service/s identified, the Case Manager should provide as much information as possible to the client and/or significant other/s e.g. service / agency name, contact details, information about the service, which is publicly available on their website and/or hard copy brochures.
15. If the client and/or significant other/s do not agree with the plan to refer to alternative service providers/agencies, the Case Manager should proceed with the case management process within the limits of what the service is able to offer. The Case Manager should also take the case to the HPO meeting for discussion.

## **Evaluations**

### **Outcome Measures**

- VS ACT undertakes appropriate assessment of clients to ensure that clients are provided with appropriate services and support. These processes will reflect a person centred and holistic approach, promoting client choice and participation and making full use of the strengths, expertise and experience of the client and the clinical role of Case Manager and support team/network.
- Clients are encouraged to participate in assessment and planning processes for improved wellbeing, relapse prevention and access to appropriate services when needed.
- Communication between the parties involved in supporting an individual's recovery and wellbeing is enhanced.
- Those involved in service provision and support of the client and their roles and responsibilities are defined in the plan.
- Services are well coordinated to reduce any duplication or contradictions.

### **Method**

- Monitor and evaluate intake processes
- Audit for evidence of participation and collaboration with clients (signed recovery care plan), families and other service providers(e.g. Consent to share/release of information documents, documentation of planning meetings and other communication)
- Client Feedback Surveys or experiences of care tools seek feedback from clients on their satisfaction with the level of participation, inclusion and self-determination in assessment and recovery care planning.

## **Related Legislation, Policies and Standards**

### **Legislation**

*Health Records (privacy & Access) Act 1997*

*Victims of Crime Act 1994*

*Victims of Crime Regulation 2000*

*Human Rights Act 2004*

### **Policies**

ACTPS Integrity Policy 2010

ACTPS Standards for the Conduct of Inquiries and Investigations 2010

ACTPS Code of Conduct

ACTPS Code of Ethics

JACS Records Management Policy

JACS Gifts, Benefits and Bribes Policy

VS ACT Case Management Policy & SOP

VS ACT Assessment and Intervention of People Vulnerable to Suicide SOP

VS ACT Guiding Principles for Documentation and Record Keeping

### **Standards**

Public Sector Management Standards 2006

ACT Public Service Code of Ethics

Allied Health Professionals ACT Standards of Practice

Date Approved: 8 September 2017

Version Number: 1.0

Review Date: January 2018

Date Effective: 8 September 2017

Approved By: John Hinchey, Victims of Crime Commissioner

Expiry Date: January 2020