

## ██████████ CASE MANAGEMENT

### PARENT POLICY

09.00 Client Services Policy

### PURPOSE

The purpose of this procedure is to provide guidance and consistency of practice for staff members providing case management services to victim survivors accessing EDVOS.

### SCOPE

This procedure applies to all case management provided by EDVOS, specifically but not limited to within the Case Management Teams (Inner & Outer) and Intensive Case Management Team.

### EXCLUSIONS

This procedure does not apply to After Hours Response, Men's Enhanced Intake (MEI), Risk Assessment and Management Panel (RAMP), Corporate Services Staff or Innovation and Development Staff.

### DEFINITIONS

**Allocation and Referral Spreadsheet** is the Excel spreadsheet developed to hold all relevant referral and allocation information.

**Allocation Availability Spreadsheet** is the Excel spreadsheet developed to hold all relevant information pertaining to each team members' current case load, capacity to accept allocations and number of allocation each team member can accept.

**Assessment and Response Team (ART)** SFVAs providing the initial risk assessment and safety planning response to women/children.

**Case Management Team (CM)** SFVAs working with women and children responding to family violence with a support period of ██████████

**Children's Information Sharing Scheme (CISS)** allows authorised organisations and professionals to share information to promote children's wellbeing and safety.

**Children's Support Advocate (CSA)** SFVA specialising in play-based support, risk and needs assessment for children.

**Client/s** refers to a person/s who accesses/accessed EDVOS services.

**Ethena** is the private internet based network, which allows the secure sharing of documents and information by current EDVOS staff who have been granted secure access only for the duration of their position.

**Family Violence Information Sharing Scheme (FVISS)** allows information sharing between authorised organisations to assess and manage family violence risk.

**Goal Directed Case Plan (GDGP)** is designed as a tool for the person seeking support, it should contain a brief summary of the person's current situation, their goals and how you will work together to

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	1 of 15

## 09.33 CASE MANAGEMENT

achieve those goals. The goals are individualised and describe the specific outcome/s that the person wants to achieve.

**Goal Directed Care Plan Review (GDGP Review)** refers to the formal opportunity to revisit and update the GDGP and make changes, including updates on current situation, current priorities and new goals.

**Information and Analysis (I&A) Team** provide data entry support around incoming referrals into the service, client management system support and data analysis support.

**Intensive Case Management Team (ICM)** SFVAs working with women/children who present with complex needs and imminent risk with support periods of up to [REDACTED]

**Multi-Agency Risk Assessment Framework (MARAM)** Previously known as the Common Risk Assessment Framework (CRAF). MARAM is a framework that sets out the responsibilities of different workforces in identifying, assessing and managing family violence risk across the family violence and broader service system. The MARAM tools used by EDVOS are the Adult Victim Survivor Comprehensive Risk Assessment Tool and the Child Victim Survivor Risk Assessment Tool.

**Perpetrator** (of family violence) refers to a person who exercises power or control over another person with whom they have a familial relationship, with the intention of creating fear, apprehension, intimidation or other harm to the victim-survivor. This behaviour may pose a serious and imminent threat to victim/survivor's life, health, safety or welfare, or may be more chronic in impact. Family violence is most commonly perpetrated by men towards women and children. Relevant definitions of family violence and familial relationships can be found in the Family Violence Protection Act 2008 (Vic), (s5(1), s8(1), (3)).

**Responding to Family Violence Capability Framework (Capability Framework)** The Capability Framework articulates the foundational skill set required to respond to all forms of family violence and outlines the expected capabilities of four workforce tiers spanning specialist family violence services, core support services and professionals, mainstream/social support services and universal services.

**Risk Assessment** for the purpose of this procedure is a process used to identify and assess family violence risk to a victim survivor and/or client.

**Risk Assessment and Management Panel (RAMP)** is a regular monthly meeting of local organisations who come together to share information and take action to keep Victim survivor's at high risk of serious injury or death from family violence safe. RAMP comprehensively assess the safety of individual women and children and develop a coordinated action plan in response to the risks identified. RAMPs are not a substitute for the existing system but work to enhance the response to this high-risk group.

**Snapshot Review** is the process of case review undertaken by Team Leaders on a monthly basis and reported back to the General Manger of Services via Program managers.

**Specialist Family Violence Advocate (SFVA)** direct service staff providing an initial assessment response or case management to women and children at EDVOS.

**Specialist Family Violence Service** refers to services funded through Department of Health and Human Services to provide support for women and children experiencing family violence.

**Specialist Homelessness Information Platform (SHIP)** is the online client database EDVOS use to record information regarding individuals and families receiving support. It also generates reports to assist with managing service delivery and to provide information to the Australian Institute of Health and Welfare (AIHW) and funding bodies.

**Victim Survivor** refers to a person (adult or child) who is experiencing or has experienced family violence.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	2 of 15

## 09.33 CASE MANAGEMENT

**Woman/women** refers to person/s who may identify their sex and or gender identity as female.

### BACKGROUND INFORMATION

EDVOS provides specialist family violence support to women, including women from the LGBTI community, children, pets and animals experiencing and responding to family violence. For some victim survivors of family violence, their needs will be met through an initial response by the Assessment and Response Team. Others, for a variety of reasons, including but not limited to, complexity of need or risk of violence, will agree to continue onto case management support.

This procedure is to be used alongside the *09.26 Goal Directed Care Plan Procedure, MARAM Tools Work Instruction, 09.34 Client Risk Assessment & Safety Planning Procedure, and 09.36 Demand Management Framework*, all of which form the basis of EDVOS case management work. Feedback and suggestions to improve all EDVOS procedures is actively sought at reflective practice and in supervision.

EDVOS provided significant and formal input into the Family Safety Victoria consultation on the Specialist Family Violence Case Management Draft Operational Guidelines in November 2018. This procedure will be reviewed in line with these guidelines once released and finalised.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	3 of 15

## 09.33 CASE MANAGEMENT

### CONTENTS

PROCEDURE .....	5
Summary .....	5
Support Period .....	5
Case Load .....	5
Referral And Allocation .....	6
Purpose of Referral .....	6
Referral to Intensive Case Management (ICM) .....	6
Referral Process .....	6
Allocation Process .....	7
Initial Case Management Appointment .....	7
Ongoing Case Management .....	7
Assessing Risk .....	8
Cases Identified to be at ‘Serious Risk and Requires Immediate Protection’ .....	8
Family Violence Information Sharing Scheme (FVISS) & Child Information Sharing Scheme (CISS) .....	8
Case Noting .....	9
Outreach Appointments .....	9
Collaborative Case Management .....	9
Care Team Meetings .....	10
Storage of Photos and other Sensitive Material .....	11
Support Period Closure / Exit .....	11
Re-opening a Support Period / Re-Entry .....	12
RESPONSIBILITIES .....	12
RELATED DOCUMENTS AND RESOURCES .....	13
Internal .....	13
External .....	14
LEGISLATION .....	14
Acts .....	14
Offences .....	15
Regulations .....	15
Standards .....	15
AUTHORISATION* .....	15

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	4 of 15

## 09.33 CASE MANAGEMENT

### PROCEDURE

#### SUMMARY

EDVOS is committed to providing high quality case management for all clients who encounter the service. The case management approach is a collaborative person-centred approach, focused on promoting a sense of agency within clients so they feel empowered to make choices, decisions, and have influence on events, which directly affect their lives and those of their children. EDVOS SFVA's undertake this work in a way that values the client's contribution, dignity and ensures we are actively listening to the client's thoughts and feelings. Approaching case management in this way ensures we work together effectively with the client to meet their individual needs while working to hold perpetrators accountable for their behaviour.

#### SUPPORT PERIOD

EDVOS works with clients for approximately [REDACTED] depending on their circumstances and which team they sit with;

- SFVA's working within the Case Management Teams (Inner & Outer) have support periods of up to [REDACTED]
- SFVA's working within the Intensive Case Management Team (ICM) have support periods of up to [REDACTED]

If at any time, an SFVA feels that a client would benefit from a longer support period, because the client's goals have not been met and/or the client is actively engaging in additional goals, they should discuss and plan this with their Team Leader.

#### CASE LOAD

Given EDVOS' focus on workforce resilience, health and safety, caseloads should always be within a manageable limit for the SFVA. However, minimum organisational expectations need to apply to ensure accountability, equity and timely allocation of clients within the case management teams including ICM.

SFVAs will hold a caseload of approximately:

- Case Management Teams : [REDACTED]
- ICM Team : [REDACTED]

Caseloads may be higher or lower at any given time depending on the complexity of the family violence risk experienced by the clients an SFVA is working with. Caseloads are discussed and negotiated between the SFVA and Team Leader as part of regular supervision. Based on these discussions and considering minimum caseload expectations, Team Leaders update the *Allocation Availability Spreadsheet*.

Goal Directed Care Plans (GDCPs), risk assessments and safety plans are helpful in assessing how manageable a caseload is. These aspects of a client file will be reviewed and discussed at supervision between each SFVA and Team Leader to support practice development and case allocation, while ensuring we work efficiently to meet demand.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	5 of 15

## 09.33 CASE MANAGEMENT

### REFERRAL AND ALLOCATION

#### PURPOSE OF REFERRAL

The purpose of Case Management and Intensive Case Management is to:

- Actively involve the client in planning and decision making, to encourage their engagement with service systems necessary to address their own safety and other needs including court proceedings.
- Provide continuity of service to women and women with children who are repeat victim survivors of the family violence service system.
- Provide a high-level coordination function.
- Identify key changes necessary to enable the client to live safely and have their individual needs met, achieved through regular risk assessment and ongoing risk management and GDCP
- Identify the activities and tasks necessary to bring about the key changes.
- Identify those responsible for the specific activities and tasks.
- Ensure that the intervention is targeted and tied to timelines

#### REFERRAL TO INTENSIVE CASE MANAGEMENT (ICM)

Victim survivors identified as having complex needs requiring more intensive support will be referred to the ICM Team, who will work with the client for up to [REDACTED] Intensive Case Management is appropriate for those clients who;

- Have been referred into the RAMP program;
- Have complex and multiple intersectional needs and where the threat to safety is such that issues cannot be addressed through usual case management processes;
- For whom a high level of risk has been identified in assessment;
- Have been the subject of multiple repeat attendances by police;
- Have limited supports (formal and/or informal);
- May be difficult to engage; and/or where multiple agencies are likely to be involved owing to the complexity of the issues.

#### REFERRAL PROCESS

1. The Assessment & Response Team (ART) complete a MARAM comprehensive risk assessment, needs assessment, safety plan and attend to any immediate safety needs with the client.
2. When it is assessed that the client would benefit from ongoing case management support, the client's details are entered into the Case Management *Allocations & Referral Spreadsheet*:  
[REDACTED]
3. Case Management and ICM Team Leaders check the spreadsheet on a daily basis to monitor referrals and attend to any urgent referrals.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	6 of 15

## 09.33 CASE MANAGEMENT

### ALLOCATION PROCESS

1. The rostered Team Leader undertakes allocation of clients to SFVAs every Monday and Wednesday.
2. The Team Leader refers to the *Allocations & Referral Spreadsheet* to allocate clients to the appropriate case management team. Referrals are allocated based on the outcome of the MARAM risk assessment, therefore those clients assessed at serious risk are prioritised for allocation.
3. The Team Leader refers to the *Allocation Availability List*: [REDACTED] to check each SFVA's capacity for new allocations. The *Allocation Availability List* is updated by Case Management Team Leaders on a weekly basis.
4. The rostered Team Leader updates the *Allocations & Referrals Spreadsheet* with the appropriate information regarding allocations.
5. The rostered Team Leader notifies the SFVA's of new allocations by email.
6. The rostered Team Leader adds an **allocation memo** to the client file.

**Note:** Refer to *Allocation Spreadsheet Work Instruction* for detail on how to enter allocation data into spreadsheet.

### INITIAL CASE MANAGEMENT APPOINTMENT

At the initial case management meeting, discussions will vary in line with what the client wants/needs, however, at a minimum it is expected that the SFVA will attempt to cover the following;

- Roles and responsibilities of both parties including EDVOS' focus on regular risk assessment and safety planning.
- Clarify client expectations of the service
- Scope of the service EDVOS can provide.
- Duration of support period including circumstance where an SFVA may close a support period without prior discussion with the client e.g. erratic engagement with minimal service contact and/or no client contact with the service.
- Establish frequency of contact
- Update both Adult and Child MARAM risk assessment and safety plan
- Commence discussions on GDCP.

**Note:** Refer to *09.26 Goal Directed Care Planning Procedure* and *Goal Directed Care Planning Template* for instruction on undertaking goal directed care planning.

### ONGOING CASE MANAGEMENT

- Caseloads, frequency of contact, MARAM, GDCPs and case management strengths and challenges will be reviewed at SFVA Supervision (refer to *04.05 Supervision Procedure*).
- SFVA's are responsible for scheduling and following up with clients allocated to them, and are required to use their calendar to ensure they manage this process well, and also for safety when meeting with a client in person.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	7 of 15



## 09.33 CASE MANAGEMENT

- All SFVA’s provide Team Leaders with full calendar permissions so that appointments are easily seen. This is for safety and also allows management to view appointments for cancellation/re-scheduling if staff are off work unexpectedly (Refer to *09.29 Services Unplanned Absence Procedure*)
- Case Management shifts occur between EDVOS business hours of 9am and 8 pm Monday to Friday and Saturdays between 9.00 a.m. to 5 p.m. Appointments are to be made within these times unless there are exceptional circumstances and changes to hours are agreed to in writing by the Team Leaders.
- All client contact and liaisons/advocacy on behalf of client must be [case noted](#) as per the *9.32 Case Note Procedure* and/or updated via the GDCP as per *09.26 Goal Directed Care Planning Procedure*.
- It is expected that any issues, challenges or concerns about the safety of a client will discussed with a Team Leader and/or Program Manager as they arise or as part of regular supervision.

### ASSESSING RISK

Changes to risk will be recorded on MARAM via the ‘Create new MARAM Tool’ tab on SHIP rather than in case notes. i.e. Changes to risk are reflected in the MARAM risk assessment profile and MARAM safety plan profile as per the *MARAM Tool Work Instructions*.

To update the MARAM risk assessment in SHIP, a **new** risk assessment will be created with any new information pertaining to risk. The purpose of creating a new risk assessment profile is to capture the changes to the level of risk during the support period. By simply updating the pre-existing assessment, this data is lost.

If changes in risk result in any issues, challenges or concerns about the safety of a client, SFVA will discuss with a Team Leader and/or Program Manager as they arise or as part of regular supervision.

**Note:** Refer to *09.34 Client Risk Assessment & Safety Planning Procedure* and *MARAM Tool Work Instructions* for instructions on undertaking risk assessment and safety planning.

### CASES IDENTIFIED TO BE AT ‘SERIOUS RISK AND REQUIRES IMMEDIATE PROTECTION’

Any cases assessed at ‘*serious risk and requires immediate protection*’ **must** be escalated to a Team Leader or Duty Manager.

**Note:** Refer to *09.22 RAMP Referral Procedure* for instruction on how to make a referral to RAMP.

### FAMILY VIOLENCE INFORMATION SHARING SCHEME (FVISS) & CHILD INFORMATION SHARING SCHEME (CISS)

If an SFVA requires further information to accurately inform their assessment of risk, a request can be made via the Family Violence Information Sharing Scheme (FVISS) and/or Child Information Sharing Scheme (CISS). SFVAs **must** discuss their intention to request information with their Team Leader/ Manager on Duty before proceeding with request.

**Note:** Refer to the following documents for instructions on how to make a request; *13.03 Sharing and Receiving Information Pursuant to the Child Information Sharing Scheme (CISS)*; and/or; *13.04 Sharing and Receiving Information Pursuant to the Family Violence Information Sharing Scheme FVISS*

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	8 of 15



## 09.33 CASE MANAGEMENT

### CASE NOTING

Case notes should be contemporaneous and completed on SHIP within 24 hours of the contact. All case notes must be ‘saved final’ so that they are locked after completion and so that they are unable to be edited or altered in any way. Case notes are not be used in place of developing /updating risk assessments and safety plan or developing and recording goals, actions and updates using GDCP tools.

Case notes provide an objective and concise record of:

- Contact between the client and SFVA (incl. date and time)
- Context of contact between client and SFVA, including an objective record of client presentation.
- References to any case management tools that have been updated with new information e.g. “MARAM risk assessment updated”; “GDCP updated”

**Note:** Refer to *09.32 Case Note Procedure* for further information.

### OUTREACH APPOINTMENTS

If your client requests you to attend outreach appointments and/or home visits, complete the *Outreach Risk Assessment Form*, which requires sign off by your team leader and is uploaded to the client’s SHIP file under ‘Documents’ tab.

Where a client is struggling to attend appointments due to trauma and/or a lack of resource and you have assessed it as safe and appropriate, you may offer to transport your client using an EDVOS fleet car or you can consider applying for cab charge via Flexible Support Package (FSP) brokerage. However, steps must be taken to encourage the client to find alternative options such as public transport or having a relative drive them as more sustainable options into the future.

Ensure that all outreach visits are in your calendar, including address, client name, and intended return time, and that a team leader/manager on duty is aware of the appointment.

**Note:** Refer to *05.03 Outreach Safety Procedure* for instruction on attending offsite appointments. For further information about fleet cars and booking resources refer to *17.03 EDVOS Fleet Vehicle Procedure* and *Booking Resources Work Instruction*.

### COLLABORATIVE CASE MANAGEMENT

Clients will often have multiple support workers from differing services. This may include a mental health worker, a drug and alcohol worker or a Child Protection worker. A collaborative approach to supporting clients can lead to best outcomes.

Always ensure that you have the client’s written/verbal consent before talking to other support workers. Consent, whether verbal or written must be recorded on a *Client Consent for Sharing Information Form* and uploaded to SHIP via the ‘Documents’ tab. Please note, both the Flexible Support Package (FSP) brokerage and Personal Safety Initiative (PSI) program have specific consent forms.

Discuss the benefits of a collaborative approach with the client, especially that they will spend less time repeating their story/experiences and it reduces the likelihood of duplication of services. However, if the client does not feel comfortable having their information shared, this must be respected.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	9 of 15

## 09.33 CASE MANAGEMENT

### CARE TEAM MEETINGS

If the client has provided EDVOS with consent to engage with other workers and share information, it is important to arrange care team meetings. Care Team Meetings usually relate to clients involved with Child Protection (CP), however they have become popular among many disciplines where clients are working with multiple services, to ensure accurate sharing of information and task allocation.

Care team meetings are often arranged by DHHS if they are involved. If you feel that a Care Team Meeting is needed, contact the Child Protection worker and request one be organised as this is a part of their case management process. If Child Protection are not involved or the case is sitting with the Investigation Team, take the lead and organise a meeting yourself.

Care Team Meetings should be attended by:

- The client
- All services working with the client
- Other relevant parties e.g. foster/kinship carers
- Support people identified by the client e.g. family members or carers.

The purpose of Care Team Meetings is to;

- Share relevant information
- Clarify information
- Agree on common goals as identified by the client and/or Child Protection
- Reduce duplication of tasks
- Ensure gendered lenses are fully considered with a focus on perpetrator accountability
- Ensure intersectionality is explored and all the elements of a the clients life are understood and considered
- Overcome any barriers that may prevent the completion of the client's goals
- In the case of Child Protection: to understand CP case plan, indicators of change and any intentions/upcoming legal proceeding

A care team meeting can be used for;

- Information gathering to assist assessment and planning.
- Specific support around diversity including but not limited to cultural, linguistic or disability support.
- Assisting the client in their decision making especially where police decide to seek an Intervention Order on the client's behalf or lay criminal charges against the wishes of the client
- Interagency planning and coordination, review, and monitoring of the plan.
- Assisting clients with Child Protection or Child First agencies where the care and safety of children is involved.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	10 of 15

## 09.33 CASE MANAGEMENT

### STORAGE OF PHOTOS AND OTHER SENSITIVE MATERIAL

Occasionally, clients may want to send SFVAs photographs, videos, medical files or other documentation that relates to their experience of family violence. In general, these are not beneficial or relevant for the case management or advocacy work of Services staff. For this reason, in general, SFVAs should explain to clients that this is not required and should not be sent.

This general policy reflects EDVOS' position of belief in our clients, in that we do not require evidence for services to be provided. It also helps to manage the risk of subpoenas and other external requests for sensitive and private material.

If a client wishes to share these so that they can be stored securely, instead discuss the below depending on safety and appropriateness;

- ARC app
- External hard drives/USBs
- If safe and appropriate, providing to Victoria Police
- Cloud storage

Where a client sends the items without discussing their intention prior;

1. Do not open the attachments;
2. Contact your client and explain why these will not be opened or stored;
3. Advise your team leader; and after approval
4. Reply to the client advising that the email and attachments will be deleted; then
5. Delete the relevant email; and
6. Enter a note on SHIP advising that attachments were received and deleted in discussion with the client.

Where a circumstance arises in which you believe that the document/file/photograph is of genuine benefit to the provision of service, discuss this with your team leader first. Your Team Leader will liaise with the relevant Program Manager, make a decision, and reflect this decision on the relevant SHIP file.

### SUPPORT PERIOD CLOSURE / EXIT

Case closure should occur in line with a review of the GDCP and wherever possible be done with the client. It is expected that goals have been attained or progressed as far as possible, risk has been mitigated and/or the client has a comprehensive safety plan in place, appropriate referrals have been made, and a specialist family violence response is no longer required.

Prior to closing a support period, the SFVA will, wherever possible will have a conversation with the client to discuss case closure, and ensure all relevant supports are in place. In circumstances where the SFVA is unable to contact a client prior to case-closure and/ or have any concerns regarding non-contact with the client, they will this discuss with their Team Leader.

No matter the circumstance of closing a support period, a GDCP Review must be completed (even in circumstances where no GDCP has been created with client), ideally with the client. However it is understood this is not always possible, so where contact cannot be established with the client the SFVA will complete the GDCP review themselves.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	11 of 15

## 09.33 CASE MANAGEMENT

**Note:** Refer to *09.26 Goal Directed Care Plan Procedure* for instruction on undertaking GDCP review.

### RE-OPENING A SUPPORT PERIOD / RE-ENTRY

If a client recontacts EDVOS within a fortnight of case closure they will be directed to their previous SFVA, unless there is an alert and/or case note directing otherwise. Reopening support periods will be done in consultation with the SFVA's team leader and will be dependent on client's need and the SFVA's caseload.

If contact occurs more than a fortnight after case closure, the client will be directed through the Assessment and Response Team so that risk, safety and need can be reassessed. If appropriate, a [referral](#) to case management will be made.

### RESPONSIBILITIES

All staff, students & volunteers	<ul style="list-style-type: none"> <li>• Have knowledge of and abide by this Procedure and all related legislation, guidelines and frameworks at all times.</li> </ul>
Specialist Family Violence Advocates (ART, CM & ICM)	<ul style="list-style-type: none"> <li>• Understand and enact their prescribed responsibilities under MARAM</li> <li>• Provide risk assessment and safety planning to all clients in a timely manner, updated regularly and in consultation with clients</li> <li>• Ensure SHIP is up to date with safety plan and risk assessment at all times (minimum of fortnightly updates)</li> </ul>
Children's Support Advocate	<ul style="list-style-type: none"> <li>• Understand and enact their prescribed responsibilities under MARAM</li> <li>• Provide child related practice advice and consultation to staff working directly with clients (both Adult and Child victim-survivors)</li> </ul>
Team Leaders	<ul style="list-style-type: none"> <li>• Understand and enact their prescribed responsibilities under MARAM</li> <li>• Ensure all SFVA's understand their prescribed responsibilities under MARAM</li> <li>• Ensure all SFVA'S are trained in MARAM risk assessment and safety planning.</li> <li>• Ensure SHIP notes, risk assessments and safety plans are up to date.</li> </ul>
Program Manager	<ul style="list-style-type: none"> <li>• Understand and enact their prescribed responsibilities under MARAM</li> <li>• Maintain oversight of all aspects of the procedure</li> </ul>
General Manager	<ul style="list-style-type: none"> <li>• Understand and enact their prescribed responsibilities under MARAM</li> <li>• Maintain oversight of the procedure</li> </ul>

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	12 of 15

## 09.33 CASE MANAGEMENT

### RELATED DOCUMENTS AND RESOURCES

#### INTERNAL

04.05 Supervision Procedure

05.00 Occupational Health & Safety Policy

05.03 Outreach Safety Procedure

06.00 Risk Management Policy

06.02 Incident Reporting and Management Procedure

09.00 Client Services Policy

09.22 RAMP Referral Procedure

09.23 RAMP Coordinator Procedure

09.26 Goal Directed Care Planning Procedure

09.29 Services Unplanned Absence Procedure

09.32 Case Note Procedure

09.34 Client Risk Assessment & Safety Planning Procedure

09.36 Demand Management Framework

13.00 Privacy and Confidentiality Policy

13.03 Sharing and Receiving Information Pursuant to the Child Information Sharing Scheme (CISS) Procedure

13.04 Sharing and Receiving Information Pursuant to the Family Violence Information Sharing Scheme (FVISS) Procedure

16.00 Child Safety Policy

16.01 Child Protection Reporting Procedure

16.02 Child Safety Onsite Procedure

16.03 Child Safe Standards Compliance Procedure

17.03 EDVOS Fleet Vehicle Procedure

Adult Victim Survivor Risk Assessment Tool Form

Allocation Availability Spreadsheet

Allocation Spreadsheet Work Instruction

Allocations & Referral Spreadsheet

Booking Resources Work Instruction

Child Victim Survivor Risk Assessment Tool (Multiple Children) Form

Child Victim Survivor Risk Assessment Tool Form

Client Consent for Sharing Information Form

EDVOS My Safety Plan Booklet

FSP Client Consent for Sharing Information with EDVOS Form

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	13 of 15

## 09.33 CASE MANAGEMENT

---

Goal Directed Care Planning Template  
 MARAM Additional Risk Considerations (ABTSI) Form  
 MARAM Additional Risk Considerations (CALD) Form  
 MARAM Additional Risk Considerations (Disability) Form  
 MARAM Additional Risk Considerations (LGBTIQ) Form  
 MARAM Additional Risk Considerations (Older People) Form  
 MARAM Additional Risk Considerations (Rural) Form  
 MARAM Tool Work Instruction  
 Outreach Risk Assessment Form  
 Pet and Animals Safety Assessment Form  
 PSI Client Consent for Sharing Information Form  
 PSI Response Referral Form  
 Your Rights and Responsibilities (Young Person Aged 15-17) Form  
 Your Rights and Responsibilities Form

### EXTERNAL

[Child Information Sharing Scheme \(CISS\)](#)  
[Child Information Sharing Scheme Ministerial Guidelines \(2018\)](#)  
[Commission for Children and Young People: Child Safe Standards Resources and Support](#)  
[Commission for Children and Young People: Reportable Conduct Scheme](#)  
[Family Violence Information Sharing Scheme \(FVISS\)](#)  
[Family Violence Information Sharing Guidelines \(2018\)](#)  
[Victoria Government, MARAM Practice Guides](#)

### LEGISLATION

#### ACTS

[Child Wellbeing and Safety Act 2005 \(Vic\)](#)  
[Children's Services Act 1996 \(Vic\)](#)  
[Children, Youth and Families Act 2005 \(Vic\)](#)  
[Family Violence Protection Act 2008 \(Vic\)](#)  
[Health Records Act 2001 \(Vic\)](#)  
[Occupational Health and Safety Act 2004 \(Vic\)](#)  
[Working with Children Act 2005 \(Vic\)](#)

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	14 of 15

## 09.33 CASE MANAGEMENT

---

### OFFENSES

Failure to Disclose Offense 2014 (Vic)

Failure to Protect Offense 2015 (Vic)

### REGULATIONS

Occupational Health and Safety Regulations 2017 (Vic)

### STANDARDS

Commission for Children and Young People (CCYP) Child Safe Standards

Department of Health and Human Services (DHHS) Child Safe Standards

Department of Health and Human Services (DHHS) Service Standards

QIC Health and Community Service Standards, 7th edition

Rainbow Tick Guide to LGBTI - Inclusive Practice 2nd Ed. 2016 (GLHV)

### AUTHORISATION\*

General Manager Services

\*It is noted that items listed under 'Related Documents and Resources' and 'Legislation' may be amended without the procedure needing to be reauthorised.

Document No:	PRO-SD-36	Version No:	4
First approved:	02/04/2019	Next review date:	24/03/2024
Last approved:	24/03/2021	Responsible person:	PM Case Management
Authorised By:	GM Services	Page:	15 of 15