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Intensive help for vulnerable people: applying case management models in the justice system

Matrix Research & Consultancy

Research has suggested (Moorhead et al., 2006) that people with multiple legal and social problems would benefit from 'case management'. Case management is a structured process aimed at co-ordinating services and support on behalf of an individual – a facilitator helps an individual, in a planned way, to achieve a goal.

In January 2007, the Ministry of Justice commissioned Matrix Research & Consultancy to undertake a review of case management models in use in the public sector to support people with complex needs. The study aimed to assess the applicability of case management models to the civil, criminal and family justice settings; and its potential to deliver improved outcomes for vulnerable groups within these settings. To date, there has been little evidence of the effectiveness of case management models in justice settings. The review has however highlighted that elements of case management models used in other public sector settings may be applicable to individuals in the justice sector.

Key points

- Case management is a structured process aimed at co-ordinating appropriate services and support on behalf of an individual. Vulnerable individuals with complex legal and social problems may benefit from case management interventions.
- There is a lack of evidence of effectiveness of case management models in justice settings. However, case management has been used in other public service settings. Lessons can be learned from the four models that have been identified.
- The brokerage model focuses on providing access to services and it's suitable for remote delivery. This model may be suitable for supporting victims, families and individuals with civil legal problems who require access to a wide range of services to resolve their problems and needs.
- The intensive case management model is an intensive form of case management delivered face to face to high demand service users. It aims to achieve cost savings by reducing clients' needs. The model may be suitable for victims, families and individuals with civil legal problems where they need additional support to access services effectively.
- The assertive community treatment model was originally designed to support those with mental health illnesses to stay in the community. This model may be used to reduce re-offending by improving users' community living skills.
- The strength model focuses on helping clients to build on their own capacity and strengths. This may be suitable for civil, criminal and family justice clients with the individual capacity to learn and develop.

The idea of case management as a useful mechanism for supporting individuals with legal needs is gaining momentum. High risk and high need individuals often lack the capacity to navigate, on their own, the range of services needed to resolve their problems. Moorhead et al. (2006) suggest that to avoid additional or potential escalation of problems, these individuals should be supported through the provision of good quality and timely advice delivered in an effective and holistic way. This is something that case management may be able to provide.

Context of research

The research method used for this study was a Rapid Evidence Assessment (REA) of case management models in use in public sector settings, including justice.

Initial searches included literature relating to case management services being provided to particular vulnerable groups. These were socially excluded individuals, victims, offenders, homeless, substance users, addicts, drug users and those with multiple needs, at risk of harm, with chaotic lifestyles, with mental health problems. Searches covered international literature in the English language published between 1997 and 2006.

Only studies with robust methodologies - randomised control trials, systematic reviews, meta analysis – and a strong case management focus were included in the final review.

This process resulted in analysis of 42 primary studies, 6 systematic reviews and 5 meta analysis in a mental health, substance misuse or medical setting.

Defining case management

Six primary functions of case management have been identified (Willenbring et al., 1991):

1. **Client identification and outreach:** identifying clients, either directly by the case management team or through referral from an external agency. They engage clients in services that they are currently not accessing;
2. **Assessment:** of an individual's problems, needs, strengths and weaknesses;
3. **Planning:** developing a specific, comprehensive, individualised treatment and service plan;

4. **Linkage:** (referral or transfer) to necessary services, treatments and support systems;
5. **Monitoring:** client progress and ensuring the services are meeting their needs;
6. **Advocacy:** interceding on behalf of a client, or group of clients, to ensure access to appropriate services.

Within the studies assessed it is possible to identify a number of models of case management albeit with varying degrees of precision:

1. Brokerage model
2. Intensive Case Management (ICM)
3. Assertive Community Treatment (ACT)
4. Strengths model

All four models share the six basic components but differ in how they are implemented. Hybrids of these models were also identified plus some case management work that did not fit these models.

Brokerage model

Assessment, planning, linkage and monitoring functions are emphasised in the brokerage model. The case manager acts as enabler, systems co-ordinator and broker of services. The brokerage model does not involve direct service provision. Therefore services can be delivered remotely by telephone or the internet.

Intensive case management (ICM)

ICM is an intensive form of case management and is generally delivered face-to-face. It tends to be targeted at high demand service users. It differs from the brokerage model in terms of intensity rather than focus. It is often aimed at achieving cost savings by reducing client's needs for services. Clients are assigned a case manager who takes responsibility for their care and co-ordinates any necessary broader care.

Assertive community treatment (ACT)

This is delivered via an inter-disciplinary team who undertake most of the service delivery. It is a well-established community-based intervention for people with mental illness. The aims of ACT interventions are to improve community living skills so that clients no longer need intensive services.

The strengths model

The strengths model focuses intervention on client-determined goals. The case manager builds a personal relationship with the client and helps them to identify their needs and to build on their capacity

and strengths. A key principle is to help clients continue to grow, learn and change and help them use the resources available within their community.

Key findings from these models

Of the 42 primary studies assessed, 31 reported statistically significant positive outcomes for either the majority (9) or some (22) of the outcomes measured. Eleven reported no statistically significant differences between the control and intervention groups. None reported a negative effect. The effectiveness of the different case management models assessed is discussed below.

The brokerage model

For the brokerage model, six of the nine studies reported statistically significant positive outcomes for the intervention groups compared with the control groups. Three of these studies delivered the model to substance misusers. They reported greater take up of treatment.

Brokerage is the simplest and most economical of the recognisable case management strategies but has its limitations. It seems to be beneficial for those with relatively simple needs (for example, substance misuse alone), who need assistance achieving straightforward goals.

The ICM model

Seven studies using the ICM model measured client or care satisfaction outcomes. Five reported increased client or care satisfaction amongst the intervention groups compared with control groups. The studies reported mixed results in relation to whether clients were helped to access or take up services.

Intensive case management seems to have mixed success in helping the clinicians who use it and their clients gain the benefits they hoped to achieve. It seems less successful at improving clinical outcomes or significantly improving patients' general quality of life. However, there is some evidence that it can have an impact in improving some aspects of a client's life and in improving the processes that route them into other services.

The ICM model is intensive. Therefore it is appropriate for those who need help to identify their own needs or sources of support effectively. They are, therefore, unlikely to take action on any advice they receive.

The ACT model

Six studies tested the ACT model, measuring service use, such as admissions to hospital, take up of treatment, and behaviour, such as changes in the extent of alcohol abuse. All six studies reported some statistically significant positive differences for the group in at least one of the outcomes being measured. Two of the studies compared ACT with the brokerage model and reported statistically significant differences between outcomes for the experimental groups, with the measured outcomes favouring ACT.

ACT appears to be generally successful at promoting the outcomes for which it has been used. ACT may be more relevant for clients with multiple needs where a case manager would be expected to liaise with services from a range of disciplines. In less complex cases ACT might not justify the extra resources needed.

The strengths model

The four studies utilising the strengths model (or similar methods) all reported statistically significant better outcomes for ACT models.

Focussing on a client's ability to help themselves combined with effective interventions to manage their specific problems seems to have positive outcomes but this 'self-motivating' approach is unlikely to be suitable for all client groups.

Client groups

The effectiveness of case management was also assessed in relation to particular client groups. For example, in relation to clients with substance misuse problems, both brokerage and ICM based models were judged to be effective in producing various positive outcomes. It is apparent from several of the studies that an intensive approach is more effective when targeted at those leading 'chaotic' lives. In relation to clients with mental illness there is evidence to support ICM, ACT and the strengths models of case management. Although no effect on clinical outcome has been shown there appears to be a positive effect on client satisfaction, length of hospital stays and social functioning.

Implications for the justice sector

There was little evidence of case management in justice settings. Therefore the implications of transferability to the justice sector were considered. When considering the implementation of case management in the justice sector, policy makers and practitioners need to consider the nature of the client groups and their likely needs, and then establish which case management model is most appropriate for supporting the client group and delivering the policy outcomes.

Clients of the justice sector are heterogeneous in terms of their legal and social problems. Bespoke or 'hybrid' models – where elements of the different models are applied depending on users' needs – may be needed in some settings.

Bespoke or hybrid case management models are already being piloted as mechanisms for the delivery of criminal justice policy objectives.

The evidence from this research indicates that client groups within the family and civil legal sectors who need to access diverse services may also benefit from case management.

The brokerage model, with its focus on providing access to services and its use of 'remote delivery', may be suitable for supporting victims, families and individuals with civil legal problems who require access to a wider range of services to resolve their problems and needs. Such a service might easily be implemented within existing services and structures such as the Community Legal Service Direct and Community Legal Advice Centres and Networks.

The ICM model may be suitable for victims, families and individuals with civil legal problems and needs when individuals need help to identify their own needs and support in implementing any advice received. This model may also be suitable for working with offenders whose offending behaviour is linked to broader problems and needs in areas such as education, finances and housing. Working with this client group to deal with social needs and resolve legal needs may lead to a reduction in re-offending.

The ACT model was originally designed to support those diagnosed with mental health illnesses to stay in the community. It may be relevant to supporting offenders re-entering the community and therefore reduce re-offending. Its multi-agency approach is

similar to that currently in place within the community justice initiative. The service is usually provided within a team, with limited referral to, and support from, external agencies. This makes this model unlikely to be effective in a civil justice setting due to the complex and unpredictable nature of the support needed.

Victims, offenders, families and individuals with civil legal problems may all benefit from the strengths model if they have the individual capacity to learn and develop. It may be particularly suitable for sub-groups of some of these client groups. For example, young people or refugees may have the capacity to gain in the long term but their lack of experience mean that they initially require some intensive support. The strengths model may help familiarise them with systems, sources of support and developing personal action plans. This could help them deal effectively with subsequent problems without the need of case management.

Methodology

REA is a tool for identifying and summarising available research evidence on a particular policy or practice issue within a set time. It provides a balanced assessment of what is already known about a policy or practice issue, by using systematic review methods to search and critically appraise the academic research literature and other sources of information.

This approach avoids biased evidence that can be given by a single study or a selective number of studies and aims to provide a more comprehensive and rounded view of the available evidence on a topic or issue.

This REA involved the identification of potentially relevant high quality published international research literature relating to case management delivery in public sector settings. An assessment of the quality and applicability of the identified research literature was undertaken to ensure the appropriateness and robustness of the research to be included in the review. This resulted in 53 studies based in a mental health, substance misuse or medical setting. Of these, 42 were primary studies of randomised control trials, 5 were meta analysis and 6 were systematic reviews. Both meta analysis and systematic reviews included more than one case

management model. Therefore the 42 primary studies were the key sources of information for this review.

There are limitations to the use of REA e.g., some studies had weaknesses such as insufficient detail and others were conceptual models rather than designed as models of service delivery. Also in the studies reviewed, descriptions of case management varied in quality and comprehensiveness.

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