

Practice Tool 3 Guidelines for multi-agency case management

Multi-agency case management (MACM) is a critical feature of an effective integrated response. It provides a platform for agencies to share information, develop comprehensive risk assessments, plan strategies to mitigate risks and work towards child and adult victim safety and perpetrator accountability. MACM is also important for creating transparency and accountability between agencies about their roles and responsibilities in responding to family and domestic violence.

Guidelines for multi-agency case management

Multi-agency case management is an integrated, interagency approach to supporting people at high risk of serious injury, harm or death due to family and domestic violence. The approach includes information sharing between agencies and the development of a multi-agency safety plan to reduce the identified risks.

The philosophy for MACM as outlined in these guidelines is to provide short term, coordinated intervention that works to reduce or mitigate the identified risks. The aims of MACM are to:

- determine whether the perpetrator poses a significant risk to the victim;
- jointly construct and implement a multi-agency safety plan that includes risk management, professional support for the child and adult victim and strategies to improve safety;
- support a criminal justice system response to perpetrators;
- reduce repeat victimisation;
- reduce re-offending by the perpetrator;
- improve agency accountability; and
- improve support for staff involved in high risk cases of domestic violence.

MACM does not replace the work of individual agencies nor does it eliminate the need for agencies to work in collaboration outside of the meetings.

Roles and responsibilities

Chairperson	<p>The chairperson will:</p> <ul style="list-style-type: none">• circulate the confidentiality agreement for signature or seek verbal endorsement for meetings hosted virtually;• chair the MACM meeting according to the agenda – an agenda template is attached;• structure the MACM meeting to prioritise cases of highest risk and use the time available as efficiently as possible; and• support the meeting to stay focused on safety and accountability.
--------------------	--

<p>Lead agency</p>	<p>A lead agency should be nominated for each case discussed. The lead agency can be any agency present or represented at the MACM meeting. The role of the lead agency is to:</p> <ul style="list-style-type: none"> • liaise with the adult victim about the outcomes of the meeting; • record the safety plan during the meeting and email a copy to all agency representatives that have an action documented; • coordinate feedback from agencies about the progress of the action/s; and • call for follow-up MACM meetings as required. <p>NB: nomination of a lead agency does not alter the activities of other agencies involved with the family.</p>
<p>Agency representatives</p>	<p>Agencies contacted to participate in MACM of high risk family and domestic violence cases will:</p> <ul style="list-style-type: none"> • provide a representative to participate in the meeting; • share relevant information about the adult and child victim/s and the perpetrator; • contribute to safety planning; • undertake any actions designated to the agency through the safety planning process; • provide feedback to the lead agency about progress of the action and its effect on improving safety or mitigating risk; and • provide feedback to their agency about the outcome of MACM. <p>If the agency is unable to provide a representative for the meeting, they will provide relevant information in writing including:</p> <ul style="list-style-type: none"> • whether they have current involvement with the adult or child victim or perpetrator; • information relevant to risk and safety; and • history of past safety planning and interventions and the success or otherwise of these efforts. <p>The lead agency may contact the agency representative to seek additional information and/or to negotiate possible actions for the agency to undertake.</p>

Summary chart

MACM preparation

Step 1. Risk assessment

Case is assessed as high risk. Immediate safety concerns are addressed. Informed consent is sought. NB: MACM can be convened with or without the victim's consent.

Step 2. Meeting coordination - contacting relevant agencies

Service provider contacts relevant agencies to arrange a case management meeting (this can be face to face, over the phone or via video conference).

Step 3. Meeting preparation

Agency representatives check their respective client files/databases for current or historical contact with the family. This information is to be brought to the meeting.

During MACM meeting

Step 4. Confidentiality

Confidentiality form is signed by agency representatives present or verbally endorsed for meetings carried out over the phone or via video conference.

Step 5. Information sharing

Participating agencies share relevant information about their involvement with the family.

Step 6. Safety planning

A lead agency is nominated and a **multi-agency safety plan** developed. It is the responsibility of the lead agency to draft the Safety Plan.

Step 7. Feedback and review

Feedback must be provided to the lead agency about progress of agency actions and their effectiveness towards safety and accountability. Subsequent meetings may be convened to monitor and update the safety plan.

MACM meeting preparation

Step 1. Risk assessment

A risk assessment is conducted, and the victim (including children) is considered high risk of serious injury, harm or death based on:

- the victim's assessment of the risk;
- consideration of key risk factors; and
- professional judgement.

Immediate safety - The service provider will take action to attempt to secure the immediate safety of the adult and child victims they have identified as being at high risk of serious injury, harm or death.

Client consent - The service provider should attempt to obtain informed consent from the adult victim before proceeding with MACM. If this is not possible, legislation, agency agreements and duty of care allow case management to proceed without consent. A sample **consent form** is attached.

Step 2. Meeting coordination - contacting relevant agencies

The service provider is responsible for contacting agencies and inviting them to participate in MACM. The agencies invited will vary depending on the unique needs and circumstances of each case. At a minimum, it is anticipated that MACM may involve the police, child protection, corrections, and specialist family and domestic violence services.

Identification of relevant agencies should be informed by the adult victim, to identify services and agencies that she and the family are already engaged with.

The service provider should inform agencies about whether the adult victim has consented to offers of support or assistance and/or whether they have explicitly consented to MACM.

Step 3. Meeting preparation

Agencies participating in MACM must check their respective client files to identify any previous or current contact with the family. In particular, agencies should consider whether they have information to contribute to assessment and safety planning including:

- whether they have current involvement with the adult or child victim or perpetrator;
- information relevant to risk and safety; and
- history of past safety planning/interventions and the success or otherwise of these efforts.

If the agency is not able to provide a representative for the multi-agency case management meeting, the above information should be provided in writing in advance of the scheduled meeting so it can be used to inform assessment and planning.

MACM meeting is convened

Step 4. Confidentiality

Participating agencies must sign the **confidentiality form**. A sample form is attached. For meetings that are not face to face for example telephone based, verbal endorsement is sufficient.

Step 5. Information sharing

The service provider who initiated the multi-agency response will present the case to the MACM meeting. Agency representatives will provide relevant information about their agencies previous and/or current involvement with the family.

Relevant information - In the context of high risk family and domestic violence cases 'relevant' information includes: information that relates to the identification of risk or harm to an adult or child; informs the management or mitigation of risk; and/or helps work towards perpetrator accountability.

Information that can be provided includes, but is not limited to:

- basic demographic information;
- information relevant to an understanding of the risk and professional opinion about the level of risk faced;
- factors that might be contributing to risk or harm for example cultural factors, mental health issues, substance misuse or other medical issues;
- relevant history of family and domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim;
- criminal histories that (1) have been taken into account in determining the risk for the child and adult victim, and/or (2) indicate a potential risk of harm to a worker who will become involved as a result of information provision or exchange; and
- relevant information provided by the victim or another party who is concerned about the victim.

Agency representatives will use their professional judgement to determine what is 'relevant' for the case/s being discussed.

Step 6. Safety planning

Lead agency

A lead agency must be nominated. Part of the role of the lead agency is to record the multi-agency safety plan.

Review relevant information

To inform safety planning, the following questions should be considered:

- *What are the immediate safety concerns for this case?*
- *What immediate action is required to protect the victim and child/ren?*
- *What additional information is required to ensure the group has the full picture?*

- *How will missing information be collected?*
- *If there was previous agency involvement, was it effective, what was it that worked well and was there anything that could have been improved?*
- *What was the victim's perspective on previous agency involvement?*
- *What does the victim say will assist her to keep her and child/ren safe?*

Safety planning

The information shared during step 5 and the review questions considered in step 6 will inform the safety planning strategies put in place.

Participants in the MACM meetings should consider what can be provided to support safety through all possible systems, agencies and networks including criminal justice; legal; advocacy and support; child protection; education; health and housing etc. All actions should be recorded in the **multi-agency safety plan**. A sample multi-agency safety plan is attached. The safety plan must include *who* is responsible for the action and the *timeframe* for its completion.

The risks posed by any potential safety planning strategies must be considered and additional planning undertaken to mitigate or manage the risks created.

Participants involved with MACM should consider the following key questions throughout the safety planning process.

Does this strategy hold the perpetrator responsible for the violence?

Does this strategy support the safety of the adult and child victim or does it pose risk?

What are the possible consequences of undertaking this action?

Circulate the safety plan

The lead agency will email a copy of the safety plan to any agency representatives that have a nominated action.

Step 7. Feedback and review

Following the MACM meeting, agency representatives must provide the lead agency with feedback about progress against the actions nominated for their agency.

Feedback should include:

- whether or not they were successful in completing the proposed action;
- outcome of the action such as whether or not safety was improved; and
- any further additional information related to risk or safety of the adult or child victim.

The provision of feedback will help inform future safety planning and decisions about whether further MACM meetings are required.