

Practice Tool 3.1 Multi-agency case management meeting agenda

Family and domestic violence multi-agency case management

Region			
Date of Meeting		Time	
Venue			

Present

Name	Department / Agency

Apologies

Name	Department / Agency

Item 1	Confidentiality declaration completed

Item 2	Case management <i>(information sharing and multi-agency safety planning)</i>

Item 3	Feedback and review <i>(if relevant)</i>

Item 4	Other business