

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;
 - support to perpetrators;
 - reduce repeat victimisation;
 - reduce re-offending by the perpetrator;
 - improve agency accountability; and
 - improve support for staff
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- 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

<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 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.

