

# What are Multi-Agency Case Management (MACM) Meetings?

MACMs are 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.

## Who can call a MACM?

Any agency can call a MACM (including WA Health staff), however it is most commonly initiated by the Police or Department of Communities, Child Protection.

## What is the role of MACM's?

- 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.
- Improve support for staff involved in high risk cases of domestic violence.

## What if I'm contacted to attend a MACM?

Agencies contacted to participate in MACM of high risk family and domestic violence cases will:

- 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 the MACM.

## What if I'm unable to attend a MACM?

If the agency is unable to provide a representative for the meeting, they will provide relevant information in writing 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 and interventions and the success or otherwise of these efforts.

The lead agency may contact the agency representative to seek additional information and/or to negotiate possible actions for the agency to undertake.

## What information can I share?

The exchange of information must relate to the identification of risk of harm to an adult victim or child; strategies to manage or mitigate risk; and/or hold perpetrators to account for their violence and abuse.

On a case by case basis, information that can be provided or exchanged will include, but is not limited to:

- any recent hospital presentations related (or you suspect are related to) FDV;
- information on any identified high risk factors;
- any issues you are aware of that might be contributing to risk or harm e.g., cultural factors, mental health, substance misuse or other medical issues;
- any current past interventions (e.g. safety planning, referrals made etc) and the success or otherwise of these efforts; and
- any other information that might contribute to reducing the risk of harm to adult and child victims.

The sharing of information is underpinned by:

- [S28B Children and Community Services Act, 2004](#); and
- [MOU Information Sharing between agencies with responsibilities for preventing and responding to family and domestic violence in Western Australia](#) of which WA Health is a signatory.

## Do I need to get client consent to share information?

The lead Agency convening the MACM 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. The lead agency 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. In addition, agencies attending a MACM will sign a [Confidentiality Declaration](#) (written or verbal).

If your health service is the 'lead agency', it is preferred that you seek client consent to share information with the other agency representatives, however, if a client is deemed at high risk of harm, then under s28B CCS Act, information can be released without the client's consent. If you cannot obtain client consent, follow the Guide to Inter-agency information Sharing for High Risk Cases located in the [FDV Toolbox](#).

Useful resource: [MACM Client consent form for information sharing template](#)

For further resources and information in relation to MACM's, go to:  
<https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/CRARMF2.aspx>