MULTI-AGENCY TRIAGE PROJECT (MAT)

INITIAL MULTI-AGENCY RISK ASSESSMENT PRACTICE TOOL
(Informed by the Safe and Together™ Model)

This Practice Tool was designed to be used by the Multi-Agency Triage Facilitator in the triage room when undertaking multi-agency risk assessments and referrals. The aim of the Tool was to keep the partner agencies undertaking collaborative risk assessment (of police family violence incident reports) focused on the perpetrator's role in causing the family violence, and the impact on the mother and children.

The Practice Tool was developed by Dr Lucy Healey, Deb Nicholson (University of Melbourne) & Lyn Turner (Berry Street) for use at the Multi-Agency Triage project piloted in the North Eastern Metropolitan Region of Melbourne between 2015-2017. The guidance and input of Professor Cathy Humphreys as MAT Project Lead and David Mandel, Safe and Together Institute, is acknowledged.

The Practice Tool was originally called the "aide memoire" and has been adapted over time with input from the multi-agency MAT practitioners. The practitioners working in the MAT room undertook the Safe and Together online training modules, which supported and enhanced their understanding of the rationale for using the Practice Tool.

The first question in the Practice Tool is "What perpetrator behaviours led to the police family violence report?" This question establishes the focus for a line of questioning that pivots to the perpetrator. MAT practitioners have found this to be very useful in helping to understand from the outset (at triage of the police report) how to assess risk and make appropriate referrals for the mother and children, that acknowledge her efforts in protecting her children, rather than blaming her for failing to do so.

Another key question in the Practice Tool is "What don't we know?". This question encourages the practitioner to acknowledge early when they don't know the perpetrator's whereabouts, his mental health status, his use of alcohol or other drugs, any history of FV, for example. Before this question was added, it was common for practitioners to fill the "unknown" space with speculation about the perpetrator, or tellingly, further discussion and speculation about the mother. This ensured that the father/perpetrator was invisible or less visible in the risk assessment process. Including this question also led to triage practice decisions such as finding out more about the perpetrator from police or the men's service.

This version of the Practice Tool has been pared back from the version used in the MAT room, to only show the questions to ask. The terms used in the Victorian context are explained in the footnotes.

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1   **Brief (and relevant to the risk) history from each agency**

2   **What RESPONDENT[1] / FATHER / PERPETRATOR behaviours led to the L17?**

3   **How is the AFM[2] / MOTHER supporting the safety and wellbeing of the child? (protective factors)**

4   **(a) What are the risks THE PERPETRATOR poses to the woman? (Use risk assessment indicators)**

- Risks based on the current Police FV Report
- Risks based on the multi-agency history (this informs the collaborative risk assessment)

(b) What are the risks he poses to the children? (Use indicators for children at risk)

- Risks based on the current L17
- Risks based on the multi-agency history (this informs the collaborative risk assessment)

5   **What are the risks he poses to family functioning? (threats to mother-child relationship? Homelessness? Cultural safety? Health? Family finances?)**

6   **What is the AFM's level of fear? (Has it been ticked on the police FV report?)**

7   **What don't we know?**

8   **What is each team member's <u>individual</u> risk assessment of a) AFM and b) child (it may differ depending on the circumstances)**

     Requires immediate protection   ➡ Highest risk
     Elevated risk   ➡ Medium / moderate risk
     At risk   ➡ Lowest

9   **What is the <u>collaborative</u> risk assessment of a) AFM and b) child (it may differ depending on the circumstances)?**

     Requires immediate protection   ➡ Highest risk
     Elevated risk   ➡ Medium / moderate risk
     At risk   ➡ Lowest

10   **What is the referral pathway and rationale?**

- Which agency is taking this case?

[1] The alleged perpetrator of the family violence
[2] Affected Family Member - the alleged victim of the family violence