
Interagency Case Meeting Policy

Turas Training

Approval date:

Revision date:

1. Statement

- 1.1. TURAS is committed to best practice regarding case management and the involvement of services in collaboratively agreed care plans.

2. Purpose

- 2.1. To outline how a case meeting should be organised, chaired and followed up on.
- 2.2. To outline the role of staff in attendance at a meeting held by another organisation.

3. Scope

- 3.1. This policy will be applied to all external meetings involving a service user care plan.

4. Roles and Responsibilities

- 4.1. It is the responsibility of the manager to ensure that:
 - 4.1.1. Staffs are provided with adequate time and resources, and a suitable environment to undertake the steps outlined in this policy.
- 4.2. It is the responsibility of staff to ensure that:
 - 4.2.1. Supervisors / line managers are informed prior to an interagency case meeting being arranged.
 - 4.2.2. Case meetings are conducted as described in the policy.
 - 4.2.3. Support is requested from their supervisor / line manager if support is required in any area of the case meeting process.

5. Principles

- 5.1. Case meetings or multi-agency meetings should always aim to include the service user. The tone and context of the meeting should encourage service user participation.
- 5.2. Meetings should be solution focused. Workers should always be prepared with a clear summary of any issues as well as possible solutions to any problems within the care plan.
- 5.3. Case meetings should encourage open discussion and problem solving, it should be remembered that well managed divergence of opinion can be a positive rather than a cause for conflict.
- 5.4. The case manager should allow for sufficient preparation time with the service user so they know what to expect and what will be expected of them.
- 5.5. Any information presented in a case meeting must be evidenced and factual.

6. Overview: Procedures

- 6.1. The purpose of a case meeting is to:
 - 6.1.1. Ensure service user involvement.
 - 6.1.2. Agree an interagency care plan with all involved agencies.
 - 6.1.3. Assist in building relationships between all involved.
- 6.2. A case meeting should aim to include the service user. It should only be called in the absence of a service user in the following circumstances:
 - 6.2.1. The service user cannot be located, and there are concerns regarding their welfare.
 - 6.2.2. The service user is in an institution (prison, hospital, etc) and gives permission for the meeting.
 - 6.2.3. The service user is not capable of giving permission (e.g. mental health concerns).
 - 6.2.4. The service user is too intoxicated to participate and they have previously given permission.
 - 6.2.5. There is an identified risk of violent behaviour at the meeting.
 - 6.2.6. There is a prior 'professionals only' meeting; to inform service providers of clinical information or behavioural traits for the purposes of ensuring a cohesive meeting with the service user (this needs thoughtful planning so as not to alienate the service user).
 - 6.2.7. There have been difficulties between interagency service communications that are related to process rather than the case and need to be resolved before the case meeting, (see point above).
 - 6.2.8. Those reasons as outlined in *Children First*, pg 151; this decision may only be taken by the Child Care Manager.

- 6.3. Interagency case meetings should be considered in the following circumstances:
 - 6.3.1. A lead agency / case manager cannot be agreed.
 - 6.3.2. The role of case manager is being transferred.
 - 6.3.3. There are a number of unmet needs. There is no plan on how to address these and appropriate interventions cannot be accessed by reasonable efforts in 1-2-1 communications with service providers.
 - 6.3.4. Services have different understandings of the case or there is lack of clarity as to involvement in the care plan.
 - 6.3.5. The case involves several agencies and it is more time efficient and effective to discuss the care plan in a meeting rather than in 1-2-1 contact.
 - 6.3.6. The service user is excluded from the case manager's service, and the role of case manager needs to be transferred.

7. Procedures: Prior to the Meeting

- 7.1. Service user consent should be obtained for the meeting and information sharing between services. The case manager should check-in with the service user in regard to consent to involve and share information with other agencies in the care plan meeting.
 - 7.1.1. If the six months case management consent form is signed, individual forms for transfer of info between services are not required although verbal consent should be obtained. (See appendix B in Assessment and Care Plan Policy for example of Case Management Consent to Share Information Form).
- 7.2. The case manager should prepare the service user for the meeting: informing them of the process, purpose, expected outcomes, level of input required, and the likely tone and context of the meeting. Sufficient time should be made available to support the service user to clarify their own input.
- 7.3. A meeting time should be organised with the service user and all relevant services. Projects should aim to provide notice of at least ten working days in advance of the meeting. It is acknowledged there will be occasions when an emergency situation means a meeting will be called in less time.
- 7.4. The purpose and meeting aims need to be outlined in a letter, email or phone call to all services. The case manager should request that services make a brief input at the meeting outlining their involvement in the case and any recommendations for the future.
- 7.5. Agencies should be asked to confirm attendance. If the key worker can't attend, another briefed staff member should attend to present the agencies input. If it is impossible for a staff member to attend then a brief report / input outlining the contribution the service can make to the care plan should be requested by the case manager, prior to the meeting.
- 7.6. Any interagency difficulties regarding the care plan (e.g. breakdown in communication, lack of fulfilment of care plan) should be negotiated and resolved prior to the meeting, and not in the presence of the client. Persistent lack of engagement with the care plan by any service should be reported through Gaps and Blocks processes.

8. Procedures: In the Meeting

- 8.1. The lead agency/case manager should be clarified. The only circumstance where there should be more than one case manager is in a child protection case where social workers will be case managing the family or child's case and other workers may be case managers of the adults.
- 8.2. The chairperson of the meeting should be agreed by all present. Generally the service calling the meeting takes responsibility for both chairing and minute taking, although if there is a more senior or experienced individual they may undertake the role of chair, generally in this situation the individual should be asked about this prior to the meeting.
- 8.3. If our organisation has called the meeting we will take responsibility for the minutes. If it is large or complex meeting it may be necessary to ask another member of staff to take minutes.
- 8.4. The chair should initiate a round of introductions and summarise the meeting aims/purpose.
- 8.5. The agenda should be agreed by all present.
- 8.6. A general agenda format would be as follows;
 - 8.6.1. Agree the lead agency / case manager if required.
 - 8.6.2. Brief outline of case / purpose of the meeting by the chair,
 - 8.6.3. Individual service reports and recommendations: agencies not present will have their report read out by the chair. The chair can ask for reports to be solution/recommendation focused.

- 8.6.4. The service user will have a chance to raise their own issues/suggestions and to feedback on recommendations.
- 8.6.5. The chair will seek agreement on the interagency plan / next steps. If there are care plan issues that cannot be met by the services around the table, it should be identified which services are to be contacted and who will undertake this. In general contacting other services is the role of the case manager.
- 8.7. At the end of the meeting the case manager should ensure they have everyone's correct email address and phone number for future correspondence.

9. Procedures: Following the Meeting

- 9.1. As soon as possible after the meeting the case manager should enter decisions and actions on the care plan and if necessary, additional descriptive notes.
- 9.2. Minutes and a copy of the care plan need to be sent to all involved.