

DOMESTIC HOMICIDE REVIEW

Case No. 16

ACTION PLAN

Overview Report Recommendations

Recommendation	Action Required by Agency	Implementation Lead	Target Date for Completion	Summary of Action Taken and Date
<p>Recommendation No 1</p> <p>The constituent partner Agencies of the South Worcestershire Community Safety Partnership should review the advice given to:</p> <p>a) Agencies when responding to domestic abuse concerns where there are known risks of mental illness and substance misuse.</p> <p>b) The public through online communication and links placed on Agency websites and elsewhere. The South Worcestershire Community Safety Partnership should review its use of social media and print media and seek to identify opportunities of</p>		<p>All Agencies.</p> <p>South Worcestershire Community Safety Partnership.</p>	<p>Reviewed at 12.01.2023</p> <p>Discussion with all agencies, activity takes place regarding Public awareness social media – CSPs and County involved with White Ribbon campaign and other activity</p> <p>Update on Sarah Wigley training raised</p> <p>Gps not on WCC training however</p>	<p>WM Police</p> <p>A tailored domestic abuse training programme has been devised and implemented across the Force. The full day of training commenced in October and will aim to have all front-line officers trained by the summer of 2023. Incorporated within the programme is specific modules relating to victim engagement and officers being able to recognise the links between domestic violence, substance misuse and mental health.</p> <p>ASC and WCF – completed (Sarah Wigley Training)</p> <p>From HM – ML has delivered to GPs. Reviews are flagged to GPs</p> <p>CK – staff DO attend the SW training – the toxic trio does appear in the trg (H&W H&C Trust)</p> <p>DN – Worcs Acute – mandatory trg</p> <p>A lot of work is done on publicising DA (Web sites, publishing DHRs etc)</p> <p>Complete</p>

<p>raising the level of public awareness about domestic abuse.</p>			<p>gps commissioned Martin Lakeman April 21 - Mar 22 However a poor take up Conversations take place with relevant gp practice after significant deaths Reviews are flagged wth GPs, with an awareness of toxic trio in packages</p>	
<p>Recommendation No 2 The impact of the current training regarding the Domestic Violence Disclosure Scheme should be audited to ensure that the learning is embedded in practice.</p>		<p>All agencies/The South Worcestershire Community Safety Partnership</p>	<p>Discussion at 12 Jan review meeting: DVDS team audit take place however Claire King is not aware of any follow up Dan Grey states individual reflection takes place One suggestion is for L and D via Serena Hadley for</p>	<p><i>WMP have completed a review (2022) of DVDS processes which has illustrated an auditable structure is in place for "Right to Ask" aspects of DVDS. The review has identified further opportunities exist to utilise "Right to Know" considerations. DVDS national guidance will now inform a revised West Mercia DVDS procedural guidance for both Right to Ask and Right to Know – expected delivery January 2023. Training delivery through DA CPD Training will be provided for DVDS and auditing will be achieved through ATHENA scrutiny and by Local Policing Area DA scrutiny panels. The outcome of the training is audited at the end of training but there is no follow up in the workplace through commissioned training</i></p>

			<p>follow ups to take place. Sarah Cox could ask for follow up via L and D</p> <p>D N stated on line resources such as mandatory trng for midwives and idva take place</p>	<p>Follow up DOES occur in WCF and ASC (albeit not specifically) PK to discuss with Serina H L&D enacting automatic 3 month questionnaire to service users WCF from March 2023 are undertaking a survey of those WCF staff who have completed the training to ascertain the impact this has had on their confidence when working with cases where domestic abuse is a feature.</p> <p>Complete</p>
<p>Recommendation No 3 The South Worcestershire Community Safety Partnership should review the information available about the Domestic Violence Disclosure Scheme and ensure that guidance for professionals and leaflets to raise awareness generally are available.</p>		<p>The South Worcestershire Community Safety Partnership</p>	<p>Discussion at review meeting 12 Jan this is considered in Sarah Wigley's training, relating to DA / stalking, info is at airports, service stations, SC suggests considering a letter to the safeguarding board / flowchart</p>	<p>Included in the S Wigley training and available on the WCC website (and discussed in conferences)</p> <p>Complete</p>

<p>Recommendation No 4 All Agencies and commissioners of services should review existing Re-Engagement Policies with the aim of identifying and reaching out to service users who have found it hard to engage for whatever reason.</p>		<p>Worcestershire Safeguarding Adults Board</p>		<p>There is no published policy – there IS a flow chart - shared from ASC https://www.safeguardingworcestershire.org.uk/wp-content/uploads/2022/04/1904-Non-engagement-flow-chart-v1-final.pdf Complete</p>
Single Agency Recommendations				
West Mercia Police				
<p>Recommendation No 5 Modifications to DASH risk assessments made by Domestic Abuse Risk Officers (DARO's) should be referred back to the Officers responsible for the original assessment to explain why the change was made and to ensure that this is a safe decision. Frontline officers should be made aware of the mechanisms for escalating concerns to the MARAC if this is warranted in their professional judgement.</p>			<p>Review 12 Jan update J B waiting for force lead update – WMP moving from Dash to Dara</p>	<p>DARO supervisors have been e-mailed with a request that this recommendation be absorbed into day-to-day working. Update awaited to see whether this has been agreed. This action is being reviewed as WM transitions to Domestic Abuse Risk Assessment (instead of DASH)</p> <p>As part of the new domestic abuse training programme (Investigating Domestic Abuse) officers are given an input around MARAC – its purpose; pathways and process and how officers can refer even if it does not fit the criteria if, in their professional judgement</p> <p>Complete</p>

<p>Recommendation No 6 Training on the impact of domestic abuse, substance misuse and mental health should be provided for frontline Officers to raise awareness of these complex issues.</p>	<p>Paper to be submitted to Force training panel outlining the requirement for a bespoke training package aimed at all Officers.</p>	<p>DS Sharon Wallace</p>		<p>A tailored domestic abuse training programme has been devised and implemented across the Force. The full day of training commenced in October and will aim to have all front-line officers trained by the summer of 2023. Incorporated within the programme is specific modules relating to victim engagement and officers being able to recognise the links between domestic violence, substance misuse and mental health.</p> <p><i>Force DA operation - Op BOW specifically addressed the substance misuse / mental health / DA as a focus area for improvement within the LPA Briefing slides for some additional learning dissemination.</i></p> <p>Complete</p>
Cranstoun Worcestershire				
<p>Recommendation No 7 Share learning regarding the importance of recording a service user's partner's name in sessions for future identification and support purposes.</p>	<p>Share learning with team leaders for each team. Team leaders to disseminate learning. Collate evidence within team meetings.</p>	<p>Matt Burke</p>	<p>Jan 2023</p>	<p>Update from Cranstoun: I am confident we have completed the first two actions some time ago. Unfortunately, whilst I can see some email communication, due to system changes since then I am struggling to locate the team minutes for these actions. Conscious evidence could be requested so I have asked that all Team Leaders re: discuss this case (which as a number of staff have changed since then is a good idea anyway) in their January Team Meetings and document in minutes again. I will communicate to you directly once all teams have discussed this and I have seen evidence in the minutes. Complete</p>

<p>Recommendation No 8 Share learning regarding the importance of having a clear re-engagement plan for service users who are NFA (No Fixed Abode) or rough sleeping, as per Service Engagement Policy. Identify any training requirements for staff on this issue.</p>	<p>Share learning with team leaders for each team. Team leaders to disseminate learning. Collate evidence within team meetings.</p>	<p>Matt Burke</p>	<p>Jan 2023</p>	<p>Update from Cranstoun: I am confident we have completed the first two actions some time ago. Unfortunately, whilst I can see some email communication, due to system changes since then I am struggling to locate the team minutes for these actions. Conscious evidence could be requested so I have asked that all Team Leaders re: discuss this case (which as a number of staff have changed since then is a good idea anyway) in their January Team Meetings and document in minutes again. I will communicate to you directly once all teams have discussed this and I have seen evidence in the minutes. Incomplete - to be updated</p>
<p>Recommendation No 9 Ensure that all staff are aware of the importance of sharing and corroborating information provided by service users where there is an indication of domestic abuse.</p>				<p>Cranstoun advise that this is business as usual and entirely in keeping with existing practices and expectations Complete</p>
<p>Clinical Commissioning Group.</p>				
<p>Recommendation 10 Surgeries should consider adding an alert to patient records when a trusted agency reports the potential risk of abuse/violence to</p>	<p>Warning alerts for abuse/violence to patient records</p>	<p>Sarah Dempsey</p>		<p>Warning alerts for abuse/violence to patient records Where there is a patient who is violent, aggressive or a risk to others the surgeries all have ways in which they add alerts to the patient records to alert staff of the risk - each practice will do so in slightly different</p>

<p>either staff or other service users.</p>				<p>ways however all practices know what to do where they are faced with a patient who has been threatening to staff or patients – the ICB have a Special Allocation Service whereby these individuals are removed from general practice and will have to be seen in a different place/process which keeps them away from the surgeries in local areas. Complete</p>
<p>Recommendation No 11 The GP practice to consider reviewing their protocol in respect of relatives phoning on behalf of patients in relation to the potential risk of coercion and control.</p>	<p>Coercion and control protocol</p>	<p>Sarah Dempsey</p>	<p>Update 12 Jan Review meeting Heather Manning chasing S Dempsey ref gp alert no 11</p>	<p>Coercion and control protocol This is complex and has been addressed as an ICB response– if there are concerns in terms of domestic abuse, violent partners or ex partners, family members etc the staff at the practice will make note on the records to state there are concerns with regards to coercive/controlling behaviours - this is usually covered in the safeguarding training that is required so most staff are aware of what to look out for and raise concerns. Where there are concerns the staff will attempt to get the victim on their own to ask the pertinent questions - this process has been verified independently. Complete</p>
<p>Recommendation No 12 All staff who have face-to-face contact with patients and service users should undertake learning activities</p>	<p>Domestic Abuse Training</p>	<p>Sarah Dempsey</p>	<p>Update 12 Jan review Training was offered to GPs - good uptake but this tailed off Consideration around ensuring a</p>	<p>Domestic Abuse Training There is no mandate that staff undertake domestic abuse training however most staff are aware of the need to have an understanding of domestic abuse and the impact it does have on the individuals .</p>

<p>connected to domestic abuse training.</p>			<p>review at CSP rag rate them</p>	<p>The ICB offer training to staff and regularly send out information for courses and in terms of new information shared with practices - an example would be the Domestic Abuse Act which has come into being – ICB have put together a briefing to share with GPs and we also cover this when we complete the practice support visits which the team undertake annually and is offered to all practices and most of them take this up.</p> <p>ICB is currently seeking the means to adopt IRIS across Worcestershire</p> <p>Complete</p>
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