



Appendix B

Somerset Domestic Homicide Review 012 Action Plan

Agencies/Partnerships Who Are Allocated Actions Within This DHR

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Avon and Somerset Police

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
<p>1) The police should seek to take opportunities to engage with domestic abuse victims when contact occurs and opportunities arise outside the usual response to domestic incidents themselves.</p> <p>A culture of approach, rather than waiting to be approached, might bring about improved contact between police and domestic violence victims.</p>	Local	<p>a. Forcewide circulation to Managers to directly brief operational staff.</p> <p>b. To be raised with the Force Domestic Abuse lead for consideration within the Force DA Action plan</p>	Detective Inspector Phil Jones	<p>Briefing to be written outlining positive proactive approach</p> <p>Briefing to be approved by Force DA Lead</p> <p>Briefing to be circulated</p>	Within 3 months of the completion of the DHR	
2) Where DASH assessments are changed by police	Local	a. Forcewide circulation to	Detective Inspector Phil	Guidance clarifying how	Within 3 months of	

<p>staff or police officers after the event, the rationale for that change should always be recorded.</p> <p>The recording of decision making rationale would allow for more effective ongoing case review.</p>		<p>Managers to directly brief operational staff.</p> <p>b. To be raised with the Force Domestic Abuse lead for consideration within the Force DA Action plan</p>	<p>Jones</p>	<p>DASH assessments should be completed and reviewed to be produced and circulated.</p> <p>Review of DASH assessments which have been changed to ensure decision making rationale is clearly evidenced</p>	<p>the completion of the DHR</p>	
<p>3) The police should use elements of this DHR as a case study in training to raise awareness of the importance and effectiveness of the paramountcy principle. The police often faced high tension situations</p>	<p>Local</p>	<p>To be raised with the Force Domestic Abuse lead for consideration within the Force DA Action plan for inclusion as appropriate in Corporate Learning processes</p>	<p>Detective Inspector Phil Jones</p>		<p>Within 3 months of the completion of the DHR</p>	

<p>with difficult adults, but they did not allow their focus on the safety and welfare of the children to be compromised.</p> <p>This may be achieved in a number of ways in training settings.</p>						
<p>4) To ensure officers are aware of all tactical options for progressing positive outcomes for Domestic Abuse. Training and awareness in relation to DVPN/DVPO and Stalking and Harassment (including coercion and control) to be included within training and refresher packages</p>	Local	To be raised with the Force Domestic Abuse lead for consideration within the Force DA Action plan for inclusion as appropriate in Corporate Learning processes		Review of training	Within 3 months of the completion of the DHR	
<p>5) To support the availability and information to victims and perpetrators there is a need to ensure that pathways to</p>	Local	To include a 'Women's page' within the Avon and Somerset 'IMPACT pathways' website	Pathways Coordinator (Via Detective Inspector Phil	Review IMPACT Pathways website Add new	Within 3 month of the completion of the DHR	



<p>identified support networks are available.</p>		<p>which identifies support and help agencies and pathways for victims and perpetrators of Domestic Abuse</p>	<p>Jones)</p>	<p>“women’s page”, linking into existing websites – i.e. survivor pathway, Somerset survivors</p>		
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Children's Social Care

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Ensure that all comprehensive case audits address: <ul style="list-style-type: none"> • Clarity of recording • Rationale for decision making • Management oversight of progress on actions • The voice and experience of the child 	(Somerset county)		Deputy Director Children & Families		31.12.2016	
2) Ensure that Domestic Abuse training is compulsory for all CSC staff proportionate to their role.	(Somerset county)	Finalise specialist domestic abuse training framework for all levels of CSC staff	Deputy Director Children & Families		31.12.2016	
3) For Child In Need cases, ensure that the expectations of	Local (Somerset)		Deputy Director Children & Families	Audit of current procedure and	31.12.2016	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
visiting frequency, and regularity of review are set out in the practice framework and highlighted to all teams as the agreed standard.	county)			practice Revise procedures if required Review and audit after 6 months to ensure desired outcome is being achieved		
4) Ensure that Core Groups are held in a timely manner in accordance with Government guidelines for the prompt identification and actions to address risks to children on Child Protection Plans.	Local (Somerset county)		Deputy Director Children & Families	Audit of current procedure and practice Revise procedures if required Review and audit after 6	31.12.2016	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
				months to ensure desired outcome is being achieved		

Somerset Safeguarding Children Board (LSCB)

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Review and refine the multi-agency domestic abuse policy and procedures under the LSCB to incorporate a multi-agency risk identification tool (i.e. the Domestic Violence Risk Indicator Checklist).	Local (Somerset county)	Review and refine the multi-agency domestic abuse policy and procedures and implement the use of the DVRIM through support from SIDAS.	LSCB	Review Policy Re-write policy Ratify new policy Publicize new policy and organize training where appropriate on use of DVRIM – to all relevant staff	31.12.2016	
2) The domestic abuse policy and procedure 'Children Affected by Domestic Abuse – last updated in October 2014' needs to develop	Local (Somerset county)	Review policy and re-write where necessary	LSCB	Review Policy Re-write policy Ratify new policy	31.12.2016	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
guidance on safety planning, emergency planning including procedures for closing a case file, and good practice guidance.		Ratify policy		Publicise new policy to all relevant staff		

Adult Social Care (Somerset County Council)

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) With ASC case recording the AIS functionality to copy case notes from one family member to another should be used to facilitate full record keeping where relevant.	Local	Change current procedures for use of Adult Social Care case recording system	SCC ASC Principal Social Worker		3 months following review publication	
		Change		Review current	3 months	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
2) Where a vulnerable adult is the victim of control and coercion, information on their wishes needs to be collated in a timely and speedy way. SCC ASC Safeguarding Adults processes should be reviewed and amended to ensure this.	Local	procedures	SCC ASC Principal Social Worker	procedures Re-write procedures Ratify new procedures Publicise new procedures to all relevant staff	following review publication	
3) Where a vulnerable adult is the victim of control and coercion, SCC ASC should ensure that Social Workers have access to prompt legal advice on the processes to ensure the protection of individual rights under the Human Rights and Mental Capacity Acts, and also now, the Care Act. This should	Local	Change procedures	SCC ASC Principal Social Worker	Review current procedures Re-write procedures Ratify new procedures Publicise new procedures to all relevant staff	3 months following review publication	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
<p>include information on referrals to the Court of Protection in urgent cases. SCC ASC Safeguarding Adults processes should be reviewed and amended to ensure this.</p>						
<p>4) Where MASH and MARAC meetings are held in respect of domestic violence within families, if there is a family member who is also a vulnerable adult, contact should be made with the allocated worker, where relevant, or to the SCC Adult Safeguarding Team, in all cases to ensure the effective sharing of information and invitation to subsequent meetings. This is to ensure that the risk of domestic abuse to the</p>	<p>Local</p>	<p>Review and revise current procedures</p>	<p>Agency MARAC Lead / SCC ASC Principal Social Worker</p>		<p>3 months following review publication</p>	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
vulnerable adult is also considered within the MARAC or MASH. It is particularly important where a person may lack capacity and needs others to act in their best interests, as per the Mental Capacity Act.						
5) In cases involving domestic abuse and personal safety ASC should review their Safeguarding Adults processes to ensure that referrals to the Police Public Protection Unit are pursued, so that teams are provided with advice on the available police action in all cases.	Local	Review and update procedures	George O'Neill (SCC ASC Principal Social Worker)		3 months following review publication	
6) In Safeguarding Adults and	Local		George O'Neill		3 months following review	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
<p>Domestic Abuse cases, SCC ASC needs to improve the clear recording of all:</p> <ul style="list-style-type: none"> • Safeguarding Adults meeting minutes • Adult Protection Plans • Managers' decisions • Risk Assessments. 			(SCC ASC Principal Social Worker)		publication	
<p>7) The lessons from this Domestic Homicide Review should be reviewed and disseminated within the training commissioned for SCC ASC staff.</p>	Local	Review and update current raining	George O'Neill (SCC ASC Principal Social Worker) / Suzanne Harris (SCC Senior Commissioning Officer IPV (Domestic Abuse Training Lead)).		3 months following review publication	

Somerset Partnership NHS Trust

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Somerset Partnership CAAS to record electronic risk alerts, screening and information following assessment of all patients.	Local	Internal procedure review by Somerset Partnership forensic services	Forensic service		3 months post publication of the report	
2) Somerset Partnership Safeguarding Service to produce an internal Domestic Abuse and MARAC protocol/procedure		Somerset Partnership Safeguarding Service to develop documentation	Safeguarding adults lead		3 months post publication of the report	
3) Somerset Partnership Safeguarding Service to review and update Trust Domestic Abuse Policy and flowchart		Review and embed changes through dissemination through key Trust Meetings	Safeguarding adults lead		3 months post publication of the report	
4) Somerset Partnership Safeguarding Service to review protocols to share information and risk management of safeguarding cases which		Somerset Partnership Safeguarding Service to develop closer	Head of Safeguarding / Safeguarding adults lead /		3 months post publication of the report	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
involve both adults and children		working protocols	Named nurse for Childrens Safeguarding			
5) The Trust will utilise the Multi-Agency Safeguarding Hub (MASH) to work with partner agencies ensuring timely response and co-working when appropriate.		In Place	Richard Painter / Safeguarding adults lead		3 months post publication of the report	
6) The Trust will utilise more fully the existing safeguarding information pathways (e.g. staff newsletter, safeguarding intranet pages and staff training) to raise awareness of domestic abuse and the protocols for managing these cases.			Richard Painter / Safeguarding adults lead		3 months post publication of the report	

Somerset Clinical Commissioning Group

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Feedback and debrief to be offered to the General Practice prior to final publication	Local		CCG Safeguarding team		Prior to publication	Publication awaited
2) For the practice to consider a review of consultations to include social questions	National and Local		CCG/ NHS England Surgery Staff		Practice team education event planned for January 2016	Complete. Discussed at practice education event to ensure social questions/discussions captured in patient's consultations
3) Specific training in domestic abuse and knowledge of the GP champion approach	Local		CCG/ SCC Knightstone CCG Safeguarding team		Training completed in December 2015. Safeguarding Children Training booked February 2016 (includes domestic abuse	Complete. Both safeguarding children and domestic abuse training completed. Further session for domestic abuse provided to junior staff.

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
					case study)	Practice have been provided with additional resources including display on reception screen. Practice has a nominated domestic abuse champion.
4) Adoption once ratified the CCG domestic abuse policy for primary care for all practices, in consultation with NHS England and LMC	National and Local		Somerset Named GP/ Designated Nurse		February 2016	The policy has now been ratified and will be circulated in the GP bulletin in June.
5) Circulate lessons learnt from DHRs regarding the need to clearly document social history during consultations	Local		Somerset Named GP/ Designated Nurse		Safety Net newsletter/or GP bulletin March 2016	This advice has been circulated but is also reiterated in training.

Bournemouth Churches Housing Association (to include SIDAS (Knightstone HA))

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Case intake policy and process to meet 'Safe Lives Leading Lights' required standard by ensuring that clients are contacted within 24-48 hours from referral date, and engagement to take place within 5 days of the initial contact if it is safe to do so. (Contact and engagement should be "meaningful" as described in the SCC Domestic Abuse Service Intake Process)	Local	Review and revise case intake policy/ procedures	Knightstone (SIDAS) Strategic Business Manager	Review policies Re-write policies Publicise policies and train staff where appropriate	30.6.2016	
2) Where an IDVA service is being transferred from one provider to another. It's recommended that a standard procedure for all active cases 6 weeks prior to the transfer date remain active throughout the transition to a	Local	BCHA - To include within general implementation planned for new business	Jessica Wheeler	Review current procedures Revise current procedures Implement new	31 st January 2016	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
new provider. The new provider should not close cases until a full review has been undertaken by the allocated worker to ensure all actions have been completed and risks managed and reduced. This recognises the challenges a service transfer can bring to a staff team.		Commissioners to request as part of exit plan for outgoing provider and implementation plan for incoming provider	SCC (IDVA service commissioners)	procedure	28 th February 2016	Complete
3) Outgoing provider should provide incoming provider with client case files as soon as practicable no less than 3 week prior to transfer date, enabling outgoing provider to organise consent forms from clients and organise files ready for transfer. This will be subject to obtaining client consent.	Local	BCHA - To include within general implementation planned for new business SCC – amend service transition policy	Jessica Wheeler IDVA service commissioners	Review current procedures Revise current procedures Implement new procedure	31 st May 2016 31 st May 2016	Complete Service transition policy updated.
4) Clearer communication between IDVA and Outreach	Local	Implement case management	IDVA Somerset Service	Review current procedures	31 st May 2016	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
services with particular focus on transfer of referrals and hand over process for the client. Ideally this would be a team meeting with written records which can be audited		meeting between IDVA and outreach service	Provider	Amend current procedures Implement new procedures and publicise to all relevant staff		
5) All cases should be closed as per the required standards of 'Safe Lives Leading Lights' whereby a recorded case management meeting is held and exit actions are completed with a client to include a final assessment of risk as part of that procedure.	Local	Review case closure procedures	IDVA Somerset Service Provider	Review current procedures Amend current procedures Implement new procedures and publicise to all relevant staff	30 th June 2016	
6) All agencies need to take into consideration the client's wishes and risk concerns around recommended safety plans offered by professionals,	Local	Agree the most suitable option with the client and where this is not agreeable	SIDAS and all agencies involved with IDVA clients	Audit current procedures Review audit results and	3 months following publication of report	

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
with particular understanding that the client will understand the perpetrators patterns of behaviour the most. Where possible, these wishes should be accommodated in options provided.		alternative solution is offered to reduce risk of abuse and control		implement any changes required.		
7) Promotion of escalation processes within all agencies for all professionals working with high risk victims of domestic abuse. Promoting the benefit of escalation to find a resolution and removing the negativity from the escalation process.	Local	Escalation processes within all agencies to be highlighted and distributed to all professionals working with high risk victims of domestic abuse.	All agencies involved with high risk DA victims.	Review current procedures Amend current procedures Implement new procedures and publicise to all relevant staff	3 months following publication of report	

Mendip District Council Housing Department

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Housing Options to write a clear procedure and pathway for dealing with domestic abuse cases which should include that such cases are raised as prevention cases at the earliest opportunity.	Local		Sarah Michael (DA specialist)		May 2016	
2) Procedures should reflect that options such as homelessness applications, access to private sector options, staying with friends, injunctions etc. should always be discussed in parallel with any refuge offer, with these options confirmed in writing.	Local		Sarah Michael (DA specialist)		3 months following publication	
3) Housing staff who are working with Domestic abuse	Local		Sarah Michael			

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
victims need to undertake training to be aware of the national and local organisations that offer emergency injunction services and the costs of such services (especially where the client is working).			(DA specialist)		May 2016	
4) Housing staff who are working with Domestic abuse victims to undertake training to be able to advise on affordability issues relating to existing accommodation commitments and refuge placements	Local		Sarah Michael (DA specialist)		May 2016	

Curo Group

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
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1) To gain representation on Somerset MARACs by signing up to Somerset MARAC Operating Protocol.	Local		Andrew Snee		1 month from date of report publication	
2) In circumstances where a tenant is identified as a victim of domestic abuse, and is already known to be in receipt of DA specialist support, a discussion will be had with that specialist DA agency to determine who is the lead professional co-ordinating support to the individual/family.			Andrew Snee		Ongoing	

Safer Somerset Partnership

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) MARAC to review actions agreed for cases with specific focus on actions which are not complete due to a	National and Local?	Review of unachieved MARAC actions	Safer Somerset Partnership	Review and audit current procedures	3 months following publication of report	

barrier. MARAC attendees to seek resolution as multi agency group and agreed alternative actions to reduce the risk.		during MARAC meetings				
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Yeovil District Hospital NHS Foundation Trust

Recommendation	Scope	Action Required	Action Holder	Key Milestones	Target Date	Date of Completion and Outcome
1) Ward staff need to be reminded to ensure clear direction for GP in respect of follow-up appointments especially when these relate to psychiatry.	Local	Feed into electronic discharge processes	Clinical Governance YDH	Review procedures Re-write procedures Publicise new procedure.	Autumn 2015	Completed 29.11.15