THE SAFER ROTHERHAM PARTNERSHIP

DOMESTIC HOMICIDE REVIEW

EXECUTIVE SUMMARY

Victim MA 1

November 2014

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 **Appendix A Definitions**

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**1. INTRODUCTION**

1.1The principal people referred to in this report are:

 MA 1 Victim White British

 MA 2 Perpetrator White British

1.2 In autumn 2013 MA 1 died in hospital from hypoxic anaemic brain damage caused by hypovolaemic shock with cardiac arrest resulting from an incised wound to his right hand caused by a broken bottle. South Yorkshire Police [SYP] charged MA 2 with the murder of MA 1.

1.3 In spring 2014 MA 2 pleaded guilty to manslaughter. He was sentenced in summer 2014 to five and a half years imprisonment.

**2. ESTABLISHING THE DOMESTIC HOMICIDE REVIEW [DHR]**

**2.1 Decision Making**

2.1.1The Safer Rotherham Partnership [SRP] chair established a DHR. There was a significant volume of information and the chair decided that the DHR would be completed by December 2014. The Home Office was informed.

**2.2** **DHR Panel**

2.2.1David Hunter was appointed as the Independent Chair and Author. He is an independent practitioner and has never been employed by any of the agencies involved with this DHR.

 The Panel comprised of:

* Ruth Fletcher-Brown Rotherham Metropolitan Borough Council [RMBC] Public Health
* Annette Carey Choices and Options [C&O] Area Manager
* Alison Lancaster Rotherham Doncaster and South Humber NHS Foundation Trust [RDaSH] Mental Health
* Sue Ludham South Yorkshire Probation Trust [SYPT] Deputy Director
* Helen Greig Action Housing and Support Director of Client Support Services
* Helen Wood Safeguarding Adults Coordinator and Domestic Abuse and Independent Domestic Violence Advocacy [IDVA] Manager, RMBC Adult Services
* Jason Horsley Consultant Public Health RMBC
* Elisa Pack Victim Support Senior services Delivery Manager
* Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC
* Sam Newton Service Manager Safeguarding Adults RMBC
* Steve Parry SRP Neighbourhood Crime and Anti-Social Behaviour Manager RMBC
* Katie Sidebottom Key Worker Care and Supported Housing
* Helen Smith Sergeant SYP
* Rob Stanton Headway
* Jean Summerfield Rotherham NHS Foundation Trust Named Nurse Adult Safeguarding
* Victoria Swinbourne Lifeline Service Manager
* Sue Bower  Safeguarding Adults Lead Professional
 Rotherham Doncaster & South Humber NHS Foundation Trust [RDaSH]
* Matt Pollard Drug and Alcohol Services Manager RDaSH
* Alun Windle Rotherham Clinical Commissioning Group post
* Paul Walsh Housing and Communities Manager RMBC
* David Blain Head of Safeguarding Yorkshire Ambulance Service
* Sue Wynne Refuge Coordination Rotherham Woman’s Refuge

**2.3** **Agencies Submitting Individual Management Reviews [IMRs]**

2.3.1The following agencies submitted IMRs.

* Choices and Options
* South Yorkshire Police
* Housing and Neighbourhood Services RMBC
* Headway
* Action Housing and Support
* Rotherham NHS Foundation Trust
* South Yorkshire Probation Trust [as was]
* St Ann’s Medical Centre
* Stag Medical Practice
* Lifeline
* Adult Services RMBC
* Yorkshire Ambulance Service
* Sheffield Teaching Hospitals NHS Foundation Trust
* RDASH [mental health and substance misuse]
* IDVA

Non IMR written information was received from:

* Metropolitan Police Croydon
* Victim Support

**2.4 Notification/Involvement of Families**

2.4.1 The families of MA 1 and MA 2 were briefed by SYP Family Liaison Officers and provided with copies of the Home Office leaflet on domestic homicide reviews.

2.4.2The SRP Domestic Abuse Coordinator and the DHR independent chair/author met with MA 1’s sister in May 2014. Her views appear in the report as appropriate.

2.4.3 MA 2’s mother was last written to in June 2014 inviting her to contribute to the DHR. She did not reply and the DHR Panel felt it was inappropriate to contact her again.

2.4.4 MA 2 did not respond to two letters inviting him to contribute to the review.

**2.5 Terms of Reference**

**2.5.1 The purpose of a DHR is to**:

* Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
* Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
* Apply these lessons to service responses including changes to policies and procedures as appropriate
* Prevent domestic violence, abuse and homicides and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working

[Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews [2013] Section 2 Paragraph 7]

**2.5.2** **Timeframe under Review**

The DHR covers the period spring 2007 [the time around which MA 2 sustained a brain injury, to MA 1’s death in autumn 2013. Contextual information predating 2007 is also included.

**2.5.3 Case Specific Terms**

1. Were the risk indicators for domestic abuse present in this case recognised, properly assessed and responded to in providing services to MA 1 [the victim] and MA 2 the alleged perpetrator? If not, what was the reason for this?

 2. Were the services provided for MA 1 and MA 2 timely, proportionate and “fit for purpose” in relation to the levels of risk and need that were identified?

 3. How did agencies ascertain the wishes and feelings of MA 1 and MA 2 about their victimisation/position and were their views taken into account when providing services or support?

 4. How effective was inter-agency information sharing and cooperation in response to MA 1 and MA 2’s situation? What consideration was given to sharing information between agencies from different authorities in support of MA 1 and MA 2 and was it effective?

5. How do agencies within the Safer Rotherham Partnership support victims from LGBT [lesbian, gay, bisexual and transgender] and other minority groups who disclose domestic abuse?

 6. How were any racial, cultural, linguistic, faith or other diversity issues, taken into account during assessments and provision of services to MA 1 and MA 2?

 7. Were the reasons for MA 2’s abusive behaviour properly understood and addressed? Was there sufficient focus on reducing the impact of MA 2’s abusive behaviours towards MA 1 by applying an appropriate mix of sanctions [arrest/charge] and treatment interventions?

 8. Were single and multi-agency policies and procedures, including the MARAC protocols, followed and are they embedded in practice and were any gaps identified?

 9. How effective was the supervision and management of practitioners involved with responding to the needs of MA 1 and MA 2’s. Did managers have effective oversight and control of the case?

 10. Were there any issues in relation to capacity or resources within the Partnership and its agencies that affected the ability to provide services to MA 1 and MA 2 or to work with other agencies?

 *On 06.02.2014, at the second Panel meeting, it was agreed that the terms of reference would be revised to include the following points for consideration by IMR authors:*

 11. Was the risk to family members of MA 1 and MA 2, in particular their mothers, recognised as Domestic Abuse?

 12. When risks to family members were identified and managed, was the risk to either MA 1 or MA 2 as immediate partners considered?

**3. History of MA 1 and MA 2**

* 1. MA 1 and MA 2 were born and brought up in Yorkshire. MA 1 gained employment in care homes, a bakery and worked for a charity. MA 2 obtained jobs in local industry and qualified as a bus driver.
	2. MA 1 and MA 2 formed their relationship in 1977 and generally lived together from the beginning. In 1986 MA 1 was sentenced to two years imprisonment at Croydon Crown Court for inflicting grievous bodily harm on MA 2 by stabbing him in the chest.
1. **Presenting Issues pre 2007**
	1. The following were the presenting issues for MA 1 and MA 2.

**MA 1 MA 2**

Drug abuse Several drug and alcohol overdoses

Anxiety Heavy binge drinker

Depression Will not accept mental health support

Unexplained Injuries Unexplained injuries

Panic attacks Drinking bottle of vodka daily

Referred to mental health Relationship difficulties

Debt issues Damaged skin removed from eye lid with scissors by MA 2; required corrective surgery

* 1. In 2007 the above problems still existed. MA 1 and MA 2 were in receipt of incapacity allowance and disability living allowance which continued until the homicide.

**5. Brain Injury**

* 1. In the spring of 2007 MA 2 suffered a bleed in his brain which required surgery. There is evidence that post his operation MA 2 became more aggressive. MA 2 received significant support to assist him with daily living and at one point MA 1 was his carer.
	2. MA 1’s sister knew from MA 1 that the relationship was abusive; primarily when they were in drink. She described the abuse as mutual with both men taking an equal part as the aggressor. She said this balance altered after MA 2’s head injury when in her opinion MA 2 became the main instigator of abuse. She believed his head injury altered his behaviour as evidenced by MA 2’s frustration at not being able to find the right words to use.
	3. A formal assessment by adult services found: “MA 2 has cognitive issues due to damage to the frontal lobe of his brain. The subsequent brain injury caused substantial impairment to his cognitive functioning, memory and difficulties with processing information and sequencing tasks. When MA 2 experienced new situations he reported feelings of anxiety, depression and panic. MA 2 also noted acute mood swings which meant that he could exhibit both verbal and physical aggression. MA 2 acknowledged his misuse of alcohol magnified these issues”.

**6. PRESENTING ISSUES IN PERIOD 2007 TO HOMICIDE**

**MA 1 MA 2**

Significant alcohol misuse significant alcohol misuse

Significant domestic abuse significant domestic abuse

Victim and perpetrator victim and perpetrator

Mental health needs mental health needs

{Suspected of finally exploiting} {Financially exploited by a member of} {his mother and MA 2} {MA 1’s family and possibly by MA 1}

Poor living conditions poor living conditions

Causing trouble for neighbours causing trouble for neighbours

Harassing his mother severe physical health needs

Suicidal thoughts suicidal thoughts

Alcohol induced seizures self-harm

Physically stringer than MA 2 stabbed in arm

**7. Commentary on MA 1 and MA 2**

7.1 MA 1 and MA 2 were in a long term abusive relationship. The first recorded incident was in 1985when MA 1 stabbed MA 2. The incident was serious as reflected by the two year prison sentence MA 1 received in early 1986. It is probably fair to say that MA 2 made a complaint and supported the prosecution; the actions of a person who was not prepared to tolerate domestic abuse.

7.2 In the time between then and the start of the DHR period [01.04.2007] there is evidence within the combined chronology that MA 1 and MA 2 had periods of depression, abused alcohol and that MA 2 was the victim of domestic abuse perpetrated by MA 1. Therefore by 01.04.2007 a significant number of corrosive factors were present in their relationship. Added to this was the head injury suffered by MA 2 when he fell in February 2007.

7.3 Agencies were involved in assessing and supporting MA 1 and MA 2 for a variety of medical and non-medical needs. Following MA 2’s head injury, MA 1 was noted as his carer and at times was also a carer for his own mother. There is some suspicion, fuelled by MA 2 that MA 1 was financially exploiting his mother and MA 2. Adult services took effective action and stopped the exploitation of his mother. MA 1’s mother was recognised by some agencies as being vulnerable and she also witnessed abusive between her son and MA 2. The pair were verbally abusive towards her but she always supported MA 1 and decline to initiate any action against him.

7.4 One agency acknowledged that it had not recognised domestic abuse between MA 1 and MA 2’s because it was taking place within a same sex relationship.

7.5 South Yorkshire Police had extensive involvement with MA 1 and MA 2. Officers attended over 50 incidents between the couple. MA 1 was arrested three times for assaulting MA 2, and MA 2 was arrested twice for assaulting MA 1. Despite the imposition of sanctions the domestic abuse continued.

7.6 The pattern of abuse altered from MA 1 being the aggressor to MA 2 retaliating. The longer the relationship lasted the less tolerant MA 2 appears to have been of MA 1’s behaviour. The escalation in domestic abuse appears to have coincided with an increase in their alcohol consumption, although it is very difficult to be precise. It also appears that MA 1 was the more able and dominant of the pair. There was also a suspicion in some agencies that MA 1 stayed with MA 2 because of the financial benefits it brought to MA 1.

7.7 Their alcohol abuse turned into chronic dependency and agencies never established its exact association with domestic abuse. MA 1’s period under probation’s statutory supervision included an Alcohol Treatment Requirement. However, attendance this did not alter his behaviour.

7.8 The quality of the domestic abuse risk assessments undertaken was variable and limited to three agencies. On the one occasion a domestic abuse, stalking and harassment risk assessment [DASH] was completed it revealed that MA 1 presented a high risk of causing serious harm to MA 2. That initiated the MARAC process, the outcome of which did not address MA 1 and MA 2’s problems. The cumulative effect of domestic abuse on MA 2 in particular, does not seem to have been properly considered when assessing risk. Some practitioners did not have the training, knowledge or awareness to pass on their concerns to an agency who would have completed a risk assessment.

7.9 Apart from the MARAC process and that was limited, no other framework for dealing with the complex domestic abuse issues between MA 1 and MA 2 was considered. Agencies should have explored the adult safeguarding route which may well have provided a model within which to support the couple. MA 2’s case should have progressed to a vulnerable adult strategy meeting. Another option was for a manager within one of the agencies involved with MA 1 and MA 2 to have used their influence and drawn together a multi-agency meeting to respond to the matters. The outcome of such a meeting would have included: the appointment of a lead professional; establishing aims and objectives; developing and implementing a practical plan together with a separate written safety plan for MA 1 and MA 2. One professional suggested this approach but it never happened. A more remote possibility was to have the case screened for access to the Multi Agency Public Protection Arrangements [MAPPA].

7.10 Nevertheless professionals worked hard to effect change in MA 1 and MA 2 and there was some good collaboration between agencies; there was significant sharing of information, apart from with their GPs.

7.11 MA 1 and MA 2’s unpredictable response to offers of help and support did not instil confidence in professionals. One summed it up by saying, “I felt a bit deflated, I was encouraged by all the interagency work” and “MA 2’s drinking was out of control but nobody appears to be supporting him. I felt if all these specialist agencies could not help him, how could I”?

7.12 2011 saw a spike in the reported domestic abuse between MA 1 and MA 2 which tapered off during mid-2012. The chronology shows that MA 1 and MA 2 had very complex needs but no sustained motivation to accept help.

7.13 In late 2012 the abuse increased continuing into 2013 and the fatal incident. As late as mid-August 2013 MA 2 said he feared for his life and thought MA 1 might stab him.

7.14 Whether the problems of MA 1 and MA 2 were solvable, controllable or containable will never been known for a fact. The barriers they faced and erected effectively kept professionals at bay. The DHR Panel thought that given both men were adults with the mental capacity to make their decisions, it was not perhaps for others to impose a moral judgement about their behaviour; rather it was to try and keep them safe from harm within the restrictions of their choices and the law. The ability of agencies to safeguard adults who have mental capacity contrasts sharply with children’s safeguarding where the legislative framework enables professionals to take effective action without consent.

7.15 The DHR Panel’s overall conclusion was that the complexities of MA 1 and MA 2’s long established relationship and their variable tolerance of professionals, coupled with their dependency on alcohol, made it very difficult to provide them with help and support in a way that had an enduring and positive impact on their live

**8. LESSONS IDENTIFIED**

8.1 The IMR agencies lessons are not repeated here because they appear as actions in the Action Plan at Appendix A.

8.2 The DHR Lessons Identified are:

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| 1. Only three organisations completed domestic abuse risk assessment. South Yorkshire Police and South Yorkshire Probation Trust used the domestic abuse risk assessments current to them and Choices and Options completed a DASH Risk Assessment. Other agencies had opportunities to complete risk assessments but did not. A reasonable conclusion is that risk assessment in domestic abuse cases is not embedded within all relevant agencies in Rotherham.

**Lesson**If domestic abuse risk assessments are not completed, victims are denied the opportunity to have the risks they face from perpetrators systematically scrutinised and protective measures put in place. In brief victims continue to be exposed to unknown and therefore uncontrolled risks. |

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| 1. The domestic abuse between MA 1 and MA 2 continued unabated and peaked in 2011 and 2013. Many agencies knew of the situation but no one took responsibility for organising a multi-agency response and appointing a lead professional, thereby relying on a more ad-hoc approach organised by professionals working in ones or twos.

**Lesson**Repeat victims who do not meet the qualifying criteria to receive support from MARAC, MAPPA or Vulnerable Adult processes have no framework within which their cases can be considered, thereby leaving them without effective coordinated services.  |

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| 3. The DHR Panel was unable to tell from the IMRs or its debates exactly what it was that MA 1 and MA 2 wanted from their lives. MA 1 and MA 2 moved from one crisis to another and were inconsistent in asking for and accepting help and support; additionally they sometimes actively resisted the offers made to them. Therefore, it is reasonable to say that professionals would also struggle to know what the couple required. Professionals also overlooked the Respect screening tool for determining who the victim/perpetrator was. Overall professionals had no clear idea what is was that MA 1 and MA 2 wanted from them and this made planning and delivering life changing outcomes so much harder. **Lesson**Professionals working complex domestic abuse cases should establish who the victim/perpetrator is and want they want and then agree aims and objectives with them. This will provide professionals with a clear operating framework. |

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| 4. Sometimes GPs are the only agency to know when a patient is the victim or perpetrator of domestic abuse and therefore they have an important role to play in supporting their patients. In this case, most agencies did not tell either MA 1 or MA 2’s GPs, about the domestic abuse. The information that was shared was not pursued by the GPs and the earlier recommendation for GPs to adopt the SRP GP flow chart should help them to support victims and perpetrators. **Lesson**If professionals do not share information with GPs about their patients who are involved in domestic abuse it leaves a gap in the resources available to support victims and perpetrators.  |

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| 5. For much of the review period agencies had very limited experience of dealing with domestic abuse in a male same sex relationship and probably less experience or knowledge of what bespoke services were available. That improved from 2012 but by then the pattern and depth of abuse between MA 1 and MA 2 was firmly set.  **Lesson**Professionals should recognise that domestic abuse features in same sex relationships as it does in heterosexual ones, and requires specialist support for victims and perpetrators.  |

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| 6. MA 1 and MA 2’s abusive relationship was widely known about. Many professionals approached it from a male/female model of dealing with domestic abuse, overlooking the fact that it was male same sex domestic violence. **Lesson**The traditional male/female model of dealing with domestic abuse does not necessarily suit male on male long term domestic abuse. Professionals should be mindful of this point and tailor their methods accordingly.  |

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| 7. The limited experience of professionals in dealing with male same sex domestic abuse and the paucity of specialist resources, particularly before 2012, meant that the reason for MA 1 and MA 2’s behaviour was not fully understood. Part of an effective plan for dealing with domestic abuse is to establish and deal with the causes. **Lesson**Without understanding the reasons for MA 1 and MA 2’s mutually abusive relationship, the likelihood of success in reducing or eliminating it was significantly reduced.  |

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| 8. Not understanding what drove the domestic abuse meant that professionals had a lesser chance of reducing or eliminating it. Individual professionals working with MA 1 and MA 2 received supervision and management, but the need for strategic direction of the case was never identified or pursued by managers or MARAC.**Lesson**Failing to recognise that this case required strategic direction meant that the chance of a successful outcome was significantly reduced. |

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| 9. Adult services acted promptly and stopped MA 1 financially exploiting his mother. They did not consider that MA 1 might transfer his exploitation to another person, in this case MA 2.**Lesson**Professionals should be mindful that people, who have been stopped from financially exploiting one person, may look for others to exploit and take action to prevent or minimise it happening. |

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| 10. The DHR Panel felt that in general agencies domestic abuse policies could be seen as focussing on heterosexual domestic abuse. **Lesson** Operating within a heterosexual domestic abuse model makes it more difficult to identify same sex domestic abuse and provide appropriate support.  |

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| 11. There was significant confusion in many agencies on when and how to refer MA 1 and/or MA 2 to adult safeguarding and several agencies missed opportunities to do so.**Lesson**Without referrals adult safeguarding is unable to support victims of domestic violence and lessen the risks they face. |

**9. PREDICTABILITY/PREVENTABILITY**

9.1 It was known that MA 1 caused serious harm to MA 2 as evidenced by his conviction and imprisonment in 1986 for stabbing him. The DHR Panel assessed that MA 1 continued to pose a high risk of causing serious harm to MA 2.

9.2 However, no risk assessment was completed that suggested MA 2 posed a risk of causing serious harm to MA 1 and in that context his action in killing MA 1 was not predictable.

9.3 The DHR Panel [and MA 1’s sister] observed a change in the dynamics of the relationship after MA 2’s brain injury in 2007. MA 1 continued to abuse MA 2, but MA 2 began to retaliate and became a perpetrator. For example in April 2011 MA 1 received treatment in hospital for two fracture fingers which he said were inflicted by MA 2. That incident and another assault on MA 1 by MA 2 in August 2012 were risked assessed by SYP who determined that MA 2 posed a medium risk of causing serious harm to MA 1.

9.4 The increase in violence between MA 1 and MA 2 took place in an environment where both men were dependent on alcohol. They had mental health needs but were not suffering from a mental disorder. However the risk assessments did not reflect the actual dangers each posed to the other.

9.5 It was MA 2 who took MA 1’s life and the Crown’s decision to accept MA 2’s plea to manslaughter reflects the DHR Panel’s view that MA 2 probably responded to his long term victimisation and momentarily lost control with fatal consequences.

9.6 Therefore, the DHR Panel believed the death of MA 1 was not predictable nor was it preventable.

**10. RECOMMENDATIONS**

**10.1 Single Agency**

10.1.1 The single agency recommendations appear in the Action Plan and are not repeated here.

**10.2 DHR Panel**

10.2.1 The DHR Panel recommends that the Safer Rotherham Partnership:

1. Satisfies itself that its constituent agencies domestic abuse policies explicitly cater for abuse within LGBT relationships.
2. Establishes a common domestic abuse risk assessment model across it constituent agencies
3. Ensures that professionals in its constituent agencies are fully conversant with the services available to LGBT victims and perpetrators and how and when to make referrals.
4. Identifies what services are available for LGBT victims and perpetrators of domestic abuse and if there is a gap, how best new services can be commissioned.
5. Reviews the current domestic abuse framework to ensure it includes a mechanism to identify those complex cases which are not supported by the current domestic abuse framework and thereafter satisfies itself that services are available for such victims and perpetrators.
6. Considers the benefits of its constituent agencies having a common understanding of the various definitions associated with vulnerable adults and how to apply them to individual cases, including on when and how to make safeguarding referrals.
7. Determines whether there are benefits in its constituent agencies using the same documentation for making safeguarding referrals.
8. Determines whether its constituent agencies understand the adult safeguarding procedures and how they relate to domestic violence processes including MARAC.
9. Ensures its domestic abuse training includes: LGBT domestic abuse as a substantive element and the Relate “Male victims of domestic violence screening tool kit”. Additionally, supervisors should receive training in the MAPAC process.
10. Includes in its domestic abuse training the phenomenon of transfer of risk [including financial risk] from one victim to another.
11. Encourages its constituent agencies to share domestic abuse information with the victims and perpetrators’ GPs.
12. Establishes how best GPs can contribute to supporting victims and perpetrators of domestic abuse, including supporting MARAC and using the SRP GP domestic abuse Flow Chart.
13. Reviews the MARAC Minute template against the CAADA minute template to ensure the former incorporates the key features of the latter.
14. Invite CAAADA to audit the SRP 2013 CAADA self-assessment Action Plan.
15. Supports Headway in developing and introducing its domestic abuse policy and support training.

**Appendix A**

 **DEFINITIONS**

 **Domestic Violence**

 The Government definition of domestic violence against both men and women [agreed in 2004] was:

 “Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality”

 The definition of domestic violence and abuse as amended by Home Office Circular 003/2013 came into force on 14.02.2013 is:

 “Any incident or pattern of incidents of controlling, coercive or threatening behaviour,  violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

* psychological
* physical
* sexual
* financial
* emotional

 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

 Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

 Therefore, the experiences of MA 1 fell within the various descriptions of domestic violence and abuse. SRP preference is the term Domestic Abuse which is used in the report hereafter.

 **Vulnerable Adult [No Secrets 2000]**

 The broad definition of a ‘vulnerable adult’ referred to in the 1997 Consultation Paper Who decides? \* issued by the Lord Chancellor’s Department, is a person:

 “Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

**APPENDIX B**

Safer Rotherham Partnership Domestic Homicide Review

MA1 - Action Plan

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| Recommendation | Lead agency | Action(s) to taken | Key Milestone | Target date |
| What is the over-archingrecommendation? | Who will ensure the actions are implemented? | How exactly is the relevant agency going to make this recommendation happen?What actions need to occur? | What are the key steps thatWill enable the measuring of the recommendation to be enacted?  | When should thisrecommendationbe completed |
| THE ROTHERHAM NHS FOUNDATION TRUST |  |  |  |  |
| 1: TRFT to raise the profile of the importance of evidencing social assessments of patients at each episode of care | TRFT, Assistant Chief Nurse | The Clinical Audit plan to include an audit of record keeping, providing a baseline across the Trust demonstrating the documentation of holistic assessments (including social circumstances) for each episode of care. The action plan is to be presented to the Adult Safeguarding Operational Group.To liaise with Clinical Effectiveness to determine an appropriate audit tool to measure this. | Audit tool agreedResults of audit to be fed back to Named Nurses. | September 2014 |
| 2: All TRFT staff to receive information detailing Domestic Violence and Abuse, the indicators, risk factors and relevant policies to be used. Information regarding Domestic Violence and Abuse to be provided at induction for new staff.Survey to be completed three months after information distribution to assess the level of knowledge of staff regarding Domestic Violence and Abuse. | TRFT Adult Safeguarding | Information booklet placed on Trust website March 2014. All staff informed of this through the Trust ‘Comms’Adult Safeguarding Team to present information at induction sessions. To commence from 1st May 2014 | Leaflet available to all staffAgreement reached at Joint Professionals Group.Presentation agreed.Induction sessions allocated. All staff to access within three months of appointment. | April 2014April 2014July 2014 |
| 3: All TRFT staff to receive information detailing Adult Safeguarding, the process and links to other policy and procedure. | Adult Safeguarding | Information leaflet placed on Trust website February 2014. All staff informed of this through the Trust ‘Comms’.Leaflet also sent out through ‘payslip drop’ |  | April 2014April 2014July 2014 |
| 4: The TRFT DV Policy to be updated to reflect the current processes. | TRFT Adult Safeguarding | Updated policy to be ratified.The updated Policy to be circulated to all Trust staff through Communications team. | Ratified policy put on intranet and plan developed to embed throughout the Trust. | December 2014January 2015 |
| 5: Record keeping standards to be included in all TRFT delivered Adult Safeguarding training.  | TRFT Adult Safeguarding | Training packages to include record keeping standards. | Already incorporated in training material. | March 2014 |
| 6: This case to be used as a tool to aid learning across the TRFT.This case to be used to illustrate the relevance of incorporating social assessments into the clinical care provided to patients and highlight how this may be evidenced. | TRFT Adult Safeguarding | Training for senior managers to take place on 21/05/14. Presentation to include reference to this case to highlight the importance of high standards of record keeping, good communication and social assessments. | Presentation developed and delivered to senior managers across the Trust. | August 2014 |
| 7: TRFT A&E to review their arrangements for patients who attend frequently to ensure the criteria for triggering is amended and there is consideration given to their safeguarding needs. | Matron for A&E | The assessment should include an assessment of risk and signpost to safeguarding services. | Documentation will evidence the frequency of attendances.Records will demonstrate consideration of the safeguarding needs of all frequent attendees to A&E. | August 2014 |
| RMBC Adult Services |  |  |  |  |
| 8: All Safeguarding Managers/frontline assessors to have mandatory Domestic Violence training.  | RMBC Adult Services | Mandatory Domestic Violence/ DASH training to be available as part of the induction programme for all relevant frontline assessors. | Training records to be updated appropriately, effective monitoring to take place to ensure timescales adhered to. | Managers by April 2014 and for the wider Service by July 2014 |
| 9: All Assessors complete an assessment of presenting need which is identified during their assessment process in consultation with the customer (not copied from the previous assessments).  | RMBC Adult Services | Assessment of presenting need, identified during assessment process, in consultation with the customer. To be addressed with Management Team/ Team Meetings and underpinned in supervision with Assessors. | Contemporaneous Assessments undertaken authorised by Team Managers.  | April 2014 |
| 10: Assessors should ensure the assessment and review process involves all the appropriate professionals’ comments and concerns (where a meeting isn’t relevant or feasible) and the assessment documents should have clearly identifiable quotes from the customer and carer, and the assessors own views should be clearly stated.  | RMBC Adult Services | Should be in place already but Senior Management to address this with the Management Team/ Team Meetings and underpinned in supervision. | Through Management Authorisation of assessment / review documentation. | April 2014 |
| 11: Assessors should provide case recording evidence of why a decision is taken/ not taken in the social care record to support the audit process and ensure consistency. | RMBC Adult Services | Should be in place already but Senior Management to address this with the Management Team/ Team Meetings and underpinned in supervision. | Through Management Authorisation of assessment / review documentation. | April 2014 |
| 12: Assessors should identify risks throughout the assessment process and ensure that all the risks are addressed in the Assessors response, clearly evidencing where the customer has capacity to take risks, what discussion have taken place. The authors feel that mandatory risk assessment training should be available to all frontline assessors and Team Managers.  | RMBC Adult Services | Mandatory risk assessment training should be available to frontline practitioners/ Managers. | Training records to be updated appropriately, effective monitoring to take place to ensure timescales adhered to. | July 2014 |
| 13: Assessors should use the Fair Access to Care Criteria clearly outlining why they believe the customer identified needs meets/does not meet FAC’s at this level using the narrative provided in the criteria for clarity of decision making for Team Managers/Service Managers. | RMBC Adult Services | Should be in place already but Senior Management to address this with the Management Team/ Team Meetings and underpinned in supervision. | Through Management Authorisation of assessment / review documentation. | April 2014 |
| 14: RMBC should implement the VARMM procedures to support working with customers with complex physical and mental health/ substance misuse needs who have capacity to make decisions (as defined under the Mental Capacity Act).  | RMBC Adult Services | Implementation of procedure to be discussed with Senior Management Team. | Agreed by Senior Management Team with implementation of Plan.  | April 2014 |
| 15: Assessment and Care Management to work with ICT to enable the quick identification of customers who have a DASH assessment in progress/ completed.  | RMBC Adult Services | ICT to enable the identification of customers who have a DASH assessment in progress/ completed. | Identification of customers who have a DASH assessment in progress/ completed highlighted on Social Care customer records. | April 2014 |
| 16: Mandatory recording training for all Social Care frontline assessing staff.  | RMBC Adult Services | RMBC to ensure recording training becomes Mandatory for all Social Care frontline assessing staff. | Training records to be updated appropriately, effective monitoring to take place to ensure timescales adhered to. | April 2014 |
| 17: Customers with complex social care needs should be recorded as discussed in supervision, with clear outcomes around decisions made by whom, and the rationale for this. A section in the Supervision template should be provided to facilitate/ prompt this.  | RMBC Adult Services | Supervision template amended as identified. | Monitored through Quality Assurance Audit. | April 2014 |
| 18: When RMBC forward Safeguarding referrals onto RDASH there needs to be some follow up from RMBC to ensure this has happened.  | RMBC Adult Services | Assessment Direct to ensure Safeguarding referrals forwarded to RDASH also provided to Safeguarding Manager/ named person responsible. | Monitoring of the outcomes from Safeguarding referrals sent to RDASH to be undertaken. | April 2014 |
| ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST |  |  |  |  |
| 19: The Trust clinical needs assessments and guidance should be reviewed and amended to contain a prompts or guidance to staff to ask about domestic abuse. This principle should also apply to review documentation, and should be embedded in practice.  | RDaSH | Assistant Directors for each of the business divisions will need to direct service managers across the organisation to implement review of assessment documentation and guidance and amend as necessary to incorporate prompts re domestic violence | Implementation and monitoring via Clinical Governance Groups | January 2015 |
| 20: The Trust Mental Health Access and Treatment teams should access System One; equally Drug and Alcohol Services should access Silverlink to enable a better flow of communication and information and therefore reduction in risk to service users, public and staff.  | RDaSH | Trust IT lead to review how this can be implemented and Assistant Directors across the trust for each relevant business division to roll out through service manager | Implementation via trust ICT board and divisional Clinical Governance Groups | January 2015 |
| 21: The Trust should explore how clinical staff can access electronic systems from partner agencies to establish previous and current risk assessment/management and service input by other teams and services. | RDaSH | Trust IT lead to explore options (particularly those of information Governance and Data Protection) and clarify if this is feasible  | Dissemination of information by trust IT lead | January 2015 |
| 22: The Trust should further consider VARM in conjunction with partner agencies. | RDaSH | Review by trust Adult Safeguarding Lead | Trust Safeguarding lead participation in multi-agency (SYP led) meetings and dissemination of information | January 2015 |
| 23: The Trust should review the Engagement/Disengagement policies of all services/departments and consider whether to amalgamate these in to one overarching policy, with specific guidance for different circumstances/service user groups. | RDaSH | Report author has already clarified that although the possibility was being explored, decision has been made within the trust that this is not workable due to the large variance in services provided across the trust |  | Completed |
| 24: The Trust should review and update the Domestic Abuse Policy ensuring it consider all relationships regardless of gender or sexual orientation and includes relationships are/may be mutually abusive. | RDaSH | Review by trust Adult Safeguarding Lead | Dissemination of policy updated as necessary | January 2015 |
| 25: Training in relation to Domestic Abuse and the ‘asking the question about abuse’ training should be reviewed and updated in relation to abuse in the context of the updated policy. | RDaSH | Review by trust Adult Safeguarding Lead | Update of training programme content and circulation to staff across all divisions via Assistant Directors and Service Managers | January 2015 |
| 26: The Trust clinical needs assessments and guidance should be reviewed and amended to contain a prompts or guidance to staff to ask about domestic abuse. This principle should also apply to review documentation, and should be embedded in practice.  | RDaSH | Assistant Directors for each of the business divisions will need to direct service managers across the organisation to implement review of assessment documentation and guidance and amend as necessary to incorporate prompts re domestic violence | Implementation and monitoring via Clinical Governance Groups | January 2015 |
| 27: The Trust Mental Health Access and Treatment teams should access System One; equally Drug and Alcohol Services should access Silverlink to enable a better flow of communication and information and therefore reduction in risk to service users, public and staff.  | RDaSH | Trust IT lead to review how this can be implemented and Assistant Directors across the trust for each relevant business division to roll out through service manager | Implementation via trust ICT board and divisional Clinical Governance Groups | January 2015 |
| 28: The Trust should explore how clinical staff can access electronic systems from partner agencies to establish previous and current risk assessment/management and service input by other teams and services. | RDaSH | Trust IT lead to explore options (particularly those of information Governance and Data Protection) and clarify if this is feasible  | Dissemination of information by trust IT lead | January 2015 |
| 29: The Trust should further consider VARM in conjunction with partner agencies. | RDaSH | Review by trust Adult Safeguarding Lead | Trust Safeguarding lead participation in multi-agency (SYP led) meetings and dissemination of information | January 2015 |
| 30: The Trust should review the Engagement/Disengagement policies of all services/departments and consider whether to amalgamate these in to one overarching policy, with specific guidance for different circumstances/service user groups. | RDaSH | Report author has already clarified that although the possibility was being explored, decision has been made within the trust that this is not workable due to the large variance in services provided across the trust |  | Completed |
| 31: The Trust should review and update the Domestic Abuse Policy ensuring it consider all relationships regardless of gender or sexual orientation and includes relationships are/may be mutually abusive. | RDaSH | Review by trust Adult Safeguarding Lead | Dissemination of policy updated as necessary | January 2015 |
| 32: Training in relation to Domestic Abuse and the ‘asking the question about abuse’ training should be reviewed and updated in relation to abuse in the context of the updated policy. | RDaSH | Review by trust Adult Safeguarding Lead | Update of training programme content and circulation to staff across all divisions via Assistant Directors and Service Managers | January 2015 |
| HOUSING AND NEIGHBOURHOOD SERVICES |  |  |  |  |
| 33: Improve the ability of visiting Housing and Neighbourhood Services Officers to identify and assess risk. | H&NS & IDVA | H&NS to Conduct an audit of those officers who have received DASH Risk Assessment training, and IDVA to provide training to those visiting officers who have not yet received it  | Improved recognition of risk and understanding of related diversity issues. Performance and Quality Unit (P&QU) to review by audit June 2014  | May 2014  |
| 34: Prioritise the completion of ASB process maps prior to the implementation of the Civica ASB and Tenancy Management Module. | H&NS | Completion of process management maps for ASB and domestic abuse / Safeguarding issues  | Improved support for officers and a more effective consistent service. P&QU to review completion by audit June 2014  | May 2014 |
| 35: Provide refresher training on the principles of effective case management and interagency working for cases involving vulnerable perpetrators. | H&NS | Provide training including interactive case studies with partners  | Improved case management. P&QU to review completion by audit July 2014  | June 2014 |
| 36: Reinforce the need for timely and accurate record keeping.  | H&NS | Line Managers to deliver at Team meetings | Auditable case notes that tell the story and support effective action. P&QU to Spot check February 2014 | February 2014 |
| 37: Improve the supervision of ASB cases. | H&NS | * Introduce 8 week reviews of ASB cases in the following categories: Intimidation and harassment, Alcohol related, Drugs, Domestic Abuse and Violence (other)
* Review capacity to roll out to all categories of ASB and implement review
 | Earlier management intervention and decision making on the direction of the case. * Roll out February 2014
* Review April 2014

P&QU to review completion June 2014 | April 2014 |
| 38: Improve the joint working between Area Housing Officers and Floating Support Agencies.  | H&NS  | * An AHO representative to attend the floating support forum.
* Each case to have a recorded joint action plan identify how the two services will work together to sustain the tenancy.
 | * A protocol joint working established. April 2014
* Joined up working, better case management and improved service to the client. June 2014

Review completion by Area Housing Manager & P&Q Unit by audit, July 2014 | June 2014 |
| 39: Improve the sharing of information on ASB activity between AHO teams. | H&NS | Review how the IT system can be improved to more effectively tag and link third parties to tenancies  | Improved understanding of the activity of perpetrators of ASB across Area Assembly boundaries and improve collaborative working to resolve the issue P&Q Unit by audit, June 2014 | May 2014 |
| 40: Improve information sharing between SNT’s. | H&NS | Use this case to highlight the issue and review how information is shared across SNT boundaries | Improved understanding of ASB activity ability through collaborative working to resolve the issueP&QU to review completion by review June 2014 | May 2014 |
| INDEPENDENT DOMESTIC VIOLENCE ADVOCACY  |  |  |  |  |
| 41: To implement a system which ensures all case recording adheres to the principles defined by the DH Social Services Inspectorate, ‘Recording with Care’ (1999), which enhances the CAADA guidance given in their IDVA Case Management Pack. | IDVA Service | 1. To discuss the requirements and reasons with each member of the IDVA and Domestic Abuse Service.
2. Specific audit of current case work in respect of record keeping
3. Implement an audit system for ongoing monitoring
 | 1. Discussions recorded in Team 1:1s
2. IDVA Manager to undertake this audit and implement system for on- going checks
 | 1. Complete
2. March 2014
3. March 2014
 |
| 42: Ensure the Adult Services, RMBC referral process to other agencies, is being adhered to. (Implemented February 2013).  | IDVA Service | To ensure this process is being recorded on the exit form, which is subject to audit  | Implement an audit of current cases to ensure this is occurring | March 2014 |
| 43: Ensure the IDVA Service understands the roles of all the Agencies it works with, as these vary and highlighted in this case as being particularly in relation to Adult Services, Vulnerable Adults and Head Injury.  | IDVA Service | The IDVA Service moved to be part of the Safeguarding Adults Service in December 2011 and therefore this particular knowledge is now embedded in the IDVA Service | To ensure this is embedded through case study, group supervision | Action complete |
| LIFELINE  |  |  |  |  |
| 44: Reporting IMR’s need to be in conjunction with the commissioners to gain support and feedback. | Lifeline | To alert commissioners when an IMR request comes in and the timescales. To include the name of the individual and the level of the report | To refresh the policies to include the reporting of DHR processes. To include timescales for reporting  | This recommendation will be completed in 4 weeks |
| SOUTH YORKSHIRE POLICE  |  |  |  |  |
| 45: The DASH tool be implemented across South Yorkshire Police [SYP] | SYP | ISD completion of system.System then used by all officers attending DV Incidents | Already implemented and in place | COMPLETED |
| 46: SYP; Addresses that have been identified as being the home of a vulnerable adult should be tagged for the information of any future calls. This practice should be adopted force-wide. This will prevent inappropriate individuals being taken to these addresses by officers. | SYP | Direct instruction to all Adult Protection Officers | Number of such tags being created | COMPLETED |
| 47: This report should be brought to attention to the SYP Communications Manager in terms of the need for safe and well checks to be carried out where there has been a history of domestic abuse. | SYP | Direct communication with Comms Manager | Audit of communication with Comms Manager.Subsequent instruction to Comms Staff | COMPLETED |
| 48: The SYP adult protection referral process will be re-launched to officers as a timely reminder of when these referrals need to be competed.  | SYP | General order item to all officers | Numbers of CID 70’s being submitted | COMPLETED |
| 49: SYP; All MARAC minutes should specifically state which agency is providing which information to the meeting. | SYP MARAC Coordinator | Minute takers record which agency provides information during the meetings. The information is typed into the minutes. | Completed during each case discussion. Minutes reviewed and audited quarterly. | COMPLETED |
| 50: SYP; Risks are specifically highlighted within the MARAC minutes document. | SYP MARAC Coordinator | Minute takers record risks identified during the meetings. The information is typed into the minutes. | Completed during each case discussion. Minutes reviewed and audited quarterly. | COMPLETED |
| 51: SYP; Wherever possible, all agencies feedback their actions by way of secure email before the action completion date and the detail of the email is copied and pasted into the minutes as a full and accurate account of the information provided. | SYP MARAC Coordinator | Action results that are emailed are copied and pasted into the minutes.Administrators to remind all members at meetings to provide action updates.MARAC action updates are requested on email each time case summaries and minutes are circulated | Completed between MARAC meetings. Minutes reviewed and audited quarterly | COMPLETED |
| 52: SYP; Wherever possible, agencies who do not have secure email report to MARAC admin about completed actions, before the action completion date, by phone or fax and a full account is recorded and typed into the minutes.  | SYP MARAC Coordinator | Action results that are faxed or phoned in are typed into the minutes. Administrators to remind all members at meetings to provide action updates.MARAC action updates are requested on email each time case summaries and minutes are circulated | Completed between MARAC meetings. Minutes reviewed and audited quarterly. | COMPLETED |
| 53: SYP; Agencies who are unable to complete actions within agreed time frames should contact MARAC admin, by email phone or fax, with a full explanation of the circumstances. The details to be cut and pasted or typed into the minutes. | SYP MARAC Coordinator | Incomplete action results that are faxed or phoned in are typed into the minutes. MARAC action updates are requested on email each time case summaries and minutes are circulated. Administrators to remind all members at meetings to provide action updates | Completed between MARAC meetings. Minutes reviewed and audited quarterly | COMPLETED |
| 54: SYP; The aim of the recommendations is to ensure that the origin of all information provided is recorded and that the detail and context of actions and action write offs is clear and comprehensive within the MARAC minutes document. | SYP MARAC Coordinator | Administrators to remind all members at meetings provide action updates.MARAC action updates are requested on email each time case summaries and minutes are circulated.All information to be recorded and embedded into the minutes | Minutes reviewed and audited quarterly. | COMPLETED |
| YORKSHIRE AMBULANCE SERVICE |  |  |  |  |
| 55: Within 6 months YAS will re-launch the domestic violence campaign for EOC & frontline staff  | YAS Head of Safeguarding  | 1. Email the EOC power point awareness campaign to the Head of EOC at Trust HQ for approval who will upload onto the system for 4 weeks. 2. Upload the awareness campaign on to the YAS intranet site via the on-line team; e-learning module on DV available & 4 week campaign, following change in Claire’s law 3. Send the 4 remaining DHR recommendations to the corporate communications team to publish in the Operational Update weekly bulletin 4. Publish information on the new NICE guidelines (if published at time of awareness campaign) 5. Q&A paper & links to regional support pathways | Email YAS EOC Head of Department and YAS Head of Corporate Communications with information. Email on-line team information for awareness campaign  | 19th Sept 2014  |
| 56: Within 3 months, YAS will place a reminder in the weekly YAS Operational Update (OU) of the current definition for domestic abuse and remind staff to consider this in relation to ex-partners as well as those who actively remain in relationships. | YAS Head of Safeguarding | Send the recommendation to the corporate communications team to publish in the Operational Update weekly bulletin on week 3 |  | 19th June 2014  |
| 57: Within 3 months YAS will put a bulletin in OU to remind staff of their responsibilities to refer “vulnerable adults” to social care & the police, when an assault has occurred and to document this has been offered. | YAS Head of Safeguarding | Send the recommendation to the corporate communications team to publish in the Operational Update weekly bulletin on week 3 |  | 19th June 2014  |
| 58: Within 3 months YAS will put a bulletin in OU to remind staff that all adults should be offered signposting to domestic violence services when abuse is suspected or confirmed. | YAS Head of Safeguarding | Send the recommendation to the corporate communications team to publish in the Operational Update weekly bulletin on week 3 |  | 19th June 2014  |
| 59: Within 3 months YAS will put a bulletin in OU to remind staff that Police presence on scene does not negate staff responsibilities to refer to external agencies when safeguarding issues are highlighted | YAS Head of Safeguarding | Send the recommendation to the corporate communications team to publish in the Operational Update weekly bulletin on week 3 |  | 19thJune 2014  |
| ACTION HOUSING & SUPPORT |  |  |  |  |
| 60: All support employees to attend a domestic abuse awareness course.  | Director of Client Support Services | All staff to be booked on through local facilities | Staff will have attended training | June 2015 |
| 61: Training plan to be updated to include domestic abuse awareness as mandatory. | Human Resources Manager | By updating mandatory training plan | Training plan updated | Jan 2014 |
| 62: Domestic Abuse policy to be finalised and re-issued, and all employees to demonstrate that they have read and understand it. | Director of Client Support Services | Policy to be reviewed, consulted on, re-issued to all staff and intranet tick box to demonstrate reading | Policy re-issued | December 2013 |
| 63: Service Managers to attend bespoke internal training course around role and responsibilities of position, ensuring internal processes are followed appropriately. | Director of Client Support Services | Internal training course to be devised and delivered | Training delivered | April 2014 |
| 64: All staff to be reminded of purpose of safeguarding folder. | Area Managers | Area Managers to communicate this to teams via team meetings | Meetings held and staff reminded | January 2014 |
| 65: Domestic Abuse flowchart to be devised along same lines as current safeguarding flowchart utilised internally. | Director of Client Support Services | Flowchart to be devised, consulted upon and issued to all staff | Flowchart issued to all staff | June 2014 |
| 66: Rolling programme of safeguarding training every three years to specify that staff to have attended their local safeguarding training wherever possible. | Director of Client Support Services | In place already as per policy | All staff up-to-date on safeguarding training | April 2014 |
| 67: Rotherham staff to attend bespoke training course around risk and internal processes in relation to updating paperwork, including the legal nature of these documents and their responsibilities in the accuracy of the date contained within them. Course to also include reminders of importance of support delivery, consistency and need for contact. | Director of Client Support Services | Area Manager to devise bespoke course with Service Managers, and deliver to Rotherham staff. Other managers to attend and roll programme out across rest of company | All Rotherham staff attended training and display greater understanding of role and responsibilities; standards within Rotherham teams to improve – tested through file audits and commissioner checks | April 2014 |
| 68: Consideration to be given to capability processes for relevant staff members based on information from this process and current working practices. | Area Manager | Area Manager to work with Service Managers to identify whether practice has improved; if not performance management work to be undertaken | Staff identified through this process to demonstrate standard of work has improved significantly or undergo performance management | March 2014 |
| 69: Service Managers to attend bespoke internal training course around role and responsibilities of position including in relation to cover for absences. | Director of Client Support Services | Training to be sourced to address role and responsibilities of front line managers | Service Managers taking greater responsibility for teams and service delivery | April 2014 |
| 70: Area Manager to implement all actions from annual internal audit. | Director of Client Support Services | Annual internal audit identified safeguarding issues in September; Area Manager to address outstanding action points | Action points completed | April 2014 |
| 71: Area Manager to actively manage team and Team Leaders, including attendance at team meetings and thorough auditing of supervisions and files. | Area Manager | Area Manager to increase presence and rigorously supervise Service Managers to ensure front line staff are also being managed more effectively | All managers demonstrating more proactivity in management approach | January 2014 |
| 72: Policy and procedure is discussed at team meetings to ensure critical processes are rolled out and understood. | Director of Client Support Services | When a new policy or procedure is issued it will be discussed at team meetings to ensure staff have properly digested the content | Standard item on team meetings | April 2014 |

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| Headway |  |  |  |  |
| 73: To ensure advice and guidance is given to all staff regarding accurate recording of comprehensive case notes. | Headway Rotherham | Manger to ensure staff briefing is undertaken  | Staff briefing delivered | February 2014 |
| 74: To ensure appropriate DASH risk Assessment is undertaken.  | Headway UK | All staff receiving DASH risk assessment training | Staff will have attended DASH risk assessment training | June 2014 |
| 75: Ensure that all staff carry out joint visits with agencies where ever possible and share information contained within any assessment process. | Headway Rotherham | Staff to make arrangements for joint visits where appropriate | Arrangements for undertaking of joint visits recorded in case notesWhere joint visits have been undertaken, these are recorded in the case notes | March 2014 |
| 76: Ensure the role of Headway Rotherham is clearly defined to ensure the service does not compromise its independence by fulfilling roles not core to service provision. | Headway Rotherham | Manager to ensure staff briefing is undertaken | Staff briefing delivered | March 2014 |
| 77: Develop policy whereby follow up protocol is established when contact with clients is not made. | Headway Rotherham | Manager to develop policy | Policy developed, staff made aware of protocol and policy being adhered to is reflected in case notes | March 2014 |
| 78: All staff to undertake MARAC awareness training. | Headway UK | All staff receiving MARAC awareness training | Staff will have attended MARAC awareness training | June 2014 |
| National Probation Service  |  |  |  |  |
| 79: Offender manager to increase risk level if evidence suggests risk is increasing. | Offender Manager Team Manager | Review of risk undertaken is recorded in case in line with service policy | Decisions regarding risk will be recorded following review | March 2014 |
| St Anne’s Medical Centre |  |  |  |  |
| 80: The Practice to review its internal processes for dealing with DNAs from invite letters and take cognisance of National Guidance on Non-Attendance. | Practice Manager | Review of DNA policy is undertaken | DNA policy is refreshed | June 2014 |
| 81: The clinicians dealing with patients presenting with alcohol problems should always consider. referring them to specialist alcohol services. | Practice Manager | All clinicians within the practice to be briefed | Briefing delivered | June 2014 |
| Stag Surgery  |  |  |  |  |
| 82: The Stag Surgery ensures that all staff listen and record carefully the views of patients, taking their concerns seriously and referring appropriately to other services which the patient would benefit from, supporting the every interaction counts agenda. | Practice Manager | Practice staff to be briefed | Briefing delivered | June 2014 |
| 83: Stag surgery reviews it processes and considers the need to have a tracking system for checking whether patients with alcohol/substance misuse needs have attended their appointments at the services they have been referred to. | Practice Manager | Review of processes undertaken | Development of tracking system (if review indicates this is required) | June 2014 |
| 84: That Stag Surgery adopt routine practice questions and assessment about Domestic Abuse when in discussion with a patient known to have alcohol/substance misuse problems. | Practice Manager | Staff to be trained in asking the question in line with IRIS programme | Staff recording discussions about Domestic Abuse in patient’s notes | June 2014 |
| Choices and Options (C&O)  |  |  |  |  |
| 85: That when a C&O professional is faced with lack of engagement it should share information with other relevant agencies and engage in joint planning to support the “client”. | C&O Project Manager | Staff to be fully briefed on the need to share information about non or dis-engagement with relevant agencies | Sharing of information recorded in case notes | March 2014 |
| 86: That C&O should train all front line staff to develop service provision to meet the needs of service users within LGBT partnerships. | C&O Project Manager | Staff to receive training in Domestic Abuse in LGBT relationships and how to meet the needs of service users  | All staff are trained | June 2014 |
| 87: That C&O should keep comprehensive records of telephone calls made to clients. | C&O Project Manager | Staff to briefed on the need to keep comprehensive records of telephone calls made to clients | Telephone discussions with clients are comprehensively recorded in case notes | June 2014 |
| The DHR Panel |  |  |  |  |
| The DHR Panel recommends that the Safer Rotherham Partnership: |  |  |  |  |
| 88: Satisfies itself that its constituent agencies domestic abuse policies explicitly cater for abuse within LGBT relationships.  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 89: Establishes a common domestic abuse risk assessment model across it constituent agencies  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 90: Ensures that professionals in its constituent agencies are fully conversant with the services available to LGBT victims and perpetrators and how and when to make referrals. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 91: Identifies what services are available for LGBT victims and perpetrators of domestic abuse and if there is a gap, how best new services can be commissioned. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 92: Reviews the current domestic abuse framework to ensure it includes a mechanism to identify those complex cases which are not supported by the current domestic abuse framework and thereafter satisfies itself that services are available for such victims and perpetrators. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 93: Considers the benefits of its constituent agencies having a common understanding of the various definitions associated with vulnerable adults and how to apply them to individual cases, including on when and how to make safeguarding referrals | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 94: Determines whether there are benefits in its constituent agencies using the same documentation for making safeguarding referrals. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 95: Determines whether its constituent agencies understand the adult safeguarding procedures and how they relate to domestic violence processes including MARAC. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 96: Ensures its domestic abuse training includes: LGBT domestic abuse as a substantive element and the Relate “Male victims of domestic violence screening tool kit”. Additionally, supervisors should receive training in the MAPAC process.  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 97: Includes in its domestic abuse training the phenomenon of transfer of risk [including financial risk] from one victim to another.  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 98: Encourages its constituent agencies to share domestic abuse information with the victims and perpetrators’ GPs. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 99: Establishes how best GPs can contribute to supporting victims and perpetrators of domestic abuse, including supporting MARAC and using the SRP GP domestic abuse Flow Chart. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 100: Reviews the MARAC Minute template against the CAADA minute template to ensure the former incorporates the key features of the latter.  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 101: Invite CAAADA to audit the SRP 2013 CAADA self-assessment Action Plan.  | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |
| 102: Supports Headway in developing and introducing its domestic abuse policy and support training. | Cherryl Henry-Leach SRP Domestic Abuse Coordinator RMBC |  |  | 31st March 2015 |