

Domestic Homicide Review

BDHR2012/13-04

Action Plan

Domestic Homicide Review Action Plan in Respect of BDHR2012/13-04

Recommendations from Overview Report								
Ref	Action (SMART)	Lead Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
<p>Recommendation 1.1 : A working group should be jointly established by the Birmingham Community Safety Partnership and the Birmingham Safeguarding Children Board consisting of representatives from the core agencies of both. The working group should include domestic violence service users, and/or surviving family members, with the aim:</p> <ul style="list-style-type: none"> - To establish mechanisms to break down the boundaries and to promote collaborative working across the divide between adult focussed and children focussed services where there are concerns of domestic violence involving adult victims and children. - To develop proposals to improve safe services for adults and children. - The working group should report to both BSCB and BCSP regularly. - The BSCB and BCSP should monitor progress and implement proposals made by the working group 								
<p>Recommendation 1.2 : Cross representation between the Birmingham Safeguarding Children's Board and the Birmingham Community Safety Partnership should be reviewed to ensure that there is an active and up to date exchange of developments, cooperation and joint working in place at all levels on both bodies.</p>								
1.1	To establish a multi-agency Violence Against Women and Children Steering Group reporting to both Birmingham Community Safety Partnership and Birmingham Safeguarding Board	Birmingham Community Safety Partnership	Mar-14	An improvement in the practice of agencies working together to undertake assessments and share information where there is a domestic violence victim and children; an improvement in agency attendance at key meetings, such as child protection conferences, and safe management of child protection meetings for the victims.	Quarterly progress over 12 months	(a) establish group with senior level representation (b) establish governance arrangements (c) terms of reference to include methodology of engagement with victims and families (d) workplan established	A multi-agency Violence Against Women and Children Steering Group has been established, chaired by Birmingham Victim Champion, Councillor Jess Phillips. Reporting directly to Birmingham Community Safety Partnership and through representation to Birmingham Safeguarding Children Board. Representation of victims through specialist domestic violence services. A Violence Against Women Strategy, Needs Assessment and annual delivery plans are monitored through Birmingham Community Safety Partnership.	Action completed

1.2	Birmingham Community Safety Partnership (BCSP) representation at Birmingham Safeguarding Children Board (BSCB)	Birmingham Safeguarding Children Board	Mar-14	Establish strategic link between BCSP and BSCB to enhance delivery of the Violence Against Women and Children Strategy	Quarterly progress over 12 months	Appoint member of BCSP Violence Against Women and Children Steering Group to Birmingham Safeguarding Children Board	Councillor Jess Phillips, the Victim Champion, is now a strategic member of BSCB. The Associate Director of Birmingham Community Healthcare Trust provides operational connectivity between the Violence Against Women and Children Steering Group and BSCB.	Action completed
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Recommendation 2.1 : The use and the application of risks assessment tools such as DASH should be carefully examined by the police and partner agencies including the current linked training in the light of the findings of this Review. A regular quality assurance process should be in place.

Recommendation 2.2 : The police should produce and disseminate a briefing for partner agencies of the purpose and best practice of using the tool in domestic violence and abuse referrals to form a professional judgement about the actions to be taken.

2.1	Domestic violence service review being undertaken	West Midlands Police Public Protection Unit	Dec-13	An improvement in the practice of using the risk assessment tool by the police leading to a better decision making process to follow up prosecutions; a better understanding of risk assessment by partner agencies to inform their practice in making referrals to the MARAC.	Review available	1. Nov 2013: draft report produced. 2. Service Transformation Project has seen the introduction of Domestic Abuse Teams pan West Midlands with responsibility for Investigation, Safeguarding and Offender management. Birmingham teams went live in Sept 14. 3. A 5 day DA course has been delivered to representatives from across the teams and the aim is to eventually have all staff trained. DASH and safeguarding featured on the course as did DA investigations, partnerships, offender management, MARAC and the Victim's code. 4. A performance management framework with a focus on quality in investigation has been produced and monthly meetings are now in place to review performance including successful prosecutions with police manager, Criminal Justice Dept, Witness Care and CPS present. This is supported by the DA course and a Your DA file your responsibility aide memoire. 5. First and Second Line supervisors were trained in lessons learned from DHRs which included an overview of DASH between Nov 13- Feb 14. 6. First response officers are all being trained in DA on a sentinel training day between Nov 14- March 15 which revisits the DASH risk assessment tool and their responsibilities as first responders to DA. 7. New recruits will be receiving 2 days training in Domestic Abuse which also includes the use of DASH risk assessment and a consistency check using anonymised examples of DASH forms to assess their understanding of the risk levels, Standard, Medium and High.	Action completed
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2.2	Briefing for partner agencies	West Midlands Police Public Protection Unit	Feb-13		Written briefing will be made available, Violence against Women and Children Steering Group /Local Domestic Violence Forums.	1. DASH is being reviewed at a national level and West Midlands Police have worked with Birmingham and Manchester University to support trusted academics in this field to be part of the review of the risk assessment tool by referring them to the leads in the College of Policing and supporting their proposals. 2. MARAC & IDVA provision has been raised at the pan West Midlands strategic DA group as a result of the DA HMIC assessment and CAADA data that shows that referrals from partner agencies to MARAC pan West Midlands are much lower than expected. This issue is being taken to the PCC and being discussed at Birmingham Violence Against Women and Girls Steering Group in Nov 14 with support from the West Midlands CAADA MARAC development officer to improve partnership engagement in the MARAC process.	Action completed
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Recommendation 3.1 : A review should urgently be undertaken of the protocol between the police and the children's Independent Conference Service to confirm that all child protection conferences, where domestic violence and abuse are a known or suspected issue, will have police representation in attendance with up to date information about the alleged perpetrator.

Recommendation 3.2 : Regular audits should track police attendance and report to the BSCB. Any obstacles or gaps in attendance should be addressed within the safeguarding structure promptly by the Conference Service.								
Recommendation 3.3: the Birmingham Safeguarding Children's Board and the Conferences Chairing Service should review and update the current guidance and training for conference chairs in relation to the safe management of domestic abuse and violence.								
3.1	Protocol review	BCC Children's Social Care and West Midlands Police	Dec-14	Child protection conferences and child protection plans should reflect the safe management of cases involving domestic violence and abuse. Police presence at child protection conferences should be taking place where there are concerns about domestic abuse and violence as a matter of routine.	Protocol in place	Systematic representation of police at child protection conferences	Nov 2013: Review in progress. Nov 14 - In line with working together 2013 WMP seek to attend 100% of initial CP conferences that they are invited to by Children's Services. Over the last 12 months our attendance and completion of reports has improved significantly across the police force area. In addition we have recruited a team of Child protection conference attenders. They are now in post and training is almost complete. This demonstrates our determination to safeguard children.	Action completed
3.2	Regular audits of police attendance at child protection conferences.	BCC Children's Social Care	Dec-14		Quarterly progress over 12 months			Action completed
3.3	Conference Chairing Service to be reviewed: enhance guidance and training for conference chairs	BCC Children's Social Care	Dec-14	Effective child protection case conference service	Quarterly progress over 12 months	ICPC Portal will provide performance data on agency attendance and outcome	Birmingham City Council introduced the 'Strengthening Families' Model in 2014. A programme of multi-agency training and new guidance supported the rollout. The BSCB will receive an evaluation of the new approach at the Board meeting scheduled for 25th November 2014.	Action completed
Recommendation 4.1: An analysis of current domestic violence training should be undertaken by the agencies participating in this Review to establish that it addresses the issues in the findings of this Domestic Homicide Review. All the training should promote collaborative working to respond to victims and their children with sensitive and effective delivery of services.								
Recommendation 4.2: The commissioning process for domestic violence and abuse training should be reviewed and should in future draw on the joint expertise of interagency trainers in both the fields of domestic violence relating to adults victims and the field of safeguarding children and should ensure that the training is targeted to frontline professionals and their managers.								
4.1	Undertake training audit, develop training strategy. Commission training and negotiate commissioning arrangements for delivery of broader training strategy	Birmingham Community Safety Partnership (BCSP)	Mar-14	Better practice should be in evidence in assessments and decision making, such as police charging decisions, and at key meetings, such as child protection conferences and should be regularly audited by the relevant agency		The Birmingham Safeguarding Children Board disseminated the 'revised definition' and have cascaded the learning from the regional review of DHRs published in 2014. Birmingham Community Safety Partnership have provided briefings and events on both the definition and generalised learning from domestic homicide reviews, systematically through 2013/14 through the city's local domestic violence fora. Birmingham's local domestic violence fora, which cover the four quadrants of the city, have a wide reach and front line workers across adult and children's services in the police, children's centres, children's social care, housing, schools and domestic violence services are actively involved. The local fora have commissioned domestic violence training for their areas which embrace the definition of domestic violence revised in 2013. Birmingham City Council People Directorate Children's Learning and Development are working with BCSP to include the findings from domestic homicide reviews into all aspects of training for the children's workforce (2014).		Action completed

4.2	Learning and Development Sub Group to liaise with the Violence Against Women and Children Steering Group look at commissioning of domestic violence training across the city.	Birmingham Safeguarding Children Board (BSCB)	TBC	To identify where BSCB can enhance training of children's workforce.	Joint planning meeting to take place between lead commissioner for BCSP and Learning & Development Programme Manager for BSCB	Joint planning meeting took place in October 2014 to plan commissioning of BCSP multi-agency training for 2015/16. On 12.11.14 the Learning and Development Sub-Group agreed to develop learning objectives and outcomes for the children's workforce to help inform BCSP commissioning arrangements	BCSP DV Training Programme for 2015/16	Action completed
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Recommendation 5. A briefing 'awareness raising' launch and dissemination programme should be implemented across all member agencies of both the BSCB and the BCSP to embed the change in the definition and to underpin the learning from this Domestic Homicide Review.

5	Launch event for new DVA definition	Birmingham Community Safety Partnership (BCSP)	Mar-14	That all agencies become aware of the updated definition with the inclusion of 16 and 17 year olds and emphasis on coercive control and update their own internal policies, procedures and training accordingly	The Birmingham Safeguarding Children Board disseminated the 'revised definition' and have cascaded the learning from the regional review of DHRs published in 2014. Birmingham Community Safety Partnership have provided briefings and events on both the definition and generalised learning from domestic homicide reviews, systematically through 2013/14 through the city's local domestic violence fora. Birmingham's local domestic violence fora, which cover the four quadrants of the city, have a wide reach and front line workers across adult and children's services in the police, children's centres, children's social care, housing, schools and domestic violence services are actively involved. The local fora have commissioned domestic violence training for their areas which embrace the definition of domestic violence revised in 2013.			Action completed
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Recommendation from Birmingham Safeguarding Children Board (BSCB)

6	To undertake a domestic violence campaign	BSCB Communication and Public Engagement Sub-Group/ Birmingham Community Safety Partnership	Mar-14	BSCB to influence the development of the BCSP Domestic Violence Campaign programme to ensure that key learning from DHR and SCR are captured.	On 25th February 2014, BCSP shared the emerging findings from the DHR with members of the BSCB Communications and Public Engagement Sub-Group, it was agreed that BSCB would contribute to the development of key messages for young people within the BCSP DV Campaign Programme. Throughout 2013/14, BCSP has run city wide public reassurance campaigns around domestic violence through the Local Delivery Groups for community safety and quadrant based domestic violence fora. Campaigns run in December 2013 and Summer 2014 consistently seek to encourage victims to seek help from agencies. The summer campaign in particular targetted families in the run up to the summer holidays, signposting to early help services and to summer activities for families. Messages to perpetrators of abuse were also included in the summer through the West Midlands Police World Cup Domestic Abuse campaign. on 13.11.14, BCSP launched its annual First Night Appeal which seeks to draw the attention of workers to the plight of women and children in refuge over Christmas. Each year generous donations from members of BSCB and BCSP, businesses, faith groups and individuals across the city are provided in recognition of how women and children are often forced to flee from their abusers into a refuge with nothing. During December 2014, West Midlands Police will also be running their Operation Sentinel Campaign to promote their strengthened response to domestic abuse and encourage victims to come forward and report			Action completed
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Birmingham City Council - Early Years

Ref	Action (SMART)	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status (RAG)
Recommendation 1: All requests for services from professionals to be received in writing using the appropriate service request and allocations paperwork.								

1.1	<p>Within the developing locality model, review and further develop policy and procedures for:</p> <ul style="list-style-type: none"> • Information gathering/sharing • Record-keeping 	<p>Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)</p>	30/04/2013	<p>Policies and procedures are reviewed and in place.</p>	<p>Quality visits and AC by CCAM. CCAM to monitor through SPG and CAG reviews of policies</p>	<p>Robust policies and procedures in place. Clear monitoring in place and evidenced through Safeguarding Audit visit</p>	<p>Unannounced Safeguarding Audits for all Children's Centres are now taking place. Review of policy and procedures in relation to information gathering/sharing and record keeping form part of the audit. Action plans are produced for centres to implement and are monitored through termly visits. Update Sept 13: safeguarding audits for all CC's have now become an integral part of LA monitoring process for Children's Centres</p>	Action completed
1.2	<p>Ensure all information gathering sharing and recording is through the use of a consistent format.</p>	<p>Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)</p>	30/04/2013	<p>All Children's Centres use a consistent format for gathering, recording, and sharing information.</p>	<p>Safeguarding Audits and Annual Conversation.</p>	<p>Consistent format in use in all Children's Centres enabling a robust platform for integrated working with all 14 Family Support and Safeguarding Hubs</p>	<p>To work with CAF Manager with a view to endorsing the use of CAF paperwork for this use. This has been piloted by 8-10 children's centres. The Outcome of the pilot will be discussed and developed further for full implementation by all centres by Update Sept 13: all CC's contracts requirement use of pre caf paperwork as initial process for information gathering and fCAF paperwork for multi agency work</p>	Action completed
1.3	<p>These need to be consistent with the locality authority guidance and wider professional standards.</p>	<p>Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)</p>	30/04/2013	<p>All Children's Centres use a consistent format for gathering, recording, and sharing information.</p>	<p>Safeguarding Audits and Annual Conversation.</p>	<p>Consistent format in use in all Children's Centres enabling a robust platform for integrated working with all 14 Family Support and Safeguarding Hubs</p>	<p>The outcome of discussions with CAF Manager and implementation of plans will receive final approval from Heads of Service Family Support and Safeguarding Service and Early Years, Child Care and Children's Centres. Update Dec-13: Safeguarding audits have been undertaken with reviews of case recording, files and supervision including templates for recording.</p>	Action completed
<p>Recommendation 2: To make appropriate use of CAF pre-assessment and F-CAF assessment processes/tools.</p>								

2.1	Ensure within the developing locality model that : Ensure the appropriate and timely use of pre CAF and F-CAF	Children's Centre Strategic Lead To be monitored by the Children's Centre Area Manager via termly visits and as part of the Annual Conversation	30/04/2013	Early identification of needs and support for all Children and Families attending Children's Centres	Safeguarding Audits and Annual Conversation.	Specific Safeguarding Audit and Annual Conversation question; 'How do you identify the needs of children and families using your centre' Required response is ' use of Pre CAF as screening tool'.	Children's Centres to be reminded to use Pre CAF through TEAM email process. Sept 10th 2013 Children's Centre Event to update all Children's Centres of processes and procedures to be used when working in a integrated manner with Local Authority Family Support and Safeguarding Service. Sept 13 update: all Children's Centre contracts clearly state the requirement for them to work with Family Support and Safeguarding Service, and use of Pre-CAF	Action completed
2.2	Ensure within the developing locality model that : Use of Early Support (ES) approach for children with additional needs/disabilities and their families.	Children's Centre Strategic Lead To be monitored by the Children's Centre Area Manager via termly visits and as part of the Annual Conversation	30/04/2013	Early identification of needs and support for all Children with additional needs/disabilities and their Families attending Children's Centres	Safeguarding Audits and Annual Conversation.	Specific Safeguarding Audit and Annual Conversation question; 'How do you identify the needs of children with additional needs/disabilities and their families using your centre' Required response is ' use of Pre- CAF as screening tool.	Children's Centres to be reminded to use Pre CAF through TEAM email process. Sept 10th 2013 Children's Centre Event to update all Children's Centres of processes and procedures to be used when working in a integrated manner with Local Authority Family Support and Safeguarding Service. Sept 13 update:All CC's are now subject of Local Authority Challenge Meetings. These meetings take place each quarter and focus on an element of the Children's Centre work. The focus on Children and families accessing services enables the local authority to gain evidence from Children's Centre of use of Pre CAF, fCAF if work taken to TAF and integrated work with Family Support and Safeguarding Service and Health partners.	Action completed
2.3	Ensure within the developing locality model that : All staff access F-CAF and ES training as required.	Children's Centre Strategic Lead To be monitored by the Children's Centre Area Manager via termly visits and as part of the Annual Conversation	30/04/2013	All Children's Centres staff are fully trained to use F-CAF and ES as a tool to support them to identified needs and develop a support plan which records intended outcomes for each child.	Safeguarding Audits and Annual Conversation.	Specific Safeguarding Audit and Annual Conversation. Data collected centrally per children centre - access and attendance at F-CAF and ES training	Work currently being undertaken - training needs analysis for Children's Centre staff. All Children Centre staff currently have access to F-Caf and ES training. Update Sept 13 All Children's Centre Staff have access to fCAF and ES training	Action completed

2.4	Ensure within the developing locality model that : Supervision processes support the application of knowledge to practice including the use of a pre-CAF assessment checklist as Children's Centre screening tool.	Children's Centre Strategic Lead	30/04/2013	Staff undertaking family support case work receive regular training from an experienced and qualified manager	To be monitored by the Children's Centre Area Manager via termly visits and as part of the Annual Conversation	Safeguarding Audit practitioner interview	Safeguarding Audits are currently taking place, and practitioner interviews are part of this process. Update: Sept 13 Safeguarding Audits for CC's take place on a regular basis as part of process, records are examined and interviews with practitioners and managers take place.	Action completed
2.5	Ensure within the developing locality model that : Review CC Home Visiting policy to ensure that home visits are carried out appropriately and all staff are clear about the purpose.	Children's Centre Strategic Lead	30/04/2013		To be monitored by the Children's Centre Area Manager via termly visits and as part of the Annual Conversation	Safeguarding Audit practitioner interview	Home Visiting policy review Aug 30th - Sept 13. Safeguarding Audits review of policies and procedures taken place. 11.3.14 update: Recent safeguarding audits have reviewed the Home Visiting policies in individual centres. Once the reports from these have been collated then follow-up from these will form part of any future workshops as planned.	Action completed
Recommendation 3. Baseline Safeguarding audit to be undertaken of all Children's Centre to ensure the following:								
3.1	Ensure within the developing locality model that: All Children's Centres within localities use CAF pre-assessment as its screening tool for identifying the needs of individual children.	Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)	30/04/2013	Early identification of needs and support for all Children and Families attending Children's Centres	Safeguarding Audits and Annual Conversation.	Specific Safeguarding Audit and Annual Conversation question; 'How do you identify the needs of children and families using your centre' Required response is ' use of Pre CAF as screening tool.	Children's Centres to be reminded to use Pre CAF through TEAM email process. In addition, provisionally date has been set for Sept 10th 2013 planned for Children's Centre Event to update all Children's Centre of processes and procedures to be used when working in a integrated manner with LA Family Support and Safeguarding Service.Sept 13 all CC's contracts clearly state the requirement for them to work with Family Support and Safeguarding Service, and use of Pre-CAF	Action completed
3.2	Ensure within the developing locality model that: All Children's Centres work in an integrated manner through the locality Consortia Area Group (CAG).	Children's Centres Strategic Lead	30/04/2013	Children Centres localities are supported and work in partnership with key organisations within its area to provide integrated services for children and families	To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)	Safeguarding Audit and Annual Conversation	Partnership and integrated working across the children's centres with key organisations such as Health, Education, JCP, Voluntary sector.Update Sept 13 CC's Qtr 'Challenge' meetings seeks to evidence partnership working in all CC's . The expectation is that CC's will be represented at CAG meetings, and will be working in an integrated manner with key partners including Health, JCP 19.12.13 Recent communication has identified advisory board need to be re-established at a local level and therefore integrated working strengthened.	Action completed

3.3	Ensure within the developing locality model that : All CC's within each locality gather record and share information in line with local authority guidelines.	Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)	30/04/2013	All Children's Centres use a consistent format for gathering, recording, and sharing information.	Safeguarding Audits and Annual Conversation.	Consistent format in use in all Children's Centres enabling a robust platform for integrated working with all 14 Family Support and Safeguarding Hubs	To work with CAF Manager with a view to endorsing the use of CAF paperwork for this use. This has been piloted by 8-10 children's centres. The Outcome of the pilot will be discussed and developed further for full implementation by all centres by Sept 13. Sept 13, in progress, current situation all CC's contracts makes clear that they must use pre caf at initial point of contact, refinement of the TAF process to include CC's must use fCAF paperwork to support present professional conversation regarding individual families. Update: 19.12.13 This has been addressed as part of the new challenge meetings taking place in CCs. CCs are made aware that they must use f-caf when bringing discussions or cases to TAF forums. Further messages around format and consistent approaches will be covered at the workshop event in first quarter 2014.	Action completed
3.4	Ensure within the developing locality model that : CCAMs and AC Advisor to check Family Files to ensure format and structure are sound and appropriately used.	Children's Centres Strategic Lead To be monitored by the Children's Centre Area Manager (CCAM) on a termly basis and as part of the Children's Centre (CC's) safeguarding audit and Annual Conversation (AC)	30/04/2013	All Children's Centres use a consistent format for gathering, recording information in family files	Safeguarding Audits and Annual Conversation.	Consistent format in use in all Children's Centres enabling a robust platform for integrated working with all 14 Family Support and Safeguarding Hubs	Re issue the LA guidelines (developed by Senior Practitioners) relating to Supervision, Family File format and Recording. Action completed Oct 13. Update dec-13: Safeguarding Audits have looked at formats and offered appropriate guidance and templates. Further messages around format and consistent approaches are covered at the workshop event in first quarter 2014.	Action completed
Recommendation 4: Ensure that regular supervision is undertaken. This should be clearly in line with current recommendations around the required format and frequency to ensure appropriate case supervision and discussion takes								
4	Staff to receive training around effective supervision. This should ensure that managers provide frequent and structured supervision sessions to support staff with case management.	Head of Children's Centre	1/4/2013	Staff provide effective supervision	Head of centre to monitor these arrangements through supervision of staff and via safeguarding audit.	Supervision delivered in a timely and effective way	Training has been undertaken. 11.3.14 Stronger safeguarding emphasis included in supervision following staff. Senior staff have undertaken external supervision training and this has been disseminated internally. Paperwork has been upgraded	Action completed
Recommendation 5: Develop and improve partnership working through the use of the Team Around the Family(TAF) and CAG meetings.								
5.1	IFST and CC senior managers to organise and deliver 2nd workshop which will outline operational protocols for joint working.	IFST Area Manager and Children's Centre Area Manager	06/03/2013	Workshop delivered	Session evaluation form	All staff attending workshops and implementing learning	By Dec-13, TAF forums well established and supporting multi-agency, integrated working. Re-establishment of local advisory Boards will further strengthen integration and partnership working.	Action completed

5.2	Ensure through this workshop that locality CC's are clear about their joint working arrangements with the Integrated Family Support teams (IFST) including systems and processes required to be used.	IFST Area Manager and Children's Centre Area Manager	06/03/2013	Workshop delivered	Session evaluation form	All staff attending workshops and implementing learning	By Sept 13 locality Children Centres have all had access to right services right time workshops in which working arrangements have been outlined.	Action completed
Recommendation 6: Work in partnership with Health Partners to ensure that health professionals are working with CC's in undertaking CAF pre assessment PRIOR to referral to Children's Centres or IFST.								
6	Ensure that strategic health partners are aware of making appropriate referrals for children's centre services, to enable joint work to be undertaken. Staff need to be able to undertake home visits with families with the appropriate information to assess risk.	Assistant Director and Children's Centre Area Manager through NHS Changing Children's Services Group.	30/04/2013	Development of joint commissioning of health and Children's Centres work, so that both service areas move away from referral culture to that of professional conversation and integrated working. Commissioning work to include process for identifying and recording risk in relation to HV	Through the Health and Children's Centre Joint Commissioning group	Health Services within Children's Centres will be jointly commissioned with Children's Centres.	Joint Commissioning working group meetings take place on a monthly basis, recommendations from this group will be implemented across all Children's Centres. 19.12.13 Named HV identified and in place for all CCs. One HV team leader working alongside CCAM to support and advise on challenge visits. Health representation at many Advisory Boards and particularly at TAF forums, ensuring that information is able to be shared at the earliest point. This remains in progress as this is not consistent across all CCs at present. To be updated at future review. 11.3.14 Health are part of TAF meetings and this is helping to ensure correct referral pathways are utilised.	Action completed
Recommendation 7: Review the system and process for health visitors to access childcare funding for early years provision/places.								
7	Review to focus upon assessment of need linked to referral to Children's Centres.	Children's Centre Area Managers	30/04/2013	The childcare panel must ensure that the referrer shares information from the original referral to ensure that they are aware of the child and family needs and any background or circumstances that may impact on this.	Safeguarding Audits and Annual Conversation.	TAF meeting data, LRO's data, Safeguarding Audits and Annual conversation	Childcare Panel Review has taken place and recommendations made as follows: Single referral form-referrer is required to discuss the case with childcare provider BEFORE they submit referral, so that provider is well aware and agrees they are able to offer service. Agreed childcare placements will be linked into locality TAF meetings. Completed at June 2013	Action completed
Recommendation 8: Ensure that there is appropriate cover available during holiday periods so service provider is able to contact someone to seek support or advice.								
8.1	CC's to inform central team of their safeguarding cover arrangements for the locality.	Children's Centre Central Team	On-going All half term breaks	Safeguarding information available at all times across the whole locality		Effective responses	As from Sept 13 there is now a formal process for ensuring that the local authority is aware of safeguarding cover arrangements for Children's Centres in each locality. DSPs on call notified to central team via email/telephone conversation. Names and numbers of DSPs for WCCC displayed on Hub outside door - this has been in place since 2008 and works well	Action completed
8.2	Central team to inform localities of CC's senior management team safeguarding cover.	Children's Centre Central Team	On-going All half term breaks				As from Sept 13 there is now a formal process for ensuring that the local authority is aware of safeguarding cover arrangements for Children's Centres in each locality	Action completed
Recommendation 9: Governors need to ensure that the safeguarding accountability is clearly understood by the governors, managers and all other staff across the Children's Centre, Nursery school, Day Care, Playgroup and training								

9.1	Governors to attend training in the following areas: Safeguarding and CAF	Chair of Governors CCAM Training Team	30/04/2013	Raised awareness	Through HT and safeguarding governors termly reports to governors	Through impact analysis	Safeguarding policies, procedures and processes in place and working effectively. CAF training for governors undertaken by CAF Coordinator in Oct-2013. Safeguarding Governor reported to full Governing Board.	Action completed
9.2	Governors to attend training in the following areas: Domestic Abuse	Chair of Governors CCAM Training Team	30/04/2013	Raised awareness	Through HT and safeguarding governors termly reports to governors	Through impact analysis	Safeguarding policies, procedures and processes in place and working effectively. Aquarius have delivered training in to staff and governors and fed back to Governing Board. Further DV training planned for Spring term for staff and Governors by Health Education Team. South Domestic Violence Forum attended by Safeguarding Governor and Nursery Deputy. This is then shared with Sennellys locality via the DSP network chaired by the Nursery deputy .	Action completed
9.3	Governors need to ensure through the provision clear structure chart that all governors managers and staff are aware of the accountability structure.	Chair of Governors CCAM Training Team	30/04/2013	Effective and responsive structure	HT reports to governors. Minutes of GB and committees. Regular review of structure to respond to needs and deployment of staff.	Monitoring of impact and responses to issues. Shadow roles in GB re: key staff	On-going action planning to improve all safeguarding systems and respond to local and national requirements and improvement initiatives. By 19.12.13 School and Children's Centre structure in place and show links in to wider governance framework for Weoley Castle	Action completed
9.4	This training should be rolled out across all the Children's Centres.	CCAM, Training Team	30/04/2013	All CC have awareness	CCAMs to check training is delivered.	Governors are clear about their roles and responsibilities	A new pack for advisory board members completed and circulated to all Children's Centres to support with clarity around roles and responsibilities and suggested terms of reference.	Action completed
Recommendation 10: Children's Centres to be a 'standard invitee' to all initial child protection conferences in order to ensure all available information is shared and to inform the subsequent decision and child protection plan.								
10	CYP&F to ensure that Children's Centres are a 'standard invitee' to all initial child protection conferences	Assistant Directors- Early Years and Safeguarding	30/04/2013	Children's Centres are viewed as Standard invitee by Children's Social Care in relation to initial child protection conferences	Safeguarding Audits and Annual Conversation.	Agenda format for all initial child protection plans have Children's Centres listed as 'standard invitee'	This information has been communicated to Family Support and Safeguarding Service teams, and is being reinforced to CC's via Safeguarding Audit visits and Area Manager Visits	Action completed

Birmingham City Council - Children's Social Care

Ref	Action (SMART)	Lead Officer and Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
Recommendation 1: Ensure children at risk through domestic violence can access the right service at the right time								
1	Ensure that incoming arrangements for a multi-agency safeguarding hub (MASH) is capable of responding effectively to referrals involving domestic violence	Children's Social Care	Jul-14	All relevant information and background of domestic abuse informs the assessment		The Multi-Agency Safeguarding Hub (MASH) was introduced into Birmingham in July 2014 and provides a fully integrated, co-located response for all referrals of children who may be at risk of significant harm, including domestic abuse. Agencies involved include Children's Social Care, the Police, Health and, since September 2014, Birmingham and Solihull Women's Aid. The MASH. Having access to each other's information allows the MASH partners to build a full picture of the child and family, including any prior history of violence that the abuser may have, to quickly and fully inform decisions on what actions to take.		Completed

2	Implementation of a social work service that is more integrated with local family support services	Children's Social Care	Jun-13	Staff to be more aware of wider issues related to family support including Domestic Violence and its' impact.	The new integrated service structure has been fully implemented – all Safeguarding social work teams are now co-located and working alongside Family Support Teams. The teams are now located within sixteen hubs built around existing Children's Centres across the City.			Completed
Recommendation 2: Ensure social workers are trained and supervised in responding safely to domestic violence								
3	Learning & Development Service to review the domestic violence training available to social workers. All front-line staff to receive domestic violence training. Domestic violence training provided as part of induction	Children's Social Care Learning & Development	Sep-13	Improvement in practice response to domestic abuse and robust Child Protection Plans which reflect the level of coercion a non-abusing parent may be facing in protecting their child.	Recorded evidence of staff attending training and evidence in case file audits	Training register	Staff have completed personal training needs questionnaires; Targeted training being undertaken. Training needs assessment to be completed with Violence Against Women and Children Steering Group.	Ongoing
4	All cases that concern DV must be allocated to suitably qualified staff with the necessary training and experience	Children's Social Care	Jun-13	Assessments allocated to suitably trained staff	Caseloads data. Monitoring at child protection conferences	Direct reporting from Conference chairs	The new role of Principal Practice Supervisor assists in appropriate case allocations and staff support to undertake the assessments	Completed
5	Domestic violence screening and risk assessment tools to be re-issued to all teams for reference; Internal procedures to include guidance on MARAC and screening resources	Children's Social Care	Dec-13 to Sept-14	Screening and assessment tools to be made available to all staff and integrated into procedures	Child protection procedures re-issued on Birmingham Safeguarding Children Board website and based on Barnardos Risk Assessment Tool; links to CAADA DASH assessment for victims of domestic violence Guidance on MARAC and domestic violence screening has been migrated to the electronic system for ease of access to SW Staff			Completed
6	Heads of Service and Assistant Directors to ensure that domestic violence response features in routine & 1 to 1 conversations with staff.	Children's Social Care	Ongoing	Raised awareness and improved practice which responds to the learning from this review	Direct reporting from staff feedback forums with Leadership Team	Improved Practice Standards		Ongoing
7	Learning & Development to provide briefings on MARAC and DV screening arrangements to ensure that staff are aware of MARAC screening as resources	Children's Social Care Learning & Development	Dec-13	<i>Greater monitoring of high level perpetrators where frontline staff have concerns</i>	Recorded evidence of staff attending training and evidence in case file Audits	MARAC referrals		Ongoing
Recommendation 3: Strengthening safe assessment in domestic violence								
8	All Police logs should be scanned to Case file immediately when received along with referrals from the Police.	Children's Social Care	Jul-13	Information will enable direction of the assessment in terms of action required	Random sample of referrals	All cases that Police refer that involve domestic violence will have Police Logs scanned onto the child's file		Completed
9	Implement improved assessment skills and tools to ensure that issues such as DV are properly risk assessed in all cases.	Children's Social Care	Oct-13	Staff to undertake more effective assessments and consider all areas of risk within the family	Children's Social Care have developed a new single assessment tool to replace the initial and core assessment documents. The new single assessment tool was implemented as part of further improvement to the CareFirst electronic social care record system. The single assessment documents were available for use on CareFirst from the middle of September 2013. As part of the roll-out of the single assessment tool, training and guidance has been provided to all social workers and managers within the safeguarding and			Completed

10	Improvement intervention with all Safeguarding teams to improve the quality of children in need assessments and child protection assessments	Assistant Director Safeguarding and Development	Oct-13	Staff to be aware of lessons learned from this review and receive intense support to improve assessment and analysis skills.	Birmingham Improvement Team now support the Safeguarding Teams with improvement audits, training, coaching and development plans.			Completed	
Recommendation 4: Responding safely to domestic violence									
11	Memorandum to all Chairs, Team Managers and social workers instructing that letters to perpetrators of domestic violence are not sent to victims address.	Child Protection and Review Service	Jul-13	To prevent victims of DV reviewing letters addressed to perpetrators	Audit of Case Conference invite letters	Number of victims receiving letters	Issued to all chairs July 2013		Completed
12	Chairs should draw up child protection plans that ensure that the sole responsibility of protecting the child is not left with the victim but lies significantly with statutory services to protect the family against the abuser. The abuser is held accountable for actions by statutory services	Assistant Director Safeguarding and Development	Jun-13	Child focused plans which are effective in protecting children and their non-abusing parent from the abuser.	Domestic abuse training provided to all conference chairs with the opportunity to understand (a) the dangers, both for the victim and for effective assessment of risk to children, from having an abuser present during the conference with the victim (b) how over-reliance upon a non-abusing parent's ability to protect their child ignores the fundamental aspect of coercion and control which an abuser inflicts. Protecting children effectively requires protecting the child and the non-abusing parent from the abuser. Birmingham City Council introduced the 'Strengthening Families' Model in 2014 alongside a programme of multi-agency training and new guidance supported the rollout.				Completed
13	All Conference chairs will ensure that conferences are not undertaken with both victim and abuser present together. Victims of domestic abuse are given opportunity to speak to the chair without the perpetrator being present	Assistant Director Safeguarding and Development	Jun-13	The Safeguarding Plan will reflect the real level of risk and ensure plans are realistic. Victims will be clear about expectations					Completed
14	Briefing to all staff informing them of the outcome of the review identifying key learning points and lessons learned	Children's Social Care	Jun 2013 and post review	Staff to be aware of lessons learned from this review.	Anonymised briefings have been delivered through local multi-agency domestic violence forums which are attended by Children's Social Care. Full briefings post publication.				Ongoing

Birmingham City Council - Homeless & Pre-Tenancy Service

Ref	Action (SMART)	Lead Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status	
Recommendation 1: Improve the skills of new officers responding to ASB related Council Tenant Referrals to ensure customers are given a robust response by training, shadowing and mentoring by the end of April 2014									
1	Carry out a review of the Landlord Services training plan on Anti-Social Behaviour to ensure that all new officers receive adequate training, and that experienced officer training is up to date	Head of Service - Landlord Services/ BCSP	01/04/2014	To ensure that officers dealing with ASB are alert to DV issues and that they are equipped with the training to deliver a quality ASB service in line with current procedures	Revised action: Following the introduction of new powers in anti-social behaviour(ASB) , the introduction of domestic violence protection orders and changes to domestic violence services in the city, Landlord Services are working with the Domestic Homicide Review Team to develop a robust domestic violence pathway by Dec-14. Further training will follow. The ASB policy has been redrafted and a new ASB risk assessment, developed in conjunction with West Midlands Police, has been introduced so that the ASB response is more focussed on direct harm and vulnerable persons. Improvements have been made to the standardisation of records of all safeguarding referrals and outcomes tracked.				Ongoing
Recommendation 2: Improve the way that important, relevant data is shared between Housing Services and Children's Social Care, in order to better safeguard children and their families, by reviewing information sharing									

2.1	Review the current Child Safeguarding procedure to ensure: - It is up to date - It highlights key points where Housing Services need to inform Children's Social Care of changes - It highlights key information and points where Children's Social Care need to inform Housing Services of changes	Head of Service - Homeless & Pre-Tenancy	01/09/2013	To ensure that the Homeless & Pre-Tenancy service has an up to date, fit for purpose process and agreement for referring cases to Children's Social Care where issues relating to childrens safeguarding arise during the assessment of housing need.	Personal Development Review and Supervision	Completion of an up to date process that is available to relevant staff	Update June 2014: the service has been through a redesign and now incorporates a case management team who work with applicants and services both internally and externally identifying pathways for applicants.	Action completed
2.2	Devise and implement a training plan for all managers and relevant customer facing officers to train them on the revised Child Safeguarding Procedure	Head of Service - Homeless & Pre-Tenancy	01/12/2013	To ensure that officers are aware of changes to the Child Safeguarding Procedures, and that they are clear on how they need to operate in relation to this.	Personal Development Review, supervision and training log	Completion of a programme of training covering all relevant officers	By June 2014 safeguarding training has taken place for all staff within the service. All staff have attended an internally run (BCC) safeguarding course. Other teams attended training provided by Shelter- including a 2 day course on Domestic Violence, a Mental Health and Housing course, as well as a Community Care and Housing Course. These courses were part of a rolling programme of training that is included in the training plan for the service.	Action completed
2.3	Identify staff within the Homeless and Pre-Tenancy Service who have not received Child Safeguarding training and arrange for this to be delivered by the Birmingham Child Safeguarding Board	Head of Service - Homeless & Pre-Tenancy	01/12/2013	To ensure that all officers have a basic understanding of Child Safeguarding and the related issues	Personal Development Review, supervision and training log	All officers will have received a basic level of safeguarding training.	By June 2014 safeguarding training has taken place for all staff within the service.	Action completed
2.4	Work with Children's Social Care to identify the relevant officers to attend appropriate multi-agency meetings.	Head of Service - Homeless & Pre-Tenancy	01/04/2013	To develop the working relationship between CYPF and Housing, and to ensure that housing is represented when appropriate	Personal Development Review and Supervision	Attendance at multi-agency meetings	Officers have been identified now that the service re design is in place.	Action completed
2.5	Identify the relevant officer in Adults and Communities to develop an Adult Safeguarding procedure to cover: - key points where Housing Services need to inform Adults and Communities of changes in a person's circumstances, or an approach for assistance. - It highlights key information and points where Adults and Communities need to inform Housing Services of relevant information.	Head of Service - Homeless & Pre-Tenancy	01/12/2013	To ensure that the Homeless & Pre-Tenancy service has an up to date, fit for purpose process and agreement for referring cases to relevant officers where issues relating to Adult Safeguarding arise during the assessment of housing need.	Personal Development Review and Supervision	Completion of an up to date process that is available to relevant staff	The case management team organised training for staff on safeguarding which forms part of the rolling programme of training for staff within the service.	Action completed

Recommendation 3: Embed the good practice of contacting people who abandon / don't arrive at temporary accommodation by the Temporary accommodation Team and to develop a procedure to cover this to ensure that								
3	Review the current procedure for identifying abandoned temporary accommodation and explore how to proactively contact these applicants, and to measure the outcome of this	Head of Service - Homeless & Pre-Tenancy	01/04/2014	To ensure that the Homeless & Pre-Tenancy Service is aware of when people cease making use of their allocated TA to ensure that the applicant is still safe and not at risk of violence, harassment or exploitation, and to deliver relevant housing advice to those who leave, including informing them of the impact this may have on any duties that are owed to them. To ensure the efficient use of TA stock ensure supply for those who need it in an emergency.	Personal Development	Revised Procedure, better outcomes recording for customers	The current process identified an abandoned temporary accommodation tenancy immediately. All new staff to receive training and guidance on maintaining contact with residents. Officers carry out occupancy checks on residents in temporary accommodation. Matter will be included in the Structured Training Plans for all grades involved in temporary accommodation placements and management.	Action completed

Birmingham Community Healthcare NHS Trust

Ref	Action (SMART)	Lead Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
Recommendation 1: A review of the process of gathering and sharing information should be undertaken by HV teams who work in hostels, ensuring that as full a picture as possible of the victim's situation, history and (where possible)								
1	Health Visiting Hostels Work Group and Clinical Lead for Health Visiting will demonstrate that this learning has been incorporated into the practice standards and record keeping guidance for staff who engage with women and children in hostels	Health Visiting Hostels Work Group, Clinical Lead for Health Visiting and Health Visitor Service Lead	31/01/2013	HV staff working with families in hostel accommodation have improved the format and information gathered from hostels when receiving family from temporary accommodation onto their caseloads.	Snap shot audit of audit compliance to report during Quarter 3 (October-Dec 2013)	Staff feedback in respect of effectiveness of information gathering and sharing.	Standard of visit and information sharing is achieved. Staff feedback in respect of effectiveness of information gathering and sharing. Update September 2013: review has taken place and new Temporary Residence Form designed by Health Visiting Hostels group.	Action completed

Recommendation 2: Irrespective of whether or not a woman and child(ren) are previously known on a caseload, the notification of a movement from a hostel into the area should trigger liaison with the GP and the prioritisation of a face

2	Demonstrate the methodology or communication for practice development. Audit of team leader actions to evidence implementation. Safeguarding team will support change in practice through training and supervision	Health Visiting Service Lead, Clinical Lead and Team Leaders	31.01.13. Further updated September 2013	Briefing sent to all HV team leaders and reinforced by further individual briefing of all health visitors by Universal Services Lead requiring health visiting staff to visit families moving from domestic violence temporary accommodation onto a health visitor caseload. Health visiting standards have been developed and contain the learning from the case and require the temporary residence form to be used and the visit to a family moving from hostel accommodation to be prioritised as with any new to practice/new birth visit. Learning has been incorporated into Safeguarding Children case review and domestic violence training and with publication will initiate further embedding into record keeping and clinical practice training within work force.	Snap shot audit will take place to audit compliance Will report during Quarter 3 (October-Dec 2013)	By looking at date of family moving from hostel and the date of face to face contact the timeliness of a reassessment of the family needs within the home environment can be demonstrated	Methodology for measurement of implementation demonstrated. Safeguarding Briefing and universal services' lead email available as evidence. New to Area Flowchart provided. Health Visiting Guidance for Working with Families provided	Action completed
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Recommendation 3: Where a client has not been free to discuss responses to routine questioning at new birth contacts, the GP should be informed in order that the confidential environment of the woman's postnatal check may be used

3	Demonstrate the methodology or communication for practice development. Audit of team leader actions to evidence implementation. Safeguarding team will support change in practice through training and Supervision	Health Visiting Service Lead, Clinical Lead and Team Leaders Safeguarding Children's team	31/01/2013	Recommendation incorporated into his planned work as part of larger piece of work by the service to improve the information sharing and co working between HV and GP colleagues.	Benchmark audit regarding information sharing practice was done in 2012 and will now be repeated annually over next three years.	Improvement will be measured using staff feedback from supervisions and from team leaders as well as audit results annually showing improvement in joint working between HV and GP colleagues.	HV service has initiated pro active information sharing agreement with GP colleagues during September 2013 . Safeguarding Children Team incorporated learning into training and all mandatory one to one and group supervision with whole health visiting workforce. August 2013:reinforced with health visiting team leaders at their group supervision with requirement that they re-visit the recommendations at team meetings using a briefing from the safeguarding team. Information Sharing Audit completed and reported to Safeguarding Committee and Health Visiting Service in October 2014.	Action completed
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Birmingham & Solihull Womens Aid

Ref	Action (SMART)	Lead Officer and Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
	Recommendation 1: That BSWA review drop in provision to identify whether additional resources are needed							

1	Review drop in provision with duty team	Operations Manager BSWA	01/03/2013	Drop in adequately staffed in terms of staff availability, skill base and experience	Weekly staffing reports	Waiting times for appointments kept to a minimum	Drop in team reconfigured at beginning of 2013. Weekly monitoring shows women not having to wait longer than 1 hour for an appointment.	Action completed
Recommendation 2: That BSWA audit case files of service users who have presented at drop in to ensure risk is being managed appropriately								
2	Audit sample of case files of women who have presented at drop in between April 2012 – December 2012	Operations Manager BSWA	01/03/2013	Women experiencing domestic violence have strategies in place to improve safety and reduce risk to them and their children	Monthly meetings with drop in manager	Risk and needs being adequately addressed at drop in appointments, appropriate referrals made to MARAC and/or safeguarding agencies	Audit of cases carried out monthly and issues addressed where identified. Quality of risk assessments is generally good and number of referrals to MARAC and safeguarding is consistent	Action completed

NHS - Surgery 1

Action (SMART)	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status		
Recommendation 1: Surgery 1 to develop a policy on domestic abuse which reflects the recent guidelines from the Royal College of General Practitioners on the subject.								
1	Surgery 1 to develop a policy on domestic abuse which reflects guidelines from the Royal College of General Practitioners on the subject.	Practice manager	01/02/2013	Domestic abuse policy finalised and in place	Follow up visit by CCG domestic violence lead	Examples of policy being applied in practice	An updated Domestic Violence policy has been put in place . This is based on the Royal College of General Practitioner guidelines as well as those recommendations made by Birmingham South Central Clinical Commissioning Group for the Clinical Commissioning Group practices	Action completed
Recommendation 2: Surgery 1 to source training for staff on domestic abuse.								
2	Surgery 1 to source training for staff on domestic abuse	Practice manager	01/05/2013	All staff trained in domestic abuse	Follow up visit by CCG domestic violence lead	Training record shows all staff trained.	Given the new electronic learning tool provided by the CCG, all staff are required to complete the Domestic Violence Module amongst other safeguarding modules	Action completed
Recommendation 3: Surgery 1 to identify named leads for domestic abuse and to establish clear pathways for responding to concerns and assessing level of risk.								
3	Surgery 1 to identify named leads for domestic abuse and to establish clear pathways for responding to concerns and assessing level of risk.	Senior partner	01/02/2013	Domestic abuse lead in place; staff have access to advice and support and are aware of pathways for responding to disclosure	Follow up visit by CCG domestic violence lead	Examples of pathway being applied in practice. Discussion with staff to check how knowledge is applied.	Lead identified and pathways are clear in the practice policy.	Action completed
Recommendation 4: Surgery 1 to make information on domestic violence available and accessible to patients.								
4	Surgery 1 to make information on domestic violence available and accessible to patients.	Practice manager	01/02/2013	Patients using the surgery are aware of options and are alerted to the fact that staff at the practice are sensitive to domestic violence issues	Follow up visit by CCG domestic violence lead	Examples of literature and resources that have made available to patients.	Have included posters etc as appendices to policy. Domestic violence posters on display.	Action completed

NHS - Surgery 2

Ref	Action (SMART)	Lead Officer	Target Date	Outcome/Progress	Status
1	Write and implement a domestic abuse policy and ensure that all staff are aware of its existence via practice meetings	Lead GP	01.02.13	Domestic Abuse Policy is now in place and all staff are aware of its existence	Action completed
2	Arrange training for all staff on domestic abuse	Lead GP	01.03.13	Domestic abuse training has been arranged for all staff via e-learning package.	Action completed

3	Remind all clinicians at a practice meeting to liaise with health visitors where there is a need.	Lead GP	01.01.13	The need for closer communication with the Health Visitors where there is a need was reinforced at a practice meeting involving GPs and Practice Nurses on 10 January 2013. This was further reinforced at a meeting with the Health Visitors on 27 February 2013.	Action completed
4	Review process for receiving notifications and applying risk alerts on patient records in order to reduce the current time delay in the process.	Lead GP/Practice Manager	01.02.13	The practice reviewed our process for receiving notifications and applying risk alerts. We aim to apply alerts to the patient's electronic medical record within 24 hours of receipt of a notification.	Action completed
5	Disseminate the findings and recommendations from this domestic homicide review to all GP practices through a CCG members briefing	Birmingham South Central Clinical Commissioning Group Safeguarding Adults Lead Nurse	One month from publication of domestic homicide review	Post publication	Post publication

NHS-Surgery 3

Ref	Action (SMART)	Lead Officer	Target Date	Outcome/Progress	Status
1	Ensure that a domestic abuse policy is implemented and that all staff are aware of its existence	Lead GP	01/02/2013	Domestic Abuse Policy in Place	Action completed
2	Arrange training for staff on domestic abuse	Lead GP	01/03/2013	Given the new electronic learning tool provided by the CCG, all staff are required to complete the Domestic Violence Module amongst other safeguarding modules	Action completed
3	Remind all staff of the need to assess for risk to self or others regularly in patients presenting with symptoms of depression. To be carried out through reflection and discussion at practice meetings.	Lead GP	01/01/2013	An internal practice meeting was held following the investigation. Within this there was a reflective discussion around the need to risk assess with patients suffering depression	Action completed

4	Review the practice policy on patient non-attendance to ensure that it does not negatively impact patients with mental health	Lead GP	01/01/2013	Process is now in place whereby all non-attendees are monitored by Practice Manager and GP. Vulnerable patients are followed up by GP or Nurse Practitioner who will visit in patient own home if required	Action completed
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NHS - Walk in Centre

(Date)

Ref	Action (SMART)	Lead Officer and Agency	Target Date	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
Recommendation 1: Walk in Centre to develop a policy on domestic abuse which reflects the recent guidelines from the Royal College of General Practitioners on the subject.								
1	Walk In Centre to develop a policy on domestic abuse which reflects guidelines from the Royal College of General Practitioners on the subject.	Centre Manager	01/02/2013	Domestic abuse policy finalised and in place	Follow up visit by CCG domestic violence lead	Examples of policy being applied in practice	An updated Domestic Violence policy has been put in place. This is based on the RCGP guidelines as well as those recommendations made by BSC CCG for the CCG practices.	Action completed
Recommendation 2: Walk in Centre to source training for staff on domestic abuse.								
2	Walk In Centre to source training for staff on domestic abuse	Centre manager	01/05/2013	All staff trained in domestic abuse	Follow up visit by CCG domestic violence lead	Training record shows all staff trained.	Given the new electronic learning tool provided by the CCG, all staff are required to complete the Domestic Violence Module amongst other safeguarding modules	Action completed
Recommendation 3: Walk in Centre to identify named leads for domestic abuse and to establish clear pathways for responding to concerns and assessing level of risk.								
3	Walk In Centre to identify named leads for domestic abuse and to establish clear pathways for responding to concerns and assessing level of risk.	Senior partner	01/02/2013	Domestic abuse lead in place; staff have access to advice and support and are aware of pathways for responding to disclosure	Follow up visit by CCG domestic violence lead	Examples of pathway being applied in practice. Discussion with staff to check how knowledge is applied.	Lead identified and pathways are clear in the practice policy.	Action completed
Recommendation 4: Walk in Centre to make information on domestic violence available and accessible to patients.								
4	Walk In centre to make information on domestic violence available and accessible to patients.	Centre Manager	01/02/2013	Patients using the surgery are aware of options and are alerted to the fact that staff at the practice are sensitive to domestic violence issues	Follow up visit by CCG domestic violence lead	Examples of literature and resources that have made available to patients.	Have included posters etc as appendices to policy. Domestic Violence posters on display.	Action completed

West Midlands Police

Ref	Action (SMART)	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status
Recommendation 1 : To identify and develop means by which our currently available intelligence and offender management systems can be made more effective in alerting officers to threat/risk in domestic abuse (DA)								

1.1	Practice reminder to staff to remind them of the need for complete intelligence checks and the need to record them on the CRIMES system.	Detective Chief Inspector	01/06/2013	Improved levels of accurate recording of crime and non-crime incidents, improved levels of supervisory oversight, improved levels of positive outcomes in DV crimes of violence.	The DA Task and finish group have raised the level and accuracy of DA records which are monitored locally by Crime managers (DCIs). The DA Task and Finish group will continue as a Reference group able to respond to direction from the DA Lead.	Delivery of practice reminder	Reminder on proper use of CRIMES included in recent PPU Teamtalk delivered to all PPUs. A DA /Task and Finish Group between March and September 2013 has addressed the correct recording of DA incidents across the force. Significant improvements in recording levels have been achieved and sustained.	Action completed
1.2	Consultation with Offender management to identify how the integrated offender management system can be used for domestic abuse risk.	Detective Chief Inspector	Initial data set will be delivered by November 2013; Integrated Offender Management adapted by June 2014.	Identify data sets which will allow the Integrated Offender Management system to be used for domestic abuse.	Monitoring of the outcome of this recommendation will be undertaken by the DA Gold lead and the DHR Organisational Learning Group chaired by Detective Superintendent for Public Protection	Initial project work completed	The Force will have eight dedicated teams with specific geographical responsibility for Domestic Abuse spread across the Force. From November 2014 the Force will also have 18 domestic abuse offender managers, embedded in the above teams. Each Domestic Abuse team has a Detective Inspector aligned to them. The Domestic Abuse offender managers will be using IOM to identify the risk posed by the offender and prioritise them for offender management. Domestic abuse offender managers now part of new Domestic Abuse Teams. The development of the role is ongoing with reporting on the way forward due early in 2015. Data sets being used based on risk level and frequency of offending to develop the cohorts to be managed by the teams. Referrals from investigation/safeguarding teams and MARACs are also considered	Action completed
1.3	To identify how CORVUS SEV profiles can be used to ensure relevant risk assessments of domestic abusers are accessible to all officers	Detective Chief Inspector	01/06/2013			Use of CORVUS for high risk domestic abuse offenders	PPU Tasking and Co-ordination group now take high risk domestic abuse offenders to Local Policing Unit (LPU) tasking where a peer plan for their management is agreed using CORVUS tasking	Action completed
Recommendation 2: To provide training to Local Policing Units investigation teams which draws upon the learning from the DHR and the identified areas for development								
2.1	IMR authors and Domestic Abuse lead to develop an appropriate training package, identify delivery options and supervise roll out of training	Detective Chief Inspector	01/09/2013	Training is delivered and the CSP is provided with evidence of the extent of the training of WMP staff and identification of how outstanding untrained officers will be included.	Monitoring of the outcome of this recommendation will be undertaken by the DA Gold lead and the DHR Organisational Learning Group chaired by Detective Superintendent for Public Protection	Attendance of frontline supervisors on training	Mandatory training delivered to all frontline supervisors by Bronze Domestic Abuse lead and Force Learning and Development. . Front line officers starting shortly (Nov 14). Force contact call takers complete. New DA teams ongoing and new recruits starting imminently (Dec 14).	Action completed

Recommendation 3: Learning from this DHR to be made available to all staff through the organisational learning panel								
3.1	Learning from the IMR/DHR to be summarised on the PPU intranet site.	Detective Superintendent (Public Protection)	01/04/2013	Learning from this DHR can be identified in both briefing documents and training packages delivered to staff.	Monitoring of the outcome of this recommendation will be undertaken by the DA Gold lead and the DHR Organisational Learning Group chaired by Detective Superintendent for Public Protection	Completion of intranet briefing page	The learning from this case is available on the PPU intranet site. Additionally DA inputs delivered to Detective constable and detective sergeant training - including new definition, DHR learning, victims code and investigative tactics.	Action completed
3.2	Learning and development representative on organisational learning panel to identify how learning should be reflected in training.	Detective Superintendent (Public Protection)	01/04/2013. Force Learning Board January 2015	Learning from this DHR can be identified in both briefing documents and training packages delivered to staff.	Monitoring of the outcome of this recommendation will be undertaken by the Domestic Abuse Gold lead and the DHR Organisational Learning Group chaired by Detective Superintendent	Identifiable elements of learning from DHRs included in Force training.	Training has been delivered to all frontline supervisors (see above). The Force is currently designing a 'force learning board' that will be chaired by an Assistant Chief Constable. The panel will include representatives from Learning and Development to identify which recommendations should be disseminated through learning.	Ongoing
Recommendation 4: LPU to ensure that the recording of domestic abuse crime and non crime is compliant with force policy and to monitor the effectiveness of their domestic abuse crime investigation.								

4.1	LPU to report the findings of their intended dip sampling of cases to the organisational learning panel	Superintendent	01/06/2013	Improved levels of accurate recording of crime and non-crime incidents, improved levels of supervisory oversight, improved levels of positive outcomes in DV crimes of violence.	1. Daily updates are in place through the Daily Management Meeting, requiring the Duty Inspector to have viewed and reviewed all DA Crime and Non-Crime, ensuring minimum standards of investigation have been met and ensuring adequate supervisory oversight is appropriately recorded. 2. This review is reported to either the Superintendent or Det Chief Inspector daily. Use of OSD locally to conduct dip sample review of OASIS logs for compliance, details to be reported to SIM meeting.	1.Reduction in cases not meeting minimum standards of investigation and supervision. 2. Improved levels of positive outcomes in reported DA assault cases. 3. Increase in victimless prosecutions undertaken.	<ul style="list-style-type: none"> • Dip Sample completed on 50 domestic violence incidents from February. • Only 1 report had a slight issue, where an assault hadn't been fully negated on the incident log. • The remaining 49 all complied with policy. 	Action completed
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Birmingham Women's NHS Foundation Trust

Ref	Action (SMART)	Lead Officer and Agency	Target Date for Completion	Desired Outcome	Monitoring Arrangements	How will Success be Measured	Outcome/Progress	Status (RAG)
Recommendation 1: Midwifery staff record a plan of care for women who disclose or are suspected of being victims of domestic abuse that incorporates the safety of the women and also the safety of existing children or an unborn								
1	Review of the Domestic Abuse guidelines.	Domestic Abuse Specialise Midwife	31/03/2013	Midwifery staff record a plan of care when domestic abuse is disclosed.	Safeguarding Co-ordinators meetings	Retrospective case note audit in March 2014.	The lead officer has left the organisation and the post has recently been filled by a new Domestic Abuse Specialist Midwife who is reviewing & updating current guidelines in partnership with other providers with the aim of developing a shared care pathway for domestic abuse.	
Recommendation 2: Discussion to take place between midwifery staff and West Midlands Perinatal Institute to consider when reviewing the hand-held pregnancy records whether the recording of any person accompanying the								
2	Discussion with West Midlands Perinatal Institute (WMPI)	Safeguarding Lead	31/03/2013	Routine documentation in pregnancy hand-held notes is incorporated into green hand held notes.	Safeguarding Co-ordinators meetings	By discussion with WMPI & whether a section is incorporated into the pregnancy notes.	Section is now included in the green pregnancy notes to document who accompany's a woman to appointments.	

