

**AGENDA ITEM 6 – APPENDIX 1**

**Safer Community Partnership Board (SCPB)**

**31<sup>st</sup> October 2014**

**Domestic Homicide Review Report - Kara and Stefan (Pseudonym names)**


**Recommendations and Action Plan Progress Report**

<b>Agency</b>	<b>Recommendations</b>	<b>Progress</b>
<b>London Fire Brigade (LFB)</b>	<p>The partnership work between LFB and Barnet Social Services whereby vulnerable adults and families are referred to the LFB for a Home Fire Safety Check to continue. This recommendation was also put forward by the IMR writer.</p> <ul style="list-style-type: none"><li>• The current safeguarding training to remain programmed into the borough training plan, so that all watch members receive training on safeguarding procedures annually. This recommendation was also put forward by the IMR writer.</li></ul>	<p>Both of these points continue to progress on a rolling basis. LFB continue to talk to all committees responsible for vulnerable people including social services to promote our HFSV service.</p> <p>Safeguarding training continues to be carried out by all watches and forms an integral part of our borough training plan. It has also been highlighted at a number of borough communication sessions given to all personnel in the borough over the last three months</p>
<b>Barnet Adults</b>	Occupational therapists have a	Adults and Communities have confirmed and accepted the

<p><b>and Communities – Occupational Therapy</b></p>	<p>unique role in supporting the independence of older members of the community as they visit older people in their homes to assess their support needs. Therefore, occupational therapists have first-hand experience of older people’s living arrangements and are well placed to identify abuse. In support of this function the panel recommends:</p> <ul style="list-style-type: none"> <li>• When an occupational therapist undertakes an enablement assessment where a patient states that they are separated from their partner, this must prompt questions as to the background to the separation, current contact and domestic violence risks. This is especially pertinent if they remain in the same house, even if living separately.</li> </ul>	<p>recommendations of the DHR.</p> <p>We have given both verbal and written briefings to all Occupational Therapists outlining the recommendation. In addition we have reviewed our assessment processes to ensure where a patient states that they are separated from their partner questions are asked about the separation, current contact and any domestic violence risks especially where they remain the same house, even if living separately.</p>
<p><b>Capita - Social Care Direct</b></p>	<p>Social Care Direct staff are required to explore issues of abuse during their rapid</p>	<p>Capita agreed to ensure that our staff attended the domestic violence training and would be asked to be aware of key “trigger words” that should prompt them to make a referral to the woman’s aid group you previously</p>

	<p>assessment process. Barnet Adults and Communities should review the training needs for staff undertaking this role and ensure that they are adequately equipped to explore these issues.</p> <ul style="list-style-type: none"> <li>• When undertaking an assessment of someone who states that they are separated from their partner this must prompt questions as to the background to the separation, current contact and domestic violence risks.</li> <li>• The structure of the rapid assessment form used by Social Care Direct to be amended to include specific prompt questions to explore domestic violence. Social Care Direct to liaise with Solace Women's Aid to progress this.</li> </ul>	<p>advised us of.</p> <p>The social Care Direct staff should also by now have had training by ACSH based on a plan that we agreed with Sarah and her team, so I would hope that this would also have covered the identification of vulnerable people in this situation.</p>
<p><b>Housing 21</b></p>	<p>To strongly consider introducing a more secure system for the recording of carer notes. The current paper system is prone to loss, as in this case. Improvements in technology,</p>	<p>Housing &amp; Care 21 is currently considering introducing the use of mobile devices to (among other things) update central service user records, I unfortunately cannot say when a firm decision on this will be made. In the meantime however, a system has been introduced in our Barnet service for a named individual to collect paper notes following a service user's period of enablement support. This ensures that these notes are collected within 7</p>

	<p>particularly the ability to use mobile devices to access and update central records, should be considered in a review of the current system.</p> <ul style="list-style-type: none"> <li>To ensure that staff providing care have training on domestic violence that covers risk indicators and specifically that separation may not indicate a reduction in risk</li> </ul>	<p>days of a service user's enablement support ending.</p> <p>We do not currently provide training in domestic violence for Housing &amp; Care 21 staff. However we are happy to consider this if there is a council training resource you are able to put us in contact with.</p>
<p><b>Barnet and Chase Farm Hospital (BCFH) (NHS Trust)</b></p>	<p>To review its policy and procedures in relation to domestic violence to ensure that these include routine enquiry for domestic violence where patients present with injuries that are consistent with an assault</p> <ul style="list-style-type: none"> <li>To review its policy and procedure on domestic violence and ensure that this covers concerns about injuries to older people and their barriers to disclosure</li> <li>The Trust should develop a good working partnership with Solace Women's Aid to support the training of staff and to ensure</li> </ul>	<p>Update – coming soon</p>

	<p>that BCFH staff know how to refer to local domestic violence specialists when appropriate.</p> <ul style="list-style-type: none"> <li>• The training provided to BCFH staff to be reviewed to ensure that it adequately equips staff with the knowledge and skills to enquire sensitively about domestic violence, including with older patients. This recommendation was also put forwarded by the IMR writer.</li> </ul>	
<p><b>Central London Community Health Care (CLCH) – Walk in Centre (WIC)</b></p>	<p>That the Adastra electronic records used in the WIC and elsewhere has a flagging system that covers vulnerable adults.</p> <ul style="list-style-type: none"> <li>• That the links between CLCH and partner domestic violence agencies be improved by the attendance at MARAC of the CLCH Safeguarding Adults leads</li> <li>• That there is specific training on domestic violence for Adult Services staff that covers recognition, routine enquiry and signposting to appropriate services. All the above</li> </ul>	 <p>CLCH Updated DHR Action Plan (august20:</p>

	recommendations were also put forward by the IMR writer.	
<b>Family General Practice</b>	<p>To develop a policy on the use of interpreters given the current gap in national guidance and to consider under what circumstances it is appropriate to use friends or family members as interpreters. <i>CCG to confirm.</i></p> <ul style="list-style-type: none"> <li>To develop a policy on domestic violence that includes a requirement that all staff have training on domestic violence in line with their responsibilities. This should equip staff to be able to recognise when someone may be experiencing domestic violence, to enquire sensitively, recognise risk and refer where appropriate. <i>CCG and NHS England to discuss this.</i></li> <li>The General Practice to incorporate the Royal College of General Practitioners' (RCGP) guidance on responding to domestic violence into their own policy. <i>CCG and NHS England to discuss this.</i></li> </ul>	<p>Incorporating the RCGP guidance into the practice policy the practice would need to ensure that the practice have:</p> <p>Understood the role of the practice management in Domestic Violence  Established a pathway for practice staff to follow  Made resources available to practice staff in terms of the pathway and key contacts.</p> <p>The guidance is available at the following link:  <a href="http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx">http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx</a></p> <p>Commissioning of IRIS mentioned in this guidance would not be at the level of individual practices.</p>

	<ul style="list-style-type: none"> <li>To ensure that information about domestic violence and sources of help for both victims and perpetrators is visible to patients and available to take away from the practice. <i>CCG and NHS England to discuss this.</i></li> </ul>	
<b>Barnet Clinical Commissioning Group and NHS England.</b>	<p>These recommendations are directed towards both NHS England and Barnet Clinical Commissioning Group. At the time of writing it was unclear which body would have responsibility for taking them forward.</p> <ul style="list-style-type: none"> <li>To be assured that primary care are adopting the RCGP guidance on domestic violence across all settings.</li> <li>To commission the IRIS model to improve the early identification of domestic violence in primary health care.</li> <li>In conjunction with the Barnet Safeguarding Adults Board and the Barnet Public Health lead, ensure that materials</li> </ul>	<p>In terms of the RCGP guidance this covers not only the practice team (including clinical and non-clinical team members) but also wider commissioning initiatives including IRIS which are out of scope for an individual practice.</p> <p>I agree that the elements relating to the practice can be incorporated including:</p> <ul style="list-style-type: none"> <li>Engagement with local domestic violence coordinator</li> <li>Staff training</li> <li>Identification of designated person within the practice for domestic violence</li> <li>Information about external organisations</li> <li>Clear and accurate recording of information and advice given to patients</li> </ul> <p>For further information this link may be helpful  <a href="http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx">http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Clinical%20Priorities/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx</a></p> <p>There is also on line learning available.</p>

	<p>are available in all primary care settings promoting services for domestic violence victims and perpetrators.</p> <ul style="list-style-type: none"> <li>• To ensure that there is adequate guidance available for health care staff on the use of interpreters and specifically when it is not appropriate for a family member to act as an interpreter during medical consultations.</li> <li>• Consider a “tag and flag” system for medical records of those at risk of domestic violence. Where such notes are archived, to ensure that such tag and flag notifications are transferred along with the notes.</li> </ul>	
<p><b>Barnet Safer Communities Partnership Board</b></p>	<p>Barnet has the second highest number of over 65 year olds in London, over 47,000 at the last census. This needs to be reflected in the Barnet DV and VAWG Action Plan so that the particular needs of this section of the community are recognised.</p> <ul style="list-style-type: none"> <li>• To consider how best to increase awareness that</li> </ul>	<p>LBB have engaged in a public campaign with the police and Adults for Project Mercury on 25th September 2014. There will be a stall in Finchley providing information cards and leaflets for the public. There will be changes to the commissioned DV training programme to include this within its module content. To work alongside the Silver Project (that specialises in working with older victims of DV) to develop referral pathways in Barnet.</p>



	<p>domestic violence occurs across the age spectrum through the use of public education materials.</p> <ul style="list-style-type: none"> <li>• Ensure that the needs of older victims of domestic violence are acknowledged and represented in domestic violence training provided across the borough.</li> <li>• To take account of the help-seeking pathways that are frequently utilised by older citizens, and those from minority communities, when commissioning domestic violence services.</li> <li>• Ensure that domestic violence training equips professionals with the skills to recognise when someone may be at risk of experiencing or perpetrating domestic violence, in order to respond and enquire sensitively, recognise risk and refer if appropriate.</li> </ul>	
<p><b>Solace Women's Aid and AB</b></p>	<p>Solace Women's Aid and AB Women's Association with the support from the Barnet Domestic</p>	<p>The most experienced IDSVA based at Solace's Islington Support and Advocacy Service delivered Domestic Violence Awareness Training to staff at AB Women's Association on February 28th.</p>

<p><b>Women’s Association</b></p>	<p>Violence Co-ordinator to explore a closer working relationship to ensure that women using AB Women’s Association have access, when needed, to the domestic violence expertise of Solace.</p> <ul style="list-style-type: none"> <li>• Solace Women’s Aid to utilise the expertise of AB Women’s Association to ensure that their services are accessible and appropriate to Greek Cypriot women.</li> <li>• To explore how to make the above process as seamless as possible for service users</li> </ul>	<p>The Team Leader of our Islington SASS Team (Pauline Walker) is the named contact for staff at AB Women’s Association. Pauline has assisted AB Women’s Association with a review of their domestic abuse related policies and procedures.</p> <p>Solace has the details of AB Women’s Association and we contact them for advice as appropriate.</p>
<p><b>National Institute for Clinical Excellence</b></p>	<p>To consider guidance for health care staff on the use of interpreters and specifically under what circumstances a family member should and should not be acting as an interpreter.</p>	<p>NICE has not yet been asked to produce guidance specifically on the topic of interpreters within a health care setting. Topics for the NICE work programme tend to be health condition specific and are referred to NICE by the Department of Health in line with the national priorities that they have established. You can read more about how new topics are selected via the “get involved” section of our website.</p> <p>However, much of our guidance does recommend that interpreters should be used where a barrier to communication exists. So, taking our public health guidance on Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (PH50) as an example, recommendation 9 states:</p>

		<p>'Ensure interpreting services are confidential (often a concern in small communities where a minority language is spoken). Ensure professional interpreters are used. Do not use family members or friends. In some areas this will mean using a national interpreting service or one based in another locality.'</p> <p>In addition, we have also produced a clinical guideline on Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138).</p> <p>Again, recommendation 1.5.4 states 'Establish the most effective way of communicating with each patient and explore ways to improve communication. Examples include using pictures, symbols, large print, Braille, different languages, sign language or communications aids, or involving an interpreter, a patient advocate or family members.'</p> <p>With regards to specific guidance on this topic, interpreter guidelines are available on the UK Screening Portal. There is also some useful information on the Public Health England site – Migrant Health Guide: <a href="http://www.hpa.org.uk/MigrantHealthGuide/AssessingMigrantPatients/LanguageInterpretation/">http://www.hpa.org.uk/MigrantHealthGuide/AssessingMigrantPatients/LanguageInterpretation/</a></p> <p>This states that General Medical Council guidance on Good Medical Practice states that you must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs.</p>
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