

## Action Plan

**ADVANCE action plan feedback:**

ADVANCE since the date of this DHR have ceased to deliver IDVA services in Brent, however do deliver the services across the boroughs of Hammersmith & Fulham, Kensington & Chelsea and Westminster. All of the case related actions within the plan are areas which have been implemented across ADVANCE and are stated within ADVANCE's case management Policy and Procedure, referrals criteria and procedures and MARAC procedures. Specific comments have been made against a number of the actions in the plan below.

### ADVANCE ACTION PLAN

**Recommendation:** MARAC referrals and notes to be followed up on all cases

**Scope of recommendation i.e. local or regional:** Within the organisation

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
ADVANCE will receive all referrals made to the MARAC before each MARAC	ADVANCE Manager MARAC Coordinators	On going	MARAC process being formalised in most London borough	Completion- 02.06.2015 This has already been in place in all the boroughs that Advance works in.
ADVANCE would attempt to contact all MARAC referrals before each MARAC	IDVA/ISVA	On going	Internal process around MARAC has been standardised across the organisation	Completion- 02.06.2015 This is standard practice at ADVANCE and is monitored both internally and externally on a regular basis.
ADVANCE would inform the referring agency if we are unable to contact the client	IDVA/ISVA	On going	Internal process around MARAC has been standardised across the organisation	Completion- 02.06.2015 This is standard practice at ADVANCE and is monitored both internally and externally on a regular basis.

MARAC referral, minutes and actions are available in the internal database	IDVA/ISVA	On going	Internal process around MARAC has been standardised across the organisation	Completion- 02.06.2015 This is standard practice at ADVANCE and is monitored both internally and externally on a regular basis
A pre- MARAC & post MARAC meeting is held before each MARAC which has increased accountability within the team and better preparations at the meetings.	IDVA/ISVA	On going	Internal process around MARAC has been standardised across the organisation	Completion- 02.06.2015 We do not have a pre and post MARAC meeting but we have a clear MARAC procedure with presentation and research forms completed by IDVA's for each client before each meeting which is given to the rep prior to the meeting with enough time for them to complete further preparation and ask questions of the allocated IDVA if need be.
MARAC actions are feedback to service users within a timescales established by the MARAC	IDVA/ISVA/ MARAC Coordinator	On going	Internal process around MARAC has been standardised across the organisation	Completion- 02.06.2015 this is standard practise at ADVANCE and is monitored both internally and externally on a regular basis
<b>Recommendation: Educate the community on the risk factors around domestic abuse</b>				
<b>Scope of recommendation i.e. local or regional: Within the boroughs that Advance is commissioned to work within</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
	MARAC Coordinator and Managers	On going	This has been in place for over 2 years	Completion- 02.06.2015 monitored both internally and externally on a regular basis.
Key Actions to be taken	Managers,	On going	Recognising the need	Completion- 02.06.2015 Training

	IDVA/ISVA		to raise awareness about domestic violence and factors why women find it difficult to leave	requests are met based on demand and internal capacity.
Close partnership & better communication between the MARAC Coordinators and ADVANCE	CEO/ Manager	On going	Identifying issues, raising awareness and coordinating responses	Completion- 02.06.2015 In the Tri borough ADVANCE and the MARAC coordinators have a close working relationship and are proactive in working together.
ADVANCE delivering trainings and presentations to a number of agencies (police, FCS, British Transport Police, Drug & alcohol agencies, Educational institutions, Haven Paddington )	Trying to engage non engaging clients			
ADVANCE regularly raises issues and concerns within the different strategic platforms in each borough	Within the boroughs that Advance is commissioned to work within			
Recommendation:	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
Scope of recommendation i.e. local or regional:	CEO/ Managers	On going	With changes in different agencies, funding cuts- ADVANCE has to keep re-visiting these issues	Completion- 02.06.2015 Minutes of discussions available in the different MARAC reviews and domestic violence forums This is still the case, as an organisation we are proactive in working to educate the community and in Brent still retain a prevention worker whose role this is.  In the Tri borough area we co deliver several specialist projects

				offering intervention and education in conjunction with Standing Together. Additionally under the Angelou partnership we are commissioned to offer training and awareness sessions across all VAWG strands.
Scope of recommendation i.e. local or regional:	CEO/ Managers	Was reviewed in June 2011	These practices have been in place for close to 2 years but are reviewed constantly	Completion- 02.06.2015 These are on-going internal process that are reviewed based to improve practices and to take on board policy changes
	Manager and IDVA/ISVA	On going	These practices have been in place for close to 2 years but are reviewed constantly	Completion- 02.06.2015 These are on-going internal process that are reviewed based to improve practices and to take on board policy changes
ADVANCE has already raised this issue with different operational and strategic groups in 4 London boroughs	IDVA/ISVA	On going	These practices have been in place for close to 2 years but are reviewed constantly	Completion- 02.06.2015 These are on-going internal process that are reviewed based to improve practices and to take on board policy changes
ADVANCE has reviewed its internal case management policy	IDVA/ISVA/ MARAC members	On going	These practices have been in place for close to 2 years but are reviewed constantly	Completion- 02.06.2015 These are on-going internal process that are reviewed based to improve practices and to take on board policy changes
Under our new procedure, if a client does not engage we liaise with other professionals who are working with her in an attempt to engage her in a different way & to re-confirm her contact details.	IDVA/ISVA	On going	These practices have been in place for close to 2 years but are reviewed constantly	Completion- 02.06.2015 These are on-going internal process that are reviewed based to improve practices and to take on board policy changes

The IDVA also informs the referring agency if the client is not engaging and if we are closing the case	Improving referral pathways and communication between ADVANCE and Police & other agencies Since the review this is standard practise and it is within our case management policy and procedure			
IDVA try to arrange three way meetings with non-engaging clients & other professionals. IDVA also try to contact the client via her mid wife, probation officer or social worker.	Within the boroughs that Advance is commissioned to work within			
On a regular basis the IDVA will raise concerns regarding high risk cases and non engaging clients with the manager	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
Recommendation:	DI within the CSU (police) and Managers	Has been in place for close to 2 years	CSU officers realising the importance of making referrals at the point of incident	Completion- 02.06.2015 All cases are addressed in case management sessions and staff are proactive in discussing cases with team leaders if concerns arise
Scope of recommendation i.e. local or regional:	Managers/ IDVA/ISVA	Started over a year ago	Recognising the need for more joint working between domestic abuse and FCS	Completion- 02.06.2015 ADVANCE recently started a joint pilot project with Standing together, DVIP and Hammersmith and Fulham social care that ensures better practise and joint working of agencies
Key Actions to be taken	CEO/ Manager	Since January 2012 in Westminster and September	Recognising the need for more joint working between domestic abuse and FCS	Completion- 02.06.2015

		2012 in Brent		
Non- consent automatic referral pathway established between the Community Safety Unit (police) & ADVANCE to ensure all survivors are offered support.	Manager/ IDVA/ISVA	On-going	Recognising the need for more joint working between domestic abuse and FCS	Completion- 02.06.2015 In the tri borough we accept all high risk cases without consent but require consent for those not at high risk and this is an established pathway with the police and agencies that refer to MARAC
There has been increased communication & joint working between ADVANCE & FCS in the boroughs we work in.	Improving internal case management procedure and process			
In two of the boroughs we have an IDVA based within the FCS.  This is no longer the case in Brent but we do have a project within Hammersmith social care and have co located staff at childrens centres in Westminster and Kensington and Chelsea	Within ADVANCE			
Referral to FCS for all cases which are high risk and have children	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
Recommendation:	Manager/ Senior IDVA	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015 UPDATE: In the Tri Borough we either refer or ensure a referral has been received by FCS for all HR cases
Scope of recommendation i.e. local or regional:	Manager/ Senior IDVA	On-going Has been in	Recognising the need change polices to	Completion- 02.06.2015. ADVANCE is the lead agency

		place for close to 2 years	reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	within the Angelou partnership and as such now offers specialist support to hard to reach client groups and those needing specialist support. Additionally ADVANCE has ensured that specialist training has been provided to frontline staff to ensure they are upskilled in engaging hard to reach communities.
Key Actions to be taken	IDVA/ ISVA	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	As above
All closed cases are reviewed by the manager to review individual practices and highlight gaps based on our case management policy.	Manager	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015 ADVANCE reviews ALL cases through case management sessions and then dip samples a minimum of 25 cases following case closure
Cases are reviewed by the manager during supervision once a month.	CEO/ Manager/ IDVA/ISVA	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015

On a regular basis the IDVA will raise concerns regarding high risk cases and non engaging clients with the manager	IDVA/ ISVA	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015
The Safeguarding Policy is regularly discussed at individual team meetings to ensure IDVA are clear about their responsibility.	Manager	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015 This is regularly reviewed recently a new safeguarding lead has been appointed, and all staff are required to attend safeguarding training
Internal and external discussions around non engaging clients have taken place. (MARAC, DV Co-ordinator, FCS, Police)	CEO/ Manager/ IDVA/ISVA	On-going Has been in place for close to 2 years	Recognising the need change polices to reflect the needs of survivors and find more creative ways to engage hard to reach client groups.	Completion- 02.06.2015 This is regularly reviewed recently a new safeguarding lead has been appointed, and all staff are required to attend safeguarding training

<b>Recommendation:</b> To ensure that communication with outside agencies and community health professionals is documented				
<b>Scope of recommendation: Local –NWLH NHS Trust</b>				
<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>



The importance of documentation is reiterated at level 1,2, and 3 child protection training. This will be evidenced by regular audit.	Safeguarding Team NWLH NHS trust	October 2012	Trust recognition of the complexity of sharing information in a timely manner, appropriate documentation is made of all communication and the importance of multi-agency working	Training agenda is on-going, next date is 27/09/2012 and the audit is imbedded in the audit calendar for the department and the trust.
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**Recommendation:**  
All documentation has to be entered onto I.T. systems held by the trust.

**Scope of recommendation: Local**

Key Actions to be taken	Lead Agency	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
The action is applicable to the emergency department at the trust. It is recommended that all interactions with the department are entered onto the IT system at the time of attendance. This will be possible through the introduction of the scanning system within the department which is now active.	NWLH NHS Trust.	Completed, system active	Trust recognition of the complexity of sharing information in timely manner and acted accordingly	Unsure of exact date of implementation but the system is live and has been tested. Scanned records are recalled regularly for use within the department and have to date been readily available.

**Recommendation:**  
Within GP protected learning sessions GPs, practice nurses and other clinicians working within the GP services should receive dedicated training sessions on:

- Domestic violence to include a DV Risk Assessment Matrix
- Information sharing
- Challenge and support with other practitioners outside the Health economy

**Scope of recommendation: Local**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
Plan program content  Deliver training	Brent CCG	By end of 2013	Practitioners will have the required level of knowledge to contribute to the multi-agency approach to identifying, reporting and responding to women and children affected by domestic violence.	Collate referrals to services -end of 2013
<b>Recommendation:</b> All documents pertaining to patients are scanned in to their records as appropriate. Recordkeeping and information management will be more robust and in line with professional bodies guidance.				
<b>Scope of recommendation: Local in first instance, perhaps National later</b>				
<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
Disseminate message across practices.	Brent CCG	April 2013	Patients are red flagged	Requests for a sample of records will have the complete information  - audit after 6 months
<b>Recommendation:</b> Domestic violence code must be completed on a victim's record. Practitioners will be able to factor in this risk when providing care to the victim				
<b>Scope of recommendation: Local</b>				

Key Actions to be taken	Lead Agency	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
Disseminate message across practices.	Brent CCG	April 2013	Patients are red flagged	Audit sample of records-  Domestic violence victims will be highlighted
<b>Recommendation:</b> <b>Welfare enquiries from Children &amp; Families Teams should be noted in significant events on the front page of a child's records. 4. Practitioners will be able to see clearly and immediately that there are potential or actual welfare concerns about the child and/or family.</b>				
<b>Scope of recommendation:</b>				
Key Actions to be taken	Lead Agency	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
Disseminate message across practices.	Brent CCG	April 2013	Patients are red flagged	Audit sample of records- April 2013 Vulnerable families will be highlighted
<b>Recommendation:</b> <b>Domestic violence and child abuse should be a differential diagnosis during consultations. This will help practitioners identify seemingly unrelated presentations especially within children who are pre-verbal or unable to disclose the impact that domestic violence has on their health and well-being.</b>				
<b>Scope of recommendation: Local, then national</b>				
Key Actions to be taken	Lead Agency	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
Disseminate message across practices.	Brent CCG	April 2013	Patients will be asked about domestic violence	Audit sample of records- April 2013 Vulnerable families will be identified
<b>Recommendation:</b> <b>The Family Health Assessment FHA proforma should be reviewed and harmonised for all Health Visitors working in the ICO. The proforma</b>				

**should be much more transparent and comprehensive to include a separate social history section. For example; Domestic violence, Social services involvement, Father's involvements, Mental health issues, Drug and alcohol misuse**

**Scope of recommendation: ICO Wide**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
<p>The Family Health Assessment has yet to be harmonised across the ICO</p> <p>Health Visitors to complete and document a full comprehensive social history, this will enable Health Visitors to identify issues such as domestic violence, social services involvement and father's role in the family</p>	<p>Ealing Hospital NHS Trust Julie Halliday</p>	<p>November 2012</p>	<p>Across the ICO documenting relevant information on RiO is now a standard procedure</p>	<p>Brent FHA to be reviewed by Head of Health Visiting to incorporate new headings.</p> <p>November 2012</p> <p>A new screen on RiO has been introduced in July 2012 which will capture all</p>

**Recommendation:**  
**Health visiting teams should have an appropriate guideline protocol for handover of cases during periods of leave particularly long term leave. Information should be clearly evident in case records and to other professionals. The clinical leads should discuss all cases with the health professionals within the team and allocate accordingly. This should include documented evidence on the key events sheet of a signed handover and the name of allocated Health Visitor in their absence. These cases should be individually reviewed with case records available at the point of handover.**


**Scope of recommendation: ICO Wide**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
<p>The design of a protocol which is then cascaded ICO wide.</p>	<p>Ealing Hospital NHS Trust</p>	<p>December 2012</p>	<p>To improve the quality of care for families in the community. For the</p>	<p>This Protocol is under development, lead by Head of Health Visiting Brent.</p>

			professional taking over the case to have a clear overview of the case.	December 2012
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**Recommendation:**  
**All Health visiting staff working in CSB must attend single agency child protection training level 3. In accordance with the intercollegiate document 2010 assuming competence at level 1+2 first.**

**Scope of recommendation: ICO Wide**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
All Health visiting staff have attended Training at Level 1, 2 & 3	Ealing Hospital NHS Trust Yvonne Leese Julie Halliday	September 2012	<p>CSB single agency Level 3 training incorporates information on challenging decisions in social care.</p> <p>The training also raises awareness about the newly ratified Domestic Violence (DV) ICO policy. The training support staff with classification, identification, recognition and response</p> <p>Level 3 training should includes triggers for escalating cases from core to enhanced Health Visiting Services and</p>	<p><b>September 2012</b></p> <p><b>7 sessions planned of which 5 have been completed.</b></p> <p>  Training dates Level 2-3.pdf</p>

			emphasises importance of accurate documentation and record keeping	
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**Recommendation:**  
**Implement a Guideline for management of faxes received into Willesden Health visiting team. This needs to include documentation and actions on the new RIO system introduced July 2011**

**Scope of recommendation: Local to Willesden Health visiting Team**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
Reiteration of this action to be repeated in training & Safeguarding Supervision	Ealing Hospital NHS Trust Yvonne Leese	December 2012	Through training Staff have been aware of the importance of ensuring victims of domestic violence are signposted to a specialist service to offer continuity support and advice	September 2012  Training has commenced since in response to the recommendations to address the issues identified.  All Willesden Health Visitors have completed Level 3 training as of 1st September 2012

**Recommendation: To work in line Harrow community services CSB should consider a specialist Health Visitor to caseload victims of current or historical domestic violence**

**Scope of recommendation: Community Services Brent – Local**

<b>Key Actions to be taken</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
There are no plans to employ a	Yvonne Leese		To respond appropriately	All Health Visitors will be supported to fully

specialist DV health Visitor in CSB. Through training and supervision this aspect is covered			on information received on the fax to improve outcomes for children and families.	access DV training.
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**Recommendation:**

Develop and implement an interim (paper) structured social risk assessment tool for midwives to utilise at the maternity booking assessment until such time as the electronic maternity patient record is implemented. This will serve to act as aide memoir to discuss key issues such as domestic abuse, and provide a vehicle for explicit recording of domestic abuse as a routine enquiry. If routine enquiry is not feasible at the first appointment because the woman is accompanied this will be recorded and the routine enquiry made at a subsequent appointment. Nb this is already incorporated into the design of the incipient maternity electronic patient record due for implementation in 2013.

**Scope of recommendation: Should this recommendation be enacted at a local or regional level? (N.B national learning will be identified by the Home Office Quality Assurance Group, however the review panel can suggest recommendations for national level)**

Key Actions to be taken	Lead Agency	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
Develop and implement an interim (paper) structured social risk assessment tool for midwives to utilise at the maternity booking assessment	Therese Chapman	End July 2012	Completed July 2012	July 2012 – interim paper developed and implemented

**Recommendation:**

Lead Officer for Domestic Violence in Housing to ensure that Housing Staff receive regular training on all aspects of domestic violence, and be the single point of contact for all agencies. [8]

**Scope of recommendation i.e. local or regional: Regional**

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
• Review DV training and	Housing Options	All Housing	-Review completed By	All Housing Options Officers received

awareness available <ul style="list-style-type: none"> <li>• Develop training module.</li> <li>• Roll-out training package to Housing Options Officers</li> </ul>	Team Domestic Violence Lead Officer	Options trained by March 2013	October 2012 -Training package agreed November 2012 -Training completed in March 2013	training by December 2012. Appropriate referrals made by Housing Options Officers to other agencies when dealing with DV cases
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**Recommendation:**

8. The UK Border Agency should make immediate efforts to re-documents immigrants as soon as they are encountered and keep detailed records of the progress.


**Scope of recommendation i.e. local or regional:** National

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
The Head of UKBA Immigration, to be sent a formal letter outlining the circumstances of the Domestic Homicide Review, with particular reference to this recommendation, and how the two remaining recommendations will be enacted upon.	UK Border Agency SCW R. Flegg	On completion of the third UKBA recommendation below - this will allow SCW R. Flegg to highlight the implementation of that recommendation. The second recommendation is ongoing until 2014.		22/04/13

**Recommendation:**

8. The UK Border Agency must improve the timeliness of the processing of immigration applications, especially where vulnerable adults or children are concerned.



Scope of recommendation i.e. local or regional: National				
Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
<p>The UKBA is a global organisation with 23,500 staff - including more than 9,000 warranted officers - operating in local communities, at our borders and in about 130 countries worldwide (UKBA website 14/09/2012).</p> <p>In 2007 the immigration group was re-organised from a functional command in to Local Immigration Teams (LIT's). Each LIT covered areas ranging from one borough to county wide areas, and would be required to cover all immigration functions in the area.</p> <p>Whilst the re-organisation had many benefits, the broad focus of LIT's meant that work targets were also very broad. Specialisms were sometimes lost along with the focus on certain targets or work streams.</p> <p>In 2012 the UK Border Agency's immigration group re-organised in to a functional command with six geographical regions in the UK. The regions are supported by four central functions: Immigration Resources</p>	UK Border Agency	Start in May 2012 - ongoing until 2014		<p>May 2012 (See attached organisational chart)</p>  <p>IG Structure May 2012.doc</p>

<p>Directorate, Intelligence and Analysis Directorate, Appeals and Litigation Directorate and Corporate Services.</p> <p>It was the intention of the UK Border Agency's senior management that a functional command will provide a clearer focus on engagement with their local communities and enforcement action, including the detection and removal of illegal immigrants and tackling those hiring illegal workers.</p>				
<p><b>Recommendation:</b> 8. Other statutory agencies, whether responsible for victims or suspects should routinely and immediately contact the UK Border Agency to share information and intelligence. (This is already contained within the "Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children").</p>				
<p><b>Scope of recommendation i.e. local or regional:</b> National</p>				
Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress update)
<p>At the Safeguarding Coordinators Meeting on 28th September 2012, SCW Angela Oxlade will be raising this issue with other agencies on the board, to ensure that the contact the UK Border Agency at the outset of any persons or cases they deal with, rather than wait until a Domestic Homicide Review or Serious Case Review or Serious Case Review is necessary. The matter will be highlighted in a</p>	<p>UK Border Agency SCW R. Flegg</p>	<p>28/09/2012</p>	<p>Safeguarding Coordinators Meeting attended on 28th September 2012 to raise the issue. Matter to be raised in bulletin to be completed in first quarter of 2013</p>	<p>17/04/13</p>

bulletin to be produced as soon as practicable.				
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**Recommendation:**

2. Brent BOCU must ensure that when officers attend a Domestic Incident, intelligence research is undertaken to include at least the last five years using the 3. Integrated Information Platform, as required by the MPS Operating Procedures. Where possible officers should be encouraged to search beyond five years. **[Paragraph 5.127, 148, 6.14]**

**Scope of recommendation i.e. local or regional:** Brent BOCU

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
A review of practice following death of Alexia revealed that Brent BOCU were not complying with MPS Standard Operating Procedures. Further instructions and directions given to all officers.	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	Directions to all officers and also CSU by DCI BONNER during 201	Completed by 14 Dec 2011, to be maintained by current lead officer. Quality assurance to be maintained by intrusive supervision and dip sampling of investigations.

**Recommendation:**

3. Brent BOCU must ensure that supervision and risk assessment during the secondary investigation of domestic violence is conducted by trained CSU supervisors. This is required by both the MPS Standard Operating Procedures (SOP) and by CAADA guidelines. **[Paragraph 5.140,142]**

**Scope of recommendation i.e. local or regional:** Brent BOCU

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress update)
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Re-organisation of CSU by DCI BONNER to ensure that sufficient trained supervisors are in place.	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	Agreed and implemented following death of Alexia	Completed 14 Dec 2011 - Operating Procedures and CAADA guidelines will remain a priority with new agency lead.
<b>Recommendation:</b>				
4. Brent BOCU must comply with the Domestic Violence SOP regarding the completion of Book 124D. The information and risk assessment must be transferred to the CRIS report. [Paragraph 5.140,144, 148, 6.7, 6.13- Brent BOCU 15]				
<b>Scope of recommendation i.e. local or regional:</b> Brent BOCU				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
A review of practice following death of Alexia identified occasions where this was not happening.  Officers and supervisors reminded of subsequent risks and their duties under the Domestic Violence SOP.	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	Recommendation accepted by Borough Commander and enforced by DCI BONNER	Current lead officer to maintain focus by 1. Intrusive supervision 2. Dip sampling of investigations.
<b>Recommendation:</b>				
5. Brent BOCU must ensure that Book 124Ds are supervised when they are completed and also when received by the Community Safety Unit (CSU.). [Paragraph 5.140,144, 148, 6.11-13, 19]				
<b>Scope of recommendation i.e. local or regional:</b> Brent BOCU				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
A review of practice following deaths of	Brent BOCU	Completed	Recommendation	Current lead officer will ensure that

Alexia identified the need to increase the quality of supervision.	Management - DCI LOADER	14 Dec 2011	accepted by Borough Commander and enforced by DCI BONNER by 14 Dec 2011.	emphasis is maintained on this recommendation and that quality of supervision is maintained.
<b>Recommendation:</b>  <b>6.</b> Brent BOCU must ensure that the supervision of Domestic Violence investigation is intrusive and contain well detailed action plans, and reviews of the risk. Risk assessment must be dynamic. <b>[Paragraph 5.132-136, 148, 6.19]</b>				
<b>Scope of recommendation i.e. local or regional:</b> Brent BOCU				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
A review of practice following death of Alexia identified occasions when this was not occurring. Clear guidance and expectations were provided by DCI BONNER.	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	Compliance achieved by Dec 2011	Current lead officer will ensure that emphasis is maintained on this recommendation and that quality of supervision is maintained.
<b>Recommendation:</b>  <b>7.</b> Brent BOCU must ensure that all response team officers are aware of the DASH risk assessment model, and that the information is correctly recorded on the relevant CRIS report. <b>[Paragraph 5.14-16, 6.6, 6.18]</b>				
<b>Scope of recommendation i.e. local or regional:</b> Brent BOCU				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
DCI BONNER provided briefing and training to ensure that all staff are	Brent BOCU Management - DCI	Completed 14 Dec 2011	DCI BONNER achieved this rec by 14 Dec 2011.	All officers are now aware of this risk assessment model, and more importantly

aware of competent in the use of the DASH risk assessment model.	LOADER			how to implement it. The current lead will ensure that as staff change on the Borough the current level of competence is maintained.
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**Recommendation:**

**8.** Brent BOCU CSU must ensure that when a Book 124D is submitted incomplete, missing or of a poor standard, it is immediately referred back to the original supervisor. **[Paragraph 5.132-136, 144, 148, 6.18]**

**Scope of recommendation i.e. local or regional:** Brent BOCU

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
A review of practice following death of Alexia identified that on occasions where supervision was not 'fit for purpose, 'there should be a change of culture and a refusal to accept low standards .	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	By 14 Dec 2011 a system was in place whereby inadequate supervision was not accepted. All supervisors made aware that they would be responsible for ensuring work that they supervised had been completed to a high standard.	Current lead officer to maintain standards by intrusive supervision.

**Recommendation:**

**9.** Brent BOCU must ensure that when children come to notice in the process of a domestic violence investigation, a Merlin entry is completed (*vide Every Child Matters (ECM)*). **[Paragraph 5.131,146, 6.9]**

**Scope of recommendation i.e. local or regional:** Brent BOCU

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress update)
DCI BONNER provided instruction for all officers that this action would be complied with. Direction given to supervisors to intrusively supervise investigations.	Brent BOCU Management - DCI LOADER	Completed 14 Dec 2011	Recommendation accepted by Borough Commander and enforced by DCI BONNER by 14 Dec 2011.	Current lead officer to maintain focus by 1. Intrusive supervision 2. Dip sampling of investigations.

**Recommendation:**

**10.** The MPS must ensure that all relevant officers and staff are trained in the use of the book 124D, with the DASH risk assessment model. Also, that supervisors are trained and encouraged to intrusively supervise risk assessments. **[Paragraph 5.14-16, 6.6-7, 6.13, 15, 18-20]**

**Scope of recommendation i.e. local or regional:** Across the MPS

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
In September 2011 a report was completed to the Violence Against Women and Girls Board Chaired by Commander Simon Foy highlighting the issue around training of MPS staff in DASH. In December 2011, DAC Steve KAVANAGH provided through Area Commanders and local Leadership teams, a briefing on the DASH model.	MPS	Awaits	Area Commanders carried out dip sampling of DASH and 124D usage. Awaits ACPO decision. Still awaiting decision regarding progressing DASH training.	Awaits ACPO decision.

**Recommendation:**

**11.** That the MPS update the CRIS system to reflect the new DASH model rather than the older SPECSS+ system. **[Paragraph 6.6-7, 15-16]**

**Scope of recommendation i.e. local or regional:** Across the MPS

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress update)
Cannot be achieved until Cris system is replaced, which awaits ACPO decision.	MPS	Awaits		To Be Fixed

**Recommendation:**

12. That the MPS may consider changes to the Standard Operating Procedures for the investigation of the Domestic Violence so that initial standard risk assessments are subjected to secondary supervision by the BOCU CSU, to ensure that the risk level is correct. **[Paragraph 5.132-136, 148, 6.6-7, 22-24]**

**Scope of recommendation i.e. local or regional:** Across the MPS

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
Would requires changes to MPS Standard Operating Procedures. Decision to be made at ACPO level.	MPS	Awaits		To Be Fixed

**Recommendation:**

1) Drive to increase home visiting by Probation Officers in Brent **[8.2]**

**Scope of recommendation i.e. local or regional:** Local drive (Brent)

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting	Date of completion and evidence of outcome (progress up date)
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			<b>recommendation</b>	
<p>Brent Probation to increase the number of home visits undertaken by Probation Officers to increase the number of home visits in order to improve risk assessments in relation to safeguarding issues.</p> <ul style="list-style-type: none"> <li>-Middle managers to ensure home visiting has a high profile in team meetings and one to one supervision with staff.</li> <li>- Senior Case Administrator to provide monthly reports from UT system to monitor the number of home visits undertaken by Probation Officers.</li> <li>-Local training on Home Visiting to be delivered to frontline Probation staff by London Probation Safeguarding risk lead (Mike Head)</li> </ul>	Brent Probation / all middle managers.	December 2012	<p>Plan agreed April 2012</p> <p>Home Visiting is given a high priority in team meetings and supervision.</p> <p>Safeguarding Children and Home Visiting Training delivered to all Brent Probation staff in Feb/Mar 2012.</p>	Review of Home Visiting drive to be reviewed by Brent Probation Management team in November 2012.
<p><b>Recommendation:</b></p> <p>2) <b>To introduction of reflective supervision for Probation Staff in Brent (8.3)</b></p>				
<p><b>Scope of recommendation i.e. local or regional: Regional (Brent)</b></p>				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress up date)</b>

<ul style="list-style-type: none"> <li>- Brent LPT management team to agree contract with Portman/Tavistock clinic to deliver reflective supervision for Probation staff in Brent.</li> </ul>	LPT Brent / Deirdre Bryant	First Cohort took place in September 2011. Next cohort of staff to attend the reflective supervision at Portman / Tavistock clinic in October 2012.	<ul style="list-style-type: none"> <li>- By end of March 2013, all Brent frontline Probation staff to have attended programme of reflective supervision (fortnightly sessions) at the Portman/Tavistock clinic.</li> </ul>	Positive feedback received from Probation Officers who have attended the Portman sessions. Rolling programme to continue to ensure that all newly qualified Probation Officers in Brent benefit from the reflective practice sessions..
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**Recommendation:**

3) **Re-launch of the London Probation Trust Safeguarding Procedures locally in Brent in order to ensure effective communication between Brent probation and Brent Social Care. (8.1)**

**Scope of recommendation i.e. local or regional: Regional (Brent)**

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress up date)
LPT safeguarding and information sharing documents to be shared with all staff in Brent (completed 30/04/2012) - Social Care secure email for all	LPT Brent / Sam Rosengard  Brent Soc Care	Review of current procedure to take place by	- All relevant documents shared with Probation staff (Apr 12)	Review of Safeguarding procedures to be completed in Nov 2012 including dip sample of referrals and safeguarding checks.

<p>info sharing documents and referrals from probation (done May 2012).</p> <ul style="list-style-type: none"> <li>- Soc Care Senior Practitioner to hold monthly surgeries for Probation staff (on-going).</li> <li>- Brent Probation to identify a 'Probation Officer to act as 'Children's Champion (by 30/09/2012).</li> </ul>	<p>Senior Practitioner – Justin Colman</p>	<p>end of November 2012.</p>	<ul style="list-style-type: none"> <li>- Secure email at Soc Care provided for electronic referrals and safeguarding checks (May 12)</li> <li>-Frequent surgeries held at Probation by Justin Colman (Soc Care senior practitioner) since Apr 2011</li> </ul>	<p>Meeting with Brent Soc Care SPOC (Justin Colman), Nov, 2012. Confirmed appropriate level of checks from Probation (around 20 per month). Timeliness of responses from Soc Care are satisfactory – usually within 24 hours.</p> <p>Brent Probation Children's Champion identified (Natalie Hubbert</p>
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**Recommendation:**

1. Social workers will attempt to engage fathers and or father figures in assessments

**Scope of recommendation i.e. local or regional:** Local

<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
<ol style="list-style-type: none"> <li>1. All staff trained in Signs of Safety approach to risk assessment and risk management which includes the necessity to include all family members as part of the assessment. This training is also being extended to practitioners in partner agencies.</li> </ol>	<p>AD Children's Social Care (CSC)</p>	<p>May 2013</p>	<p>All staff have either undertaken training by end of May 2013</p>	<p>More than 60% of social work staff in social care have now completed this training.</p>

<p>2. Social work staff in localities and care planning will undertake additional specific risk assessment training by Martin Calder, external Consultant which is consistent with SOS approach and will focus specifically on engagement with fathers/male carers</p>	<p>AD CSC</p>	<p>June 2013</p>	<p>Training has been commissioned and booked</p>	
<p>3. A specific Risk Assessment tool for perpetrators of Domestic Violence has been developed by Advanced Practitioners in Social Care working with IDVAs now placed within the service, to encourage social workers to assess the perpetrators to improve the holistic risk assessment; the majority of these are fathers or male partners.</p>	<p>AD CSC</p>	<p>March 2013 onwards</p>	<p>Risk Assessment tool and Guidance has been completed and shared with staff at a training forum</p> <p>A 3 month Pilot to use the new tool in one locality area has been launched to learn form this before a full roll out in June 2013</p>	

**Recommendation:**

2. Framework I records will be created for fathers/father figures of children subject of social work assessment and A system to show “all related people” is investigated for the ICS in Brent

**Scope of recommendation i.e. local or regional:** Local

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcomes (progress update)
1. Currently all family members should have a record created within that links to the child. Head of Safeguarding will explore the efficacy of creating separate records for men subject to social work assessments and how these can be linked.	AD CSC	April 2013	Head of Safeguarding will form a small task group to examine this issue and make recommendations to SCMT by end of April 2013	
<b>Recommendation:</b>				
3. All open cases will have an up to date chronology				
<b>Scope of recommendation i.e. local or regional:</b> Local				
Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of outcome (progress update)
1. Training in the Neglect Tool Kit is being delivered through the LSCB to ensure social work practitioners have a full understanding of the impact and cumulative effect of neglect and abuse. This entails keeping a full and up to date chronology in every case	AD CSC	June 2013	Staff have been trained and a Pilot project is running in one locality to test the efficacy of the toolkit before being rolled out across the service in June 2013.	

<p>2. Regular monthly audits of cases by Principal Officers and Team Managers will check that cases have an updated chronology and this is checked at the point of transfer from one team to another.</p> <p>3. Child Protection Advisors are now being asked to comment on quality of Chronologies as part of their Chairs Checklist of preparatory work by these social worker for Conference</p>	<p>AD CSC</p> <p>AD CSC</p>		<p>2. Information about chronologies from audits will be gathered by the Principal Officer for Quality Assurance and reported to SCMT as part of her Q1 Report for 2013 by end of May.</p> <p>3. Revised Chairs checklist report will be run as part of Quarterly performance Monitoring in Children's Social Care from April 2013</p>	
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<p><b>Recommendation:</b></p> <p>4. MASH systems are implemented in Brent</p>				
<p><b>Scope of recommendation i.e. local or regional:</b> Local</p>				
<p><b>Key Actions to be taken</b></p>	<p><b>Lead Agency/ Lead Officer</b></p>	<p><b>Target Date</b></p>	<p><b>Key milestones achieved in enacting recommendation</b></p>	<p><b>Date of completion and evidence of outcome (progress update)</b></p>
<p>1. Multi Agency Safeguarding Hub (MASH) will be operational in Brent from June 2013. It will be an integrated referral system with social care, police, health</p>	<p>AD CSC</p>	<p>June 2013</p>	<p>A Project team has been underway for some months led by a Project manager specifically for the MASH.</p>	

and early help staff deployed to work together to ensure that children and families receive a prompt service at the appropriate level of intervention for their needs. This should also ensure that children do not “slip through the net” of care but always receive support.			Systems and processes are being set up and are well advanced in preparation for the launch in June 2103.	
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**Recommendation:**  
5. IDVAs are co-located in Brent Social Care to assist social workers in their day to day assessments of domestic abuse referrals  
A Children’s IDVA is located in Brent Social Care to assist workers to engage children in assessments

**Scope of recommendation i.e. local or regional:** Local

Key Actions to be taken	Lead Agency/ Lead Officer	Target Date	Key milestones achieved in enacting recommendation	Date of completion and evidence of .outcome (progress update)
1. Two IDVAs commissioned from ADVANCE have been working in Children’s Social Care with the locality teams since 1 <sup>st</sup> January 2013.	AD CSC	January 2013 onwards	2 full time IDVAs are in place. One IDVA works more closely with very high risk cases that go to MARAC and supports social workers with their risk assessments	1.The IDVAs have already had an impact on improving social workers knowledge and confidence in working with domestic abuse cases
2. Evidence of the impact of the IDVAs on the quality of social work practice with DV cases will be monitored by Heads of Service through regular audit activity, supervision and quality of work presented at Child Protection Case Conferences which is monitored by the	AD CSC	January 2013 onwards	The other IDVA works more directly with children affected by domestic violence and supports social workers in their work with	2. A new Risk Assessment Process for Perpetrators of domestic abuse has been completed by Advanced Practitioners in Social Care with support from the IDVAs and their expertise. This is being piloted in one locality area for 3 months until May 2013 before being rolled out across the

Conference Chairs.			children.	service
<b>Recommendation:</b>				
6. Brent Social Care considers developing and implementing a system to introduce more scrutiny to the management of repeat referrals				
<b>Scope of recommendation i.e. local or regional:</b> Local				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
1. This will be referred to the MASH Project group by the Head of Service for Localities who sits on the Project Board. The MASH will receive all referrals into social care as the first process and needs to develop a system to flag repeat referrals for more robust action and find the best way to achieve this.	AD CSC	May 2013	Head of Localities to take this issue to the MASH Project Board for discussion by May 2013. MASH to be operational in June 2013	
<b>Recommendation:</b>				
7. Brent Social Care considers implementing a handover meeting for open cases or recently closed cases that transfer across locality services				
<b>Scope of recommendation i.e. local or regional:</b> Local				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
1. SCMT to review transfer	AD CSC	May 2013		



<p>process of open cases across the service and consider ways to improve the safeguarding of children within this process. Head of Safeguarding to lead on this work in May 2013 by reviewing the current processes.</p>				
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**Recommendation:**

8. Brent Social Care audits cases to ensure that partners are suitably engaged in CIN and child protection work.

**Scope of recommendation i.e. local or regional:** Local

<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcome (progress update)</b>
<p>1. Training on the Signs of Safety risk assessment model in child protection will be offered to front line practitioners and managers in partner agencies via the LSCB. This will assist partners in their own work with families and to engage in the child protection process at Conferences, Core Groups and with Child in need planning.</p>	AD CSC	June 2013	<p>Training dates have been commissioned for multi-agency colleagues during May – June 2013 with good initial take up. The training is being delivered by external Consultants in this approach who have also trained all social work staff.</p>	
<p>2. Common processes and assessment forms are being developed that reflect the Signs of Safety approach through the Conference reporting process</p>	AD CSC	May 2013	<p>2. CP Conference team to review forms and assessments used in Case Conference by</p>	

<p>that will assist partners to engage more in a consistent way.</p> <p>3. Attendance at Case Conferences by partner agencies is being at each Conference and reported to the LSCB</p> <p>4. The triage of cases on referral by key partner agencies through the MASH process will help form a more complete assessment to the child's situation to inform the subsequent multi agency plan to safeguard.</p>	<p>AD CSC</p> <p>AD CSC</p>	<p>March 2013 and on going</p> <p>June 2013</p>	<p>agency partners.</p> <p>3. Revised CP process and Chairs Checklist to improve monitoring and reporting of partner engagement.</p> <p>The implementation of the MASH</p>	
<p><b>Recommendation:</b></p> <p>9. Brent Social Care robustly implements CIN planning and review systems</p>				
<p><b>Scope of recommendation i.e. local or regional:</b> Local</p>				
<p><b>Key Actions to be taken</b></p>	<p><b>Lead Agency/ Lead Officer</b></p>	<p><b>Target Date</b></p>	<p><b>Key milestones achieved in enacting recommendation</b></p>	<p><b>Date of completion and evidence of outcome (progress update)</b></p>
<p>1. Child Protection plans and Child in Need plans are being audited and robustly monitored as part of the Ofsted Action Plan arising from the Ofsted inspection of</p>	<p>AD CSC</p>	<p>January 2013 onwards</p>	<p>Regular monthly audits of CP and CIN work take place by Principal Officers and Team Managers and audit data</p>	

<p>Safeguarding in October 2012.</p> <p>2. All new CP Plans plus all will be reviewed and signed off by Head of Safeguarding from 01.04 13. All cases where there is a proposal to de-register the child are reviewed by the Head of Service prior to Conference.</p> <p>3. All new Child in Need plans to be reviewed and signed off by Principal Officers in Localities and Care Planning form 01.04.13</p> <p>4. Head of Localities and Head of Care Planning to ensure that there is a robust process in place to review Child in Need plans</p>	<p>AD CSC</p> <p>AD CSC</p> <p>AD CSC</p>	<p>April 2013 onwards</p> <p>April 2013 onwards</p> <p>May 2013</p>	<p>is collected for the Quarterly Performance Report in social case</p> <p>Further sample audits have been undertaken in response to the Ofsted Safeguarding Inspection as part of more robust quality assurance approach</p> <p>To be discussed and agreed at SCMT in May 2013</p>	
<p><b>Recommendation:</b></p> <p>10. All decisions to proceed to ICPC are discussed with the Police</p>				
<p><b>Scope of recommendation i.e. local or regional:</b> Local</p>				
<p><b>Key Actions to be taken</b></p>	<p><b>Lead Agency/ Lead Officer</b></p>	<p><b>Target Date</b></p>	<p><b>Key milestones achieved in enacting recommendation</b></p>	<p><b>Date of completion and evidence of outcome (progress update)</b></p>
<p>1. Cases come to ICPC as an outcome recommendation form</p>	<p>AD CSC</p>	<p>January 2013</p>	<p>Discussions have taken place with Police and</p>	

<p>a Section 47 Strategy Meeting or discussion between police and social care. The joint work between the two agencies on Strategy meetings needs to be more consistent and this was highlighted in the Ofsted inspection of safeguarding arrangements in October 2012.</p>			<p>Social Care at many different levels in the organisation and also at the LSCB on this issue of long standing difficulty.</p>	
<p>2. New protocol and agreement has been reached between the Met Police and Brent Social care about when and how the police respond to request for strategy discussions in different situations (domestic abuse, sexual harm, physical harm, neglect)</p>	<p>AD CSC</p>	<p>Jan 2013 onwards</p>	<p>New Protocol in place since January 2013 has improved the response of the police to strategy discussions with a clearer agreement about when and how they will respond. This is being monitored closely by Heads of Service in social care and will be subject to further audit work in March 2013 as part of our Ofsted Action Plan work.</p>	
<p>3. The MASH triage of cases will improve information sharing and working between the key partner agencies from the point of referral and will improve joint working on Strategy Discussions and Section 47</p>	<p>AD CSC</p>	<p>June 2013</p>		

investigations.				
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<b>Recommendation:</b> Comprehensive recording on Case Management System				
<b>Scope of recommendation i.e. local or regional:</b> Local and National				
<b>Key Actions to be taken</b>	<b>Lead Agency/ Lead Officer</b>	<b>Target Date</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Date of completion and evidence of outcomes (progress update)</b>
Review current recording methods and meet with staff regarding the importance of recording in relation to MARAC cases.	Victim Support/ Service Delivery training department	Training to commence by November 2012	-e-learning training for CMS -Roll-out begins December 2012	Date of meeting and date of training given.