

## Action Plans

### West Yorkshire Police

Table 1 West Yorkshire Police Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
1	Training for all frontline officers / police staff in respect of threats to life Policy.	Local	Force to develop new Threats to life policy	West Yorkshire Police	Policy developed for all TTLs to be reviewed by an Inspector who will undertake an initial assessment utilising the national matrix. Training will include:- 1. Face to face training on all training courses involving Inspectors and Crime investigators. 2. An online set of resources that will be accessible 24/7 to include a Bitesize symposium, YouTube educational video and advice and guidance documents. 3. A series of online workshops and training	June 2023	Action completed - This was implemented by Protective Services Crime not SCGU. The Safeguarding Central Governance Unit has recently undertaken an audit on the use of the threats to life policy in domestic abuse reports of threats to kill which has
2	To reiterate that all reports of Threats to Kill to be brought to the immediate attention of an Inspector to assess whether they meet the criteria for a threat to life assessment / safeguarding strategy.		Training to be delivered to all those affected				

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					events to incept the new policy.		generated a recommendation to further strengthen the guidance within the policy. This work is ongoing with the policy holder.
3	Remind Staff and Police Officers that intelligence related to Domestic Abuse / Mental Health is submitted on Niche.	Local	Force policy to be updated	West Yorkshire Police	Force policy has been updated to include the following:  West Yorkshire Policy will ensure that all officers and police staff record intelligence gained from incident reports on individual Niche intelligence reports at the earliest opportunity.	December 2021	Completed and Domestic Abuse DI's continue to embed learning in Districts.
4	West Yorkshire Police to ensure the Safeguarding Clerks are fully aware of what	Local	Review force policy and establish	West Yorkshire Police	The force policy provides for staff within the SGUs/DATs to be	December 2021	Completed. Domestic Abuse DI's

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	<p>systems need to be researched in the secondary review of the DASH risk assessment. This needs to include the previous domestic/offending history of the victim, perpetrator and domestic related incidents with previous partners which could identify patterns of offending, controlling and coercive behaviour.</p>		<p>mechanisms for compliance</p>		<p>responsible for:</p> <p>Completing a secondary risk assessment to ensure the correct risk grading. This review should take into account the previous domestic/offending history of the victim and perpetrator, information on PNC, PND or other intelligence reports, and any domestic related incidents with previous partners which could identify patterns of offending.</p> <p>Compliance checks will be maintained through thematic domestic abuse audits</p>		<p>continue to monitor compliance in Districts.</p>
5	<p>West Yorkshire Police need to ensure that all Front-Line Supervisors are aware of the</p>	Local	<p>To monitor compliance</p>	<p>West Yorkshire Police</p>	<p>The force has a dedicated DASH ilearn which reinforces that</p>		<p>Completed. Domestic Abuse DI's are</p>

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	significance of cumulative risk indicators when endorsing/signing off the DASH risk assessment.		with existing DASH ilearn		<p>the information on the DASH must be combined with professional judgement to identify risk and safeguard victims from serious by taking into account the history and bigger picture.</p> <p>Compliance checks will be maintained through thematic domestic abuse audits</p>		embedding this recommendation through dip sampling and further training.
6	West Yorkshire Police to develop guidance directing who takes ownership of cross District/Force safeguarding investigations, including cases where counter allegations of crime are reported and the victim and suspect live in different Police areas.	Local	Force policy to be updated	West Yorkshire Police	<p>Force policy was updated in February 2022 to include a section on 'Safeguarding a victim living outside of West Yorkshire'</p> <p>Where a report of domestic abuse has occurred in West Yorkshire and the victim resides in</p>	February 2022	Completed and Domestic Abuse DI's continue to embed learning in Districts.

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					<p>another Force area, officers, and staff in WYP are responsible for:</p> <ul style="list-style-type: none"> <li>•Investigating the crime in line with the domestic abuse policy.</li> <li>•Communicating with the other Police Force, in which the victim resides, to ensure that safeguarding responsibilities are agreed and are clear between Forces.</li> <li>•Recording on the OEL what action has been agreed and who is taking responsibility.</li> <li>•West Yorkshire districts should afford other Police Forces the same assistance where a victim of DA crime resides in the West Yorkshire area.</li> </ul>		

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
7	West Yorkshire Police to review the Force Common Interventions Framework and assess whether it is fit for purpose or needs to be updated or replaced with new guidance on safeguarding interventions.	Local	To review framework and determine if further analytical tools are required	West Yorkshire Police	<p>The Power BI tool has been developed to capture live time information on domestic abuse, and can be used to identify those victims or repeat suspects who require increased interventions. A standard operating procedure has been developed for Districts on the use of Power BI. The Common Interventions Framework should be used alongside the Power BI tool whilst still ensuring that officers and staff use professional judgement in their decision making.</p> <p>Further Update: The DA Tactical Plan has a</p>	December 2021	Completed as part of a programme of continuous improvement.

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					<p>specific action as below:</p> <p>Using the analytical capability of Power BI, embed a bespoke multi-agency problem solving approach to those who are repeated victims of high harm crimes where a traditional prosecution/criminal justice approach has not proved effective.</p> <p>The mechanism for identifying victims is embedded, however following a recent audit, there is still further work ongoing in relation to repeat DV Management occurrences and ensuring that as a minimum top 10 victims are reviewed to</p>		

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					<p>consider any further safeguarding interventions.</p> <p>It is documented within force policy that where a DV Management occurrence is recorded for increased interventions it must be monitored and supervised. If the parties do not engage with the plan, District Safeguarding Unit must ensure that it is discussed with partners through existing partnership arrangements.</p>		
8	West Yorkshire Police to remind to all staff the importance of creating separate Niche Occurrences for each victim reporting incidents for example Threats to Life, harassment and domestic related	Local	To improve crime recording through training, communications, audit and ongoing	West Yorkshire Police	Training provided to all new Police Officers, the PCSO upskill training and all transferees into WYP; regular training packages to Contact staff and supervisors;	December 2021	Completed as part of a programme of continuous improvement. HMICFRS latest inspection of



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	incidents/crimes at the earliest opportunity.		process improvement		<p>series of training programmes to Neighbourhood Support Officers.</p> <p>Forcewide communications to ensure all officers are aware of any changes to the Home Office Counting Rules.</p> <p>The Office of the Force Crime Registrar provides a permanent audit function for the Force, ensuring that all rape and serious sexual offences crimes are recorded in line with standards.</p> <p>Process improvement – following successful pilot, all Domestic Crime and Non-Crime occurrences pushed to</p>		WYP graded our Force as Outstanding as a result of our compliance with crime recording rules

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					Niche at first point of contact.		
9	West Yorkshire Police to review the Domestic Abuse Policy to encompass the appropriate response to non-immediate reports of domestic abuse [dealing with reports of domestic abuse by appointment].	Local	To develop new mechanisms to improve response time to non-immediate DA reports	West Yorkshire Police	The Investigations Review team led on a pilot to use a DA Appointment Car pilot in Kirklees. In addition, SCGU worked with Demand Reduction on piloting the use of GoodSAM for Domestic Abuse incidents in Kirklees. The Rapid Video Response (RVR) Process is intended to target calls for service that have recently come into WYP. The aim is to obtain best evidence and provide improved service by delivering a rapid response <15mins of receipt of call. Officer will assess logs based	June 2023	Complete

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					<p>on initial grading and THRIVE.</p> <p>The initial pilot of GoodSAM was evaluated and a further pilot has commenced in Wakefield. This will also be subject to internal evaluation and then considered for wider roll out.</p> <p>The force has conducted pilots in relation to using GoodSAM as a rapid video response. Rapid Video Response (RVR) is a new digital policing model which uses GoodSAM technology to provide an immediate video link between consenting victims of domestic abuse, if their offenders are not present and following</p>		

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					<p>an eligibility assessment, with a uniformed police officer rather than wait for face-to-face Police attendance. RVR will be available at the point of a victim's call for help, rather than waiting for conventional resources to become available. Following these initial pilots, a centralised RVR team within Contact is being set up to improve the timeliness of the initial response to DA. Recruitment of the team is ongoing.</p>		

Leeds CCG: This organisation has been replaced with Leeds Health and Care Partnership\_

Table 2 Leeds CCG: Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
10	<p>The Head of Safeguarding/Designated Nurse Safeguarding Children and Adults from NHS Leeds CCG will write to all GP practices highlighting the recommendation as described in 11.1.1 of the IMR</p> <p>The author recommends that as part of the learning from this review, that GP practices are encouraged to flag the GP record when a patient has been identified in GP incoming correspondence as a potential victim of domestic violence or abuse so that triggered enquiry can be considered at future contacts</p>	Local		Leeds Health and Care Partnership	<p>Recommendation shared with practice managers and safeguarding leads</p> <p>Learning was discussed in GP peer meeting</p> <p>New template on GP electronic records systems that allows for DVA, either current or historic, to be recorded and this would create a clear flag on the records</p>		<p>Recommendation and all key milestones achieved by March 2020</p> <p>Recommendation and all key milestones achieved by March 2020</p>
11	The recommendation detailed above will be added to all NHS Leeds CCG safeguarding training sessions from March 2020.	Local		Leeds Health and Care Partnership	DVA and related training updated to include recording of information and the flagging of records.		Recommendation and all key milestones achieved by March 2020

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
12	NHS Leeds CCG will develop and send a learning briefing out to all GP practices highlighting the recommendation detailed above	Local		Leeds Health and Care Partnership	<p>Leeds GGC produced and disseminated learning briefings that include recording information accurately, including when received from external sources and the flagging of records, the importance and need for routine and triggered enquiry.</p> <p>In addition the records now have a reminder on the system that encourages a practitioner to ask about DVA at least yearly to all female patients over 16 years old. This reminder continues to pop up when entering the individual's records each time until the request is completed and documented</p>		Recommendation and all key milestones achieved by March 2020

## Leeds Domestic Violence Service [LDVS]

Table 3 Leeds Domestic Violence Service [LDVS] Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
13	Review of LDVS Protocol and Procedure for maintaining Quality Assurance in delivery of the service.	Local	Team Leaders and Head of Service to review and implement.	LDVS	Ensuring that expected practice and standards are adhered to.	Immediate and ongoing.	Completed
14	Production of case work monitoring documents.	Local	Team Leaders to implement and monitor.	LDVS	Ensuring case recording is succinct and accurate.	Immediate and ongoing.	Completed
15	Check that all LDVS staff are fully compliant in recognising/assessing and managing risk and safety planning incorporating professional curiosity.	Local	To identify any additional or training needs across staff teams.	LDVS	A maximum level of knowledge and understanding across the LDVS teams and to embed values around professional curiosity in this process.	Immediate and ongoing.	Completed
16	Review of how one-off contacts are linked together for the same clients.	Local	Team Leaders and DPL1 to review, make recommendations of how to link together	LDVS	STW for the same client are linked together to make identification easier and assessment more accurate.	Feb 27 <sup>th</sup> 20 meeting to agree process and suggested timetable.	Completed

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
			short-term work records.				
17	Consider ways of following up calls in appropriate cases and documenting this as procedure/protocol.	Local	Team leaders to review how to follow up/engage in specified cases.	LDVS	Cases meeting certain criteria have follow up calls when required.	Feb 27 <sup>th</sup> 20 meeting to agree process and suggested timetable.	Completed

## Pennine Domestic Abuse Partnership

Table 4 Pennine Domestic Abuse Partnership Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
18	Ensure PDAP helpline, triage and intake processes are proactive in engaging clients into our service in line with our values.	Local	Complete review of staff induction and staff training	PDAP	Consultation with staff currently taking place to improve induction and training plans.	Jan 2023	Complete – a new learning and development programme for staff is being implement



No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
			Additional case audits of short term work clients		Monthly case audits in place for our triage service that specifically looks at initial engagement attempts	Quarterly	across the organisation.  Complete – regular auditing is in place across the organisation. PDAP recently re-accredited by Safelives
19	Review PDAP helpline, triage and intake processes to ensure where appropriate a risk assessment is carried out as soon as possible	Local	Dip sample case audits take place quarterly. Ensure helpline calls/ Live chat & short term work is included in auditing	PDAP	Quarterly auditing in place across services  Review auditing processes with management team	Quarterly  Oct 22	Completed  Completed
20	Review of case recording for clients who do not access full support but receive initial	Local	Full Review of case recording for Live chat,	PDAP	Embed within auditing processes	Oct 22	Completed

<b>No</b>	<b>Recommendation</b>	<b>Scope local or regional</b>	<b>Action to take</b>	<b>Lead Agency</b>	<b>Key milestones achieved in enacting recommendation</b>	<b>Target Date Completion</b>	<b>Completion Date and Outcome</b>
	advice and guidance to ensure cases are linked and information is easily accessible		helpline calls and short term work clients				
21	Check that all PDAP staff are fully compliant in recognising/assessing and managing risk and safety planning and in line with our values being pro-active and responsive.	Local	To identify any additional or training needs across staff teams.	PDAP	Embed within induction, supervision, training and monthly case management with all staff	Sept 22	Completed
22	Ensure PDAP services are publicised widely, and that friends and family are aware they can access support and guidance through our helpline and live chat service	Local	Review of website, social media and publicity materials to ensure friends and family is included	PDAP	Embed in PDAP strategic action plan	Sept 22	Completed



## Kirklees Probation Delivery Unit (PDU) - Probation Service (former organisations - CRC and National Probation Service)

Table 5 Kirklees Probation Delivery Unit (PDU) - Probation Service (former organisations - CRC and National Probation Service) Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
23	Liaison and Diversion to continue to offer support in the Court to assist with sentencing and information sharing at assessment stages.	Local	Review current arrangements, to identify and address any gaps.	Probation Service	<p>Meetings held by Court Senior Probation Officer with L&amp;D May and July 22:</p> <p>Refreshed guidance issued to Court team re referral pathway;</p> <p>Process agreed to track requests for information via central mailbox;</p> <p>Escalation route clarified.</p> <p>Additional Court Liaison Worker from CHART re substance misuse (part of PHE Criminal Justice Project.)</p>	July 22	<p>July 22 - arrangements running smoothly.</p> <p>Probation Court SPO in regular contact with L&amp;D Manager and invited to L&amp;D Board.</p>
24	Continue to promote and sustain the services of the Seconded Mental Health Nurse to support Case	Local	Seconded MH Nurse resigned February 2022 and has not	Probation Service	During secondment of MH Nurse, pathways were improved:	April 2023 re future of	Sept 22- pathways clarified and probation

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	Managers to work with Services Users with Mental Health needs whilst being supervised by the Probation Service.		been replaced – work with MH services to establish future of this role and maintain best practice.		<p>L&amp;D in place at police station and court -short interventions/signposting;</p> <p>Probation Practitioners use Single Point of Access;</p> <p>Triage tool agreed;</p> <p>PHE Criminal Justice Project includes role for Forensic MH Nurse, and Dual Diagnosis Worker, but recruitment to date has not led to appointments.</p> <p>Probation Service has Offender Personality Disorder Pathway (formerly a NPS service.) All supervised individuals are screened for eligibility. Psychologist linked to PDU provides formulations and case surgeries to support Probation Practitioners in</p>	<p>seconded role.</p> <p>Sept 22 for other actions.</p>	<p>practitioners understand referrals routes / available support.</p> <p>Good use of Ingeus commissioned service and the Personality Disorder Pathway.</p>

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
					<p>working with people with traits of PD.</p> <p>Probation Service commission a Personal Wellbeing Service from Ingeus, which addresses emotional wellbeing, lifestyle &amp; associates, family &amp; significant others, and social inclusion. Includes mentoring service, with some prison-in reach. Can support access to MH services and compliance with treatment and programmes.</p> <p>Head of Probation has met with General Manager, SWYT, to discuss proposal to replace MH Nurse and locate the post in Probation Community Integration Team, to</p>		

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
					address barriers for CJS entering into specialist and secondary MH Services. Under consideration by SWYT. Further meeting requested by Probation.		
25	The Kirklees Reducing Re-Offending Strategic Group to continue to have a focus on Mental Health and continue to drive forward innovation, service development and sustaining good links for community partners in Kirklees.	local	Probation Service to work with police to refresh membership and focus of this group, in line with Kirklees Communities Plan and Probation Reducing Reoffending Plan.	Probation Service	Group co-chaired by IOM Police Sergeant and Senior Probation Officer of Community Integration Team.  Well attended by most partners but still need a representative from mental health. To be progressed in meeting with SWYT General Manager re action 2.	September 2022 and ongoing.	September 2022.  Terms of reference refreshed.  Multi-agency action plan agreed with partners and in progress.

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26	Continue to promote the use of minimum standards, review and transfer of cases guidance and be aware of these in case audits/training sessions.	regional/ local	Embed understanding and application of practice standards in Probation Service	Probation Service	<p>All probation staff have access to electronic process map, EQuiP, which sets out expectations and process to follow against Case Transfer Policy Framework.</p> <p>EQuAL framework established – Quality Development Officers leading peer audits of cases in each PDU. Every practitioner expected to attend one p.a. and learning disseminated in teams, to embed understanding of all quality standards.</p> <p>2 Senior Probation Officers take lead in managing transfers and 2 take lead in case allocations, to provide closer oversight.</p>	September 2022 and ongoing.	<p>September 2022.</p> <p>All staff aware of framework and where to access guidance.</p>



## North Kirklees CCG: Now part of West Yorkshire Integrated Board

Table 6 North Kirklees CCG: Now part of West Yorkshire Integrated Board

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
27	GP practices in Kirklees will receive written communication from the CCG safeguarding team reminding about the importance of the 'think family' approach when delivering care to adults who may have caring responsibilities, specifically when complex mental health issues, substance misuse and domestic abuse issues are identified.	Local	Local	Provide a briefing document to disseminate to GP practices.	CCG Safeguarding team	<p>'Think family' was shared as part of a newsletter in August 2019.</p> <p>7 Minute briefing on Domestic Abuse July 2021</p> <p>Revisited in March 2022 with a further briefing on 'Caring Responsibilities'</p> <p>Briefing paper on Bethany DHR to share learning,</p>	March 2020

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
						again revisiting caring responsibilities. 0	
28	The CCG safeguarding team will highlight the importance of the 'think family' approach when delivering care to adults who may have caring responsibilities, specifically when complex mental health issues, substance misuse and domestic abuse issues are identified, via the CCG newsletter that is sent out to the GP practices via the CCG communication team.	Local	Newsletter to be shared	CCG Safeguarding team	'Think family' was shared as part of a newsletter in August 2019.	April 2020	August 2020
29	GP practice leads in Kirklees have regular safeguarding lead GP meetings and it will be discussed at each of these regarding the importance of the 'think family' approach when delivering care to adults who may have caring responsibilities, specifically	Local	Repeat agenda item	CCG Safeguarding team/Named GP for Safeguarding	Safeguarding lead GP meetings in 2020/21 changed focus due to Covid19.  Revisited 25 April 2022 presentation by Named GP including 7-minute briefing	December 2020	November 2022

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	when complex mental health issues, substance misuse and domestic abuse issues are identified.				Revisited 19 July 2022 presentation for a local children's case relating to think family and caring responsibilities.  Planned dedicated session 29 November 2022 to share specific learning from this DHR.		

## DHR Panel

Table 7 DHR Panel Action Plan

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
30	Kirklees Communities Board works with all the agencies that have contributed to this DHR and have developed individual agency action plans to address the lessons identified. That work should ensure a single overarching	Local	The DHR Standing Panel will hold each agency to account for the delivery of	Communities Service	October 2022 – all agencies to have established individual agency action plans  June 2023 – all agencies to have completed action plans	June 2023	Complete

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	multi-agency process or body is in place which holds each agency to account for the delivery of their action plans including the implementation of the NHS Mental Health Homicide Review and the IOPC investigation.		their action plan				
31	<p>Within 12 months of Kirklees Communities Board accepting the DHR report it must:</p> <p>Require all agencies to report to the Board in writing the progress they have made in implementing their agency's DHR recommendations and those of the NHS Mental Health Homicide Review and IOPC investigation.</p> <p>State in writing, to the Board Chair, the progress the Board has made in implementing the DHR Panel's recommendations.</p>	Local	The DHR Standing panel will host an audit style event for agencies to submit evidence of progress in implementing recommendations	Communities Service	<p>May 2023 – challenge event scheduled to allow the DHR panel, including the family advocate, to provide constructive challenge to agencies regarding improvements made as a result of this DHR.</p> <p>Event postponed given pre-inquest hearing on 31<sup>st</sup> May.</p> <p>Pre-inquest hearing – Coroner requested that key agencies provide a report to the coroner advising on how these</p>	November 2023	Complete – a challenge event 2023 highlighted how improvements have been made, in sustained in key partner agencies

No	Recommendation	Scope local or regional	Action to take	Lead Agency	Key milestones achieved in enacting recommendation	Target Date Completion	Completion Date and Outcome
	<p>Prepare an overarching written report for the Board Chair detailing the progress agencies and the Board have made in implementing the DHR, NHS Mental Health Homicide Review and IOPC investigation recommendations. A copy of this written report should be shared with Bethany's family on its completion.</p>				<p>findings have been implemented - submitted by 28th July.</p> <p>Meeting postponed until Coroner has made a final decision on the inquest (tentatively scheduled for October 2023 pending advice from the coroner).</p> <p>November 2023 – event for agencies to present evidence of progress. Family advocate in attendance to provide challenge.</p>		
32	<p>Agencies ensure that whenever an investigation or assessment is being undertaken into an event or incident consideration is always given as to whether there are any child safeguarding issues to address.</p>	Local	<p>Evidence to be collated as part of a West Yorkshire wide Organisational Safeguarding Assessment</p>	<p>Kirklees Safeguarding Children Partnership</p>	<p>An Organisational Safeguarding Assessment was completed by the Communities Service and relevant partner agencies in October 2022 and demonstrates compliance with relevant legislation</p>	<p>October 2022</p>	<p>Complete</p>

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					(e.g. Working Together 2018, Keeping Children Safe in Education, Early Years Foundation Stage Statutory Framework); provides evidence of reflective practice; and identifies areas of good practice and improvement for participating agencies to safeguard and promote the welfare of children.		
33	Agencies have processes in place that ensure people who have faith beliefs are recognised and provided with an opportunity to be signposted to their faith organisation for potential support.	Local	Partner agencies to submit evidence of their processes to signpost people to faith organisations as appropriate	Communities Service	<p>May 2023 – learning event scheduled to allow agencies to highlight progress.</p> <p>Event postponed given pre-inquest hearing on 31<sup>st</sup> May.</p> <p>Pre-inquest hearing – Coroner requested that key agencies provide a report to the coroner advising on how these</p>	November 2023	Complete – a challenge event 2023 highlighted how partner agencies have implemented this learning

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					<p>findings have been implemented - submitted by 28th July.</p> <p>Meeting postponed until Coroner has made a final decision on the inquest (tentatively scheduled for October 2023 pending advice from the coroner).</p> <p>November 2023 – event for agencies to present evidence of progress. Family advocate in attendance to provide challenge.</p>		
34	<p>That all Kirklees Community Board constituent agencies should:</p> <ol style="list-style-type: none"> <li>1. Have a Domestic Violence Disclosure Scheme policy.</li> <li>2. Review their Domestic Violence Disclosure Scheme policy and practice to ensure it</li> </ol>	Local	DVDS policy to be included in DRAMM-MARAC operational protocol and signed up to by all agencies		<p>Jan-23 - West Yorkshire Police reviewed DVDS information available to the public</p> <p>Monthly oversight of DVDS requests/ disclosures and targeted work to</p>	July 23	Complete and will continue to be embedded. Kirklees has the highest rate of DVDS disclosures in

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	<p>properly supports victims and potential victims of domestic abuse.</p> <p>3. Review the opportunities for including details of the Domestic Violence Disclosure Scheme in the domestic abuse leaflets they give to victims and potential victims of domestic abuse.</p>		<p>Info on DVDS to be included in relevant agency training &amp; leaflets</p> <p>Monitoring of requests/ disclosures and work with targeted agencies to improve</p>		<p>increase disclosures within MARAC and with key partners i.e. probation and children's services</p> <p>July 2023 – Agency training on domestic abuse updated to include reference to DVDS and training delivered to 2,166 people in the community</p>		West Yorkshire
35	That West Yorkshire Police review its policies and practices around identifying and responding to serial perpetrators of domestic abuse.	Local	<p>Review existing policies and practices for serial perpetrators of domestic abuse</p> <p>Consider multi-agency</p>	West Yorkshire Police	June 2022 - new domestic abuse specific Integrated Offender Managers in place to manage serial/repeat DA perpetrators in the community. IOM coordinate regular multi-agency meetings	November 2022	Complete



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			arrangements for responding to serial perpetrators		to identify and manage risk  Nov 2022 - new domestic abuse coordinator in place to coordinate a multi-agency response to reducing the number of repeat victims, including through targeted work with serial perpetrators		
36	That Kirklees Community Board considers whether partner agencies have separately identified the risk to victims of technology facilitated abuse and whether partner agency policy and practice needs to be revised so as to ensure such risks are identified and measures are in place to respond to them and protect victims.	Local	Info on tech related abuse to be included in relevant agency training & leaflets  Information on Kirklees Domestic Abuse pages to be updated with links to	Communities Service	July 2023 – Agency training on domestic abuse updated to include tech related abuse and training delivered to 2,166 people in the community  WY Police webpages include online safety guides	November 23	Complete  Tech abuse is a regular part of domestic abuse training and links to support available through professional webpages

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			tech abuse related support		Links to tech abuse support on Kirklees Safeguarding Children Partnership website  Kirklees Council pages have been updated		