

High Risk Domestic Abuse

HRDA

Operating Protocol - Responding to high risk cases of domestic abuse in Dorset

This document has been created by the Quality Assurance Group. It is a working document as will be kept under review. Final 2022

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High Risk Domestic Abuse (HRDA) is partners multi-agency response to high risk cases of domestic abuse in Dorset. HRDA combines a range of multi-agency functions which complement one another to increase the safety of people experiencing domestic abuse and their families (or known individuals) who are at high risk of harm / future harm and reducing the risk of domestic homicide. HRDA works to core principles:

- Faster, coordinated and collaborative response to the whole family affected by domestic abuse, including perpetrators and children
- Support and interventions to manage risk are provided closer to the timing of the incident
- Consistent threshold is applied to high risk domestic abuse cases
- Specialist domestic abuse worker ensures the voice of the person is represented at the planning stage
- A simplified process that enables practitioners to respond to disclosures in a timely way and supports defensible decision making
- A model that is efficient, effective, takes advantage of digital solutions and based on evidence of best practice
- Addresses the unique needs of all families with protected characteristics
- Has clear measurable outcomes
- Utilises existing resources to provide better outcomes

HRDA was designed and developed by partners across agencies following a Pilot held between February and April 2020.

Introduction

The aim of this document is to comprehensively set out the processes of how partners in Dorset share information and respond to high risk cases of domestic abuse through its multi-agency arrangements. The approach builds on the previous MARAC model aiming to ensure a faster, coordinated approach to high risk cases. There will be a daily meeting to assess and manage the risks presented followed by a monthly management meeting for those cases where the risk has not reduced. HRDA adheres to the principles of the MARAC process¹.

The document will detail the responsibilities of all parties involved in the HRDA, their accountability and local reporting structures.

The overall intention of this document is to encourage greater awareness and confidence in HRDA. Understanding and implementing HRDA will improve engagement of all partner agencies, thereby increasing the safety of people experiencing domestic abuse and their families (or known individuals) who are at highest risk of future harm and reducing the risk of domestic homicide.

The document should be read in conjunction with the HRDA Personal Information Sharing Agreement (PISA) which outlines how information may be shared between agencies.

Need for a Multi-Agency approach

Within the context of domestic abuse, it is recognised that no one partner holds all the information required to effectively assess the needs of victims and their children or to fully assess the risk of serious harm or homicide to victims. Also, in most cases the support of more than one agency is required to ensure the longer-term safety of the victim and their children.

HRDA enables the available information to be safely shared across relevant partner agencies and multi-agency bodies including MAPPA (Multi Agency Public Protection Arrangements) and both child and adult safeguarding conferences, resulting in a clearer picture of the risk level. This also supports a more comprehensive action plan to

¹ <https://safelives.org.uk/node/361>

be developed to identify and agree risks plus mitigating factors with clear ownership to reduce the risk of harm to the victim and their children. This approach should be embedded within core business and support the development of a whole family approach in our work. As such the responsibility to take appropriate action rests with individual agencies; it is not transferred to the HRDA.

Agencies should not wait until a case has discussed within HRDA before taking necessary action or giving advice or access to services. It is vital for a victim to receive help prior to the meeting and information regarding this brought to the HRDA.

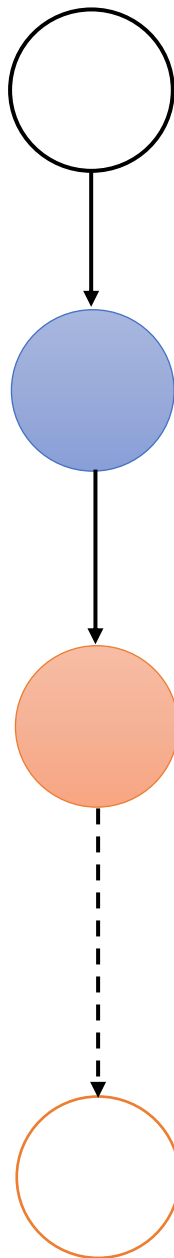
Working with SafeLives, HRDA aims to facilitate and promote the core values and principles that underpin effective multi-agency working to support adults, children and the whole family.

Vision			
Work together with children, adults and families to create the best response			
Values: how we will be			
Caring	Accountable	Bold	Dynamic
Principles: what we will be			
Flexible	Safe	Inclusive	Collaborative
A commitment to working together within a culture based on reflection that learns from and adapts to each individual situation.	A commitment to using the tools, expertise and perspective of everyone to put the best support in place to keep children, adults and families safe.	A commitment to equality and fairness, understanding and respecting the uniqueness and difference of each person, family and community.	A commitment to a co-created response using professional expertise alongside the knowledge, wisdom and insight gained from the lived experience of each person and families.

High Risk Domestic Abuse (HRDA)

Model

The model supports the principles of the MARAC and considers the whole family throughout.



High Risk Domestic Abuse Disclosure is made to any agency and assessed as high risk. Referral made to HRDA administrator (Police referrals go through their Safeguarding Referral Unit).

All agencies must follow safeguarding procedures and respond to any immediate risk management issues

HRDA - Referrals

All high-risk referrals come into HRDA using a Single Point of Contact. Referrals are collated and sent to all relevant agencies requesting further information ahead of the daily high-risk domestic abuse meeting.

Safeguarding procedures always considered.

HRDA – Daily High-Risk Domestic Abuse Meeting

Practitioner level meeting to consider referrals responding to the immediate risk, providing a quicker multi-agency, whole family response and to reduce of risk to all persons exposed to domestic abuse within the family.

Share information, agrees risks, mitigation action and owners of actions. Identifies lead agencies for victim, perpetrator and child/ren who continue to work with individuals and coordinate any future risk management activity.

Safeguarding procedures always considered.

HRDAP (Plus) – Monthly Management Meeting

Management level meeting to provide longer-term action planning and decision making for cases that remain high risk or escalating / complex and need management level decisions.

High Risk Domestic Abuse (HRDA)

Process

Agencies

- Dorset Police
- Children Social Care
- Specialist Domestic Abuse Worker
- Adult Social Care
- Health
- Housing
- Probation
- Substance Misuse
- Education (* HRDA Plus)
- Paragon (**HRDA only where appropriate i.e. their referral, working with client. Attend HRDA Plus)

Stage One – Disclosure and Making Referral

Domestic abuse disclosure made to agency and assessed as high risk using one of the assessment tools noted below:

- SafeLives DASH
- Police DASH/PPN
- GP Red Flag

For all Police referrals, these will go via their Safeguarding Referral Unit (SRU)

Always consider professional judgement

All cases assessed as high risk must be referred to the HRDA single point of contact via hrdacounty@dorset.pnn.police.uk including a copy of risk assessment and completed referral form (to be appended)

Agencies must consider immediate risk management and follow their own safeguarding procedures at all times

When a disclosure has been made and has not been assessed as high risk then agencies must ensure they consider standard and medium risk offer

- Medium Risk –Paragon
- Standard Risk – Victim Support

For details of local services please visit www.dorsetcouncil.gov.uk/dvahelp

Safeguarding procedures must always be followed.

*The perpetrator must not be made aware of the meeting as this could increase the risk.

Stage 2 – Processing Referral ahead of HRDA

Administration

Once a referral has been received the administrator will:

- Perform background checks on Police system i.e. Niche / PND / PNC
- Collate details of case (victim, perpetrator and children) and send this information with a request for further relevant information to an agreed list of agencies by **2pm** that day via email

Agency responsibilities

- Once information has been received, all agencies are required to search their records of the individual at risk, the perpetrator and child/ren so they are suitably informed and prepared ahead of the case being discussed at the HRDA meeting on the next day
- Agencies must read the trigger incident contained on the referral ahead of the HRDA meeting so they are suitably informed
- Agencies must prepare a targeted summary that includes:
 - their service involvement
 - the risks they have identified in the context of the individuals \ family
 - an update on what their service has done to make the individual / family safer
 - what would they recommend is actioned via HRDA to increase their safety \ reduce offending
- Agencies must always consider immediate risk management and follow their own safeguarding procedures
- Agencies will identify the appropriate professional to attend each meeting

It is for each agency to ensure appropriate professional input to each HRDA meeting

Domestic Abuse Advisor's (DAA) responsibilities

- The DAA will contact the victim ahead of the case being discussed to ensure the voice of the person is represented at the HRDA meeting

Safeguarding procedures must always be followed

Stage 3 – Daily High-Risk Domestic Abuse meeting (HRDA)

Logistics

- Meetings will be held daily, Monday, Tuesday, Thursday and Friday at 12pm promptly
- Meetings will be held via Microsoft Teams
- The meetings will be facilitated by Dorset Police (3 days a week) and forth day by a partner agency i.e. CCG, Children's Services, Adult Services, Substance Misuse.

Admin function

Administrator will:

- Provide Police background information for the Facilitator / Chair
- Attend meetings and complete the HRDA Matrix for each case. In completing the HRDA Matrix this will include recording risks, agreed actions and action owner
- Circulate the completed HRDA Matrix for each case following meetings.

The administrator will not be responsible for chasing actions. Ownership and accountability lie with the agency the action has been assigned too.

Facilitator function

- Reinforce the expectations of HRDA and agency's role
- Introduce each case in turn
- Facilitate discussion on each case and ensure input from each agency
- Ensure meeting runs to time

Agencies Role

- Ensure they come to the meeting informed and prepared to discuss each case
- Ensure they come to the meeting with a targeted summary that includes:
 - their service involvement,
 - the risks they have identified in the context of the individuals \ family,
 - an update on what their service has done to make the individual / family safer,
 - what would they recommend is actioned via HRDA to increase their safety \ reduce offending
- Offer up solutions to the risks identified and be proactive in taking away actions
- It is each agencies responsibility to ensure any actions agreed for their agency are acted upon including ensuring actions are properly communicated to other members of staff / teams who the actions may fall to within their agency
- Upload information that comes out of HRDA onto case files where this is safe and appropriate to do so
- Use the escalation protocol (appendix 1) where actions are not being actioned or where it is not possible to progress actions within an organisation
- Update the administrator of updates / summary of their actions at the earliest opportunity at least within three weeks of the case being heard.

Lead Professional

- For each case discussed at HRDA a lead professional will be identified for the victim, perpetrator and child/dren (for the victim this will be the Domestic Abuse Advisor, for the child/ren this will be Children Social Care; and the agency most appropriate will pick up this role for the Perpetrator i.e. Police, Probation (level 2/3 MAPPA automatic), Substance Misuse etc.)

Lead Professionals will

- Have oversight of the case working in conjunction with other lead professionals, having regular contact with other lead professionals for the case to consider any changes to risks and any outstanding actions (*this may include utilising existing multi-agency forums i.e. professionals' meetings, strategy discussions. This*

information should also be notified to the HRDA Administrator who can update the action's monitoring spreadsheet.)

- If actions are not being progressed by individual agencies or there are disputes regarding the case, lead professionals will address this using the escalation protocol (appendix 1)
- It is for the lead professionals involved in each case to identify increases in risk, non-engagement and / or if partnership working isn't being effective and refer these cases to the monthly management meetings using a case summary template sent to the administrator
- An agreed lead professional will attend the monthly management meeting to present case as and when needed **The lead professionals will agree between themselves who will attend the monthly management meeting to present the case*
- Lead professionals will continue to oversee the case following the monthly management meeting

There is no ongoing role for HRDA once cases have been discussed and actions allocated. Safeguarding procedures must always be followed.

Stage 4 – HRDAP (Plus) Monthly Management Meeting

The expectation is that cases will be dealt with at a practitioner level at HRDA and subsequent professional meetings. This ensures the timely management of cases and ownership of appropriate professionals who can use the escalation protocol to manage any specific blockages or issues including resourcing and decision making.

Monthly Management meetings (HRDAP) will consider any cases put forward by lead professional groups that / where:

- Risk is escalating
- Non – engagement
- Partnership working isn't being effective

The HRDAP Facilitators / Chairs will quality assure all cases put forward a week prior to the meeting, to ensure cases remain appropriate to be heard. This will include checking police records as well as action updates, assessing level of risk. Where cases are not

deemed to require HRDAP, feedback will be given to the professional who put case forward.

Logistics

- Meetings will be held on the fourth Wednesday of every month at 9am.
- Meetings will be held via Microsoft Teams or via Face to Face
- Meetings will be facilitated by an agency representative.

Admin function

Administrator will:

- Receive case summaries from lead professionals
- Circulate case summaries a week ahead of the monthly management meeting
- Attend meetings and update the HRDA Matrix for each case
- Send out the updated HRDA Matrix to all agencies and request agencies update files as appropriate

Facilitator Function

- Reinforce the expectations of HRDA and agency's role
- Facilitate discussion on each case, including; an assessment of risk; and further actions to address risks, focusing on solutions.
- Ensure meeting runs to time

Agency Function

- Prepare for the meeting by reading case summaries and obtaining any further information regarding the case from their individual agency
- Ensure they come to the meeting with a targeted summary that includes:
 - their service involvement, **including an update following case being discussed at HRDA**
 - the risks they have identified in the context of the individuals \ family,
 - an update on what their service has done to make the individual / family safer,

- what would they recommend is actioned via HRDAP to increase their safety \ reduce offending
- Contribute to assessing risk and finding further solutions to reduce risks
- Update records as appropriate

Once information has been shared at monthly management meeting it is the responsibility of all agencies and practitioners involved to complete their actions and consider on going risk management. Cases will close to the management meeting after the case has been discussed. Lead professionals will continue to oversee the case/s.

Actions monitoring

- It's vital that all agency reps update the HRDA Administrator of any updates as soon as possible.
- Actions will be monitored by the Police through the HRDA Administrator using an excel spreadsheet. This is short term.

Longer term the QA Group will consider other digital options for actions monitoring.

Information Sharing

HRDA operates in conjunction with the HRDA Personal Information Sharing Agreement (PISA). A copy of the HRDA PISA can be obtained by each agency via their HRDA Quality Assurance Lead.

Governance

Strategic Approach

Domestic abuse is a strategic priority for the Dorset Community Safety Partnerships (CSP).

The Dorset HRDA Quality Assurance Group

The Dorset HRDA Quality Assurance Group exists to ensure that Dorset has an effective multi-agency process in place to respond to high risk cases of domestic abuse on which all required agencies are represented.

This includes ensuring the process is fully compliant with all ten of the SafeLives MARAC quality assurance principles.

The Group meets quarterly and is chaired by Dorset Council Community Safety Team. The Dorset HRDA Quality Assurance Group reports to the Strategic Leads Group. Members of the Dorset HRDA Quality Assurance Group are senior representatives from the HRDA core attending agencies.

The objectives of the Dorset HRDA Quality Assurance Group are:

- Receive, discuss and monitor qualitative and quantitative information referrals / reports
- Receive and discuss problematic operational issues reported by any of the partner agencies for resolution and if necessary, escalation to the Strategic Leads group.
- Undertake case audits analysing key themes, outcomes and findings
- Consider, discuss and monitor activity and Identify any emerging risks reporting these to the Strategic Leads group.
- Consider and monitor service user feedback and voice of person / family.

Dorset Strategic Leads Group

HRDA is governed by the Strategic Leads Group who reports directly to the Dorset Community Safety Partnership (CSP).

The role of the Strategic Leads Group is to:

- Receive reports from the QA Group and oversee progress relating to HRDA
- Identify resources to deliver HRDA
- Resolve any issues with the operating model
- Ensure links to other relevant Partnerships
- Ensure HRDA aligns to wider strategic work

- Acts as a link between HRDA and the CSP

The governance and accountability structures may alter once HRDA is embedded in organisation's processes.

End of Document

Appendix 1

Dorset HRDA Escalation Protocol (High Risk Domestic Abuse)

Contents

1. **Introduction**
2. **Potential Areas of Disagreement**
3. **Stage One: Preventing Disputes**
4. **Stage Two: Informal Dispute Procedure**
5. **Stage Three: Formal Dispute Procedure**
6. **Learning from Escalations**

1. Introduction

This Policy applies to practitioner disagreement in respect of decision making to Dorset HRDA and is not intended to supersede or replace individual organisations Escalation Policies, the full Safeguarding Children Escalation Policies or Safeguarding Adults Escalation Policies. At no time must practitioner disagreement detract from ensuring that the person and their family experiencing or affected by domestic abuse are safeguarded. The person and their family's welfare and safety must remain paramount throughout.

This protocol identifies a non-exhaustive list of potential areas of disagreement, guidance on preventing disputes and procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level. It does not include procedures when there is a disagreement regarding the involvement, actions and decision making by practitioners working with a person and their families outside of HRDA.

2. Potential Areas of Disagreement

- i. A case not considered to meet the threshold for discussion at the high-risk domestic abuse meeting;
- ii. There is disagreement as to whether HRDA meeting should be convened;
- iii. Agencies place different interpretations on the need for significant agency response in relation to a case.
- iv. There is a disagreement over the sharing of information.
- v. There is a disagreement over who the lead professionals should be

- vi. There is a disagreement over whether risk remains, and further multi-agency arrangements are convened i.e. professional's meeting
- vii. There is disagreement over a case which requires escalation to the Monthly Management meeting

3. Stage One: Preventing Disputes

Most disagreements can be resolved through discussion and negotiation. The practitioners involved should attempt to resolve differences through discussion within one working day, but if they are unable to do so, their disagreement must be reported by them to their line managers or equivalent.

With respect to most day-to-day issues, the relevant line managers will be able to resolve the disagreement. This contact should take place within twenty-four hours. The purpose of this contact is to review the available information and to resolve the concern.

Any action agreed should be fed back immediately to the relevant managers involved and the detail of the conflict and agreements reached should be recorded on appropriate files.

4. Stage Two: Informal Dispute Procedure

Where it is not possible to resolve the matter at front line management level, the matter should be referred without delay to the relevant organisation's Strategic Lead responsible for HRDA, within 24 hours. As much information as possible should be provided by the front line Manager escalating the concern to allow for a case review. The case review should be completed within a further 24 hours and a written response sent to the escalating Manager. Any action agreed should be fed back immediately to the relevant managers involved and the detail of the conflict and agreements reached should be recorded on the appropriate case file.

5. Stage Three: Formal Dispute Procedure

If despite following the Stage Two process the disagreement remains, the matter will be referred to Dorset Domestic Abuse Strategy Group who will consider the matter. This escalation should be made within 24 hours, in writing by the Strategic Lead. An email is acceptable provided it is clearly marked as a 'Stage Three Formal Escalation under HRDA. Emails should be sent to ian.grant@dorsetcouncil.gov.uk.

6. Learning from Escalations

It is important that at each stage of the process, learning is fed back to the front line practitioners involved and support is provided to aid learning. All escalations that reach Stage One of this protocol will be monitored by the HRDA Quality Assurance Group. All escalations that reach Stage Two of this protocol will be recorded and discussed by the Dorset Domestic Abuse Strategy Group at the next group meeting to ensure learning is disseminated to all HRDA partners. Learning from this discussion will be shared with front line staff.