

# Domestic Abuse Peer Review Guidance Manual

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## 1. Introduction and overview of peer review process

A peer review process and programme focusing on the effectiveness of local arrangements for tackling domestic abuse has been commissioned as part of the Eastern Region Sector-Led Improvement Programme. This guidance manual is designed to help councils, partner organisations, peer teams and managers of diagnostic reviews to understand the rationale for the peer review, its methodology, and the organisational requirements.

Domestic abuse is a cross-cutting issue that affects adults and children. It is often associated with other safeguarding risk factors such as substance abuse and mental health concerns, and is a significant feature in the backgrounds of children who are vulnerable to other abuse such as child sexual exploitation. The link between child physical abuse and domestic abuse is high, with estimates ranging from 30% to 66% depending upon the study. In 2002, nearly three quarters of children who were the subject of a child protection plan lived in households where domestic abuse occurs. The peer review looks at arrangements for tackling domestic abuse in the round, including (but not restricted to) domestic abuse where children are present. An effective response to domestic abuse is a good indicator of effective multi-agency working in respect of safeguarding and is likely to feature as a key strand within the proposed multi-agency inspection framework for safeguarding children.

The Key Lines of Enquiry draw on a range of material including: the Eastern Region Good Practice Handbook *Safeguarding Children Abused through Domestic Violence*, Coordinated Action Against Domestic Abuse (CAADA) guidance, and the Police Foundation Briefing *Policing Domestic Violence*

There are three key principles that should be understood and accepted when considering whether to have this peer review:

- The focus of the review is on the extent to which the local partnership is effective in tackling domestic abuse.
- It is essential for the success of the review that the council and the peer team work together in an open and honest manner to identify both the strengths and the areas for improvement in tackling domestic abuse.
- The review will provide feedback based on a brief engagement with partners locally and is not a substitute for the continuing work of self-evaluation and improvement by the local partnership.

The domestic abuse peer review is a structured and standardised process incorporating a number of key strands:

- Effectiveness review workshop with key partner agencies
- Interviews and focus groups with staff and service users
- Practice Observations (e.g. MARAC, 'triage/MASH')
- Case Review (including discussions with children and families)
- Information Health Check (review of specified key documentation and evidence)
- Multi-Agency Audit Validation (optional)

The programme may also include Audit Validation as an optional element alongside Case Record Review where a partnership wants an external view about the effectiveness of its use of audit to assess and improve work with victims, children and perpetrators. The main findings from these strands will be incorporated into a consolidated feedback letter to the partnership identifying strengths, areas for improvement, and SMART recommendations.

## 2. Basic stages in a domestic abuse peer review

The five strands of the review will run as distinct processes that will be brought together to provide a consolidated report to the council/partnership. The table below provides an integrated timetable for all the strands and should be read in conjunction with the detailed appendices for each strand.

Each review will have an eight week (40 working days) lead in prior to the on-site review and the timelines detailed below will need to be strictly adhered to.

| Stage   | Day | Action   |
|---|-----|--|
| Initial enquiry   | 0   | Council/partnership indicates that it may wish to have a peer review. An initial discussion takes place between the council Lead Director/chair of partnership, the LGA Children's Improvement Associate, and the Eastern Region SLI Coordinator to agree the specific focus for the peer review, the balance of activities in the programme, and arrangements for programme coordination. The discussion will also cover proposed dates, peer team requirements and necessary background information. |
| Confirmation of peer team   | 20  | Eastern Region SLI Coordinator confirms pre- selected peer team members to the council for the agreed dates  |
| Submission by the partnership of documentation and evidence to support the Information 'Health Check' and the additional documentation specified at Appendix 3 (also cases for selection if Audit Validation option is requested) | 25  | Council submits core documents as detailed in Appendix 3 to peer review co-ordinator for dissemination to the peer team (and 20 cases from which selection of 5 cases for Audit Validation will be made if this optional strand is requested)  |
| Council/partnership submits final timetable for the on-site programme, list of multi-agency meetings during the period of the peer review.  | 30  | Council submits final timetable to the peer review coordinator for dissemination to the peer team.   |

|   |  |  |
|---|--|--|
| Identification of case records to be reviewed   | 35   | Team Leader notifies council/ partnership of 15 multi-agency cases to be reviewed. Council makes arrangements for the relevant lead professional to be on standby for interview and builds into final draft  |
| On-site peer review   | 40 to 42   | On site: case records review, real time review of Contact, Referral and Assessment, multi-agency practice observation, information analysis/ interviews, and audit validation where this option is required. Feedback presentation   |
| Post -review submission of draft letter to the council / partnership by Peer Team Leader. | <p>Within 10 working days of completion of the on-site peer review</p> <p>Upon receipt of draft letter council/ partnership provides comments within a further 10 working days</p> | <p>Peer review coordinator collates feedback report with Peer Team Leader.</p> <p>Draft letter sent to council / partnership for comment within two weeks of the peer review.</p> <p>Comments received from council/partnership within 10 working days of letter being issued and final version issued to council/partnership.</p> |

### **The final consolidated feedback report**

Following the on-site stage, the peer team will compile a feedback letter to the Lead Director /Chair of the partnership based on the peer review findings comprising:

- An executive summary of the key issues.
- Detailed evidence of strengths against each Key Line of Enquiry.
- Detailed evidence of areas requiring improvement
- SMART recommendations for improvement.

### **Confidentiality**

**It is vital that the following principles are understood by the council/ partnership and members of the peer review team and adhered to at all times.**

Each party shall keep confidential all confidential information belonging to other parties disclosed or obtained as a result of the relationship of the parties under the domestic abuse peer review and shall not use nor disclose the same save for the purposes of the proper performance of the peer review or with the prior written consent of the other party.

The obligations of confidentiality shall not extend to any matter which the parties can show is

in or has become part of the public domain other than as a result of a breach of the obligations of confidentiality or was in their written records prior to the date of the peer diagnostic; was independently disclosed to it by a third party; or is required to be disclosed under any applicable law, or by order of a court or governmental body or other competent authority.

### **Data protection**

The council, partners, and peer review team members agree that data (including personal data) as defined in the Data Protection Act 1998, relating to the processing of the review, to the extent that it is reasonably necessary in connection with the review, may:

- (a) be collected and held (in hard copy and computer readable form) and processed by the diagnostic team and
- (b) may be disclosed or transferred:
  - (i) to the peer review team members and/or
  - (ii) as otherwise required or permitted by law.

### **Safe Staffing**

Peer review team members will be expected to provide evidence that they have a current DBS check. Where a team member does not have a current DBS check the participating council/partnership will need to undertake a risk assessment and agree the scope of tasks on the review that the peer team member can undertake.

### **Communications and publicity**

The purpose of the peer review is to promote organisational learning and improved outcomes for children, families and communities. In that context, the council/partnership should consider communications and publicity regarding the review and its findings as early as possible. The Eastern Region SLI Team will provide a briefing leaflet to inform staff, stakeholders and service users about the purpose and format of the peer review.

The final report will be sent to the chair of the partnership and copied to the relevant lead member and Chief Executive of the council. The final report is the property of the receiving council/partnership. Its purpose is to enable improvement and learning; it is not a document intended to be kept a secret. Although untested, it is unlikely that a Freedom of Information request for the final report could be resisted. It is safest to presume from the outset that the report will be shared and plan to manage this positively.

The council/partnership will want to consider where and when the outcome of the peer review will be discussed. If the final report is to be considered by the council executive or a scrutiny committee it will become a public document. There may be local media interest but pro-active PR is not recommended.

It is likely that at a subsequent inspection the council/partnership will wish to take credit for participating in the peer review. In that circumstance OFSTED /HMIC /CQC are likely to ask to see a copy of the report and request information about any actions taken in response.

### 3. The peer diagnostic team

The Eastern Region SLI programme coordinator will convene a team to deliver each peer review. Each member of the team has a particular focus but they work together as a team to provide consolidated feedback to the council/partnership. A council/partnership will select dates for its review and will then accept the selected peers as their review team (only in exceptional circumstances will there be a revision to a specific peer(s)). The team roles will be as follows:

| Team member   | Number of days involvement  |
|---|---|
| <ul style="list-style-type: none"> <li> <b>Team Leader: Information Health Check, Effectiveness Review Workshop, Case Records Review and Practice Observation</b><br/>           A senior professional with experience at Director or Assistant Director level, who will act as Team Leader, undertake the Information Health Check, facilitates, analyses and prepares feedback from the Engagement Audit, undertakes practice observation.         </li> </ul>  | Six ( one/ two day pre-analysis, three on site, one final report preparation)   |
| <ul style="list-style-type: none"> <li> <b>Operational Peer 1: Case Records Review, Practice Observations and Review of Contact, Referral and Assessments:</b><br/><br/>           An operational manager/senior social work practitioner with experience in domestic abuse who will undertake a mixture of the Case Record Review, practice observations and real time review of current referrals and assessments         </li> </ul>   | Five (three days on site, preparation and contribution to final report)   |
| <ul style="list-style-type: none"> <li> <b>Operational Peer 2: Case Records Review, Practice Observations, or Audit Validation (if required):</b><br/>           An operational manager/senior officer who will undertake case records review, and practice observations of key multi agency domestic abuse work, i.e. MARAC, ICPC, IDVA or audit validation (if this optional element is included).<br/><br/>           (Escalation of concerns about specific cases found by the peer review team during the case file review will be immediately communicated via the Team Leader to the host senior officer who will ensure necessary action is taken.)         </li> </ul> | Five (three days on site, preparation and contribution to final report).<br><br><i>* If audit validation required two additional days (one on-site and one day to write report)</i> |
| <ul style="list-style-type: none"> <li> <b>Operational Peer 3: Assess the partnership arrangements and ‘culture’ of joint working:</b><br/><br/>           An operational manager/senior officer with Health or community safety responsibility who will carry out interviews and focus groups and cover other specific areas e.g. Domestic Homicide Reviews.         </li> </ul>   | Five (three days on site, preparation and contribution to final report).<br><br><i>* see above</i>  |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>The Peer Review Coordinator:</b><br/>The Eastern Region SLI Programme Manager will act as the Peer Review Coordinator. They will liaise with the host council/partnership and ensure that the review process runs smoothly. They will assist the Team Leader in preparing the feedback letter and in capturing key learning for dissemination across the region.</li> </ul> | <p>Seven days (three on site, preparation and collating final report with peer team leader)</p> |
| <p><b>All peer team members undertake interviews and focus group discussions.</b></p>   |   |



## **Appendix 1      Key Lines of Enquiry**

### **Reviewing approaches to Domestic Abuse – Overall Approach and Key Lines of Enquiry (KLOE)**

#### **KLOE 1:**

##### **Overall DA strategy, partnerships and impact.**

- Is there an up to date DA strategy in place, drawing on needs analysis and research?
- Is there strong evidence that partners are signed up?
- Is the strategy aligned with other key commissioning strategies and partnership plans?
- Are there clear priorities and programmes identified?
- Are there clear commissioning arrangements in place linked to the strategy?
- Is there good evidence that strategies are clearly linked to priorities?
- Are there good arrangements to monitor and evaluate the DA strategy?
- Are there clear success measures in place?
- Is there good evidence of impact including feedback from service users?
- Is there evidence of progress and sufficient pace of change?

#### **KLOE 2:**

##### **Clear strategic responsibilities of partner agencies to support multi agency working.**

- Is there an up to date DA policy in each agency?
- Are there clear governance arrangements in place?
- Is there functioning connectivity between the Community Safety Partnership, the LSCB and the local area strategy?
- Is each agency able to clearly articulate its role in tackling DA?
- Is there a clearly identified DA lead in each agency?
- Is there evidence of routine audit activity and applied learning to improve provision and practice?
- Is there evidence that the partnership is matching resources appropriately to identified DA priorities?

#### **KLOE 3:**

##### **Procedures and service pathways for responding to domestic abuse**

- Are there a clear multi agency procedures in place?
- Does each agency have its own DA procedure?
- Does each agency have a clear referral and response pathway?
- Is there a clear understanding of how and where children and young people referrals should go in terms of both early intervention and child protection?
- How well do partners understand the local thresholds for children and young people's services? How well are they applied? How consistently applied?

- Is there commissioned activity with provider organisations? How is provision managed and quality assured?
- To what extent does the current range of service provision match need in respect of: victim support, work with perpetrators and support for children and young people?
- How far is DA service provision (including voluntary sector) understood locally and coordinated?
- How is service provision quality assured?

#### **KLOE 4:**

##### **Performance Management and Quality Assurance:**

- Is there a clear performance framework in place? How well is this used to inform strategy, practice and performance?
- Is an integrated dataset available to the council and its partners? How is it used?
- Where is this data accessed from? Does data inform audit activity?
- Is there a clear DA audit programme?
- Is there clear evidence of multi-agency auditing?
- Does audit activity inform performance?
- Is there evidence of user consultation/feedback?
- Are there clear success measures in place?

#### **KLOE 5:**

##### **Role appropriate training and workforce development.**

- What are the specific workforce development (WD) arrangements for DA?
- How do these arrangements link to the overall WD plans?
- Is there an appropriate range of single and multi - agency training available? Is it fit for purpose?
- Is there good evidence of take up/attendance?
- Are there key training leads identified across the partnership?
- What evidence is there of impact on practice?
- How is the impact of training monitored, reviewed and evaluated?
- To what extent is DA training informed by national developments?

#### **KLOE 6:**

##### **Availability and accessibility of information about DA to the public and professionals**

- Is there clear, accessible information for all sections of the local community?
- How is support for DA publicised locally?
- Is there an up to date, user friendly website?
- How is the provision of information informed by service users/
- How is the availability of DA information managed/monitored?
- Is there relevant, up to date and accessible information for professionals, including the local strategy and action plans?

**KLOE 7:****Service planning and delivery that reflects the diversity of the local population**

- Is available data about the local population used to plan service provision?
- Is there evidence of difference in the service offer to reflect diverse needs?
- Is DA literature accessible for all? (language, culture)
- Are there examples of service delivery reflecting the difference in local need?
- Are there examples from case studies/case audit activity re good practice re diversity?
- Are diversity needs reflected in training?
- Do policies and procedures reflect diversity?

**KLOE 8:****Evidence of effective casework outcomes with children and young people, victims and perpetrators**

- Case records show compliance with all agency expectations for the collection of information and application of professional judgments.
- Assessments, plans and management reviews are clear and take in to account the issues for the victim and the family/children.
- Case records are detailed and show evidence of analysis leading to professional judgments that inform decision making and management of risk
- Records include appropriate detail of:
  - Practice that enables disclosure (a) for mothers and children; (b) for abusive partners
  - The views and involvement of all parties/others, especially the voice of the children and other significant adults involved.
  - Needs and risks are clearly articulated and how these are being/have been evaluated and acted upon.
  - Records show the information held by other agencies and professionals including those actively involved/previously involved or who may need to be involved as evidence of effective joint working.
- Records clearly evidence strong multi-agency working including where the voluntary sector is involved.
- Safety plans for the victim/ and children are clear, understood/agreed by all partners and easily accessible on the files.
- Issues of confidentiality to protect the victim and children are clearly articulated on the case file.
- Planning for the victim, children and perpetrator is well considered balancing all needs with safety as the key focus.
- Evidence of effective care and support for children in specific contexts where domestic abuse is present such as forced marriage or honour-based violence.

## **Appendix 2 – Effectiveness Audit**



## Eastern Region Sector-Led Improvement Programme

# Domestic Abuse

## Effectiveness Review Workshop

Name:

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Role:

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Organisation:

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## **INTRODUCTION**

Thank you for taking part in the LGA Domestic Abuse Effectiveness Review Workshop

The Effectiveness Review Workshop will identify key strengths and areas for development in tackling domestic abuse in your area. The workshop process itself will help to co-construct a shared agenda for change and improvement. This is intended to be a positive and solution-focused process and hence it is not anonymous; however, it is hoped that you can respond in the open, positive and constructive spirit that is intended.

The findings from the Effectiveness Review Workshop will form an important part of the evidence for the peer review and will inform further discussions through the programme of interviews and focus groups.

## **STRUCTURE OF THE WORKSHOP**

The workshop is structured around a series of focus questions about the effectiveness of arrangements to tackle domestic abuse in your area. In response to each question, you will be asked to say whether the work by the key agencies in your area is:

1. An Early Stage
2. Developing and Improving
3. Best Practice
4. Ground breaking and innovative

After each question you will be asked to give a reason for your answer and suggest what could be done to bring about further improvement.

# Effectiveness Review Questions

## Introductory Questions

**1 Which agency do you represent?**

**2 Highlight one aspect of your agency's work that is making a positive contribution to the domestic abuse strategy, and one area for improvement**

## **Part 2 Effectiveness of the Partnership**

**This part of the review will consider the effectiveness of partnership working**

### **3 How effective is the partnership in addressing domestic abuse?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give a reason for your choice:

Suggest what should be done for further improvement:

### **4 How well do partner agencies understand their particular role in delivering the strategy?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give an example to support your choice:



**5 How effective is the governance of multi-agency working on domestic abuse?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Explain the reasons for your choice:

Suggest a key next step

### **Part 3 Service Provision**

**6 How effective are the arrangements for referral and assessment for families affected by domestic abuse?**

1. At an early stage
2. Developing and Improving
3. Best Practice
4. Ground Breaking and Innovative

Give a reason for your answer:

Suggest next steps for improvement

**7 How far is the provision of services for domestic abuse meeting the needs of (a) Victims (b) Perpetrators (c) Children in families affected by DA?**

1. At an early stage
2. Developing and Improving
3. Best Practice
4. Ground Breaking and Innovative

Give a reason for your choice:

What should happen next to improve our provision and use of performance information:

**8 How effective are the partnership's arrangements for developing workforce capability in responding to domestic abuse?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give an example to illustrate your choice:

Suggest a key next step

**9 How well does the partnership use data and other performance information to support the development and implementation of the domestic abuse strategy?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give an example to illustrate your choice:

How should the partnership take this work forward?

**10 How well does the partnership understand the quality of the support for domestic abuse in the area?**

- 1 At an early stage
  - 2 Developing and Improving
  - 3 Best Practice
  - 4 Ground Breaking and Innovative
-

Give an example to illustrate your choice:

How should the Board take this work forward?

#### **Part 4**

**11 How available and accessible is domestic abuse information for professionals and the wider public?**

- 1 At an early stage
- 2 Developing and improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give a reason for your choice:

Suggest an action for improvement:

**12 How would you assess the impact of the partnership's work on domestic abuse to date?**

- 1 At an early stage
- 2 Developing and Improving
- 3 Best Practice
- 4 Ground Breaking and Innovative

Give an example to illustrate your choice:

Suggest a key next step :

## **Summary**

**Identify three key priorities for improving the domestic abuse strategy in the area?**

1.

2.

3.

**General Questions or comments**

## Appendix 3 – Case records review

### Overview and Purpose

This strand consists of two elements which will be undertaken by different members of the peer team:

- (i) An exploration and discussion of 10 case files relating to domestic abuse where children are present, with a view to considering frontline management and good practice in domestic abuse cases. While this exercise is not the equivalent of an Ofsted case record inspections, it would help authorities to identify key practice issues such as:
  - outcome focus
  - chronologies
  - evidence of the voice of the victim and child
  - evidence of reflective thinking and analysis
  - management oversight
  - multi-agency risk assessments

The peer team will review the actual case records and consider the data quality, quality of assessment and direct work undertaken, and evidence of management oversight and direction. The peer team will meet lead professionals and managers to discuss the cases. The review team will provide feedback on the individual cases and a report on any trends and key issues. The council/partnership will have the option to focus the selection of cases on particular themes where they wish to explore a particular aspect of domestic abuse in more depth. Suggested areas: statutory safeguarding intervention in domestic abuse (S47 process/ICPC), early intervention/Team around the family; domestic abuse in particular contexts – substance misuse, adult mental health concerns, forced marriage and honour-based violence.

- (ii) 'Real time' review of current notifications, referrals and assessments, to gain a view of current practice and the effectiveness of local arrangements including MASH arrangements in relation to domestic abuse. The review team will access the council's case recording systems (Children's, community safety/IDVA/MARAC) and review a selection of case records, focusing on current referrals and assessments, looking in detail at least six and up to ten cases, reporting on each case against a number of key questions and providing an overview and conclusion.

The main findings from the two elements of the case record review will be incorporated into the consolidated report to the council/partnership with recommendations for improvement.

## Method

The review will be conducted in accordance with the principles set out in this manual as regards personal data, data protection, confidentiality and safe staffing. It should reflect the ethos of the practice diagnostic i.e. as an early support learning and improvement process. The review of case records will be conducted by the operational peers and the Team Leader and will take two days of the on-site work. The sample of at least 10 cases will be selected at random from current allocated cases from the case list provided by the council. The list provided should include:

- integrated children's system (ICS) number
- case record number from MODUS or equivalent.
- date of birth
- gender
- language
- religion
- case status i.e. child in care (CLA)
- child protection (CP) including dates CP plans
- child in need (CIN)
- disability status
- ethnicity
- start date
- team/service where case held.

The details of the chosen files will be communicated to the council/partnership no later than two working days before the on-site programme. The cases selected will take into account, for example, quality of multi-agency working, early help provision for domestic abuse cases, re-registration, CP, cases held in assessment teams for a lengthy time still with CIN status, section 20 in child protection team for a long time, babies open with CIN category for several months (DA), teams with disproportionately high caseloads, etc. or reflect the chosen focus for this review.

The Operational Peers and Team Leader will:

1. examine each case record and record their findings on the Case Record Outcome Report set out in Appendix 3A
2. have a discussion with the appropriate lead professional and their manager to discuss the case and the peer's observations on the case records. This will enable them to complete the final section of the Case Record Outcome Report
3. finally, write a covering narrative report on any trends or key issues identified from the overall examination of all the cases
4. raise any cases of immediate concern on site with a senior manager.

The covering narrative report and each Case Record Outcome Report will be included in the final consolidated feedback report to the council. During the discussions with lead professionals and their managers the peer should explore to what extent the lead professional and manager:



- have identified the risks to the victim and put plans in place to safeguard them.
- have identified the salient issues for the child (where appropriate) and are addressing these
- have identified and are working closely with the appropriate partners.
- have taken clear account of the case history and used this to inform their assessment.
- have a good understanding as to what is happening in the case and the risks have been accurately assessed
- have an outcome focus
- are tracking progress
- understand the purpose of case recording

The peer may also wish to use the following questions during the discussion:

- How swiftly and effectively were the risks and needs of the victim identified.
- how did they focus on any child and young person?
- how did they ensure they achieved the outcomes of the plan and if they have not what did/are they doing about them?
- what was their thinking?
- who did they work with?
- how were they supported?
- how were they challenged?
- how did they overcome obstacles?
- how did their manager know what was happening?
- how did they record their work, did it reflect what actually happened, or what they thought, including safeguarding risks and concerns?
- how do or are they demonstrating to others the effectiveness of what they are doing?
- what do they think the victim, child or young person would say about what they did?
- what evidence, theory, and models do they use to help inform their assessment and professional judgment?

## Appendix 3A Case Records Review Proforma

| Question   | Response with comments |
|--|------------------------|
| To what extent is there an up to date chronology and does it include all relevant data?  |                        |
| To what extent are all appropriate data fields and contact details completed and up to date  |                        |
| Is there evidence of early help – and what was its impact?   |                        |
| Have risks been appropriately identified?  |                        |
| To what extent is there evidence that the child has been spoken to on their own and their views taken into account in care planning?   |                        |
| To what extent is there a good quality, multi-agency assessment, completed within appropriate timescales?  |                        |
| To what extent is there evidence of reflective practice and analytic thinking in the development of care plans?  |                        |
| To what extent is there a multi-agency risk assessment?  |                        |
| To what extent is there evidence of partnership working and appropriate contributions by partners to assessment, information sharing, care planning and service delivery?  |                        |
| To what extent is there evidence of management oversight and direction?  |                        |
| To what extent is there evidence that supervision is regular and effective?  |                        |
| Is the care plan working, or likely to work? To what extent are the outcomes regularly reviewed, and is there evidence that alternative approaches are employed if outcomes are not being achieved in a timely manner? |                        |
|  |                        |
| <p><b>General Case Comments – including points arising from social worker and discussions</b></p>  |                        |

## Appendix 4 Multi-Agency Practice Observation

This strand evaluates the effectiveness of directly observed multi-agency practice in relation to domestic abuse. From the list of meetings provided by the council/partnership the peer review team will select a number of scheduled multi-agency meetings during the period of the review for direct observation. Members of the peer review team will record their observations using the schedule below.

| <b>Meeting:</b>  | <b>Name of Peer</b> |
|--|---------------------|
| <b>Criterion</b>   | <b>Evaluation:</b>  |
| Attendance and participation (families and professionals including advocacy)                                 |                     |
| The focus on the victim/child/perpetrator  |                     |
| Quality of the communication, evidence of relationship building and appropriate use of empathy and challenge |                     |
| Risk is identified, responded to and reduced   |                     |
| Involvement of victim/child / perpetrator in the process including their understanding                       |                     |
| Quality of decision-making is effective and timely   |                     |
| Quality of assessment and help   |                     |
| Quality of planning and review   |                     |
| Quality of information sharing   |                     |
| Effectiveness of coordination between agencies   |                     |
| Consideration of ethnicity, culture, religion, language or disability  |                     |
| Victim/child/perpetrator feel they have been effectively helped  |                     |

## Appendix 5 - Information 'Health Check' (links to KLOEs in brackets)

1. Copy of any self-assessment material prepared by the partnership (if available)
2. Council/Partnership Domestic abuse strategy and plan. (1,2,3,5,6)
3. Organisational structure charts including lines of accountability, case management and workflow arrangements from Children's services, service where domestic abuse sits i.e. community safety/adults, Police domestic (2,3)
4. LSCB Annual Report and Business Plan (All KLOEs)
5. LSCB strategy and action plan for responding to domestic abuse when children present including any subgroup minutes (12 months) (1,3,4,5,7)
6. HMIC Domestic Abuse report for the policing area (2013) (1,2,,7,8)
7. OFSTED/HMIC/CQC inspection reports for safeguarding and looked after children (1,2,7,8)
8. Any Domestic Homicide Reports.(4)
9. Three cases that demonstrate good local practice (3,5,8)
10. Details of any outstanding serious incidents (where domestic abuse is a factor) that are awaiting notification or have been notified to OFSTED already (3,4,8)
11. Protocols for transfer of cases between different teams and number of domestic abuse cases awaiting transfer (3)
12. Evidence to demonstrate how the outcomes of complaints have contributed to improvement in help and protection in relation to domestic abuse (4)
13. Relevant data from LSCB or other partnership multi-agency datasets (4)
14. Evidence of Domestic abuse partnership/LSCB multi-agency training and its impact (5)
15. Details of Contact, Referral and Assessment sites and the arrangements for out-of-hours services (3)
16. Sample of supervision records linked to cases covered in case record review (3)
17. Sample of information available to families, public and professionals (6)
18. Copy of local policies and procedures for domestic abuse (3,5)
19. Commissioning documents for development of service provision for responding to domestic abuse (3)
20. Copies of tools to support effective practice with children/victims of domestic abuse (3,5)

### **NOTE:**

**Partnerships should interpret document descriptions in the light of local circumstances and may include other relevant documents in addition to those specified.**

### **Method**

Fifteen (15) working days before the on-site stage the council/partnership will send the, project coordinator and Team Leader the relevant core documents for the domestic abuse peer review. The council/partnership should provide hard copies of the documents in the Team Base Room.

The Team Leader will review those documents and using the analytical framework below.

During the on-site stage the Team Leader will interview relevant members of the partnership with lead responsibilities in tackling domestic abuse. The interviews will focus on the extent to which the documentation enables them to demonstrate the effectiveness of the partnership's response to domestic abuse. After the on-site stage the Team Leader will produce a summary of key findings that will be included in the consolidated report to the council/partnership.

## INFORMATION HEALTH CHECK – ANALYSIS GRID

### **Points to consider for the analysis of each of the documents:**

- Does the documentation cover the full scope of the information required? Are there any gaps or other aspects to be considered?
- Is the documentation clear and easy to follow? Where there are various source documents has the council provided an overview and analysis?
- What is the quality of data, performance information and other evidence?
- Identify any performance risk issues arising from the data.
- Identify key follow up questions for the 'on-site' stage interviews

### **Overall Analysis**

- Summarise overall strengths and areas to develop, commenting in particular on: quality of analysis and evidence, and the extent to which the documentation provides a coherent view of the effectiveness of the partnership's arrangements for tackling domestic abuse.

| Document/Evidence<br>(Link to KLOE)   | Comments on Strengths and<br>Areas to Develop | Performance Risk<br>Issues Identified | Questions for Follow Up |
|---|---|---------------------------------------|-------------------------|
| 1. Copy of any self-assessment material prepared by the partnership (if available)  |   |                                       |                         |
| 2. Council/Partnership Domestic abuse strategy and plan. (1,2,3,5,6)  |   |                                       |                         |
| 3. Organisational structure charts including lines of accountability, case management and workflow arrangements, service area where lead on domestic abuse sits i.e. community safety/adults, Police domestic (2,3) |   |                                       |                         |
| 4. LSCB Annual Report and Business Plan (All KLOEs)   |   |                                       |                         |
| 5. LSCB strategy and action plan for responding to domestic abuse when children present including any subgroup minutes (12 months) (1,3,4,5,7)  |   |                                       |                         |
| 6. HMIC Domestic Abuse report for the policing area (2013) (1,2,,7,8)   |   |                                       |                         |
| 7. OFSTED/HMIC/CQC inspection reports for safeguarding and looked after children (1,2,7,8)  |   |                                       |                         |
| 8. Any Domestic Homicide Reports for the area. (4)  |   |                                       |                         |

|  |  |  |  |
|--|--|--|--|
| 9. Three cases that demonstrate good local practice (3,5,8)  |  |  |  |
| 10. Details of any outstanding serious incidents (where domestic abuse is a factor) that are awaiting notification or have been notified to OFSTED already (3,4,8) |  |  |  |
| 11. Protocols for transfer of cases between different teams and number of domestic abuse cases awaiting transfer (3)   |  |  |  |
| 12. Evidence to demonstrate how the outcomes of complaints have contributed to improvement in help and protection in relation to domestic abuse (4)                |  |  |  |
| 13. Relevant data from LSCB or other partnership multi-agency datasets (4)   |  |  |  |
| 14. Evidence of Domestic abuse partnership/LSCB multi-agency training and its impact (5)   |  |  |  |
| 15. Details of Contact, Referral and Assessment sites and the arrangements for out-of- hours services (3)  |  |  |  |
| 16. Sample of supervision records linked to cases covered in case record review (3)  |  |  |  |
| 17. Sample of information available to families, public and professionals (6)  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| 18. Copy of local policies and procedures for domestic abuse (3,5)                                    |  |  |  |
| 19. Commissioning documents for development of service provision for responding to domestic abuse (3) |  |  |  |
| 20. Copies of tools to support effective practice with children/victims of domestic abuse (3,5)       |  |  |  |

**INFORMATION HEALTH CHECK – OVERALL ANALYSIS**

**Strengths**

**Areas for Development**



## **Appendix 6 - Audit Validation (Optional)**

### **Overview and purpose**

This strand will examine how the council uses case audit to assess and improve the quality of multi-agency practice in responding to domestic abuse, particularly in improving outcomes for children and young people, protecting victims, and working with perpetrators. The review team will audit a sample of cases and provide an overview report to answer three key questions:

- I. How effective is the local audit process in assessing the quality of practice in cases of domestic abuse?
- II. How well are audit reports used by the partnership and managers in key agencies?
- III. What action is taken in response to audit reports?

The exercise must be conducted in accordance with the principles set out in this manual regarding personal data, data protection, confidentiality and safe staffing. 15 working days ahead of the on-site stage the council will provide a list of 20 cases that have been audited on a single or multi-agency basis during the previous three months. The Team Leader will then choose five cases randomly from the list to be reviewed.

Wherever possible the peer undertaking the audit validation will spend one day on-site in advance of the three day diagnostic and write a report of their findings to inform the team. This will be arranged by the Peer Review Co-coordinator in conjunction with the link officer from the council/partnership.

The reviewer will have conversations with the lead professionals and their managers about the cases and prepare a report with their findings. It is very important that the conversations with staff are conducted in keeping with the spirit of the peer challenge i.e. as a supportive critical friend and not as an inspector.

The reviewer will examine the reports received by the partnership as a result of case audits, comment on the extent to which the reports assist the partnership in driving improvement in the quality of practice, and assess the extent to which the partnership makes effective use of the reports it receives.

The review team should consider the extent to which timely and appropriate action is taken by the partnership and partner agencies in response to the findings from case audit reports

The findings from Audit Validation will be incorporated into the consolidated report for the council/partnership, with recommendations for improvement.

When completing the report the Operational Peer should consider how well the council's approach covers the issues below:

## a) The local audit

| Practice area  | What to look for   |
|--|--|
| <b>Basic information</b>   | The case audit should identify if basic information about the victim/ family has been provided on file. This would include case details such as ethnicity of victim/perpetrator/ children, family relationships, the key concerns or difficulties that families are facing.  |
| <b>Effectiveness of current and previous interventions</b>                                 | The case audit should be able to identify the impact of previous and current intervention, whether it has been positive and achieved desired changes within the family unit. If possible the case audit should be able to identify particular factors associated with the success of any help the family have received. A good case audit should be able to separate out the contribution of both the competence of the worker involved and the actual intervention itself and how it helped.  |
| <b>Assessment of need and analysis – have risk and protective factors been considered?</b> | The case audit should be able to identify clearly the risk factors that impact on the child/children in the family. The case audit should also be able to see if protective factors have been considered by the agencies involved. It should be possible for the case audit to identify how the risk and protective factors have been balanced to produce a good assessment which looks not only at the difficulties within the family but also at their strengths. The case audit may focus on the quality of the analysis provided in assessments. |
| <b>Service response</b>  | The case audit should be able to identify whether the multi-agency response has been efficient and timely. This is likely to be mainly in response to referrals to the agency and will include whether the agency acted promptly, kept the referrer informed of actions, and took appropriate action following the referral or receipt of new information.   |
| <b>Effective planning and review</b>   | Case audits will often look at safety plans, child protection plans and other documents which set down plans for a victim/child. The case audit should be able to identify if such plans are child centred, have clear and measurable objectives and identify who is doing what and when. The case audit should look at the timeliness and effectiveness of reviews of care plans.   |
| <b>Building a trusted and effective relationship</b>                                       | The core of good social work practice, the case audit should be able to comment on the extent to which the family are involved in decision making and planning and the skill of the practitioner in building a relationship with the victim/child and family. Particular features for example, proactive approaches to involving extended family in safeguarding, may be pertinent in some cases and would be expected to be considered within the case audit.   |

**A child-centred approach including attention to equality and**

The case audit should look at whether the victim/ child has been seen alone and his or her views considered in decisions and case planning. The audit should look at evidence of practice which pays attention to a child's individual needs, and the response to factors relating to their age, ethnicity, or disability.

**b) Reports received by the partnership**

The peer should examine the reports received as a result of case audits and should consider the following factors:

1. How well have patterns and themes been identified in the case audit report?
2. How detailed is the report and does it provide concise findings which are accessible to the reader?
3. What is the time lag between the audits being carried out and the report being received by management?
4. Do the reports provide a good balance between quantitative, qualitative and outcome measures?
5. To what extent do the reports focus on quality of practice and the impact on families?
6. Is it possible to identify effective interventions with families and the skills of practitioners in helping children and their families to achieve improved outcomes?
7. Is it possible to identify shortfalls in practice in different parts of the service or even down to individual practitioners and if so, are there any contextual issues that should be considered, for example staff shortages or other resource issues?
8. Is good practice recognised and if so, to what level of detail?
9. Is there a clear set of recommendations in the report and are they 'specific, measurable, attainable, relevant and timely' (SMART)?
10. Have case audits been directed at priority areas of concern within children's services?

**c) Actions taken in response to case audit reports**

The peer should establish the following, through interviews and documentation:

1. Is there evidence that recommendations have been acted on?
2. Is there a structure for regular monitoring of casework audits with follow up checks that actions have been completed?
3. How are learning feedback loops built in to the case audit and to what extent do the lessons from audits reach front line managers and practitioners?
4. Are there any mechanisms for receiving feedback about the service from children and families, and if so, are they aligned with the findings from case audits?

## **Appendix 7 – Key council/partnership responsibilities**

The council/partnership should be aware of its responsibilities when requesting a domestic abuse peer review. These can be summarised as follows:

- identification of a peer review sponsor and peer review organiser
- attendance at an initial discussion meeting by the peer review sponsor and Director of Children's Services (if not the same person), peer review organizer and, if possible, the relevant lead member
- assurance that key personnel will be available and participate as required in each strand of the peer review
- organisation of the interview schedule in conjunction with the Eastern Region peer review coordinator and ensuring that people will attend – this should be completed and finalised with the peer review coordinator two/three weeks before the on-site stage
- provision of all relevant the data and documentation
- provision of a base room for the peer team for the duration of the on-site stage, including the provision of computers and appropriate refreshments
- provision of suitable rooms for all interviews (people's individual offices are fine for these)
- ensure that comments on the draft feedback letter are returned within ten working days
- contribute to the feedback and evaluation process

### **Team base room**

The council/partnership must ensure that there is a suitable base room for the team throughout the on- site stage. This must be close to where the bulk of the on-site interviews will be held. The team will spend a considerable amount of time in this room and so consideration should be given to ensuring that it is large enough to accommodate comfortably all members of the team, equipment and has adequate light and ventilation.

The room must be for the sole use of the team members, with all interviews being held elsewhere. It needs to be private and lockable, with sets of keys for team members going in and out at different times. It also needs to be accessible to the team after hours. The room will need to be equipped with the following:

- a telephone
- one computer with access to the internet and the council's Intranet, email system and case records system for each of the three peers
- a high-speed, good-quality black and white printer
- access to a nearby fax machine and photocopier
- two flipcharts with marker pens and replacement paper (flip charts should be able to be hung on the walls)
- a central meeting table providing adequate room for each person on the team.

## **Appendix 8 – On-site Programme**

The on-site stage is the 'centre piece' of the whole review process. Its smooth operation is vital to the success of the review and requires careful planning. It is essential that during the preparation of this stage there is good liaison between the council/partnership peer review organiser and the Eastern Region peer review coordinator (who will advise on practicalities etc.). The timetable should be finalised no later than two weeks before the actual on-site stage commences

### **Practical timetable pointers**

Compiling the programme and taking into account all diary commitments of those involved, practical arrangements, etc. can be time consuming. It is strongly suggested that this work is commenced as soon as possible with a rough draft being given to the Eastern Region peer review coordinator at an early stage so that s/he can advise on any practical difficulties they can foresee.

Individual interviews should be scheduled for one hour. In practice the peer team should interview for three quarters of an hour and use the remaining time to allow for crossover of teams, note writing etc. For case record review with the lead professional present allow one and a half hours; with no worker present allow one hour. In order to cover as much ground as possible, the timetable may include evening sessions, but be careful people aren't too overloaded. Peer teams need breaks for lunch and comfort breaks! Parking arrangements for the team while on site should be in place. Practicalities of transport to and from the council and the team hotel should also be taken into account.

If it is not possible for an interviewee to be on-site, a phone call may be acceptable if agreed with the Eastern Region Peer Review Coordinator beforehand. The team will need to meet together at stages of the diagnostic to compare notes, ask for additional information, etc. Slots for this need to be built into the timetable.

A 'no surprises' policy should be adopted throughout the review. This means the peer review sponsor should be provided with regular feedback on the key issues emerging during the on-site work and scheduled in the timetable. There should be opportunities to resolve any outstanding issues whilst the team are on-site, this may include clarification of a finding or asking if any additional information could modify the peer team view.

## **Sample on-site programme**

**NOTE: This is illustrative – local partnerships will adapt to reflect local arrangements and roles**

The timetable below gives an indication of how an on-site programme may look, however, each peer review will be different and the timetable will reflect the scope agreed with the host authority.

**For each interview, the council should supply name/s, job title/s and location.**

**Peers will broadly have the following duties:**

**Team Leader – off site information health check; facilitation, analysis and preparation of feedback from Engagement Audit, interviews.**

**Operational Peer 1 – Case Records Review, Practice Observations and Review of Contact, Referral and Assessments:**

**Operational Peer 2 – Case Records Review, Practice Observations, or Audit Validation (if required):**

**Operational Peer 3 – Assess the partnership arrangements and ‘culture’ of joint working**

**Eastern Region Peer Review Coordinator– Interviews with the Team Leader/on their own, facilitation of Focus Groups and organisation of all activities to ensure adherence to timetable. A brief demonstration of the relevant ICS system at the start of Day 1 is recommended so that peers can access the system when reviewing cases, or earlier if an authority uses an E-learning protocol. The council/partnership must provide a systems facilitator at all times to assist the peers in navigating the recording system.**

**Suggested multi-agency practice observations:**

- **MARAC**
- **ICPC – where domestic abuse is the primary issue.**

**Suggested Focus groups:**

- **Voluntary sector providers(domestic abuse)-women’s aid/Refuges**
- **Domestic abuse advocates/domestic abuse police officers.**
- **Senior managers from the domestic abuse partnership**

**Day 1**

| <b>TIME</b>   | <b>Peer 1</b>  | <b>Peer 2</b>  | <b>Peer 3</b>                             | <b>Peer Team Leader</b>                |
|---------------|--|--|---|--|
| 08.30-9.30    | Team shown to base room, domestic arrangements etc.  |  |   |  |
| 9.30 – 11.30  | EFFECTIVENESS REVIEW WORKSHOP  |  |   |  |
| 11.30 – 13.30 | Peer will examine two case records and record their findings on the Case Record Outcome Report | Peer will examine two case records and record their findings on the Case Record Outcome Report | Interview – DCS                           | Interview Lead Director                |
|               |  |  | Interview – Police Public Protection Lead | Chief Executive CCG                    |
| 13.30 – 14.00 | Lunch  | Lunch  | Lunch                                     | Lunch                                  |
| 14.00 – 15.30 | Case Record review including Interview with Lead Professional/Team Manager                     | Case Record review including Interview with Lead Professional/Team Manager                     | Interview – Lead Member                   | Interview Chair of Partnership         |
| 15.30-16.30   | Case Record review including Interview with Lead Professional/Team Manager                     | Case Record review including Interview with Lead Professional /Manager                         | Interview – Chair of SAPB                 | Interview – LA Chief Executive         |
| 16.30 – 17.30 | Peer will examine one case record and record their findings on the Case Record Outcome Report  | Peer will examine one case record and record their findings on the Case Record Outcome Report  | Interview Chair of LSCB                   | Assistant director of safeguarding     |
| 17.30-18.15   | Team meeting   | Team Meeting   | Team meeting                              | Team meeting                           |
| 18.15-18.45   |  |  |   | Day One feedback to host LEAD DIRECTOR |

**Day 2**

| <b>TIME</b>   | <b>Peer 1</b>  | <b>Peer 2</b>  | <b>Peer 3</b>                                       | <b>Team Leader</b>  |
|---------------|--|--|---|---|
| 9.00-10.30    | Duty desk/ Frontline access point ( to start real time review of current referrals)            | Case Record review<br>Interview with Lead Professional/Manager                                 | Director of Nursing - CCG                           | Multi-Agency Practice Observation   |
| 10.30-11.30   | Duty desk/ Frontline access point ( to start real time review of current referrals)            | Peer will examine one case records and record their findings on the Case Record Outcome Report | Interview – community safety strategy lead          | Peer will examine one case record and record their findings on the Case Record Outcome Report |
| 11.30-12.30   | Case Record review including Interview with Social Worker/Team Manager                         | Multi-Agency Practice Observation  | Focus group with voluntary sector delivery partners | Case Record review including Interview with Social Worker/Team Manager                        |
| 12.30-13.00   | Lunch  | Lunch  | Lunch   | Lunch   |
| 13.00 – 14.30 | Peer will examine one case records and record their findings on the Case Record Outcome Report | Case Record review<br>Interview with Lead Professional/Manager                                 | Multi-agency focus group with heads of service      | Inspection Information Health Check review (complete template)                                |



|                  |   |   |                                      |  |
|------------------|---|---|--------------------------------------|--|
| 14.30 –<br>16.00 | Multi-Agency<br>Practice<br>Observation   | Peer will examine one case<br>records and record their<br>findings on the Case Record<br>Outcome Report | Focus Group of lead<br>professionals | Analysis of Effectiveness<br>Review Workshop |
| 16.00 –<br>17.30 | Case Record review<br>including Interview with<br>Social Worker/Team<br>Manager | Case Record review including<br>Interview with Lead<br>Professional/Manager                             | Interview Director of<br>Housing     |  |
| 17.30 –<br>18.15 | Team Meeting  | Team Meeting  | Team Meeting                         | Team Meeting                                 |
| 18.15-18.45      |   |   |                                      | Day Two feedback to host<br>LEAD DIRECTOR    |

**Day 3**

| <b>TIME</b>          | <b>Whole Team</b>   |
|----------------------|---|
| <b>08.30-9.00</b>    | <b>Team shown to base room, domestic arrangements etc.</b>  |
| <b>9.00-10.30</b>    | Operational peers 1, and 2 finalise case records review and outstanding interviews with Managers and Lead Professionals Team Leader and LGA Diagnostic Manager start to pull findings together from evidence base |
| <b>10.30 – 13.00</b> | <b>Review Team prepare findings and presentation (lunch included)</b>   |
| <b>13.00-14.00</b>   | <b>Draft Presentation to host LEAD DIRECTOR and senior managers ('dummy run')</b>   |
| <b>14.00-15.00</b>   | <b>Presentation to selected delegates from the Partnership (to include frontline staff)</b>   |

## **Appendix 9 – The feedback presentation**

### **The process and purpose**

The final phase of the on-site stage of the review will be a feedback presentation from the team, immediate questions for clarification etc.

The structure of the presentation will be a slide for each of the bullet points below. Each of the 'findings' slides should be explicit regarding the good practice found and where areas requiring improvement have been identified.

- Introduction to the team
- Purpose of a domestic abuse peer review
- Main findings (overall messages)
- Case Records Review detailed findings (strengths and areas requiring improvement)
- Information Health Check detailed findings (strengths and areas requiring improvement)
- Multi-agency practice observations (strengths and areas requiring improvement)
- Audit Validation (Optional) detailed findings (strengths and areas requiring improvement)
- Recommendations

## **Appendix 10 – Feedback Letter**

After the on-site stage, the council/partnership will be sent a feedback letter no later than 10 working days after the peer review. This letter is not intended to be a comprehensive report. It should be an easy to read summary of the main findings of the peer review.

The structure of the feedback letter is as follows:

- Introduction: context and purpose of the peer review
- Executive Summary: a narrative executive summary of the main review findings ( followed by bullet points from 'Main findings' slide)
- Case records Review section: bullet points from detailed findings slide followed by a narrative summary of the main points
- Information Health Check section: bullet points from detailed findings slide followed by a narrative summary of the main points
- Audit Validation section: bullet points from detailed findings slide followed by a narrative summary of the main points
- Recommendations for improvement
- Closing paragraph and thanks to host council/partnership
- Appendices – Outcome Records Reports/Practice Observations/ Information Health Check template etc.

The Peer Team leader should prepare a draft feedback letter in liaison with the Peer Review Coordinator and submit it to the team for comment if required. Once all comments have been taken into account, the letter will be issued to the Peer Review sponsor.

The council/partnership will submit comments on the draft letter within ten (10) working days of receipt of the letter to facilitate agreement of the final version.