

# DHR/SAR Doris Action Plan September 2025

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
1	To overcome the disparity in definition of domestic abuse under which the Police, CPS and other criminal justice agencies operate, and the definition used for convening a Domestic Homicide Review (which includes 'a member of the same household'), consideration should be given by the Home Office (HO) and Ministry of Justice (MOJ) to aligning definitions to achieve a common working definition.	Home Office to align definition of domestic abuse for Domestic Homicide Reviews	HO and MOJ	N/A	<p>The Home Office is updating the statutory guidance around Domestic Homicide Reviews (DHRs) and will rename them Domestic Abuse Related Death Reviews (DARDRs) under the Victims and Prisoners Act 2024.</p> <p>These reviews will only be commissioned when a death is linked to domestic abuse between people who are personally connected, as defined by the Domestic Abuse Act 2021. This change aims to ensure consistency in cases where individuals live together but are not personally connected.</p> <p>Such cases may still be reviewed under other processes like Adult Safeguarding or Mental Health Homicide Reviews.</p>	Complete – 18/08/25	The definition of domestic abuse which applies to Domestic Homicide Reviews is put in place for England and Wales covering all services to ensure all victims receive appropriate and safe support services, and perpetrators are held to account to protect victims.

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2	That the Liquid Logic case management system provider should review the LAS case management system and ensure that an immediately accessible chronology of referrals, major events, and safeguarding incidents are easily visible for practitioners.	Adult Social Care to provide contact details of database provider to the CSP and Norfolk Safeguarding Adults Board	Norfolk County Council - Adult Social Care	01/12/24	Norfolk's Community Safety Partnership and Safeguarding Adults Boards jointly wrote to Liquid Logic case management system provider who have confirmed they will respond to recommendation following review of service.	Complete	The case management database used by professionals provides them with an efficient tool to clearly and easily identify a chronology of vital event and previous referral history when using the database. The aim being to avoid busy practitioners missing important information.

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3	All agencies involved in this review should ensure that information given by family members is given importance and status in assessments, is accurately recorded, shared appropriately, and thoroughly investigated where concerns are raised for a person's safety. This should be monitored in supervision and reinforced in agency practice guidance	<p>At the point of entry into service (assessment stage) CGL assessors will explore the relationships with significant others living with or connected to the service user.</p> <p>Suspicion or identification of harm or the risk thereof will be discussed with a designated safeguarding lead immediately.</p>	Change Grow Live (CGL)	01/04/24	<p>Entry Into Service team meetings include fixed agenda items that encourage discussion on potential risks reported by third parties and those close to the service user.</p> <p>Weekly 'substance specific' Multi-Disciplinary Team meetings are attended by all clinical and non-clinical professionals involved in the individual's treatment journey.</p> <p>Monthly case management sessions ensure that 3rd party information relating to potential risks is understood and acted upon.</p>	Complete 01/04/24	<p>Overall Outcome: Information from family members is given equal status and importance to inform decision making in assessments and safeguarding decisions to protect members of the public.</p> <p>CGL Outcome: Colleagues to consider and act upon important information supplied to them.</p>

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3	All agencies involved in this review should ensure that information given by family members is given importance and status in assessments, is accurately recorded, shared appropriately, and thoroughly investigated where concerns are raised for a person's safety. This should be monitored in supervision and reinforced in agency practice guidance	<p>This recommendation has been shared with the MASH teams who assess such information and disseminate it as required.</p> <p>The lessons from this DHR are incorporated in training for police officers and staff on domestic abuse, cuckooing, and safeguarding vulnerable adults.</p> <p>As per the recommendation this is monitored in supervision and reflected in practice guidance.</p>	Norfolk Police	01/04/24	Content of recommendation shared with MASH and incorporated into future training.	Complete 01/04/24	Overall Outcome: Information from family members is given equal status and importance to inform decision making in assessments and safeguarding decisions to protect members of the public.

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3	All agencies involved in this review should ensure that information given by family members is given importance and status in assessments, is accurately recorded, shared appropriately, and thoroughly investigated where concerns are raised for a person's safety. This should be monitored in supervision and reinforced in agency practice guidance	<p>Amend electronic case file system (LAS) to include the views of the person and those around them.</p> <p>Review assessment procedure to ensure focus on family views and advocates.</p> <p>Supervision policy covers reviewing records.</p>	Norfolk County Council- Adult Social Care	01/03/24	<p>Forms updated in LAS. This will prompt practitioners to gather appropriate information from family members, record and evaluate it.</p> <p>The assessment procedure has been reviewed and updated and has a strong focus on including the views of family members /friends /advocates. Care Act Assessment procedure updated with these changes March 2024</p> <p>Practice case review summaries introduced October 2023.</p>	Complete March 2024	Overall Outcome: Information from family members is given equal status and importance to inform decision making in assessments and safeguarding decisions to protect members of the public.

4	<p>All relevant agencies in the county should:</p> <p><b>a)</b> Audit their safeguarding training and confirm that awareness and identification of 'cuckooing' and the steps to take when it is identified is included in the course materials.</p> <p><b>b)</b> Evidence that this review is included, and remains integral, in training as an anonymised case study to highlight the vulnerability of older adults to raise awareness that 'cuckooing' can take place outside of 'county lines' and 'trafficking' cases.</p> <p><b>c)</b> Evidence procedures are in place for staff to follow which includes instructions for working with cases involving 'cuckooing' of a vulnerable person who is a homeowner, and in such situations they must convene a multi-agency strategy/professionals'</p>	<p>Safeguarding Adults Board (NSAB) and Community Safety Partnership (CSP) write to all district councils not involved in this Review to alert them to the learning from this DHR and advise them of this recommendation.</p>	<p>NSAB and CSP</p>	<p>01/04/25</p>	<p>Norfolk Safeguarding Adults Board and CSP are working in partnership with all districts through the Cuckooing Subgroup of the Serious Violence Partnership. The groups have been made aware of the recommendation and will receive an input from the author on the learning identified following publication</p>	<p>Ongoing</p>	<p>Colleagues are more curious when assessing and working with vulnerable people. At Assessment the assessor explores significant relationships and who shares the service user's environment.</p>
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	<p>meeting to construct a safety plan for the victim which includes the consideration of legal injunctions to remove the person who has moved in and stayed against the owner's wishes.</p> <p>These actions to be put in place within 6 months of completion of the review.</p>						

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	<p>meeting to construct a safety plan for the victim which includes the consideration of legal injunctions to remove the person who has moved in and stayed against the owner's wishes.</p> <p>These actions to be put in place within 6 months of completion of the review.</p>	<p>Our Criminal Justice service provides robust links with Police colleagues. CGL colleagues will discuss all potential cuckooing cases with internal DSLs and where there is a need a professionals meeting will be held for internal and external colleagues.</p>					increase their safety and protect them from the offender.

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	<p>meeting to construct a safety plan for the victim which includes the consideration of legal injunctions to remove the person who has moved in and stayed against the owner's wishes.</p> <p>These actions to be put in place within 6 months of completion of the review.</p>	contact NPLaw (legal service provider) to discuss legal options in cases of cuckooing.	James Paget University Hospital		<p>discuss legal options in cases of cuckooing.</p> <p>All clinical staff must attend 3 yearly mandatory safeguarding training which covers cuckooing, county lines, trafficking and how to make safeguarding/MASH referrals. Case studies are always used to demonstrate real cases including DHR's, SAR's and SPR's. Police are called as necessary with consent; MDT are occasionally convened by Social Services.</p> <p>There is a full time Health IDVA within JPUH safeguarding team supporting patients and staff, this is also included in safeguarding training ensuring staff are aware of signs, symptoms and actions to take, i.e. MARAC referral, police involvement.</p>		

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5	To produce effective fully informed risk assessments agencies should take steps to promote a culture of multi-agency working and the value of a coordinated multi-agency approach (including improving the use of professionals' meetings) to risk assessments. This should be imparted by managers in team meetings and supervisors in supervision and advice sessions. It should include utilising opportunities for shared learning events and/or multi-agency training programmes for staff at least once per year.	This recommendation has been shared with the MASH teams who are one of the primary forums in which the police work with other agencies. Multi-agency working is well established in Norfolk albeit there is always room for improvement. The lessons from this DHR are incorporated in training for police officers and staff across all relevant teams.	Norfolk Constabulary	01/04/24		Complete 01/04/24	Greater and more efficient sharing of information leading to more effective, accurate, risk assessments and the protection of adults at risk.

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		<p>critically reflect on cases each month and this includes discussing multiagency working. These practice case reviews are audited monthly by the Principal OT and Principal SW.</p> <p>All mandatory safeguarding training courses cover risk assessment working in partnership with other organisations</p>		<p>The next relevant webinar will be November 2024, but these are ongoing (safeguarding week).</p>			



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6	All agencies raising a safeguarding concern to the local authority should ensure the documentation submitted contains all relevant background information held on the subject/s particularly information necessary to inform risk assessments such as physical or mental health vulnerabilities, substance misuse, offending history.	<p>This recommendation has been shared with the MASH teams who share information with the local authority. Such information is and will be shared as necessary.</p> <p>The lessons from this DHR are incorporated in training for police officers and staff across all relevant teams.</p>	Norfolk Police	01/04/24	Training implemented from April 2024. Compliance monitored through regular audit.	Complete 01/04/24	A fuller picture of background history particularly of additional risk factors regarding the parties involved in a safeguarding concern, are shared and recorded to ensure all information is available to inform decision making and the safeguarding of vulnerable adults.

<p>o All agencies raising a safeguarding concern to the local authority should ensure the documentation submitted contains all relevant background information held on the subject/s particularly information necessary to inform risk assessments such as physical or mental health vulnerabilities, substance misuse, offending history.</p>	<p>Reminder to go out via Safeguarding Board newsletters reinforcing policy.</p>	<p>Norfolk Safeguarding Adults Board (NSAB)</p> <p>James Paget University Hospital</p>	<p>Commencing December 2024</p>	<p>Newsletters issued monthly.</p> <p>Norfolk Integrated Domestic Abuse Service (NIDAS) DA training regularly delivered to funding agencies.</p> <p>Information will be disseminated via the newsletter on publication.</p> <p>Adult Social Care confirmed there has been greater use of Adult Social Care portal for receiving safeguarding concerns. It enables agencies to provide information they might otherwise not have shared. Exploration of including prompts on offending history ongoing.</p> <p>All clinical staff aware of comprehensive referral form, all referrals triaged by safeguarding team to ensure complete and accurate information before submission to county council.</p>	<p>Ongoing</p>	<p>A fuller picture of background history particularly of additional risk factors regarding the parties involved in a safeguarding concern, are shared and recorded to ensure all information is available to inform decision making and the safeguarding of vulnerable adults.</p>
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7	<p>All agencies involved in undertaking assessments of concerns and of a safeguarding nature, or which require the assessment of risk, must ensure their practitioners:</p> <p>a) Demonstrate professional curiosity and ask open probing questions when gathering information to inform assessments.</p> <p>b) Make detailed and accurate records which include examples of incidents or behaviours raising concerns or which indicate risk.</p> <p>c) Are supported and guided by management to fully probe risk levels and avoid premature closing of cases.</p> <p>d) Audits of safeguarding concerns and referrals should take place annually to ensure that holistic information has been gathered from a range of sources to fully inform risk assessments and the progress of the case.</p>	Events in National Safeguarding Adults Week include professional curiosity.	Norfolk Safeguarding Adults Board (NSAB)	01/11/24	<p>For parts (a) to (c) Norfolk Safeguarding Adults Board will write to all partners to remind of the need to consider these recommendation elements when raising a safeguarding concern to the LA. This is covered on the raising a concern page on Norfolk Safeguarding Adults Board website and add info to the Raising a Concern checklist and the FAQs about raising concern if needed (professional curiosity, case recording, guarding against premature closure of cases). Where amendments are needed this would be recorded on the website document review forward plan.</p> <p>Part (d) Norfolk Safeguarding Adults Board's Q&amp;A subgroup has limited capacity to resource for the following 12 months and will review position periodically.</p>	Ongoing	Practitioners practice in a curious way when gathering information and recording concerns. They are supported by managers to examine risk, and managers oversee case closure to ensure cases are not closed prematurely. Annual safeguarding audit checks that information has been gathered from a range of sources to fully inform risk identification and management.
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		<p>holistic information has been gathered from a range of sources to fully inform risk assessments and the progress of the case.</p>		<p>woven through the courses at our request. There is going to be a webinar on professional curiosity in November 2024. There is not a need for a separate course as the guidance on Norfolk Safeguarding Adults Board's website is used in existing training courses. Norfolk Safeguarding Adults Board's guidance is circulated via a link in every OWL that is published, and it will go out again in the August OWL covering learning from this case.</p> <p>The supervision procedure requires managers to critically reflect on 1 case a month with supervisees at each supervision session. Managers use these discussions to promote curiosity and ask questions to support practitioners to think critically about their practice.</p>		
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					<p>Training is reviewed annually.</p> <p>Procedure is in place.</p> <p>(b) Annual systemic audit of safeguarding cases includes reviewing records for appropriate and accurate recording.</p> <p>Last audit was December 2023, next is August 2024. (awaiting further update).</p> <p>Norfolk Safeguarding Adults Board's Q&amp;A subgroup has limited capacity to resource for the following 12 months and will review position periodically.</p> <p>(c) Any case involving safeguarding must be sent to a manager for review before case closure as a final check that all actions have been carried out to safeguard the person.</p>		
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			James Paget Universit y Hospital		<p>(d) Safeguarding planning discussion promotes multiagency discussion. If multi-agency information is needed to make a decision prior to planning discussion, managers now review and document their decision-making on all safeguarding concerns and ask for further information gathering via multi-agency partners if needed.</p> <p>JPUH safeguarding team visit wards daily offering support and guidance to staff.</p>		

∞	<p>To address deficits in understanding and application of the Mental Capacity Act it is recommended that agencies:</p> <p>a) Review and develop Mental Capacity Assessment (MCA) training for the Norfolk partnership workforce to support full and effective assessments of capacity.</p> <p>b) The training must include assessment of mental capacity, recognition of the various impacts of coercive control a person's mental and physical wellbeing, and their ability to freely make decisions in their best interests.</p> <p>c) The evaluation of the training must provide measurable outcomes which demonstrates the workforce understand, apply, and have confidence in using the MCA and the ways in which coercive control affects capacity.</p>	<p>(a) Review mental capacity training provided by St Thomas Training and ensure it fully includes MC assessment and impact of coercive control on psychological and physical wellbeing and effects on freedom and safety to make decisions.</p> <p>(b) 25/6/24 Training provider has confirmed that the awareness course includes giving the person space away from the impact of coercion and control to support them to make a decision when free of coercion and control.</p>	Norfolk County Council - Adult Social Care	01/05/24	<p>The MCA training framework reviewed.</p> <p>Training Quality Assurance Audit undertaken annually and monitored for effectiveness and any additional subject areas required commencing from</p>	Complete	<p>Increased knowledge and skills in assessing mental capacity gained by staff to achieve more effective and accurate assessments to inform the delivery of services and support as relevant.</p> <p>Part completed June 2024</p>
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		<p>How the person is given space would be dependent on the specific case and multiagency partners would discuss the best way this could be facilitated, at planning discussion.</p> <p>(c) Effectiveness of training on application of the Mental Capacity Act in practice undertaken using a variety of methods assessed through quality assurance audits.</p>					

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		<p>ensure the training they do / use includes the potential impact of coercion and control in decision-making</p> <p>(c) Norfolk Safeguarding Adults Board ask all partners to ensure the training they do / use has measurable outcomes etc</p>					

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			James Paget University Hospital		There is a Safeguarding practitioner with expertise in MCA, the Trust uses a 'green sticker' assessment, training is given both in training and ad-hoc on wards and departments. The impact of all abuse including coercive control and domestic abuse is discussed at length in mandatory safeguarding training.	Completed	

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9	The Norfolk Safeguarding Adults Board should produce and publish a clear and updated organogram which clearly articulates current safeguarding terminology, roles, responsibilities, and processes.	<p>Review the following Norfolk Safeguarding Adults Board web pages</p> <p>Raising a concern and update to ensure it effectively covers carer assessments.</p> <p>Review NORFOLK SAFEGUARDING ADULTS BOARD-END-TO-END-FLOW-DIAGRAM</p> <p>Develop and publish briefing sheet to inform correct terminology, roles and responsibility.</p>	Norfolk Safeguarding Adults Board (NSAB)	01/11/24	Work in progress to update documents and is expected to complete before end of calendar year.	Ongoing	Partner agencies and the public are able to understand the safeguarding process, steps to take, and the terminology used is clearly defined and explained to enable safeguarding concerns and referrals to be made effectively.

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10	The Norfolk County Community Safety Partnership should work with key stakeholders (e.g. Norfolk County Council) to ensure that all publicly available information (including websites) relating to the MASH is accurate and current.	NCC Web team to review and update the information contained on the multi-agency safeguarding hub (MASH) - Norfolk County Council.	Norfolk Community Safety Partnership (NCSP)	June 2024	Updated information shared through CSP newsletter.  Multi-Agency Safeguarding Hub information promoted via DHR Webinars	Complete	Accurate and up to date information is available for the public who may need help or support regarding domestic abuse.  Date completed: June 2024

11	<p>Adult Social Care should ensure all safeguarding referrals are assessed as per the Care Act 2014 definition of an 'adult at risk' to include the sections (b) is experiencing, or is at risk of, abuse or neglect, and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it, in addition to (a) has needs for care and support (whether or not the authority is meeting any of those needs), taking account of all available information from agencies and family members.</p>	<p>All safeguarding concerns received in Social Care Community Engagement discussed with a manager and the manager's decisions are documented in the LiquidLogic Adults' Social Care System (LAS) contact.</p> <p>Evidence provided in contact on whether the person meets s42(1) criteria (including a, b and c).</p> <p>Information is gathered in Social Care Community Engagement from the referrer and other interested parties, including</p>	Norfolk County Council - Adult Social Care	01/09/22	<p>Delegation added to the contact, so manager decision-making is documented.</p> <p>Safeguarding concerns are raised to Adult Social Care via front door team Social Care Community Engagement. Since the homicide took place for which the DHR is being undertaken a process has been implemented where all safeguarding concerns received in Social Care Community Engagement must be discussed with a manager and the manager's decisions are documented in the LAS contact.</p> <p>Evidence must be provided in the contact about whether the person meets the criteria in s42(1) (which includes a, b and c). Information is gathered in Social Care Community Engagement from the referrer and other interested parties, including other agencies or family members. Managers</p>	Complete	<p>Safeguarding concerns are assessed as per the s42(1) criteria, taking account of information from agencies and families in inform thorough risk assessments.</p> <p>Date completed: September 2022</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		<p>other agencies or family members.</p> <p>Managers review records to ensure sufficient information gathering completed, including from family members</p>			are required to review records to ensure sufficient information gathering has been completed, including from family members and other agencies.		

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
12	When staff have concerns about domestic abuse, but the risk assessment does not meet the MARAC referral level, staff should be reminded and empowered by managers to make a MARAC referral based on 'professional judgement'.	<p>Designated Safeguarding Leads facilitate discussion and work with colleagues to format a plan weighted towards caution. Professional judgements and 'gut feeling' are always taken seriously.</p> <p>Managers and DSLs support staff to make MARAC referrals based on professional judgement (gut feeling) where risk assessment does not meet DASH total criteria for MARAC referral.</p>	Change, Grow, Live (CGL)	01/04/24	<p>Milestones – all CGL services cover learning from domestic homicide reviews as part of the monthly team meetings. This is an on-going process.</p> <p>Managers undertake annual audit of MARAC referrals made and outcomes to monitor performance of this recommendation completed.</p>	Complete	<p>Instil a confidence in all colleagues to challenge pre-conception and to adopt a cautionary approach. Staff have confidence in their professional judgement and make MARAC referrals where they believe an adult is at risk of domestic abuse, thus victims of abuse are better protected.</p> <p>Date completed: August 2024 and on-going.</p>

3	<p>Training input to be included to all frontline officers to help them recognise adults at risk and understand the impact of cumulative risk – case example arising from this review to be used. To be drafted into a training slide by the safeguarding development team with immediate effect. Success will be measured with a dip sample of incident logs and APIs to be conducted by the MASH Detective Inspector.</p>	<p>Safeguarding training delivered to all uniform officers and detectives already includes some content on vulnerable adults. This will be strengthened in the light of this DHR to include cumulative risk and case study of 'Doris'.</p> <p>Safeguarding Development Team to produce training slides that can be used across a number of training programmes.</p> <p>This will be complemented by a briefing slide for all teams delivered by Inspectors.</p>	Norfolk Police	Sept 2024	<p>Vulnerable adults' content within Safeguarding Training now includes information relating to DHR Doris. This is part of development day training for all frontline officers</p> <p>Slides created and is being used by the police across a number of training programmes to share learning from this case.</p> <p>Matrix tool in place to score risk factors on APIs which will include weighting for cumulative risk and offender behaviour.</p>	Complete	<p>Frontline officers' knowledge and skills increased to identify, and risk assess vulnerable people in similar situations as the victim in this DHR particularly risk posed by coercive control and 'cuckooing'.</p> <p>Date completed: September 2024</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		MASH DI dip samples and audits APIs. A matrix tool is being developed to score risk factors on APIs which will include weighting for cumulative risk and offender behaviour.					

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
14	An automated triage tool to be developed to address the backlog of APIs, to prioritise risk in the backlog and to recognise repeat victims. Current multi-agency processes to be reviewed to understand thresholds and ensure information is shared with support services, either within the MASH or on districts with adults at risk, depending on potential harm or abuse and frequency. Success will be measured with a dip sample when the triage tool is in place and cases are being prioritised based on risk. Quality assurance checks to ensure that OPTs or MASH services are being made aware of appropriate APIs.	<p>Matrix triage tool has been developed and is now being tested and fine-tuned.</p> <p>multi-agency process will assess cumulative risk and ensure appropriate information sharing.</p> <p>QA process in place.</p>	Norfolk Police	July 2024	Matrix tool in place to score risk factors on APIs which will include weighting for cumulative risk and offender behaviour. This tool enables appropriate information sharing and is utilised by the Protecting Vulnerable People Team.	Complete	<p>Repeat victims of abuse identified and prioritised for risk assessment and multi-agency safety planning.</p> <p>Date completed: 11/7/24</p>



Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
15	Norfolk Police to create a referral mechanism between Multi-Agency Safeguarding Hub (MASH) and Early Help Hub/Operational Partnership Team (OPT) when cases do not fit the criteria for safeguarding within the MASH. Current processes will need to be reviewed. It would likely be an internal process within Police systems. Success would be measured by having a formal process to pass regular information between MASH and OPT/EHH structures within each district.	Referral process from MASH to OPT is in place, taking into account cumulative risk and understanding of vulnerability of adults living in the same household. This is factored into the Adult Protection Investigation screening triage tool and referral to OPT is made by adding a registered interest for OPT to the Adult Protection Investigation which also ensures an audit trail. Not all cases will be appropriate for referral.	Norfolk Constabulary	1/7/24  11/7/24	Police have reviewed referral process with learning from this DHR and identified opportunities to refine and improve processes. Changes have been implemented.  Police have enacted regular OPT attachments to MASH to ensure that both MASH PVP (Protecting Vulnerable People) and OPT (Operational Partnership Team) know how each department can best communicate and understand each other's workflows.	Complete	Improvements in information sharing to ensure referrals not meeting the MASH criteria are safely referred to a relevant agency for action.

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
16	When previous convictions of potential perpetrators are relevant to the risk presented to the adult at risk, details should be shared with other agencies to help them form safeguarding plans and further support.	Process for sharing convictions of perpetrators with partner agencies is in place, taking into account cumulative risk and understanding of vulnerability of adults living in the same household.	Norfolk Police	N/A	Norfolk Police have a process for sharing convictions of perpetrators with partner agencies is in place, taking into account cumulative risk and understanding of vulnerability of adults living in the same household.	Complete	Relevant previous convictions of potential/alleged perpetrators shared with safeguarding partner agencies to ensure fully informed risk assessments are completed to actions and safety planning for those at risk.  Date completed: 27/3/24

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
17	Training slides to be added to the vulnerability training day to show the importance of recording details of safeguarding advice and action. This will be done by the safeguarding development team. Exact details of advice and action taken to be recorded appropriately to assist those trying to secondary safeguard, including partner agencies. It would also provide a log of actions and advice that has been tried and tested when trying to problem solve repeated issues.	Action taken on recommendation 13 will cover recording of safeguarding action and advice on Adult Protection Investigations.	Norfolk Police	1/7/24  11/7/24	Importance of accurate info recording content is included within Safeguarding Training. This is part of development day training for all frontline officers.  New recording process in place, learning from this review  Regular OPT attachments to MASH to ensure that both MASH PVP (Protecting Vulnerable People) and Operational Partnership Team know how each department can best communicate key information.	Complete	Recording of safeguarding concerns, actions taken, and information shared with partner agencies are completed effectively to ensure those identified as vulnerable to abuse are supported.  Date completed: 11/7/24



18	<p>That Adult Social Care reminds its practitioners that they must be clear about the decision that needs to be made when mental capacity is being considered.</p>	<p>The Mental Capacity Act Assessments Procedure sets out expectations clearly and has recently been reviewed.</p> <p>Practitioners who carry out Mental Capacity Act assessments are required to attend Level 2 MCA mandatory training as standard, as per adult social care's mandatory training requirements.</p> <p>Periodic reminders of good practice through Organisation Wide Learning (OWL) Briefings.</p>	Norfolk County Council - Adult Social Care	Summer 2024	<p>Practitioners who carry out Mental Capacity Act (MCA) assessments are required to attend Level 2 Mental Capacity Act mandatory training as per adult social care's mandatory training requirements. Current procedures and training are subject to annual review. Practitioners within Adult Social Care are made aware of Mental Capacity Act training requirements.</p> <p>Information about process and policy for Mental Capacity assessments has been published in Organisational Wide Learning (OWL) References to this DHR including MCA and DASH were published in OWLs in 2021 and 2024.</p> <p>Adult Social Care continue to send out reminders about Mental Capacity Act training and there is ongoing monitoring to prompt</p>	Complete	Practitioners requested to undertake mental capacity assessments under the Mental Capacity Act receive full information outlining the decision to be made and have all relevant information to enable them to complete the assessment required.
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
					practitioners to keep their mandatory training up to date		

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
19	That managers at Adult Social Care ensure mandatory training particularly Domestic Abuse Stalking and Harassment (DASH) is carried out and that the learning and development team sets up a system to monitor whether mandatory training has been completed.	<p>Mandatory training for Safeguarding Adults and Domestic Abuse, including DASH is provided for practitioners.</p> <p>There is a new system in place to monitor and address practitioner's outstanding training.</p> <p>NIDAS free 2hr training available for all to be highlighted to all teams and encourage practitioners to take part includes older people.</p>	Norfolk County Council - Adult Social Care	May 2025	<p>Adult Social Care completed CSP DA Training Standards Self-Assessment.</p> <p>Adult Social Care monitor training attendance and continue to send out reminders about DASH training. References to this DHR including Mental Capacity Act and DASH were published in Organisation Wide Learning in 2021 and 2024.</p>	Complete	Adult Social Care staff have the knowledge and skills to identify all aspects of domestic abuse, undertake risk assessments, and the action required to be taken in such cases to ensure victims are protected. A record of staff training is logged and monitored by managers in annual appraisals.

20	<p>That the Adult Social Care quality assurance team audits whether practitioners are reviewing, consolidating and summarising information on cases at least once a year so that information is easier to find for practitioners reviewing records when a safeguarding concern is raised.</p>	<p>The Safeguarding Procedure and guidance have been updated to include instruction on recording a summary of concerns annually.</p> <p>Practitioners to be reminded that they can use the chronology function in LAS to pull out all safeguarding activity over a set date range.</p> <p>Dip sample of cases to be audited for appropriate use of the safeguarding summary case note by the safeguarding team managers.</p>	Norfolk County Council - Adult Social Care	<p>April 2024</p> <p>August 2024</p> <p>December 2024</p>	<p>Actions completed. There is a system with procedure and guidance to record a summary of concerns.</p> <p>Further reminder to be added to the next OWL.</p> <p>Dip sample of cases audited</p> <p>See recommendation 11</p>	Complete	Practitioners are able to easily see key events on case files to aid their assessments and identify repeat events or patterns of behaviour in safeguarding concerns.
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		This recommendation will be superseded by the AI solution described in recommendation 11.					

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
21	That the Adult Social Care quality assurance team to audit whether Social Care Community Engagement are clearly stating why a face-to-visit is necessary and whether this advice is followed by locality teams.	<p>Advice to complete a home visit could be approved by a Social Care Community Engagement manager, but locality would still have the option to decide otherwise based on demand, capacity and risk. Reminder about in-person visits issued after this homicide in the OWL winter 2021/22.</p> <p>QA team consider whether in person visits were recommended and carried out appropriately in the annual safeguarding thematic audit.</p>	Norfolk County Council - Adult Social Care	<p>December 2021</p> <p>December 2023</p>	<p>Audit process includes adherence to the 'in person visits' procedure to monitor decision making.</p> <p>Report goes to DLT, and actions are taken as necessary.</p>	Complete	The requirement for face-to-face visits is clearly understood by practitioners and confirmation given to referrer that the visit has taken place ensuring adults with care and support needs are seen and assessed as required.

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
22	Adult Social Care practitioners are reminded to review the record of the person alleged to be the cause of risk/harm when taking a safeguarding concern and considering raising a referral.	Current guidance references checking the record of the person alleged to be the cause of harm. Within the LAS process, it is necessary to search for and view the record of a person alleged to have caused harm (PACH) in order to complete the safeguarding contact. Any previous involvements as a PACH show on the front of their record.	Norfolk County Council - Adult Social Care	01/03/24	Process in practice document last updated and practitioners reminded March 2024	Complete	Practitioners routinely check records for any information held on an alleged perpetrator who may pose a risk or harm to an adult for whom a safeguarding concern or referral has been to ensure risk assessments are fully informed by background information.  Date completed: March 2024

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
23	To remind Adult Social Care practitioners to contact the Police for information if there is a concern about a potential criminal history of an alleged perpetrator so that an accurate picture of risk can be established.	We work with the Police on cases where criminality is suspected or known. Safeguarding procedure updated to advise practitioners when the police should be contacted in safeguarding enquiries.	Norfolk County Council - Adult Social Care	Last update April 2024  See recommendation 16	Safeguarding procedure last updated, and practitioners reminded in April 2024	Complete	Risk assessments are fully informed by background information of any criminal history of an alleged perpetrator to ensure a potential victim of abuse is protected by appropriate actions being taken.  Date completed: April 2024



Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
24	Adult Social Care to work with the Police to ensure information-sharing about the criminal history of alleged perpetrators is completed when raising safeguarding concerns with Adult Social Care.	<p>Adult Social Care work with the Police on cases where criminality is suspected or known.</p> <p>Police share information about criminal history when relevant and proportionate to do so, on their Adult Protection Incident forms – see recommendation 16.</p>	Norfolk County Council - Adult Social Care	Procedure last updated April 2024	<p>Regular meetings are held between Social Care Community Engagement /safeguarding/Police approximately monthly where any issues about information sharing can be discussed.</p> <p>Norfolk Police have a process for sharing convictions of perpetrators with partner agencies is in place, taking into account cumulative risk and understanding of vulnerability of adults living in the same household.</p>	Complete	<p>Practitioners routinely receive information on an alleged perpetrator's criminal history as part of a safeguarding concern from the Police to inform a comprehensive risk assessment and decision making to ensure the protection of those for whom the safeguarding concern has been raised.</p> <p>Date completed: April 2024</p>

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
25	To remind Adult Social Care managers about the need to carry out regular caseload supervision and reflective case discussions with teams and individuals. This will provide support and guidance and promote a culture of curiosity.	Supervision and reflective practice is taking place and is subject to senior management oversight. Procedure sets out requirement for caseload supervision to be carried out monthly. The Principal Social Worker and Principal OT audit case reflections from supervision sessions monthly.	Norfolk County Council - Adult Social Care	June 2023 June 2023 October 2023	Supervision and reflective practice is taking place and is subject to senior management oversight.  Procedure updated to set out requirement for caseload supervision to be carried out monthly.  Training Quality Assurance Audit undertaken annually and monitored for effectiveness and any additional subject areas required commencing from	Complete	Practitioners receive regular supervision, support, and guidance to engender a culture of professional curiosity in their case work to ensure holistic and probing assessments are achieved and recorded.  Date completed: October 2023

26	<p>Norfolk and Waveney ICB to commission training for primary care professionals specific to Mental Capacity Act and appropriate functional assessment of mental capacity and feedback to be collected from attendees.</p> <p>Training should also include awareness of the impact of coercive control on a person's ability to freely express their wishes or make decisions.</p>	<p>Design and deliver several courses for primary care to access and attend.</p> <p>Course covers:</p> <ul style="list-style-type: none"> <li>• Applying the principles of the Act to clinical practice</li> <li>• Making and documenting an MCA assessment</li> <li>• Reaching balanced and informed best interest decisions</li> <li>• Implementing best interest decisions</li> <li>• Assessing the validity and applicability of advanced decisions</li> <li>• Working with Donees</li> <li>• Referring to the OPG</li> </ul>	NandW ICB (on behalf of respective GPs)	<p>From April 2022 to September 2023</p> <p>September 2023</p>	<p>8 x Full day Mental Capacity Act Courses run by Bond Solon were offered to the Norfolk and Waveney System.</p> <p>Feedback collected from attendees who gave an overwhelming positive response.</p> <p>Information related to Mental Capacity Act shared via the GP Safeguarding Newsletter 'Spotlight' and it is posted within the Safeguarding Primary Care Teams Channel hosted by the ICB. This includes news updates, training events and useful information, including a monthly newsletter.</p>	Complete	<p>Primary Care professionals knowledgeable and skilled in undertaking MCA assessments and understand GMC ethical guidance which states 'you must be aware of your duties under the relevant legislation and have regard to the relevant code of practice' (section 78) and 'assessing capacity is a core clinical skill and doesn't necessarily require specialist input (...) you should be alert to signs that patients may lack capacity and must give them all reasonable help and support to make a decision' (section 82).</p> <p>Completed: September 2023</p>
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		<p>Involving an IMCA.</p> <p>Courses offered on first come, first served basis to Primary Care colleagues - 20 places per course; limit placed by Bond Solon.</p> <p>MCA training also delivered as part of Level 3 Safeguarding Adults training delivered by ICB Safeguarding Adult GP, and there are opportunities for case discussion within GP forums across the system.</p> <p>Case study delivered at monthly Level 3 safeguarding refresher training</p>					
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		<p>sessions.</p> <p>Compile case study to deliver at Level 3 Safeguarding training provided to general practice</p>					

27	<p>Staff completing initial sentence plans in cases where the person on probation is not engaging should be based on previous information, Crown Prosecution Service document and liaison with other agencies for information. This will support a fully informed risk assessment and risk management plan.</p>	<p>Internal case audits completed by Operational and System Assurance Group (OSAG)</p> <p>Regional Case Assessment Tool (RCAT) to be completed by Quality Development Officers and Senior Probation Officers</p> <p>HMIP Inspection completed in March 2024 will have action plan will incorporate risk assessment and sentence planning</p> <p>Suffolk Quality Action plan has objective to improve quality of risk assessments with an action for</p>	<p>National Probation Service (NPS)</p>	<p>Ongoing</p> <p>10/12/17 June 2024</p> <p>May 2024</p>	<p>Regional Case Audit Tool and Operational and Systems Assurance Group audits are ongoing and completed a monthly interval throughout the year.</p> <p>Quality Development Officers will deliver training to all staff to improve quality of risk assessments in the coming year.</p> <p>HMIP report released with formalised recommendations. Action plan put in place to address recommendations and work will be ongoing.</p>	Complete	<p>Full background information included in risk assessments and risk management plans to better supervise and manage offenders and protect the public.</p> <p>Date completed: June 2024</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		Quality Development Officers will deliver to staff during the current year to improve quality of Risk Assessments.					

2	<p>Initial sentence plans should not be countersigned by line managers unless the above actions have been undertaken and there is a comprehensive risk assessment and risk management plan. This will ensure that risk assessments and sentence plans adhere to organisational standards.</p>	<p>Internal case audits completed by OSAG</p> <p>RCATs to be completed by Quality Development Officers and Senior Probation Officers</p> <p>HMIP Inspection completed in March 2024 will have action plan will incorporate risk assessments</p> <p>Suffolk Quality Action plan has objective to improve quality of risk assessments with an action for Quality Development Officers will deliver to staff during the current year to improve quality of</p>	<p>National Probation Service (NPS)</p>	<p>Ongoing</p> <p>10/12/17 June 2024</p> <p>May 2024</p>	<p>RCAT and OSAG audits are ongoing Regional Case Audit Tool and Operational and Systems Assurance Group audits are ongoing and completed a monthly interval throughout the year.</p> <p>Quality Development Officers will deliver training to all staff to improve quality of risk assessments in the coming year.</p> <p>HMIP report released with formalised recommendations. Work to address the recommendations with action plan in place.</p>	Complete	<p>Management oversight of risk assessments and sentencing plans assures National Probation Service standard are met, and risk to the public from offenders is managed and reduced.</p> <p>Date completed: June 2024</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		<p>Risk Assessments and Risk Management Plans.</p> <p>OAsys risk assessments to be countersigned by Senior Probation Officers in accordance with the Risk and OAsys Practise Improvement countersigning checklist.</p>					

29	<p>At pre-sentence report stage, there should be Police intelligence checks completed to inform both the pre-sentence report and the initial sentence plan. If for any reason these checks have not been completed, the allocating manager will set an action for this to be undertaken. This will ensure that risk assessments and sentence plans are fully informed and relevant safeguarding actions are undertaken.</p>	<p>Internal case audits completed by Operational and System Assurance Group (OSAG)</p> <p>Regional Case Assessment Tool (RCAT) to be completed by Quality Development Officers and Senior Probation Officers</p> <p>HMIP Inspection completed in March 2024 will have action plan will incorporate risk assessment and sentence planning</p> <p>Suffolk Quality Action plan has objective to improve quality of risk assessments with an action for</p>	<p>National Probation Service (NPS)</p>	<p>Ongoing</p> <p>10/12/17 June 2024</p> <p>May 2024</p>	<p>Regional Case Audit Tool and Operational and Systems Assurance Group audits are ongoing and completed a monthly interval throughout the year.</p> <p>Quality Development Officers will deliver training to all staff to improve quality of risk assessments in the coming year.</p> <p>HMIP report will be released with formalised recommendations. Regular actions – action plan in place to address recommendations and will be ongoing.</p>	Complete	<p>Allocating managers always set a task for Police intelligence checks to routinely take place to inform pre-sentence reports and the initial sentencing plans, following which any relevant safeguarding actions are taken to increase the safety of the public.</p> <p>Date completed: June 2024</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		Quality Development Officers will deliver to staff during the current year to improve quality of Risk Assessments.					

3	<p>In the event that there is poor compliance during community sentence, a Police intelligence check should be undertaken to establish if there are any additional safeguarding actions that need to be undertaken.</p>	<p>Internal case audits completed by OSAG</p> <p>RCATs to be completed by Quality Development Officers and Senior Probation Officers</p> <p>HMIP Inspection completed in March 2024 will have action plan will incorporate risk assessments</p> <p>Suffolk Quality Action plan has objective to improve quality of risk assessments with an action for Quality Development Officers will deliver to staff during the current year to improve quality of</p>	<p>National Probation Service (NPS)</p>	<p>Ongoing</p> <p>10/12/17 June 2024</p> <p>May 2024</p>	<p>Regional Case Audit Tool and Operational and Systems Assurance Group audits are ongoing and completed a monthly interval throughout the year.</p> <p>Quality Development Officers will deliver training to all staff to improve quality of risk assessments in the coming year.</p> <p>HMIP report will be released with formalised recommendations. Action plan in place and work on recommendations has commenced and will be ongoing.</p>	<p>Complete</p>	<p>Offender managers of non-compliant offenders subject to a community sentence routinely check with the Police for intelligence to inform safeguarding actions regarding the offender and to reduce risk to the public.</p> <p>Date completed: June 2024</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		<p>Risk Assessments and Risk Management Plans.</p> <p>OAsys risk assessments to be countersigned by Senior Probation Officers in accordance with the Risk and OAsys Practise Improvement countersigning checklist.</p>					

31	<p>In the event that there is poor compliance during the period of probation supervision, Probation staff should firstly establish whether there are any other agencies involved in the case by undertaking MASH checks. Once these details are obtained, probation staff should liaise with relevant agencies and work collaboratively to re-engage the person on probation and to manage risk.</p>	<p>There is a local performance measure to ensure police intelligence checks take place, this is monitored through an online dashboard.</p> <p>Senior Probation Officers allocating cases check that intel reports are available. This forms part of a checklists during the allocation process.</p> <p>If police intel checks are not available, an action is set for administrative staff to complete these.</p> <p>HMIP Inspection completed in March 2024 will</p>	National Probation Service (NPS)	<p>Ongoing</p> <p>Monthly ongoing</p> <p>10/12/17 June 2024</p> <p>May 2024</p>	<p>Performance data is monitored on a monthly basis by the Deputy Head during Operational meetings with Senior Probation officers and quarterly basis by the PDU head.</p> <p>Regional Case Audit Tool and Operational and Systems Assurance Group audits are ongoing and completed a monthly interval throughout the year.</p> <p>Quality Development Officers will deliver training to all staff to improve quality of safeguarding in the coming year.</p> <p>HMIP report released with formalised recommendations. Action plan in place and work commenced and will be ongoing.</p>	Complete	<p>Inter-agency information sharing routinely takes place to inform a comprehensive management plan to engage and manage offenders to reduce risk to the public.</p>
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Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
		have action plan will incorporate actions required around intelligence checks i.e. when to do them.					

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
32	Cases that are not complying i.e. in breach of Community Orders/Suspended Sentence Orders and are registered as homeless should have a management oversight discussion and entry put onto case records to ensure all required steps are undertaken to manage risk.	Senior Probation Officers are copied into emails regarding enforcement action/breaches for cases. Practitioners will be made aware that they must discuss breach action for cases that are NFA with their line manager/Senior Probation Officer for oversight according to the Probation Touch Points Model.	National Probation Service (NPS)	Ongoing	<p>Senior Probation Officers are copied into emails regarding enforcement action/breaches for cases.</p> <p>Practitioners are made aware that they must discuss breach action for cases that are NFA with their line manager/Senior Probation Officer for oversight according to the Probation Touch Points Model.</p> <p>Probation officers are reminded regularly of this procedure throughout the year</p>	Complete	<p>Cases involving offenders registered as homeless have management oversight and records are highlighted as homeless to inform risk management to reduce risk to the public.</p> <p>Date completed: Ongoing practice</p>



Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
33	All staff to be reminded of the importance of applying the principles of routine enquiry during interactions with patients.	<p>Staff in Emergency Department to ask patients the key question:</p> <p>'Do you feel safe at home?'</p> <p>Additional actions to prompt staff put in place.</p> <p>Training to refresh staff domestic abuse knowledge.</p>	James Paget Hospital	April 2024	<p>Co-ordinated communications delivered to remind staff of routine enquiry principles through:</p> <ul style="list-style-type: none"> <li>- Staff Emergency Department – 1 hour Safeguarding training session to every team on their 'away' days.</li> <li>- Mandatory Safeguarding training (every 3 years)</li> <li>- Health IDVA in Clinical Leaders forum.</li> <li>- Domestic Violence and Abuse promotion on mouse-mat placed at every computer in Emergency Department.</li> <li>- Addition of prompt for question to both Emergency Department (next print) and Patient Clerking (current) documentation.</li> </ul>	Complete	<p>Patients potentially at risk or vulnerable to abuse identified and appropriately supported to reduce risk of harm.</p> <p>Date completed: April 2024</p>

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/end date	Outcome
34	<p>GYBC to work with partners to ensure that clearer guidance / training is provided on MASH and MARAC to all of its partner agencies to include:</p> <p>a) An explanation of the roles and processes of the MASH and MARAC.</p> <p>b) The correct referral route for staff to take when they have concerns about an individual to enable staff that work for these agencies to understand when to use each type of referral mechanism.</p>	<p>Norfolk Constabulary to develop resources and communication for all partners clearly explaining MARAC process in Norfolk, including roles of MASH and MARAC and the correct referral routes.</p> <p>(Actions have been revised to provide a more effective outcome for GYBC and all partners across Norfolk regarding explaining MASH and MARAC)</p>	Norfolk Constabulary (changed from Great Yarmouth Borough Council)	<p>Ongoing and underway</p> <p>October 2024</p> <p>October 2024</p>	<p>Police provided a MARAC process webinar delivery in August '25 informing partners of process. Clear outcome was the relevant workforce are better informed of terminology and DASH Assessment requirements.</p> <p>GYBC staff have access to improved information and guidance through the delivery of a new Domestic Abuse Procedure which incorporates referral pathways for DA. This is in addition to two existing DA Policies and the overarching Safeguarding Policy.</p> <p><a href="#">Multi-agency safeguarding hub (MASH) - Norfolk County Council</a> has been updated to explain service.</p>	Complete	<p>Staff have the knowledge and skills to risk assess and appropriately refer vulnerable adults and those experiencing abuse for specialist support and safeguarding.</p> <p>Date completed:</p> <p>(a) and (b) has not been achieved to date, hence future (red) target dates.</p>

Rec	Recommendation	Action	Lead agency	Target date	Progress update	Progress/ end date	Outcome
35	Workshops to be held in each locality as part of local Integrated Governance Team Meetings to explore professional curiosity to ensure staff are confident to use proactive questioning to understand what is happening with an individual and or family.	<p>All Change Grow Live Norfolk sites hold weekly team meetings. These team meetings are themed to include learning, and one monthly theme is Safeguarding.</p> <p>CGL have incorporated professional curiosity into these safeguarding sessions. Led by a designated safeguarding lead learning is achieved through a range of practical and theoretical mediums.</p>	Change, Grow, Live (CGL)	Completed April 2024	All CGL services cover learning from domestic homicide reviews as part of the monthly team meetings.	Complete	<p>Staff knowledge, skills and confidence to us probing questions and professional curiosity increased to ensure assessments are comprehensive and have a 'Think Family' systemic approach.</p> <p>Date completed: April 2024 and on-going</p>