

## DAHA Accreditation Plan

### Objectives

Overall: *housing providers will equip themselves to intervene early and improve the lives of their residents who are subject to domestic abuse. The accreditation standards set out how providers can take steps to make this a reality, from establishing values and principles, to implementing training, policies and procedures for staff, to raising awareness in the community.*

*As Domestic Abuse Commissioner, it is my role to raise public awareness about domestic abuse, hold agencies and government to account in tackling*

The purpose of the framework is to ensure local authorities and housing providers embed a domestic abuse response at every level of their originations, so that all residents/tenants experiencing domestic abuse receive an effective, consistent, and supportive housing response.

To influence the values that guide the behaviour of MBC staff and Principles will show how we behave as individuals and as an organisation.

1	Policies and Procedures
2	Staff development and Support
3	Partnerships and Collaboration
4	Safety led case management
5	Victim survivor led support
6	Intersectional and anti racist practice
7	Perpetrator accountability
8	Publicity and Awareness Raising

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### Implementation Plan

<u>Not started</u>	<u>In progress</u>	<u>Complete</u>
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	Strategic Objective and Task Required	Objective	Actions	Date for actions and progress	Comments
<b>Policies and Procedures</b>					
1.1	A Resident/ Tenant domestic abuse policy is in place & embedded in practice	Review current policy in line with DAHA accreditation standards  Procedures for how the council responds to disclosures of Domestic Abuse	Policy created but needs updated. Comments have been sent to SJC. To go to MH for office delegation due to pre approved policy. With officer delegation  Procedures to be revised (LS) and implemented across teams	<b>14<sup>th</sup> sept to be completed</b>	Policy out for comment for updates. To then be signed off by MH  LS has sent RP a copy of the referral process. Training on DASH risk assessment booked for 21 <sup>st</sup> September across teams
1.2	A Staff domestic abuse policy is in place	CBM has compiled a staff policy but both policies to reference perpetrators and support available	Policy has been to DAHA for approval. Now on work plan for SLT and Joint Staff Working Group		Policy on work plan
		To have policies as part of induction process	Can HR have this as an onboarding?	<b>30<sup>th</sup> Aug</b>	<b>SOC</b> looking into this

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		Item for checking contracted providers have training/awareness to deal with domestic abuse  Identify level required of contractors and how we implement when issuing contracts	DS/CF to check with contractors what level of awareness they have re DA.  Can this be interlinked with safeguarding requirements?	30 <sup>th</sup> Aug	
1.3	Procedures for responding to domestic abuse are in place embedded in practice	To have clear procedure for responding to DA	LS to do procedure of referral process – DONE  Procedure to be discussed at working group as need to embed across teams.  Team managers to identify training needs in accordance with referral process at working group	30 <sup>th</sup> Aug	Referral process established. To embed  DASH risk assessment training booked 21 <sup>st</sup> September
		Sanctuary schemes – How do we deal with tenant safety and referrals for non-MBC tenants?	Procedure for sanctuary scheme for tenants	<b>COMPLETED</b>	Referral process in place
<b>2. Staff development and Support</b>					
2.1	All staff are aware of domestic abuse & how it impacts families	Case reviews of DA cases to understand staff awareness Team focus groups to understand what development they want  Everyone within MBC to undertake the basic awareness training	Training procedure. Identify the courses needed for staff to attend	31 <sup>st</sup> Aug  31 <sup>st</sup> Aug	Managers to give staff referral process and identify training needs

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		Training courses to be identified for different job roles	RP to get threshold of what case review means. Case reviews to be done within 1 month  RP – procedure for case review  Rachel and SOC to do list of training  Training log – e learning recorded	31 <sup>st</sup> Aug	
2.2	Relevant staff receive domestic abuse training from specialists	Identify job roles to attend different level of training. In line with safeguarding clarification	RP to contact healthy Homes officer re courses and send email agreeing to draft training plan  RP and LS to work through training groups  Training log – how are these courses logged? SOC	7 <sup>th</sup> Sept	Training plan drafted.  Now looking for courses to complete it HO and TS teams identified for courses
2.3	Continued staff learning and development	Delivering trauma informed responses - HR			
2.4	Domestic Abuse Champions including Workplace Champions for staff	Identifying people within the organisation	Once policies launched to ask for volunteers to be DA Champions	30 <sup>th</sup> Sept	
2.5	Staff wellbeing	Wellbeing policy that can be linked into	CBM to comment on this and reference	30 <sup>th</sup> Aug	
2.6	Staff domestic abuse policy	As 1.2	SLT 6 <sup>th</sup> Sept and then JSWG		
2.7	Response to staff disclosures	Support for staff specific to DA in place	– offer details of EAP Need to refer to DA services	30 <sup>th</sup> Aug	

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		To look in staff policy to see what can be offered to them and if anything specific on discretion	Formulate a response to a disclosure re a perpetrator (HR)		
<b>3. Partnerships &amp; Collaboration</b>					
3.1	Shared governance and leadership	Community Safety Partnership. Have domestic abuse as a section on the partnership agenda	David Walker rep from EH	30 <sup>th</sup> Sept	
		DA Local Partnership Board - Attendance	RP to attend with LS as reserve	30 <sup>th</sup> May	MBC feeding into plan
		clear procedures for escalating any problems or decision making regarding the organisation's response to domestic abuse and to resolve issues for individual cases	Would this be involved in complaints or grievance process? (SOC)	30 <sup>th</sup> Sept	
3.2	Information sharing	Establish information sharing protocols? What do we have in place?	Do we need a combined ISA across teams?  Guidance needed from information officers	30 <sup>th</sup> Sept	JAG and sentinel terms of agreement  Police looking at an ISA
3.3	Participation in safeguarding and multiagency information sharing forums	MARAC review – Fully participate  DA Working Group  VARM.	Procedure for how we respond and refer to MARAC – RP	30 <sup>th</sup> Sept	

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		<p>JAG? Adults at risk? Safeguarding? Low to medium level DA cases. Do they get escalated if needed? Does MBC refer many cases in?</p> <p>Information sharing procedure in place for JAG VARM? AAR? Community Safety Partnership? – Need to look at this</p>	<p>Awaiting information from MARAC review</p> <p>Gather evidence of submissions to MARAC</p> <p>Minutes from VARM</p> <p>Minutes from JAG and</p> <p>Aar -multi agency info sharing, Attended by multi agency teams</p> <p>RP to speak to Maddy Shellard at H&amp;B re MAPPA</p>	30 <sup>th</sup> Oct	
3.4	Referral Pathways and relationships	Relationships with DA providers. Referral pathways – See section 2 for procedures	Nominate a MARAC rep for the council		<b>Strategic lead for housing options and homelessness</b>
		To analyse the co location of LWA and Case Management and how can this be expanded upon into Housing Options	<p>RP to speak to Healthy Homes Officer re Freeva</p> <p>LS, RP to discuss and meet with</p>		Training booked to assist with this and booked onto service itnroductions

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3.5	Support for specialist domestic abuse and by and for Services Specialist	<p>Evidence that we are supporting local services and pushing referrals</p> <p>To refer through safeguarding route but clearly highlight it is a DA case</p>	<p>Info re contract for Phoenix House (LS)</p> <p>To have DA logged as a item on safeguarding log</p>	30 <sup>th</sup> Aug	<p>LS established procedure.</p> <p>To be embed across teams</p>
<b>4. Safety led case management</b>					
4.1	A case management system (CMS) that supports safe practice	<p>Procedure for logging DA cases</p> <p>Can we identify DA victims and perpetrators on IT systems? – <b>NO. need to identify how we do this?</b></p> <p>Can DA be managed in a separate module to make it distinguishable from ASB. If not, how is this monitored Access MARAC minutes easily – <b>No storage of minutes</b></p>	<p>RP to speak to Nick Evans and Amanda Challoner re security on NorthGate</p> <p>To have separate focus group on IT management with Amanda Challoner or appropriate rep</p> <p>To be included on procedure for ecins and in DA procedure (LS/DW)</p> <p>This is done on e cins RP to find out how this is done on Northgate</p> <p>DW to look at this for logging DA cases</p>	30 <sup>th</sup> Sept	
4.2	Non-judgemental and believing language	<p>To demonstrate there is no victim blaming. Responsibility of harm is on perpetrator and responsibility of support is on service providers</p> <p>Case review for percentage of DA cases per 2 months.</p>	<p>RP to do checklist of standards and outcomes and address training needs moving forward</p> <p>RP, LS, DW and DS. To not be reviewed by manager of team</p>	30 <sup>th</sup> Oct	<p>Policy checked by DAHA and with officer for delegated authority for approval</p>

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4.3	Risk identification and safeguarding	How are we referring into marac? Training log will identify who can do risk assessments and who has done level 1 and 2 training	RP to speak to Marac coordinator re referral into MARAC and access to Modus  Recording onto safeguarding log with actions	30 <sup>th</sup> Aug	MARAC is under review at present and access to Modus has been difficult across the county. Feeding into county groups to resolve this  Training booked for 21 <sup>st</sup> September re MARAC process
4.4	Recording information	Ensure markers on system		30 <sup>th</sup> Sept	
4.5	Case supervision	Review of DA cases on the system to ensure notes and risk assessments have been conducted appropriately  Case reviews One to one's	RP to do set of standards for case supervision  Team Leads – to embed across all teams. Notes to be made of case reviews and supervisions and collated	30 <sup>th</sup> Sept	
4.6	Data collection, monitoring and evaluation	The CMS can be used to collate and analyse data on the demographics of victims/survivors, perpetrators and children including all protected characteristics, to identify any gaps and target those groups.  Safeguarding log	Identify systems used and can we break these categories down E cins Northgate OneVu		
<b>5. Survivor led support</b>					
5.1	Creating physical and emotional safety within the home	Details of conversations with victims. Offer of sanctuary schemes or option of moving Partnership working To demonstrate not just a hand off	Case review re actions taken from persons approaching DS, RP, LS, DW, CF  Case review checklist	30 <sup>th</sup> oct	

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5.2	Creating physical safety with professionals or services	Partnership working To demonstrate not just a hand off		30 <sup>th</sup> oct	
5.3	Creating emotional safety, trust, and boundaries with professionals	Partnership working To demonstrate not just a hand off To provide all support information and document this even if back with perpetrator	Case reviews DW, DS, LS and RP	30 <sup>th</sup> oct	
5.4	Enabling autonomy and choice through a needs-based approach	Partnership working To demonstrate not just a hand off Making clear referral pathways to officers and training to ensure correct referrals are made	Training log and staff identified (RP and LS)  Case reviews	30 <sup>th</sup> oct	
5.5	Collaboration, participation, and empowerment	Victim informed support services – Local DA Partnership on how this is working	RP to get feedback on this  RP to collate information and ask Comms for how we share this on website	30 <sup>th</sup> oct	
<b>6. Intersectionality and anti racist practice</b>					
6.1	Embedding intersectional and anti-racist practice through values, principles, and policies	How does this happen across the council?  Policies and practice that breaks down barriers to create a service accessible to all victims/survivors, particularly those from Black and minoritized communities.	LS to look at DA policies in line with intersectionality awareness session	30 <sup>th</sup> oct	To ensure policies are accurate and inclusive

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6.2	Creating intersectional & antiracist awareness and Understanding through staff training, development & support		Intersectional awareness – outcomes AR and LS to provide guidance		
6.3	Understanding the intersectional needs of residents/tenants through effective case management and data collection	Evaluating data recorded on CMS systems re demographics and assessing if this is typical of demographic of the borough and do our services meet the needs of the demographic the data represents	Can we record anything we have done for Ukraine and other languages?  Data to be drawn from ecins and analysed in line with policies and procedures	30 <sup>th</sup> Oct	
6.4	Providing victim/survivor-led support that considers the intersectional needs of each victim/survivor	Links to groups within minoritized communities	RP – DA Partnership Board. To raise with Partnership Board re works being undertaken and how this links with Melton	30 <sup>th</sup> Nov	
6.5	Publicity and awareness raising	Ensuring that publicity material is in the main language of the area and can be translated if required		30 <sup>th</sup> Nov	
6.6	Removing systemic barriers	Ensuring that publicity material is in the main language of the area and can be translated if required	To understand main demographic of Melton	30 <sup>th</sup> Nov	

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7. Perpetrator accountability					
7.1	Values and principles reflect perpetrator accountability	Your choice group to reflect values and principles "We care, we innovate, we achieve"	Policies and procedures to state that perpetrators are responsible for their behaviour – RP and HR to follow up on this	31 <sup>st</sup> Jul	Policies out for comment
7.2	Identifying perpetrators of abuse and recording and sharing relevant perpetrator information	To be able to identify perpetrator and show how we sensitively share information	Collate no of referrals into the perpetrator programme – LG  Access to modus – RP  Perpetrators within Melton at MARAC – identify them on IT systems	30 <sup>th</sup> Oct  30 <sup>th</sup> Oct  30 <sup>th</sup> oct	
7.3	Enforcement action	DA policy – tenancy services how we respond to perpetrators	DS to gather case information re action taken against a perpetrator or summary of case involving a Melton tenant who is a perpetrator.	30 <sup>th</sup> Oct	
7.4	Positive engagement	To compile case review checklist	Case review of perpetrator and what action has been done (DS)		
7.5	Your Perpetrator response does no harm to victims/survivors	To seek advice on how this can be monitored and evaluated		30 <sup>th</sup> Nov	
8. Publicity and awareness raising					

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8.1	Publicising your domestic abuse response with tenants/residents	Tenant newsletter to publicise UAVA	DS to speak with Leslie Armstrong re next edition  RP to have a number of articles from abuse services that we can use as well as publicising the work MBC is undertaking		
8.2	Targeting your communications to reach everyone	Comms Plan for DAHA and beyond to be drawn up and submitted to comms  Corporate messenger Sept Agenda items on team meetings Posters round the building  DA Awareness week octo.  Website, dedicated page for DA on melton.gov	RP to draw up comms plan in line with national campaigns and that of LWA and FREEVA  RP and LS to receive promotional material from UAVA for Phoenix House and Parkside  AA might have some contacts/resources  Neighbourhood support officers – ambassadors for men’s DA	30 <sup>th</sup> sept	With Healthy Homes Officer re regional and national campaigns
8.3	Awareness raising: hosting, organising, and supporting	The organisation regularly takes part in and organises awareness raising or fund-raising events or campaigns	Social media campaign  To have access to FREEVA, Womens Aid and LWA	30 <sup>th</sup> Sept	

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	events and campaigns	about domestic abuse and coercive control.	campaigns so can link in with them. Can Healthy Homes Officer assist with this?		
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