

Tuesday, 08 September 2020

## **OVERVIEW AND SCRUTINY BOARD**

A meeting of **Overview and Scrutiny Board** will be held on

**Wednesday, 16 September 2020**

commencing at **5.30 pm**

The meeting will be held via Zoom – please see below for joining details

<https://us02web.zoom.us/j/89512256656?pwd=anlkQXFEEY0FTTHVUWkFuT2VSUDhDdz09>

Meeting ID: 895 1225 6656 Passcode: 683447

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### **Members of the Board**

Councillor Howgate (Chairman)

Councillor Barrand

Councillor Brown

Councillor Bye

Councillor Mandy Darling

Councillor Doggett

Councillor Foster

Councillor Kennedy (Vice-Chair)

Councillor Loxton

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## **A prosperous and healthy Torbay**

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**Teresa Buckley, Town Hall, Castle Circus, Torquay, TQ1 3DR**

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# OVERVIEW AND SCRUTINY BOARD AGENDA

## 1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Board.

## 2. Declarations of Interest

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

**(Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

## 3. Urgent Items

To consider any other items that the Chairman decides are urgent.

## 4. Community Safety Partnership Response to Domestic Abuse and Sexual Violence Since Covid-19

(Pages 6 - 20)

- To review how Covid-19 impacted on levels of Domestic Violence and Sexual Abuse in Torbay.
- To be briefed on how the Crime and Disorder Partnership (Safety Communities Torbay) has and continues to respond.

## 5. Budget Monitoring 2020/2021

(To Follow)

To consider the latest position in respect of the Council's Revenue and Capital Budgets for 2020/2021 and make any recommendations to the Cabinet.

## 6. Strategic Agreement between Torbay and South Devon NHS Foundation Trust and Torbay Council/NHS Devon Clinical Commissioning Group

(To Follow)

To consider the submitted report on the above Policy Framework document and make recommendations to the Cabinet.

## 7. **Climate Emergency Verbal Update**

To receive a verbal update from the Assistant Director for Housing, Transport and Climate Emergency on the Climate Emergency.

### **Instructions for the press and public for joining the meeting**

If you are using an iPad you will need to install Zoom which can be found in the App Store. You do not need to register for an account just install the software. You only need to install the software once. For other devices you should just be taken direct to the meeting.

### **Joining a meeting**

Click on the link provided on the agenda above and follow the instructions on screen. If you are using a telephone, dial the Zoom number provided above and follow the instructions. (**Note:** if you are using a landline the call will cost up to 13p per minute and from a mobile between 3p and 55p if the number is not covered by your inclusive minutes.)

You will be placed in a waiting room, when the meeting starts the meeting Host will admit you. Please note if there are technical issues this might not be at the start time given on the agenda.

Upon entry you will be muted and your video switched off so that only the meeting participants can be seen. When you join the meeting the Host will unmute your microphone, ask you to confirm your name and update your name as either public or press. Select gallery view if you want see all the participants.

If you have joined the meeting via telephone, your telephone number will appear on screen and will be displayed for all to see until the Host has confirmed your name and then they will rename your telephone number to either public or press.

### **Speaking at a Meeting**

If you are registered to speak at the meeting and when it is your turn to address the Meeting, the Chairman will invite you to speak giving the Host the instruction to unmute your microphone and switch your video on (where appropriate) therefore please pause for a couple of seconds to ensure your microphone is on.

Upon the conclusion of your speech/time limit, the Host will mute your microphone and turn off your video.

### **Meeting Etiquette for Registered Speakers – things to consider when speaking at public meetings on video:**

- Background – the meeting is public and people will be able to see what is behind you therefore consider what you will have on display behind you.
- Camera angle – sit front on, upright with the device in front of you.

- Who else is in the room – make sure you are in a position where nobody will enter the camera shot who doesn't want to appear in the public meeting.
- Background noise – try where possible to minimise background noise.
- Aim to join the meeting 15 minutes before it is due to start.



**Meeting: Overview and Scrutiny**

**Date: 16<sup>th</sup> September 2020**

**Report Title: Community Safety Partnership Response to Domestic Abuse and Sexual Violence Since Covid**

**Author: David Parsons**

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**Purpose:**

This report is to detail the Community Safety Partnership's response to Domestic Abuse and Sexual Violence since covid to Overview and Scrutiny Group. It covers partnership responses within the more acute phase of the pandemic (lockdown) and ongoing work.

**Overview**

The main two meetings that govern responses to DASV in Torbay are the Executive Group (DASVEG) and the Operational Group (DASVOG), which report to Torbay's Community Safety Partnership via DASVEG. Both groups continued meeting during lockdown with DASVOG increasing frequency to monthly meetings. The DASV agenda sits as one of the CSP's strategic priorities, the focus was not just maintained but enhanced since covid started and remains one of our primary areas of concern. The Council's Incident Management Team would receive weekly updates regarding trends and activity around DASV and has now been established as a theme within the recovery structure.

Collaboration with colleagues from other Local Authorities across the peninsular was maintained and developed during the pandemic with the Commissioning Lead for the OPCC taking a pro-active approach in bringing people together to share information, insights and practice. Certain government funding streams came via the OPCC also so they have helped coordinate applications for these funds.

The initial planning at the outset of covid was anticipation of increased levels of DA and SV due to the likelihood of victims and abusers to be spending more time together through lockdown and under heightened stress. This planning also included how to adapt to covid-safe service delivery, ensuring accessibility of support and information. Most services have maintained supportive offers but most have also had to use phone and online methods save for more acute situations.

Communicating with people potentially in need of a service was also a priority during lockdown, to assure that services were and are still there to support and provide emergency assistance where necessary. More details of the communications activity are detailed below.

## **Trends**

Contrary to expectation, reporting to both the Police and to TDAS has been lower or equal to pre-covid levels. This was similar to most other areas within the peninsular. It is still anticipated to rise but has not yet been the Torbay experience. Here is a brief summary relating to relevant service areas and DASV experienced across them:

Torbay Domestic Abuse Service (TDAS) – Initial drop in referrals into the service which has risen, but with inconsistent volumes on a weekly basis and no apparent pattern.

Police – during lockdown reporting was significantly lower than equivalent periods for previous year, since lockdown ended reporting has increased for DA but no ‘surge’ experienced yet.

MARAC (multi-agency risk assessment conference) – referrals remained relatively constant throughout covid and forum moved to virtual facilitation to ensure no break in continuity and management of high risk cases

Sexual Assault Referral Centre (SARC) – immediate and near total cessation of referrals being received. Numbers have increased.

Devon Rape Crisis Sexual Abuse Service – initial 30% reduction in referral numbers but have seen significant rise since lockdown eased. Services were amended to virtual delivery which worked well. Referrals from IRIS have continued and proportionately more so than from other services, felt that this reflects the proactive approach this intervention takes as opposed to more reactive service delivery in the system.

Housing Options – DA has not been a notable reason for homelessness during covid and this has remained the case since lockdown ended and restrictions relaxed.

Areyouok.co.uk – this is the Safer Communities developed web resource for DASV, with content for victims, perpetrators, professionals, friends and families. Numbers of people accessing the website have increased over the last few years and the covid period saw a notable spike in utilisation. A comparison between numbers of people accessing the site during March – June in 2019 and March - June 2020 saw a near 3-fold increase in 2020.

## **Communications**

Communications have been consistently put out during covid period and reiterated that services have been both open and accessible. A mixture of media has been used in these efforts including social, newsletters, posters, staff communications and included following messages:

- Police are continuing to respond to calls.
- The SARC had been able to make alternative arrangements if someone has COVID-19, or believes they have, which means people will still receive the time critical support they require. They are still able to see individuals face to face where safe to do so.

- Despite TDAS not providing face to face support through lockdown they have provided telephone and email support. This has been amended where safe to do so, some face to face meetings are being arranged.
- Devon Rape Crisis has amended the times of their helpline to be accessible Mon to Fri, 9.00 to 12.00 noon, in addition to offering email contact. They have also been able to adapt some of their therapy work to be delivered online.
- The Peninsular wide Victim Care Unit campaign signposted to the VCU who have been able to provide advice and signpost to appropriate local services. The VCU website also provides a link to the Victim Support webchat facility which is available 24/7.
- Information promotes the message that anyone who has to flee as a result of domestic abuse can still access the Housing Options team and will be found emergency temporary accommodation.
- Another message has been to ask residents to report if they are concerned about something they see or hear happening to someone else.

All Torbay schools and early years settings had been supportive by circulating messages, with key information being that those schools that were open could be accessed as a safe space for those with a child who would normally attend that school, whether or not they were currently at school.

Information has also been circulated via Torbay Council intranet, Torbay Together weekly newspapers, to the DASV Community Forum, Care Homes, Outreach and Supported Living newsletter, and members briefing. A mobile billboard with DA messaging was also situated in front of some of Torbay's supermarkets to ensure visibility of messages in key places still being visited during lockdown.

### **Funding / New roles**

This financial year the CSP allocated the largest proportion of its annual grant from the OPCC towards the DASV agenda as a response to covid. This includes the funding of two new roles which are:

Behavioural Change IDVA (1FTE) and Children and Family Support Worker (0.5FTE) – currently being recruited to. Based on a pilot in Exeter this role will work with perpetrators of Domestic Abuse as identified by MARAC to challenge behaviours and beliefs. An accompanying Child / Family Support Worker enables for a whole family approach to be taken where circumstances necessitate.

DVPN / DVPO Co-ordinator (1FTE) – this role has just been recruited to and will be working alongside Police to provide immediate support to victims of DA protected in their own home by use of Domestic Violence Protection Orders / Notices (which removes perpetrator from home for limited period).

CSP funds have also provided additional resource within Devon Rape Crisis to help reduce their significant waiting list, paid for another course of CRAFT training and allocated a small budget to DASVOG.

STP monies have also funded a 2-year DASV Lead within CCG which gives some dedicated resource to developing the response to DASV within Health. This post has been successfully recruited to and person now in post.

Children's Services as part of their restructure are introducing some specialist DA resource within their workforce, which will be a significant step forward and support our strategic embedding of the CRAFT framework.

The Community Sector work-stream of the Ops Group were successful in their bid for the MOJ funds (£58k) via the OPCC. Now referred to as Standing Tall Partnership, they have already set about delivering on the various aspects of the grant which include:

- Emotional support - Listening ear service (helpline) to free up TDAS capacity
- Court support
- Counselling for perpetrators and people who harm including YP
- Emergency packs (eg nappies, food)
- One off emergency grants (travel, electric, etc)
- Training and supervision (and support) for helpline staff
- Publicity
- Small overhead contributions

TDAS were successful in securing additional short term funding for 3 more safe houses and accompanying support. These are available until October 2020.

Some further funding is being made available by the Home Office via the OPCC, we are currently working with colleagues from across the peninsular in coordinating our respective requests for the funding.

### **Re-Commissioning of Domestic Abuse Services**

Timescales have been amended due to covid and now work towards service start date due to be December 2021. Plan remains to re-commission alongside substance misuse and homelessness (hostel) services under an alliance contract.

### **Training during covid**

Traditional face to face delivery of training is not currently possible, which has most significantly halted the progression of CRAFT training – our second course got part-way through before being suspended due to lockdown. The developers of CRAFT are looking at how they may be able to use digital platforms to progress training and development and we await their feedback before being able to proceed in planning additional courses.

As part of the collaborative efforts across the peninsular and with the OPCC a list of available training offers nationally, regionally and locally was compiled which can be used to identify what offers may best suit staff, this list was distributed across partner agencies in Torbay.

Jason Preece and Tania Davies (Reducing Parental Conflict Coordinator) have delivered first webinar to colleagues within Children's Services that has received positive feedback and may suit as an additional means to reach staff with DASV related information going forward. The webinar is available in i-learn, the platform for which is available externally to the Council.



## **Conclusion**

DASV has remained a priority area which has been demonstrated by the ongoing monitoring not just of the regular governance structures, but also by inclusion within the IMT and recovery agendas of Torbay Council. It will continue to be a priority.

Whereas Torbay has not seen the surge in numbers anticipated by a period of high anxiety and restricted mobility / social contact, we are not complacent about this and continue to monitor the situation with our partners.

Encouragingly we have been able to continue elements of our strategic development by bringing new roles to Torbay, maintaining key system initiatives (such as IRIS) and strengthening our links across the peninsula with other DASV professionals. We will be reviewing the lessons learned from the variety of activities that have been undertaken since covid and consider which elements we would like to maintain or develop going forward.

**TORBAY COUNCIL**

**IMPACT, OPPORTUNITIES & RISK ASSESSMENT TEMPLATE**

Domestic Abuse

Version: draft v3  
Date: 07/09/20  
Authors: David Parsons, Shirley Beauchamp  
Workstream Lead: Tara Harris

**Version Control**

Version	Date	Changed By	Change	Sections
1	26/8/20	SB	First draft	All
2	28/8/20	SB	Amendments	Impact: 3, 4, 8. Risk: 4,5,7,10,11,13
3	07/09/20	TH/DP	Amendments	

## Impact/Opportunities/Risk Register

The purpose of this document is to track and monitor impacts and risks to the programme and gives an outline of the requirements.

Probability	4 (Probable)	-16	-12	-8	-4	4	8	12	16
	3 (Likely)	-12	-9	-6	-3	3	6	9	12
	2 (Possible)	-8	-6	-4	-2	2	4	6	8
	1 (Unlikely)	-4	-3	-2	-1	1	2	3	4
		-4 Major	-3 Significant	-2 Moderate	-1 Minor	1 Minor	2 Moderate	3 Significant	4 Major
<b>Impact / Risk</b>						<b>Opportunities</b>			

## Definitions

### Category

H	Health (Physical / Mental)
P	Political
E	Economic
S	Social
T	Technological
L	Legislative
En	Environmental
CC	Customer
Cm	Community
Par	Partnership
Org	Organisational
F	Financial
S	Staff
R	Reputation

### Probability

1. Unlikely – will only occur in exceptional circumstances (less than 1%)
2. Possible – may occur (1 – 20%)
3. Likely – reasonable chance of occurring (21 – 50%)
4. Probable – more likely to occur than not (greater than 50%)

### Impact (+ve or -ve)

1. Minor
2. Moderate
3. Significant
4. Major

By multiplying the probability score by the impact score an overall score is obtained.

The overall score equates to the following ratings:

### Impact or Risk Score

- 1 to -4 = Low (Grey);
- 6 to -8 = Medium (Amber);
- 9 to -16 = High (Red).

### Opportunity Score

- 1 to 4 = Low (Grey);

6 to 8 = Medium (Yellow);  
9 to 16 = High (Green).

No.	Description of Impact (what has occurred)	Consequences (including who has been impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Impact Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
1	Example:	Residents, Businesses	E	-4	-3	-12						
			S	-2	-2	-4						
			H	-2	-3	-6						
2	Reduction in referrals to domestic abuse services and police	Victims of domestic violence and abuse, their children, services providers, police, victim care services. Police and services saw a reduction in referrals during lockdown, with TDAS reporting a 50% drop in the first weeks. TDAS received a fairly equal array of referrals at all levels of risk reflective of the previous years.	H	2	-3	-6					Referrals have not seen any significant surge since lockdown ended, have returned to just above normal levels although there are weekly variances. This might change once schools re-open fully as having children at home may be seen as a protective factor in some cases. Concerns remain about risk escalating as victims remain at home with abusers possibly due to furlough, shielding or quarantine. OPCC communications campaign in place through lockdown and beyond, highlighting availability of services, mobile banner in Torbay, regular comms through social media channels and Are You OK website updated regularly.	Open
			Soc	2	-3	-6					Open	
3	Reduction in referrals to SARC	Victims of sexual violence, Service providers Arrangements had to be put in place to enable forensic examinations and transportation of samples for analysis during lockdown. Referrals into SARC flatlined at the beginning of the lockdown.	H	1	-3	-3					Referrals into SV services have increased since lockdown ended. Devon Rape Crisis reporting significant increase in referrals. Additional monies have been allocated to DRC from the STP prevention fund, and CSP monies for next year.	Open
			L	1	-4	-4					Arrangements that were made to ensure business continuity during lockdown can be re-introduced to ensure forensic work and support is provided.	Open
4	Changes in working practice due to staff working at home -risk assessments and support being delivered virtually.	Council and Service Provider Staff, victims and survivors Some staff have had to home school as well. Services had to provide IT equipment to enable home working and staff needed to learn new skills as well as adapting to delivering support by phone or virtually.	St	2	-3	-6					Some staff struggled initially, particularly with the move to telephone and on line delivery of support	Open
			CC	2	-3	-6					Some clients have reported feeling isolated and emotionally adversely impacted by lack of face to face support (particularly those from out of area as no other networks). TDAS staff observed they were spending more time just listening to their clients. As a direct result of this the "Listening Ear" service has been developed with short term Covid monies from OPCC, paid to the Community Coronavirus Helpline and delivered by trained volunteers on the helpline. This funding ceases at end	Issue

No.	Description of Impact (what has occurred)	Consequences (including who has been impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Impact Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
											October and the CVS organisations are urgently seeking monies for it to continue pending a large scale long term charitable funding bid. . TDAS report that staff found it harder to adjust. Generally clients do not mind telephone support as it can be easier to arrange, where face to face has been requested this has been provided (post lockdown). However there are limitations with telephone support in terms of reading body language etc.	
			T	3	-2	-6					TDAS responded quickly, is well prepared and able to revert to home working should the need arise.	Closed
5	Delivery of support programmes (Freedom and Helping Hands) has stopped	Service Provider staff, victims and survivors and their children Programmes not designed for online delivery and cannot be delivered face to face due to social distancing. CYP not attending school/schools closed.	H, Soc	3	-3	-9					TDAS is exploring an online Freedom programme. Using work and activity sheets as part of support in the meantime. HH will re-start once children are back in school. Covid monies funded an additional part time Children's Worker for 4 months to support CYP in safe houses; and new CYP worker starting 6/9 (CSP funded intended to work with BC IDVA families) who can provide additional support. Make Amends have offered up some restorative family work via the OPCC.	Issue
6	Emotional and wellbeing impacts to clients of lack of face to face support delivery.  Staff unable to access peer support	Service Provider staff, CVS service providers, residents/general public	CC	3	-3	-9					TDAS reported clients needed more emotional and listening support. People calling the helpline can talk about wider issues, and appropriate onward referrals made.	Open
			Par	4	-2	-8					Development of community led response via the Torbay Community Coronavirus Helpline Training for Helpline staff to understand DVA, manage disclosures safely, provide listening ear service, DASH risk assessments. Short terms grants for victims. Counselling for those who harm. Requires funding beyond end October.	Issue
			S	2	-2	-4					Staff have access to internal support structures. TDAS staff now returned to office on rota basis and are able to peer support.	Open

No.	Description of Impact (what has occurred)	Consequences (including who has been impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Impact Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
7	Inability to hold regular strategic/statutory meetings such as MARAC, Children's Strategy meetings, Targeted Help etc	Police, other agencies, IDVAs, Provider staff, Children's Services Improved attendance and information sharing	L	1	-4	-4					MARAC took place virtually as did other meetings (e.g. Children's Strategy Meetings, Targeted Help etc.)	Closed
8	Court delays in seeking DVPN/Os, injunctions and prosecutions	Victims, police	L	3	-4	-12					Victims are unprotected or return to abusive situation. Escalation of risk – risk is higher after victim leaves. Backlog and delays.	Open
		Impact on mental health and trauma	H	4	-3	-12					Services already dealing with increased referrals and emotional wellbeing issues. Pressure falls on the IDVA and ISVA roles, and outreach staff, who have to hold clients' trauma due to inability to access services quickly or not meeting thresholds.	Issue

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No.	Description of Risk (what could occur within the 3 Horizons: short, medium, long term)	Consequences (including who will be impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Risk Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
1	Example:	Residents, Businesses	E	-4	-3	-12						
			S	-2	-2	-4						
			H	-2	-3	-6						
2	Wave of referrals once schools return leading to increased demand on specialist and statutory services (including Adults and Children's social care)	Council, Providers, Partner agencies, staff, victims and children	S	3	-3	-9					Additional staff in form of BC IDVA and CYP worker, DVPN/DA Engagement Officer roles; although latter may create further demand. CVS DA Partnership trained in DA and can provide low level and wrap around support. Work with Education colleagues to support mitigation.	Open
			O	3	-3	-9					Ability of wider system to cope. Second wave may coincide with winter flu pressures and MCN Tender.	Issue
			F	3	-3	-9					Cost of resource to respond if demand exceeds capacity.	Open
3	Inability of services/system to meet demand Saturation of capacity due to second lockdown in addition	Council, Providers, Partner agencies, staff, victims and children	F	3	-3	-9					Increased temporary accommodation and children's social care costs. Govt funding to recompense will not meet full cost.	Open
			S								Services can quickly revert to lockdown	

No.	Description of Risk (what could occur within the 3 Horizons: short, medium, long term)	Consequences (including who will be impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Risk Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
	to remaining pressures from first			4	-2	-8					service delivery models.	Open
			O	3	-2	-6					Identification - monitor demand and risk levels across system Identification – utilise DA & CRAFT trained practitioners in CS system to provide support Standard risk cases to be managed outside TDAS, with professional oversight? Schedule CRAFT training and start embedding practice Review programme delivery DASVEG to convene a weekly meeting of key strategic and operational leads to review pressures in system, share intelligence and agree response and resource allocation.	Open
4	Staff absence due to stress and overwork Page 16	Council, Providers, Partner agencies, staff, victims and children	S, H	2	-3	-6					Employee assistance programme and Mental Wellbeing Champions in place. Managers to ensure address physical and emotional wellbeing in supervision. Staff fatigue and morale has not been addressed, however TDAS staff were rewarded by SSL with bonus during lockdown. OPCC considering how to express gratitude and value of the workforce.	Open
5	Staff illness due to second wave of Covid 19 or need to self isolate/quarantine	Service Provider, Council, victims and survivors	S	2	-2	-4					Business Continuity Plans in place.	Closed
			H	2	-4	-8					Significant staff numbers working from home. Cannot mitigate for contact with other family members or holidays where come into contact with Covid. Staff bulletins highlight areas of safe travel and Covid safety protocols.	Open
6	Staff knowledge, skills and learning impacted by continued working from home/ lack of face to face supervision/peer support	Staff (Council and Service Providers), partner agencies, victims, survivors and their children	S	2	-3	-6					TDAS staff now working in office on rota basis. Council staff remain working at home, isolation, fatigue, and lack of peer support. On line training available and could be further developed (see Opportunities)	Open
			O	2	-3	-6					Council consulting with staff on workplace proposals.	Open



No.	Description of Risk (what could occur within the 3 Horizons: short, medium, long term)	Consequences (including who will be impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Risk Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
7	Safe houses at capacity leading to increased use of emergency temporary accommodation and demand for temporary accommodation.	Service Provider, Council, emergency accommodation providers/hoteliers, victims and survivors and their children	F, L, O	3	-4	-12					Review current safe house clients move on plans to create space 3 additional units coming on line Monitor/increase DVPN activity and engagement Identify resource to enable continued extra outreach support post Oct 31st Provide additional support to move on. TDAS and Housing to establish weekly housing meeting to ensure successful move on.	Issue
			H	3	-4	-12					Impact on mental health and emotional wellbeing for DA clients in temporary accommodation. Work with CCG and DPT to unblock historic barriers to accessing MH services whilst in temp/crisis accomm.	Issue
8	"Silting up" of safe houses due to lack of (affordable) move on	Service Provider, Council, emergency accommodation providers/hoteliers, victims and survivors and their children	F, L, E	3	-4	-12					Review current safe house clients move on plans to create space 3 additional units coming on line Work with Housing Options team and PRS landlords /TDA to facilitate access to more long term options. Availability of deposits/loans to fund deposits and rent in advance.	Issue
9	Capacity of SV services to respond is saturated	Service Provider, Police, Health, other agencies,, victims	H, Soc ,	2	-3	-6					Additional monies have been allocated to DRC from the STP prevention fund, and CSP monies for next year. OPCC commission SARC.	Issue
10	Increase in unemployment as furlough scheme ends/reduced incomes leading to increased demand	Council, Partner organisations, service provider, victims and survivors and their children	O, E, Soc	3	-3	-9					Practitioners and other staff to be aware of triggers and indicators of DA Implementation of CRAFT to identify DA and work with families Ensure Community Helpline is able to continue (funding) to provide early support and listening ear service, provide resilience in system Establish closer working with DWP.	Issue
11	Increased demand on mental health services	Victims, survivors and their children, Health	H	3	-3	-9					Work with CCG and DPT to unblock historic barriers to accessing MH services whilst in temp/crisis accomm. Ensure capacity in IAPT services.	Issue
12	Surge coincides with flu and MCN tender	Council, Provider partners, residents,	O	2	-2	-4					Recovery plans in place. No contingency plan in respect of MCN – add to MCN risk register.	Issue
13	Increased likelihood of death	Victims and their children , Council, Providers, Partners	H,O, R	1	-4	-4					Police-led processes are in place in event of domestic homicide/suicide. DASVEG to increase scrutiny and frequency if	Open

No.	Description of Risk (what could occur within the 3 Horizons: short, medium, long term)	Consequences (including who will be impacted i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Risk Category	Probability	Impact (-ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
											demand surges to ensure system awareness of increased levels of risk.	

No.	Description of Opportunity (within the 3 Horizons: short, medium, long term)	Benefits (including who will benefit i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Opportunity Category	Probability	Impact (+ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
1	Example:	Residents, Businesses	E	4	3	12						
			S	2	2	4						
			H	2	3	6						
2	Stronger relationship with OPCC Commissioner and other Peninsula LAs	Council, services, victims and survivors, partner agencies Opportunities for collaborative funding bids and co-commissioning Shared learning and good practice Improved preparedness for cross border working under the DA Act Opportunity to influence the centre through OPCC	Par, O	4	3	12					Establishment of OPCC led Victim Care Sustainability Group including Peninsula wide DA commissioners to ensure victim services could continue to respond. Continued engagement with OPCC and Peninsula colleagues on funding bids and post Covid planning and delivery.	Open
			L	3	3	9					Relationships form good foundations for cross border working under DA Act.	Open
			F	2	3	6					Funding obtained for 3 additional safe houses and a CYP worker. The safe houses will continue once in place, the CYP worker is short term.	Closed
3	Improved relationships with DASV CVS sector agencies	Agencies, victims and survivors, Council Potential for funding bids to make Community Helpline more sustainable and provide community based response to standard risk.	Par,C, Cm	3	3	9		SB			Ongoing engagement with DASV CVS Partnership and support for funding bids	Open
4	Change in practice – support delivery can take place virtually or by phone for some	Cost effective as reduction in travel expenses, and more productive, quicker assessments. Client can choose method of contact and support	T,S	3	3	9					Pandemic has shown that safe, effective 121 support can be delivered by phone and on line	Closed
			CC	3	3	9					As above	Closed
			F	3	3	9					Initial outlay is offset by increased effectiveness and productivity	Open
5	Improved and quicker collaboration and	Council, Providers, partner agencies	Par, O, T	4	4						Although Zoom is available not all partners will use, require access to Microsoft Teams	Issue

No.	Description of Opportunity (within the 3 Horizons: short, medium, long term)	Benefits (including who will benefit i.e. the Residents, Businesses, the Council, Partner Agencies etc.)	Opportunity Category	Probability	Impact (+ve)	Overall Rating Low Medium High	Direction of Travel	Owner	Date Identified	Date Last Updated	Current Status/ Mitigation/ Contingency	Indicator Open Closed Issue
				1-4	1-4							
	partnership working across all partner agencies	Speedier meetings, better attendance, quicker resolutions.				16					accounts, and other technological resources such as Sharepoint, to facilitate more streamlined collaborative working.	
6	Co-ordinated communication campaigns	Council, Partner Agencies, Victims and Survivors, general public Better awareness raising, avoidance of duplication or mixed/confusing messages , greater reach	Par, CC, CM	3	3	9		SA, SB			Collaboration on funding bids, targeted communications campaign to advise that OK to leave home during lockdown due to DVA. Ongoing collaboration.	Open
7	More effective use of staff time by using home working and adopting flexibility in working hours	Council and Service Provider staff, partner agencies. Flexibility to accommodate home schooling etc and delivery of support at times to suit customer's needs.	S, F	2	3	6					Improved productivity and staff morale, although not all staff like working at home. Requires financial outlay to ensure appropriate equipment etc. Some staff are already accustomed to working in this way.	Open
			O	2	4	8					Not all staff can work flexibly. Cultural change required within the organisation to recognise and trust staff.	Issue
			CC	2	4	8					Services can be provided to clients at times that suit them – in terms of DA this might be outside standard office hours when the abuser is not around.	Open
8	Increase different methods of online learning eg webinars, tutorials.	Staff/Service Provider/council benefit from shorter more frequent training sessions, without costs of venues. Takes staff away from service delivery for less time. Creates new opportunities for WFD.	S,O, T	4	3	12					Existing i-learn packages in place. CRAFT being converted to on line. Adoption of virtual platforms has supported this. Need trainers/managers to be trained in how to work tech to best effect (eg use of breakout rooms) and access to Microsoft Teams accounts, and other technological resources such as Sharepoint.	Open
9	Extended length of stay in safe houses during lockdown has meant service had more time to support clients to understand their experiences and fully engage in support.	Victims and survivors are less likely to enter a further abusive relationship as they better understand the dynamics of coercion and control/reduction in levels of risk. More prepared to move on.	F,E,S	3	2	6					Requires more accommodation capacity to allow stays to be extended. Potential to make a case for a different or additional accommodation model – such as Housing First for more complex cases. Impact score is reduced due to financial cost to implement.	Issue

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