

IMPACT, OPPORTUNITIES & RISK ASSESSMENT TEMPLATE

Domestic Abuse

Version: draft v3
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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
Impact / Risk						Opportunities			

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

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				1-4	1-4							Open Closed Issue
											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

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				1-4	1-4							Open Closed Issue
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

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
				1-4	1-4							Open Closed Issue
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	

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				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	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

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				1-4	1-4							Open Closed Issue
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

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				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

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				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