



# Domestic Abuse-Related Death Review Mitchell Action Plan

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## Overview Action Plans

<b>Recommendation 1:</b> Male Victims						
<b>The desired outcome from the recommendation</b> Males who have experienced domestic abuse should be acknowledged and provided with support.						
<b>REF</b>	<b>Action (SMART)</b>	<b>Scope</b>	<b>Lead</b>	<b>Key milestones</b>	<b>Target date</b>	<b>Completion Date and Outcome</b>
1.1a	Swindon Community Partnership to be assured of the availability of resources and staff training in this area from the participating agencies.	Local	Community Safety Partnership (CSP)	<b>The new CSP strategy has a focus on increasing the response to male victims of DA for it's year one implementation. This will include establishing a focus group of male survivors to capture their authentic voice of experience and use this to inform training strategies and commissioning decisions</b>	March 2026	<b>This is a long term and ongoing action that the CSP continue to work on</b>
1.1b	Swindon Community Partnership should consider specific local communications campaigns to encourage the local community-based service/police to come forward around events such as International Men's Day.	Local	CSP	International Men's Day in September 2024 is already included in the Comms Plan for the DA Comms Group and a part of the resources for 16 Days of Action in November 2024.  DA Forum in November will include a presentation by the Mankind Initiative on supporting male victims.	November 2024	<b>Actions completed 29/11/2024</b>  <b>A further DA Forum scheduled for April 2025 will also include a guest speaker discussing the impacts of services on male victims of DA as an educational tool for all agencies.</b>
1.1c	To ensure that the organisations participating in the Swindon Community Safety Partnership promote domestic abuse services accessible to all on their websites and in materials	Local	CSP	A new CSP website will be available by September, which will include resources to help domestic abuse victims, front-line professionals and communities.	September 2024	<b>Completed.</b> <a href="#">Domestic abuse - help and advice   Swindon Borough Council</a>  <b>August 2024</b> AWP:

	readily available to staff, patients, and the general public.			We will ensure we link the resources to our partner's websites.		<ol style="list-style-type: none"> <li>1. AWP Website includes Safeguarding and Reporting abuse section. Includes details of categories of abuse and specific section for Coercive control. Provides advice around police reporting via 999, 101 and contacting PALS.</li> <li>2. AWP will promote dissemination of domestic abuse service information.</li> <li>3. For all staff to be made aware of where to find this information and available resources.</li> <li>4. AWP Domestic Abuse Procedure includes a list of available national and local domestic abuse support services. However, in the Swindon Local directory SWA is listed as 'Swindon Women's</li> </ol>
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							Aid'. This policy is due for review in August 2024 and this will be amended
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**Recommendation 2:**  
Coercion and Control


**The desired outcome from the recommendation**  
To ensure coercion and control, it is identified as domestic abuse and provision of support is offered to victims and survivors.

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
2.1a	All agencies to ensure that their staff consider CCB and unconscious bias through clinical supervision.	Local	CSP	<p><b>Training audit completed Oct 2024</b></p> <p><b>Additional training audit completed Feb 2025</b></p>	Oct 2024	<p><b>Training audit completed. An awareness raising event will take place in the summer of 2025 for all professionals. This event will spotlight CCB, recognising and responding to. There will be a male guest speaker as an expert by experience to provide advice and guidance to the professionals in attendance.</b></p> <p><b>August 2024:</b> <b>AWP:</b></p> <ol style="list-style-type: none"> <li><b>1. There is an available Domestic Abuse E-learning packing, which includes detailed definitions and exploration of coercive and</b></li> </ol>

						<p>controlling heaviour. This E-learning is not currently mandatory for staff to complete, however this is being reviewed, to establish whether this will be a mandatory session.</p> <ol style="list-style-type: none"> <li>2. Practitioners to be made aware of availale resources to support learning and own knowledge.</li> <li>3. Coercive behaviour is included in the AWP Domestic Abuse Procedure and risk assessment, escalation and support resources are provided.</li> </ol>
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<b>Recommendation 3:</b>						
Response to Disclosures of Domestic Abuse						
<b>The desired outcome from the recommendation</b>						
Ensure a robust response to domestic abuse disclosures.						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
3.1a	GPs are to be provided with guidance on recording identifiers on patient records to support the recognition of domestic abuse.	Local	Integrated Care Board			<b>08/04/2025</b> RCGP have advised there is only one code that should be applied in the GP record. This should be

					<p>“history of DA” and must only be recorded in victim and children’s record but not the perpetrator. When entering codes in to the children’s record it must be hidden from online view so that it cannot be seen apart from those in the surgery or if access is given.</p> <p>This has then been shared with the GPs as an update.</p>
3.1b	Swindon Domestic Abuse service to gather the "lived experiences" of male domestic abuse survivors to have a better understanding of how they perceive the response of agencies when they disclose such abuse.	Local	Swindon Domestic Abuse Service		<p><b>The commissioned provider changed during the time that this action plan was being implemented.</b></p> <p><b>The survivor voice lead within the Swindon Community Safety Team has an ongoing piece of work with third sector agencies to capture the lived experience of male victims specifically. There is a male specific questionnaire that is open to any male to complete to feed back about services.</b></p>

						 <p><b>Information received from this survey is analysed by the Swindon Domestic Abuse Board to incorporate the authentic voice of male victims to inform partnership wide training, and commissioning decisions.</b></p>
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<b>Recommendation 4:</b>						
Self-Harm, Suicide and Domestic Abuse						
<b>The desired outcome from the recommendation</b>						
Assuring that agencies are aware of the suicide and self-harm risks linked with domestic abuse						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
4.1a	All individuals who present to services with suicide ideation must be asked about domestic abuse.	Local	All statutory agencies	<b>AWP have moved to an individualised 'safety assessment- approach in line with NICE 'Self-harm:</b>		<b>Already completed</b> – Police officers are inquisitive and will converse with someone they come across - they should

				<p><b>assessment, management and preventing recurrence' guidance.</b></p> <p><b>Assessments are to be completed for all AWP clients at first or renewed contact with service. This is also re-assessed if there is a change or escalation of patient safety events, when a change in presentation or circumstance is identified, at onset of known/ future triggers that may increase risk and when new information is received from patient/ family/ carers or other source.</b></p> <p><b>Safety assessments include exploration of mental health, including self-harm and suicide concerns and considerations of risks to self and others, domestic abuse is listed as a potential risk.</b></p> <p><b>There is an accompanying mandatory eLearning package "Safety Assessments and Suicide prevention in Mental Health Services" Includes the principles of patient safety events, explicitly states domestic abuse under the category of harm from others.</b></p>	<p>always ask why someone feels this way. There is repetitive evidence of officers completing PPNs as per force policy whenever they attend incidents of domestic abuse.</p> <p>GWH – Routine Enquiry for AWP Mental Health Liaison service at GWH</p>
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				<p><b>Includes a domestic abuse case study, including escalation advice- DASH and referral to MARAC, domestic abuse support services.</b></p> <p><b>AWP Domestic Abuse Procedure:</b>  <b>“Staff should take responsibility for asking about domestic abuse both in direct and routine enquiry.</b>  <b>Those experiencing domestic abuse may not disclose to the first person who asks them so it is important to include enquiries at every assessment. Discussion around domestic abuse should take place with the service user on their own and not within hearing of any other friend or family.”</b></p>	
4.1b	For public health to include the risk of suicide for victims of domestic abuse with the suicide strategy.	Local	Public Health	<p>Swindon’s suicide prevention action plan was approved in collaboration with wider system partners at April 2024’s Swindon locality suicide prevention and self-harm partnership mtg.</p> <p>Priority area 4 of the action plan- details addressing common risk factors linked to suicide at a population level by providing early intervention and tailored support.</p> <p>Domestic abuse is included as one</p>	<p><b>April 2025</b></p> <p><b>Related actions:</b> Ensure suicide and self-harm prevention training and resources are available and accessible to all, especially those working with the priority groups.-  <i>Recently completed suicide awareness training with over 300 delegates attending across Swindon.</i></p> <p><i>Additional QES RTSS domestic abuse drop down option added to</i></p>

				of the common risk factors set out with this priority area.		<p><i>the system for all reported suicides where DA has been a causal factor.</i></p> <p><i>Full audit of all suspected suicides for 2024 due to be completed end of July 2025, findings and recommendations to be presented at Swindon locality suicide prevention group July 2025.</i></p>
4.1c	When self-harm/suicidal thoughts are found in the context of domestic abuse, services must have clear pathways in place to support the disclosure and provide appropriate assistance to the victim/survivor. This could involve assisting the victim/survivor in submitting a referral or referring on their behalf. In addition, consider reporting victims/survivors to MARAC and seeking help for those who do not consent.	Local	All statutory agencies, including Swindon Domestic Abuse Services	<p>AWP:</p> <p>1.Domestic abuse Safety Guidance document provides information and support in relation to domestic abuse and suicide, including considerations and escalation. This provides guidance for victims and perpetrators of domestic abuse.</p> <p>The guidance clearly advises on the need to complete DASH risk assessment and states to always refer to MARAC in circumstances where harm may come to the victim due to suicide risk. Guidance advises clinicians to seek advice from their manager/ MDT/ AWP safeguarding team.</p> <p>2.The AWP Domestic abuse Procedure also provides advice on assessment, escalation and</p>	August 2024	<p><b>Completed</b> – Police officers are sufficiently completing PPNs at domestic abuse incidents and referring these to MASH. They also routinely signpost individuals to further support, including:</p> <ul style="list-style-type: none"> <li>• Wiltshire Police’s Victim and Witness Care Team – Horizon</li> <li>• NCDV</li> <li>• Swindon Domestic Abuse Support Service</li> <li>• Fear Free</li> <li>• Home Truths</li> <li>• Refuge</li> <li>• Safe Lives</li> <li>• Victim Support charity</li> <li>• Respect phoneline</li> <li>• Men’s Advice Line</li> <li>• Mankind</li> <li>• Samaritans</li> <li>• Escaping Victimhood</li> <li>• First Light</li> </ul>

				available resources, both nationally and locally.  3. AWP Domestic Abuse Procedure includes information about MARAC referrals. This is due for review in August 2024. As part of review, to explicitly include information about referral to MARAC with or without consent		
4.1d	The development of supplementary guidance to the DASH risk assessment for risks associated with suicide.	National				

<b>Recommendation 5:</b> Professional Curiosity & Routine Enquiry and Domestic Abuse						
<b>The desired outcome from the recommendation</b> Encouraging agencies to be professionally curious while addressing partnerships and ensuring they utilise routine and selective enquiry.						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
5.1a	The partnership will provide bespoke Professional Curiosity training to its partners and undertake evaluations three and six months later.	Local	CSP	Learning Brief on Professional Curiosity <a href="#">Professional Curiosity Learning Resource SABN - Swindon Safeguarding Partnership</a>  <a href="#">Professional Curiosity Resource Pack - Swindon Safeguarding Partnership</a>		Completed. Agencies have evidence through practice that they have briefed their staff teams and are seeing a marked difference in professional practice.

				This evaluation process is already in place with the LDG and professional curiosity learning briefs		
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## Individual Agency Recommendations and Action Plans

### Avon and Wiltshire Partnership NHS Trust (AWP)

<b>Recommendation 1:</b>						
1. A trust-wide update of the Crisis / Intensive leaflet will include welcoming carers, family, and friends to get in touch and work with the service to support the service user if needed (Triangle of Care).						
<b>The desired outcome from the recommendation –</b>						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
1.a	AWP Swindon Intensive services (SIS) information leaflet to be reviewed, to ensure team contact details are shared and encouraging family, friends and carers to make contact and work with the service if they wish to do so.		AWP		Completed	05/07/2024 Confirmed implemented.  Swindon Intensive services have developed a comprehensive information pack, provided to patients and family/ carers when a practitioner attends to undertake assessment.  Information pack includes: - -Details about the SIS team role and how to contact. -Additional support details if required, including MIND,

						<p>Advocacy, PALS and Talking Therapies.</p> <ul style="list-style-type: none"> <li>-Carers coffee mornings, drop in dates and Swindon Carers Centre details</li> <li>- Feedback information provided.</li> </ul> <p>-SIS have also developed a specific carers' email inbox, which is in operation. SIS team provide this address to carers and family members, encouraging them to contact if there is any information they would like to share.</p> <ul style="list-style-type: none"> <li>-Carers/ family are also encouraged to contact if they require support and the SIS team will support with referrals for support, as required.</li> <li>- The carers email inbox has an automatic reply, which details that inbox is not constantly monitored and provides urgent/ emergency advice and contact details if required.</li> <li>-The inbox is monitored by SIS team administrators.</li> </ul>
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**Recommendation 2:**

The mental Health Liaison Team will ensure that safeguarding issues are being recorded as incidents and that referrals to safeguarding are made, where appropriate, in line with current guidelines.

**The desired outcome from the recommendation –**

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
2.a	<p>To ensure that AWP Mental Health Liaison Team (MHLT) are clearly documenting safeguarding concerns on both mental health and general hospital records.</p> <p>Where safeguarding concerns are identified, safeguarding referrals must be completed, as per internal policies.</p>		AWP	<p>-General Hospital-Based Mental Health Liaison Teams Standard Operating Procedures' (SOP) explicitly states that safeguarding policies and procedures are adhered to, and staff are to undertake training appropriate for their professional role.</p> <p>-AWP Safeguarding Adults Policy has recently been reviewed and ratified.</p> <p>-SOP includes specific guidance on documentation on AWP electronic records and on relevant acute hospital record. SOP confirms that documentation should include assessment summary, including any short and medium-term risks identified and any interventions or strategies to manage these. Recommendations regarding discharge are also to be documented.</p> <p>-SOP is due for review and consideration to be made, as to whether to include explicit reference</p>	August 2024	<b>AWP Safeguarding adult policy ratified in 2024 and available to all teams</b>

				to documentation of safeguarding concerns.		
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**Recommendation 3:**  
Swindon Intensive Service to ensure that referrals with Safeguarding themes are being recorded/discussed/escalated for further consideration where required.

**The desired outcome from the recommendation –**

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
3.a	When safeguarding concerns are identified, Swindon Intensive Service (SIS) are to ensure that concerns are documented clearly, discussed at MDT/ with AWP safeguarding team and escalated as appropriate, in line with policy.		AWP		July 2024	<p>07/2024. SIS have confirmed a clear, identified process, implemented by the team, if safeguarding concerns are identified. At assessment, the assessing practitioner would action any relevant referrals/ contact with SBC Adult or Child Safeguarding team. When the case is presented at MDT meeting, safeguarding concerns are highlighted. Concerns are documented on electronic records, accessible by other AWP teams as required.</p> <p>If concerns identified after assessment, team would raise for discussion at MDT or to SIS safeguarding lead, or senior prac. If required, team are aware this can be escalated to management team meetings and AWP safeguarding team</p>

						can be contact with any queries or concerns. This is in line with internal policies.
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**Recommendation 4:**  
Review the Trust-wide Safety Assessment for those who present with suicidal ideation/self-harm/ overdose. Ensure domestic abuse is listed as a prompt for exploration as one of the risk factors for suicide.

**The desired outcome from the recommendation –**

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
4.a	To ensure that Safety Assessment guidance clearly includes domestic abuse as a key consideration, requiring further exploration when undertaking an assessment of past, current or future safety with service users.		AWP		April 2024	<p><b>Completed and implemented. April 2024.</b></p> <p>Safety Assessment General Guidance guidelines include considerations and potential safety issues to be considered during assessment. This includes Domestic Abuse and the guideline signposts to Domestic Abuse and suicide risk factors Guidance for further information.</p> <p>Domestic abuse Safety Guidance provides information and support in relation to domestic abuse and suicide, including considerations and escalation. This guideline includes information for victims and also perpetrators of domestic abuse.</p>

						Safety assessment guidelines are clearly accessible on Trust Intranet pages and hyperlink embedded into safety assessment documentation page on electronic patient records.
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<b>Recommendation 5:</b> Offer a training update around domestic abuse risk assessment to Swindon MHLT and SIS. Include tools available within the Trust, such as the Domestic abuse directory of services, the DASH support tool and the safety planning toolkit. These are to be circulated to the involved teams.						
<b>The desired outcome from the recommendation –</b>						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
5.a	For AWP Safeguarding team to contact Swindon MHLT and Swindon Intensive Service (SIS) to offer a training update session around domestic abuse, including DASH risk assessment, safety planning and MARAC.  Circulate directory of domestic abuse services with teams.		AWP	Contacted SIS team, who will provide the teams upcoming availability for this to be delivered.  MHLT will be contacted to arrange training update session.	September 2024	<b>AWP Safeguarding team provided a face to face update session with SIS in September 2024. There have also been subsequent training sessions with the teams.</b>

## Great Western Hospital NHS Foundation Trust

<b>Recommendation 1:</b> AWP records the assessment outcome on Trust Electronic Patient Records on each relevant occasion.						
<b>The desired outcome from the recommendation –</b> <i>That AWP practice supports GWH NHSFT staff to understand the outcomes of care contacts with Mental Health Services</i>						

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
1.g	AWP staff to have access to all relevant GWH EPR systems – achieved through 1. Applying for Access 2. Accessing, reading and understanding the written guidance	Local	Wendy Johnson	<b>100% of AWP staff having access the GWH EPR systems</b>	01 01 2025	Achieved 01 01 2025

<b>Recommendation 2:</b> Trust Emergency Department Consultants need access to AWP Electronic Patient Records.						
<b>The desired outcome from the recommendation</b> – <i>To allow GWH staff to better understand the history and recent contact information regarding patients who may attend GWH ED in mental health distress</i>						
REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
2.g	<b>GWH and AWP to have systems that are able to share information regarding recent contacts</b>		GWH		Ongoing	<i>March 2025 GWH are in agreement that this would be a proactive and positive outcome. GWH will continue to pursue lines of enquiry to establish if this can viably happen between the two agencies, ensuring compliance with information governance.</i>

## The Nelson Trust

<b>Recommendation 1:</b> Nelson Trust workers receiving contact from anyone disclosing harm to self or others must act on this information immediately
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<b>The desired outcome from the recommendation –</b>						
<b>REF</b>	<b>Action (SMART)</b>	<b>Scope</b>	<b>Lead</b>	<b>Key milestones</b>	<b>Target date</b>	<b>Completion Date and Outcome</b>
1.n	Nelson Trust to reassess and update processes accordingly. Ensure staff are appropriately trained in the processes to follow when receiving disclosures of harm to self or others.	Regional	The Nelson Trust (NT)	<p>NT Designated Safeguarding Leads have reassessed the safeguarding policy and made changes where indicated.</p> <p>Internal keyworker training includes ‘responding to risk’.</p> <p>External specialist agencies have trained some NT teams on responding to disclosures.</p>	March 24	All NT Women’s Centres across the Southwest and Wales are to receive training from external agencies on responding to disclosures.

<b>Recommendation 2:</b>						
Any concern for welfare, 999 is contacted immediately						
<b>The desired outcome from the recommendation –</b>						
<b>REF</b>	<b>Action (SMART)</b>	<b>Scope</b>	<b>Lead</b>	<b>Key milestones</b>	<b>Target date</b>	<b>Completion Date and Outcome</b>
2.n	This is to reiterate to all staff as a refresher and to any new starters that the first call of action is to call 999 after disclosing harm to self or others.	Regional	The Nelson Trust (NT)	<p>NT Designated Safeguarding Leads have reassessed the safeguarding policy and made changes where indicated.</p> <p>Internal keyworker training includes ‘responding to risk’.</p> <p>An internal briefing was sent to all staff in Nelson Trust Womens Community</p>	Feb 24	<b>Completed</b>

				Services to ensure this process is followed.		
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**Recommendation 3:**  
Nelson Trust key workers receiving a disclosure of domestic abuse need to complete a DASH with the victim where appropriate. This also needs to be documented and followed up.

**The desired outcome from the recommendation –**

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
3.n	NT will regularly review all safeguarding processes and procedures.  The training was delivered to staff on how to complete relevant referrals, which would trigger a response from another agency. All referrals must be actioned, followed up on, and documented appropriately and according to our case management system.	Regional	The Nelson Trust (NT)	NT Designated Safeguarding Leads have reassessed the safeguarding policy and made changes where indicated.  Internal keyworker training includes 'responding to risk'. External specialist agencies have delivered training to NT teams on responding to disclosures.	March 24	All NT Women's Centres across the Southwest and Wales to receive training from external agencies on responding to disclosures and completing

## Wiltshire Police

**Recommendation 1:**  
Wiltshire Police will continue to work towards implementing a new process for front-line officers to highlight domestic violence victims who have taken their own lives to the Practice Review Manager for consideration of a referral. Messaging will be written and delivered to staff to highlight this new process.

**The desired outcome from the recommendation –**

REF	Action (SMART)	Scope	Lead	Key milestones	Target date	Completion Date and Outcome
1.p	<p>Develop briefing and information pack to be delivered to front-line officers and staff to develop their knowledge concerning practice review and when to make a referral to the Practice Review Manager.</p> <p>Practice Review Manager to continue checking all recorded suicides and homicides on policing systems to identify relevant cases which require referral</p>	Local	Police	The practice Review Manager has already instigated a process of checking all new homicides and suicides on policing systems weekly to identify relevant cases for referral.	March 2025	<p><b>Completed –</b> As mentioned in the milestones section, the practice review manager routinely checks all homicides and suicides on a weekly basis.</p> <p>In addition, a specific intranet page has been developed which defines practice review and publishes quarterly newsletters on relevant learning. This is shared across the force to all employees.</p>