

IMPROVING LIVES SELECT COMMISSION

Venue: Town Hall, Moorgate
Street, ROTHERHAM.
S60 2TH

Date: Wednesday, 18th December,
2013

Time: 2.00 p.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March, 2006) of the Local Government Act, 1972.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Communications.
7. Minutes of the previous meeting held on 6th November, 2013. (Pages 1 - 8)
8. School Organisation - update. (Pages 9 - 24)
9. Safeguarding Adults - Annual Report 2012-2013. (Pages 25 - 75)
10. Improving Lives Select Commission - work programme update. (Pages 76 - 79)
11. Date and time of the next meeting: -
 - Wednesday 22nd January, 2014, to start at 1.30 p.m. in the Rotherham Town Hall.

Improving Lives Select Commission membership: -

Chairperson – Councillor G. A. Russell

Vice-Chairperson – Councillor C. Read

Councillors Ali, Astbury, Burton, Clark, Dodson, Donaldson, J. Hamilton, Kaye, Lelliott, License, Pitchley, Robinson, Roddison and Sharman.

Co-opted members: - Mrs. A. Clough (ROPES), Mrs. J. Blanch-Nicholson (Home Start), Mr. M. Smith (Safe@Last), Parish Councillor N. Tranmer, Mrs. J. Jones (GROW), Mrs. J. Fitzgerald (Rotherham Parent and Carers' Forum).

IMPROVING LIVES SELECT COMMISSION
Wednesday, 6th November, 2013

Present:- Councillor G. A. Russell (in the Chair); Councillors Buckley, Clark, Dodson, J. Hamilton, Kaye, License and Read and Co-opted Member Mr. Mark Smith.

Apologies for absence had been received from Councillors Ali, Burton and Donaldson, and from Co-opted Members Mrs. A. Clough and Ms. J. Jones.

28. DECLARATIONS OF INTEREST.

Councillor B. Kaye made a Personal Declaration of Interest due to his role as Chair of the Kimberworth Park Partnership in relation to item 32 (Families for Change).

29. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public or the press in attendance.

30. COMMUNICATIONS.

The Senior Scrutiny Adviser (Scrutiny Services, Legal and Democratic Services, Resources Directorate) advised that the report of the Scrutiny Review into Domestic Abuse had been presented to the Cabinet. The Cabinet would respond to the Scrutiny Review's Recommendations within two-months.

31. MINUTES OF THE PREVIOUS MEETING HELD ON 18TH SEPTEMBER, 2013.

The minutes of the previous meeting of the Improving Lives Select Commission held on 18th September, 2013, were considered.

In relation to Minute No. 22 (Rotherham Local Safeguarding Children Board Annual Report, 2012/2013), an amendment was requested in relation to the section dealing with the Local Safeguarding Children Board's main areas of concern. The second bullet point stated that levels of neglect in the Borough were an 'emerging issue'. It was requested that this be amended to the levels of neglect were being addressed as a priority following identification in the Ofsted inspection of 2011.

The Chairperson of the Improving Lives Select Commission thanked the Clerk for the format and content of the minutes from the previous meeting, as they were comprehensive and outlined all of the information considered.

Resolved: - That, with the amendment as shown above, the minutes of the previous meeting of the Improving Lives Select Commission be agreed as an accurate record for signature by the Chairperson.

32. FAMILIES FOR CHANGE.

Councillor G. A. Russell welcomed the Families for Change Co-ordinator, the Workforce, Strategy, Planning and Development Manager and the Director of Safeguarding Children and Families (all of the Safeguarding Children and Families, Children and Young People's Services Directorate) to the meeting. The Officers had been invited to attend the meeting to update the Improving Lives Select Commission on Rotherham's Families for Change initiative.

Minute No. C23 (Troubled Families Initiative) of the Cabinet meeting held on 20th June, 2012, provided authorisation for Rotherham to undertake the Central Government's Troubled Families Initiative.

The Troubled Families Co-ordinator explained how Rotherham had re-branded the Central Government's 'Trouble Families' initiative to 'Families for Change' in order to emphasise the positive aspirations of the programme in Rotherham. A similar approach had been taken by other local authorities. No parts of Rotherham's workstream were delivered under the name 'Troubled Families', as the intentions of partnership and co-operation were guiding principles, and all provision was done 'with' families, rather than 'to' them. The Troubled Families' Co-ordinator had retained the job title to ensure clarity and accountability to the funding stream.

Rotherham has been asked to work with 730 families during the three year programme (April 2012 – April 2015); at this stage of the programme 415 families were working with Families for Change, including both the adults and children within the family.

Families were identified as being eligible to work with the programme through a number of criterion: -

- Education – children in the family being classed as 'persistently absent' with attendance figures of less than 85%, or who had been temporarily excluded three or more times in a year, or permanently excluded;
- Crime and Anti-social behaviour as factors in the family;
- Adult/s in the family claiming unemployed Benefits.

If a family displayed evidence of all three factors, then Families for Change would engage them through family support. In accordance with the Troubled Families Financial Framework, Rotherham had also elected to apply a local filter to concentrate efforts in the eleven most deprived neighbourhoods, and to identify families affected by factors including poor mental health, drug and alcohol misuse and domestic abuse.

Children and Young People's Services Continuum of Need, shows the services and provision available from the 'Universal' to 'Acute' stages was

referred to. The majority of the families that were involved in Families for Change were in the middle 'Vulnerable' and 'Complex' stages.

A map of the Borough highlighted the incidence of contacts with the Families for Change and how there was a high correlation to the eleven most deprived neighbourhoods.

Key aspects of the provision through Families for Change were the Family Intervention Factors, including: -

- A dedicated worker, dedicated to a family to 'grip their problems';
- Practical 'hands on' support;
- A persistent, assertive and challenging approach;
- Considering the family as a whole – gathering the intelligence;
- Common purpose and agreed action: All professionals working with a family were aware of the other agencies involved;
- The Family Common Assessment Framework in place for the family: -
 - Recognised a family's strengths and needs;
 - Appointed a Lead Worker, who was the co-ordinator of all provision and professionals;
 - Delivered a process for a managed 'step-down' of cases from social care into support from the programme.
 - There were close links with Deprived Neighbourhood Lead Workers, and links through secondment to the Job Centre Plus.
- The Family Recovery Programme contract was delivered under the Families for Change project, to provide intensive family support;
- A contract awarded to the YWCA provides a dedicated lead worker for the Family Common Assessment Framework as well as the family intervention factors.

The financial structure of the Families for Change programme was considered, including the differing loading on each of the three years for the attachment fee and the payment by results percentage.

Payment by results had to be determined on a reversal of the identification criterion: -

- Improved school attendance sustained over three terms;
- A reduction in crime;
- Adults in employment or on a pathway to employment.

The time-limited nature of the Troubled Families funding was noted. There had been no announcement about what funding would be available after 2016.

Discussion ensued on the issues within the presentation and submitted

report. The following issues were considered: -

- **Wasn't this just a Whitehall idea? How well is it working in practice; are families engaging and how long do they want to remain engaged?** – Working fantastically well for many families - the case studies included in the submitted report demonstrate this. Some families are much more difficult to engage but Services can often find a way to engage with them, sometimes statutorily. The first case study submitted demonstrated multi-agency working to help employment and school attendance. Engagement times could last between eight-weeks to twelve months'. The Families for Change initiative represented a sustainable way for professionals to work with families;
- **What other information is there to support whether the scheme is a success?** – Payment by results and audit and analysis of case files, including case studies. Wider evaluation will be led by Central Government. Long-term outcomes, sustained beyond payment by results, will be looked at relating to school attendance and attainment, presentation at Accident and Emergency and so on. Local work with the Safer Rotherham Partnership, will seek to evidence the impact of the work on anti-Social Behaviour within neighbourhoods.
- **Are we engaging with newly arrived families? Case studies? European Funding?** – Yes, if they met the criteria for Families for Change. After the first twelve months a Families for Change, a Co-ordinator with language skills was recruited. European Union funding- joining up all of the funding available, this is a continuing piece of work at the City Region. The financial Framework was already optimising European Structural Funding provision through Wiseability. There would be not ability to match fund or duplicate.
- **There are families that are too hard to deal with? Do we only work with families that attract funding?** - Absolutely not the case in Rotherham. Family Recovery Programme worked with 80 families per year. Rotherham was not only directing this intervention to families that would be classed as 'easy win;' but also working with families with complex and multiple needs.
- **City Region – how does Rotherham compare to other areas across the region? Alcohol audit – how do you do this accurately? Sustain over three-terms – what happens at 4th term?** Along with other local authorities a strong group of regional networks had been established to share good practice. Rotherham came 7th in Yorkshire and the Humber, who, overall, had the highest number of outcomes across the country. Rotherham was organised to counter its own challenges; challenges were different in larger cities. Public Health used an agreed tool that did not just look units of alcohol consumed but asked more detailed questions that relied on the skill of the professional completing the audit. It was key that a skilled professional delivered the questionnaire. Attendance across three terms, the Programme was not exiting from families just because payment by results objectives had been

met but was supporting families until they could sustain themselves through accessing universal services.

- **Difference between now and previous schemes? Families living in poverty – this will get worse, how will poverty be minimised given Welfare Reforms. Many jobs now available were temporary contracts on zero hours. Working families also need help.** Families for Change Co-ordinators will ensure that work-based initiatives were appropriate. This would include the individual being part of a process, engaging with professional support and learning the pathways to work. Case study demonstrated work, accessing skills and training.
- **Working together – different areas of the Authority can conflict with one another, e.g. fines to families may not be supportive in this context** – Families for Change were using a model that supported multi-agency working and information sharing protocols.
- **At three-year point there will be the skills and knowledge but no money for the initiative – how does the Local Authority retain the workers' skills and knowledge** – By alignment with other work and ensuring that succession planning was in place to sustain provision. A very good evidence base for this type of approach was being built up.
- **Pupil Premium** – welcome new funding stream direct to schools, the Local Authority was working in partnership with schools to deploy the funding. Analysis was being undertaken to look at the educational outcomes relating to the Families for Change initiative.

Councillor Russell thanked the Officers for their informative presentation and contribution to the discussion.

Resolved: - (1) That the report be received and its content relating to the Rotherham's Families for Change programme and referral routes, be noted.

(2) That the Improving Lives Select Commission monitor the outcomes and benefits of the Families for Change programme in one year's time.

33. PUPIL REFERRAL UNIT RESTRUCTURE.

Consideration was given to the report presented by the Strategic Lead, Educated Other Than At School (School Effectiveness Services, Schools and Lifelong Learning, Children and Young People's Services Directorate).

The report outlined the existing provision and the imperatives on the Local Authority and its partners to re-shape provision to better meet the needs of the children on the periphery and outside of mainstream education. The Charlie Taylor report on improving alternative provision and the School Funding Reforms (2013-14) were taken into account in the proposals.

The Cabinet had agreed on 16th October, 2013, that the proposed structure of streamlining the Local Authority's existing five registered Pupil Referral Units to two should be supported (Minute No. C93, Proposed Restructure of RMBC Pupil Referral Units).

The submitted report outlined the proposed structure for Alternative Provision across the Borough. The report outlined the proposed re-structured Pupil Referral Units: -

- GCSE courses would be available at both Units, along with appropriate vocational courses;
- Links to Further Education providers would be in place to help with planning for young peoples' future pathways;
- Fully qualified teachers would work in both of the proposed Units;
- The Management Committees of the Pupil Referral Units would ensure appropriate representation from all partners and 'host' school headteachers, with the aim of increasing accountability;
- Strong partnerships would be in place between the Local Authority, Schools, Barnardo's and CAMHS and so on;
- Primary provision was still under review;
- Premises strategy;
- From 1st April, 2013, the Department for Education's School Funding Regulations stated that Pupil Referral Units should have a Delegated Budget allocated from the Dedicated Schools' Grant;
- It was proposed that a commissioning structure would exist whereby school's would be able to commission places within the Pupil Referral Units, with appropriate funding being accessed from the High Needs Block and Pupil Premium funding as necessary, on a pro-rata'd basis between the home school and pupil referral unit if appropriate;
- A review of the existing placements would also be undertaken to ensure that they were appropriate and meeting the needs of the individual.

Discussion ensued and the following points were raised and clarified: -

- **The length of time that children were accessing alternative provision;**
- **The premises strategy;**
- **Working with qualified teachers and setting up a protocol between Schools and Units to agree transition back to mainstream schools;**
- **What were the risks of schools not buying-back?** This could lead to reduced income, as could an increase in the numbers of permanent exclusions from Schools. Protocols for working with academy schools and their governing bodies. PRUs had never been intended to work as permanent units for young people. The Local Authority was inspected on safeguarding, Children Missing Education and part-time timetables of its most vulnerable pupils;

- **Mitigation of risks and uncertainties;**
- **Consultation with all Councillors and the impact on Councillors' Wards: they need to understand what is being proposed.**
- **Financial sustainability of the proposed model;**
- **Moral responsibility of all schools towards all of Rotherham's young people;**
- **Improving all stakeholders' opinions of Alternative Provision and Pupil Referral Units.**

Councillor Russell thanked the Strategic Lead for Educated Other Than At School for her informative presentation and contribution to the discussion.

Resolved: - (1) That the report be received and its content noted.

(2) That the decision of the Cabinet to support the proposed structure (Minute No. C93 of 16th October, 2013) be noted.

(3) That a further report be presented to the Improving Lives Select Commission in twelve-months' time relating to the progress of the review and whether the changes were functioning effectively. This report should link in to this Select Commission's continuing work programme item on Children Missing Education.

34. AMENDED HOME TO SCHOOL TRANSPORT POLICY.

The Principal Education Transport Officer (Transport Unit, Streetpride, Environment and Development Services) introduced a report that outlined proposed changes to the Local Authority's Home to School Transport Policy, whereby the Local Authority's duty to provide free transport to and from school for eligible children was set out.

The Principal Officer explained that the policy was updated annually and presented the proposed revised policy from September 2013. He also explained the procedural issues that had led to a delay in the 2013 policy being circulated; the Department for Transport had issued the revised guidance in March, 2013, but this had been subject to legal challenges and withdrawn causing the delay.

There was no change to eligibility criteria in the 2013 policy. The draft 2013 policy marked in red where there were proposed changes which mainly related to clarification, and included a new section relating to the raised participation age.

Discussion ensued and the following issues were raised and clarified: -

- **Changing logistical and social factors** – new housing developments, shortage of school places in particular areas of the borough creating the need for families to travel to schools at a further distance to their home, reduced household incomes;

- **Section 2.6 (V)** - problems with mileage and safety of routes in a number of specific cases across the Borough;
- Shortest route sometime had issues relating to the narrowness and condition of the causeway, alternative routes being unacceptable and passing other schools along the route;
- Assessment of safe walking routes.

Due to the number of specific issues raised, the Chairperson asked that they be raised with the Principal Education Transport Officer directly outside of the meeting.

Resolved: - (1) That the proposed amendments to the draft Home to School Transport Policy (September 2013) be noted.

(2) That the draft policy be referred to the Cabinet Member for final approval as appropriate.

35. DATE AND TIME OF THE NEXT MEETING: -

Resolved: - That the next meeting of the Improving Lives Select Commission take place on Wednesday 18th December, 2013, to start at 2.00 p.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
--

1.	Meeting:	Improving Lives Select Commission
2.	Date:	18th December, 2013
3.	Title:	School Organisation report
4.	Directorate:	Children and Young People's Services

5. Summary

Pupil numbers are increasing within the Borough and creating a shortage of places available in certain areas. There is increasing pressure on school places due to the numbers of pupils and it is necessary to increase the number of school places available to meet demand. This report provides Committee Members with an update of progress since the previous report to the Improving Lives Committee of 24th October 2012.

6. Recommendation:

It is recommended that the content of the report be accepted as an overview of the current position and future direction of travel.

7. Proposals and Details

Pupil numbers continue to increase in the Borough and there is corresponding pressure on school places particularly in the Primary Phase. It is, therefore, necessary to increase the number of primary school places available in certain areas of the Borough. The information below provides details of activity carried out to date and planned to provide additional school places.

- The School Organisation (Prescribed Alterations to maintained schools) (England) Regulations 2007 and the DfE's Guidance 'Expanding a maintained mainstream school by enlargement or adding a 6th form', states that 'it is the Local Authorities duty to ensure that there are sufficient school places, promote diversity and increase parental choice'. There should be a system where all parents feel they have the same opportunities to apply for the schools they want for their child. The aim is to provide quality provision for all children that is responsive to the needs of parents and children.
- DfE advise that proposals to expand successful and popular schools should be approved. The existence of surplus capacity in neighbouring schools should not in itself be sufficient to prevent expansion.
- Given the limited amount of Basic Need funds available, modular buildings are sometimes considered to be the most efficient approach to providing quality, affordable additional capacity within schools.

There are currently 98 Primary aged Schools, 16 Secondary aged Schools and 6 Special Schools in the Borough.

Previous Consultations to increase Published Admission Numbers (PAN) include:

- Expansion of Thornhill Primary (30 – 45) – 4 additional classrooms
- Expansion of Flanderwell Primary (30 – 45) – 4 additional classrooms and a mainstream attached Special Educational Needs resource for Y4-6 children with Autism Spectrum Condition and a statement of SEN
- Expansion of Aston Hall J & I (30 – 45) - 4 additional classrooms
- Expansion of Herringthorpe Infant and Junior schools (70 – 90) – 5 additional classrooms (2 Infant and 3 Junior)

Increase in Admission numbers at:

- Treeton Primary School (37 – 45) by addition of additional classrooms
- Catcliffe Primary School (25 – 30) by addition of additional classrooms
- Sunnyside Infant and Junior Schools (80 – 90)
- Bramley Grange Primary School (40 – 45)
- Kilnhurst Primary School (28 – 30)

Total number of eventual permanent through school places created = **665**

2013/14 Academic Year – Potential Pressure Points and Action taken:

Central (South and East)

Admissions for 2012/13 and 2013/14 have been to present capacity and this trend looks to be continued. There are also steadily increasing numbers with new arrivals to the borough. Birth statistics show an increase of 58 births for entry in 2014/15.

Current action and proposals to cater for the increase in pupil population in the Central and surrounding area are shown below:

Herringthorpe Infant and Junior Schools

Permanent increase in admission number from 70 – 90 creating **140 through school places**. The cost of this project is £1.6 million to provide 5 additional classrooms planned for completion by Christmas 2013.

Listerdale J & I School

Proposals to expand the school from an admission number of 30 to 45 creating an additional **105 through School places** by the provision of 4 additional classrooms at a cost of approximately £900K and will be completed at the latest by August 2014, the project was approved by Cabinet on 27th November 2013 subject to a successful planning application.

Broom Valley Community Primary School

A temporary increase has been implemented in admission number from 60 to 90 in Y1/2 for 2013/14 and FS2 for 2014/15 creating **60 temporary places**. The additional pupils are to be accommodated by the installation of 2 temporary classrooms which will be located on site at an estimated cost of £150K. by December 2013. Places have been allocated for the start of the Spring term.

Targeted basic need funding

The CYPS Capital Projects Team submitted a funding bid to DfE to provide funding for the provision of a new centrally based Primary School close to the Eastwood area. Under new DfE guidance there is an Academy / Free School presumption in relation to the control of the new school. Confirmation was received from DfE in August 2013 that RMBC had been successful in relation to this bid, a sponsor has been approved by Cabinet for the school and work is on-going to move the project forward for a September 2015 opening. This will create an additional **315 through school places** once completed.

Rawmarsh Learning Community

There is a continuing pressure on FS2 places at Rawmarsh Ashwood but in this Learning Community overall there is sufficient space at present, although this is reducing year on year. House building is located in the Monkwood / Thorogate area. Rawmarsh Ashwood site is too confined to expand at its current location.

Monkwood Primary School / Thorogate J & I School (105 eventual through School places)

CYPS School Organisation and Asset Management Service are considering options at this present time. The outcome will be dependent on the Cabinet decision in relation to the proposal to close the Social, Emotional and Behavioural Difficulties (SEBD) unit at Thorogate. Longer term plans are to create an additional **105 through School places**.

Wath Learning Community

There is substantial house building in the area and Section 106 education contributions agreements are in place, which will help fund the expansions set out below:

Wath C of E Primary

A proposal has been approved by the Cabinet Member to expand the school from an admission number of 30 to 45 **creating 105 through School places**. The permanent expansion to provide an additional 4 classrooms will cost approximately £1M and will be completed by August 2014. Funding for the project will be from Basic Need Funding and Section 106 funding and the expansion will be implemented on a phased basis.

Brampton the Ellis Junior School

The 2 feeder infant schools (Ellis and Cortonwood) have a combined admission number of 80 which is greater than that of the Junior School which is currently 70. Pre statutory consultation is currently being undertaken in relation to proposals to expand the school to an eventual admission number of 90. The estimated cost of expanding Ellis Junior School is £500k and funding will be from a combination of basic need funding and Section 106 funding subject to trigger points being reached. The completion date for this proposal is August 2017. This project will create an additional **80 junior school places**.

Brampton Cortonwood Infant School

Pre statutory consultation has commenced on proposals to expand the School from an admission number of 40 to 50 at an estimated cost of £250K to provide additional teaching and learning space. This expansion has a completion date of August 2017. Funding for the project will be from a

combination of Basic Need Funding and Section 106 funding, subject to trigger points being reached. This project will create an additional **30 infant school places**.

West Melton J & I

An additional classroom has been installed at the school to increase the current NET Capacity to accommodate rising pupil numbers. The NET Capacity will be re-evaluated and amended as part of the annual review by Building Managers.

Wickersley/Bramley Learning Community

The measures that have been put in place in 2012/13, expansion of Flanderwell, Sunnyside and Bramley Grange to create an additional 30 places per year group have alleviated pressure in this area. The proposed expansion of Listerdale, which sits in the Wickersley Learning Community, is also expected to have a positive impact on the supply of school places in this and the surrounding area. The Learning Community will remain on a watching brief.

Wickersley School and Sports College

Confirmation was received from DfE in August 2013 that RMBC had been successful in relation to a bid to expand this successful and popular school. Work has commenced with the School's Head teacher and Governing Body in relation to the expansion. A project is currently in progress to install 17 additional classrooms to accommodate the increasing future demand for places at the school from within the catchment area. There are also discussions around expanding special educational needs provision at the school for pupils with difficulties under the Communication and Interaction overarching type of need.

Aston Learning Community

The expansion of Aston Hall J and I from September 2013 in all KS1 classes has created an additional 15 places per year group. Treeton C of E primary has a larger application number than admission number for 2013/14 admissions. The school cannot be expanded further than its current Published Admission Number (PAN) of 45, however there is sufficient space in surrounding schools. The birth rate hits its peak with this year's intake.

The distance from Treeton C of E Primary School to the nearest Primary Schools is as follows:

Aughton Primary = 2.3 KM
Catcliffe Primary = 1.5 KM

Brinsworth Howarth Primary = 2 KM
Waverley Estate (proposed new schools) = 1.42 KM to the central point
between the school sites

Brinsworth Learning Community

Brinsworth Howarth J & I

The Cabinet Member has approved a proposal to expand Brinsworth Howarth from an admission number of 30 to 45 on a phased temporary basis. A new Foundation Unit has been installed at the school and some internal modifications have been made to the main school building to accommodate the additional pupils. The cost is £350K funded from Basic Need Funding and Section 106 funding. This project will create **105 through School places on a temporary basis** until the First Waverley Primary School is constructed. Should the expansion be made permanent, a full consultation will need to be undertaken to make the prescribed alteration.

There is a significant Section 106 agreement in place to create new primary school provision on the Waverley Estate. The trigger point for the release of the funding for the school is dictated by the occupation of dwellings on the estate. There is a DfE Academy / Free School presumption for the control of the new schools.

Wales and Thurcroft Learning Community

Indications from admissions and birth data shows that the number of school places is very near to capacity. The number of births is also rising for admission to schools in 2014/15 onwards.

Wales Primary School

The Cabinet Member has approved the temporary increase in admission number from 30 to 45 in FS2 for 2 years from 2014/15 onwards. A full consultation will need to be undertaken to make a prescribed alteration to the school on a permanent basis. The temporary increase will create **30 temporary through School places**

Thurcroft Infant School (60 to 75 = 45 eventual through School places)

Consultation is currently being undertaken to expand the School from its current admission number of 60 to 75 with effect from September 2014. The cost of the expansion is estimated at £200k to provide additional teaching and learning space funded from Basic Need Funding and Section 106 funding.

Other Learning Communities

Other Learning Communities, including Dinnington, Swinton, Wingfield and Maltby, remain on a watching brief at present.

Given the size of the Bassingthorpe Farm development there will be significant education provision requirements. This will be met by the provision of a new Bassingthorpe primary school (Academy / Free School presumption applies) and expansion of an existing primary school. An expansion to Wingfield School will be necessary for Secondary provision.

NB: Should all the above projects be approved and completed the combined total of permanent Primary School places to be created will be **945** with an additional **195** temporary places created.

Section 106 Developer Education Contributions Policy

The Education – Developer Section 106 Contributions policy was updated and approved by Cabinet on 24th July 2013. (**Appendix 1**)

Academy Converting Schools

Below is a list of Schools in Rotherham converted / in the process of conversion (position as of end November 2013):

School	Conversion date
Maltby Academy	January 2010
Brinsworth Comprehensive	October 2010
Wales High	October 2010
Aston Academy	May 2011
St Bernard’s High	July 2012
Thurcroft Junior	July 2012
Coleridge Primary	April 2013
East Dene Primary	April 2013
St Bedes Primary	July 2013
St Gerrard’s Primary	July 2013
St Mary’s Primary (Maltby)	July 2013
St Mary’s Primary (Herringthorpe)	July 2013
Wingfield Academy	August 2013
Canklow Woods Primary	September 2013
Whiston J & I	September 2013
Whiston Worrygoose J & I	September 2013
Thrybergh Academy	October 2013

Sandhill Academy	December 2013
Oakwood Academy	December 2013
Brookfield Academy	January 2014
Maltby Redwood Primary	January 2014
St Joseph's Primary (Dinnington)	February 2014
Wath Victoria J & I	February 2014
Wickersley Academy	February 2014
Rawmarsh Comprehensive	April 2014
Rawmarsh Ashwood	April 2014

SEN Provision

Statutory consultation has commenced on proposals to expand Newman Special School to create an additional 30 permanent places including 2 assessment places.

Statutory consultation has commenced in relation to the Governing Body's request at Thorogate Primary School to close the current SEBD unit on the site. Alternative provision will be established elsewhere following the outcome of the consultation.

New Arrivals to the Borough during Academic Year

2007/08:	347 of which 220 admitted to school
2008/09:	375 of which 250 admitted to school
2009/10:	475 of which 287 admitted to school
2010/11:	445 of which 334 admitted to school
2011/12:	463 of which 303 admitted to school
2012/13:	data unavailable at this current time

It should be noted that the discrepancy between the number of new arrivals figure and the admitted to school figure shows the mobility rate of the families involved. Between the application being received and the admission date, families have moved out of the area. Admissions Officers work closely with the Education Welfare Service to track the whereabouts of the children either in Borough or extra district.

The LA has secured temporary external funding and has appointed an EU Migrant Community Engagement Officer. This post-holder is to support:

- Timely applications for a school place
- Tracking children not in education
- Translation in admission appeals
- Community engagement activities including developing English language skills
- Parents to provide their views as part of the SEN statutory process

Admissions - number of applications processed:

Transfer groups (13/14 academic year):

- Primary: 3,250 (FS2) / 823 (Y2/3)
- Secondary: 3,215 (Y6/7)
- TOTAL = 7,293
- 100% of Y2/3 preferences met
- Y6/7: 3 schools oversubscribed: approximately 600 spare places
- 51 children for whom an FS2 1st, 2nd or 3rd preference could not be met (next nearest school with places was offered)
- 3 schools were unable to accommodate children from their catchment area where a preference had been made

4 schools were unable to accommodate children who had an older sibling

42 Schools were full or oversubscribed in FS2 for the academic year 2013/14 compared to 53 in 2012/13

In Year Transfers: (2012/13 full academic year)

- Primary: 2,889
- Secondary: 922
- TOTAL = 3,811

CUMULATIVE TOTAL = 11,104

Fair Access Protocol

The Local Authority's Fair Access Protocol was revised following the publication and full implementation of the DfE's February 2012 Admissions Code. Consultation took place with all schools and the Local Admissions Forum. The new Protocol is published in the Admission to Primary and to Secondary Schools 2014/15 since the 2013/14 Booklets were already in circulation. As part of the revised Protocol, separate In year Fair Access Panels for Primary and Secondary phase have been established since September 2013. The panels have a majority of senior school leaders and are

facilitated by lead officers in Admissions and Education Welfare Services. The Panels meet every 3 weeks unless there are no applications for consideration. Application of the Protocol and the operation of the Panels are designed a) to ensure the fair distribution of children with challenging behaviour and others who may be hard to place and b) to support more timely placement of children who are within a defined vulnerable group and c) to reduce the number of admission appeals over time. Feedback and participation from school leaders has been positive and children are being placed regularly through this process.

8. Finance

The capital cost of the building projects is currently met from 'Basic Need' funding allocated to the Authority from the DfE. Basic needs funding is provided for the provision of sufficient school places.

Section 106 agreements are also in place for some current and future developments and this funding requested for the provision of school places will be utilised to contribute to the provision of school places in future projects where applicable. Section 106 agreements are contracted to be activated at set points eg at 50% completion of a development etc.

Where Schools are expanded there is also often a need to request assistance from Schools' Forum to provide interim financial support to bridge the gap between 1st September to 31st March. This is because funding is allocated to schools following the October census day and additional pupils are not on roll to trigger funding for the following financial year.

For the 2013/14 financial year RMBC received £1.45M Basic Need Funding and £3.2M Capital Funding for essential projects such as keeping schools safe, dry and warm. For the 2014/15 financial year RMBC has already been allocated the sum of £1.45M for Basic Need as part of a 2 year agreement.

9. Risks and Uncertainties

There are always risks and uncertainties when school place provision is considered since future pupil numbers are based on estimations. Over provision at one school could influence pupil numbers at other schools. Local Authorities are obliged, however, to provide sufficient places, promote diversity and increase parental preference.

10. Policy and Performance Agenda Implications

The major theme supported by the forward planning and provision of school places is 'to ensure that everyone has access to skills, knowledge and information to enable them to play their part in society'. The expansion of schools would enable more parents to access their first preference school for their child and, therefore, increase that performance indicator.

11. Background Papers and Consultation

Reports to Cabinet and the Cabinet Member for Children, Young People and Family Services in relation to:

Annual Admissions Consultations, proposals to temporarily increase admission numbers and make prescribed alterations to schools.

12 Contact Name

Helen Barre (Service Lead – School Admissions, Organisation and SEN Assessment Service – SAO SENAS)
Tel: 01709 254831
Email: Helen.barre@rotherham.gov.uk

Dean Fenton (Principal Officer School Organisation)
Tel: 01709 254821
Email: dean.fenton@rotherham.gov.uk



Children & Young People's Services

Section 106 (S.106) Education Contributions Policy

Policy approved by Cabinet 24.7.2013

General information

What is Section 106 (s.106)?

As part of the planning process, the Council and a developer seeking planning permission may enter into a legal agreement that will set out the terms for the developer to provide or fund the provision of infrastructure, services or other impact mitigation measures on or off the development site. This agreement is referred to as a "Section 106 Agreement" or "Planning Obligation".

How can Section 106 be used?

The way in which S.106 is used in the vast majority of cases is set in law.

S.106 Agreements must be:

1. necessary to make the development acceptable in planning terms
2. directly related to the proposed development
3. fairly and reasonably related in scale and kind to the proposed development

Example: if there is insufficient capacity in local schools for the new children moving into a new housing development then the Council will require the developer to enter into a S.106 agreement to pay a financial contribution for educational purposes.

The use of funds raised through S.106 are fixed when the S.106 agreement is signed, which is at the time planning permission is granted. Funds are most commonly paid following commencement of building works on site or occupation of the completed building. The trigger date for when payments are due and sometimes the deadlines for which the contributions are to be spent are also specified in the S.106 agreement.

Rotherham's approach

Calculators

The following calculators can be used to assist applicants/agents in establishing the potential levels of contributions (please note that these calculators are for guidance only and do not determine the final value of contributions):

Contributions will be sought on all housing developments of **20 or more** units where it is demonstrated that there would be insufficient school capacity to accommodate the anticipated number of children generated by the proposed development.

Children and Young People's Services also need to evaluate factors such as:

Ofsted profile of local schools?

Appetite of the local school / School's Governing Body (ies) for potential expansion?

Is there scope for expansion on the School site?

Current NET Capacity of the School?

Infant class size legislation.

It is generally accepted that schools should not operate at 100% of their capacity, and a small surplus in places does not necessarily equate to there being sufficient capacity within schools.

The Audit Commission recommended that local authorities should plan for a 95% occupancy rate in schools to allow for volatility in preferences from one year to the next (e.g. year on year changes in the birth rate).

Where schools within a planning area are projected to have a shortfall of places a contribution will be requested, even if they currently have surplus capacity, if it is projected that there will be insufficient places to accommodate the Pupil Yield from a new development and the catchment area school / a neighbouring school has a site suitable for expansion.

Requesting a Section 106 (S.106) contribution

The 2008-9 Multipliers, based on projected pricing levels at Q4 2008, are as follows:

- Primary — £12,257
- Secondary — £18,469

These Multipliers are the averages of Multipliers for new schools and extensions to existing schools, weighted to reflect the national balance of such projects.

Each Multiplier has an area-per-place factor, derived from the BB98 or BB99 area standards. This is multiplied by a cost-per-m² factor. Allowances are added for external works, furniture and equipment and professional fees. The Multipliers exclude ICT equipment, site abnormalities, site acquisition costs, VAT and the effect of regional variations in prices.

DCSF (DfE) location factors - January 2009

Rotherham	0.91
-----------	------

School Contribution

Primary

The pupil yield from a development is 0.03 pupils per year group per dwelling.

There are 7 year groups in a primary school so total pupil yield per dwelling is $0.03 \times 7 = 0.21$ pupils.

The 2008/09 DSCF cost figure for a pupil place was £12,257 with a location factor of 0.91 giving a cost of $£12,257 \times 0.91 = £11,154$ per pupil place.

The pupil yield from a single dwelling multiplied by the cost of a place gives the requested contribution which is $0.21 \times £11,154 = £2,342$.

Secondary

The pupil yield from a development is 0.03 pupils per year group per dwelling.

There are 5 year groups in a secondary school so total pupil yield per dwelling is $0.03 \times 5 = 0.15$ pupils.

The 2008/09 DSCF cost figure for a pupil place was £18,469 with a location factor of 0.91 giving a cost of $£18,469 \times 0.91 = £16,807$ per pupil place.

The pupil yield from a single dwelling multiplied by the cost of a place gives the requested contribution which is $0.15 \times £16,807 = £2,521$.

Are any types of homes exempt from Section 106 Education Contribution requests?

The Council does not request S106 education contributions in respect of 1 (one) bedroomed homes and specialist housing for older people or the disabled.

The Council does not request S106 education contributions in respect of affordable housing generated under (NPPF) National Policy for Planning Frameworks definitions (or any definition which replaces this). This is because schemes could become unviable if a levy was charged and RMBC intend to deliver all its Core Strategies.

How are flats, apartments and bungalows treated?

Developments of flats, apartments or bungalows receive a 50% discount on the contribution requested as analysis of census data shows that they typically produce fewer children than houses with equivalent numbers of bedrooms. 1 (one) bedroom flats, apartments and bungalows are still exempt from contributions.

What about contributions for larger houses?

Houses with 4 or more bedrooms will receive a 25% increase on the contribution for 2 and 3 bedroom houses as statistical evidence shows that they generate more children on average than smaller houses.

What can the money be spent on?

The money can be spent on capital projects to improve or extend the buildings at the eligible schools. This could include special educational needs or other school based facilities for the benefit of children, e.g. children's centres, as well as "mainstream" educational facilities. Contributions will only be spent on providing permanent facilities.

To help implement our local planning area strategies, developer contributions should be made towards education facilities within the planning area and not necessarily be confined to the catchment area school for nursery, primary, special and secondary contributions. This is in-line with the CYPS factors to consider, stated above, when Education provision needs to be increased.

Which are the eligible schools?

These are the catchment area/learning community schools (planning area) serving the development. Contributions may also be spent on Voluntary Aided schools (usually faith schools) and Academies (and Free Schools) which operate admission criteria not based primarily on a geographical catchment area provided they meet the surplus place criteria and are within 2 miles of the development for primary schools and 3 miles for secondary schools. CYPS also need to take into consideration

parental preference, the rural nature of parts of the authority and catchment area boundaries.

Are Academies (and Free Schools) eligible?

Although Academies (and Free Schools) are outside the control of the Council they still form part of the state education and state funded system. Responsibility for provision of sufficient school places remains with the Council and all funding for provision of additional places, including S106 contributions, remains under the control of the Council. If the Council agrees to support additional capacity at an Academy (or Free School) then that project will be eligible to receive S106 funding.

What happens to monies that are not spent?

If the Council is unable to allocate a contribution it is returned to the developer with interest at the end of the period specified in the S106 agreement, usually 5 years.

Contact us

School Organisation Team

School Admissions, Organisation and SEN Assessment Service

1st Floor, Wing 'A' Riverside House

Main Street

Rotherham

S60 1AE

dean.fenton@rotherham.gov.uk

christopher.stones@rotherham.gov.uk

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
--

1.	Meeting:	Improving Lives Select Commission
2.	Date:	18 December, 2013
3.	Title:	Safeguarding Adults - Annual Report 20012-2013
4.	Programme Area:	Neighbourhoods and Adult Services

5 Summary

The Rotherham Safeguarding Adults Board (SAB) produces an Annual Report of safeguarding adult's activity. SAB ratify this report for publication to all Partner agencies represented at SAB and for publication on the Council website. The report was also presented to Cabinet Member for Health and Social Care and is submitted to Improving Lives Select Commission for its consideration.

6 Recommendations

That the attached Safeguarding Adults Annual Report 20012-2013 be received.

7 Background Information

Safeguarding Adults “No Secrets” DoH 2000 states that “The multi-agency management committee should undertake (preferably annually) an audit to monitor and evaluate the way in which their policies, procedures and practices for the protection of vulnerable adults are working”. This has now been passed to the role of the Safeguarding Adults Board, this will be the 5th Annual Report produced on behalf of the Board.

8 Proposal

The report will be published to all Partner agencies represented at SAB and on the Council website in pdf. The attached report was presented to:

- Cabinet member for Health and Social Care on 21 October 2013
- Safeguarding Adults Board on 20 November 2013
- Improving Lives Select Commission on 18 December 2013

9 Finance

The costing is £500 for the design and artwork.

10 Consultation

The proposed schedule of presentations will ensure that all relevant officers and partners have had full consultation regarding the contents of the report prior to publication.

11 Risks and Uncertainties

A delay in consultation and publication should the report not be approved.

12 Performance Agenda Implications

Corporate Priority 2 - Protecting our most vulnerable people and enabling them to maximise their independence.

Corporate Priority 4 - All areas of Rotherham are safe, clean and well maintained.

NAS Service Plan 2013-14 -Vulnerable people are protected from abuse, ASB and crime is reduced and People feel safe where they live

13. Background Papers and Consultation

- Safeguarding Adults “No Secrets” DoH 2000.
- I&DeA Adult Safeguarding Scrutiny Guide April 2010.

- “OSC’s should, as a minimum, expect to review an annual report of the Safeguarding Board and the performance data collected by it”.

Contact Name: Sam Newton
Service Manager Safeguarding Adults.

Tel: 01709 382121

Email: sam.newton@rotherham.gov.uk

Rotherham Safeguarding Adults

Annual Report 2012/13



Rotherham
Safeguarding Adults

People of Rotherham are able to live a life **free from harm** where all organisations and communities:

- **Have a culture of zero tolerance of abuse**
- **Work together to prevent abuse**
- **Knows what to do when abuse happens**



What does zero tolerance mean in Rotherham?

We work continually for justice for victims of abuse to achieve the best possible positive outcomes for those who have been abused, ensuring their future safety and reducing the risk of similar abuse being repeated to others.

In the last 12 months we supported over 1500 people in Rotherham to feel safer.

Since 2007 we have worked hard to raise awareness of adult abuse in Rotherham and year on year the number of people who report abuse happening has continued to rise.

All 1565 people were responded to and made safe within 24 hours of contact.

After people were made safe we thoroughly investigated 264 cases as there was an indication that significant abuse was taking place.

All 264 people had a protection plan in place to protect them and prevent further abuse.

Protection plans ensure as far as possible that any abuse stops, and any further harm is prevented.

Following investigation 67 people were found to have been abused. We put in place ongoing support for these people to protect them from further abuse, where appropriate.

The action we take when we find abuse has taken place:

- when staff are involved, staff are suspended from work.
- police are called in to investigate to see if a crime has taken place.
- services are changed or put in place to provide additional support.

ROBBED

Spinster (94) conned out of £20,000 savings

Ms X is convicted; having systematically robbed 94 year old spinster and is sentenced to jail for 15 months

Blind man lost £20,800 over three-year period of care

Mr X is convicted; having robbed a blind man he looked after and is sentenced to jail for 15 months

We put in place a protection plan to support every victim of abuse, to make sure they are safe as far as possible and to ensure abuse did not happen again. We reduced the amount of repeat abuse by 35%.

- **When abuse is substantiated we ensure that victims are safe and the perpetrators are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate regulatory/professional body (who determine appropriate action which may mean ‘vetting’ and ‘barring’).**
- **We have clear expectations that providers suspend and investigate and take appropriate disciplinary action (including dismissal) against any staff members alleged or proven to have abused someone.**
- **All perpetrators were reported to the Police for consideration of criminal prosecution.**
- **2 perpetrators were given prison sentences.**

When abuse occurs or poor standards are evident we take swift action. Last year:

- **9 care homes were failing to provide good care – we set deadlines for improvement through Special Measures Improvement Plans, monitored and held providers to account for their care practice in order to improve standards. Our intervention helped keep around 300 residents in those homes safe.**
- **A further 25 care homes and 3 domiciliary care providers were helped to improve standards through jointly agreed action plans. Through tackling these poor standards we supported over 2,000 council funded or self funding people to live in their own homes and be safe.**
- **All new placements to 4 care homes were suspended – this means that we were not prepared to admit someone to a care home where standards were not being met. We worked with the homes until we were satisfied that they met our standards before allowing new placements to be made again.**
- **Council staff were sent into one home to ensure that people were safe through difficult management and ownership issues and while improvements were being made. Our every day on-site presence supported 18 people to be safe and get the standard of service they need.**
- **We carried out quality assurance visits on all regulated homes and services in Rotherham working with Age UK and Speak Up Advocacy Services to ensure the customer voice and experience of these services is part of that assessment.**

MELTON COURT CARE HOME CLOSURE ON HOLD DUE TO OWNERSHIP TALKS

The care home’s 21 residents had been given 10 days to move out due to lack of management.

Council and CQC hold talks to reach a solution for residents to remain in the home



These measures and interventions in each case led to an improvement in standards of care and safety and resulted in it not being necessary to terminate any contracts this year.

This report sets out the extensive partnership work we have undertaken in the last 12 months to ensure that Rotherham people are safe and when abuse happens we take action. The case studies provide real life stories of how Safeguarding Adults in Rotherham is making a real difference.

Introduction from the Independent Chair of Rotherham Safeguarding Adults Board: Professor Pat Cantrill

Rotherham Safeguarding Adults Board exists to serve the population of Rotherham who because they are older people, or have mental health problems or learning disabilities have difficulty protecting themselves from people who might abuse them physically, emotionally, mentally, sexually or financially.

To do this the Safeguarding Board has a strong focus on partnership working, and through this partnership approach hopes to ensure that vulnerable adults are able to live their lives free from abuse, whilst maintaining their independence and well being. The Safeguarding Adults Board brings together representatives of all the key statutory agencies whose expertise may be needed to put things right when they have gone wrong.

This annual report sets out the work of the partner agencies who have a shared responsibility for the safeguarding of vulnerable adults in Rotherham. It identifies facts and figures about the volume of referrals that are received from different sources. Reading it we must remember that each statistic represents a person or a family who are struggling to keep safe or to get good care.

Most carers provide excellent care and most communities are respectful of their more vulnerable members but for some this is sadly not so. Adults at risk can face abuse and hostility, neglect or cruelty, whether this is the taunting of a disabled person by local children or the rough handling by a care worker. Occasionally the abuse is more planned and deliberate and these are cases that shock the public and that cause fear and concern to older people and people with mental health or learning disabilities.

This report confirms the fact that Rotherham Borough Council and partner agencies take abuse and neglect seriously and follow up cases rigorously.



When people trust any of the staff working in agencies with their concerns or complaints, we ensure they are referred to the responsible safeguarding team who can conduct an investigation, take steps to keep vulnerable people safe and if necessary to act against a person who has harmed a vulnerable adult or a service that has failed in its duty of care. The annual report has statements made by each of these agencies about their work over the past year and the report identifies that whilst the task is complex each agency is committed to making sure the right action is taken.

During the last year we have faced challenges of reorganisation and changes to the way services are commissioned, delivered and overseen and these changes will continue to impact on services during the next year.

We all know that there are cuts in the funding available to provide services and that despite these there is support for new ways of trying to offer services that improve choice and accessibility while also being cost efficient and flexible. The Safeguarding Adults Board tries to “stay ahead of the game” by anticipating any ways in which people might be made more vulnerable than they need to be, and by

building safeguards into new systems. However we have to find the right balance between being too interfering and at the other end of the spectrum, turning the other way when some very vulnerable people are out of their depth. Of course we don't always get it right, but we are always learning and facilitating people to make the right decisions through training and raising awareness.

Ultimately the test of our work lies not in the figures assembled here but in whether vulnerable people living in Rotherham feel safe in their homes, when they receive care, when they move about their community and in their workplaces and leisure activities.

I would like to thank everyone who during the year has worked so hard to provide services to some of the most vulnerable people in Rotherham, not least the Safeguarding Adults Team for their commitment, dedication and high levels of achievement.

Rotherham Adult Safeguarding Board believes that everyone has the right to:

- **live their life free from violence and abuse.**
- **be protected from harm and exploitation.**
- **independence, which involves a degree of risk.**

We take the safety of older people and people with disabilities very seriously whether that means protecting them from one-off instances of abuse or from more pervasive and longstanding failures in care. Their rights to citizenship and dignity are jeopardised if we do not act on their behalf when they are abused or denigrated. The Board's job, as evidenced in this report, is to work together, across all agencies, but we also need the public to be our 'eyes and ears' to make these Safeguards the best that we can.

Message from the Safeguarding Adults Champion: Councillor Pat Russell



Safeguarding Adults remains our number one priority. The Council and the Rotherham Safeguarding Adults Board has a continued commitment for Rotherham to be one of the safest places in the country. I am pleased to share with you our achievements for 2012-2013 which show how we have all continued to help keep people safe from all types of abuse and protected as far as possible from avoidable harm. It is important that the People of Rotherham are able to live a life free from harm

and the whole community understands that abuse is not acceptable and that it is 'everybody's business'. Councils have a responsibility in relation to safeguarding adults who are defined as vulnerable. As a Council member I am Safeguarding Adults Champion and sit on the Safeguarding Adults Board and I am committed to contributing to the work of the Board to ensure safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults.

Rotherham Safeguarding Adults Review 2012/13

The Rotherham Safeguarding Adults Board's vision is that **"Every vulnerable adult in Rotherham will live a full life as safely and independently as possible and live a life free from abuse and neglect"**. The Board is fully committed to ensuring Rotherham will be one of the safest places in the country by ensuring that:

- Adults who are vulnerable are protected from abuse.
- All organisations and the wider community work together to prevent abuse, exploitation or neglect.
- Where abuse does occur, to support the individual to feel safe and reduce the risk of further abuse to them or to other vulnerable adults.
- Staff in organisations across the partnership are confident that they have the knowledge, skills and resources to enable them to prevent abuse or to respond to it quickly and appropriately.
- The whole community understands that abuse is not acceptable and that it is **'everybody's business'**.

We promised to achieve the following in 2012/13

- Raise public awareness of safeguarding vulnerable people. **Alerts up by 29%**
- Sustain our commitment to respond to every safeguarding concern within 24 hours. **100% achieved**
- Continue to work closely with all providers and the Care Quality Commission to ensure all providers raise standards in care homes. **Abuse in care homes down by 12%**
- Ensure all providers immediately address issues where they fail to meet essential standards. **9 contracting default notices were applied, 314 substantiated contract concerns, 4 care homes had placements suspended due to safeguarding concerns.**

- Increase the number of people who feel safer as a result of the services they receive. **All people who reported that they "don't feel safe" in the Adult Social Care Survey were contacted personally.**
- Improve outcomes for customers experiencing domestic abuse through integrating the response within Safeguarding Adults Service. **Domestic abuse service fully integrated and embedded within safeguarding adults.**
- April 2013 sees the responsibility for DoLS in hospitals transferring from the local Primary Care Trust to the Local Authority. Rotherham MBC and NHS Rotherham will ensure the smooth transition of responsibility. **Fully achieved.**
- Deliver a protected learning safeguarding event aimed at all GPs. **The proposed Safeguarding event for Primary Care took place as planned in November 2012, 700 delegates attended.**

This report highlights the significant work undertaken by the Board in this year. It demonstrates the real and substantial improvements which have been put in place and how we have been successful in ensuring prompt and effective response to and prevention of adult abuse, whilst also delivering the greatest possible protection to Rotherham's most vulnerable citizens. We wish to reiterate our commitment to instilling a zero tolerance of abuse culture across the whole community. When allegations of abuse have been made we have responded quickly to protect individuals with **100% of all alleged abuse responded to within 24 hours.** Our culture and approach to partnership working ensures that vulnerable adults receive the outcomes they want, making a significant positive difference to individual's lives. All people who reported that they "don't feel safe" in the Adult Social Care Survey were contacted personally. Their concerns did not relate to adult safeguarding, however they were all supported and given the information and advice they required to enable them to feel safer.

Our awareness campaigns are crucial to ensuring that we actively promote the understanding and awareness of the safeguarding adults agenda. This is reflected in a year on year increase in people alerting abuse and this year we have seen a further 29% increase in concerns of abuse being reported.



We are committed to ensuring robust arrangements are in place so that all staff in Residential and Nursing Care establishments are trained to recognise and report any safeguarding concerns. We have further strengthened our links with the Care Quality Commission improving communication and information sharing. As a result, this year there has been a further 12% decrease in abuse taking place in Residential and Nursing care. This decrease has occurred year on year, and is evidence of the effectiveness of the Board's commitment to ensuring safeguarding awareness is raised, there is zero tolerance of abuse and an insistence in driving up standards of care.

The Safeguarding Adults Investigation Team remain focused on ensuring that people are safe and perpetrators of abuse are held to account and brought to justice. A clear result of this is that they held 264 strategy meetings and this ensured robust and effective protection plans were in place for the victim. 227 case conferences were held and abuse was substantiated in 30% of these cases. Details of the activity of this team are evidenced in Appendix 1 of this report.

The Domestic Abuse Service is now fully integrated and embedded within the Safeguarding Adults service which has enabled Independent Domestic Violence and Advocacy Service (IDVAS) to respond to 424 referrals and supported 344 victims at Multi Agency Risk Assessment Conferences (MARAC). This service continues to advocate on behalf of high risk victims of Domestic Violence.

The work of the Board is critical in ensuring the development of a capable, confident and skilled workforce. 1800 people have been trained as part of the Bronze to Platinum Training Program across all partners.

Adult Safeguarding is governed by statutory guidance **"No Secrets"** issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. **All** statutory agencies are expected to work in partnership with each other and with all agencies involved in the public, voluntary and private sectors to protect vulnerable adults from abuse. 2012-13 has been a challenging year for many of the organisations on the Board as a result of internal changes triggered by either new legislative or statutory guidance, or driven by the need to make financial savings. Such challenges will continue to face all partner organisations over the next few years but all Board members have acknowledged that safeguarding vulnerable adults from abuse continues to be a fundamental priority and they will continue to be involved in this essential work.

This report will demonstrate how this has been achieved through examples of real life stories and highlights of key achievements.



Key Partnership Contributions 2012/13

Safeguarding Adults Service:



- Undertaken a review of the safeguarding team and introduced a performance management framework strengthening the process to respond in a timely manner to all alerts by creating a Principal Social Work role and Duty officer.
- Introduced a protocol for virtual strategy meetings and case conferences.
- Developed a Local Authority Designated Officer (LADO) protocol.
- Integrated the Contract Compliance Officers into the safeguarding service, to strengthen links and collaborative working with contracting, to raise standards and to ensure all services we commission or deliver meet required standards.

- Strengthened our relationship with the Care Quality Commission and introduced monthly information sharing meetings.
- The Safeguarding Investigation Team have undertaken 264 investigations into alleged abuse.

Case Outcome:

X was a gentleman with profound sensory impairment who lived with his father. X disclosed at work that he was being physically abused by his father and that his sister was financially abusing him. Following initial enquiries the safeguarding social worker in collaboration with assessment and care management, sign language interpreting service and the Police worked with X to facilitate a place of safety, where he remains free from abuse.

Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) Service:

- Following the recommendations from a Serious Case Review, links have been forged with Children's and Young Peoples Services and in particular the Safeguarding Childrens Board to identify the training and development needs of the workforce.
- A review has been undertaken of the quality assurance and authorised signatory processes to ensure the reports submitted by DoLS assessors would stand the scrutiny of the Court of Protection.
- The Court of Protection team have increased their workload by 26% over the past year of providing financial management services to vulnerable adults, whilst at the same time receiving a satisfactory internal audit and with no additional resources.
- Work continues with Mental Health services by providing advice and training on the interface between the Mental Health Act and Mental Capacity Act to ensure patient rights are protected.

Case Outcome:

X is 69 years old and has a diagnosis of Korsakoff's dementia. The professionals involved in his care felt that he was unable to look after himself safely at home. X was considered to lack the mental capacity to decide where he should live and he was placed in a residential care home. X although judged to lack capacity was still able to object to being placed in residential care, so the care home applied for a Deprivation of Liberty Safeguards (DoLS) authorisation. The Council granted an authorisation for a short period of time and appointed him an advocate from the local Independent Mental Capacity Advocacy Service (IMCA) as he had no one else who lived close by who could offer him regular support and representation. The advocate appealed through a solicitor to the Court of Protection to challenge the DoLS authorisation. The Court of Protection, employed the services of an Independent Psychiatrist who found that X did have the mental capacity to make his own decisions about where he should live. X decided to remain in residential care but requested a move and now lives closer to his family in the South of England.

Domestic Abuse Service:

Since 2011/12, the Safer Rotherham Partnership's Independent Domestic Violence and Advocacy Service (IDVAS) and Domestic Abuse Coordination have been integrated within Safeguarding Adults, and this has ensured that domestic abuse in Rotherham is seen as a local safeguarding priority throughout 2012/13.

IDVAS

- Received 424 referrals
- Supported 344 MARAC cases

Domestic Abuse

- With support from the Safer Rotherham Partnership, sustained the funding of the Rotherham Independent Domestic Violence Advocacy Service for a further year.
- From March 2013, the Safer Rotherham Partnership has responded to the change in definition of Domestic Abuse to ensure, alongside the 3 other Community Safety.

thank you for Bev ,Cheryl and team without them I wouldn't be in the place I am

Customer Compliment

Regarding Cheryl, Bev, Domestic Abuse team

Partnerships in South Yorkshire, the support of 16 – 18 year olds of victims who are direct victims of Domestic Abuse.

- Commenced a Domestic Homicide Review (DHR), on behalf of the Safer Rotherham Partnership.
- Delivered 12 Multi Agency Domestic Abuse training events (4 x Awareness Raising (module 1) and 5 x MARAC workshops (module 3)), and, with the Rotherham LSCB, delivered 3 Domestic Abuse from a Child's Perspective (module 2).

Case Outcome:

A client who worked in a professional environment approached the IDVAs for support. The client had 3 children and fled, with them, to Rotherham from the client's violent and abusive partner. Whilst here, the perpetrator harassed the client and the IDVAs supported the client through Civil court proceedings to obtain a non-molestation order and Residence order. Once this was imposed, the perpetrator then harassed the client through third parties and the IDVAs then supported the client in dealing with agencies whilst they investigated complaints made against her by the perpetrator. As a result of this type of harassment, the client decided the family would be safer moving on to another part of the country and the IDVAs supported the client to access refuge support away from Rotherham.

Joint Learning Disability Service:

- Appointed Safeguarding Lead Social Worker.
- Continued successful multi disciplinary joint screening and investigations through the integrated Health and Social Care Learning Disability teams.
- Use of Vulnerable Adult Risk Management Model process and raising this as good practice for the department.
- Implemented Winterbourne Concordat in relation to out of area placements in hospital settings.

Case Outcome:

X is a 55 year old man who is blind and has a learning disability. He has been able to maintain an independent lifestyle with a care package of 24 hour support into his own home. He is completely reliant on support staff to take him to the bank to withdraw money. The financial anomalies between his bank statement and record of expenditure were picked up at his annual review by his social worker. This was referred for full safeguarding investigation into financial abuse of X. Utilised Mental Capacity Act to demonstrate to Police that service user had capacity to press charges. Progressed to police investigation and perpetrator gained six month criminal conviction.

Rotherham NHS Foundation Trust:

- Adopted and implemented the train the trainers program PREVENT strategy within existing resources.
- Delivered CQUIN standards and achieved significant progress against safeguarding standards.
- Achieved Board of Directors approval for an additional substantive role to support safeguarding adults.
- Recognised and brought together the processes related to safeguarding issues in respect of pressure ulcers.
- Developed a training needs analysis which identifies level of safeguarding training required.
- Safeguarding Vulnerable Adults arrangements within The Rotherham NHS Foundation Trust (TRFT) were subject to an unannounced CQC inspection on 13th August 2012. No concerns in respect of services were identified. Within the same year CQC carried out a planned inspection regarding the detention of Mental Health patients where there is not a Mental Health Unit, TRFT were found to be compliant with requirements.

X was a patient in a Hospital following a hip operation. During their stay on the ward concerns were raised regarding inappropriate restraint and managing people with dementia care needs on the general wards. There was a joint investigation with health. On completion of the investigation a case conference was held, allegations of abuse were substantiated.

Whilst X's experience in hospital was not positive the investigation benefitted from positive joint working between safeguarding and the Hospital and identified several areas for improvement and lessons learned related to the care of people with dementia on the general wards. As part of the case conference it was recommended that there would be on going action taken between health and social services to look at a more personalised approach to the care needs of individuals on the ward including information regarding Deprivation Of Liberty safeguards and to develop a working flowchart which would enable staff on the wards to recognise issues related to "wandering behaviour" and look at least restrictive approaches to managing these including those that may be at high risk of falls. Additionally to encourage a more proactive approach to ensure that appropriate discharge planning takes place and happens within an appropriate time frame. It also identified some staff member's lack of understanding regarding mental capacity and agreement was reached that more appropriate training would be completed with staff.

NHS Rotherham
(Commissioning Services):

- Rotherham Primary Care Trust (PCT) ceased to exist on the 31 March 2013 and Rotherham Clinical Commissioning Group (RCCG) became a statutory organisation on 1 April 2013. The groundwork for the relationship between the RSAB and the CCG has been firmly laid during the transition and lead up to this major change in NHS commissioning. Rotherham CCG is led by GPs and other clinicians and is responsible for commissioning most local healthcare

services (not Primary Care). The focus remains on improving outcomes and driving up standards of care for the population as a whole, but with an emphasis on tackling health inequalities.

- There is now a ratified Commissioning Safeguarding Vulnerable Clients Policy for use by CCG staff.
- Rotherham CCG undertook its first joint Safeguarding Annual Report 2012; this report provided an overview of key issues and activities taking place across the health

economy in relation to safeguarding children and vulnerable adults. The annual report evaluated the safeguarding contributions of health providers in Rotherham namely The Rotherham NHS Foundation Trust (TRFT) and Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH). In addition the expectations of Rotherham Local Safeguarding Childrens Board (RLSCB) and Rotherham Safeguarding Adults Board (RSAB) were incorporated into Rotherham CCG reporting and planning process.



that RCCG has benchmarked individual GP Practices against expectations highlighted in No Secrets and the CQC Essential Standards of Quality and Safety Outcome 7.

- With regard to the February 2013 Francis Report (report of the public inquiry into the failings identified at the Mid Staffordshire NHS Foundation Trust), the CCG is currently taking stock of the implications of the 290 recommendations made in the report.
- Safeguarding reports have been scrutinised at the monthly CCG Governing Body (and during the transition also at the NHS South Yorkshire and Bassetlaw Board).
- The CCG are recruiting a safeguarding adults lead nurse to support the work of the CCG.

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust (RDaSH):



- The proposed Safeguarding event for Primary Care took place as planned in November 2012. Almost 700 delegates attended, the main areas covered were Public Protection, Early Help, Suspicion v Allegation and Death Review Process.
- The CCG has benchmarked the organisation against the NHS England "Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework".
- RCCG has engaged with the other CCGs across South Yorkshire and Bassetlaw and the Area team of NHS England to work collaboratively as a safeguarding forum.
- GPs in Rotherham, with the support of Rotherham CCG, undertook a safeguarding self assessment (June 2012). 95% of GP Practices provided evidence of their self assessment to Rotherham Safeguarding Adults Board. This self assessment complies with aims of CQC outcome 7 to ensure that patients can expect health care services to meet Essential Standards of Quality and Safety, to protect the safety and respect the dignity and rights wherever care is provided. The resulting report provides assurance

- We have embedded the new model of the Safeguarding Vulnerable Adults Service Provision. There are now three Safeguarding Adults Lead professionals who provide advice and support to staff throughout the Trust.
- The quarterly Quality Improvement Report has continued to be produced throughout 2012/13 and provided to the Trust's Board of Directors and to all Local Safeguarding Adults Partnership Boards, providing assurance to key stakeholders about the quality of safeguarding services in RDaSH.
- An audit has been conducted on the implementation of the Safeguarding Adults Policy across the Trust, measuring how the Trust is performing against its goals.
- A specific section was included in the Trust's Safeguarding Adults Policy in order to incorporate the implementation of the government's 'Prevent Strategy'.
- We have continued to review, develop and implement the training matrix for safeguarding adults. In addition, we have monitored compliance of training at all levels for safeguarding by Business Divisions, demonstrating links to the training needs analysis. Further, the Learning and Development Team now facilitate the

delivery and monitoring of appropriate training programme.

- Supervision for practitioners working directly with vulnerable adults has been provided.
- Support has been provided throughout the Trust on the implementation of the recommendations in the 'Transforming care: A national response to Winterbourne View Hospital' report with regard to Safeguarding Adult practice.
- There is a Named Safeguarding Adults Lead Professional with responsibility for each of the 5 localities served by the Trust. Each Lead Professional has developed strong operational links with the Business Divisions within those locality areas and works in partnership with the staff to implement the Safeguarding Adults Policy and practice.
- This has resulted in the increased early detection and notification of safeguarding concerns and has identified areas of good practice within the Trust and supported services to improve standards of care where necessary.



South Yorkshire Fire and Rescue Service:

- SYFR Annual Policy & Procedure Review & Update Feb 2013 now include more detailed information on the Mental Capacity Act, Serious Case Reviews and Domestic Homicide Reviews.
- The numbers for internal safeguarding alerts for adults have been increasing for SYFR across South Yorkshire. In 2010/11 there were 42, 2011/12 there were 49 and 2012/13 there were 54. The majority were related to fire risks linked to self neglect and resulted in referral for services or management.
- Our (single agency) Introductory Basic Awareness programme (Stage 1) is now almost complete. Additional multi agency training for Advocates and an annual update for Group Managers is ongoing and a 3 yearly Update & Refresh Programme is being developed. There will be an initial assessment using the online Common

Induction Standards in Safeguarding Module (Stage 2) which will inform the 3rd stage which will be delivered through Case Study workshops to embed safeguarding into practice.

- A missed opportunity for SYFR to share information where there are significant fire safety issues within a Care Home has been identified and arrangements have now been made to address this gap.
- Technical Fire Safety, when serving enforcement notices will also inform (from March 2013) the Local Authority Safeguarding/Contracts and CQC where an Enforcement Notice is served on a Care Home. A further alert will follow if the responsible owner/manager does not take action to comply with the corrective measures. SYFR will continue to pursue through the legislative process, but Safeguarding/Contracts are able to factor in any fire safety risks into their own audit and risk assessment process.
- SYFR has signed up to both the National and the Yorkshire & Humberside Regional Dementia Pledge. One of the activities on the Action Plan is to raise awareness for frontline staff and training is to be piloted with our Community Safety teams this summer.

Case Outcome:

In response to recommendations from an IMR conducted as part of a Serious Case Review, linked to a Fire Fatality and increasing complex risk factors, SYFR has developed a more detailed and effective risk assessment tool for Home Safety Checks. In line with this change the policy has been rewritten and all frontline staff received training. The changes are focused on identifying specific vulnerabilities and related risks together with direction toward the most appropriate actions required to address the risks. A raft of observations and questions direct the assessor to identify those that are at increased risk of having a fire or unable to respond and evacuate in the event of a fire. From this referrals are made into the Community Safety Team who then liaise with the most appropriate agency.

South Yorkshire Police:

- The introduction of a dedicated Adult Protection Officer and Detective Sergeant to act as a single point of contact for Rotherham Adult Safeguarding and Adult Social Care.
- A more efficient and timely review of safeguarding alerts.
- A more efficient and timely decision making process.
- An increase in Police attendance at strategy meetings.
- The delivery of Safeguarding Adults training to all front line Police Officers attending the Street Skills training programme in order to improve the quality of submissions and raise awareness in respect of definitions and legislation.
- The introduction of the Vulnerable Persons Unit to monitor and collate information

relating to those adults who are vulnerable but not as defined by Safeguarding Adults (No Secrets).



Case Outcome:

Referral from Police regarding X who was alleging she was paying her landlord in kind with sexual favours. X wrote a letter to British Gas explaining this arrangement and British Gas had contacted the Police. The lady was living in a flat in poor condition and presented as very withdrawn. Safeguarding involved other agencies Police, Housing, Mental Health and Learning Disability Services. A place of safety was arranged for the lady who was placed in specialist residential services. Further work was undertaken with X until she felt the confidence to live independently and safely once more.

Rotherham Voluntary and Community Sector:

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- 3 nominated representatives attend the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated on safeguarding issues, and encourage and support their contribution to this important area of work.
- Representatives from the VCS are from SCOPE, Age UK and Action for Children to reflect different service user groups' perspectives to the Board.
- VCS organisations have contributed to the Safeguarding Board as partners, for example taking part in Adult Safeguarding Week and as alerters and referrers where concerns are identified.

- Individual VCS organisations have also continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough.



Case Outcome:

Speakup has run two Peoples Parliaments for People with Learning Disabilities and or/autism from across Rotherham. 49 attended the first forum and 79 people attended the second. Both forums have looked at; What is abuse, different types of abuse, who could abuse you, where abuse could happen, what to do if you have been abused, who to talk to, where to go for help and the Rotherham SIR Scheme. People had the opportunity to watch some drama and take part in interactive group workshops to discuss their ideas. Everyone who came to the forum received an easy read guide to reporting safeguarding in Rotherham and information on the SIR Scheme. In addition Speakup has been heavily involved in inspection work for the CQC following the Winterbourne scandal. Our self-advocates with learning disabilities have inspected several homes across the country to ensure the people who live there are safe.

Commissioning. Policy and Performance Services:

All contracted providers of care and support are:

- Monitored throughout their contract term for compliance with the Safeguarding Adults Policy and this clause is reviewed annually in conjunction with the Safeguarding Team.
- Compliance includes ensuring that the programme of mandatory Safeguarding Adults training for all staff employed by their organisations is in place and current.
- Agencies responsible for recruiting care staff are required to take steps to apply the necessary checks via the Disclosure and Barring Service who carry out a Criminal Records check.
- Obligated to attend provider forums where Safeguarding Adults themes are discussed.
- Expected to foster an atmosphere of openness which is supportive of staff who wish to disclose concerns regarding care delivery without fear of reproach. They must have a Whistle-blowing Policy in place which is applied and shared with staff.
- The Commissioning Team, located within Neighbourhood and Adult Services Directorate, and the Contract Officer and Contract Compliance Officers, who work at the interface between Commissioning, Assessment and Care Management and Safeguarding are dedicated to ensuring high standards of service provision from external providers of care and support services.

- Contracting concerns received regarding care homes and community and home care services are logged, triaged and prioritised by the Contract Compliance Team and forwarded if appropriate to Safeguarding Adults Team.

Quality Assurance Schemes

RMBC's 'Home from Home' (in partnership with Age UK Rotherham and Speak Up Rotherham) and 'Home Matters' are established high profile programmes to assure quality in provision of care and support by registered Rotherham providers. These programmes allow people who are seeking to use services, and their families, the opportunity to access comparative information about services.

The last fully completed round of Home from Home reviews in older peoples' homes resulted in 1 home receiving a rating of Gold, 18 were rated Silver, 16 were rated Bronze and 2 were unrated.

Care Homes from 2013/14 are rated Adequate, Good or Excellent (replacing the previous Gold, Silver, Bronze). A premium payment is paid to homes in the older people's sector that receive a rating of Good or Excellent. Community and Home Care Providers are rated as Outcomes Met or Outcomes Exceeded. Completed reports are published on the Council's Website.



Action taken with provider

A default notice is served if the provider fails to perform the contract as per the contract terms and conditions and service specification. Should the provider fail to remedy the breach(es) within a reasonable time the contract can be terminated as per the terms and conditions. 9 contracting default notices were applied in 2012/13, two of which involved an imposed temporary suspension of placements. Areas of concern included record keeping, Mental Capacity Act usage, staff training, lack of clinical policies and procedures, infection control, equipment and environmental issues, safeguarding, standard of meals.

During 2012/13 there were 150 substantiated contract concerns involving 11 of the 14 Domiciliary Care providers in the context of over 600,000 hours delivered in the year.

In Residential and Nursing Care Home Services, 428 contracting concerns were received in the year. 294 were investigated and 164 of these were substantiated. 134 remain open and under investigation. 86 of the concerns received had also involved an alert to the Safeguarding Team.

Suspensions of placements are either voluntary or mandatory and can be invoked either through Safeguarding or as a result of a breach of contract resulting in a default. Suspensions may be in place whilst a safeguarding investigation takes place or whilst the provider is in default. In 2012-2013 there were 4 care homes who had placements suspended due to safeguarding concerns.

Case Outcome:

Care home X is a privately owned (single owner) residential care home situated in Rotherham providing residential care for 24 residents. Information came to the attention of the Care Quality Commission (CQC) that prompted an investigation into the registered owner of care home X resulting in X being temporarily unregistered. As a direct result RMBC suspended all new placements and served a default notice against their contract.

The investigation into the registered owner by CQC resulted in CQC making the decision that the owner was not fit to be a responsible person of a care home and a non-urgent notice of deregistration was served. As a result of this action by CQC the Local Authority were not able to do business with X as a provider of residential care as the service was no longer legal. The Local Authority had no option but to instigate the Home Closure Protocol and begin the process of transferring residents from X into alternative care homes. Recognising that the closure of a care home is an extremely traumatic event every effort was made to minimise the impact of this for the residents of X and their families. Our primary aim was to make sure that the needs of residents and their families were met and that efficient and effective actions were taken in response to individual circumstances and needs. The Local Authority had a presence in the care home throughout offering support to residents, their families and staff within the home, taking a proactive approach working with CQC to seek alternative solutions to closure. Some residents chose to take the opportunity to transfer to alternative care homes however most residents and their families decided to remain to see if the home could be saved. Finally a new provider came forward and the home could remain open.

Learning and development

- We standardised training materials for courses at bronze, silver and gold levels against the national safeguarding adults' capability.
- We refreshed the e-learning bronze level module and introduced a new module 'Alerter update' at silver level to enable workers to update their knowledge and skills.
- We introduced new training courses at gold level - Safeguarding Adults Form 1 Training and Provider Managers' Roles in Safeguarding Adults Investigations - to support professionals and management roles.
- We introduced a course place cancellation charge and no-show policy to improve attendance levels at courses and make the best use of limited financial resources.
- We maintained our 2011/12 position that we do not have waiting lists for Silver level training and place availability matches bookings.
- We delivered training to over 1,800 learners maintaining the levels set in 2012/13.
- We continued to respond to training requests to address compliance issues in establishments and services not meeting standards by providing bespoke training.



Case Outcome:

Morrison Facilities Services and Willmott Dixon Partnerships - Rotherham's Council's housing repairs and maintenance contractors. The contractors have been supported through the Council's Contract & Service Development and Learning & Development teams to access the Board's bronze and silver level training and development courses. This was a new initiative! The Contract & Service Development team recognised that the Council's contractors came into contact with vulnerable adults in their day-to-day work and wanted to ensure that they could respond to safeguarding adults concerns. An approach was made to both contractors about up-skilling their workforce, who welcomed the opportunity to access the training offered at bronze and silver levels. Over 300 workers completed the bronze level training and 27 managers the silver level.

"Willmott Dixon is in partnership with Rotherham MBC, as such its employees see themselves as representatives of both organisations. They can sometimes be the only representatives to have direct face to face contact with vulnerable people. It is great to know that our employees are now better trained to identify these situations and take the appropriate action"

"In partnership with the council, Morrison has always supported safeguarding by highlighting issues that we come across to RMBC. By putting all our staff through the Bronze Safeguarding Adults training we have raised awareness of safeguarding and what our staff should look out for whilst they are going about their everyday business. Our managers and resident liaison staff also completed the Silver Safeguarding training for an increased awareness and to give them the knowledge and tools to sensitively communicate any safeguarding issues to the relevant people. Having done the Bronze and Silver training myself I can vouch for its effectiveness. The way in which the Silver course was delivered to a mixture of RMBC officers, Morrison and WDP staff will help build the partnership and strengthen relationships."

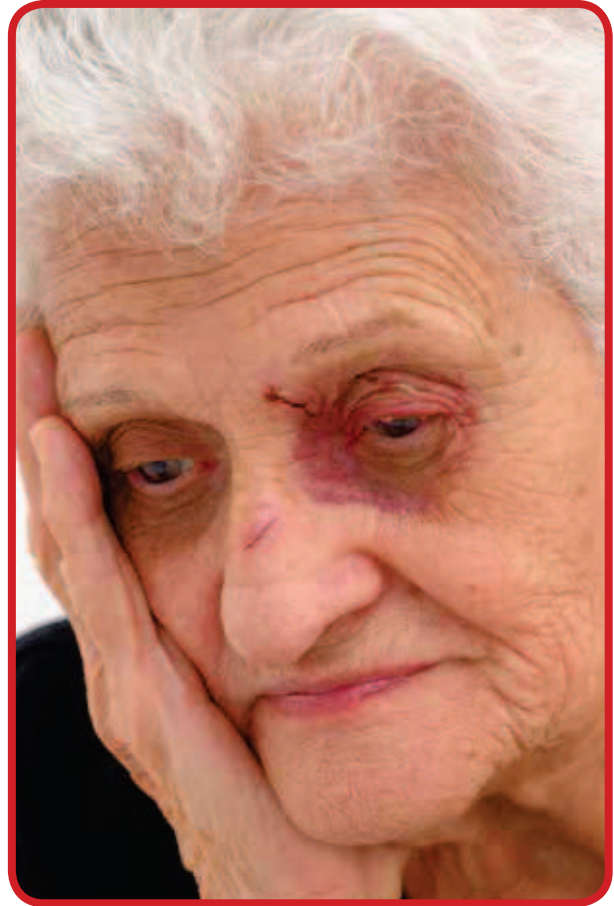
Key Partnership Contributions 2012/13

Safeguarding Adults Service:

Throughout 2012/13, the Safer Rotherham Partnership made considerable progress in tackling Crime and Anti-social Behaviour across the borough.

During that period South Yorkshire Police recorded 16,103 crimes in the borough of Rotherham, which was a 3% reduction/532 fewer crimes than in the previous year, despite the difficult economic conditions. Additionally 4,203 fewer Anti-Social Behaviour incidents were recorded by South Yorkshire Police in Rotherham compared to the previous year, a reduction of 20%.

- **Recorded Crime fell by 3%**
- **Domestic Burglary increased by 3%**
- **Theft of motor vehicles fell by 11%**
- **Theft from motor vehicles fell by 2%**
- **Criminal Damage fell by 8%**
- **Violence Against the Person increased by 3%**
- **Public Order offences fell by 8%**
- **Drug Offences fell by 3%**



The Safeguarding Social Worker was very supportive during the investigation, we appreciate the prompt response to our concerns

Customer Compliment

regarding staff from Safeguarding Adults Team

Safeguarding Adults Awareness Raising in Rotherham

This year's campaign had the key message:

“Neglect; prevention is better than cure.”

Rotherham Safeguarding Adults Board's annual awareness week was held from 9th to 16th July 2012.. We targeted all aspects of neglect including prevention of self-neglect linking the event with 5 Ways of Wellbeing, <http://neweconomics.org/publications/five-ways-to-wellbeing>

Providers of care either in a care home or community based service were invited to take part in this awareness week. Providers were provided with a resource pack and embraced this event by promoting the theme within their service.

Tackling Neglect

Following a case conference which substantiated neglect within a care home the family thanked all professionals involved, in particular the safeguarding Social Worker and Contracting Compliance Officer stating:

“We didn't know people like you existed we are reassured that you are looking out for our family and taking these issues very seriously”.



Looking Forward

2013-14 will see a strategic review and self-assessment of the Board to ensure vulnerable people are protected from abuse. Amongst Rotherham Safeguarding Adults Board's priorities for the coming year are:

- To develop a Safeguarding Adults Strategy that empowers people to protect themselves and their carers through effective risk management in personalisation of their care.
- To deliver the RASB strategy through a Performance Management Framework, holding partner agencies to account through robust governance arrangements and quality assurance processes.
- To review the constitution and governance of the RSAB in line with National and Local priorities.
- RSAB will adopt a Safeguarding Adults Charter and a partnership agreement of commitment.
- Ensure lessons are learned and recommendations implemented from serious case reviews to prevent abuse and safeguard vulnerable adults across Rotherham.
- To align the interface between Children and Adult Safeguarding, with cross representation at a strategic and operational level to ensure a holistic view across the safeguarding agenda.
- To further develop multi-agency information sharing systems, empowering practitioners to identify and prevent abuse from occurring where possible through integration of 'reportable concerns' and be fully informed about their responsibilities regarding the sharing of information between agencies for the purpose of safeguarding activities.
- To engage and support local communities through cultural change to be the eyes and ears of safeguarding, raising awareness and promoting safeguarding adults work, reporting concerns and speaking up for people who may not be able to protect themselves and ensuring everyone involved in safeguarding is clear about their role and responsibilities.

Don't let adult abuse go unnoticed
Call 01709 822330
 (Monday to Friday 8.30am until 5.30pm)

Out of Hours call 01709 336080
Or contact us with your concerns on our new Confidential Text to Tell Service 07748 142816
South Yorkshire Police 101

Rotherham Metropolitan Borough Council
 Where Everyone Matters

www.rotherham.gov.uk

APPENDIX 1

Key Facts and Figures

A total of 1,565 alerts were reported through the new Safeguarding Adults reporting process.

The table below illustrates how all elements of Safeguarding Adult's activity, from the initial alert has increased. During 2012/2013 there has been a continued public and professional awareness raising campaign, and a focus on staff training particularly in the residential and nursing sector. There is a continued commitment to a culture that does not tolerate abuse and knows what to do when abuse happens. This has contributed to a better public and professional understanding of the signs and symptoms of abuse and to the mechanisms for reporting concerns. As anticipated this has resulted in a further increase in the number of safeguarding alerts by 29%.

Older People's Services have consistently recorded the greatest number of safeguarding alerts with 74% of all alerts. However, once again this year there has been an increase in those from other vulnerable adult groups which reflects an increasing awareness in these services.

Number of alerts 2012 – 2013									
In total there were 1,565 Alerts made to Safeguarding Adults									
Physical & Sensory Disability, Frailty, other vulnerability		Learning Disability		Mental Health		Substance Misuse		Total	
18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
293	1014	47	12	62	134	3		405	1160

The strategy meeting/discussion is a crucial stage in the safeguarding process as it determines which organisation is best placed to lead the investigation. The strategy meeting/discussion also identifies how the investigation will be conducted and how the investigators will report on their findings. A strategy meeting should only be called when the threshold for 'significant harm' has been met.

The table below indicates an increase in strategy meetings convened in year to those in 2012/2013.

Number of strategy meetings convened 2012 – 2013
264 Strategy Meetings/discussions held across all services compared to 319 in 2011/2012

All alerts that progress to a strategy meeting are called 'referrals'. There has been a decrease in referrals, which shows of all alerts, those meeting threshold of significant harm is reducing.

The South Yorkshire Safeguarding Adults Procedures are very clear regarding when a case conference should be held on completion of a safeguarding investigation. This year's figures reflect a substantial increase in the number of investigations that culminate in a case conference. This indicates that the procedures are being applied appropriately and consistently across all service user groups to ensure that there is a recorded outcome for all investigations regardless of whether the abuse was substantiated or not.

Number of case conference convened 2012 – 2013
227 Case Conferences convened across all services compared to 89 in 2011/2012

Review of alerts April 2012 – March 2013

Who alerted?

Alert

An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Referral

A referral is the same as an Alert however it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

Source of alert		
Alerter:	2011/2012	2012/2013
Residential/Nursing Care	186	301
Relative	73	112
Health – Community	36	60
Health – Hospitals	71	91
Health – Mental Health Staff	3	15
GP	0	16
Domiciliary Care	96	162
Alleged Victim	13	15
Neighbours/Public/Friend	12	14
Social Care Staff	160	264
Police	207	131
Housing	5	9
Ambulance	11	20
Anonymous	90	67
Other Local Authority	6	19
Other Source*	181	269

***Other source** refers to a variety of sources e.g. Probation, Prison, Employment, the Care Quality Commission schools and other agencies and the Voluntary and Community Sector.

If we make a direct comparison between the number of 'alerts' reported in 2012/2013 from the previous year there has been a continued rise in the number of alerts from Professional and other organisations. This increase is due to the success in raising awareness across all organisations and agencies which indicates there is less reliance on waiting for the victim, family, friends, and public to alert.

Who was the subject of the alert?

Alleged victim

Approximately 66% of all alleged subjects of safeguarding concerns, who were referred into the Safeguarding Adults procedure in Rotherham in 2012/2013 were female, this remains consistent with previous year's figures.

The age of the alleged victim also remains consistent as reported in previous years, once again showing the highest category of alleged victim remains older people. Whilst there is a decrease in those under the age of 65 years as a % of total alerts the number of alerts in reported abuse on adults under 65 years has increased by 7%.

Gender of alleged victim		
	2011/2012	2012/2013
Female	64%	66%
Male	36%	34%

Age of alleged victim		
	2011/2012	2012/2013
Over 65 years	69%	74%
Under 65 years	31%	26%

It is significant that the majority of alerts received regard alleged victims from a White/British background. This does not reflect Rotherham's diverse cultural mix; however this is reflective of the ethnicity of residents living in permanent care in Rotherham, where the highest percentage of alerts originates.

4.1% of the total number of alerts during 2012/2013 concerned alleged victims from BME communities; this remains consistent with the previous year.

At alert "unknown or refused" ethnicity has increased again this year. However, this is reduced by 88% at the point of referral. This demonstrates the effectiveness of information gathering at referral stage.

Ethnicity of alleged victim		
	2011/2012	2012/2013
White/British	1056	1406
White/Irish	6	5
Asian/Pakistani	24	22
White/European	5	13
Asian/Other	6	4
Asian/Indian	2	0
Black/Caribbean	5	0
Black/African	4	5
Other Black Background	8	2
Dual Heritage	0	8
Other Ethnic Groups	13	6
Refused	10	94

Review of referrals and investigations April 2012 – March 2013

What were the categories of alleged abuse investigated?

Categories of alleged abuse 2011 - 2012						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
52%	12%	12%	8%	14%	2%	0%

Categories of alleged abuse 2012 - 2013						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
54%	17%	13%	7.5%	3.5%	4.5%	0.5%

Last year's annual awareness week directly targeted Neglect which is reflected in the 2% increase in this category, however this category of abuse is consistently the highest every year, this year accounting for over 50% of all investigated abuse. However institutional abuse has significantly reduced by 10.5% which reflects the on-going work to raise standards and to ensure all services we commission or deliver meet required standards.

What was referred?

Who was the alleged perpetrator?

Relationship of alleged perpetrator to alleged victim		
	2011/2012	2012/2013
Residential/Nursing Care Provider	62%	46%
Family	15%	13%
Other vulnerable adult	0%	2%
Health/Care Worker	3%	7%
Neighbours/Public/Friend	0%	3%
Domiciliary Care Provider	6%	11%
Day Care	0%	1%
Stranger	1%	0%
Other	13%	17%

Setting of alleged abuse		
	2011/2012	2012/2013
Residential/Nursing Care Home	65%	53%
Own Home	23%	35%
Hospital	6%	7%
Public Place	0%	0%
Alleged Perpetrator's Home	1%	0%
Day Care	0%	1%
Other	5%	4%

Consistent with the figures for 2011/2012 the highest numbers of alleged victims in 2012/2013 were living in Residential/Nursing Care and the alleged perpetrator of the abuse was either an identified person paid to care for them, or the care provision as a whole by allegedly neglecting their residents' care needs.

There has been a further 12% decrease in abuse taking place in Residential/Nursing care, this decrease has occurred year on year, this reflects the robust arrangements that are in place to ensure that all staff in Residential/Nursing Care establishments are trained to enable them to feel confident to recognise and report any safeguarding concerns they become aware of. The continued 'Home from Home' initiative, has ensured safeguarding awareness is raised and also is ensuring a rise in Care Standards.

There is a 12% increase in abuse taking place within the victim's own home - given that abuse by family has decreased - this increase would be attributable to the increase in alerts from Domiciliary Services.

Review of referrals and investigations April 2012 - March 2013

What were the outcomes?

The conclusion of the Safeguarding Adults case conferences

Of the 1565 Safeguarding Adults alerts received in 2012/2013 227 culminated in a Safeguarding Adults case conference compared to 89 in the previous year.

This is due to the adherence to the South Yorkshire Safeguarding Adults Procedures and the increased quality control of all safeguarding investigations by the Safeguarding Adults Team Manager. This year the number of safeguarding alerts that were closed (no further action) prior to a strategy meeting being convened was 1301 out of the 1565 (83%). This indicates that the original alert did not meet the threshold of 'significant harm' or the alleged victim did not meet the definition of a 'vulnerable adult' as defined in 'No Secrets' (Department of Health 2000):

'The definition of a vulnerable adult is - a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation.'

Outcomes of Safeguarding case conferences			
227 Case Conferences held regarding individuals			
Abuse Substantiated	67 (30%)	Abuse Not Substantiated	159 (70%)

In 2012/2013 67 case conferences were substantiated (on the balance of probability). This compares to 79 substantiated in 2011/2012.

These figures overall show us that although we are encouraging more people to alert us of possible safeguarding concerns, we are more successful at reducing substantiated abuse at case conference.

Allegations regarding physical abuse and neglect have consistently been the highest categories of alleged abuse referred into the safeguarding process. This perhaps reflects the visible signs and symptoms of these forms of abuse which can be observed by those having contact with the vulnerable person. Other forms of abuse rely more heavily perhaps on the alleged victim telling someone about the abuse and we are aware that vulnerable people are often unwilling or unable to raise a concern themselves.

Mental Capacity Act and Deprivation of Liberty Safeguards

Background

The Deprivation of Liberty Safeguards (DoLS) were introduced on the 1 April 2009. Since this time the Rotherham service has evolved to the point where we now have a permanent Mental Capacity Act and Deprivation of Liberty Safeguards Coordinator administering DoLS applications to the Local Authority and the PCT. The post sits within the Safeguarding Adults Unit. Rotherham has 11 qualified Best Interest Assessors which is an increase of 3 over the past 12 months.

Ongoing Work

Work remains ongoing in terms of education and training around DoLS for both staff and providers. This is clearly reflected in the increase in referrals as highlighted in the table below.

In terms of the requests received this year, a break down of this is as follows:

Mental Capacity Act and Deprivation of Liberty Safeguards 2012/2013			
Referrals Received by RMBC	37	Referrals Received by NHS Rotherham	9
Authorised Referrals by RMBC	29	Authorised by NHS Rotherham	1

Compared to the requests made in 2011/2012:

Mental Capacity Act and Deprivation of Liberty Safeguards 2011/2012			
Referrals Received by RMBC	38	Referrals Received by NHS Rotherham	8
Authorised Referrals by RMBC	24	Authorised by NHS Rotherham	4

Training and development

The year saw further delivery of a range of bespoke and specialist Safeguarding Adults training events, as well as the continued availability of e-learning.

This table summarises attendance at all courses as compared to last year:

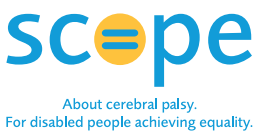
Safeguarding Adults training attendance (excludes e-learning)			
	2010/2011	2011/2012	2012/2013
Local Authority	310	249	552
Independent Sector	495	1072	894
Health	415	508	363
Voluntary Sector			
Police/Probation	28	0	3
Service users/carers	0	13	2
Students	35	32	7
Other	5	16 (Councillors)	8 (Councillors)
Totals	1288	1890	1829



Safeguarding Adults Report

List of abbreviations used:

CQUIN	Commissioning for Quality and Innovation
DoLS	Deprivation of Liberty Safeguards
IDVAS	Independent Domestic Violence and Advocacy Service
IMR	Independent Management Review
IMCA	Independent Mental Capacity Advocate
LADO	Local Authority Designated Officer
MARAC	Multi Agency Risk Assessment Conference
PCT	Primary Care Trust
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber (Mental Health NHS Foundation Trust)
RLSCB	Rotherham Local Safeguarding Children Board
RSAB	Rotherham Safeguarding Adult Board
SIR	Safe In Rotherham
SYFR	South Yorkshire Fire and Rescue
TRFT	The Rotherham NHS Foundation Trust
VCS	Voluntary and Community Sector
WDP	Willmott Dixon Partnerships



Adult safeguarding **scrutiny guide**

April 2010



Purpose of the guide

Overview and Scrutiny Committees (OSCs) play a central role in strengthening the way in which the views and concerns of local communities are represented. This guide is written for officers and members involved in the Overview and Scrutiny process and for Independent Chairs of Safeguarding Adults Boards who may be requested to participate in the work of OSCs.

It considers how local arrangements work to safeguard adults in the local authority area and how Overview and Scrutiny Committees can contribute to better safeguarding in this complex and sensitive area of public service. It is designed to assist officers and members (and Independent Chairs) in shaping and developing the best way to exercise their responsibilities locally. Overview and Scrutiny Committees can approach their task in a variety of ways, some of which are suggested below. This guide does not provide all the answers but it is intended to signpost the options available and provide OSCs with issues to consider.

The guide is organised in the form of section summarising key points and questions first, followed by a series of information sections that cover specific areas in greater depth. It also includes a set of key references and advice on further reading and websites that will be helpful when scrutinising safeguarding arrangements.



Key points and questions

Safety from harm and exploitation is one of our most basic needs. As adults, we constantly weigh up the balance of risks and benefits in what we do and the choices we make. 'Safeguarding' is a range of activity aimed at upholding an adult's fundamental right to be safe at the same time as respecting people's rights to make choices. Safeguarding involves empowerment, protection and justice.

Councils have a key responsibility in relation to safeguarding adults who are defined as 'vulnerable' that is shaped by guidance and requires multi-agency working¹.

In practice the term 'safeguarding' is used to mean both specialist services where harm or abuse has, or is suspected to have, occurred and other activity designed to promote the wellbeing and safeguard the rights of adults. In its broadest sense it is everybody's business: the public, volunteers and professionals. It covers a wide range of activities and actions taken by a large number of people, not least by people in the community. By 'safeguarding' we mean at least four kinds of activity:

Prevention and awareness raising	Ways to improve the general wellbeing of everyone, to support communities to "look out for each other" and to enable the public and the full range of professionals and volunteers to know what to do if they think that someone may be being harmed or abused.
Inclusion	Activities directly designed to ensure that providers of community safety activities and other services are alert to and include 'vulnerable' adults and that they identify and support people who are for one reason or another vulnerable to poor life circumstances and outcomes from services.
Personalised management of benefits and risks	Specific action to identify and support people to protect themselves and make informed decisions about action when they are suffering or likely to suffer harm i.e. direct or serious physical, emotional and sexual abuse, neglect and exploitation. Support to enable people to manage risks and benefits when they are organising or receiving adult social care services.
Specialist safeguarding services	Specific action to ensure that people who have (or may have) experienced harm or abuse are enabled to protect themselves or involved in decision making to safeguard them. This will include specific action to ensure that people who lack capacity are supported through advocates and processes to ensure that their best interests are pursued. It also includes ensuring that justice is facilitated where 'vulnerable' adults are the victims of crime.

¹ Details of the respective roles of upper tier and district councils are set out in the section on councillor responsibilities

The framework in place for safeguarding adults is complex.

The council and its partners in NHS Trust Boards and Police Authorities, with others lead the process.

The Safeguarding Adults Board manages delivery across agencies.

The following sets this out diagrammatically:



Key questions to ask:

These questions address the core issues that scrutiny reviews of adult safeguarding arrangements should cover. Not all questions will be relevant and OSCs will want to adapt them to suit their own local area as well as the nature of the scrutiny exercise.

Outcomes for and the experiences of people experiencing safeguarding services

- What are the experiences of and outcomes for people who use safeguarding services? Is the Adult Safeguarding Adults Board (SAB) using the experiences of adults and their carers and families to drive improvements to safeguarding arrangements and services?
- What assessment is made about whether services reach all groups of vulnerable adults/adults at risk?

Does this include people who don't receive funding for care from the council or who don't meet Fair Access to Care criteria?

- Are people who need safeguarding services fully involved in and in control of safeguarding processes? Do all plans and activities support work towards outcomes that have been defined by the person concerned? Are carers supported?
- Is the Mental Capacity Act being implemented effectively alongside safeguarding so that people have access to advocacy, best interest decision making and no-one is restricted or deprived of their rights or liberty without appropriate safeguards?

2 Putting People First www.dh.gov.uk/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Vision, strategy and commissioning

- Is there a clear overall vision for adult safeguarding? Is the strategy to achieve that vision strong and how is this led and commissioned?
- Are there robust arrangements in place to ensure good, dignified care and safeguarding standards in commissioned and regulated services (for instance care homes and domiciliary agencies) and are there options for accredited services (such as kite mark or other schemes) for people who may want to use individual budgets or direct payments to secure personal assistants?
- Is there a good enough balance between investment and practice in relation to the areas of prevention, awareness raising, the inclusion of older, disabled and mentally ill people in community safety activity, managing risks and benefits and specialist safeguarding services? How well are universal services involved in safeguarding people?

Service delivery and practice

- How good is service delivery, the effectiveness of practice and how well are the performance and resources of the services, including their people, managed?
- What do external assessments (e.g. those of the Care Quality Commission, Housing, HMI Police etc) say about local safeguarding arrangements?
- What policies and procedures are in place to ensure that safeguarding is central to services and that concerns about safeguarding are addressed effectively?
- What systems are in place to support these policies? What training is made available to staff on the policies and how to manage their implementation?

Working in partnership

- Is the Safeguarding Adults Board (SAB) effective in leading and holding individual agencies to account and ensuring effective multi-agency working?
- How does the SAB perform its quality assurance role? Is there evidence it leads to service improvement at system and frontline practitioner level?
- Does the SAB have the resources, both financial and human, to undertake its role effectively and deliver the SAB business plan?
- Are partners represented at a senior enough level to get things done and do they report to their respective Boards/Executives?
- Who is responsible across agencies and at different levels of the organisation to learn from both good practice and where things have gone wrong? How are Serious Case Reviews conducted and learned from?



Background to adult safeguarding

Safeguarding adults is a key responsibility of the local authority and one that has developed quickly, particularly in the last ten years as people have become more aware of 'vulnerable' adults experiencing harm in institutions, in their own homes and in the community.

Work has been framed by government guidance (No Secrets, Department of Health, 2000), by the review of that guidance published in 2009 and by standards and guidance published by the Association of Directors of Adults Services.

Consultation undertaken during the Department of Health review of No Secrets elicited an unprecedentedly large response: some twelve thousand responses. In January 2010 a Written Ministerial Statement announced that legislation would be introduced to put Safeguarding Adults Boards on a statutory footing, that an Inter-Departmental Ministerial Group would be set up to give national leadership and that new multi-agency guidance will be produced for the autumn of 2010.

Over the last year or so, the Law Commission has been reviewing all law related to Adult Social Care, including safeguarding. It has published a set of proposals for consultation in relation to potential changes in the law.

Details of all of these key documents are set out in the Useful Information section at the end of this guide.



Definitions: who are we safeguarding?

Anyone can be at risk of harm or abuse. This guide is concerned with both how the council takes a leadership role in relation to safeguarding citizens generally and also how they undertake their specific responsibilities in relation to those people who, because of their circumstances or situation, have been defined as 'vulnerable' by the Department of Health in the *No Secrets* guidance.

The definition of a 'vulnerable' adult given in that guidance is:

'A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself, against significant harm or exploitation'

(Department of Health, 2000, 2.3).

The Safeguarding Vulnerable Groups Act (2006) recognises that any adult receiving any form of healthcare is vulnerable. There is no formal definition of vulnerability within healthcare although some people receiving healthcare may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances.

It is important to be aware that many disability and user-led organisations consider that the term 'vulnerable' is negative, that it attributes 'victim status' to the individual and that it marginalises them as citizens. The vast majority (90 per cent) of respondents to the consultation process for the review of *No Secrets* requested that the definition of 'vulnerable adult' be revised (DH, 2009).

In this guide we have decided to continue to use the term 'vulnerable' adult despite the issues relating to it because it is the current term in use in legislation and policy guidance as well as "adults whose circumstances make them vulnerable" in a broader sense.

The Law Commission's review of Adult Social Care Legislation (2010) proposes a revised definition for consultation based on Adults at Risk as follows:

An *adult at risk* could be defined as:

- (1) a person aged 18 or over and who:
 - (a) is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
 - (b) receives direct payments in lieu of adult social care services; or
 - (c) funds their own care and has social care needs; or
 - (d) otherwise has social care needs that are low, moderate, substantial or critical; or
 - (e) falls within any other categories prescribed by the Secretary of State or Welsh Ministers;

and

- (2) is at risk of *significant harm*, where harm is defined as ill-treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion).

Overview and Scrutiny Committee members may wish to bear in mind both the current and proposed definitions.

Special arrangements for people who lack capacity

Safeguarding is of particular importance for people who, because of their situation or circumstances, are unable to keep themselves safe or make choices. The Mental Capacity Act 2005 makes it clear that there should always be the presumption that a person has the capacity to make decisions unless it is established otherwise. It provides a statutory framework to protect and empower adults who may lack capacity (ability) to make all or some decisions about their lives. It also makes provision to ensure that advocacy is available for people who lack capacity during safeguarding processes and for their best interests to be explicitly considered through formal processes.

More information about groups of people who may harm or abuse, and where this could take place

Harm and abuse can happen in any setting, and may additionally occur through neglect. People may be harmed at home, in their communities, in a care home, at hospital, in college or at work, at day and community centres or other places where people spend their time or receive services.

People who abuse or harm vulnerable adults are a very diverse group. They largely fall into four main categories:

- paid staff members or support workers
- unpaid family members, partners or carers
- neighbours and members of the community and
- other vulnerable adults.

Each setting and individual requires a different response.



The framework for safeguarding adults

Councils' responsibilities

Councils have a community leadership role generally as well as in relation to Safeguarding and Community Safety.

Councils with Social Services Responsibilities are required (through the statutory roles of the Lead Member and Director of Adults Social Services) to specifically safeguard 'vulnerable' adults. Whilst there is, as yet, no formal duty to co-operate and no statutory footing for Safeguarding Adults Boards, duties in relation to Crime and Disorder inter-relate critically across Upper Tier and District Councils and this means that close working is essential. Harm and abuse to 'vulnerable' people frequently links to domestic violence and abuse, to hate crime and to anti-social behaviour.

In order for councils to fulfill these responsibilities, there is a need for strong strategic leadership, through partnerships, by the Executive and the Local Safeguarding Adults Board to ensure that safeguarding is given sufficient priority to improve outcomes for 'vulnerable' people.

The framework in place for safeguarding adults is complex. The roles and responsibilities of Lead Member, Director of Adult Social Services (DASS) and Chair of the Safeguarding Adults Board (where this is different from the DASS) need to fit well with the council's overall approach to community wellbeing and safety.

To ensure that the system is being well led there needs to be a range of checks and balances which hold the system leaders to account. The local Overview and Scrutiny Committee is one of those critical checks and balances.

Safeguarding Adults Boards

Councils are responsible for ensuring they have in place Safeguarding Adults Boards which have a critical role to play in terms of leadership and the management of Safeguarding services across partners. Members of the Board will include staff from a full range of partners: Adult Social Care and other council departments, representation from district councils in two tier areas, NHS Trusts and primary care providers, the police, Crown Prosecution Service and Courts and key service providers. Representatives should be at a senior enough level to represent their organisation, influence its practice and consistently "get things done". The membership should be coherent even where some members will have remits that are either larger or smaller than the local authority area. Membership may also include key or representative third sector organisations.

Boards should have mechanisms to ensure that the views of people who have used (or might need to use) safeguarding services are central to the work of the Board.

There is different practice in relation to the involvement of councillors in Safeguarding Adults Boards. Some councils take the view that the lead member should be holding the board to account and therefore should not be part of it and that leadership is demonstrated through 'assurance'. Others take the view that membership of the board by the Lead Member demonstrates ownership. In addition some councils are considering whether boards should have independent chairs, in order to ensure that the independent chair can impartially support and challenge all agencies involved in the board (including the council and its Director of Adult Social Services and Lead Member). In this model, the Chair and Board are accountable and subject to the council's arrangements for proper scrutiny of their performance. Whichever model is used, the key question is how well the Board is led and held to account across the partnership.

Responsibility of the Chair of the Safeguarding Adults Board

The chair of the Safeguarding Adults Board may be independent or a senior manager from one of the participating organisations in the board. The key role of the chair is to lead, co-ordinate, support and challenge partner agencies working to safeguard and promote the wellbeing of 'vulnerable' adults and to improve outcomes for and with them.

Responsibilities of the Director of Adult Social Services

Best practice guidance on the role of the Director of the DASS was published by the Department of Health in 2006 and sets out the following:

"The DASS is responsible for ensuring that there is a clear organisational focus on safeguarding adults in vulnerable situations. He or she should also ensure that clear protocols are in place for dealing with adults identified as being at risk and that all staff are aware of these protocols. He or she should ensure that the local Adult Protection Committee (where one exists) or similar arrangements are working effectively and that the Protection of Vulnerable Adults requirements are met. The DASS is also responsible for ensuring that staff providing care services exercise a duty of care and that the personal dignity of service users is upheld"³.

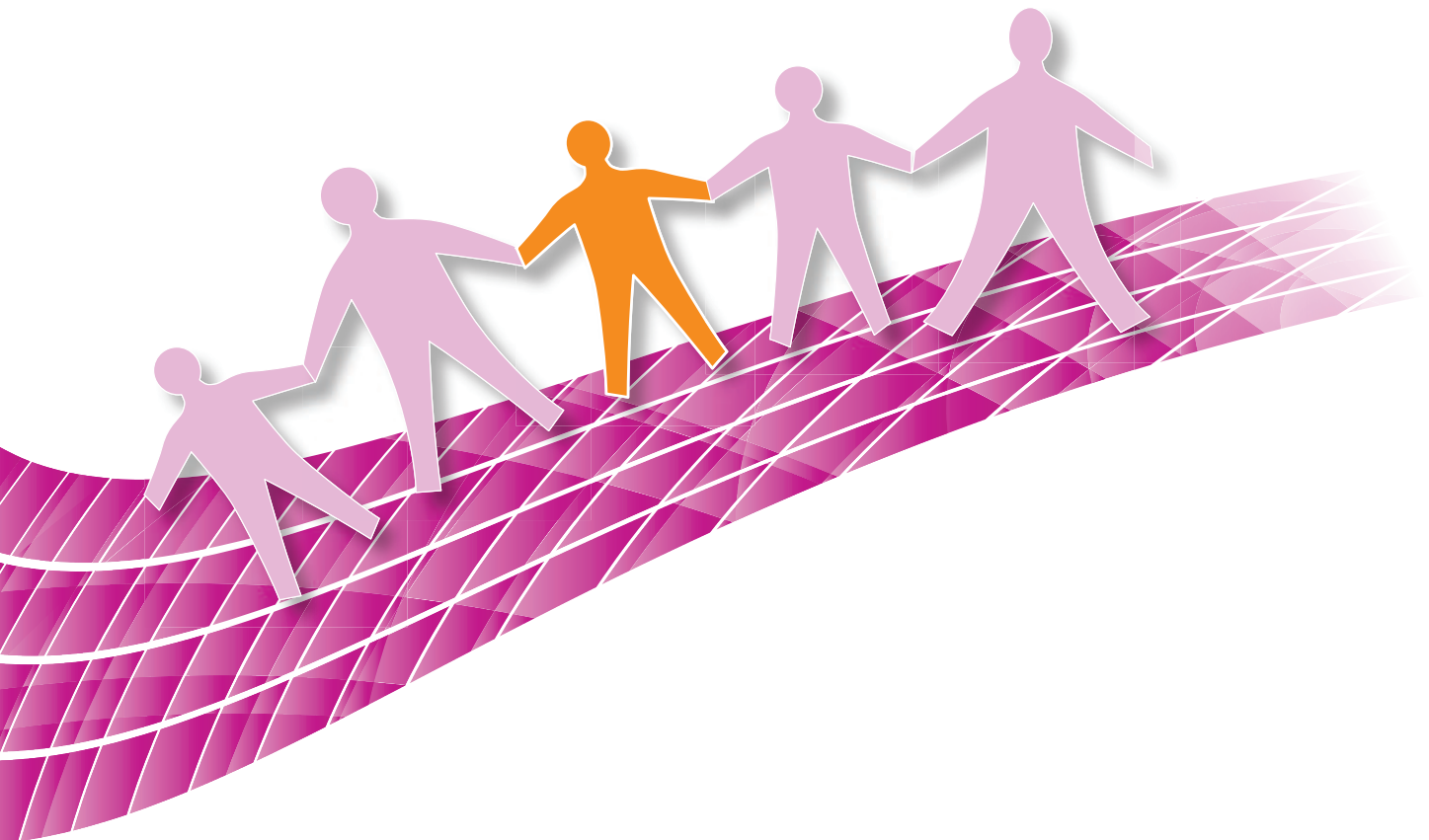
Responsibilities of officers

The safeguarding role of councils and their partners is discharged by:

- ensuring that there are enough, sufficiently trained specialist professional services designed to identify, empower and protect adults who are at risk of or are being harmed or experiencing abuse
- co-ordinating the provision of targeted social care and support services to adults that enable them to manage risks and benefits
- ensuring that the commissioning and contract management of services make sure that there are good standards of care to safeguard people's dignity and rights
- ensuring the co-ordination of effective domestic violence, substance abuse, hate crime and anti-social behaviour services that include 'vulnerable' adults or adults at risk
- ensuring that the environment that people live in is safe through providing good housing, safe roads and well cared for public spaces
- being satisfied that universal services provided for everyone (leisure, adult learning, employment support etc) are alert to safeguarding issues
- ensuring that health organisations and councils work together across different systems and integrate safeguarding effectively with health care regimes related to clinical governance, patient safety and Serious Untoward Incidents
- exercising leadership and influencing skills, including championing the rights of 'vulnerable' adults with partners to ensure that they are treated with dignity in their own homes, care homes and hospitals and that they have access to criminal justice services in the same way as others

³ N.B. the Adult Protection Committee later became known as the local Adult Safeguarding Board and the Protection of Vulnerable Adults requirements are now incorporated in the Independent Safeguarding Authority.

- ensuring that there is support for people who are experiencing, or have experienced harm or abuse, including support with difficult decision making, a range of options for mediation or family support, help with healing and regaining self respect and control over their lives
- ensuring the council's community leadership role supports awareness of the need to safeguard people with the voluntary sector, faith bodies and other community bodies.



Councillor roles in safeguarding adults

All councillors share responsibility for safeguarding those adults whose circumstances make them vulnerable or at risk. *Best Practice Guidance on the Role of the Director of Adult Social Services* (Department of Health 2006), makes reference to the role of the Lead Member and notes that “local authorities are advised to ensure that the Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies.”

Other specific roles are critical to ensuring that ‘vulnerable’ adults are safeguarded. These roles include:

- children’s services lead councillors - both for their key role in relation to children, but also because in some households, for example, the behaviour of one adult may be abusive to children and to another vulnerable adult
- councillors in Crime and Disorder Partnerships, hate crime, anti-social behaviour and domestic abuse/ violence partnerships or sub-committees
- councillors involved in Health and Wellbeing Partnerships
- councillors involved in community cohesion work
- councillors who are members or non-executives of NHS Trusts or Police Authorities
- other Cabinet members and frontline councillors.

In that context it is clearly very important if improvements are to be made, and, more importantly, sustained, that local arrangements for safeguarding should be subject to scrutiny and challenge which focuses on ensuring adults are properly safeguarded and their life chances improved. This is where the role of councillors who are involved in scrutiny is crucial.



Optional approaches and additional questions

There are a number of possible approaches to scrutinising Adult Safeguarding. These include:

- undertaking a comprehensive review of safeguarding across all partners and all levels
- undertaking an organisation specific scrutiny, for example, of an NHS Trust
- having a regular agenda item to scrutinise safeguarding performance
- scrutinising the interface between safeguarding and other activity, to ensure that services work well together. Examples of this might include Safeguarding and Community Safety, implementation of the Mental Capacity Act or Putting People First.

Alternatively, additional areas for scrutiny might be:

Prevention and awareness raising:

- what work has been undertaken to support communities in our area to look out for their 'vulnerable' members and how effective is it in supporting people to stay in control and safe?
- how do the public know how can they get help if they are concerned that someone is, or might be, being harmed or abused?
- how much do vulnerable people know about how to safeguard themselves, stay in control of their lives and manage the risks and benefits of their choices?

Inclusion:

- the extent to which community safety and other activity (including work linked to domestic abuse, hate crime, anti-social behaviour, rogue traders and discrimination) includes older, disabled and mentally ill people.

Personalisation and managing risks and benefits with people:

- the extent to which Adult Social Care (and other services) have built in support for people to manage risks and benefits for themselves in relation to organising social care services
- the extent to which quality is built in to care services so that they are delivered in a way that respects people's dignity and safeguards their human rights.

Specialist safeguarding services:

- how well specialist services work to improve outcomes for people who have experienced harm and abuse, including how they listen to and support people with decision making, make enquiries/ investigations, the quality of care and protection plans and the extent to which they support people in relation to ensuring that there are Mental Capacity Advocates and 'best interest assessments' in place if people lack capacity
- the extent to which specialist services ensure that vulnerable people who have experienced harm or abuse have support to ensure that they have the same right to justice as everyone else
- how well specialist services address what happens to the people who have harmed or abused others.

At the outset, OSCs may want to take expert advice, independent of the council, partners or Safeguarding Adults Board, to assist in identifying best practice and benchmarks or standards relevant to safeguarding. This might be from other councils or other specialists, such as Chairs of Safeguarding Adults Boards in other areas.

Preparation

There is a wide range of sources of background information, research evidence and best practice material available to support scrutiny of safeguarding. Key sources of basic information are found on the IDeA, ADASS, Department of Health, Social Care Institute for Excellence and Research in Practice for Adults websites and these are referenced at the end of this guide.

As well as the basic information about how the system should work there is a lot of material available from inspection reports and annual performance datasets and ratings given to councils, the NHS and other public bodies which will help the OSC to decide on the priority or degree of prominence they need to give to safeguarding. Using this material should also minimise demands on officer time by avoiding duplication of effort in collecting and collating data.

OSCs should, as a minimum, expect to review an annual report of the Safeguarding Board, and the performance data collected by it, together with the Care Quality Commission inspection reports (both generally in terms of dignity and care standards and specifically in relation to safeguarding) and any Peer Review carried out by IDeA or others.

Whether OSCs intend to undertake a specific review or integrate safeguarding practice into its rolling work programme, the development of a brief agreement between the OSC and the Safeguarding Board will clarify their respective roles. Each has responsibilities to review, scrutinise, challenge and to hold to account. The agreement will avoid confusion, duplication and audit fatigue. It should cover how recommendations from scrutiny committees will be considered by the Safeguarding Board and how they will respond.

The quality of pre - planning and preparation will determine the quality of the review and production of evidence-based recommendations. It is important that OSCs are specific about what they are trying to achieve whether it is a high level strategic review or one with a focus on a particular issue or aspect of service delivery.

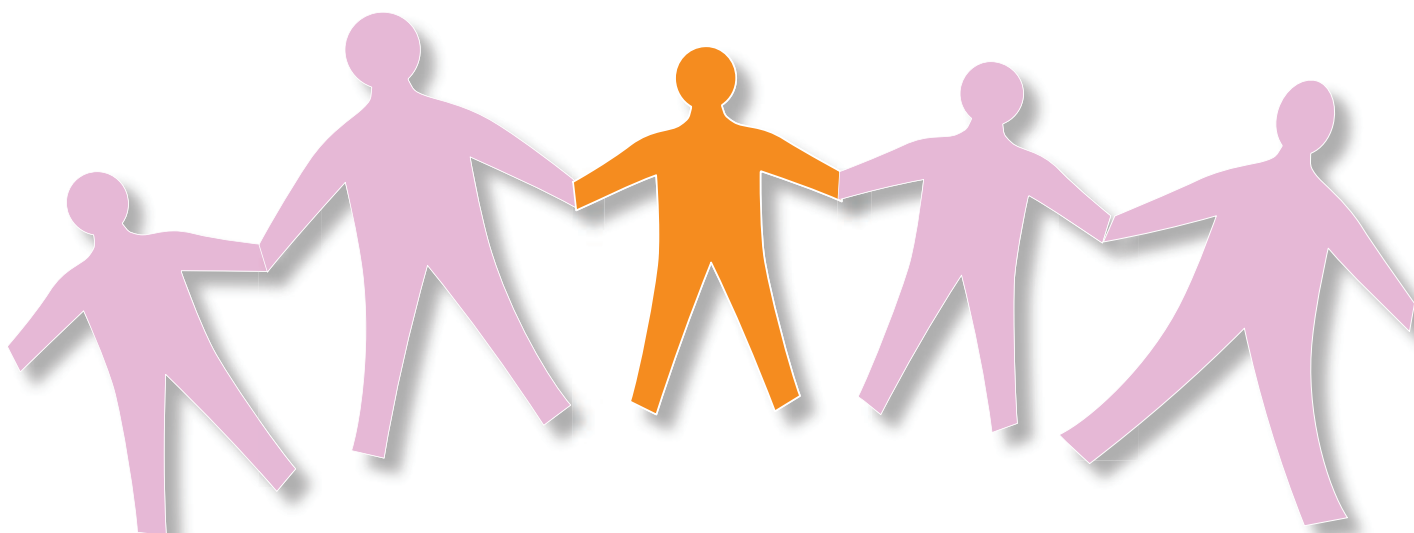
Where OSCs decide to build safeguarding in to a rolling programme of work, there also needs to be some preparation and training for OSC members. They need to know how the agencies work and have access to the adults safeguarding procedures. A routine approach to safeguarding across the work programme can gradually develop member expertise, whilst a one off exercise will require more intensive initial input for members. It is important to emphasise that councillors do not need to be experts in safeguarding but need to have access to efficient and effective support to help them perform their role.

OSCs have legal power to get information from NHS bodies and to have questions answered in meetings. They do not have the same legal powers with regard to all partner agencies, although it is unusual for partners to refuse to give evidence to OSCs. Nonetheless, any agreement between the Safeguarding Board and OSC will be helpful in bringing partners together to support and facilitate scrutiny, recognising that safeguarding is a multi-agency responsibility and activity that can benefit from constructive independent challenge.

It may also be helpful to draw up guidelines for OSC members, or to appoint a specific adviser, to enable them to make the most of opportunities to meet and listen to adults who have experienced safeguarding processes and, if they wish, their families.

However OSCs decide to scrutinise safeguarding arrangements the preparation and process will need to deal with the following matters:

- establishing a clear focus for the specific activity or review
- identifying key lines of enquiry
- using the information available from Care Quality Commission, Housing and Her Majesty's Inspectorate of Police inspections
- considering the legislative framework and guidance
- identifying the priorities of the Adults Safeguarding Board
- reviewing the action plans of the Safeguarding Board and partners arising from any serious case reviews
- reviewing any other audit reports and plans and any other service reviews
- identifying relevant council officers, staff from partner agencies and service user and community representatives to participate in the OSC scrutiny process
- the learning and preparation requirements of members prior to the start of any scrutiny activity
- confidentiality and consent in hearing evidence and publishing reports
- considering sensitive and sometimes distressing information. In rare cases where OSCs are hearing about serious and distressing cases of abuse from survivors or family members or staff, local authorities should consider making counselling services available for witnesses and/or councillors. .
- setting a realistic timescale for scrutiny reviews
- sharing learning and experiences from other councils
- dealing with press and media interest in the review.



Reporting across partnerships

The following is adapted from the CfPS guide 'Walk a Mile in My Shoes' about scrutiny of dignity in care as it is relevant for Safeguarding Adults:

After carrying out scrutiny work for a number of years now, OSCs are familiar with the importance of laying out evidence, findings and clear, focused recommendations, making clear to which organisation individual recommendations are addressed.

With safeguarding it is particularly important to be clear about what definitions you have been using, what aspects of safeguarding you were focusing on, what questions you were seeking to answer, what you found out, from whom, what you are recommending, to whom and why.

OSCs will want to make recommendations on safeguarding issues to a number of bodies, depending on the aspects they have been considering in a scrutiny review. This could include the council's Executive, the Safeguarding Adults Board, the PCT and/or NHS Trusts, providers of social care, voluntary organisations etc. It is worth remembering also, that OSCs may make recommendations to their fellow councillors. This was done at Lincolnshire County Council when a scrutiny task group looked at the Member role in Adult Social Services. The task group identified dignity as an important issue where Members themselves could add value, for example in their regular visits to care homes. As a result of this, a series of workshops was organised for Members to discuss the issues and the actions they themselves could take in relation to dignity and respect for their residents. It has also been done in the Birmingham

review of Safeguarding Children.

In addition to formal reports and recommendations, OSCs might consider other kinds of outputs to support their findings. Given the importance of personal experience in relation to safeguarding, a review might produce case studies and 'stories' that reflect on individual experiences discovered by the OSC. Of course, if general conclusions are drawn from an individual experience, they will need to be supported by other evidence. Nonetheless, reflecting on one person's experience can lead to discoveries about a whole system or organisation. They can also be used to illustrate conclusions about an issue such as the culture of an organisation which can be difficult to pin down without examples.

Because safeguarding is such a personal and painful issue, and because OSCs are likely to have heard some very personal experiences in the course of a review involving safeguarding issues, it will be particularly important to give feedback to people who have given their time to provide evidence and to plan follow-up to assess the impact of the review and its recommendations. As OSC Members will be aware, the knowledge that you will be returning to your recommendations and asking questions about their implementation can be a very effective driver of concerted action.

Useful information

Further information

Improvement and Development Agency (IDeA)
www.idea.gov.uk

The Association of Directors of Adult Social Services (ADASS)
www.adass.org.uk

The Social Care Institute for Excellence
www.scie.org.uk

Research in practice for adults (ripfa)
www.ripfa.org.uk

Department of Health
www.dh.gov.uk

References and additional reading

ADASS (2007) *Safeguarding Standards*

CSCI (2008) *Safeguarding Adults: a study of the effectiveness of arrangements to safeguard adults from abuse*, London: CSCI

Department of Health (2009) *Safeguarding Adults: a report on the consultation on the review of No Secrets*, London: Department of Health

Department of Health (2008) *Safeguarding Adults: a consultation on the review of No Secrets*, London: Department of Health

Department of Health (2000) *No Secrets: the development of multi-agency responses to the abuse of vulnerable adults*, London: The Stationery Office

Department of Health (2006) *Best Practice Guidance on the Role of the Director of Adult Social Services*, London: Department of Health

Department of Health (2010) *Clinical Governance and Adult Safeguarding: An integrated Approach*, London: Department of Health

Duffy S and Gillespie J (2009) *Personalisation and Safeguarding: a discussion paper*, London: In Control

Hague G, Thiara RK, Magowan P and Mullender A (2008) *Making the Links: Disabled Women and Domestic Violence*, Bristol: Women's Aid Federation of England

Healthcare Commission (2007a) *Investigation into the service for people with learning disabilities provided by Sutton and Merton Primary Care Trust*, London: Healthcare Commission

IBSEN (2008) *Evaluation of the Individual Budgets Pilot Programme*, York: SPRU

IDeA: Briefing for councillors on Adult Safeguarding (2009)

Julian G and Penhale B (2009) *Safety Matters: developing practice in safeguarding adults*, Dartington: research in practice for adults

Law Commission (2008) *Adult Social Care Scoping Report*, London: Law Commission

Law Commission (2010) *Adult Social Care: A Consultation Paper*, London: Law Commission

Centre for Public Scrutiny and Improvement and Development Agency Guides

The Centre for Public Scrutiny (CfPS) promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. This guide offers practical advice for Local Authority Overview and Scrutiny Committees (OSCs) on the background to the safeguarding of adults and the questions they may want to ask to effectively review approaches to safeguarding. This guide is a companion publication to *Councillors' Briefing: Safeguarding Adults* produced and published by the Improvement and Development Agency, *Research in Practice for Adults* and the Association of Directors of Adults Social Services in 2009.

This guide is one of a series designed to help OSCs carry out their work on various health, healthcare and social care issues. It is a key partner guide to *Walk a Mile in My Shoes: Scrutiny of Dignity and Respect for Individuals in Health and Social Care* (CfPS 2009).

Other CfPS and IDeA guides in the series include:

Scrutinising the Transformation of Adult Social Care (CfPS 2010)

Safeguarding Children and Young People (CfPS 2009)

Other CfPS guides:

NHS service design or reconfiguration (CfPS 2007a)

The effectiveness of your local hospital (CfPS 2007c)

Acknowledgements

CfPS and the IDeA are grateful to the following people for their help in developing this guide:

Jane Held, Fiona Campbell, (Both independent consultants and authors of previous CfPS guides), Lucy Bonnerjea (Department of Health), Mona Sehgal (IDeA), Alyson Morley (LGA).

This guide was commissioned by IDeA and CfPS, and written by Cathie Williams, Adult Safeguarding Lead at IDeA.



IDeA

Layden House
76-86 Turnmill Street
London EC1M 5LG

telephone 020 7296 6880
facsimile 020 7296 6666
email ihelp@idea.gov.uk

www.idea.gov.uk



INVESTOR IN PEOPLE

©IDeA – April 2010

For a copy in Braille, Welsh, larger print or audio, please contact us on 020 7664 3131. We consider all requests on an individual basis.
We consider requests on an individual basis.

L10-254 Produced by Liberata Design and Print Studio



Local Government Association

The Local Government Association is the national voice for more than 400 local authorities in England and Wales. The LGA group comprises the LGA and five partner organisations which work together to support, promote and improve local government.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	Improving Lives Select Commission
2. Date:	18 December, 2013
3. Title:	Work programme Update: 2013/14
4. Directorate:	Resources All wards

5. Summary

The paper updates the Scrutiny Work Programme for 2013/14.

6. Recommendations

That Members:

- a. Discuss the work programme as attached.**
- b. Determine if there are any additional items for consideration and/or reprioritisation.**

7. Proposals and details

7.1 As outlined in the Council's Constitution, the remit of the Improving Lives Overview and Scrutiny Select Commission is to carry out overview and scrutiny of issues as directed by the Overview and Scrutiny Management Board. These issues shall relate to: -

- the Every Child Matters agenda
- the early intervention/ prevention agendas
- other cross-cutting services provided specifically for children and young people
- employment and skills development.
- non-health related adult social care

7.2 At its June meeting, the Select Commission agreed its priorities over the municipal year. A work programme based on these priorities is attached as Appendix A. The table details work undertaken to date (from June 2013) and items planned for future meetings. The work programme has been informed by comments from Commission Members and discussion with Cabinet Members and the Senior Leadership Team.

Members should note that the work programme is flexible and issues may be referred to the Commission which are not known about at this stage. If additional items are added, the Commission will have to re-prioritise which issues it wishes to scrutinise.

8. Finance

There are no financial implications arising directly from this report.

9. Risks and Uncertainties

The work programme must be realistic in terms of the Commission's capacity to properly examine issues that come before it.

10. Policy and Performance Agenda Implications

The proposed work programme takes on board key policy agendas the Council is currently considering and performance information as and where necessary. The areas identified for future scrutiny should complement the priorities identified in the Corporate Plan.

It is also important to note the changes that have occurred during the last year and the reduction in staffing resources. Any work programme needs to take account of this and look realistically at what can be achieved and where it is best to focus resources and efforts.

11. Background Papers and Consultation

Improving Lives Select Commission; 12th June, 2013: Minute 5
Contact
Caroline Webb, Senior Scrutiny Adviser, Resources Directorate
caroline.webb@rotherham.gov.uk (8)22765

Improving Lives Select Commission – work programme 2013/14

Subject	Work category	Comments	Suggested Timing
Children Missing from Education	Report		12 th June 2013
Poverty in Rotherham	Presentation		12 th June
Response to scrutiny review; The role of school governors	Progress report		10 th July
Home Affairs Select Committee - Child Sexual Exploitation and the response to Localised Grooming	Report		10 th July
LSCB Annual Safeguarding Report and Business Plan	Report		September 18 th
Working Together 2013 guidance (working with NAS)	Report		September 18 th
Update on Families for Change	Progress report		November 6 th
Pupil Referral Unit – restructure	Report		November 6 th
School places update	Progress report	(Progress on issues raised in report to Improving Lives (Oct 2012) also links to Section 106 reports to Improving Places and Local Plan Steering Group work.)	December 18 th
Safeguarding Adults	Annual report		December 18 th
Child Sexual Exploitation	Progress report		January 22 nd 2014
Annual Lifestyle Survey	Report		March 12 th 2014

Improving Lives Select Commission – work programme 2013/14

(2013)			
Outcomes for Looked After Children (based on the 10 questions to ask...)	Report		March 12 th 2014
Narrowing the Gap – impact of Pupil Premium	Report	Improving outcomes for children and young people on free school meals, LAC etc	April 9 th 2014
Are our measures to support school improvement effective	Report	Include examination of impact of Learner's First & Improving Outcomes at KS2	April 9 th 2014
Poverty – children and older people	Full Review	to be determined (linked to Welfare Reform)	to be scheduled