

IMPROVING LIVES SELECT COMMISSION

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

Date: Wednesday, 5th November, 2014

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 17th September, 2014. (Pages 1 - 10)
8. Representative and substitute from the Improving Lives Select Commission to the Health, Welfare and Safety Panel.
9. Improving Lives Select Commission's Scrutiny Review of Domestic Abuse - proposed review of local responses to "honour" based violence and forced marriage. (Pages 11 - 30)
 - Report and presentation attached.
10. Improving Lives Select Commission's Scrutiny Review of Domestic Abuse - update to response presented in November, 2013. (Pages 31 - 46)
 - Report and updated/annotated action plan attached.
11. Safeguarding Adults Annual Report 2013-2014. (Pages 47 - 81)

- Covering report and full Rotherham Safeguarding Adults 2013-2014 annual report attached.

12. Date and time of the next meeting: -

- Wednesday 17th December, 2014, to start at 2.00 p.m. in the Rotherham Town Hall.

Improving Lives Select Commission membership: -

Chair – Councillor J. Hamilton
Vice-Chair – Councillor Ahmed

Councillors Astbury, Buckley, Burton, Clark, N. Hamilton, McNeely, Reynolds, Roddison, Turner, Tweed (12).

Co-opted members: - Ms. Jones (GROW: Giving Real Opportunities to Women), Mr. Smith (Safe@Last), Mrs. A. Clough (ROPES, older peoples' issues).

**IMPROVING LIVES SELECT COMMISSION
17th September, 2014**

Present:- Councillor J. Hamilton (in the Chair); Councillors Ahmed, Astbury, Burton, Clark, Reynolds and Roddison and co-opted member Mrs. J. Jones.

Apologies for absence were received from Councillor Lelliott and from co-opted member Mr. M. Smith.

18. DECLARATIONS OF INTEREST.

No Declarations of Interest were made.

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

No members of the public and the press were in attendance.

20. COMMUNICATIONS.

The Scrutiny and Member Development Officer reported that an additional meeting of the Improving Lives Select Commission would be held to consider Rotherham's GCSE performance and the Ofsted status of the Borough's schools. A date would be circulated in due course.

21. MINUTES OF THE PREVIOUS MEETING HELD ON 9TH JULY, 2014.

The minutes of the previous meeting of the Improving Lives Select Commission held on 9th July, 2014, were considered.

Reference was made to Minute Number 15 (Young People Missing from Home and Care) and the importance of the Corporate Parenting Panel continuing to have the issue of children and young people who went missing/ran away as a standing item.

Resolved: - That the minutes of the previous meeting be agreed as a correct record.

22. RECYCLING GROUP.

Resolved: - That Councillor G. Reynolds be confirmed as the Improving Lives Select Commission's representative on the Recycling Group, 2014/2015.

23. CHILDREN AND YOUNG PEOPLE'S PLAN - PROGRESS REPORT.

Consideration was given to the report presented by the Performance and Quality Manager (Neighbourhood and Adult Services Directorate) that outlined the progress against the partnership action plan called the Children and Young People's Plan, which was created and monitored by the Children, Young People and Families' Partnership.

The Plan, which covered the period 2013-2016, was no longer statutory, but it was considered good practice to have one. The Plan had six priorities: -

- We will ensure children have the best start in life;
- We will engage with parents and families;
- We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect;
- We will focus on all children and young people making good progress in their learning and development;
- We will target support to families in greatest need to help access learning/employment opportunities.

In addition, the priority “We will work with partners to eradicate child sexual exploitation” was also one of the six priorities and was monitored as part of the Rotherham Safeguarding Children Board.

Monitoring took place twice a year to highlight progress made on delivering the actions. Progress against the actions had been assigned a RAG rating.

The data submission included a performance monitoring report and case studies of successful interventions.

Overall, of the 159 actions, 25% were rated as Green, 65% were rated as Amber, and 10% were rated as Red.

The performance at each priority was considered and the Improving Lives Select Commission asked questions about the outcomes and performance.

Priority One: - We will ensure children have the best start in life: -

12 of the actions in this priority were rated as Green, 28.5 were rated as Amber and 11.5 were rated as Red.

- What work was being undertaken relating to ensuring that the prevalence of breastfeeding at 6 – 8 continued to increase?
- Were pre-birth CAFs continuing to be initiated, as these really did influence healthy starts for children;
- Best Start in Life audits conducted by Public Health;
- Two-year old early entitlement – were the most vulnerable and hard to reach families accessing their entitlement?;
- Obesity rates following the start of the universal infant entitlement to Free School Meals;
- The take up of dental health was disappointing – what was stopping a better take-up?

Priority Two: - We will engage with parents and families: -

35 of the actions under Priority Two were rated as Green, 10 were rated as Amber and 1.5 were rated as Red.

- What was the impact of the Early Help Support Panel in working with families to ensure that they were receiving the appropriate level of interventions?
 - Further work was needed to promote the Panel and encourage practitioners to attend, which will improve intelligence gathering;
 - Promotion towards Health Visitors and Schools Nurses would be a focus;
 - The production of case studies that showed how the Panel could operate effectively would be really beneficial.

Priority Three: - We will reduce the harm to children and young people who are exposed to domestic abuse, alcohol/substance misuse and neglect: -

14 of the actions had been rated as Green, 8 had been rated as Amber and none had been rated as Red.

- What impact had the Integrated Youth Support Service training had on alcohol use?;
- What impact would the peer review into neglect have?;
 - The peer review had been postponed in order to allow Officers to concentrate on the Ofsted inspection;
- Social Care timelines and the length of time it took to get a management decision – were these being met and what impact did they have on outcomes for children.

Priority Four: - We will work with partners to eradicate child sexual exploitation: -

This priority was managed by the Rotherham Local Safeguarding Children's Board and had its own dedicated sub-group focussing on child sexual exploitation consisting of the Chief Constable, senior service representatives and National Working Group representatives.

- There was a quarterly progress report on issues relating to CSE that was considered by the Cabinet;
- The National Working Group had awarded the team in Rotherham an award based on current practice, which was recognised as some of the best in the country;
- The Jay Report would be scrutinised fully at a later date;
- The Multi-Agency Support Hub team was starting to gel together to ensure intelligence was shared and appropriate responses were made.

Priority Five: - We will focus on all children and young people making good progress in their learning and development: -

4.3 of the actions had been rated as Green, 23.3 had been rated as Amber and 2.3 had been rated as Red on this Priority.

The Improving Lives Select Commission would have a meeting focussed on this Priority in the future.

Priority Six: - We will target support to families in greatest need to help access learning/employment opportunities: -

Six of the actions for Priority 6 had been rated as Green, 33 had been rated as Amber and one had been rated as Red.

- A critical post had not been back-filled during the long-term sickness of the postholder. This was concerning.
 - This work had been picked-up by other staff members in the Education Welfare Team as part of an enhanced approach. Funding for this post had ceased in July, 2014.
 - The use of apprentices to support critical areas of work and also act as role models.
- Only 28% of teenage mothers were accessing learning.
 - Alternative arrangements were in place for teenage mothers and the Integrated Youth Support Service had a contract with GROW to provide one-to-one support with teenage mothers in education.

Resolved: - (1) That the report be received and the progress made in monitoring the Children and Young People's Plan be noted.

(2) That the Improving Lives Select Commission receive a further update in early 2015.

(3) That consideration be given to conducting a spotlight review on the Council's use of apprentices.

24. CONSULTATION - CHANGES TO THE SCHOOL ADMISSIONS CODE.

Consideration was given to the report presented by the Principal School Organisation and Risk Management Officer (Schools and Lifelong Learning, Children and Young People's Services Directorate) outlining the consultation document that the Department for Education was conducting on proposed changes to the school admissions code.

The proposed changes included two significant potential amendments: -

- To allow schools to give priority to applicants eligible for the Pupil Premium

- To bring forward the timetable for determining the admissions arrangements so that objections can be received by the Schools' adjudicator before the start of the admissions round: -
 - This would allow objections to be resolved more quickly and enable a greater number of parents to apply for school places on a lawful basis.

The consultation document asked six questions. The Admissions Service had provided a draft response for the consideration of the Improving Lives Select Commission.

- 1. State-funded schools give priority in their admissions arrangements to children eligible for pupil premium or service premium funding: -**
 - The proposed answer included that, in Rotherham, approximately 90% of applicants consistently received their first preference. Analysis showed that most pupil premium eligible children made a preference for their nearest and catchment area school. The proposed answer also made reference to the potential difficulties in collating information about eligibility for pupil premium as part of the admissions process, this was normally collated by the school census when children had been admitted.
- 2. Admission authorities of primary schools to give priority in their admission arrangements to children eligible for the early years pupil premium or service premium who attend a nursery which is part of the school: -**
 - Rotherham's nursery provision varied and some areas had more provision than others, which could lead to local children being unable to obtain a place at their local/catchment area school.
- 3. Create a rolling deadline for admissions authorities to comply with the determination of the schools adjudicator: -**
 - The proposed response was that the admissions authority could not see any issues with the proposal as long as all parties had sufficient notice to implement any changes.
- 4. Bring forward the deadlines for objections, determinations and the publication of admission arrangements and to change the timing and length of consultations: -**
 - The Admissions Authority could not see any issues with the proposal so long as all parties had sufficient notice to implement.

5. Admission of summer-born children: -

- The proposed response was that the Admissions Authority felt that the proposal clarified the position for parents and carers and did not significantly impact on admissions.

6. Minor technical drafting changes: -

- The Admissions Authority did not envisage any problems from the proposal but did think that the changes should be drafted as 'may' instead of 'must', to allow individual authorities discretion to implement where it would be beneficial depending on their circumstances.

Discussion on the consultation questions and the proposed answers followed, and the following comments were made: -

- Reducing the timescale for submission of objections was not a positive development.
 - The Principal Officer confirmed that the proposed reduction in timescales would relate to the timeline regulating annual admissions consultation, which was reported back to the Schools' Adjudicator, and not the timeline that parents and carers had to submit their application for a school place.
- One Member expressed a concern about specific areas where there was only one choice of school, which happened to be a faith school. There was a potential for children living in the immediate area who did not share the same faith to miss out on being educated with their neighbours.
 - The Principal Officer explained that as faith schools were funded through Dioceses they also had the ability to apply their own admissions criteria.
- It was noted that Rotherham was a net importer of children from other local authorities. This meant that parents and carers in other local authorities had chosen to select a Rotherham school/s as their first preference. Rotherham's provision was amongst the best locally, which was especially reflected in GCSE results and the favourable number of Rotherham's schools that were rated as 'Good' or 'Outstanding' by Ofsted. All agreed that this was positive news.

Resolved: - (1) That the draft response submitted by Rotherham's Admission Authority be approved and it be submitted to the Department for Education.

(2) That the Improving Lives Select Commission receive an update on the outcomes of the consultation where they led to implications for admission to school in the Borough.

25. CHILDREN MISSING EDUCATION (CME).

Consideration was given to the report presented by the Service Manager, Education Welfare Service, and the Children Missing Education Officer (School Effectiveness Service, Schools and Lifelong Learning, Children and Young People's Services Directorate) that outlined the current work being undertaken in the Borough regarding Children Missing Education (CME).

The Improving Lives Select Commission considered the issue of Children Missing from Education at the meeting held on 12th June, 2013 (Minute No. 7 refers).

A brief overview included: -

- All children of compulsory school age who were not on a school roll and who were not receiving a suitable education otherwise than being at school (including Elective Home Education, privately or alternative provision) would be classed as 'CME';
- Section 436A of the Education Act required all local authorities to make arrangements to enable them to establish the identities of children residing in the area who were not receiving a suitable education;
- It did not include children who were registered at a school but who were not attending regularly;
- The CME duty complimented and reinforced duties that existed for schools and the Education Welfare Service to monitor poor attendance;
- Maintained and academy schools were required to make regular absence returns to the Education Welfare Service where attendance of individual pupils gave cause for concern.

The submitted report outlined the previous structure of the CME team when there was only one Officer working in the area. It outlined the streamlined service, improved partnership working with a range of agencies and information sharing pathways had been put in place, in addition to improved IT capacity for tracking, recording and reporting to enable de-registering where appropriate.

- An appropriate escalation system was in place;
- The Education Welfare central management team and the CME Officer were co-located in the Multi-Agency Safeguarding Hub (MASH) based in Riverside House;
- Termly up-dates were being provided to the CYPs Directorate Leadership Team and the Lead Member for Children and Young People;

- The creation of the Fair Access Admission Panel had increased awareness amongst headteachers of the CME picture across the Borough;
- A temporary increase of staff members from the Integrated Youth Support Service and the School Effectiveness Service had been arranged to focus on the processing, tracking and investigation of CME. One permanent monitoring post and temporary business support had been brokered, funded from the Education Welfare Service and the School Admissions Service;
- Home visits were undertaken over the summer holiday, 2014. By the end of August, 2014, 565 referrals had been followed up;
- The Services was more able to identify vulnerable groups.

Data: -

The Education Welfare Service Manager reported on the numbers of cases that had been dealt with over the two previous school years: -

2012/2013: -

- Opened 973 new investigations;
- Closed 726.

2013/2014: -

- Opened 1,211 new investigations;
- Closed 1,413.

As at 12th September, 2014, there were 468 current, open active CME referrals.

Staff and service capacity remained an ongoing issue. The CYPS Directorate Leadership Team had accepted a plan to extend the capacity of the CME function on a temporary basis.

Risks and uncertainties included the temporary nature of European Structural Funding for an EU Migrant Education Engagement Officer, which had ceased in July, 2014. This work had been covered by the wider Education Welfare Service but capacity was limited to sustain this approach.

Discussion ensued and the following issues were raised: -

- What evidence was accepted to remove children from a register when they no longer lived in the area? Did it have to be beyond reasonable doubt, for example?
 - It had to be believed that the child had left the area as far as possible. The Service worked with other local authorities and border agencies to determine whether a child/ren had left the area;
- What did the 'open analysis' stage cover?

- When a child/ren did not take up their reception place, risks were acted upon quickly and an Education Welfare Officer was assigned to the case and external and internal agencies were contacted, including housing and benefits agencies, to determine whether the family had moved within Rotherham or left the Borough all together.
- As of 12th September, 468 children were classed as CME.
 - The data could be broken down further to provide a baseline.
- Were there any children that the Service did not know where they were at all?
 - Yes, 348 children were not registered with any school.
- Were there any common threads when a child was classed as CME?
 - Yes, location – the majority of cases were based within central Rotherham.
- Were comparisons with regional and national performance available?
 - Rotherham's numbers were broadly in-line with regional neighbours from liaison meetings that took place. National figures were not produced by the DfE;
- Were holidays taken in term time affecting the CME number?
 - Work was ongoing with schools to try to keep children on roll when an end-date to the holiday was known. Fixed-penalty notices were applied for unauthorised holidays but children would be kept on roll where possible to ensure they were tracked. Where there was unauthorised holiday taken and a child failed to return children were being de-registered.
- Can ethnicity data for CME be accessed?
 - Yes it could be, but it had not been included in the submitted report;
- What work was being undertaken with children who were home educated?
 - The Local Authority had recently launched a policy regarding expectations around Rotherham's Elective Home Educated children. Children who were officially home educated were not included in the CME figures.

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

(2) That the impact of the additional staffing resources to the Children Missing Education agenda be noted.

(3) That the Improving Lives Select Commission continue to receive regular updates relating to CME issues.

26. DATE AND TIME OF THE NEXT MEETING: -

Resolved: - (1) That the next meeting of the Improving Lives Select Commission take place on Wednesday 5th November, 2014, to start at 2.00 p.m. in the Rotherham Town Hall.

(2) That a further meeting be arranged to consider Rotherham's overall school performance.

ROTHERHAM BOROUGH COUNCIL

1	Meeting:	Improving Lives Select Committee
2	Date:	5th November 2014
3	Title:	Improving Lives Select Commission's Scrutiny Review of Domestic Abuse – proposed review of local responses to "honour" based violence and forced marriage
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

The report and the attached presentation have been requested by the Improving Lives Select Commission in response to a recommendation that it undertakes a scrutiny review of "honour" based violence and forced marriage. These documents set out the national and local responses to "honour" based violence and forced marriage.

6 Recommendations

That the Improving Lives Select Committee

- 6.1 **Notes the responses to "honour" based violence and forced marriage as set out in the presentation;**
- 6.2 **Determines how the Commission wishes to scrutinise these issues as part of its work programme.**

7 **Proposals and Details**

The Improving Lives Select Commission Scrutiny undertook a review of Domestic Abuse. The review reported to Cabinet on November 6th 2013. One of the recommendations of the review proposed the Committee lead a scrutiny review of local responses to “honour” based violence and forced marriage. The attached presentation updates the Committee on

- The statutory framework that underpins this area of work
- Best Practice in relation to this form of abuse
- How the Safer Rotherham Partnership is ensuring that local responses to this form of abuse fulfils our statutory responsibilities and strives to meet best practice including the work undertaken to encourage increased reporting

The Committee is asked to note that work to tackle this form of abuse is led by the Safer Rotherham Partnership through the Domestic Abuse Priority Group. This is in line with the national Violence Against Women Campaign led by central Government.

8 **Finance**

The Committee are asked to note that that the response to this form of abuse is a statutory responsibility and work undertaken in relation to it is currently absorbed within existing resources.

9 **Risks and Uncertainties**

By not adopting this approach, Rotherham will not:

- Evidence its local compliance with the statutory guidance for the conduct of Domestic Homicide Reviews
- Evidence that the Rotherham’s Domestic Abuse Priority Group, on behalf of the Safer Rotherham Partnership, are proactive in reducing the risk of domestic homicide in line with emerging national best practice
- Evidence that agencies coming into contact with this form of abuse are able to evidence compliance with their statutory obligations in relation to this form of abuse
- Enable the actions of agencies withstand scrutiny in formal review
- Respond to victims and their families effectively

10 **Policy and Performance Agenda Implications**

Work undertaken in relation to this form of abuse aligns with the following strategic drivers:

Community Strategy -Support the most vulnerable in our communities

The Performance Management Framework and Action Plan for Domestic Abuse

Prevent - We will make it more difficult for domestic abuse to happen

“We will work with partners and communities including local businesses to ensure that they have an increased awareness of Domestic Abuse and healthy relationships so that they can respond appropriately regardless of the level of risk, domestic or non-domestic setting and any form of abuse e.g. “honour” based abuse, forced marriage, harassment, stalking, sexual violence etc.”

11 **Background Papers and Consultation**

Call to End Violence against Women and Girls HM Government November 2010
Call to End Violence Against Women and Girls: Action Plan HM Government April 2013

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013, Home Office, June 2013

The Right to Choose: Multi-agency statutory for dealing with forced marriage

Joint Strategic Needs Assessment 2014

Draft SRP Strategy to Eliminate Domestic Abuse and Sexual Violence 2012-2015

South Yorkshire Police and Crime Commissioner – Police and Crime Plan 2013 - 2017

Children and Young People’s Plan 2010-2013

Joint Strategic Intelligence Assessment 2013/14, 2014/15

RMBC Corporate Priorities

- Ensuring care and protection are available for those people who need it most
- All children in Rotherham are safe
- Vulnerable people are protected from abuse
- Helping to create safe and healthy communities
- Anti-social behaviour and crime is reduced

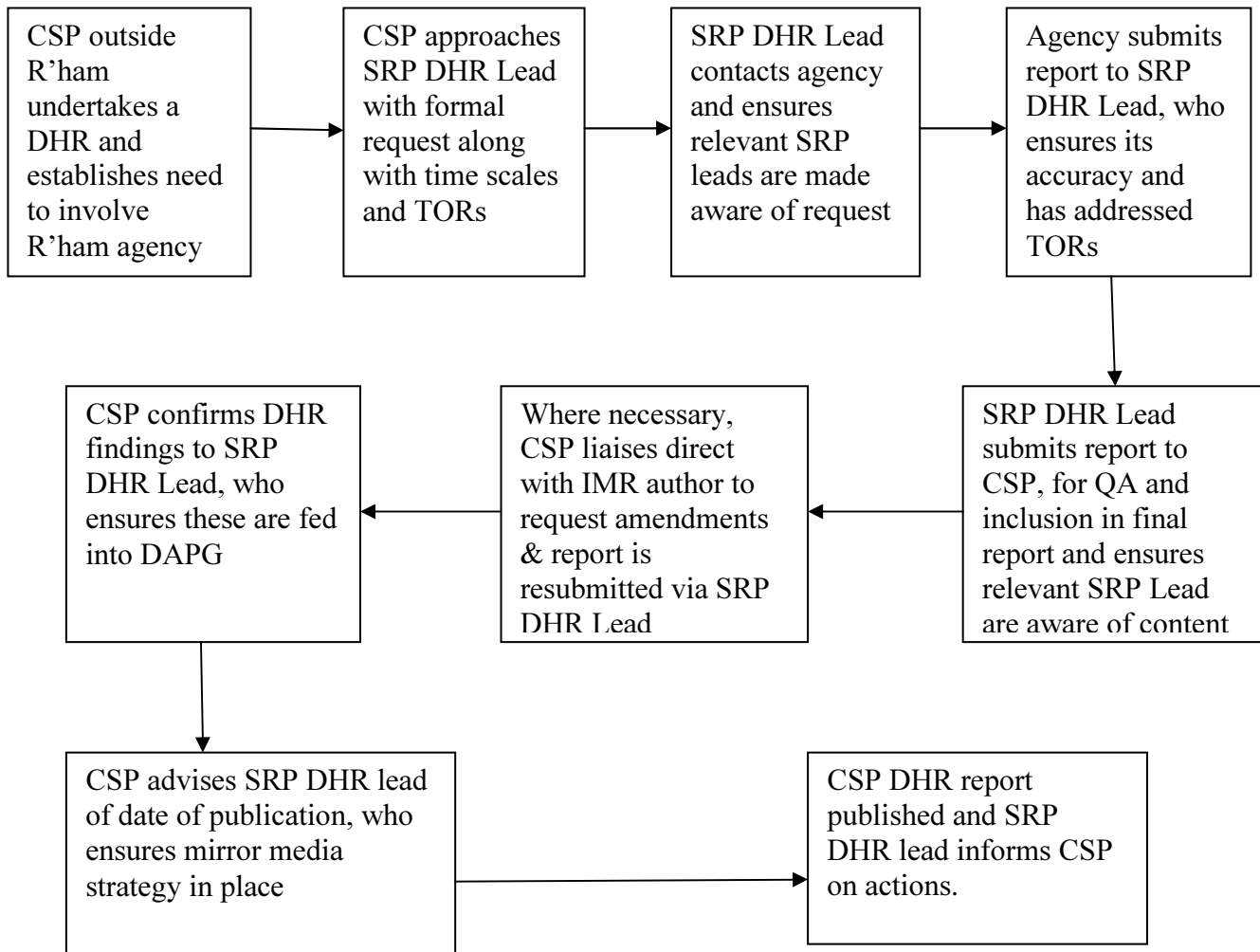
Contact Name: **Cherryl Henry-Leach**

Telephone: (01709) 334567

E-mail: cherryl.henry-leach@rotherham.gov.uk

Appendix 1 –

Proposed Process for Involving Agencies Located in Neighbouring Community Safety Partnerships When Undertaking a Domestic Homicide Review



Glossary

CSP	Community Safety Partnership
DAPG	Domestic Abuse Priority Group
DHR	Domestic Homicide Review
IMR	Individual Management Review Report
QA	Quality Assurance
R'ham	Rotherham
SRP	Safer Rotherham Partnership
TORs	Terms of Reference

“Honour” Based Violence and Forced Marriage

Cherryl Henry
Domestic Abuse Coordinator
Safer Rotherham Partnership
- RMBC Safeguarding Adults

What is Domestic Abuse?

Any incident or pattern of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over and who have been or are intimate partners or family members, regardless of gender or sexuality

This definition includes

- Psychological Abuse
- Physical Abuse
- Sexual Abuse
- Financial Abuse
- Emotional Abuse

But is not limited to these types of abusive behaviours and includes “honour” based violence and forced marriage

What is Honour Based Violence?

Honour based violence is defined as:

“An incident or crime which has or may have been committed to protect or defend the honour of the family and or community”

Association of Chief Police Officers 2008

What is Honour Based Violence? Slide 2

- Can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/or community members
- Victims will have multiply perpetrators not only in UK but can be abroad, HBV can be trigger for a FM or “honour” killing

What is a Forced Marriage?

Arranged Marriage

A marriage in which families take a leading role, but the parties have the free will and choice to accept or decline the arrangement.

Forced Marriage

A marriage where one or both people do not (or in cases of people with learning disabilities cannot) consent to the marriage and pressure or abuse is used.

What is a Forced Marriage?

Slide 2



Forced Marriage/"Honour" Based Violence

- Requires a specialist response – confidentiality crucial
- Includes appropriate linguistic support
- Includes speaking to suspected victims away from family member/partner

Legislative Framework

slide 1

The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage

- First launched by Home Office in 2008/09, Refreshed in August 2014
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf

Legislative Framework

slide 2

Forced Marriage Protection Orders (FMPOs) – effective November 2013

- FMPOS are civil orders with legally binding requirements to protect a person at risk
- Can be obtained by client, Local Authority or Police

Legislative Framework

slide 3

Forced Marriage became a criminal offence on 6th June 2014

- Anti Social Behaviour Crime and Policing Act 2014
- Carries maximum sentence of 7 years imprisonment
- Breach of a forced marriage protection order now carries maximum sentence 5 years imprisonment

Legislative Framework

slide 4

- Force an individual to marry against their will.
- Lure a person to a territory of a state for the purpose of forcing them to enter into marriage
- Use deception with the intention of causing another person to leave the UK for the purpose of forcing that person to enter into marriage

Legislative Framework

slide 5

- If a person lacks the capacity to consent, the offence is committed by any conduct carried out for the purpose of causing the victim to marry, whether or not it amounts to violence, threats or any other form of coercion

National Picture

Forced Marriage Unit supported 1485 cases in 2012/13

- 60 different countries
- Youngest victim was aged 2, the oldest 71
- 82% were female and 18% were male
- Highest percentage (30%) was in 18 - 21 age bracket

Meeting the Challenges

On behalf of SRP, DAPG have:

- December 2013 – All DA training refreshed to reference the specialist response required for these cases
- March 2014 – Adopted Young Person's Advocacy Programme
- March – June 2014 – undertook profiling exercise to map local responses and identify gaps in service provision

Meeting the Challenges

- April 2014 – Held DA event with focus on migrant communities to encourage increased reporting
- June 2014 - Circulated briefing when offence created along with refreshed statutory guidance and update of local training available
- November 2014 - Finalised local FM/HBV Multi Agency Protocol on behalf of SRP

ROTHERHAM BOROUGH COUNCIL

1	Meeting:	Improving Lives Select Committee
2	Date:	5 th November 2014
3	Title:	Improving Lives Select Commission's Scrutiny Review of Domestic Abuse – update to response presented in November 2013
4	Directorate:	Neighbourhoods and Adult Services Safeguarding Adults

5 **Summary**

The report provides an update on the recommendations of the Improving Lives Select Commission Scrutiny Review of Domestic Abuse. The original response and update was presented to Cabinet On 5th February 2014. The recommendations of the review focus on the improvement of service provision to victims of Domestic Abuse in Rotherham.

6 **Recommendations**

- **That the Committee receives and accepts the report and attached update**

7 **Proposals and Details**

The Improving Lives Select Commission Scrutiny review of Domestic Abuse report was presented to Cabinet on November 6th 2013. The recommendations of the review focus on the development of a more integrated domestic abuse service provision that had clear protocols and pathways for all risk levels that were understood by every partner agency. It was also recommended that domestic abuse should be more integrated at a strategic level so that other work streams were addressing the impact it has on victims. The response and update to the recommendations made was presented to Cabinet on 5th February 2014. Attached to this report are the updates on the work achieved against the recommendations since 5th February 2014.

8 **Finance**

The Review highlighted the value of supporting Domestic Abuse Service Provision during the austerity measures. The financial impact of each recommendation has been considered and acknowledged where appropriate in the attached response.

9 **Risks and Uncertainties**

By not adopting this response, Rotherham will struggle to

- Evidence its local compliance with the statutory guidance for the conduct of Domestic Homicide Reviews
- Evidence that the Rotherham's Domestic Abuse Priority Group, on behalf of the Safer Rotherham Partnership, are proactive in reducing the risk of domestic homicide in line with emerging national best practice
- Support Community Safety Partnerships in their statutory obligation to undertake Domestic Homicide Reviews by ensuring completion of identified actions and mirror media strategies
- Enable the actions of agencies withstand scrutiny in formal review
- Respond to victims and their families effectively

10 **Policy and Performance Agenda Implications**

By adopting this response, Rotherham can

- Evidence its local compliance with the statutory guidance for the conduct of Domestic Homicide Reviews
- Evidence that the Rotherham's Domestic Abuse Priority Group, on behalf of the Safer Rotherham Partnership, are proactive in reducing the risk of domestic homicide in line with emerging national best practice

- Support Community Safety Partnerships in their statutory obligation to undertake Domestic Homicide Reviews by ensuring completion of identified actions and mirror media strategies
- Enable the actions of agencies withstand scrutiny in a serious case or domestic homicide review
- Respond to victims and their families effectively

11 Background Papers and Consultation

Call to End Violence against Women and Girls HM Government November 2010

A Call to End Violence Against Women and Girls: Action Plan HM Government April 2013

Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013, Home Office, June 2013

Joint Strategic Needs Assessment 2014

Draft SRP Strategy to Eliminate Domestic Abuse and Sexual Violence 2012-2015

South Yorkshire Police and Crime Commissioner – Police and Crime Plan 2013 - 2017

Children and Young People's Plan 2010-2013

Joint Strategic Intelligence Assessment 2013/14, 2014/15

RMBC Corporate Priorities

- Ensuring care and protection are available for those people who need it most
- All children in Rotherham are safe
- Vulnerable people are protected from abuse
- Helping to create safe and healthy communities
- Anti-social behaviour and crime is reduced

Contact Name: Cheryl Henry-Leach
Telephone: (01709) 334567
E-mail: cheryl.henry-leach@rotherham.gov.uk

Cabinet's Response to Scrutiny Review - Domestic Abuse

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/ Deferred)</i>	Cabinet Response and Update (5th November 2014) <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
<p>1</p> <p>In order to facilitate longer term planning and retain skilled and experienced staff IDVAS funding should be mainstreamed rather than being 12 monthly.</p>	<p>Accept</p>	<p>The council fully endorses the intention of this recommendation, but following discussions between Departments we are unable to accept this at this time. The proposal would require funding up front from mainstream budgets which, due to current budget pressures, it has not been possible to achieve. The responsible officer will have discussions with key partners to look at funding from a multi-agency perspective.</p> <p>November 2014: Mainstreamed funding has been achieved for the retention of the current service capacity. Interim funding has been achieved to expand the service for 12 months and discussions continue with the Police and Crime Commissioner to secure funding to maintain service expansion for the longer term</p>	<p>Sam Newton</p>	<p>March 2015</p>
<p>2</p> <p>A full audit of need for domestic abuse support and services is recommended with a view to moving towards joint commissioning of services.</p>	<p>Accept</p>	<p>Domestic Abuse now features in the Joint Strategic Needs Assessment. Although the Joint Strategic Needs Assessment now includes Domestic Abuse and an analysis of Domestic Abuse provision for 16 – 18 years was undertaken by Children's and Young People's Services in 2013/14, a full needs audit is to be undertaken. This will be completed by March 2014 and this will be led by RMBC</p>	<p>Chrissy Wright</p>	<p>March 2015</p>

		<p>November 2014: Now that Domestic Abuse features in the Joint Strategic Needs Assessment it is reviewed and refreshed every quarter. A contracts compliance officer is continuing with annual contracting reviews including Domestic Abuse service providers. Services are being reviewed in line with future procurement processes and the joint commissioning discussions are being progressed</p>		
3	<p>Agencies need to ensure a balance of appropriate workshop based training and e-learning is available for all relevant staff, workers and professionals, considering joint commissioning and joint funding to make the best use of time and resources.</p>	<p>Accept</p> <p>A proposal to review and refresh the domestic abuse training provision is being prepared for discussion and approval at DAPG</p> <p>November 2014: A proposal to review and refresh the domestic abuse training provision is to be presented to DAPG. Action in relation to this review has been delayed by commissioning process and managerial changeovers. However, agreement has been reached to ensure that mental health and substance misuse service staff will now access the Multi Agency Domestic Abuse Training. Attendance on this training is monitored by the RMBC Directions team and the RLSCB.</p>	<p>Jan Bean</p>	<p>March 2015</p>
4	<p>Members recommend that the statutory agencies i.e. the Council, Police and Health explore and report back on the feasibility of a pooled budget for domestic abuse services.</p>	<p>Accept</p> <p>The SRP Executive agreed this recommendation on 08.01.14, but noted this was an extensive piece of work which, if a pooled budget was approved, would transform Domestic Abuse service provision in Rotherham. This also links to recommendation 1.</p> <p>November 2014: The development of a MASH is underway and this has superseded work on a pooled budget. The co-location of key partners who will eventually form the MASH (CYPS, Police, Health)</p>	<p>Kelly White</p>	<p>March 2015</p>

		was completed by the 8th September. Following on from this a number of workshops are planned to develop and implement the future operation of the co-located services as a MASH. Part of this service transformation has included co-location of the Independent Domestic Violence Advisors with South Yorkshire Police's Domestic Violence Officers and has strengthened our response to high risk victims of Domestic Abuse. The co-location of Domestic Abuse support provision has also improved information sharing in cases with the risk is not high and is improving early intervention responses			
5	Members recommend that agencies explore and report back on the feasibility of an integrated joint working approach across all risk levels, such as a "one stop shop" or a "golden number" for domestic abuse referrals.	Accept	<p>We are currently exploring the co-location of Domestic Abuse service providers in order to improve the multi-agency working in cases of Domestic Abuse. If this is achieved it is anticipated there will be a central number for victims to telephone for support and advice.</p> <p>We are also investigating the feasibility of linking in with help line provision in other areas of South Yorkshire and moving this forward will be subject to available funding.</p> <p>November 2014: We have explored this recommendation as part of the work to transform DA service delivery through co-located service provision that has been achieved through the ongoing implementation of the MASH. We have found this this is not feasible as not all DA support services are co-located at this time</p>	CI Ian Womersley/Sgt Shane Fox	Completed September 2014
6	The SRP Board should ensure sufficient resource allocation to enable any domestic homicide	Accept	A paper was presented to the Safer Rotherham Partnership Executive on the 29 th November 2013. This proposed that the Independent Charing and	Cherryl Henry-Leach	Completed – 19/12/13

<p>reviews to comply with the revised statutory guidance published by the Home Office in June 2013.</p>		<p>report authoring of future DHRs would be jointly financed by the statutory partners of the Safer Rotherham Partnership. This proposal was considered by the Safer Rotherham Partnership and agreed on (insert date).</p> <p>The contributions will be as follows:</p> <p>Health (CCG) – 30% RMBC – 30% SYP – 30% NPS - 10%</p>		
<p>7 Domestic abuse is an issue that cuts across multiple portfolios therefore Cabinet might wish to consider identifying a Cabinet lead for domestic abuse.</p>	<p>Accept</p>	<p>The Chair of the Safer Rotherham Partnership Domestic Abuse Priority Group has discussed this the elected members for Safeguarding Adults and Children and have the recommendation confirmed by the Leader of the Council</p> <p>November 2014: In May 2014 it was confirmed that Cllr John Doyle, the elected cabinet member for Adult Social Care and Health, has been identified as the Cabinet lead for Domestic Abuse, which now sits within his portfolio</p>	<p>Chrissy Wright</p>	<p>Completed June 2014</p>
<p>8 As Domestic Abuse is a priority it should be made more explicit within other key strategies and plans. The JSNA and HWBS are both being refreshed, as is the Council's Corporate Plan, so this provides an opportunity to strengthen the focus on domestic abuse.</p>	<p>Accept</p>	<p>This is completed, as the JSNA has recently been refreshed and now includes Domestic Abuse. The Health and Well Being strategy will incorporate Domestic Abuse when it is next refreshed. In the interim, the JSNA will be the key resource to inform plans and priorities across the council and partners.</p> <p>Members may wish to note that the Safer Rotherham Partnership has identified its priorities for the Joint</p>	<p>Kate Green/Cherryl Henry-Leach</p>	<p>Completed - 19.12.13</p>

		Strategic Intelligence Assessment (JSIA) and Domestic Abuse has been confirmed as one of the Safer Rotherham Partnership's priorities for 2014/15. The review that the SRP will undertake in relation to recommendation 12 will, it is anticipated, strengthen the links between the JSIA and the JSNA			
9	Drugs and alcohol play a significant part in domestic abuse cases, especially for standard/medium risk; therefore work-streams should take account of domestic abuse.	Accept	<p>The Drugs and Alcohol Team (DAAT) within Rotherham Public Health are to arrange a workshop and invite all relevant partners to attend. This will enable to build a data profile in relation to Domestic Abuse where substance misuse is a feature. This will inform service responses to victims and perpetrators who may be in need of NHS services to reduce the dependence on drugs and alcohol.</p> <p>November 2014: The merger of the DA Forum and Domestic Abuse Priority Group (please refer to Item 12) and merged terms of reference for the Domestic Abuse Priority Group has ensured that the Drugs and Alcohol Team within Rotherham are now represented at the Domestic Abuse Priority Group. The workshop is being progressed.</p>	Anne Charlesworth	March 2015
10	Links with schools/colleges and other local organisations who work with 16-17 year old young people need to be strengthened to ensure age appropriate services and support.	Accept	<p>The Personal Health and Social Education (PHSE) Curriculum in schools does not feature Domestic Abuse as routine. However, PHSE leads are updated as to how sensitive issues such as Domestic Abuse can be addressed within the PHSE curriculum. Discussions are underway to adapt current Domestic Abuse training materials to ensure they are relevant for delivery within schools.</p> <p>Discussion is also underway with local colleges to ensure they are familiar with contemporary Domestic</p>	Kay Denton-Tarn/Sherran Finney/Cherryl Henry Leach	Completed September 2014

	<p>Abuse processes and referral pathways (e.g. referral to MARAC) in addition to their statutory safeguarding obligations.</p> <p>November 2014: Discussions are underway to adapt current Domestic Abuse training materials to ensure they are relevant for delivery within schools.</p> <p>Rotherham also agreed to adopt the National Young Persons Advocacy Programme in March 2014 with support from the Coordinated Action for Domestic Abuse in relation to training delivery. In March 2013, DAPG agreed that the YPVA role will sit in the IDVA service in line with emerging best practice in relation to this programme at a national level. The Lead IDVA has achieved CAADA accreditation as a YPVA, and with the agreement of DAPG is now case managing 16/17 year olds being referred to the MARAC process. Her role to ensure that this age group are safeguarded by ensuring that the MARAC and safeguarding processes are effectively aligned and is risk led. In cases where the victim is 13 – 15, the YPVA is available to provide specialist advice to ensure a risk led response through child safeguarding processes.</p> <p>Local colleges have been briefed to ensure they are familiar with contemporary Domestic Abuse processes and referral pathways (e.g. referral to MARAC) in addition to their statutory safeguarding obligations. PSHE Leads were updated on current developments, and ‘consent’ was discussed at the May 2014 PSHE Leads meeting. All secondary school PSHE Leads have received a disc with the “This is Abuse” materials on it and the materials were also discussed in the May 2014 PSHE Leads</p>		
--	--	--	--

		meeting. The Healthy Schools Newsletter that is disseminated sent to all schools (PSHE Leads and Healthy schools lead) and outlined the This is Abuse campaign resources.			
11	Sexual violence should be integral to strategies and plans for work on violence against women and girls, whether it occurs in domestic or non-domestic settings.	Accept	<p>The South Yorkshire Rape Steering Group is looking at developing a South Yorkshire wide strategy. This group will feedback progress from the County level meetings and assist local authority leads to translate the county wide priorities into relevant local strategies. In the New Year, we will identify which Council lead will hold the lead for sexual violence - Public Health or the Community Safety Partnership.</p> <p>The South Yorkshire Sexual Violence strategy is currently under development. Sexual Violence has been aligned with Domestic Abuse in the SRP Strategy that responds to the nation agenda to End Violence Against Women and Girls. Agreement has been reached that Public Health is to be the lead agency for this work in Rotherham and we are awaiting confirmation from Public Health who the lead officer is to be</p>	Lynsey Fenwick	March 2015
12	<p>A full review of domestic abuse structures, communications and governance arrangements within the SRP should be carried out to clarify and reaffirm roles and responsibilities between:</p> <p>a) DAPG and RDAF</p>	Accept	<p>Discussions between the Safer Rotherham Partnership Domestic Abuse Priority Group and Forum are underway. It is anticipated that the outcome of those discussions will be the two groups</p>	Chrissy Wright	Completed May 2014

<p>b) SRP Executive, JAG and DAPG</p>	<p>Accept</p>	<p>will be merged from April 2014.</p> <p>The Domestic Abuse Priority Group and Forum agreed to merge in May 2014.</p> <p>The SRP accept there is a need to ensure other Boards and Partnerships are clear on the reporting structures for Domestic Abuse to the SRP. The Executive agreed, on 08.01.14, to lead this review</p> <p>The SRP have ensured that governance for DA sits within their structures and this has been communicated to other Boards and Partnerships. DAPG has also formally agreed and nominated DAPG representative who sits at the JAG. At an operational level, training ensures DA reporting procedures have a focus within training and links to other forms of abuse and DA are recognised</p>	<p>Steve Parry</p>	<p>Completed May 2014</p>
<p>13 The ACPO DASH risk assessment form should be used by all agencies, supported by training, to ensure a universal and consistent approach to risk assessment</p>	<p>Accept</p>	<p>SYP advise that they are on target to switch to use of this risk assessment tool in February 2014 and will be training front line Police staff throughout January and February. The MARAC and Risk Assessment Workshop will also continue to be run and, as Multi Agency Training, will be open to all agencies who come into contact with cases where Domestic Abuse is a feature.</p> <p>November 2014: South Yorkshire Police confirmed that they are now using the ACPO DASH Domestic Abuse risk assessment tool</p>	<p>Pete Horner/Cherryl Henry-Leach</p>	<p>Completed March 2014</p>
<p>14 A standard multi-agency protocol and process should be developed for standard and medium risk assessment to ensure</p>	<p>Accept</p>	<p>The RLSCB has a Domestic Abuse protocol (from 2008). This is to be reviewed to ensure consistency and common pathways that are clearly understood by partners in cases non-high risk cases of Domestic</p>	<p>Phil Morris/Cherryl Henry-Leach</p>	<p>Completed October 2014</p>

<p>consistency in approach and common pathways communicated and understood by all partners, to include risk assessment in children's health and social care such as pre-birth assessments</p>		<p>Abuse. Pre Birth Assessments where Domestic Abuse has been identified as an issue during pregnancy are now being undertaken.</p> <p>The protocol has been reviewed and requires refresh to ensure that pathways are embedded and contemporary practice reflected in the protocol. This will now align with the progress of the MASH development</p>		
<p>15 A standard multi-agency protocol and process should be developed for contacting victims at all risk levels to avoid duplicating referrals or initial contact.</p>	<p>Accept</p>	<p>Much of the duplication in contacting victims of Domestic Abuse links to national protocol between the Police and Victim Support. We are currently exploring how the duplication of contacting victims of Domestic Abuse and sexual violence can be reduced at a local level. This may be achieved through co located service provision which we are currently exploring.</p> <p>November 2014: We have not been able to progress this recommendation as Victim Support have national level agreement that the Police will refer all victims of crime to them and, as a result, they will contact all victims referred to them – including DA victims. Work is being undertaken at a County level to obtain agreement that Domestic Abuse victims assessed as high risk by Police will not be referred to Victim Support as they are referred to the IDVA service when referred to MARAC</p>	<p>Cherryl Henry-Leach</p>	<p>March 2015</p>
<p>16 Subject to agreement with CAADA Members recommend that NHS South Yorkshire and Bassetlaw be approached with a view to rolling out the GP</p>	<p>Accept</p>	<p>Whilst we welcome this recommendation, CAADA informed us in November 2013 that their GP Flowchart cannot be rolled out to other services, but that they have no objection to our developing a similar flow chart for use by dentists, pharmacists,</p>	<p>Ruth Fletcher-Brown/Cherryl Henry-Leach</p>	<p>November 2014</p>

<p>flowchart setting out how to respond to domestic abuse to dentists and pharmacists.</p>		<p>solicitors and other disparate service providers. This is now under development and launch is anticipated by 31st March 2014. It will need to be agreed by the CCG and NHS England prior to launch, which may delay the date.</p> <p>November 2014: It is anticipated that the flow chart will be amended and launched in November 2014. (Work was delayed by discussions with the Coordinated Action Against Domestic Abuse (CAADA) to establish what amendments need to be undertaken to ensure we do not infringe their copyright. This has now been resolved.)</p>		
<p>17 A perpetrator programme should be established in Rotherham as part of the work on prevention and early intervention and to ensure compliance with the SDVC components.</p>	<p>Accept</p>	<p>A bid was submitted to the EEC Daphne funding stream to finance the development and roll out of a perpetrator programme. We were informed on 27th November 2013 that this bid was unsuccessful and we are now scoping for other funding opportunities to support this area of work. This includes approaching the Police and Crime Commissioner for funding of a non- criminal justice community based perpetrator programme. We have been advised that the Daphne bid is being reconsidered.</p> <p>November 2014: We appealed the decision of the EEC Daphne funding stream providers and they reconsidered our submission. Unfortunately, in June 2014 we were advised that the bid had been re-considered but remained unsuccessful. The Domestic Abuse Priority group are aware of the need to progress a request for funding of a non-criminal justice perpetrator programme. In line with the rest of South Yorkshire, we are awaiting the evaluation from the Doncaster non-criminal justice perpetrator programme funded by the Police and Crime</p>	<p>CI Ian Womersley</p>	<p>March 2015</p>

		Commissioner to furnish a county wide approach as to what works in terms of perpetrator management. Meanwhile, South Yorkshire Police have developed a force wide approach to serial perpetrator management and this is to be shared with the Domestic Abuse Priority Group. When Rotherham Police piloted this approach, South Yorkshire Police advised that there was a 75% reduction in DA reports to the Police		
18	Accept	<p>We are currently undertaking a review that covers this area of work and have established the need to train our Early Help workforce in the use of a Domestic Abuse Matrix that will ensure appropriate alignment of support of a child living with Domestic Abuse and the management of the risk posed to the abused adult parent or carer. This training will be completed by June 2014. In addition, we have also established the Early Help Panel which ensures, where Domestic Abuse is a feature in cases referred to this Panel, that Domestic Abuse is responded to appropriately where the risk is assessed as standard and medium to ensure risk escalation is prevented.</p> <p>November 2014: As part of the MASH development, CYPS are developing the DA matrix that will be used by frontline practitioners to ensure that risk DA thresholds in relation to the Adult carer being abused is mapped to child safeguarding thresholds. This will ensure that the risk posed to an abused adult carer will be aligned to the needs to the children living in households where DA occurs so that we can ensure proactive early intervention</p> <p>This is available for victims of Domestic Abuse who reside in Local Authority Housing. Victim Support</p>	<p>Jane Parfremment/Warren Carratt</p> <p>Bev Pepperdine/Kelly White/Cherryl Henry-Leach</p>	<p>Completed June 2014</p> <p>April 2015</p>
		Funding allocation for low cost		

<p>but effective target hardening measures should be considered in the review.</p>	<p>Accept (subject to available funding)</p>	<p>Rotherham has received temporary funding from the Ministry of Justice for this and this is reviewed annually at a national level. Funding opportunities at a local level are being sourced to ensure that increased security measures can be offered to victims of Domestic Abuse living in private tenure properties where the risk posed to the victims are standard or medium.</p> <p>November 2014: Victim Support have received funding from the Police and Crime Commissioner to provide target hardening for non-high risk victims of Domestic Abuse</p>	<p>Cherryl Henry-Leach</p>	<p>Completed June 2014</p>
<p>19 Members emphasised the importance of raising awareness with children and young people of how to recognise coercive relationships and to recognise and report domestic abuse, but recommend a review of the training strategy, including who is best placed to deliver the training, in order to ensure the best use of staff resources.</p>	<p>Accept</p>	<p>This recommendation will be achieved through completion of the actions on recommendations 3 and 10. We request this action is now discharged</p>	<p>Jan Bean/Warren Carratt</p>	<p>Discharged</p>
<p>20 Members recommend that Forced Marriage and so called "Honour" based violence be the subject of a separate review by Improving Lives Select Commission in 2014.</p>	<p>Accept</p>	<p>The JSIA has identified Forced Marriage and "Honour" based violence as an area of work to be developed by the Safer Rotherham Partnership. We will be undertaking a review of Forced Marriage and "Honour" based violence during February to April 2014 which will enable us to map the prevalence of this form abuse and identify gaps in local service</p>	<p>Cherryl Henry-Leach</p>	<p>Completed June 2014</p>

	<p>provision. Findings will be presented to the Safer Rotherham Partnership Domestic Abuse Priority group in May/June 2014.</p> <p>Stalking and Harassment is also identified within the Joint Strategic Assessment and this also to be reviewed during February to April.</p> <p>Members may wish to undertake their review once the findings from the above planned reviews are available.</p> <p>November 2014: The scoping exercise outlined above has been undertaken by utilisation of a student placement provided by Sheffield Hallam University. The findings of this exercise will be presented to the Improving Lives Select Committee on 5th November 2014</p>		
--	--	--	--

ROTHERHAM BOROUGH COUNCIL

1.	Meeting:	Improving Lives Select Commission
2.	Date:	5 November 2014
3.	Title:	Safeguarding Adults Annual Report 2013-2014
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

6. Recommendations

- **That the attached Safeguarding Adults Annual Report 20013-2014 be approved.**

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 6th 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. That the attached report when approved will be presented to:

9. Finance

The costing is £500 for the design and art work.

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”

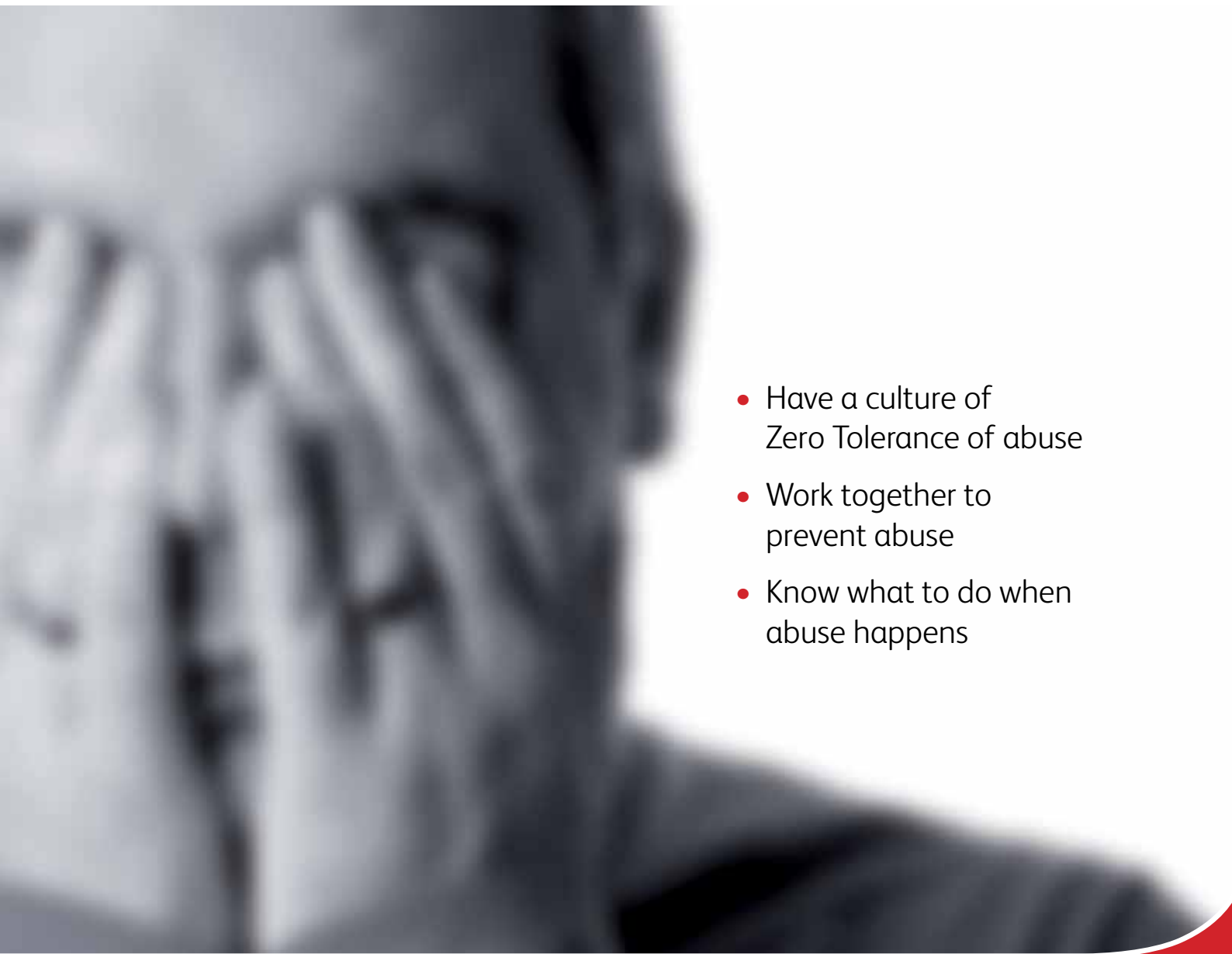
Contact Name: Sam Newton, Service Manager Safeguarding Adults.
Tel: 01709 382121
Email: sam.newton@rotherham.gov.uk

Rotherham Safeguarding Adults



Annual Report 2013/14

“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
- Know what to do when abuse happens

What does Zero Tolerance mean in Rotherham?

Since 2007 we have worked hard to raise awareness of adult abuse in Rotherham and all safeguarding alerts made were responded to and the people involved made safe within 24 hours of contact.

After people were made safe we thoroughly investigated 314 referrals. All 314 cases had a protection plan in place to protect them, to prevent further abuse and ensure that the outcomes desired by the individual were met.

Following investigation 85 people were found to have suffered some form of abuse. These can be broken down into the categories of abuse as:

- 46** as a result of neglect or acts of omission
- 14** as a result of physical abuse
- 13** as a result of institutional abuse
- 5** as a result of psychological abuse
- 4** as a result of financial abuse
- 3** as a result of sexual abuse.

We put in place ongoing support for these people to protect them from further abuse and to help them to achieve their outcomes. The action we take when we find out abuse has taken place is:

- When staff across any agency are involved staff are suspended by their employers.
- Police are called in to investigate to see if a crime has taken place and followed up by the Police where criminal activity is evidenced.
- Work with the victim to meet their outcomes, ie. services are put in place to provide additional support.
- 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.
- We have clear expectations that providers suspend, investigate and take appropriate disciplinary action against any staff members alleged or proven to have abused someone.

- All perpetrators were reported to the Police for consideration of criminal prosecution

When abuse or poor standards were evident in residential homes or through care being provided in people's own homes we took swift action.

- Of the 84 contracted care homes in Rotherham, 10 care homes were failing to provide good care – we set deadlines for improvements through Special Measures Improvement Plans, monitored and held providers to account for their care practice in order to improve standards. Our interventions helped keep around 1600 residents in those homes safer.
- All new placements to 7 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 2 homes to ensure that people were safe while the homes were under scrutiny and while improvements were being made. Our everyday on-site presence in both care homes supported 55 people to be safe and get the standard of service they needed. Unfortunately 1 of these care homes failed to improve and deliver safe care and the Local Authority took the necessary action to transfer the residents to alternative care homes, in order to maintain their safety and welfare.
- We carried out quality assurance visits on all 158 regulated homes and services. 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



I cannot believe that it is a year since our last report and as always so much has happened and so much remains to be done. As Independent Chair of the Adult Safeguarding Board it is my pleasure to introduce this report which provides us with an opportunity to celebrate the achievements of the past year and consider how we, as a Board, will move forward in the coming year to ensure that our focus and our priorities reflect the need to safeguard vulnerable adults in Rotherham. The information in this report reflects the changes that have taken place during the year. It sets out what partner agencies have and are hoping to achieve individually as well as the shared achievements and issues of the Board.

The first thing to acknowledge is that the achievements outlined in this year's annual report have taken place against a backdrop of considerable change in all partner organisations, resulting from changes in structures, people and resources. In health agencies particularly where the changes in the NHS have resulted in new challenges. The end of Primary Care Trusts has meant the introduction of Clinical Care Groups. We now have Health and Wellbeing Boards and HealthWatch. This has resulted in us having to establish new collaborative partnerships which is key if our Board is to achieve cross agency engagement and effectiveness with agencies represented by designated senior managers who come with a mandate to go back and implement change. It is to the credit of all partner agencies that they have managed to maintain the level of input they have during 2013- 2014 and I look forward to working with them over the coming year. We have appreciated the input of emergency services attending the Board on a regular basis and of those agencies that span South Yorkshire such as the Police and Fire Service. We also value the input on the Board from the Voluntary agencies who have also had a difficult year as a result of the challenges of increasing demand and reducing resources.

This year at a national level we have all been alerted to the challenges that result from tragedies and poor practice arising out of poor systems, leadership and management such as those resulting from the lessons to be learned inquiries including the Francis report of Mid Staffordshire NHS Foundation Trust and the serious case review into Winterbourne View private hospital and from Mencap's work on the way that people with learning disabilities have been treated in hospital. These inquiries remind us that we have to be positive and vigilant and make sure that we all play our part in recognising when adults are not being safeguarded and make sure that we alert people with responsibility so that the required changes can be made.

As always the year ahead will bring with it many challenges that the Board will have to address. We will have to build on this year's achievements and learn from what we did not do as well. At the time of writing the report we are still awaiting the introduction of the Care Act 2014. This will demand changes in the way that the Board functions particularly in relation to its accountability and responsibilities. It will put the requirements of the Board more in line with Children's Safeguarding Board. Safeguarding adults is much broader than just protecting adults at risk. It is also about individuals living their lives with dignity and, where possible, making their own decisions. The Board aims to always work to the principle that 'safeguarding is a balance between rights and risk'. It is a difficult balance to achieve and we will only be successful in this with the help of the people of Rotherham. We need your eyes and ears and determination to make Rotherham a safe place for the vulnerable people.

Message from the Safeguarding Adults Champion:

Councillor John Doyle



Safeguarding Adults remains our number one priority and is a crucial aspect of Local Authority work. 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 2013-2014 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. Safeguarding adults is everybody's business, as Safeguarding Adults Champion I sit on the Safeguarding Adults Board and continue to be committed to preventing harm and promoting dignity and to ensure empowerment and choice are taken seriously. Contributing

to the work of the Board enables me to hold to account those responsible for adult safeguarding and to ensure safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults in Rotherham.

A red and white advertisement for adult abuse reporting services. The background features a blurred image of a person's face. The text is as follows:

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

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

www.rotherham.gov.uk



Rotherham Safeguarding Adults Review 2013/14

The Rotherham Safeguarding Adults Board's (RSAB) 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. The RSAB sets out its priorities as:

Mission Statement

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

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

Objectives

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults
- Where abuse does occur, enable access to appropriate services and have increased access to justice, while focussing on outcomes of people
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards 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'

Charter

We will:

- Take a zero tolerance approach to abuse and the factors that lead to abuse
- Take action to protect vulnerable adults
- Listen and respond to customers and citizens
- Investigate thoroughly and in timely manner any concern that is raised
- Pursue perpetrators of abuse
- Empower customers
- Embed an outcomes focused approach
- Learn lessons and improve services as a result
- Ensure that our approach to safeguarding is personalised

The Board delivered on its promises in 2013/14

In 2013-14 The Board:

- Undertook a strategic review and self-assessment of the Board collaboratively between partners in order to create a framework of inter-agency arrangements, to ensure vulnerable people are protected from abuse.
- Reviewed the constitution and governance of the RASB in line with National and Local priorities.
- Adopted a Safeguarding Adults Charter and a partnership agreement of commitment.
- Aligned the interface between Children and Adult Safeguarding ensuring cross representation at a strategic and operational level to ensure a holistic view across the safeguarding agenda, to reinforce the view that everyone should be protected from abuse and that safeguarding is everybody's business.
- Further developed 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.

- Working with partners across South Yorkshire to review and update the South Yorkshire Safeguarding Adults Procedures.

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 culture of abuse 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. Once again this year, all people who reported that they "don't feel safe" in the Adult Social Care

Survey were contacted personally. Through the conversations with individuals we established that 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.

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. 2013-14 has yet again 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 coming 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 **using fictional names** and highlights of key achievements.



Key Partnership Contributions 2013/14

Safeguarding Adults Service:

Robust safeguarding arrangements are in place in Rotherham to promptly and effectively react to protect individuals where allegations are made. We have reviewed and further strengthened our approach. Rotherham has in place a Safeguarding structure covering all user groups. This focuses on investigation, raising standards and quality of residential/nursing homes, Mental Capacity Act, Deprivation of Liberty Safeguards and strong leadership.

The specialist teams of highly qualified Social Workers track and manage all safeguarding alerts through strategy, investigation, conference and reviews to ensure individuals are appropriately protected. The Safeguarding Adults Investigation Teams remain focused on ensuring perpetrators of abuse are held to account and through appropriate disciplinary actions and referrals to Disclosure Barring Service and appropriate registered bodies.. A clear result of this is that they held 314 strategy meetings and this ensured robust and effective protection plans were in place for the victim. 166 case conferences were held and abuse was substantiated in 51% of these cases. Details of the activity of these teams are evidenced in Appendix 1 of this report.



Achievements:

- Developed the performance management framework, strengthening the process to respond in a timely manner to ensure where possible investigations are completed within 6 weeks from strategy and case conferences held within 2 weeks of completion of investigation.
- Introduced virtual strategy meetings and case conferences, where appropriate. This ensures a swift and effective response, making best use of resources.
- With partners across South Yorkshire reviewed and implemented new South Yorkshire Safeguarding Adults Procedures (Launched June 2014).

- Developed a Local Authority Designated Officer (LADO) database.
- Reviewed and revised the Home Closure Protocol

Case Outcome:

After living in squalid conditions together for several years Mr R and his daughter Mrs G reached crisis point. Their health was severely affected, food provision was limited, they had mounting debts and were at risk of eviction. Mrs G's daughter and Mr R's great granddaughter had responsibility for financial management but despite numerous requests to surrender finance, their poor circumstances continued. The two service users were placed in emergency respite care and the case was reported to Safeguarding. It became evident that Mr R and Mrs G had had their benefits misappropriated by their family members but refused any Police intervention preferring support via the Safeguarding process..

Although the couple thrived in respite care, due to the long-standing neglect that they had endured, their health did not improve sufficiently to return to independent living. Following a series of discussions with the couple, and in agreement with them, the social worker proposed long stay residential care. Following the Safeguarding investigation, benefits were eventually secured for Mr R and Mrs G. The RMBC financial appointee now assists Mr R to manage his finances, and Mrs G manages her own affairs with support from her key worker in the residential home. This case was heard at a Safeguarding case conference where the abuse Mr R and Mrs G endured was substantiated as neglect, psychological and financial abuse by the alleged perpetrators, their family members.

Thank you for listening to us and thank you for your help and understanding today

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



Achievements:

- In March 2014 The Supreme Court handed down its judgement in a case in respect of DoLS. This judgement has widened the definition of a deprivation of liberty and has introduced a new “acid test” in deciding whether an adult is being deprived of their liberty. As a result we envisage a significant impact on this work in 2014-15 and beyond.
- We have appointed a Support Officer due to increased need.
- The Court of Protection (COP) team’s workload continues to increase forging new links with a discovery agent who has expertise to enable the settling of complicated estates of a deceased person where historically the finances have been managed by COP team - this has freed up capacity to take on additional cases.
- The team have taken on several new appointeeship cases as a result of financial abuse, which ensures that people’s finances are safeguarded in the future.



Case Outcome:

Susan had been given a diagnosis of a cerebral arteriovenous malformation which tragically ruptured and was admitted to hospital to receive surgery. Susan remained in hospital for approximately nine months due to the high level of care and supervision required; Susan was then transferred to a Neurological Rehabilitation Centre to commence a rehabilitation program.

Susan’s partner considered that Susan had shown some positive change with regard to personality/character since being at the rehab centre and considered that Susan would prefer to return home if provided the opportunity and would choose rehabilitation to achieve this. Susan’s partner was of the opinion that the care and intervention provided by the rehabilitation centre was in Susan’s best interest to provide the optimum opportunity for recovery.

Susan’s parents considered that whilst Susan’s improvements have been relatively minimal during the early period of rehabilitation, the improvement over the past weeks had been significant compared to any improvement made in hospital in the previous months

Susan’s parents were also in agreement with the lawful deprivation of Susan’s liberty and that this would enable Susan to access the rehabilitation program and provide Susan with the optimum opportunity of regaining some abilities in order to return home to live.

The medical staff involved in Susan’s treatment stated that this was a crucial time of rehabilitation; and therefore in Susan’s best interest to remain at the rehabilitation centre. Therefore Deprivation of Liberty Safeguards were applied appropriately to protect Susan and ensure she received the most appropriate care and treatment available to her.

Domestic Abuse Service:



Achievements:

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 2013-2014.

IDVAS

- Received 570 referrals – (a 34% increase from 2012-13)
- Supported 455 Multi Agency Risk Assessment Conference cases (MARAC)- (a 32% increase from 2012-13)

Domestic Abuse:

- With support from the Safer Rotherham Partnership Domestic Abuse Priority Group (DAPG), sustained the funding of the Rotherham IDVAS. This funding is now mainstreamed.
- The Safer Rotherham Partnership (SRP) has adopted the national Young Person's Advocacy Programme alongside the 3 other Community Safety Partnerships in South Yorkshire. This Programme ensures the support of 16 – 18 year olds of victims who are direct victims of Domestic Abuse.
- The Domestic Abuse Coordinator commenced 2 Domestic Homicide Reviews, on behalf of the Safer Rotherham Partnership.
- Delivered 12 Multi Agency Domestic Abuse training events, 3 x Awareness Raising, module 1 and 6 x Multi Agency Risk Assessment Conference workshops module 3, and, with the Rotherham Local Safeguarding Children Board, delivered 3 x Domestic Abuse from a Child's Perspective, module 2.

Case Outcome:

Claire's case had been heard at the Multi Agency Risk Assessment Conference on several occasions in Rotherham. Claire had been subject to sexual abuse from her partner over a number of years. Her partner was never prosecuted as Claire felt unable to report the incidents to the police. During this time Claire was supported by the ISVA (Independent Sexual Violence Advocate) based at the Hospital. Throughout this time Claire had become dependent on alcohol and struggled to find clarity in any of her life. Claire rang the IDVA (Independent Domestic Violence Advocate) and said she wanted to leave the relationship. Claire had arrived at this decision as she had been receiving support in regards to her drinking and she had been abstinent for a number of months. The IDVA discussed her options in regards to leaving in a planned way. Claire worked full time and seeking a refuge place would come at a huge cost to her. Her employer had agreed to re-locate her to another town to enable her to keep her job. The IDVA sourced a refuge place for her but the cost was out of Claire's reach on her salary. The IDVA looked at all options and funding was secured for accommodation for Claire in the short term. The IDVA also supported a housing application for Claire, everything was put in place and Claire found herself a property of her own.

After seven months of being away from the area Claire contacted the Rotherham IDVA because her support workers where she lived were on leave. Claire was facing a crisis. The IDVA supported her in dealing with this matter as Claire said she knew if she rang Rotherham IDVA the situation would be sorted. Claire rang the IDVA and disclosed historical abuse which had affected her throughout her life. Rotherham IDVA continued to keep in contact with Claire until local IDVAs were able to offer support.

Claire stated she had come a long way in the time that we have known her and there is a possibility that she may take her complaints regarding the abuse further. Claire has all the support in place to enable her to make a decision in regards to this.

Claire felt able to come back to the Rotherham IDVA as she trusted their work and knew she would be fully supported.



Customer Compliment

Regarding the Rotherham Independent Domestic Violence Advocacy Service;

I always know you will do what you say'

Your support empowered me to go to court to give evidence and I felt amazing when I had done it

Thank you for all the support you have given me



Joint Learning Disability Service:

Achievements:

- Further strengthened joint work with Contracts and Commissioning Teams to successfully respond to significant institutional safeguarding concerns in 24 hour residential care and bring about change in the Services. This approach has led to a significant increase in safeguarding alerts into the service, with the joint learning disability service seeing a 100% increase in safeguarding alerts.
- 2 Social Workers have completed specialist masters levels in Safeguarding Adults
- Safeguarding Investigations undertaken jointly by Health and Social Care colleagues to increase expertise and efficiency in the investigation process.

Case Outcome:

Debbie is a 28 year old woman who lives in 24 hour care. She raised her concerns with her independent advocate, who assisted her to discuss the fact that she thought she was being bullied and was very unhappy in her home. The worker who was accused of this was suspended and the allegations were investigated. The outcome was that abuse was substantiated in the category of psychological abuse. The outcome for the Service User was that the fear she was feeling was removed and she personally felt that she had been able to make a difference to her own life and stop it happening to anyone else. As a consequence of this the worker lost their job and was referred to the Disclosure and Barring Service.

Rotherham NHS Foundation Trust:



Achievements:

- Adopted and implemented the Prevent strategy within the existing resources and implemented a robust process for providing and demonstrating evidence for CQUIN – Recognised by CCG as an excellent process
- Delivered CQUIN standards and achieved significant progress against safeguarding standards
- Implementation of new Key Performance Indicators
- Recognised and brought together the processes related to safeguarding issues in respect of pressure ulcers and work is continuing to improve this process
- Developed a training needs analysis which identifies level of safeguarding training required and improved processes for registering training on Electronic Staff Records
- Brought together both Adult and Children's Safeguarding Teams under the Corporate Management structure
- Co-located Adult and Children Safeguarding Team to provide support and sharing of processes
- Combined the Safeguarding Operational Meeting to include both Adults and Children Safeguarding agendas
- Developed robust processes regarding monthly data reporting
- Developed Governance processes and charts to provide clarity and clear reporting arrangements with TRFT and partner organisations



Good news Story

Following the setting up of a Task and Finish Group for Pressure ulcers, a new robust process was developed and embedded within the organisation regarding pressure ulcers and safeguarding. All Grade 3, Grade 4 and deep upgradeable pressure ulcers are fully investigated using a detailed Root Cause Analysis (RCA) investigation Proforma.

The investigation Team is the Area Manager and Matron supported by a named member of the Tissue Viability Team. Once investigation is completed the investigation Team is invited to an RCA Pressure Ulcer Panel Meeting. The Panel Meeting is chaired by the Assistant Chief Nurse. At the Panel the investigation is reviewed and assessed in order to provide an overall outcome as to whether the pressure ulcer is avoidable or unavoidable using the Department of Health Definition.

The outcome of the panel is then verbally provided to the investigatory Team – if found to be avoidable, the case is then managed as a Serious Incident and immediate consideration of any safeguarding concerns. An action plan is developed by the Area Team and managed within the Directorate. The findings are followed up via an email and the Adult Safeguarding Team is included in the correspondence that includes minutes of the Panel Meeting and also the full RCA investigation findings, in order to address and follow up any actions via safeguarding. Learning and feedback from these cases are shared via Quarterly managers Meetings and via the joint Safeguarding Operational Meeting.

Case Outcome:

An elderly gentleman Ted was being treated in A&E when his son became violent toward his father and staff, the son was removed from the scene of the incident by police and detained under police arrest Ted was provided with a place of safety at the community hospital. A risk assessment was completed by staff at the community hospital to ensure the immediate safety of Ted whilst in their care. A referral was made to the hospital social work team for risk assessment for support on discharge from community hospital as there was evidence to suggest there was potential for further physical harm/psychological harm and financial abuse of Ted by son.

Social Worker and staff nurse met with Ted. He was disoriented to time, place and person Ted was unable to recall his children or identify that he received any care from them. Ted was unaware that he was in hospital at the time and could not recall his reason for admission

A lasting power of attorney was in place for both property and financial affairs and welfare decisions with son named as attorney. Due to the risk of significant harm if returned to the care of his son an urgent application was made to the Court of Protection to place Ted in a care home and remove the control family had over his finances and welfare. This was granted by the court and Ted now resides safely and happily in a care home.



NHS Rotherham Clinical Commissioning Group – RCCG

Rotherham CCG firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind Rotherham CCG will continually develop their safeguarding agenda; in particular their safeguarding adults agenda which will continue to evolve and develop in line with contemporary understanding and legislation, including the expectations of the pending Care Act 2014. Additionally Rotherham CCG will continue to develop their sexual exploitation prevent plan in light of the Department of Health review into the alleged sexual abuse committed on health premises by the late Jimmy Saville.

The White Paper 'Caring for our future: reforming care and support' and the pending Care Act 2014, confirm the intention that Adult Safeguarding should be placed on a statutory footing, through legislating for Safeguarding Adults Board and empowering local authorities to make safeguarding enquiries. In anticipation of this equal footing with safeguarding children and young people Rotherham CCG utilise the term vulnerable clients to denote all children, young people or adults who are, or potentially are, vulnerable to abuse, maltreatment or neglect. Annually Rotherham CCG publish their safeguarding vulnerable clients report; this reports provides information on safeguarding for the period 2013 to 2014 and Rotherham CCGs vision and objectives for the period for 2014 to 2015.

Rotherham CCG's vision and objectives for 2014 to 2015 include the need to ensure that all staff working in CCG commissioned services are trained to an acceptable safeguarding standard; that Prevent training is undertaken and in relation to the recent court ruling regarding Deprivation of Liberty Safeguards (DoLS) that all health staff are aware of their duty of care. Health care providers will need to ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.



Achievements:

- In November 2014 Rotherham CCG is undertaking Safeguarding Adults and Children training at a Protected Learning Time (PLT) event. PLT is available to all Rotherham GPs and their Practice Staff. The event will cover self-neglect, exploitation, domestic violence and substance misuse and it is being supported by speakers and facilitators from RLSCB, RLSAB and the South Yorkshire Police.
- Rotherham CCGs have published "Top Tips for Safeguarding Adults" and "Top Tips for Safeguarding Children" and have disseminated them to all Rotherham GP Practices and they are also available on the RCCG Intranet. To embed the Top Tips into practice audits were undertaken using a survey monkey technique; some 1,025 responses were received for the 3 safeguarding surveys. 91.9% of GP Practice staff across Rotherham responded that they have access to the Safeguarding Adults & Children top tips within their practice. Whilst these safeguarding 'Top Tips' are not their Safeguarding Policy they do form a picture of what staff know and understand about safeguarding within the GP Practice, the wider multi-agency partnership and where they can get immediate support from when safeguarding is an issue. 95% of Practices across Rotherham are aware of where their practice's Safeguarding policies are stored.
- Rotherham CCG successfully appointed a Safeguarding Adults and Clinical Quality Lead from August 2013 to support and take forward the work of the CCG. The Safeguarding Adult and Clinical Quality Lead represents the CCG at Rotherham Safeguarding Adults Board sub-group and provides expertise and a point of contact for advice and intelligence regarding adult safeguarding across the health economy. Working in partnership with other key stakeholders such as CQC and the Local Authority, particularly around care homes and adult protection processes has been a priority for the post holder.
- Other key priorities are, to ensure that prevention of avoidable harm is seen as

essential, ensuring that when individuals require health care in Rotherham they receive safe, quality care. This is achieved by supporting commissioned services and the wider health community to understand safeguarding.

- Rotherham CCG have organised a safeguarding self-assessment and peer challenge which commenced January 2014 and will be completed in April 2015. As before the self-assessment complies with the aims of CQC Essential Standards of Quality and Care, Outcome 7 and also Section 11 Children Act 2004 to ensure that patients and carers can expect health care services, in Rotherham, to meet the standards to protect the safety and respect the dignity and rights wherever healthcare is provided. A final report will be published to provide assurance and transparency that RCGG has benchmarked individual GP Practices against expectations highlighted in No Secrets and the CQC Essential Standards of Quality and Safety Outcome 7.

Whilst the responsibility for coordinating safeguarding arrangements lies with the Borough Council, effective safeguarding is based on a multi-agency approach. Rotherham CCG is a willing safeguarding partner and has robust governance arrangements in place to ensure that its own safeguarding structures and processes are effective and that the agencies from which Rotherham CCG commissioned services meet the required safeguarding standards. In addition Rotherham CCG ensure that they are in line with the roles and responsibilities and capacity requirement for senior lead clinicians in safeguarding children in CCGs is outlined in full in the Safeguarding Competencies intercollegiate document (Royal Colleges 2014)

The safeguarding of all those who are vulnerable is an enormous obligation for all of us who work in the NHS and partner agencies. There is still much to do to ensure this happens. In March 2013, NHS England published the Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework (2013). The Framework provides a clear set of principles and guidance to ensure the new system delivers improved outcomes for children and vulnerable

adults. A strategic national steering group has been established to ensure the framework is embedded, and it provides a national forum to enable safeguarding leaders in NHS England to implement cross governmental policy.

A number of key safeguarding priorities are emerging nationally which include policies to prevent sexual violence, female genital mutilation, forced marriage and radicalisation of vulnerable people. Rotherham CCG in conjunction with South Yorkshire and Bassetlaw NHS England Area Team have written a Safeguarding Vulnerable Clients policy template for all independent health providers to utilise. The effective implementation and embedding of this policy will go some way to ensuring that vulnerable children and adults are afforded their 'right to live a life free from abuse, neglect and be safe'.

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

Achievements:

Each year the Safeguarding Adults Team develops a Core Work Plan which structures the key outcomes to be achieved in relation to safeguarding vulnerable adults for the following year.

The Safeguarding Adults Team have worked throughout the year to implement the improvements proposed for 2013/14. Some of this work was assigned to individual Lead Professionals through their Personal Development Review process, and has supported both individual professional development and service developments in relation to safeguarding vulnerable adults.

Listed below is the progress we have made against the targets set for 2013/14:

- **Leadership**

The Lead Professionals have provided an independent opinion on a range of strategies, policies and developments across the Trust throughout 2013/14.



Further, each of the Trust's Lead Professionals has an identified locality of the Trust which they are aligned to, providing safeguarding leadership and guidance for referrals in these localities. The Lead Professionals also provide guidance to support the development of multi-agency safeguarding processes within their designated area and identify specific needs or areas of development as part of their role. In addition, the Team has a central role in supporting, advising and developing staff skills in relation to safeguarding across the Trust.

- **Partnership Working and Multi-agency Referral Pathways**

Over 2013/14 the Safeguarding Adults Team has built positive working relationships with the Clinical Commissioning Groups (CCG) that formed at the start of the financial year. This facilitates a collaborative approach to the development of safeguarding processes and strategies. Each Lead Professional meets regularly with the CCG's safeguarding lead for their identified area to facilitate good communication, awareness of regional safeguarding issues and development of safeguarding processes. Key achievements in this domain include:

- The Vulnerable Adults Risk Management Model (VARMM) process has been jointly developed with Rotherham Metropolitan Borough Council.
- There is now representation from the Safeguarding Adults Team at the quarterly Regional Police Forum.
- Introduction of more user friendly forms developed as part of the multi-agency process which improves referral pathways.

Policy Implementation

The Safeguarding Adults Policy was reviewed and updated by the Lead Professionals in August 2013 to reflect the new developments and inclusions.

- **Links with Mental Capacity Act, Deprivation of Liberty Safeguards Lead**

Over 2013/14 the Team has worked collaboratively to further strengthen the

interface between the Safeguarding Adults Team within RDASH and the Mental Capacity Act, Deprivation of Liberty Safeguards Lead within RMBC

- **Strengthening User and Carer Engagement**

This has been a high priority for the Safeguarding Adults Team who together with the business divisions, developed a plan to ensure that service users have a strong voice in decision making and remain at the centre of the safeguarding adults process.

Quality Referrals

The Lead Professionals review all referrals into the RDaSH to ensure consistency and quality of the processes. Furthermore, the Lead Professionals have contributed to a number of internal and multi-agency quality audits and the development of action plans in line with the audit results throughout 2013/14.

Consistent Safeguarding Documentation

Over 2013/14 the Team has worked with the Records Manager, Operational Leads in the business divisions and Local Safeguarding Adults Partnership Boards to develop and implement a consistent approach to safeguarding documentation both within the Trust and across the healthcare community.

Appropriate Safeguarding Supervision

Throughout 2013/14, the Lead Professionals have worked with Operational Leads in the business divisions to review the current provision of safeguarding adults supervision across the Trust and have developed a model to reflect the diversity of services provided by RDaSH. This model is now at the implementation stage and reflects the different types of supervision available to staff. The model encompasses '1 to 1' supervision when requested, peer supervision, development days for staff, additional support for complex cases, email and phone support as required and bespoke training for specific needs.

- **Central System for Recording Safeguarding Activity**

During 2013/14 the system for recording safeguarding activity has been further developed to provide a comprehensive database that allows for the collation and reporting of safeguarding data, enabling the safeguarding team to identify any areas that require development and further support.

In addition, the following achievements have also arisen within the year:

- **Training**

Throughout 2013/14 we have reviewed and developed the training matrix for safeguarding adults, culminating in the production of a leaflet to provide Level 1 training. This has resulted in the Trust achieving 100% compliance at Level 1. In addition, we have improved the delivery of Level 4 training for investigators and managers by providing bespoke refresher training according to need.

- **National Guidance**

The Lead Professionals have provided specific support to staff across the Trust on the implementation of the recommendations in the following:

- 'Transforming care: A national response to Winterbourne View Hospital' report with regard to safeguarding adult practices.

- **Prevent Training**

In order to support Trusts nationally in implementing Prevent, the Department of Health in conjunction with the Home Office has arranged for training to be delivered to key people within organisations who in turn will then cascade it to staff throughout the Trust.

The Named Nurses and Adult Professional Leads have completed this training and from May 2013, have been delivering it to all staff as part of the induction and refresher training programme. To support the training an awareness raising leaflet regarding Prevent was attached to the pay slip of every staff member.

Currently **1741** members of staff have completed the training.

Positive and Proactive Care: reducing the need for restrictive interventions

In November 2013, Wendy Proctor, Lead Professional in the Safeguarding Adults Team was invited to present at a national conference on safeguarding vulnerable adults in mental health services, presenting her work on 'Safeguarding, Restrictive Practices and Restraint'

The presentation looked at concerns raised by MIND and other bodies about the use of restrictive practice and the variation of use of restraint in different organisations throughout the country, with an emphasis on the need for greater transparency on restraint processes and the need to encourage alternatives where possible.

Following this conference, guidance has been published by the Department of Health 'Reducing the need for restrictive interventions', which takes forward a number of recommendations made by experts in the field, including those presented by Wendy.

South Yorkshire Fire and Rescue Service (SYFR):

The SYFR 2013 – 2014 Prevention & Protection Strategy includes cross cutting themes related to inclusion, partnerships, safeguarding and education. The focus is on developing best practice in targeting the most vulnerable to reduce the numbers of fire related deaths and injuries.

Achievements:

The Safeguarding Guidance & Procedures have been reviewed and rewritten in a format that will make it easier for the reader to follow.

Fire Safety

In response to the increasing number of cases where a high risk of fire is identified a new guidance document has been drafted to provide an agreed process for the "Management



and Coordination of High Fire Risk Home Safety Checks” This will require a multi-agency approach and joint ownership with relevant partners to manage the risk to the individual and particularly where there is a risk to others.

- A total of 21,544 Home Safety Checks were carried out across South Yorkshire, 17,384 were for those considered to be most vulnerable e.g. households where the occupants are very young or elderly, are disabled have mobility problems and/or lifestyle increases the risk of fire.
- 4,182 referrals for the latter came from our partners and our Vulnerable Persons Advocate continues to deliver Fire Safety talks and presentations to professionals and service user groups e.g. Falls Prevention Group
- SYFR has now established an internal process for responding to and learning lessons following a Fire Death or Serious Injury. A number of cases over the last 2 years have been subject to a Serious Case review and recommendations from Internal Management Review have led to significant improvement in the way our fire risk assessments are carried out.

Adult Safeguarding Alerts & Referrals

Our annual total for April 2013 – March 2014 for all Adult Safeguarding Alerts across South Yorkshire was 54 (18 were for Sheffield) and this is consistent with previous years. The majority of these were as a result of a Home Fire Safety check, but 12 were from fire incidents. 9 cases were linked to self-neglect and/or hoarding and for some of those in Sheffield the Vulnerable Adult Risk Management (VARM) process was initiated. In 6 cases a perpetrator was identified and a Safeguarding Alert/Referral processed (e.g. theft). Some of the remaining cases were related to:

- Alcohol intoxication = **7**
- Physical disability/mobility problems = **11**
- Mental Capacity/ Dementia = **12**
- Learning Disability = **4**

For these, support from other services was requested

Safeguarding Training

In 2013 – 14 SYFR staff received Safeguarding Training as follows: -

- Induction = 42 (plus 30 Volunteers)
- Introductory = 22
- Refresher = 71

A programme of Safeguarding Update & Refresher training has been piloted with Community Safety staff is being rolled out to Operational Fire Fighters throughout 2014 – 2015.

South Yorkshire Police:

Achievements:

- 821 referrals made to Public Protection Unit PPU from attending officers and partner agencies. This is an increase of 58% on the previous year.
- The introduction of a dedicated Central Referrals Unit for all Adult safeguarding concerns in Rotherham/SYP ensuring timely review and progress of all Adult safeguarding referral
- 25% increase in investigative capacity in Rotherham for combined Adult and Child safeguarding concerns and investigation.
- Project on co-location of the Rotherham Public protection unit which will see operational Adult safeguarding staff and investigators located at Riverside House Rotherham by September 2014
- Police now leading on all Vulnerable Adults Risk Management (VARM) meetings with the Vulnerable persons unit already co-located in Riverside House.
- New Force policy and referring protocols for all SYP staff ensuring force wide corporate approach in how referrals are made and progressed across South Yorkshire.



Case Outcome:

Examples of convictions following safeguarding investigations-

Male Personal Assistant financially targeted 4 profoundly deaf adults he provided support for. Following investigation he was convicted and sentenced to 18 months imprisonment, suspended for 24 months and made to pay 2k in compensation to his victims.

Female carer financially targeted a 92 year old male she provided care for. Due to the large amount stolen she was sentenced to 18 months imprisonment.

Rotherham Voluntary and Community Sector:



Achievements:

- 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.
- Hate Crime Initiative: 14 VCS organisations in Rotherham are registered as community reporting centres.
- Alzheimer's Society: working with Police and other VCS partners to develop a missing person's protocol for people with dementia.
- Rotherham Older People's Forum: hosted an event for Older People's Day designed to help older people feel and stay safe.
- The Adult Services Consortium is helping to raise awareness of the safety scheme Safe in Rotherham which is for people with learning disabilities and other vulnerable adults. VCS organisations for example VAR and MyPlace who have community buildings display the purple hand logo identifying them as a place of safety.



Case Outcome:

Helen lives with her son who has Mental Health needs, she had referred herself to Adult Services a number of times alleging verbal/emotional abuse to her by her son. Her son was not receptive to support from outside agencies, would not engage and at times would be hostile to staff. Previous attempts had been made by the Assessment Team to support Helen and to offer protection planning under safeguarding but, this would always be refused. Helen felt a duty of care to her son and was worried this would be detrimental to their relationship.

The concern escalated to the point where Helen couldn't cope any longer, emergency accommodation was arranged, while this provided a place of safety for Helen it also allowed her time to weigh up all options available to her. It became evident Helen and her son could no longer live together. Work involved contacting other agencies such as health and housing to support Helen during this difficult time. Agencies also worked with her son in providing alternative accommodation and attempts to meet his health needs so they could both lead their own lives.

The ultimate aim was to enable Helen to return back to her own home with appropriate measures in place to safeguard her welfare. This included a tag on the property, installing Rothercare and arranging a safe code to use, home security, emergency numbers and general advice on personal safety. This did happen and Helen is now back at home.

Helen's son left the property prior to her moving back home. He was alternatively accommodated, given advice and attempts made for him to engage with health services. This also involved working with colleagues in housing and staff supporting him to move his personal items out of the property while still safeguarding Helen.

The workers involved continued to monitor the situation by visiting at home and telephoning Helen regularly to check there had been no changes.

Commissioning. Policy and Performance Services:

All contracted providers of care and support are:

- Monitored throughout their contract term for compliance against 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 8 homes receiving a rating of Excellent, 19 were rated Good, 5 were rated Adequate. A premium payment is paid to homes in the older people's sector that receive a rating of Good or Excellent.

2014-2015 will see the introduction of a new customer rating that will rate the home on customer satisfaction as either Bronze, Silver or Gold.

Community and Home Care Service Providers are rated as outcomes met or outcomes exceeded. The "Home Matters" review resulted in 4 providers being rated as outcomes exceeded and 10 rated as outcomes met. This ensures that all commissioned services maintain a focus on customer outcomes.

Completed reports are published on the Council's website.

Action taken with providers

A default notice is served if the provider fails to fulfil 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 in accordance with the terms and conditions. 10 contracting default notices were applied in 2013/14, 7 of which involved an imposed temporary suspension of placements ensuring that nobody was placed in a service that failed to meet acceptable standards. Areas of concern included, for example, recruitment, record keeping, staffing levels, lack of clinical policies and procedures, infection control, equipment and environmental issues, and medicine management

Suspensions of placements are either voluntary or mandatory and can be invoked by the Safeguarding Team 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 2013/14 3 of the 7 suspensions of placements were due to alleged abuse/neglect.

Case Outcomes

(1) Care home X 'The Home' in Rotherham was a privately owned care home providing both residential and nursing care for 36 residents. Through robust monitoring of the care standards within the home it became evident that the home was failing to deliver safe and appropriate care to its residents. Working in partnership with Care Quality Commission (CQC) there was an investigation into the standards of care. As a direct result the Local authority suspended all new placements and served a default notice against their contract.

The individual reviews of all residents care needs and the safeguarding investigation into allegations of neglect quickly highlighted serious failings within the home. CQC took the necessary enforcement action and RMBC instigated the Home Closure Protocol and begin the process of transferring residents from 'The Home' 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 and their families. The Local Authority had a presence in the care home throughout the process, offering support to residents, their families and staff within the home. The transfer of all residents from 'The Home' was achieved both sensitively and in a timely manner and all were found alternative, safe and appropriate care.

(2) Following an Investigation it was established that a call handler had failed in their duty to respond appropriately to an older person who had fallen in their home. As part of the Investigation safeguarding was able to recommend new processes to the service provider to improve auditing and call handling.. As a result of suffering the fall a social worker review took place and it was decided that Mrs Brown's needs would be best met in a care home. Mrs Brown is now safe and settled in her new home and has all the support that she needs. Mrs Brown's family had informed us following the Investigation that they had felt informed and involved in the Investigation process and were happy that Mrs Brown was being well cared for and changes had been

made to reduce the risk of the same thing happening to a different vulnerable adult. The safeguarding report, following investigation, also provided evidence to inform the decision making regarding the disciplinary action taken against the call handler.

Learning and development

To support a more confident, capable and skilled workforce we continued to operate a strategic and structured framework of workforce development activities utilising our Safeguarding Adults Workforce Development Policy and its Strategic Training Programme of courses.



Achievements:

- Over 1,500 learners attended ninety courses in 2013/14.
- Our approach to training course delivery continued to be planned and responsive with both open off-site courses and a growing number of closed on-site courses provided to support some providers, for example, to meet emergent needs derived from contract compliance issues or high learner numbers.
- We continued to give access, without attendance charge, to all of our training courses and this will continue into 2014/15 as will the cancellation charge and no-show policy.
- Significantly, to ensure best value and quality of provision, we finalised a framework agreement for the procurement of our training courses - appointing one provider to deliver our silver level course and one provider to deliver gold and platinum levels courses. In 2014/15 we will be working with both training providers to devise new, high quality, training materials and roll-out refreshed training courses. Once finalised, we will refresh our Workforce Development Policy.

Safer Rotherham Partnership

The Safer Rotherham Partnership is a statutory partnership formed as a result of the Crime and Disorder Act 1998 and is managed by two multi-agency groups. The Safer Rotherham Partnership Executive Group meets monthly to set strategic direction and is accountable for delivering the partnership plan by making decisions about activity, resource allocation and problem solving. The partnership also performs the function of the Drug & Alcohol Action Team and the Youth Offending Service Management Board. It is made up of senior officers from the 'responsible authorities' and 'co-operating bodies' these are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- Rotherham Clinical Commissioning Group
- South Yorkshire Fire & Rescue Service
- Probation Service
- South Yorkshire Local Criminal Justice Board
- Voluntary Action Rotherham
- Rotherham Victim Support

The responsible authorities are under a statutory duty to work together to:

- reduce reoffending
- tackle crime and disorder
- tackle anti-social behaviour
- tackle alcohol and substance misuse
- tackle any other behaviour which has a negative effect on the local environment

Achievements:

Throughout 2013/14, the Partnership made considerable progress in tackling Crime and Anti-social Behaviour across the borough. During that period 16,957 crimes were recorded across Rotherham, which was a 1.2% reduction on the previous year, despite the difficult economic conditions. Additionally 1,534 fewer Anti-Social Behaviour incidents were recorded compared to the previous year, a reduction of 9%. Recorded crime and anti-social behaviour (ASB) has been falling in Rotherham over recent years with ASB showing significant reductions.

Although it is acknowledged that maintaining these reductions in the current economic climate will be a challenge, the partnership believes it has the structures and performance management frameworks in place to meet this challenge and continue to contribute to Rotherham being a safe place to live, work and visit.

Key Indicators:

- Recorded Crime **fell by 1.2%**
- ASB **fell by 9%**
- Domestic Burglary **fell by 4.7%**
- Theft of motor vehicles **fell by 0.1%**
- Theft from motor vehicles **fell by 9.3%**
- Criminal Damage **fell by 0.2%**
- Violence against the Person **fell by 6.3%**
- Public Order offences **fell by 18.2%**
- Drug Offences **fell by 0.8%**



Looking forward 2014-2015

Rotherham Safeguarding Adults Board's priorities for the coming year. We will:

- Hold a Board away-day to refresh the governance objectives and quality assurance framework.
- Develop a Safeguarding Communication strategy and action plan.
- Take part in a 360 degree web based assessment to identify individual development needs of those undertaking their role as a member of the RSAB.
- Undertake The Yorkshire & Humber Safeguarding Adults Board Self-Assessment. This is a self-assessment of each agency's internal roles and responsibilities in relation to safeguarding adults at risk.
- Deliver on the actions required from the Care Act 2014 in respect of "Safeguarding Adults at risk of abuse and neglect" and to make sure the Council delivers against any new duties or responsibilities.
- Review Serious Case Reviews (SCR) nationally to provide information on how we can consider how to use these SCRs as a learning opportunity. Development Day.
- Consider wider implications for the Rotherham Safeguarding Adults Board from the Jay Report.



Key Facts and Figures

A total of 1,556 alerts were reported through the new Safeguarding Adults Returns (SAR).

The way we now report to the Health and Social Care Information Centre has changed from the Abuse of Vulnerable Adults Return (AVA) to the Safeguarding Adults Return (SAR). The difference is that we now have to record in more detail and some of the reporting terminology/headings have changed. This has had an effect on some of the % changes and therefore in some areas it is difficult to make direct comparisons with previous years.

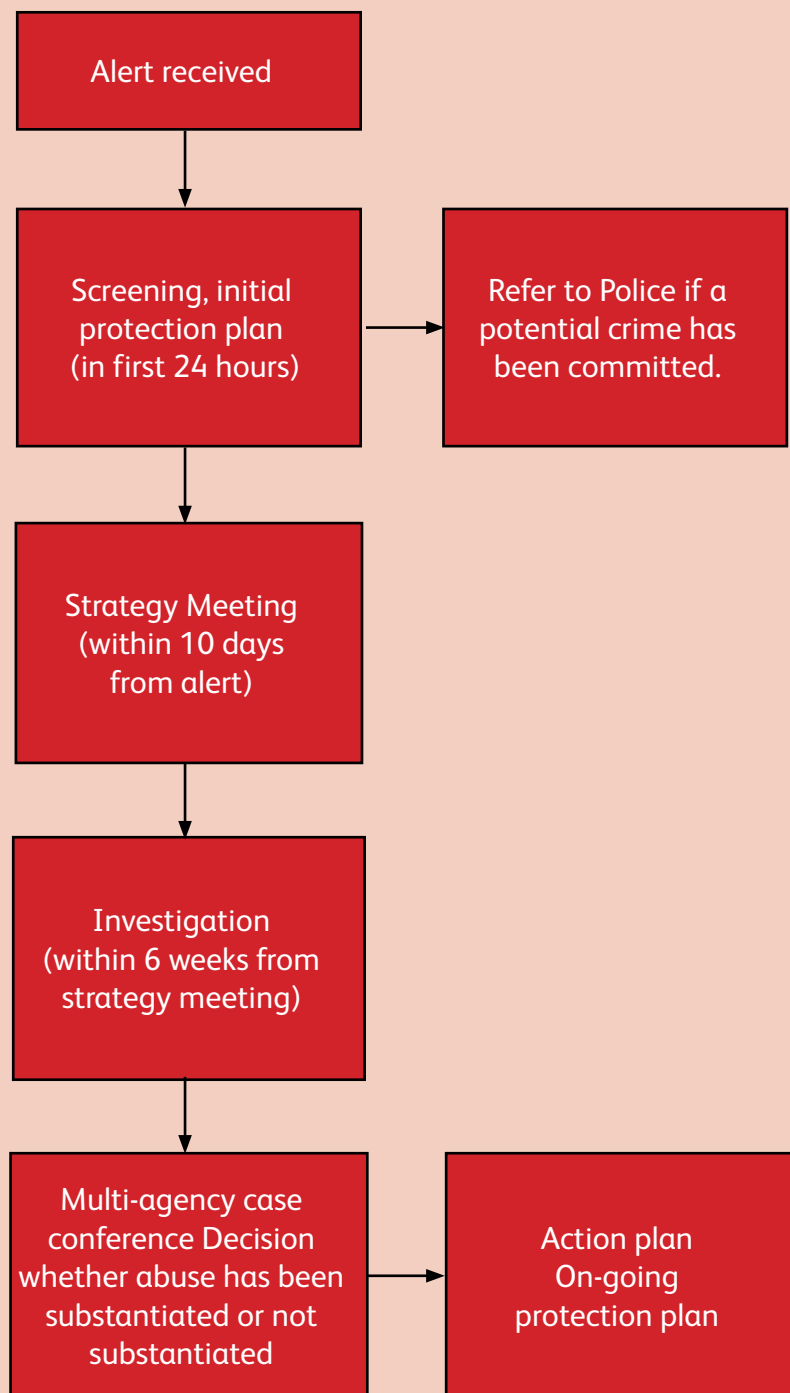
The table below illustrates how Safeguarding Adult's activity regarding alerts has remained consistent with 2012/13. 2013/14 there has been a continued public and professional awareness in relation to safeguarding particularly, following Winterbourne, within the Learning Disability Service. There is 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 an increase in the number of safeguarding alerts in The Learning Disability Service by over 100%.

Older Peoples Services have consistently recorded the greatest number of safeguarding alerts accounting for 74% of all alerts, the table below shows the breakdown of the remaining 26% of alerts. Numbers in some areas remain the same from 2012-2013.

Number of Alerts 2013 – 2014									
In total there were 1,556 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+
262	1014	113	16	16	134	1		392	1164

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

Safeguarding Adult's Process



The strategy meeting/discussion is a crucial stage in the safeguarding process. The purpose of the Safeguarding Strategy is to determine whether to proceed to Safeguarding investigation and if so plan the multi-agency investigation. A Strategy Meeting, actual or virtual should be held within 10 working days of the initial alert. In 2013-2014, 97% of strategy meetings met this target

All relevant professionals and organisations should be included in strategy meetings.

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

Number of Strategy Meetings Convened 2011 – 2012

314 Strategy Meetings/discussions held across all services compared to **264** in 2012/2013

Previously all alerts that progressed to a Strategy Meeting were called 'referrals'. The introduction of the SAR now states that only cases that progress to investigation are called 'referrals'. Also another change to practice is that the purpose of the Safeguarding Strategy is now to determine whether to proceed to Safeguarding investigation whereas previously this decision was often made following screening of an alert. This is reflected in the 18% increase in the number of strategy meetings held.

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, below, reflect a decrease in the number of investigations (referrals) that culminate in a case conference this is due to the changes in purpose of strategy as outlined above which means that alternative ways of supporting the individual is agreed thus preventing escalation to investigation and case conference.

Number of Case Conference Convened 2011 – 2012

166 Case Conferences convened across all services compared to **227** in 2012/2013



Review of Alerts

April 2013 – March 2014

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:	2012/2013	2013/2014
Residential/Nursing Care	301	385
Social Care Staff	264	243
Police	131	152
Health – Hospitals	91	139
Domiciliary Care	162	114
Health – Community	60	103
Relative	112	97
Other Source*	269	89
Other Council Dept.	Not recorded	56
Ambulance	20	39
Neighbours/Public/Friend	14	31
Anonymous	67	27
Care Quality Commission	Not recorded	23
Alleged Victim	15	20
Health – Mental Health Staff	15	20
GP's	16	15
Other Local Authority	19	3
Total Number of Alerts from Health	1556	1556

- Other source refers to a variety of sources e.g. Probation, Prison, Employment, schools and other agencies and the Voluntary and Community Sector. There has been a significant decrease in this group as recording systems are now able to provide more details on the source of alert.

If we make a direct comparison between the numbers of 'alerts' reported in 2013/2014 from the previous year there is consistency in many areas. Key factors to highlight are the reduction in alerts from Domiciliary Care, this was expected as there was a dramatic increase the previous year and it was expected that these would begin to fall and settle. The significant increase in alerts from the public is welcomed; this is a year on year increase and indicative of heightened awareness. There has also been a concerted effort to encourage alerters to provide their details at contact; this is reflected in a decrease of 60% in anonymous alerts.

Who was the subject of the alert?

Alleged Victim

Approximately 63% of all alleged subjects of safeguarding concerns, who were referred into the Safeguarding Adults procedure in Rotherham in 2013/2014 were female. Whilst the highest gender category is consistently females, this year there has been a slight % increase in male victims.

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.

Gender of Alleged Victim		
	20012/2013	20013/2014
Female	66%	63%
Male	34%	37%

Age of Alleged Victim		
	20012/2013	20013/2014
Over 65 years	74%	75%
Under 65 years	26%	25%

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. 2.2% of the total number of alerts during 2013/2014 concerned alleged victims from BME communities.

The number of cases with "unknown or refused" ethnicity at the alert stage has slightly increased again this year. However, this is reduced considerably at the point of referral; at the referral stage in the process only 8 cases remained where the information of ethnicity was still not available. This demonstrates the effectiveness of information gathering at referral stage.

Ethnicity of Alleged Victim		
	2012/2013	2013/2014
White/British	1406	1412
White/Irish	5	6
Asian/Pakistani	22	12
White/European	13	2
Asian/Other	4	2
Asian/Indian	0	2
Black/Caribbean	0	2
Black/African	5	0
Other Black Background	2	0
Dual Heritage	8	9
Unknown Ethnicity	6	0
Other Ethnic Groups	94	109

Review of Referrals and Investigations

April 2013 – March 2014

What Were the Categories of Alleged Abuse Investigated?

Categories of Alleged Abuse 2010 - 2011						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
40%	28%	10%	9%	10%	3%	0%

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

The category of neglect and acts of omission continues to be the highest category of abuse investigated with another 2% increase this year. The only other category to have increased in 2013/14 is Institutional abuse with a 4.5% increase. This is as a result in the suspension of placements at care homes this year as a consequence of abuse and neglect. Also when there are several individual cases investigated in one care home that result in neglect being substantiated as a result of poor practice and culture within the care home then Institutional abuse will also be confirmed at case conference.

What was referred?

Who was the alleged perpetrator?

Relationship of Alleged Perpetrator to Alleged Victim		
	2012/2013	2013/2014
Residential/Nursing Care Provider	46%	70%
Domiciliary Care Provider	11%	10%
Health Care Worker	7%	8%
Family	13%	7.5%
Other	17%	3%
Neighbours/Public/Friend	3%	1.5%
Day Care	1%	0%
Other Vulnerable Adult	2%	0%
Stranger	0%	0%

Setting of Alleged Abuse		
	2010/2011	2011/2012
Residential/Nursing Care Home	53%	67.5%
Own Home	35%	12%
Hospital	7%	8%
Public Place	0%	1.5%
Day Care	1%	1.5%
Alleged Perpetrators Home	0%	1%
Other	4%	8.5%

Consistent with the figures for 2012/2013 the highest numbers of alleged victims in 2013/2014 were living in Residential/Nursing Care and that 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. This is an expected outcome of the increase this year in Institutional abuse.

The effects of the change from AVA to SAR are reflected in the decrease in the "other" category as we can now more accurately associate to a category.



Review of Referrals and Investigations

April 2013 – March 2014

What were the outcomes?

The Conclusion of the Safeguarding Adults Case Conferences

Of the 1556 Safeguarding Adults alerts received in 2013/2014 166 culminated in an investigation, 161 of the investigations concluded with a case conference.

This is due to the changes introduced to how we effectively monitor the information at the strategy meeting and the increased quality control of all safeguarding investigations in the initial stages. This year the number of safeguarding alerts that were closed (no further action) prior to a strategy meeting being convened or following a strategy meeting was 89% of the total alerts. 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) or the vulnerable adult or their advocate wanted a different outcome or resolution to their concerns.

'The definition of a vulnerable adult is – A person aged 18 or over who is or maybe 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			
89 Case Conferences held regarding individuals			
Abuse Substantiated	81	Abuse Not Substantiated	5

**The remaining 3 cases were terminated prior to case conference at the request of the victim.*

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.

This year the SAR introduced new outcomes of a safeguarding investigation where abuse had been substantiated, these are:

- Risk remains
- Risk reduced
- Risk removed

In 2013/2014 there were only 2 cases where it was recorded that risk remained, these 2 cases were as a result of personal choice by the victim and involved complex family dynamics. Risk was reduced in **40% of cases** and risk removed in **58% of cases**.

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 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 a full time Support Officer. The posts sit within the Safeguarding Adults Service. The disestablishment of the PCT in March 2013 has resulted in the Local Authority taking over the responsibility for the processing and authorisation of DoLS referred from the hospital. Rotherham has 10 qualified Best Interest Assessors available to undertake assessments.

Ongoing Work

Work remains ongoing in terms of education and training around DoL's for both staff and providers. In light of a Supreme Court judgement (March 2014), despite not being able to fully recognise the full extent of the impact of the judgement at the time of writing this report, it is apparent the number of qualified assessors will need to increase significantly to meet expected demand.

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

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

Compared to the requests made in 2009/2010:

Mental Capacity Act and Deprivation of Liberty Safeguards 2010/2011			
Referrals Received by RMBC	17	Referrals Received by NHS Rotherham	
Authorised Referrals by RMBC	11	Authorised by NHS Rotherham	9

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)			
	2009/2010	2010/2011	2011/2012
Local Authority	269	310	249
Independent Sector	265	428	1043
Health	524	415	508
Voluntary Sector	38	67	29
Police/Probation	1	28	0
Service users/carers	0	0	13
Students	5	35	32
Other	62	5	16 (Councillors)
Totals	1271	1288	1890

