

IMPROVING LIVES SELECT COMMISSION

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

**Date: Wednesday, 14th December,
2016**

Time: 1.30 p.m.

A G E N D A

There will be a pre-briefing for all members of the Improving Lives Select Commission between 12.30 noon - 1.30 pm.

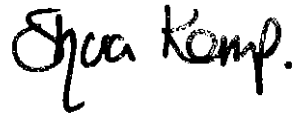
1. To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.
2. To determine any item(s) the Chairperson is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for absence.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Communications.
7. Minutes of the previous meeting held on 2nd November, 2016 (Pages 1 - 8)
8. Rotherham Adult Safeguarding Board 2015-16 Annual Report (Pages 9 - 41)
9. Domestic Abuse Service Provision in Rotherham (Pages 42 - 70)
10. Date and time of the next meetings: -

Improving Lives Select Commission membership:-

Chair – Councillor Clark
Vice-Chair – Councillor Allcock

Councillors Beaumont, Bird, Cooksey, Cusworth, Elliot, Fenwick-Green, Hague, Jarvis, Keenan, Khan, Marriott, Napper, Pitchley, Senior, Short, Tweed (18).

Co-opted members:- Ms. Jones (Voluntary Sector Consortium), Mrs. Clough (ROPF: Rotherham Older Peoples Forum) for agenda items relating to older peoples' issues.

A handwritten signature in black ink that reads "Sharon Kemp". The signature is written in a cursive, flowing style.

Sharon Kemp,
Chief Executive.

IMPROVING LIVES SELECT COMMISSION
2nd November, 2016

Present:- Councillor Clark (in the Chair); Councillors Allcock, Bird, Cooksey, Cusworth, Elliot, Jarvis, Rose, Marriott, Napper and Senior.

Apologies for absence:- Apologies were received from The Mayor (Councillor Pitchley), Councillors Beaumont, Fenwick-Green, Khan, and Short.

Also in attendance were Councillors Cutts and John Turner for Minute No. 30.

26. DECLARATIONS OF INTEREST

Councillor Senior declared an interest in Minute No. 30 (CSE Post Abuse Services Update) on the grounds of being a provider of practical, emotional support, advocacy and signposting for individuals and families.

27. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

28. COMMUNICATIONS

- (a) The Chairman issued a warm welcome to Commissioner Bradwell and the Deputy Leader to today's meeting.

Commissioner Bradwell gave a short update confirming her background, the close working relationships she had with the Deputy Leader, the Strategic Director and the Chair of the Safeguarding Board and her plans moving forward.

Commissioner Bradwell welcomed the opportunity to improve services for children in Rotherham and was happy to receive any comments or feedback.

- (b) Councillor Allcock provided an update following the first meeting of the Child Centred Borough Task and Finish Group, which was attended by Elected Members, Officers and representatives from other agencies.

Feedback from future meetings would be provided as part of the Communications item on this agenda.

- (c) Councillor Cusworth, whilst unable to attend the last meeting of the Corporate Parenting Group, outlined the items considered, which included:-

- Corporate Parenting Performance Report - July 2016.
- Looked After Children Statutory Health Assessments.

- Independent Reviewing Officer Escalation Report.
- Annual Report for the Rotherham Therapeutic Team (1 April 2015 - 31 March 2016).
- Rotherham Adoption Service Performance Report 2015-2016.
- Children and Young People's Services Independent Reviewing Officer's Annual Report 2015- 2016.
- Care Leavers Annual Report.
- Placement Sufficiency Report.
- Overview of Corporate Parenting Training for Elected Members.

Councillor Cusworth was happy to respond should anyone have any queries.

- (d) The Senior Scrutiny Adviser drew attention to the Member Training and Development Events scheduled from December, 2016 to January, 2017. These included:-

6 th and 7 th December	Scrutinising External Partners.
8 th December	Scrutinising Performance Information with Confidence.
18 th January	Scrutinising Children's Safeguarding Services.
24 th January	LGA Run Event and hosted by Rotherham "Prevention Matters" – members role in health improvement.

Details on all these events would be circulated in due course.

In addition, an email from Councillor Hoddinott regarding an event in December for victims and support services around child sexual exploitation would be circulated. Anyone wishing to attend should contact the Senior Scrutiny Adviser.

29. MINUTES OF THE PREVIOUS MEETING HELD ON 21ST SEPTEMBER, 2016

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 21st September, 2016, be approved as a correct record for signature by the Chairman.

With regards to Minute No. 23(c) relating to unregistered schools, it was noted that this information had not been received. This would be circulated in due course.

30. CSE POST ABUSE SERVICES UPDATE

Further to Minute No. 35 of the meeting of the Improving Lives Select Commission held on 16th December, 2015, consideration was given to a report, presented by Jo Smith, Post Abuse Co-ordinator, concerning the progress of the child sexual exploitation post-abuse support services

established by the Council since the publication (September, 2014) of the report by Professor Alexis Jay.

The report referred to the significant investment in the development and commissioning of child sexual exploitation support services by both the Borough Council and by the Rotherham Clinical Commissioning Group. This investment had resulted in a very different support offer for victims and survivors to that identified in the report of Professor Alexis Jay. As such, a comprehensive range of services now existed.

A supplementary powerpoint presentation also drew attention and focus to the report and information was provided on the:-

- Context of Support.
- Service Specification.
- Service Areas.
- Services.
- Monitoring Process.
- The Future.

It was also noted that to ensure that all communities with the Borough had a voice in the development of services Salford University were commissioned to work with a number of voluntary and community organisations to capture their thoughts, ideas and experience post Casey and Jay Reports.

The Salford Report along with the Needs Analysis and other voice and influence work had helped to shape the child sexual exploitation services now in place and being commissioned.

All Commissioned Post Abuse Services were required to include voice and influence elements to their support and monitored alongside other outcome monitoring arrangements.

A discussion and question and answer session ensued with Members and the following issues were raised and clarified:-

- Availability of evidence to confirm the service being offered was making a difference now and into the future. Services were not commissioned any further than five years and any future provision would be developed in line with the voice and influence work now taking place.
- Monitoring of the service provision and the evidence data outcomes. Case studies and data detail to supplement the monitoring process would be provided as part of future performance reporting.
- Ensuring services were available for minority and ethnic groups i.e through Rotherham Rise.

IMPROVING LIVES SELECT COMMISSION - 02/11/16

- Ensuring services were available for vulnerable children, which were supported through the involvement of Barnardo's and their outreach work in schools and localities.
- Barnardo's also worked with vulnerable young people who had special educational needs, particularly around their levels of understanding, supplemented with the work undertaken by GROW and Rotherham Rise.
- The service specification covered three areas of service and had been specifically commissioned. However, Swinton Lock, whilst not being successful in their application, would continue with their work in supporting individuals and families providing practical, emotional support, advocacy and sign posting from the 1st July, 2016 for twelve months.
- The monitoring and evaluation arrangements for the commissioned services would be evidenced for activity with monthly reports being submitted to the three Commissioning Managers and visits and spot checks undertaken, which had only commenced very recently. An update on any areas for improvement would be reported back to this Select Commission.
- Dealing with spikes in services following high profile media coverage were built into the capacity for the commissioned services and formed part of the rolling programme. Dependency would diminish over time and users once stabilised would be supported to accessing universal services.
- Access to services over a four to forty-nine week period was dependent upon the service user and their needs. However, the commissioned service were able to signpost and handhold to other relevant service areas as part of the process and only the counselling elements were time bound over a period of twenty weeks.
- Flexibility was built into the service specifications and support was available for anyone affected by child sexual exploitation over the age of twelve.
- Was there a need for a 24 hour on call support? It was felt that expectations of service users within normal working hours were being managed, including access to emergency services as appropriate. This was being monitored.
- The costs for the service specifications were set and not subject to budget constraints.

- Capturing the golden thread as part of the voice and influence work would be established once the relationships with organisational experts and partner agencies involved with children and young people had been developed.

Resolved:- (1) That Jo Smith be thanked for her informative presentation and input.

(2) That the comprehensive report be received and its contents noted.

(3) That case studies and data detail supplement the monitoring process as part of future performance reporting with further evidence of outcomes.

(4) That updates on any areas for improvement of the commissioned services be reported back to this Select Commission in due course.

(5) That a further update be provided in May/June, 2017.

(Councillor Senior declared a prejudicial interest in this item and left the room whilst it was discussed on the grounds of being a provider of practical, emotional support, advocacy and signposting for individuals and families)

31. NATIONAL TRANSFER SCHEME FOR UNACCOMPANIED ASYLUM SEEKING CHILDREN

Further to Minute No. 87 of the meeting of the Cabinet and Commissioners held on 10th October, 2016, consideration was given to a report, presented by the Ian Walker, Service Manager – Looked After Children, concerning the National Transfer Scheme, where on 1st July, 2016, the Home Office and the Department for Education launched a new voluntary transfer arrangement between local authorities for the care of unaccompanied children who arrived in the United Kingdom and claimed asylum.

Reference was made to the report which set out in detail what constituted an unaccompanied asylum seeking child, the reasons why and the legal duty to provide support for children and young people who sought asylum.

The National Transfer Scheme had been launched and provided financial support to encourage all local authorities to volunteer to support unaccompanied asylum-seeking children, so that there was a more even distribution of caring responsibilities across the country. Under the scheme, a child arriving in one local authority area already under strain caring for unaccompanied asylum seeking children, may be transferred to another Council which had the capacity.

Three options were proposed and one recommended:-

IMPROVING LIVES SELECT COMMISSION - 02/11/16

- Option 1 – Not to enter into the proposed voluntary arrangement.
- Option 2 – Rotherham received unaccompanied asylum seeking children outside of the regional model.
- Option 3 – Rotherham participated in a regional model for unaccompanied asylum seeking children.

Rotherham was advocating Option 3 which would be led by the regional Association of Directors of Children's Services.

A discussion and a question and answer session ensued with Members and the following issues were raised and clarified:-

- The demand for additional foster carers would be met and the allocation of suitable foster placements managed through the benefit of a regional approach to ensure the impact on Rotherham's looked after population was reduced.
- The sufficiency strategy, which was under development, would lessen any impact on existing mental health services for children and young people and assist with the capacity of services to deal with the extra demand.
- The CCG were aware of the concerns around the extra burden on CAMHS and it was noted that looked after children were being prioritised as part of the assessment process. However, a regionalised approach would join up services to identify how the children's needs could best be met.
- Work had already commenced to look at a raft of support services and training that could be provided for foster carers in their care of children with specific needs. Appropriate support networks would then be put in place.
- Timescales for the development of placements and support networks were yet to be confirmed, but it was likely the larger cities in the region would be the most appropriate places initially to take children into reception centres.
- Invisible costs, which were those related to the demand on existing social care services, would be mitigated, but the impact minimised as far as possible.
- Rotherham was also an importer of looked after children into the borough as well as an exporter, but it was envisaged that the regional approach would strengthen the current arrangements with independent providers with places being secured on a South Yorkshire regional basis.

- Meeting the educational needs of the children would be demanding, but it was felt transitional arrangements would be developed to ensure children put into mainstream education had learnt the basics of English. Whilst the figure of thirty-nine children were earmarked for Rotherham their integration would be incremental.
- There was little evidence to suggest that the unaccompanied children coming to Rotherham would be considered a risk to others. However, the full circumstances as to why they were seeking asylum would be identified and any risks dealt with.
- The Corporate Parenting Group would be provided with updates in due course.
- The appropriate recruitment/training process associated with social care staff for dealing with these children had already commenced. It was noted that no children had yet been received into Rotherham as the proposals were in the early stages and Member involvement in the working group set up for this process was welcomed.

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

(2) That Option 3 - Rotherham participated in a regional model for unaccompanied asylum seeking children, be supported.

32. WORK PROGRAMME

Further to Minute No. 25 of the meeting of the Improving Lives Select Commission held on 21st September, 2016, consideration was given to a report, presented by the Senior Adviser concerning the outline work programme for the Improving Lives Select Commission for the 2016/17 Municipal Year.

Reference was made to the items as set out in Appendix 1 listed for the various meetings giving Members every opportunity to request any further items they felt fit.

Next month's meeting would follow up on the report on domestic abuse, have presented the Safeguarding Adults Annual Report 2015/16 Scrutiny of the Annual Report and the report on CYPS Performance Monitoring.

The February, 2017 meeting would consider the early help impact of early help offer and receive an update on the Corporate Safeguarding Policy.

In March, 2017 the meeting would focus on SEND, with further work on the scoping of reports to address Members concerns. Further details would be provided in due course.

Resolved:- That the report be received and its contents noted.

33. DATE AND TIME OF THE NEXT MEETING

Resolved:- That the next meeting of the Improving Lives Select Commission be held on Wednesday, 14th December, 2016, at 1.30 p.m.

Summary Sheet

Council Report

Rotherham Local Safeguarding Adults Board – Annual Report 2015-2016

Is this a Key Decision and has it been included on the Forward Plan?

Not applicable

Strategic Director Approving Submission of the Report

Anne Marie Lubanski

Report Author(s)

Sandie Keene, Independent Chair of the LSAB (from November 2015).

Ward(s) Affected

All wards

Summary

The Care Act 2014 requires each SAB to publish an annual report as soon as is feasible after the end of each financial year, a SAB must publish a report on:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),

Recommendations

It is recommended that the Improving Lives Select Commission note the report.

List of Appendices Included

Rotherham Local Safeguarding Adults Board Annual Report 2015 - 2016

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

The report was presented to the Health and Well Being Board on 16th November 2016

Council Approval Required

No

Exempt from the Press and Public

No

Rotherham Local Safeguarding Adults Board – Annual Report 2015-2016

1. Recommendations

It is recommended that the Improving Lives Select Commission note the report.

2. Background

The Care Act 2014 requires each SAB to publish an annual report as soon as is feasible after the end of each financial year, a SAB must publish a report on:

3. Key Issues

This report introduces both the achievements of Rotherham Safeguarding Adults Board (SAB) for 2015/16 and comments on some of the key points of inter-agency working arrangements and positive partnership.

Key priorities for 2016-18

- 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'.

Contact:

Sandie Keene,
Independent Chair, Rotherham LSAB
sandie.keene@rotherham.gov.uk



Rotherham
Safeguarding Adults

Rotherham **Safeguarding** Adult Board

2015 2016 Annual Report

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

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

Introduction by Sandie Keene CBE

Rotherham Safeguarding Adults Board Independent Chair



2015/16 has been a significant year in respect of Safeguarding Adults in Rotherham. The implementation of

the Care Act 2014 gave a higher profile to Safeguarding by giving the Board a new legal status and setting out new requirements for all agencies to work together to protect those in need of care and support from harm.

During the year the Board has reviewed it's membership and agreed our priorities. We have ambitious plans to ensure:

- We engage better with the public and make it easy to report concerns about safeguarding.
- We ensure that where safeguarding concerns are identified then a personal response will be provided.
- We communicate well by listening and ensuring good information is available.
- We have open and clear governance so what we do is widely known.
- We understand the level of reported abuse and have systems and processes in place to ensure we are responding appropriately and quickly

This annual report sets out our progress so far. Whilst we have made a good start, we know there is still much to do. We realise that safeguarding adults may not always have a high profile and there can be uncertainty about what this involves and where to report concerns. Our aim is to make sure that everyone in the Borough shares our zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

We want to build confidence in the services which exist and pay tribute to the many staff and family carers who provide excellent support for individuals. Where standards fall short of this we will look to investigate and put plans in place to protect as well as drive up quality. We will seek to learn from mistakes and be open in our actions.

All the agencies in Rotherham are committed to the plan contained in this annual report and have directed resources to achieve our aspirations. As the Independent Chair since September 2015, I have welcomed the engagement and full contribution of members of the Board. We hope you will agree there is significant progress and that, whatever your interest, you will join with us in ensuring further success is achieved.

Message from Cllr David Roche

Chair of the Health and Wellbeing Board



Safeguarding is everyone's business and in Rotherham we will work together with all of our partners to ensure that those who

lack the mental capacity to make the right decisions will be helped and supported and protected from harm.

This Safeguarding Annual Report for 2015/16 gathers safeguarding information from all of our partners and will evidence the importance we all place in protecting the vulnerable in our society. Joint working with our partners in Health has never been stronger and safeguarding is at the forefront of all our agendas.

Safeguarding is also much wider than responding to individual concerns. It involves developing a culture of prevention in services and communities so that abuse doesn't happen in the first place and also equipping you with the information you need to keep yourself safe.

I would like to take this opportunity to acknowledge the commitment of all of you including the statutory, independent and voluntary community sector, who have helped us to achieve all that we have in the last twelve months.

Councillor David Roche

Adult Social Care and Health

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 which were deemed to require further investigation were responded to and the people involved made safe within 24 hours of contact.

In 2015/16 2556 concerns/alerts were made to Safeguarding. After ensuring people were safe by screening the concern 579 concerns were investigated further and a plan in place to protect them, to prevent further abuse and ensure that the outcomes desired by the individual were met.

These can be broken down into the categories of abuse as:

280 as result of Neglect or Acts of omission

97 as result of physical abuse

11 as result of institutional/organisational abuse

46 as result of emotional/psychological abuse

93 as result of financial or material abuse

15 as result of sexual abuse

2 as result of discriminatory

20 as result of domestic abuse

3 as result of sexual exploitation

2 as result of modern slavery

10 as result of self-neglect

We put in place ongoing support for these people to protect them from further abuse, where appropriate, and to help them to achieve their

outcomes. During the investigation we will routinely check on any changes to the desired outcomes and ensure they are achievable and realistic.

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

- When the alleged source of harm is identified as a member of staff, we will recommend that employer/agency should suspend the employee from work or carry out a risk assessment.
- Police are called in to investigate, they will need to establish if a crime has taken place or there is evidence of criminal activity.
- Work with the person at risk of harm to identify what they want to happen and identify outcomes.
- We ensure that if needed, services are put in place to provide additional support throughout the investigation. We will identify an advocate to work with or on behalf of the victim if required.

When abuse is substantiated we ensure that victims are safe and the source of harm are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate/regulatory professional body (who determine appropriate action).

We have clear expectations that providers suspend, investigate and take appropriate disciplinary action against any staff members alleged or proven to have abused someone.

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

Harm is defined in the Care Act as:

Sexual – for example - forcing adults to do sexual acts they don't want to or can't consent to (including rape, sexual assaults etc).

Financial or Material – for example taking money or anything of value from adults etc

Neglect and Acts of Omission – any action that causes harm or isolates people, for example not supporting them to get washed/dressed etc.

Psychological or Emotional – for example, threatening to leave them alone or intimidating them etc.

Self Neglect – is any failure of an adult to take care of themselves that causes serious physical, mental or emotional harm or substantial damage to or loss of assets.

Discriminatory – to bully someone who has a disability or is “different”.

Physical – for example hitting.

Domestic Abuse – Any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

Modern Slavery/Human Trafficking – The movement: recruitment, transportation, transfer, harbouring or receipt of people.

Of the 84 contracted care homes in Rotherham, 5 care homes were failing to provide good care (down from 9 in 2014/15). This consisted of four Older People establishments and one Learning Disability provider. These providers were issued with Contract Defaults with strict deadlines for improvements through Special Measures Improvement Plans (SMIP's) which were regularly monitored.

Providers were held to account for their care practice in order to improve standards. In addition suspensions of new placements were imposed; this means that we continue to refuse new admissions to care homes where standards were not being met. We worked with the homes until we were satisfied before allowing new placements to be made again and maintained increased vigilance where necessary to ensure residents incumbent received the level of care they required.

Our interventions helped keep residents in those homes safer. In addition urgent action was required

by one Older People's establishment who were found to be in breach of Fire Safety Regulations, this work was completed in Partnership with the South Yorkshire Fire and Rescue Service.

Of the seven domiciliary care providers only one was seen to be failing and was issued with a Contract default. A suspension of new care packages was put in place until such times as the standards of care had improved against the SMIP and we were confident that these improvements could be sustained. Effective contingency planning prevented this impacting upon the service and no one was left at risk during this period.

We carried out quality assurance visits on all 151 regulated homes and services in Rotherham working with Advocacy Services to ensure the customer voice and experience of these services are part of that assessment. These measures and interventions led to an improvement in standards of care and safety

Rotherham Safeguarding Adults Review of 2015/16

In 2015/16 Rotherham's Safeguarding Adults Board (RSAB) has been continuing to work to promote and protect vulnerable adults in Rotherham.

In June 2015 Rotherham invited Dr Adi Cooper a national leading authority on Safeguarding Adults to conduct a peer review of the safeguarding services on offer in Rotherham. The aim of this review was to provide a brief 'health check' of safeguarding functions in Rotherham, using the Local Government Association Standards for Adult Safeguarding. In particular we focused on how the Safeguarding Adults' Board was functioning and how the Council's adult social care services were meeting its safeguarding responsibilities. The peer challenge team were impressed by the openness and commitment to the residents of Rotherham from all the people they interviewed.

Recommendations were made including:

- Fully implement and embed the Making Safeguarding Personal Agenda across the Safeguarding service.
- Develop resilient strategic leadership through the appointment of an Independent Chair of the Adult Safeguarding Board, to provide leadership and pace.
- Prioritise the development of a draft Strategy for the Adult Safeguarding Board.
- The appointment of a SAB Manager will ensure the functioning of sub-groups to take the strategy and annual plan forward, co-ordinate reporting to the SAB, support the Independent Chair and relationships with other Boards.

In September 2015 the Rotherham Safeguarding Adults Board appointed a new Independent Chair, Sandie Keene CBE. Sandie brings a wealth of

knowledge to the board and also advises the Local Government Association in matters of Health and Social Care.

In November 2015 the RSAB commissioned Mike Briggs the Independent Chair of East Riding Safeguarding Adults Board to work with them to develop a Strategic Plan to guide the board through to 2019.

January 2016 saw the appointment of a Safeguarding Adults Board Manager. The board manager has worked with all partner members to establish four sub-groups to ensure that Safeguarding in Rotherham is well co-ordinated and working together. The groups are;

- Training and Development
- Performance and Quality
- Making Safeguarding Personal
- Safeguarding Adults Review

The Safeguarding Adults Team are dedicated in the implementation of the Making Safeguarding Personal Agenda, all adult safeguarding work should be based on the Making Safeguarding Personal principles, as enshrined in the Care Act Guidance. This means that Section 42 enquiries/concerns should support the individual to identify their desired outcomes and whenever possible ensure those outcomes are achieved for the person being safeguarded.

The aim of any enquiry should be to support a person's recovery and help them to achieve a resolution. Safeguarding is about working with a person to keep them safe and ensure their outcomes are met - safeguarding is carried out with someone not to someone - they should be actively involved in every step of the way.

Section 42 Enquiry

Section 42 Enquiry

The Local Authority retain accountability and oversight of the enquiry and outcomes

Apply 3
Point Test

Initial Response
Risk Assess Protection Plan

**Concern
(Alert)**

**Decision Making
Meeting (Strategy)**

**Ongoing Enquiries
(Investigation)**

**Outcome Meeting
(Case Conference)**

Outcome Established

Check Outcome

Check Outcome

Check Outcome

Exit

M

Exit

S

Exit

P

Exit

Can only EXIT following conversation with person at RISK and AGREED outcome

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.
- Knows 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 people
- Investigate thoroughly and in a 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

Looking forward to 2015/16

This report introduces both the achievements of Rotherham Safeguarding Adults Board (SAB) for 2015/16 and comments on some of the key points of inter-agency working arrangements and positive partnership.

We will continue to develop a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused; this will remain a key operational and strategic goal. The Safeguarding Adults Board will explore their role in how they can support the embedding of the 'Making Safeguarding Personal' approach across agencies by establishing and developing:

- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach

Rotherham Safeguarding Adults Board in 2016 have committed to the following actions which we will continue to progress to conclusion in 2016 -17.

These are:

- Developing a Constitution with agreement from all partners
- Develop a Safeguarding Adults Board website
- Facilitate Board Development sessions with all partners
- Raise the profile of Safeguarding Adults and the RSAB

The four Safeguarding Sub-Groups each have a work plan and will develop their plans throughout the coming year to ensure the board are informed and guided in all matters that arise. Each group has developed a 'Terms of Reference' and they will work to deliver:

Making Safeguarding Personal

- Ensure the 'customer voice' is heard at board level
- Implement the Making Safeguarding Personal agenda to a gold standard accreditation
- Work across the South Yorkshire Region to develop a easy read guide to Safeguarding Procedures

Training and Development

- Revise and update the Boards Safeguarding Training Strategy
- Identify areas where cross sector training would enhance the application of the safeguarding process and achieve improved outcomes for Service Users

Performance and Quality

- Carry out annual self-assessments and peer challenges of all member organisations.
- Develop a performance reporting framework for Safeguarding
- Establish robust quality assurance mechanisms for safeguarding case files
- Review the access to advocacy and the quality of service received including outcomes achieved.

Safeguarding Adults Review

- Making recommendations to the Chair in respect of whether a review should be commissioned
- Commissioning and overseeing SAR's and any other reviews agreed by the Chair
- Receiving completed reports to quality assure before presenting to the Chair and Board
- Ensuring that recommendations arising from each SAR are communicated to all agencies and are subject to review of implementation.



Key Partnership Contributions 2014-15

Rotherham Metropolitan Borough Council

Safeguarding Adults Investigation Team:

The Safeguarding Adults Investigation Team continues to maintain a high standard of professionalism in dealing with Safeguarding referrals. Their continued commitment to build on existing relationship with partner agencies and the community of Rotherham ensure all lines of enquiries are exhausted and those who are responsible for alleged abuse are pursued through the South Yorkshire Safeguarding Adults Procedures.

Where abuse is substantiated the source of harm are reported to the appropriate professional body such as the Disclosure and Barring Service, the Nursing and Midwifery Council or Health Care Professional Council or dealt with appropriately through employment law. Adults at risk of harm continue to be protected through appropriate risk assessments, protection plans and support networks. The Safeguarding Adults Investigation Team recognises the importance 'of family life', where cases of abuse occur they will conduct investigations with sensitivity and proportionality.

Implementation of the Care Act and Making Safeguarding Personal has had a huge impact with time spent on each case. The team has seen a dramatic increase in the number of concerns raised due to Making Safeguarding Personal – workers are spending more time 'up front' – to ensure customer outcomes are met and can exit Safeguarding at an earlier point. The team currently manage all first point of contact for Safeguarding – which supports with accurate recording and gives a strategic overview of all safeguarding concerns reported.

The team also hold and manage all Section 42 concerns involving commissioned services, this

has proven valuable as intelligence gathering and supported greatly with preventative work.

In 2015/16 2556 alerts were reported to the Safeguarding Team an increase of 53% on the previous year, this increase was seen across all Local Authorities and was due to the introduction of the Care Act and the widening of the eligibility criteria. 579 of these alerts became section 42 enquires, this is where an investigation begins and further enquires are made. 117 investigations progressed to a Decision Making Meeting (DMM), 38 cases continued to an Outcome meeting.

The Safeguarding Adults Investigation Team seeks to maintain a high expectation in standards of provider services, forge good working relationships with these providers and work on preventative measures when 'hot spots' or trends occur. To ensure excellent provider services in Rotherham, the Safeguarding Adults Investigation Team works closely with the Contract Compliance Team.

Case Outcome:

The family of Mrs M were very concerned for her wellbeing when she was admitted to a residential care home. After 5 weeks they felt their loved one had become withdrawn and was not communicating or eating. The care home had not completed a care plan in respect of Mrs M and records showed that they were administering regular medications to deal with her behaviours.

Safeguarding quickly arranged a meeting with the care home, Mrs M and her family. Ensured an immediate care plan was put in place and that any medication given to Mrs M was administered appropriately. Further meetings were held with Mrs M's social worker and a transfer to a new care home was arranged.

Family and staff at the new care home have informed the Safeguarding Team that Mrs M is now communicating and socialising with other residents, she is eating well and medication is no longer needed to manage any behaviours.

Contract Compliance Team:

During 2015/16 the Contract Compliance Team was aligned with the Commissioning Team to assist with the advancement of the Contracting work and the Commissioning Agenda. Strong links have been maintained with the Safeguarding Team and there are regular opportunities to share valuable intelligence regarding providers.

The Compliance team participated in an internal audit and an action plan of recommendations has been worked through.

Commissioning and Contracting have consulted with providers and produced new Residential Contracts which are reflective of the Care Act, and are more detailed to assist providers in understanding their roles. Work continues in supporting the Domiciliary Care providers; in 2015/16 we commissioned an average of 12796.25 hours of care, of which we delivered an average of 11767.75 hours to the 1248 people on service.

Between the 1st April 2015 and the 31st March 2016 the Contract Compliance Team dealt with approximately 556 individual Contract Concerns across the complete range of providers. The majority of these concerns had multiple threads which required investigation.

The Top 5 categories for Contracting Concerns experienced by all provider groups were:

- Quality (Residential Nursing 62 %, Domiciliary Care 38 %)
- Medication (Residential Nursing 80 %, Domiciliary Care 20 %)
- Staffing (Residential Nursing 81 %, Domiciliary Care 16 % Voluntary Care Services 3 %)

The Provider Risk Matrix is now a well-established tool which is used to inform our work. Due to additional responsibilities competing with resources, the Risk Matrix is being used to enable the team to focus upon those providers that are in the “RED” or “HIGH AMBER”, to offer maximum support in the area of their Annual Inspection, Defaults and Improvement. A new Annual Inspection Toolkit has been implemented which is more “user friendly”, this is supported by planned provider meetings which are arranged to reflect the provider’s status on the Risk Register.

Effective monitoring of Residential/Nursing providers has resulted in 63 providers being rated Good, 15 requiring Improvement and 2 as inadequate by CQC, none of whom were surprises.

Vulnerable Persons Team:

In response to the reports published and in recognition of the needs of (now adult) survivors of Child Sexual Exploitation, in September Rotherham Safeguarding Adults developed The Vulnerable Person’s Team, a dedicated team to work alongside the historic survivors of Child Sexual Exploitation and those individuals who came to the attention of services due to episodes of crisis who require support and specialist services. The Vulnerable Person’s Team therefore was to develop a positive engagement model which would result in reducing multiple negative contacts with services. The ultimate aim is for good outcomes built on a partnership which reduces chaotic lifestyles and subsequent risks to vulnerable people, their families and carers.

By developing this unique team, we are able to work with this customer group to reduce the risk of harm, work with them towards a better quality of life and to provide stability and promote positive engagement in the future to prevent the individual reaching crisis point.

The Vulnerable Persons Team has already proved itself a valuable resource and has supported many individuals to improve their lives and continues to offer this wrap-around support to the ever increasing number of new referrals.

The Mayor presented two social workers from the Vulnerable Persons Team with certificates for their work around a recent child sexual exploitation trial (Operation Clover).

Mark Batterley, Becci Hall, received Certificates of Commendation from the Chief Constable of South Yorkshire Police for their role in the investigation of the high profile case, and these were officially presented in front of all councillors as a mark of thanks.

They were part of the team which provided intense support to the victims and survivors who were giving evidence of part of the trial. The multi-agency team helped the young women throughout the whole process (and continue to do so) to allow them to feel able to come forward and give evidence in incredibly tough circumstances. We are very proud of the work that they have all done, which hopefully will give confidence to others to come forward.



Case Study

R (31) was referred to the VPT via Children's services. Her 4 year old son was placed into the care of her Grandparents as R had begun to 'sofa surf'. She was using illicit substances and alcohol to a high degree. Aged 18, R was pushed down the stairs by her partner resulting in a profound brain injury. Her cognition was impaired and she became highly impulsive. She was being sexually exploited by numerous taxi drivers. She had been raped in front of her peers aged 27 at a house party. She refused to engage in services.

Actions

The VPT began the process of building a relationship with R facilitated by her Mother. Trust was eventually established and the VPT immediately began to assess current risk of continued sexual exploitation. The CSE Police Team were contacted and discussions took place with VPT, R and Detectives. VPT began to work on a process of "graded exposure" therapy to manage anxieties and a referral to Headways was made to assess level of cognitive impairment, the VPT also sought the advice of a Psychotherapist to help manage the complexity of R's trauma.

Outcome

VPT supported R successfully over a period of a year. Today she is in a strong mutually supportive relationship and after working with Children's services she now has custody of her 5 year old son who she adores. R's problems remain present, but to a far less degree. She presents as a happy female individual who goes on regular holidays and has recently purchased a car.

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

In March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS were “not fit for purpose” and recommended that they be replaced. At the same time, a case in the United Kingdom Supreme Court held that far greater numbers of people needed to be dealt with under the DoLS system than had previously been thought. This has placed increasing burdens on local authorities and health and social care practitioners administering the DoLS.

In Rotherham we saw the number of referral increase ten-fold which is in line with the activity that has been witnessed nationally.

Total applications from Managing Authorities for DoLS authorisations where Rotherham Metropolitan Borough Council is the supervisory body for 2013/14 was 52 for 2014/15 572, this increased to 957 for 2015/16 and if current applications continue for the year 2016/17 will see over 1200 applications.

In response to these events the Local Authority has:

- Played host to Mental Capacity Assessment and DoLS working group who are working to tackle the issues raised nationally and regionally
- Established a DoLS team headed by the MCA/ DoLS team manager.
- Increased business support
- Commissioned external training for all RMBC adult staff on Mental Capacity Assessment to increase awareness
- Introduce revised paperwork recommended by ADASS
- Work with ADASS who are providing guidance to all local authorities and health providers to improve practice

The Safeguarding Adults Board is keen to receive regular updates on actions to achieve deliverables both around further embedding of the Mental Capacity Act in the local area and contingency planning to address the ‘Cheshire West ruling’ which in turn will improve experiences and outcomes for vulnerable adults who come under the scope of the Act.

The Law Commission has been charged by the Government to review the whole DoLS process, the consultation paper concluded that the DoLS are ‘deeply flawed’. They provisionally proposed that they be replaced with a new system, to be called ‘Protective Care’. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme.

During the four month public consultation they attended 83 events across England and Wales. This was one of the most extensive public consultation exercises undertaken by the Law Commission. 583 written responses were received.

They are working on the final report with recommendations and a draft Bill in December 2016.



Domestic Abuse Service:

The Independent Domestic Violence and Advocacy Service (IDVAS) is integrated within Safeguarding Adults in Rotherham. This has ensured that Domestic Abuse is seen as a local Safeguarding priority, also reflecting that Domestic Abuse has been added under the new category of abuse in The Care Act 2014.

Between April 2015 and March 2016 the service received 581 referrals and supported 535 Multi Agency Risk Assessment Conference cases (MARAC)

There was a 7% increase of the number of referrals discussed at the MARAC than in 2014 - 15. This is due to the new offence of controlling or coercive behaviour in intimate or familial relationships being criminalised which came into force on 29 December 2015. Additionally, a continuous effort from the IDVAS in Rotherham by visiting services and offering advice, guidance and support to other agencies to recognise domestic abuse and complete risk assessments.

The Independent Domestic Violence Advocates (IDVA's) have 3 Safe Lives qualified IDVA's and are currently recruiting for a full-time domestic abuse support worker who will provide support to the IDVA's. Furthermore, the IDVA team hold Trainer and YPDVA qualifications. They are further enhancing the skills within the service, two IDVA's are taking qualifications, one to become a Trainer and the other has just completed the independent sexual violence advocate (ISVA) who are trained to effectively respond to victims of sexual violence.

The Independent Domestic Violence advocacy service have developed a new training package to be delivered in Rotherham later this year. This is to raise awareness of what domestic abuse is and its impact on its victims, to introduce good practice and risk assessment, to explore and challenge some commonly held beliefs, attitudes and assumptions about domestic abuse and to increase understanding of domestic abuse services in Rotherham, domestic abuse risk assessment and MARAC process.

Case Outcome:

Mrs H arrived in the UK in 2015, since arriving she has been kept in a room, given little to eat or drink, has been put to work for 14 hours a day and threats made to her and sometimes physically assaulted. Mrs H was rescued from a Rotherham address by her auntie and uncle and fled with the clothes she had on and no shoes.

Mrs H was taken to the police station but quickly transferred to the hospital where she was admitted and treated for dehydration. The case was graded as high risk by the police and referred to the IDVA service and MARAC. Extra security was set up for the case and a password system was implemented at the hospital to keep the whereabouts of Mrs H secret. All services secured notes for security purposes.

Rotherham Rise BME outreach service was contacted and attended the hospital where they gave Mrs H advice and information in relation to domestic abuse and her options. Once Mrs H was fit to leave hospital she was brought to Riverside House where she was seen jointly by a safeguarding adult social worker and an IDVA to establish any other relevant information whilst Rotherham Rise located a refuge. Clothes and shoes were bought for the client. Once a refuge was located, funds were provided for the client to travel safely by taxi to the refuge. The case was heard at a closed MARAC also for security purposes and then transferred to the MARAC in the area where Mrs H was relocated in a refuge.

This is an excellent example where multi agency working has swiftly, efficiently provided services and safety for a client with a positive outcome. Mrs H will now begin a new life away from fear of harm.

Rotherham NHS Foundation Trust:

At the time relevant to this annual report the vision of the Rotherham NHS Foundation Trust (TRFT) was:

To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience

In March 2016 the Trust launched a new vision:

To be an outstanding Trust, delivering excellent healthcare at home, in our community and in hospital.

Achievements to support this within TRFT:

Training

- Adult Safeguarding Training (including the Mental Capacity Act) is a mandatory requirement within the Trust and is offered to all colleagues to enable them to gain the required knowledge, skills and competence in Adult Safeguarding, Dementia care and Learning Disability (LD).
- The Prevent Strategy continues to be implemented and compliance with training is above trajectory.

Partnership Working

- TRFT have been working in partnership with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) to ensure the Mental Health Act is applied appropriately.
- TRFT continues to be represented at MARAC and is a partner in the Safer Rotherham Partnership.
- Work is ongoing to implement the Care Act 2014 and the Making Safeguarding Personal agenda throughout the Trust.

Support

- The Adult Safeguarding Team offers advice and support to all staff where there are identified or suspected concerns about safeguarding.

Governance

- Continued to build on achievement of Commissioning for Quality and Innovation (CQUIN) standards and safeguarding standards.

Development

- The positions of Lead Nurse in Dementia Care and Lead Nurse in Learning Disability are leading to improvements in those service areas.
- TRFT have embedded the Dementia Care strategy including dementia screening which aims to achieve screening of all patients aged over 65 who are in hospital for more than 72 hours and have established a network of Dementia Link Nurses and Dementia Champions, based in clinical areas.
- Embedded the 'Forget Me Not' carer passport and continues to work towards improvements driven by the Dementia Friendly Hospital Charter launched by the Dementia Action Alliance and supported by the Alzheimer's Society. Implemented the 'Traffic Light System', a person-centred assessment for patients who have a learning disability and established Learning Disability champions.
- The LD Lead nurse has worked in partnership with a local advocacy group for people with LD and is developing e-training to make information more accessible to all.
- TRFT has fostered excellent links with the community Learning Disability service providers and GPs and the LD Lead nurse attends local parent/carer groups.



Case Outcome:

Mrs C was admitted following a collapse at her home and was admitted to one of our in-patient facilities for further evaluation of her physical condition. Whilst on the unit, Mrs C disclosed to her nurse that her daughter, whom she lived with, had control of her bank book and bank card. Mrs C said that she was not allowed to spend money without her daughter's permission.

The nurse explored with Mrs C what she wanted to do about this, how it made her feel and what would happen if she were to take back her bank book and card from her daughter. Mrs C was asked what outcomes she would want from any interventions and she said that she did not want to get her daughter in trouble, but she did want to have more control over her own finances. She said she was not frightened of her daughter and that she knew her daughter had lots to think about

as well as care for her. Mrs C felt that it would be useful to have a discussion with her daughter about it, with the nurse present.

The nurse explained to Mrs C that she would complete a 'safeguarding concern' to share this information with other professionals. This process is consistent with the principles laid out in the Care Act 2014 which highlights the Making Safeguarding Personal approach. The nurse subsequently arranged to meet with Mrs C and her daughter M. M had no idea that her mother felt this way and agreed to review the arrangements for managing her mother's finances to ensure that Mrs C had more choice and control over her money. As a result of achieving Mrs C's stated outcome, this case was able to exit safeguarding.

NHS Rotherham Clinical Commissioning Group – RCCG

NHS Rotherham Clinical Commissioning Group (NHSR CCG) firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind NHSR CCG will continually develop the organisations Safeguarding agenda, with Safeguarding Adults high on the agenda. Over the last year there have been significant changes within Adult Safeguarding following on from the implementation of The Care Act 2014, which placed Adult Safeguarding on a statutory level and set clear legal framework for organisations. Following this NHSR CCG has remained a committed member of the Rotherham Safeguarding Adults Board (RSAB) which has in turn undergone significant changes resulting in improved partnership working.

In July 2015 the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework (2015) was revised and continues to build and strengthen the NHS commitment to safeguarding those at risk. It gives a clear vision of principles and guidance stating what a CCG's responsibilities are as commissioners of local health services in terms of assurance that providers are meeting their safeguarding duties and that the CCG secures the expertise of Designated Professionals on behalf of the local health system. It is hoped that this will be further embedded once the NHS England Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document is published later this year.

Achievements:

In August 2015 NHS Rotherham CCG updated their "Top Tips for Safeguarding Adults" to reflect the significant change in Adult Safeguarding brought about by the Care Act 2014, the Domestic Abuse Pathway, Deprivation of Liberty and The Prevent and Channel Guidance. To ensure that these have been embedded into practice NHSR CCG gained assurance

from GP practices last year via an audit and a survey monkey technique. As the documents have been updated to reflect the changes in practice NHSR CCG have been encouraged by the positive feedback from practices about the relevance of the tool. Whilst these safeguarding “Top Tips” are not their Safeguarding Policy they continue to form a picture of what staff know and understand about safeguarding within a GP practice as well as the wider multi agency partnership and where they can get immediate support from when they have safeguarding concerns.

On the back of last year’s (2014) NHSR CCG “Safeguarding Vulnerable Clients Policy” written in conjunction with NHSR CCG and the South Yorkshire and Bassetlaw NHS England Area Team and in light of the recent changes to legislation NHSR CCG have revised the information to reflect current law and have renamed the Policy “Safeguarding People Policy and Practice Guidance”. The new document has covered in detail, The Care Act 2014 including the three new categories of abuse, Making Safeguarding Personal, case law changes to the criteria for application of a Deprivation of Liberty and the statutory Guidance for Prevent and Channel for recognising those that might be vulnerable to radicalisation and supporting terrorism. The policy and practice guidance has been well received by GP practices and will continue to be implemented to ensure that those at risk are afforded their “right to live a life free from abuse, neglect and be safe”

In September 2015, 360 Assurance (Internal Audit) under took an audit of NHS RCCG’s Adult Safeguarding arrangements to evaluate systems were in place for ensuring that Adult Safeguarding needs are identified and commissioned in line with current legislation and guidance. The review was undertaken in line with the Public Sector Internal Audit Standards in order to provide an objective and unbiased opinion. NHS RCCG as commissioners have a responsibility for commissioning high quality health care for all including those that are less able to protect

themselves from harm, neglect and or abuse and must work with providers, regulators and multi-agency partners to ensure that safeguarding is embedded. 360 opinion of NHS RCCG Adult Safeguarding was “significant assurance”.

In February 2016 NHS England North wrote to all CCG’s including NHS RCCG to seek and formalise the process required for safeguarding assurance. This was conducted via a self-assessment followed by peer challenge from NHS England North in May 2016 and action plans.

NHS RCCG is fully aware that effective safeguarding is based on a multi-agency approach and is a willing safeguarding member to the RSAB. NHS RCCG has robust governance arrangements in place to ensure that its own safeguarding structures and process are in place and that the agencies from which NHS RCCG commissioned services meet the required standards. A wide range of measures are in place for monitoring NHS RCCG commissioned services including, contractual obligations, safeguarding standards, Performance Management / Quality Assurance meetings and reporting and Quality Assurance of Annual Safeguarding Reports .KPI’s (Key performance indicators) and CQUINS (Commissioning for Quality and Innovation) for Adult Safeguarding are all utilised in order to gain assurance.

NHS RCCG continues to publish an annual safeguarding report “Safeguarding in Rotherham” which demonstrates how NHS RCCG continues to be commitment to safeguarding and promoting the welfare of all residents in the Rotherham Borough and provides assurance that commissioned health services are working collaboratively to safeguard those at risk. More so it provides assurance of how NHS RCCG carries out its safeguarding roles and responsibilities.

Each provider’s annual report is scrutinised and published and all highlight a proactive approach to safeguarding and continue to focus on the drivers for change and commitment of ensuring that those who

are at risk are safe and receive the highest possible standard of care.

NHS RCCG will continue to work closely with statutory partners and be continually responsive to changes and developments in Safeguarding Adults. NHS RCCG will not be complacent in its commitment to Safeguarding which is demonstrated by including Safeguarding as one of the four priorities in the commissioning plan 2015-2019 Your life, Your health.

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

To support the delivery of adult safeguarding, within RDaSH and across the wider partnership arena, there is a clear governance and accountability framework in place, specific to each of the localities that it covers. The framework provides assurance to the RSAB and commissioner's that whilst the ultimate responsibility and accountability for adult safeguarding lies firmly with the Trust Board, every member of staff is accountable and is responsible for safeguarding and protecting adults at risk

As a multi-agency partner working with the RSAB, the RDaSH safeguarding adult team has been able to act as a link between strategic and operational objectives and share the learning and development across all areas of the Trust.

A comprehensive workforce development programme is in place and staff are able to access both single and multi-agency training that allows them to meet their safeguarding competency framework. A model of clinical supervision is in place and embedded across the Trust to ensure safeguarding cases are managed in line with the Care Act 2014 and Making Safeguarding Personal.

Responsibility for Safeguarding

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive

Lead Dr Deborah Wildgoose and the Board Non Executive Lead Pete Vjestica.

Safeguarding Adult Board Contribution

RDASH contribute to the workings of RSAB through Board and Sub group membership.

Governance arrangements

The following governance arrangements are embedded within the organisation;

- South Yorkshire Multi-agency Safeguarding Adults Procedures
- RDaSH Safeguarding Adults Policy
- RSAB Safeguarding Adults Process for Health Staff
- Mental Capacity Act and DoLS Policy
- Making Safeguarding Personal
- Risk assessments
- An RDaSH Local Authority Designated Officer (LADO) process in place
- Reports to Safeguarding and Quality Group and Trust Board
- Results on actions of any inspections or audits undertaken within the year i.e. Trust clinical records audit, Quality Reviews.

Oversight of safeguarding cases

Safeguarding Adult Lead Professionals review and quality assure cases and escalate to the Head of Safeguarding for complex and sensitive cases.

Safeguarding Adults Training

Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;

- Multi agency training
- Single agency training
- Clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk

assessments and planning for individuals and services and reporting and review of incidents (IR1's and SI's).

Prevention in Safeguarding Adults

Preventative safeguarding adults work is undertaken in RDaSH through safeguarding adults information being made available to staff and patients, the application of robust risk assessments, planning and the monitoring of low level concerns. Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the Safeguarding Adult Lead Professionals and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers also review all safeguarding adults concerns.

Future intentions

The organisation will continue to embed the changes with regard to Care Act 2014 and the principles of Making Safeguarding Personal.

Moving forward it will develop a Safeguarding Strategy and support the organisational Transformation Agenda to ensure safeguarding remains a high priority.



South Yorkshire Fire and Rescue Service (SYFR):

South Yorkshire Fire and Rescue (SYFR) is an emergency responder for operational firefighting and rescue services, committed to reducing deaths and injuries and safeguarding property. In addition to the emergency response, SYFR provide services within the Prevention and Protection directorate to create a safer environment for people to work and live. This includes the Technical Fire Safety Teams with responsibility for improving fire safety in business premises, public buildings and enforcing legislation and the Community Safety teams working to improve fire safety in the home and wider community.

1. Emergency Operational Response

- Fire Fighting & road traffic collisions (extrication from vehicles)
- Rescue from water, height and collapsed structures – may include suicide
- Dealing with hazardous materials, decontamination (chemical, biological, radiological and nuclear events)
- Assisting YAS to gain entry and as First Responder for Blue Light Services
- LIFE Team – Local Intervention & Falls Episode (Collaborative Blue Light Services (YAS, SYFR, SYP))

2. Prevention & Protection

- Community Safety
 - Home Safety Checks – fitting of Smoke Alarms, Fire Risk Assessment, risk reduction advice, tailored escape plans
 - Fire & Road Safety Education – Schools & LIFEWISE (Adults & Children)
- Technical Fire Safety
 - Education & Audit in Commercial & Business premises which include Health & Social Care premises, Care Homes and Supported Accommodation

3. Safe and Well

In addition to the Home Safety Check for fire safety SYFR are working together with Public Health to provide additional elements to this visit

- Safe & Well Checks will include:
 - Healthy Ageing
 - Trips & Falls
 - Crime Prevention
 - Optimise sight testing
- Safe & Well Partnership Scheme
 - A referral partnership pathway to improve the targeting of high risk and excluded groups who may be at an increased of fire
 - All organisations who provide services or support members of the community in the above groups are urged to sign up to the Safe & Well Scheme via the SYFR website www.syfire.gov.uk/safe-well

Safeguarding Arrangements

By virtue of the nature and extent of the activities SYFR become involved with across the county Safeguarding activity has also increased.

Responsibilities

The Safeguarding Officer as the designated lead for safeguarding adults and safeguarding children is the named representative for SYFR at Safeguarding Boards and also attends the Workforce Subgroups. The role sits within the Community Safety function under the Prevention and Protection Directorate and is championed by both the Area Manager for the Directorate and also Group Managers with Community Safety Leads.

Policy

The Safeguarding Officer is responsible for Safeguarding policy development, management and coordination and monitoring of all internal safeguarding alerts & referrals. Group Managers deputise out of hours and in the absence of the Safeguarding Officer.

Training

From 2015 to 2016 159 staff have received Safeguarding training; this includes staff from Community Safety, Youth Engagement, Technical Fire Safety, Operational Response and also volunteers. The SYFR Safeguarding Training programme includes: -

- Induction,
- Basic Awareness
- Updates & Refreshers
- Mental Capacity & Dementia Awareness
- Case Conferences & Core Groups (Strengths Based Approach – Signs of Safety and Making Safeguarding Personal – Outcome focus

Governance

SYFR has undertaken a number of self assessment audits i.e. Section 11/Care Act Compliance audits and attended respective Challenge Meetings in the last 12 months. An internal SYFR Safeguarding Executive Board and the Reference Subgroup has also recently been established.



An initial Referral to SYFR was made to SYFR by a partner agency (Housing Provider) for a Home Safety Check. The initial visit was carried out by fire crews who immediately flagged up a number of concerns with the High Risk Co-ordinator for additional fire safety input from the Community Safety Team. Smoke Alarms were fitted at the initial visit and an attempt was made to carry out a fire risk assessment, provide advice on reducing risk and discussing an escape plan but this was difficult.

Arrangements were made to carry out a joint visit with a Housing Officer after several failed attempts to gain access to the property. However, John would not engage with the Housing Officer but did allow the Fire Community Support Officers (FCSOs) to enter some of the rooms, albeit reluctantly. They found the property to be in a filthy state, the house was cold and damp, he said he could not afford to put the heating on and did not have any hot meals just sandwiches. John had limited mobility and had a mobility scooter but he had to lift this over the threshold and up and down two external steps. He also had two large dogs.

During this visit the FCSOs learned that John had a Colostomy/Stoma bag and he had been struggling with this as they arrived – no bag was in situ and they were concerned about infection risks given the conditions in the property, his clothes were also very dirty. The FCSOs had also been made aware that John was alcoholic by the referrer.

As a result of this visit an urgent call was made to the Stoma Nursing Care Team and to the Adult Access team for a full needs assessment. A joint follow up visit was arranged with the Housing Officer. Unfortunately the relationship between John and the Housing Officer had broken down, because he

perceived incorrectly that she had not delivered on “previous promises” and he was angry about this. The FCSOs and HRC in this case

provided advocacy and pushed for a number of other services as they built up a relationship with John.

- Housing initiated repairs and a deep clean to the property
- Adult Social Care requested intervention from a specialist Social Worker which included a review of John’s finances – he is now able to heat his home
- SYFR provided “Hot Pack” meals and a “Warm Pack” – blankets, soups, thermal hand warmers, gloves and socks
- SYFR in partnership with a local food bank initiated delivery of food
- SYFR in partnership managed to secure a new microwave and kettle – providing safer cooking methods
- SYFR in conjunction with a local charity secured extra clothing (John had only one set of clothes)

John’s progress is being monitored by the Social Worker together with follow up visits by SYFR and the Housing Officer. By virtue of receiving what he perceived to be meeting his needs he became more receptive to engaging with services and his general health and well-being and living conditions improved as a result of this.

South Yorkshire Police:

South Yorkshire Police are committed to working in partnership with all agencies involved in the safeguarding of vulnerable adults.

Since the last Rotherham Adult Safeguarding annual report in 2014 South Yorkshire Police have seen a slight decrease in the number of referrals made in respect of adult Safeguarding from 821 (2014) to 807 (2015).

In September 2015 South Yorkshire saw the inception of Safeguarding Adult Teams (SAT's). The teams were introduced to meet the demands of the Police and Crime Commissioners Policing priority of Protecting Vulnerable People. The concept of the teams is that highly trained and skilled officers will now deal with some of the most vulnerable victims who live within our communities.

The SAT's remit will be to deal with;

- all high risk domestic abuse cases, including safety planning around the victim, as well as the management of the perpetrators, including incidents of honour based violence and forced marriage
- Investigation of rape and serious sexual assaults of persons aged 18 and over where the identity of the offender is known and they will investigate any sexual offence reported by persons suffering from a mental disorder or learning disability.
- Investigation of serious and/or complex offences where adult safeguarding issues exist and the lack of care towards or neglect of, the victim forms part of the offence.

In Rotherham, the team has seen a 45% increase to their staffing levels and consists of 1 Detective Inspector, 2 Detective Sergeants, 11 Detectives and 2 Civilian Investigators split into 2 teams covering 7 days a week 8am to 10pm making them more accessible to vulnerable victims.

Effective partnership working is imperative to the SAT's and the staff at Rotherham are working closely with partners in social care. Each day one of the Detective Sergeants meets and agrees the safety planning for each high-risk domestic violence incident considering not only the victim's need but also any children within that relationship. This continues to build on existing working practices around multi-agency safeguarding and co-location working, introduced last year.



Safer Rotherham Partnership:

The Safer Rotherham Partnership is the borough's Community Safety Partnership with statutory responsibilities established under the Crime and Disorder Act 1998. The partnership has a legal responsibility to tackle crime, anti-social behaviour, drug and alcohol misuse and to enhance feelings of safety.

There are currently six responsible authorities on the SRP, who have a legal duty to work in partnership to tackle crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and to reduce re-offending.

The six responsible authorities are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- South Yorkshire Fire and Rescue Service
- National Probation Service
- South Yorkshire Community Rehabilitation Company
- Rotherham Clinical Commissioning Group

The SRP also brings together a range of interested parties from the public, private, community and voluntary sectors to help deliver the outcomes in the SRP Partnership Plan through our strategic and operational structures, as well as representation from the Office of the Police and Crime Commissioner.

The SRP has a statutory duty to develop an annual Joint Strategic Intelligence Assessment of the risks and threats that crime and disorder poses to the communities of Rotherham. The purpose of the assessment is to:

- Identify the partnerships priorities for the forthcoming year.
- Highlight performance, progress and achievements against the commitments made in the 2014/16 Partnership Plan.
- Identify key crime and disorder risks and threats to the community.

Achievements

Throughout 2015/16, the Partnership continued to make progress in tackling Crime and Anti-social Behaviour across the borough, although in line with both the local and national position, overall total recorded crime showed an increase on the previous year, complaints of anti-social behaviour reduced. During the period 19,126 crimes were recorded across Rotherham, which was a 12% (2,090 crimes) increase on the previous year. During the same period a total of 14,355 incidents of anti-social behaviour were recorded, a reduction of 8% (1,198 incidents) on the previous year. Sexual Offences and Violent Crime continued to increase, with the increase in sexual offences being attributable to increased current and historical reporting of crimes post the Jay and Casey reports. As in the previous year a contributory factor to the increase in violent crime was attributable to national changes on how those crimes are recorded resulting in all areas seeing increases.

Key Indicators:

- Total recorded crime increased by 12% (+2,090)
- Anti-Social Behaviour incidents reduced by 8% (-1,198)
- Violence with injury increased by 22% (+378)
- Public order offences increased by 36% (+202)
- Sexual offences increased by 46% (+219)
- Racially or religiously aggravated crimes increased by 33% (+42)
- Domestic burglary increased by 8% (+76)
- Theft of motor vehicles increased by 33% (+93)
- Theft from motor vehicles reduced by 2% (-25)
- Shoplifting increased by 13% (+211)
- Criminal damage increased by 18% (+498)
- Arson Endangering Life reduced by 18% (-3)
- Drug offences reduced by 29% (-200)

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.
- The nominated representative, who is the Chief Executive of Age UK Rotherham, attends 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.

- Each of the Safeguarding Adults sub-groups has representation from the voluntary and community sector.
- VCS organisations have contributed to the Safeguarding Board and Development Days as partners, for example taking part in Adult Safeguarding Week and as an alerter and referrer 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.

Learning and Development

The implementation of the Care Act 2014, from April 2015, Making Safeguarding Personal and the updating of the South Yorkshire Safeguarding Adults procedures all impacted on the Board's training programme in 2015/16. All of the existing training programmes were updated to ensure they were compliant with legislation and procedures. This involved rewriting the specification for each course, updating the course outline, rewriting of course and session plans and the quality assurance of training course delivery. For silver level training courses, this process worked very well with the contracted training provider. For gold and platinum level training, contractual differences were experienced with the training provider; this resulted in delayed course delivery until an alternative training provider was appointed. Arrangements with training providers are now stable and developed; this followed the retendering of training programmes and awarding of new contracts from April 2016.

Board's approach to training course delivery continued to be planned and responsive with both open off-site courses and 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 only applied no-shows and cancellation charges.

In 2015/16 we ran a rolling programme of supportive multi-agency and specialist training opportunities for staff, managers and volunteers on local policy, procedures and professional practice, so that adults across Rotherham are protected from abuse and neglect and their wellbeing is promoted. 1,395 learners attended silver level training, 114 attended gold level training and 55 attended platinum level training courses, that is a total of 1,564 learners. Courses comprised 82 silver level courses, 5 gold level courses, and 5 platinum level courses, that is a total of 92 training courses.

Table A gives a breakdown of those attending all courses from agencies in 2015/16.

Table A	
Outturn	2015-16
Local Authority	225
Independent/Voluntary sector	1084
Health	221
Police/Probation	0
Service Users/Carers	22
Students	2
Other	0
Total	1564

Training continued to play a critical role in contributing to preventing and detecting abuse and neglect and protecting adults at risk of harm. It will be routinely refreshed to ensure workers and volunteers are equipped with the knowledge, skills and behaviours required to enable them to carry out their role effectively and to expected standards.

Appendix 2

Key Facts and Figures

A Concern

A Concern 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.

A total of **2556** concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the 3 point test is applied.

The safeguarding duties apply to an adult who:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of, abuse or neglect
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team such as the vulnerable person's team or maybe a care assessment is needed. We will always ensure the person is safe and not in any danger.

Section 42 Enquiry

A Section 42 Enquiry is the same as an Alert however it becomes an enquiry when the details progress and an investigation/assessment relating to the concerns begins.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and in most cases agree to the safeguarding enquiry unless capacity is lacking or a crime has been committed.

579 Section **42** enquiries began 2015-2016

Decision Making Meeting DMM

The DMM will bring all relevant people together to ensure that, if the investigation continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

This meeting may be held virtually, to ensure it happens in a timely manner.

117 Decision Making Meetings Convened 2015-2016

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

38 Outcome Meetings Convened 2015-2016

Safeguarding Adults Review – SAR

A Safeguarding Adults Review must be carried out if

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.

- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may

require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SAR's Commissioned 2015-2016
1 SAR was commissioned in 2015/16. Unpublished.

What Were the Categories of Alleged Abuse Investigated?

Categories of Alleged Abuse 2015-2016							New for 2015/16				
Neglect	Physical	Financial/ Material	Institutional/ Organisational	Psychological	Sexual	Discriminatory	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self Neglect	
48.3 %	16.7 %	16.2 %	1.8 %	7.9 %	2.6 %	0.4 %	3.4 %	0.5 %	0.4 %	1.7 %	
Categories of Alleged Abuse 2014 - 2015											
Neglect	Physical	Financial/ Material	Institutional/ Organisational	Psychological	Sexual	Discriminatory					
66 %	19.5 %	9.5 %	2.5 %	2.5 %	0 %	0 %					

Who Was the Alleged Perpetrator?

Relationship of Alleged Perpetrator to Alleged Victim	
	2015/16
Social Care Support	58 %
Known to the individual	36 %
Other	6 %

Where did the Alleged Abuse Happen?

Setting of Alleged Abuse	
	2015/16
Residential/Nursing Care Home	51 %
Own Home	37 %
Hospital	1 %
Community Service	6 %
Other	5 %

Mental Capacity Act and Deprivation of Liberty Safeguards

Under the current system, any deprivations of liberty in care homes and hospitals must be authorised under the DoLS. This process involves six assessments and is coordinated by best interests assessors (BIAs), who are typically specially trained social workers.

In order to authorise deprivations of liberty in other settings, such as supported living, local authorities must currently apply to the Court of Protection. This is often a complicated and costly process. Councils made just 1.6% of the court applications they believed may have been necessary to comply with the law in 2014-15, research published last month by Community Care revealed.

Mental Capacity Act and Deprivation of Liberty Safeguards 2014/2015

Year	No. of Applications	Authorised	Not Authorised	Not Assessed	Awaiting Scrutiny and sign off
2012/13	46	30	16	0	
2013/14	56	44	12	0	
2014/15	565	165	111	289	
2015/16	957	190	350	306	111

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 previous years and the encouraging uptake of learners:

Safeguarding Adults Training Attendance

	2011/12	2012/13	2013/14	2014/15	2015/16
LA	249	552	150	358	225
Independent/ Voluntary sector	1072	894	933	1388	1084
Health	508	363	388	409	221
Police/Probation	0	3	2	2	0
Service Users/ Carers	13	2	2	15	22
Students	32	7	7	13	2
Other	16	8	2	15	10
Total	1890	1829	1484	2201	1564

Appendix 3

Rotherham Safeguarding Adults Board Attendance

Date of Safeguarding Adults Board Meeting				
	20th May 2015	5th November 2015	11th January 2016	7th March 2016
South Yorkshire Police	x	✓	✓	✓
The Rotherham Foundation Trust	✓	✓	✓	✓
Clinical Commissioning Group RMBC	✓	✓	✓	✓
RMBC Director of Adult Social Services	✓	✓	✓	x
South Yorkshire Ambulance	x	x	x	x
South Yorkshire Fire and Rescue	x	x	✓	x
NHS England	x	✓	✓	✓
RDASH	✓	✓	✓	✓
RMBC Children Services	x	x	x	✓
Healthwatch	✓	✓	✓	✓
Voluntary Sector	✓	x	✓	✓



**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
Metropolitan
Borough Council 



Summary Sheet

Council Report Improving Lives Select Commission,
Wednesday 14th December 2016.

Title: Domestic abuse service provision in Rotherham.

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Damien Wilson, Strategic Director, Regeneration and Environment

Report Author(s)

- Steve Parry, Crime & ASB Manager, Community Safety & Street Scene.
- Amanda Raven, Domestic Abuse Co-ordinator, Community Safety & Street Scene.
- Phil Morris, Business Manager, Children & Young People's Services.
- Jo Smith, Sexual Exploitation Support Co-ordinator, Children & Young People's Services

Ward(s) Affected

All

Summary

The purpose of this report is to provide detail of the current domestic and sexual abuse offer in Rotherham and to facilitate debate on whether or not Rotherham offers domestic and sexual abuse provision which has in place clear pathways, funding arrangements, protocols and supporting networks for all risk levels, which are understood and implemented by all partner agencies. The report will be supported on the day by a visual presentation to facilitate the workshop element of the meeting.

The report and supporting presentation will focus on the following key lines of enquiry:

- What services are in place in Rotherham?
- How well do agencies work together at a strategic and operational level and how is this evidenced and evaluated?

- On what basis are services commissioned?
- How is the effectiveness of services evaluated, for children and adult victims of domestic abuse and perpetrators?
- What is the funding available for services and is this resilient?
- How does provision compare with statistical neighbours?

At its meeting on 5th December 2016, as part of its programme of reviewing activity against its crime and disorder priorities, the Safer Rotherham Partnership Board reviewed Domestic and Sexual Abuse and agreed the following recommendations:

1. The commissioning of a full review and refresh of the Safer Rotherham Partnership Domestic and Sexual Abuse Strategy 2013/17.
2. That an action plan is developed to underpin the partnership delivery of the refreshed strategy which includes input from partners working in the field of domestic and sexual abuse.
3. Reconvene the SRP multi-agency domestic and sexual abuse priority group chaired by Assistant Director (council) or equivalent level senior police officer or senior officer from one of the partnerships responsible authorities.
4. Commissions an independent peer review of the partnerships domestic and sexual abuse offer to include governance arrangements, identification of gaps in service, pathways, funding arrangements and supporting networks.
5. Approve funding of up to £10,000.00 from the Community Safety Fund 2016/17 to facilitate the above

Recommendations

That the Improving Lives Select Commission:

- Notes the current position in respect of domestic and sexual abuse service provision in Rotherham.
- Supports the recommendations agreed by the Safer Rotherham Partnership Board on 5th December 2016.
- Receives a further report in 6 months from the Chair of the Safer Rotherham Partnership, outlining progress made in respect of tackling domestic and sexual abuse in Rotherham

List of Appendices Included

Appendix 1: Domestic and Sexual Abuse Strategy 2013/17.

Appendix 2: Services in Rotherham.

Background Papers

Domestic and Sexual Abuse Strategy 2013 - 2017

Consideration by any other Council Committee, Scrutiny or Advisory Panel

The Safer Rotherham Partnership Board – Monday 5th December 2016.

Council Approval Required

No

Exempt from the Press and Public

No

Title: Domestic abuse service provision in Rotherham.

1. Recommendations

That the Improving Lives Select Commission:

- Notes the current position in respect of domestic and sexual abuse service provision in Rotherham.
- Supports the recommendations agreed by the Safer Rotherham Partnership Board on 5th December 2016.
- Receives a further report in 6 months from the Chair of the Safer Rotherham Partnership, outlining progress made in respect of tackling domestic and sexual abuse in Rotherham

2. Background

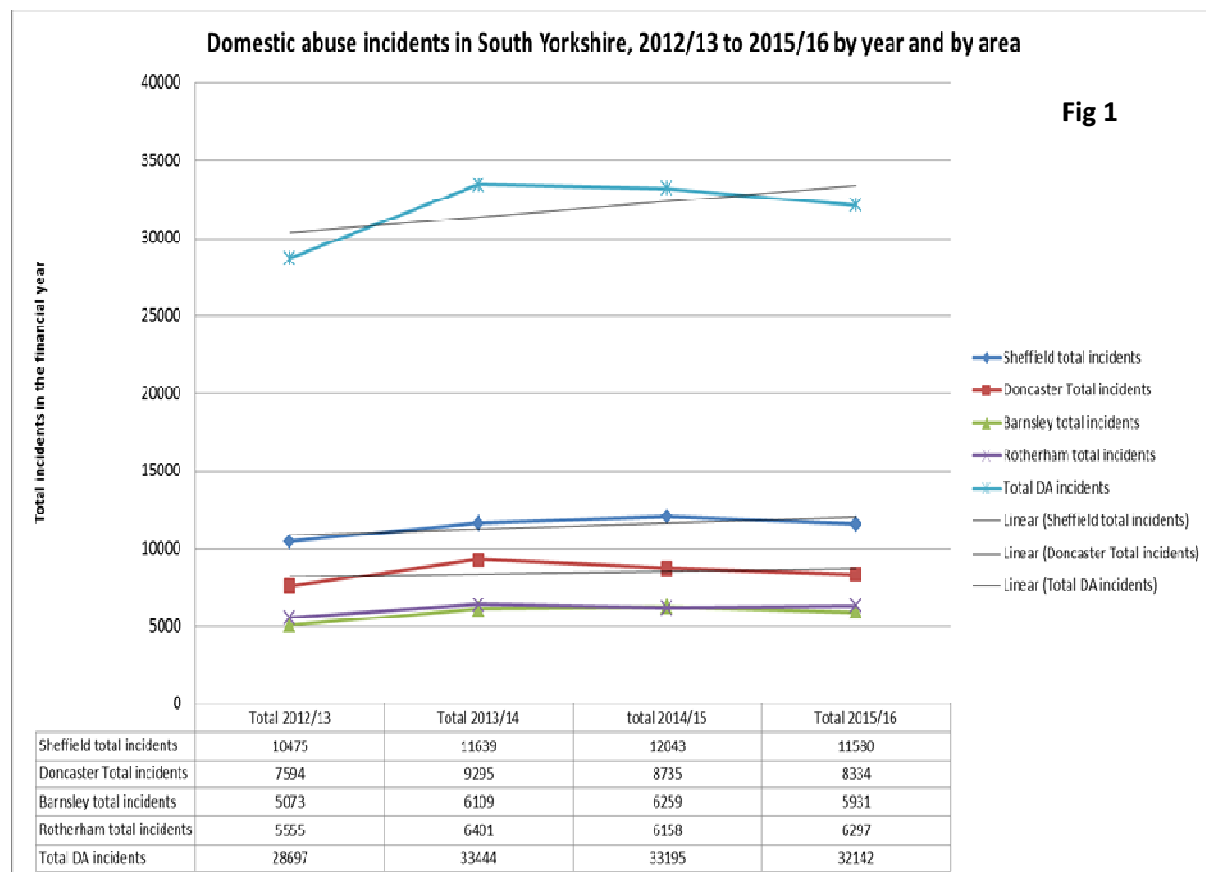
- 2.1 The impact of Domestic Abuse on the victim and children is severe and long lasting. Whilst there is a range of measures and services in place in Rotherham, under-reporting means there is scope to review and focus our resources to greater effect. Honour Based Abuse and Forced Marriage are also areas where we need to improve confidence in reporting, only then can we understand the true picture and apply resources most effectively.
- 2.2 The Safer Rotherham Partnership (SRP) has developed a Domestic and Sexual Abuse Strategy 2013 -2017 based on the Prevent, Protect and Pursue principles (Appendix 1).
- 2.3 The strategy describes the intentions of RMBC, Public Health, South Yorkshire Police and other partners with regard to improving domestic abuse services in Rotherham, but is approaching the end of its 'lifespan' and is in need of review and refresh in order to ensure that it remains fit for purpose and recognises and is inclusive of all partnership and agency contribution.

Domestic Abuse – Nationally

- 2.4 The crime survey for England and Wales (CSEW) estimates of domestic abuse are based on a relatively broad definition covering male and female victims of partner or family non-physical abuse, threats, force, sexual assault or stalking. Statistics show that:
 - Some 8.2% of women and 4% of men were estimated to have experienced domestic abuse in 2014/15, equivalent to an estimated 1.3 million female and 600,000 male victims.
 - Overall, 27.1% of women and 13.2% of men had experienced any domestic abuse since the age of 16. These figures were equivalent to an estimated 4.5 million female victims of domestic abuse and 2.2 million male victims between the ages of 16 and 59.
- 2.5 Levels of domestic abuse have generally declined over the past decade. In the year ending March 2005 there were approximately 2.7m victims compared to just under 2.0m in the year 2014/15. This is a statistically significant reduction of 27%.

Domestic Abuse – South Yorkshire

- 2.6 Police data shows domestic abuse incidents in 2015/16 in the South Yorkshire region reduced by 3.17% (32,142 incidents) compared with the 33,195 incidents reported in 2014/15
- 2.7 Figure 1 shows the South Yorkshire total for the last four financial years. The trend line shows that activity during this period has fluctuated, with the highest number of reported incidents observed in 2013/14.



Domestic Abuse – Rotherham

- 2.8 During 2015/16, Rotherham accounted for 19.6% of all reported domestic abuse incidents in South Yorkshire and over the four year period the range has been between 18.6% and 19.6% per quarter of the South Yorkshire Total.
- 2.9 Unlike South Yorkshire, Rotherham had an increase in the number of reported incidents during 2015/16 compared to 2014/15. A total of 6297 incidents were reported to the police in Rotherham in 2015/16, which was 2.2% more than the 6158 reported in 2014/15.
- 2.10 The only year that Rotherham experienced a decrease in the number of reported incidents was 2014/15, which was in line with the rest of South Yorkshire for that period. This was in comparison to increases of 13.2% between 2012/13 to 2013/14 and 2.2% between 2014/15 to 2015/16.

- 2.11 It is estimated that as many as one in four women in Rotherham may be victims of domestic abuse, although the number of cases reported is much lower. Through working with victims it is also estimated that a victim can be the subject of abuse on up to 35 occasions before a report is actually made. Further analysis is required in order to get a better understanding in respect of this reporting 'gap'. The primary victims are predominantly women aged between 16 and 35, who frequently have dependent children.

3. Key Issues

What services are in place in Rotherham?

- 3.1 An overview of current service provision in Rotherham is shown at (Appendix 2).
- 3.2 A clear pathway(s) for those affected by domestic and sexual abuse needs to be developed and communicated. This should include children and other family members based on a family, none age related approach. Pathways should be clear about options for medium to low risk cases as well as high. All work streams impacted by domestic and sexual abuse should be clear about these pathways and processes.

How well do agencies work together at a strategic and operational level and how is this evidenced and evaluated?

- 3.3 Examples of good operational working practices exist, particularly through the linkages between front line practitioners, the Multi-Agency Safeguarding Hub (MASH), Safeguarding Adults Team (SAT), Independent Domestic Violence Advocacy Service (IDVA), Multi-Agency Domestic Abuse Meeting (MADA), Sexual Assault Referral Centre (SARC) and the Multi-Agency Risk Assessment Conference (MARAC). Likewise there are strong links between statutory agencies, commissioned services and the voluntary service.
- 3.4 The multi-agency Domestic and Sexual Abuse Priority Group has not met since 8th December 2014 when it was chaired by adult safeguarding. This, together with the post of Domestic and Sexual Abuse Co-ordinator being vacant between July 2015 and October 2016 did result in a lack of co-ordination of the strategic and operational functions, although lots of good work was, and continues to be done as outlined above. A smaller group initially led by C&YPS and later by Strategic Commissioning formed to fill this void and maintain some momentum, and its contribution in respect of this should be acknowledged. This group held its final meeting on 24th November to be replaced by a re-convened full priority group.

On what basis are services commissioned?

- 3.5 Commissioned services focus on emergency and reactive provision such as refuge and support services. Funding has previously come from the former supporting people programme. Services are currently being reviewed as part of the commitment to the medium term financial strategy (MTFS) process and there is scope to redesign and re-profile funding, that could include prevention and perpetrator programmes.

How is the effectiveness of services evaluated, for children and adult victims of domestic abuse and perpetrators?

3.6 Services are evaluated through an annual review of performance and outcomes using an outcome monitoring framework toolkit and report contract monitoring and partnership meetings. Overview of services is discussed at the Special Domestic Violence Court (SDVC) and monitoring by the Multi-Agency Risk Assessment Conference (MARAC) identifies high risk cases.

What is the funding available for services and is this resilient?

3.7 Funding from Housing Related Support (formally supporting people) is currently under review as part of the MTFs savings programme. It is however recognised and acknowledged that domestic abuse and sexual violence remains a key priority area for investment. Current funding streams are:

Housing Related Support

- | | | |
|------------------------------------|-----------------------|--------------------|
| • Refuge | £230,000 | to March 2017. |
| • Black, Minority, Ethnic, Refugee | £120,000 | to October 2018. |
| • Floating Support | £160,000 | to September 2018. |
| • IDVA Service | £236,000 ¹ | to March 2017 |
| • Total | £746,000 | |

How does provision compare with statistical neighbours?

3.8 The following financial information has been provided:

- | | | |
|-------------|-------------------|-----------|
| • Doncaster | £900,000 | (2016/17) |
| • Barnsley | £700,000 | (2016/17) |
| • Sheffield | Awaiting response | |

Delivery models across the county are comparable with the exception of Doncaster who has in place a dedicated perpetrator programme.

4. Options considered and recommended proposal

4.1 The detail of the recommended options is outlined in this report.

5. Consultation

5.1 There was consultation with partners, colleagues and staff delivering domestic abuse services in Rotherham which informed the main recommendations of this report.

¹ Includes contributions from Police & Crime Commissioner, Public Health, C&YPS, Clinical Commissioning Group

6. Timetable and Accountability for Implementing this Decision

6.1 There are no decisions that require implementation within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications at this current time.

8. Legal Implications

8.1 There are no legal implications at this current time.

9. Human Resources Implications

9.1 There are no Human Resources implications at this current time.

10. Implications for Children and Young People and Vulnerable Adults

10.1 Pathways into services will be clear and gaps in services quickly identified and addressed. People accessing services will be offered options appropriate to the level of risk of their case. The workforce will have clarity of pathways available and will be able to refer accordingly. Governance will ensure that services are delivered appropriately and that legal obligations are met.

11 Equalities and Human Rights Implications

11.1 The recommendations support an improvement in equitable access to support.

12. Implications for Partners and Other Directorates

12.1 The recommendations support closer Partnership working at both a strategic and operational level based on a family based model.

13. Risks and Mitigation

13.1 Funding - There is a financial risk to commissioned services and provision in light of the current budget position of all agencies. This could be mitigated by an integrated commissioning approach which is family based with pooled investment.

13.2 Cutting back services - Cuts to NHS mental health services mean greater number of clients coming to domestic abuse and sexual abuse services but without commensurate increase in funding.

13.3 An increasing severity and complexity of presenting issues - Growing number (majority for some services) of clients presenting with severe or complex mental health difficulties including personality disorder, complex trauma, attachment disorders, high level or risk.

13.4 Growing waiting lists – All services seeing a rise in requests for support

13.5 The Domestic and Sexual Abuse Strategy - does not offer a Rotherham centric approach but talks more in terms of National issues and criteria. To offer the best solutions possible the strategy needs to reflect specifically the issues faced in Rotherham.

- An integrated approach between strategic level domestic abuse plans through to operational implementation would ensure consistency and support identification of 'gaps in services'.
- More work to facilitate an integrated approach between domestic abuse services and Early Help would enable sharing of good practice and provide an underpinning knowledge and awareness of domestic abuse.
- Policies and procedures/protocols need updating and integrating into practice.
- The current Domestic and Sexual Abuse strategy needs to be reviewed and a new action plan formulated. This needs to be developed alongside MASH, MARAC and MADA reviews and plans. SYP also need to be involved in the development of the strategy and plan. Possibly split the Sexual Abuse and Domestic Violence Strategies?
- Develop relationships with VCS
- Working with other services from a strategic through to operational level to ensure that the domestic abuse thread runs through all relevant and attendant services –e.g. Alcohol, Substance Misuse, Housing, Mental Health etc.
- Domestic abuse should be integrated at a strategic level so that all work streams consider and address the impact on victims, children and families.
- A lack of clarity in relation to governance arrangements undermines a co-ordinated partnership approach and means that there is disconnect between strategic intention and operational delivery. A review with partners of the governance arrangements would improve co-ordination and strengthen decision making.
- Lack of perpetrator programmes/support other than National Probation Service provision through Community Rehabilitation Company delivery.
- Organisations linking in with probation regarding licence agreements.
- Support for individual's displaying signs/indicators of abusive behaviour.
- Direct work with boys and young men needs to be developed; for example a therapeutic programme.
- All secondary school working in partnership with Domestic Abuse Services. (Prevention)
- Links between Domestic Abuse and Sexual Exploitation.
- Linking up with all professionals; for example, health.

14. Accountable Officer(s)

Karen Hanson, Assistant Director, Community Safety and Street Scene
Steve Parry, Crime and Anti-Social Behaviour Manager



The Safer Rotherham
PARTNERSHIP

Domestic and Sexual Abuse Strategy

2013/14 – 2016/17

Introduction

In November 2010, central Government set out its vision to eliminate domestic abuse and sexual violence in “A call to End Violence against Women and Girls”. This was followed by the publication of annual action plans that aimed to ensure, at a national level, the strategy was moved forward. This report outlines Rotherham’s response to the Government’s call to end Violence Against Women and Girls (VAWG) to date, and the work Rotherham needs to undertake to ensure compliance with the national VAWG agenda

Background and local context

Every year thousands of women and girls throughout the UK experience some form of violence including; rape, domestic violence, forced marriage, called “honour” based violence, stalking, sexual harassment, sexual exploitation and trafficking.

Violence damages women and girls and has far reaching consequences for families, children, communities and society as a whole. Violence against women and girls is both a form of discrimination and a violation of human rights.

Protecting women from violence and enabling them to protect themselves, either through the criminal justice system or through increased safety measures, gives women greater capacity to protect their children.

Following extensive consultation during 2009, in the Government published its strategic vision to ‘**Eliminate violence against women and girls: A Strategy**’ and in subsequent years have published an action plan which brings together all policy documents in to one national level strategic framework. The full strategy can be downloaded at:

<https://www.gov.uk/government/publications/call-to-end-violence-against-women-and-girls-strategic-vision>

The Government’s action plan has been summarised in Appendix 1.

Since 2010, Rotherham has responded to the call of Central Government by aligning the work of the domestic abuse and sexual violence sector. This has ensured that the Domestic Abuse Priority Group, on behalf of the SRP, are:

- In the short to medium term, encouraging victims to come forward and report violence and abuse, whilst at the same time reducing repeat victimisation
- In the longer term, seeking to eliminate violence against women and girls.

In the past three years the DAPG, has made significant progress in protecting victims of Domestic Abuse and Sexual Violence, and has great potential to be recognised as a leader in its commitment to End Violence against Women and Girls.

Important advancements have included sustaining an Independent Domestic Violence Advocacy Services, operation of a robust Multi-Agency Risk Assessment Conferences and effective Specialist Domestic Violence Courts. We have developed a process to review domestic homicides to ensure that we learn any lessons and prevent the repetition of our mistakes, and also developed a process whereby serious incidents of Domestic Abuse can now be reviewed. We have developed mechanisms to ensure that early intervention in cases of domestic abuse aligns the needs of child(ren) living with domestic abuse are aligned with the support and protection of their abused parent or carer. We have recognised that men and boys can be victims of abuse or violence, and are confident that, in the past three years, we have improved our responses to them and in the provision of support. We will continue to do so as we improve our support and responses to victims of Domestic Abuse and Sexual Violence.

The Safer Rotherham Partnership accepts that Domestic Abuse and Sexual Violence are, in the main, forms of gender based violence. However, we acknowledge that men and boys can be victims too and while we are improving our support provision for women and girls, we are working with partner agencies to improve support provision for men and boys. We are proactively working with our service providers to ensure that all victims of Domestic Abuse and Sexual Violence are adequately supported – regardless of gender and/or sexual orientation.

In 2013/14, Domestic Violence accounted for 31% of all violent crime reports to the Police in Rotherham. 6401 reported incidents of Domestic Abuse were responded to by SYP, of these, 1120 incidents were recorded as a crime. Of the 961 “crimed” incidents, 738 arrests were made (66%). Of the 6401 incidents, 455 victims were assessed as being of high risk of domestic homicide or serious injury and were referred to Multi Agency Risk Assessment Conference (MARAC), and of these, 107 (24%) cases were repeat MARAC cases that had been presented to MARAC in 12 months preceding the initial MARAC presentation. Of the 455 victims presented to MARAC, 328 involved families and we ensured that the children of these families (518 children) received appropriate support and intervention. 33 of these referrals were male, and 13 were young women aged between 16 to 18. Rotherham experienced 2 Domestic Homicides during this period, and is concluding a review of one that occurred in 2011.

Additionally, in 2012/13 the Independent Domestic Violence Advocacy Service (IDVAS) received 424 referrals, including the 455 referred to the MARAC and of which 74% engaged.

Choices and Options, a specialist community support service for victims of domestic abuse, received 435 referrals, all of which received support. 11 of these referrals were male.

Rotherham’s Counselling Service have also reported 20% increase in their referrals from January to December 2013 when compared to the 204 referrals received in 2012. Out of the 245 referrals they received in 2013, 24 were male (10%).

Apna Haq, our specialist community support service for BMER victims, received and supported 98 referrals, an increase of 19 referrals from the preceding year. Of the

98 referrals received, 16 were experiencing Domestic Abuse from a partner, ex-partner or family member, 5 were experiencing Forced Marriage issues, 45 were being subjected to “Honour” based abuse, 7 were aged 16 – 18, 6 did not have recourse to public funding and 7 referrals required support in relation to their immigration status in the UK.

Rotherham Women’s Refuge (RWR) supported 158 women during 2012/13 (a 29% increase from the preceding year) to access safe accommodation, 19 of which had 47 children between them. 3 women needed support and did not have recourse to public funding. One woman was aged 16/17. In addition, through their out-reach support service. RWR also supported 26 women in the community – a 46% increase from the preceding year. In 2013/14, this service saw a further increase in the number of clients they supported, with 185 women accessing safe accommodation and 48 women being supported through their out-reach support service.

Also, Our Sexual Assault Referral Centre (SARC), supported 160 victims of sexual violence, an increase from 2011/12 of 9.6%. 13 of these were from our BMER communities, 25 were aged 13 years and under, 36 were aged between 14 – 17 years and 43 were aged between 18 – 25 years. 56 of these went on to be supported through the criminal prosecution process by the Independent Sexual Violence Advocate (ISVA) for Rotherham. Last year, all of these figures saw an increase – the service received 198 referrals, which was an increase of 23.75%. Of these, 11 were from BMER communities, 26 were aged 13 years and under, 45 were aged between 14-17 years and 84 were over 25 years. 151 of the 198 referrals went on to be supported by the Independent Sexual Violence Advocate for Rotherham and of these, 119 were engaged in the Criminal Justice System and 2 were male.

Research strongly suggests Domestic and Sexual Violence is significantly under reported both locally and nationally. The Violence Against Women and Girls Ready Reckoner tool estimates that, in Rotherham, at least 2970 women and girls experienced Domestic Abuse, 1305 experienced some form of sexual assault and 4412 were victims of talking activity. Eliminating Domestic Abuse and Sexual Violence requires action across the whole Partnership; ensuring all agencies work together to address these key issues. However, although work is required across the broad range of factors associated with Domestic Abuse and Sexual Violence, most will be gained by addressing the critical issues in Rotherham, including domestic abuse (including stalking, forced marriage and “honour” based violence), sexual violence and sexual exploitation.

However, forms of Domestic Abuse and Sexual Violence present Rotherham with considerable challenges, especially in the austere times we currently face. The subsequent social impacts on individuals and families are likely to result in increases in violence and abuse. Resourcing our response will be critical if the Partnership is to reduce the long-term human and financial consequences.

This report signals the commitment of the SRP in meeting the challenges ahead and sets out an integrated and collective strategic approach to addressing this important community safety issue. It identifies how, as a Partnership, we can respond to the Government’s expectations as outlined in appendix 1.

The delivery plan, located in appendix 2, provides a mechanism for implementing the strategy and will include a performance framework pinpointing areas requiring greater emphasis. We have also developed key objectives that will mould the work we undertake to reduce violence against our women and girls over the next three years. We will review our performance against these objectives on an annual basis (appendix 3).

In this delivery plan, we seek to

- **Prevent** We will make it more difficult for domestic abuse and sexual violence to take place in the first place by challenging the attitudes and behaviours that foster it. We will also provide education to our children and young people to ensure they realise that these forms of behaviour are not acceptable
- **Protect** both adults and children experiencing Domestic Abuse and Sexual Violence by identifying and safeguarding those at risk by intervening early to ensure they are protected from immediate harm and any escalation is prevented. We will seek to provide adequate levels of support for those affected by ensuring our approach to their needs is sensitive and appropriate
- **Pursue** our perpetrators by ensuring they are identified, disrupted and prosecuted where ever possible. We will also ensure that our service provision will provide appropriate and adequate wrap around support during criminal justice and civil court proceedings, to ensure that we reduce the risk to victims through robust information sharing and clear referral pathways

Finance

At a national level, it is estimated that Domestic Abuse costs:

- To the State, victims and employers - £23 billion per year
- The cost to the NHS of repairing the physical damage to victims of domestic abuse is estimated to be £1.22 billion (NHS Employers), not including dental treatment or mental health treatment
- The cost to Employers in terms of loss is £2.7 billion due to time off due to injuries, and does not include stress related absences

In addition a domestic homicide costs £1.4 million per victim up to the point of prosecution and prior to any formal or statutory review being undertaken.

At a local level, the Violence Against Women and Girls Ready Reckoner Tool estimates that Domestic Abuse and Sexual Violence costs services in Rotherham £24 604 407. This tool costs our Health and Mental Health Services £5 301 901, our local Criminal Justice Services (including the Police) £3 339 485 and Social Care services at least £628 890.

Policy and Performance Agenda Implications

By responding to the national VAWG strategy in this focused and coordinated manner, Rotherham will be able to

- Evidence its local compliance with the national Violence Against Women's and Girls Agenda
- Evidence that the Rotherham's DAPG, on behalf of the SRP, are proactive in reducing the risk of domestic homicide in line with emerging national best practice
- Enable the actions of agencies stand up to scrutiny in a serious case or domestic homicide review
- Respond to victims and their families effectively

Background Papers and Consultation

Eliminate violence against women and girls: A Strategy 2009, Updated Action Plans – 2010, 2011, 2012, 2013

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

Children and Young People's Plan 2010-2013

Joint Strategic Intelligence Assessment 2012/13

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

20.01.2015

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Appendix 1 – Summary of National Action Plan

1. Preventing Violence

Guiding Principle: To prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours that foster it and intervening early to prevent it

- A greater proportion of society believes violence against women and girls is unacceptable and empowered to challenge violence behaviour
- Fewer victims of sexual and domestic violence each year;
- Frontline professionals (e.g. teachers, doctors, police and prosecutors) are better able to identify and deal with violence against women and girls
- More employers recognise and support victims of domestic and sexual violence.

2. Provision of Services

Guiding principle: provide adequate levels of support where violence occurs

- Violence against women and girls victims receive a good and consistent level of service across England and Wales
- Statutory, voluntary and community sector get the response right the first time
- High quality commissioning and service provision at a local level

3. Partnership Working

Guiding principle: Work in partnership to obtain the best outcomes for victims and their families

- Better support available for victims and their families with statutory, voluntary and community sectors working together to share information and agree practical action
- Improved the life chances of victims of violence against women and girls overseas, with this issue an international priority for the UK

4. Justice Outcomes and Risk Reductions

Guiding principle: Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice

- Increased confidence of women and girls to encourage access to the Criminal Justice System
- Improved criminal justice outcomes for victims of violence against women and girls, including the rate of convictions
- Increased rate of rehabilitation among offenders
- Reduced multiple incidents of violence by using the appropriate risk management tools

Appendix 2

Prevent

We will make it more difficult for domestic abuse to happen

We will ensure that the SRP has an effective strategy in relation to VAWG, governance arrangements, protocols, policies and procedures in place to ensure a coordinated multi agency response to domestic abuse and other VAWG issues (SRP/DAPG)

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 and form of abuse e.g. "honour" based abuse, forced marriage, stalking, sexual violence etc (SRP/DAPG)

We will build victim and perpetrator profiles throughout the partnership to ensure that we can develop innovative and timely responses to support child and adult victims of domestic abuse and sexual violence (VCS, SYP, CYPS, health, RMBC, Probation, CRC, IDVA)

We will make it more difficult for perpetrators to abuse by putting in place systems that ensure a robust response to the victims (VCS, SYP, CYPS, Health, RMBC, Probation, CRC, IDVA)

We will monitor the number of repeat cases reviewed by MARAC so that we can improve intelligence and develop a partnership briefing on key offenders (SYP)

We will reduce the number of local domestic homicides and use lessons learned from these and serious incident reviews to improve our partnership response (SRP, DAPG) Safeguarding Boards for Adults and Children)

Protect

We will identify and safeguard those at risk

We will ensure that domestic abuse risk assessment is aligned with the partnerships core business and that victims of abuse are identified early and supported accordingly (VCS, SYP, CYPS, health, RMBC, Probation, CRC IDVA)

We will ensure that children are supported appropriately and consistently where domestic abuse is a feature in their lives either as part of safeguarding procedures or early help (VCS, SYP, CYPS, health, RMBC, Probation, CRC, IDVA)

We will have a robust MARAC process which helps reduce the risk to the victims and to ensure they are supported appropriately (SYP)

We will develop non-criminal justice based perpetrator programme to reduce repeat victimisation (SRP/DAPG)

We will increase the number of perpetrators taking part in the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Abuse Programme (CDAP) (Probation and HMCTS)

We will increase the number of restraining orders where criminal processes are taking place (SYP, CPS, HMCTS)

We will increase the numbers of victims of honour based violence and forced marriage who are appropriately supported including those who have no recourse to public funding (VCS)

We will work with partners to ensure that there is a sufficiency of high quality services in operation to be able to support victims (SYP, RMBC, PCC)

We will work with partners to ensure that victims of all sexual violence are able to access support when they need it (SRP, DAPG, PCC)

Pursue

We will identify perpetrators, disrupt and prosecute where possible

We will ensure that rigorous processes are in place to prosecute offenders (SYP and CPS)

We will work with the Crown Prosecution Service to ensure that domestic abuse cases are prosecuted appropriately (SYP, IDVA and VCS)

We will increase the percentage of reported domestic abuse incidents "crimed" (SYP)

We will work with partners to ensure that victims of domestic and sexual violence are confident and encouraged to access the criminal and civil justice system (VCS, SYP, CYPS, Health, RMBC, Probation, IDVA, VCS)

Increase the numbers of victims subjected to honour based violence and forced marriage who are supported by the VCS, and ensure they are supported to pursue prosecution where this is appropriate (VCS, IDVA)

We will work with partners to explore opportunities to link offenders in to alcohol and drug services to ensure that those that cause harm face the consequences including – Drink banning Orders, Attendance Centre, Breach of Peace legislation, etc (SYP, RDASH)

Early Help

The Early help strategy identifies the need for clear pathways into support for children, young people and families at the earliest possible stage through the Early Help Teams. The Troubled Families Outcomes Plan is explicit in this and also identifies the need to work closely with VCS organisations where appropriate.

Work in Schools

The Expect Resource has been promoted, signposted, given to schools electronically/written in to the Rotherham Healthy Schools Scheme of work for PSHE primary phase for several years but it is for the schools to teach themselves. Reception through to 6th form session plans is provided.

Gender awareness work underpins domestic abuse prevention work (also written in to Primary SOW – Equal choices, Equal Chances with links to the world of work also) this links to media awareness and expectations e.g. are they different for males and females – codes of behaviour, language used etc.

Healthy Relationships work (including consent) is the underpinning link to domestic abuse work and child sexual exploitation rather than having issues addressed in silos.

Multi- Agency Safeguarding Hub (MASH)

The MASH went live on 1st April 2015 and replaces the 24 hour decision making process previously undertaken by CART.

All cases where there are children, and/or high/potential high risk are discussed daily at the Multi Agency Domestic Abuse hub (MADA).

High risk Adult only case discussed at MADA daily.

Encompass updates Education of Domestic abuse incidences within the family daily.

Safeguarding Adults Team

The Safeguarding Adults Team (SAT) commenced on Monday 21st September, 2015 and is based at Main Street Police Station.

The team, as part of the South Yorkshire Police Public Protection Unit (PPU) is part of Specialist Crime Services.

The role of the SAT is to deal with;

Domestic Abuse Investigation & Safeguarding (Professional investigation programme (PIP) level 1 (priority and volume crime investigations) & level 2 (serious and complex investigations)).

- **High-risk domestic abuse incidents (crime or non-crime)** - Investigation and safeguarding for the whole family beyond the initial Police response following grading by Domestic Abuse Risk Assessors (DARA). This includes prisoner process for all offences at PIP level 1 and 2.
- **Forced Marriage, Honour Based Violence (HBV) and Female Genital Mutilation (FGM)** - Investigation and safeguarding of all incidents where the victim is 18 or over at the time of the offence.
- **Domestic Abuse Disclosure Scheme (DADS/Claire's Law)** - Risk assessment and subsequent disclosure of information to applicants.
- **Multi-Agency Risk Assessment Conference (MARAC)** – Research and present information around high risk domestic cases and fulfil any Police actions arising.
- **Retraction Statements** - Where an offender is charged and CPS require a retraction statement. (The original OIC will be responsible for preparing a background report for the case.)

Sexual Offences Investigation & Safeguarding (PIP level 2)

- **Non-stranger Rape and Sexual Assault by Penetration** - Investigation and safeguarding of all incidents beyond the initial Police response, whereby the victim is aged 18 or over at the time of the offence, except in cases where the identity of the offender is not immediately known and will require significant enquiries to establish (stranger rape).
- **Stranger Rape and Sexual Assault by Penetration** – Support the Force Crime Unit (FCU) investigation by way of victim care/safeguarding and video interview (ABE) when required.
- **All sexual offences whereby the victim has a diagnosed mental disorder or learning disability** - Investigation and safeguarding of all incidents beyond the initial Police response, whereby the victim is aged 18 or over at the time of the offence, except in cases where the identity of the offender is not immediately known and will require significant enquiries to establish.

Vulnerable Adult Investigation & Safeguarding (PIP level 2)

- Investigation and safeguarding of all incidents beyond the initial police response, whereby the victim is aged 18 or over at the time of the offence and a lack of care or neglect has resulted in serious or significant harm (physical, emotional, psychological or financial) to the victim.

Perpetrator Programme(s)

South Yorkshire Community Rehabilitation Company (CRC)

Build Better Relationships (BBR) - This is a nationally accredited group-work programme designed to reduce reoffending by adult male offenders convicted of Intimate Partner Violence (IPV). The programme is delivered to High Risk of Harm offenders who are supervised by the National Probation Service.

As part of a Community Order or Suspended Sentence Order an offender may also be required to attend a Short Activity Programme as part of their order. The following programmes are currently delivered in South Yorkshire, including Rotherham:

Respectful Relationships – A twelve sessions Domestic Abuse Programme. The programme is suitable for Medium Risk Offenders who have either been convicted of or linked to domestic abuse and abusive behaviour (this may not be convicted behaviour but link to risk and risk management.)

Re -Think - Eight session thinking and behaviour programme. This programme is available for all offenders who have an identified thinking and behaviour need.

Anger Management - A twelve session programme focusing on issues and difficulties linked to emotional control or angry and aggressive behaviour which has or may lead to violence.

Driving Matters - An eight session programme, with four sessions on Drink Driving and four sessions on being a responsible road user. This programme can be tailored to a participants needs and participants can be referred for either or both of the group session modules.

Independent Domestic Violence Advocacy Service (IDVA) – based in Adult Services

This service can be referred into via a DASH Risk assessment. Risk needs to be high to meet the threshold to access the service. IDVAs will support victims with emotional and practical needs. They will continue working with the client until the risk is reduced at which point, if appropriate, they will refer into alternative support services. Support is offered

Age Criteria 16+, referral to MARAC, provides advice and support to Vulnerable Person Team who sits under the same service.

Currently there are 3 IDVA and 1 male support worker. The recommendation of Safe Lives is for 5 IDVA for an area the size of Rotherham.

The Sexual Assault Referral Centre (SARC)

The SARC is based in Sheffield and provides a South Yorkshire one stop service for males and females of any age who have experienced rape or sexual assault regardless of whether this happened recently or in the past.

Independent Sexual Violent Advocates (ISVA) – out to tender

This service is currently provided by the Doncaster Rape and Sexual Abuse Counselling Service (DRASACS). The SY Police & Crime Commissioner ISVA tender will be announced at the end Nov 2016, if successful, the service will be delivered through the Rotherham Abuse Counselling Service as part of a county-wide service led by DRASACS.

The service provides practical support to victims of sexual violence; speciality of supporting people as complainants in the criminal justice process, ensuring that victims receive their entitlements under the 'Victims Code'.

Referrals received since April 2016 (when the service moved from NHS SARC to DRASACS) is 161 with 85 current 'live' clients.

Approximately £65k will be coming into the Rotherham area via the Police & Crime Commissioner tender, for the next three years (2017-2020), with a gap in funding of approximately £12k.

A Rotherham area requires 2.2 FTE ISVA posts to meet current demand.

Rotherham Rise – RMBC commissioned services.

Black, minority, ethnic, refugee (BMER) – Rotherham Rise

The purpose of this service is to provide specialist support and housing related support to vulnerable BMER women who are experiencing domestic abuse or who are at significant risk of domestic abuse.

This specialist service must work with all women (and where appropriate their children) to support the various needs relating to the experience of domestic abuse.

The support must be specialised in nature and tailored to the very specific and differing needs of this diverse group of women.

Although the service is for women the provider must ensure that any males contacting the service for support are advised and appropriately signposted to an alternative support service to meet their needs.

Medium Standard risk support - Rotherham Rise

Provides housing related support to vulnerable people who are experiencing domestic abuse or who are at significant risk of domestic abuse, from the age of 16.

The service will support both men and women and will ensure that support is provided appropriately to meet their specific needs. Service users will be eligible for support if they are resettling after a period of living without a permanent home (i.e. supported/temporary accommodation, refuge, living with family or friends, homeless) or are at risk of losing their home (Prevention).

Services for Children and Young People – Rotherham Rise

Holistic approach on a one to one basis focussing on providing a safe, inclusive environment to explore children and young people's experiences, thoughts, wishes and feelings of Domestic Abuse. Gives the space and opportunity to speak openly about their feelings and past experiences in order to provide them with the right support tailored to their needs

Widens Children and Young People's support networks to promote quality of life and build confidence, self-esteem and positive relationships. Direct work is undertaken on a one to one basis in regards to safety planning and awareness of keeping safe, which incorporates internet safety. Also works in partnership with other professionals/ organisations including social care.

Group Work – Rotherham Rise

TRAP (Teenage Relationship Abuse Programme) - TRAP is an 8 week programme for young women who have/ may be vulnerable to relationship abuse in an intimate or family relationship. The 8 week programme asks young women to consider and explore:

Rotherham Rise Men's Centre (under development)

The purpose of this service is to develop and provide a range of appropriate support services to meet the holistic needs of men and young males who have been affected by domestic violence and abuse and child sexual exploitation. This will include preventative work and work with perpetrators.

This service will be delivered by Rotherham RISE in partnership with other providers and agencies in both statutory and VCS.

Rotherham Abuse Counselling Service

Specialist counselling service for those traumatised by sexual/domestic abuse/violence, childhood sexual exploitation and abuse and honour based violence.

The aim is to make long-term, sustainable improvements in anxiety and depression. Post-therapy, clients report feelings of being more confident, better self-esteem, relaxed, independent, positive, stronger and even happy.

Provide practical and emotional support, advocating for clients when required and addressing social isolation and loneliness.

Therapeutic and non-therapy groups are offered for those either waiting for one to one therapy to start or once they have completed. Drop-in and the moving on group are also available to those in therapy.

Victim Support – Out to Tender

Notable changes are that support is now to be paid to 'victim care advocates' as opposed to volunteers and SV, DV victims should be triaged to specialist services where they have capacity. When the contract award is decided it will require consultation and collaboration with all stakeholders and local services as there is a strong focus on coordination and there is a need to agree pathways. This will make it more streamlined for victims and avoid duplication of effort.

Domestic and sexual abuse co-ordinator (D&SAC)

Historically this post has sat within the Community Safety arena but in December 2011 was transferred along with the Independent Domestic Advocacy Service into Adult Safeguarding. The post holder left the authority in July 2015 and the post remained vacant until October 2016 when it was returned back to Community Safety and a newly recruited co-ordinator took up the post.

The purpose of the D&SAC is to Support the development and achievement of SRP priorities and targets at a strategic level by leading on domestic and sexual abuse through delivery of the domestic and sexual abuse strategy. The post also leads on associated work on behalf of RMBC (e.g. Violence against Women and Girls), ensures SRP compliance with the statutory conduct of Domestic Homicide Reviews and develop training and pathways for domestic and sexual abuse.

Domestic Violence or Abuse as an indicator of Troubled Families

Proposed South Yorkshire pilot working in conjunction with the 'Nesta' innovation foundation. Although originally intended to apply data analytics to the Troubled Families Programme (TFP) in its entirety, a decision has been taken to focus on a subset of the programme – domestic violence or abuse (DVA).

As one of the 6 Headline Problems of the Expanded Programme, it was felt that DVA would provide an indicator and potential early warning symptom of those individuals or families that are either at risk of needing support or are in danger of not being viewed as high enough risk when support would be beneficial

Growing Futures. – Children's Services

South Yorkshire bid in for Domestic Abuse Navigators (DANS) to work with whole family to co-ordinate support for high risk cases, the DANS will do direct work with perpetrators within the family.

£20 Million funding – Housing Services- task group in place to look at bid

This will be used to increase refuge spaces and other accommodation for women fleeing domestic violence. From ensuring that victims have somewhere safe to live and recover, to providing education, employment and life skills training, the fund will support a range of services to help victims rebuild their lives.

New 'Priorities for Domestic Abuse Services' are also being published setting out how local authorities should be responding to domestic abuse in a collaborative and effective way.

This puts the victim first, providing flexible services that meet their needs and collaborating with other councils to open up services to victims from outside the local area. The fund is designed to increase refuge spaces and ensure that no victim is ever turned away from the essential support they need.

£20 million fund will ensure that local authorities can work with charities to help those who really need it. This is the first wave of the £40 million dedicated to supporting victims of domestic abuse at Spending Review 2015.

Domestic and Sexual Abuse Priority Group (D&SAPG).

The D&SAPG is a multi-agency group formed to support the work of and report to the SRP as a key priority area.

The group has been established to:

- Produce a 3 year Violence Against Women and Girls Strategy on behalf of the Safer Rotherham Partnership, with its recommendations implemented by the Rotherham Domestic Abuse Forum
- Support the reduction of repeat incidents being heard at MARAC
- Reduce and prevent the occurrence of domestic homicides in Rotherham
- Ensure that opportunities for the prevention of domestic abuse are fully utilised and linked in with initiatives to prevent violent crime, including anti-social behaviour, hate crime and alcohol related violence
- Improve the overall approach to addressing domestic abuse by agencies
- Increase and encourage the reporting of domestic abuse
- Improve partnership working on the wider “Violence against Women and Girls” agenda, in particular work on Sexual Violence and Sexual Exploitation
- Increase the awareness of domestic abuse and the effect on its victims, including children who may be living in households where domestic abuse is being perpetrated
- Provide strategic co-ordination of the work being undertaken to address domestic abuse to ensure early intervention is aligned with longer term support available and that victims identified as being of high risk of domestic homicide are referred to MARAC and IDVAS to ensure the risk of domestic homicide is reduced
- Ensure compliance with the Specialist Domestic Violence Court Component
- To ensure the ongoing development and effectiveness of multi-agency learning and to implement the learning from Domestic Homicide Reviews and Serious Case Reviews
- Audit, evaluate and monitor effectiveness of how well multi agencies work together to protect victims, and any children, of domestic abuse by ensuring compliance with the SDVC Components
- Improve ways of working in light of local, regional and national experience, research and evaluations
- To raise awareness in the wider community of the need to promote awareness, prevent abuse and protect victims, and any children, from the impact of domestic abuse and how they can contribute to achieving these objective
- To agree modification of policy and procedure in line with changes in legislation, Government policy and local practice experience

This group has not met in this format since 8th December 2014 when it was chaired by adult safeguarding. This, together with the post of Domestic and

Sexual Abuse Co-ordinator being vacant between July 2015 and October 2016 did result in a lack of co-ordination of the strategic and operational functions, although lots of good work was, and continues to be done. A smaller group initially led by C&YPS and later by Strategic Commissioning formed to fill this void and maintain some momentum, and its contribution in respect of this should be acknowledged. This group held its final meeting on 24th November to be replaced by a re-convened priority group (Recommendation 3)

Multi Agency Domestic Abuse meetings (MADA)

The purpose is to share information regarding high risk cases received in the past 24 hours and agree next steps. This ensures immediate actions to ensure the safety of the individual and any children involved.

The IDVA sits with the Children and Families Team Social Worker and assess cases and risks putting in immediate protective measures. A screening exercise is also undertaken. This information then goes to a meeting with SYP and other agencies (MADA) to ensure actions are allocated and followed up the following day at the next MADA.

A plan is put in place for each case discussed at MADA, which has immediate actions that include contacting and informing those who have links with any children involved e.g. schools, health visitors.

This meeting captures incidents between MARACs, facilitating a faster protective response.

The impact on MARAC is that repeats are reduced in the longer term and improved response times for those at highest risk are put in place.

MARAC. – Referral 16+ age

The MARAC is to reduce the risk of further assault, injury and homicide to victims of domestic abuse who have been assessed as at high risk of further abuse. The MARAC is designed to support, not replace existing public protection arrangements, it has specific focus on the safety of the victim and any children. The MARAC forms part of a package which includes the IDVA service and sits within the Specialist Domestic Violence Court Programme. MARAC operates within Safe Lives guidance The over-arching aims of the MARAC is to:

- Protect victims of Domestic Abuse and their children
- Reduce serious harm and homicide as a result of domestic abuse
- Improve effectiveness by enabling agencies to work together
- Improve single and multi-agency accountability through focused action planning
- Provide support for staff working with “high risk” cases of Domestic Abuse
- Reduce the risk of further victimisation of victims of Domestic Abuse
- Enhanced information sharing between agencies, to ensure that a full picture of the risk can be identified and appropriate measures implemented to reduce the risk

- The MARAC meets fortnightly to consider cases of domestic abuse where the victim has been assessed as at high risk of serious harm, with the aim of reducing that risk and promoting safety. This includes:
- Accepting referrals from any agency whose staff is trained to use the ACPO DASH 2009 Risk Assessment Model, and who have assessed the case as High Risk.
- Ensuring the victim's voice is heard, through representation by the Independent Domestic Violence Advocate.
- Sharing information to provide a full picture to enable appropriate action to be agreed.
- Agreeing actions to reduce risk and promote the safety and well-being of the victim and any children.
- Providing professional support to reduce the risk of further harm.
- Between June 2015 and July 2016 there were 523 cases discussed at MARAC.

MARAC Steering Group

The purpose of the MARAC steering group is to provide strategic governance to the MARAC in order to reduce repeat victimisation and reduce levels of harm posed to high risk victims of domestic abuse in Rotherham. Also to provide quality assurance to the MARAC and ensure compliance with the Safe Lives' principles of an effective MARAC process.