



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:

- Failure to Report incidents (Residential/nursing 46%, Domiciliary Care 43%, Voluntary Care Services 1%, DP 10%)
- Late /Missed calls (Domiciliary Care 99%, Supported Living 1%)

- 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.

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

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 

