

**IMPROVING LIVES SELECT COMMISSION
14th December, 2016**

Present:- Councillor Clark (in the Chair); Councillors Allcock, Beaumont, Cooksey, Cusworth, Elliot, Fenwick-Green, Jarvis, Keenan, Khan, Marriott, Napper and Evans and Joanna Jones (GROW).

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, was in attendance for Minute No. 39 (Domestic Abuse Service Provision in Rotherham).

Apologies for absence were received from The Mayor (Councillor Pitchley and Senior. Councillor Roche, Cabinet Member Adult Social Care and Health, submitted an apology for Minute No. 38 (Rotherham Adult Safeguarding Board)

34. DECLARATIONS OF INTEREST

Councillor Jarvis declared a non-pecuniary interest in Minute No. 39 (Domestic Abuse Service Provision in Rotherham) as she was a Board member of the Rotherham Rise Trust.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.

36. COMMUNICATIONS

Councillor Cusworth gave a brief verbal report on the business conducted at the recent meeting of the Corporate Parenting Panel. The agenda included:-

- Looked After Children and Care Leavers' Strategy 2017-2020
- Ofsted Activity Report – Children Looked After
- CCG Commissioning Compliance Tool for Looked After Children and Care Leaver Health Services
- LACC Report July to end of October, 2016 presented by 3 young people who were either current LAC or Care Leavers
- “The Care We Receive as Children Colours our Whole Life” (CQC 2016)
- Rotherham Fostering Service Performance Report 2015-16

Any Member wishing further information on the items discussed should contact Councillor Cusworth.

37. MINUTES OF THE PREVIOUS MEETING HELD ON 2ND NOVEMBER, 2016

Resolved:- That the minutes of the previous meeting of the Improving Lives Select Commission, held on 2nd November, 2016, be approved as a correct record for signature by the Chairman.

38. ROTHERHAM ADULT SAFEGUARDING BOARD 2015-16 ANNUAL REPORT

Sandie Keene, Independent Chair of Rotherham Safeguarding Adult Board, presented the Board's 2015-16 annual report in accordance with the Care Act 2014.

Whilst good progress had been made there was still much to do. It was the Board's aim to ensure that everyone in the Borough shared its zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

The key priorities for 2016-18 were:-

- 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'

Sandie highlighted:-

- The Board had been reconstituted and relaunched in 2015 and had reviewed its membership and agreed its priorities
- There had been 2,556 concerns/alerts received in 2015. Of those 579 concerns were investigated further and a plan in place to protect the individuals concerned to prevent further abuse and ensure that the outcomes desired by the individual were met
- The need for proper performance management and to look at the quality of the work across agencies
- Refocussing of resources had enable a new Safeguarding Service Manager from within the establishment to be allocated
- Good attendance and commitment from all agencies at the Board
- Strategy, Constitution and Mission Statement published
- Emerging Safeguarding Adult Reviews of historical cases – 3 Reviews commissioned
- Discussion regarding creation of a budget for 2017-18 with possible

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- contributions from agencies
- Abuse occurred in care settings as well as in people's homes
- Future contribution to the national work taking place looking at people with Learning Disabilities who died an untimely death

Discussion ensued on the report with the following issues raised/clarified:-

- Was performance information available in a timely way to support the work of the Board? This had been raised with the Chief Executive and there was now a much more timely response.
- What measures and interventions led to an improvement in standards of care and safety? This was with regard to the Council's Contract Commissioning Team and contract quality rather than Safeguarding. If there was a Safeguarding enquiry it would be followed up as Social Worker intervention to make sure that things were resolved.
- Why had 306 individuals not been assessed under the Mental Capacity Act and Deprivation of Liberty Safeguards? The issue of the backlog had occurred because of a change in the interpretation of the Law and exponentially increased the numbers for the Local Authority. This had led to a backlog in assessments. The Board had requested that some work be carried out to reduce this. National guidance had been published by ADASS on prioritisation of assessments and the Board had been assured that all the cases had been through an initial assessment to identify risk and to make sure that the most appropriate people were prioritised. However, from the Board's perspective, it was unsatisfactory that the numbers were not coming down and needed to be reduced.
- Why had no-one from the Police or Probation Services attended any training in 2015/16? The training within the Police Force was quite robust and they felt that, because of their shift patterns and the specific training that Police Officers undertook, their training was sufficient.

The Probation Service had its own training programme. The Board's Training Sub-Group had examined training courses that would be particularly applicable to a multi-agency approach and when it would expect the Police or Probation involvement.

- How do agencies work with people who were 'self-neglecting' but may have capacity to make decision to try and stop them from slipping through the net? From a practical point of view, if someone had the capacity to make the decisions there was very little that could be done other than an agency attempting to get alongside that person and perhaps influence the decisions they were making. As far as agencies were concerned they needed to come together regularly to discuss the situation/risks and examine what might be able to be done in order to ensure that they had given it every consideration possible.

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There needed to be robust case management when the individuals were known to agencies.

Little could be done with regard to influencing people's decisions if agencies had made sure that the individual had full awareness of the consequences of the decision. Predictably there were some cases nationally that fell within this category that had been subject to Safeguarding Reviews and the learning therefrom put into practice for the people of Rotherham.

- Did the Local Authority and its partners have things in place that could deal with self-neglect? There were things in place at the moment. A piece of work was being conducted around tracking people into Service, what they could do to support themselves or go to the community for extra support if needed. Work was also taking place with Mental Health with regard to what could be done e.g. people learning new skills to give them the opportunity to talk about their issues. It was hoped to align workers with the Mental Health Trust to boost capacity.
- Was there a reason for the high percentage of medication concerns in the residential nursing setting? The Authority had been carrying out some bespoke work with organisations and individual homes about how to raise the quality from a contract commissioning point of view.
- Was there a reason for the high percentage of staffing vacancies in the residential nursing setting? The figures quoted in the report were national statistics. There was a national shortage of qualified nursing staff in nursing homes with a number of homes deregistering due to the lack of staff.

Because of the issues, the Board felt it would be more than helpful to have a representative on the Board from the independent sector, either residential, nursing or domiciliary care which would strengthen the participation.

- Was there a representative from Housing on the Board? Yes however it did not include the private sector at the moment.
- How confident was the Board with regard to the level of Learning Disability and Autism training within Adult Social Care? As a Board it did not share the level of training and specific elements of either Health Care or Social Care. There had been concern within the Council about Learning Disability and Safeguarding and some restructuring had been undertaken in terms of addressing some of those concerns.
- How confident was the Board that the Making Safeguarding Personal Agenda across the Safeguarding Service would be fully implemented and embedded? There had been considerable work done across

Rotherham and there was a specific sub-group looking at it which was very much around the principles of making Safeguarding transparent and asking people at the beginning of the process what they wanted to achieve and at the end of the process ascertain if it had been achieved.

The aim was to make Safeguarding personal and roll it out across Adult Social Care. All Social Care assessors and staff, including all staff that were employed by the Council, had not only undertaken e-learning but also the e-learning for the Corporate Safeguarding. Presentations had been made to RDaSH, The Rotherham Foundation Trust and all provider services invited to participate in the training.

- Was there a commitment to retain the Vulnerable Persons Team? The individuals who were clients of the Team were the most chaotic of society with some being victims of CSE. Work was being undertaken to look at how the Service could be extended.

Resolved:- (1) That the report be noted.

(2) That a representative from the independent care sector on the Rotherham Adult Safeguarding Board be supported.

(3) That work underway to improve the provision of performance and audit information to support the work of the Adult Safeguarding Board be noted.

(4) That the Chair conveys to the Chief Executive this Commission's wish that the improvements in the provision of timely performance information to support the Adult Safeguarding Board be maintained.

(COUNCILLOR ALLCOCK ASSUMED THE CHAIR FOR THIS ITEM AS HE HAD BEEN LEADING THE WORK ON THIS ISSUE.)

39. DOMESTIC ABUSE SERVICE PROVISION IN ROTHERHAM

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety, and Chair of the Safer Rotherham Partnership, referred to the recent history of the Safer Rotherham Partnership and the criticism it had received in the Casey report regarding its operation and the lack of challenge.

The previous Cabinet Member, former Councillor Kath Sims, who had had responsibility for the Partnership, had spent a lot of time restructuring and reinvigorating the Partnership and had started the work on a plan which included domestic violence.

Progress had been made but the Partnership was not where it wanted to be as yet. There was a lack of strategic overview and it was not known

where the gaps in service provision were. The report submitted set out the current domestic and sexual abuse offer in Rotherham and responded to the key lines of enquiry identified by the Commission:-

- 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?

Some funding had been secured from the Police and Crime Commissioner's Community Safety Fund to fund work going forward. An independent Peer Review had also been requested which would inform the revised Domestic and Sexual Abuse Strategy. Discussion at the Select Commission would help inform that revision.

There was now a Domestic Abuse Co-ordinator, Amanda Raven, in post. The multi-agency Domestic and Sexual Abuse Priority Group would be re-established consisting of officers and partners which would co-ordinate the work that needed to take place.

Phil Morris, Business Manager, Children and Young People's Services, and Amanda Raven, Domestic Abuse Co-ordinator, then gave the following powerpoint presentation:-

The Government definition of domestic violence and abuse
"Any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members"

This is, but not limited to the following types of abuse

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Harm to children who witness domestic abuse can be signified. It is often categorised as

- Emotional abuse
- Physical abuse
- Neglect

Impact is on every aspect of a child's life

- Education
- Emotional wellbeing

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- Social wellbeing
- Cognitive development

What is the prevalence

- 130,000 children live in households where there is high risk of domestic abuse
- 64% of victims have children
- 62% of children are directly harmed by their abuser
- 25% of children in high risk households are under 3 years of age and the abuse has been present throughout pregnancy
- 39% of children had difficulties at school
- 60% of children feel to blame
- 52% have behavioural issues
- 25% exhibit abusive behaviour with others
- Domestic abuse is a significant behaviour factor in 2/3rds of serious case reviews
- Domestic abuse factor in 60% of Care Order applications

Rotherham Picture

- 23% of Children Services contacts (April to August, 2016)
- 1,178 contacts for domestic abuse (April to August 2016)
- Between 30-40% require Social Care support

What should we do

- Protect the child
- Empower the non-abusive parent
- Hold abuser to account

Domestic Abuse Pathway

1	Children <18 years Domestic abuse incident Police attend, self or agency reported	1	Adults 16+ years Domestic abuse incident Police attend, self or agency reported
2	DASH risk assessment High, medium or standard risk to victim Immediate action to protect	2	DASH risk assessment High, medium or standard risk to victim Immediate action to protect
3	Notification and referral to MASH	3	Referral through to Assessment Direct single point of access if required
4	Screening IDVA/MASH Manager screening	4	Screening IDVA and Adult Services History

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	History Current involvement		Current involvement
5	MADA (Multi-Agency Domestic Abuse) meeting 11.00 a.m. each working day All agencies High risk and some medium risk cases	5	MADA (Multi-Agency Domestic Abuse) meeting 11.00 a.m. each working day IDVA and Police only High risk and some medium risk cases
6	MADA outcome and actions Safety Planning Safeguarding MARAC Operation Encompass	6	Mada outcomes and actions Safety planning Referral to appropriate services MARAC

Discussion ensued with the following issues raised/clarified:-

- 3 years ago there was a Scrutiny Review undertaken in respect of Domestic Abuse. It was extremely disappointing that the progress had stalled. The Domestic and Sexual Abuse Priority Group had not met since December, 2014, and the post of Domestic and Sexual Abuse Co-ordinator had been vacant from July 2015 to October, 2016. Members had a role to play but if they did not know there were any gaps in Service provision how could they deal with it? The Cabinet Member fully concurred with the sentiment but that was not to say that the work was not being done by some officers. The Co-ordinator post now sat within the Community Safety Team and was monitored by the Partnership Board. Officers had been requested to look at the Scrutiny Review recommendations from the earlier Review.

Part of the Peer Review would be to look at the governance arrangements of the Safer Rotherham Partnership Board as well as performance monitoring. Funding had been secured from the Police and Crime Commissioner and the Council to employ a data analyst.

The Safer Rotherham Partnership's new plan identified domestic abuse as 1 of its key priorities together with community cohesion and hate crime. There was also a Performance Board which would receive the current data from the Police.

- It was anticipated that the newly reformed Domestic and Sexual Abuse Priority Group would meet in January 2017. The Group's Chair would be at Assistant Director/equivalent senior Police Officer level.
- From a children's perspective, the Local Safeguarding Children's Board had not had access to a Strategy that clearly defined the outcomes of the expected impact on the safeguarding and wellbeing

of children which the Board could scrutinise and ask questions of. It was important that the Strategy emphasised what the services should be and how would one expect those services to make a difference to the safety and wellbeing of children where there was domestic violence. The Board would then be able to ensure that the services in Rotherham were delivering what they should be delivering.

- There had not been a major discussion in the Safeguarding Adults Board with regard to domestic violence. However, there was little reference to the position of vulnerable adults in the domestic violence arena and the need for a pathway and establish where exactly the identification of a vulnerable adult may come. The scope of the Adult Board was set in Legislation in that it was particularly concerned with adults that had care and support needs and, therefore, would want to ensure that those thresholds were well co-ordinated in terms of who was doing what and identify together those people that fell under that umbrella, managing the risk involved and supporting people.
- Were there any emerging issues in Rotherham with regard to domestic abuse? There were pathways in place but they were not as clear as they could be in relation to vulnerable people. The Board needed to investigate and not just deal with what was happening at the time but try and get in front and see what was coming over the horizon with mechanisms put into place for prevention rather than reliant on an enforcement type approach.

Domestic violence now sat within the Vulnerable Persons Team in Adult Social Care and would make sense to include within the Domestic Violence Pathway. The MARAC had always been predominantly victim-led but as there became a more holistic and family led approach it may be that the voice of the child should be heard in that meeting. The MARAC considered what the victim was saying but what a child was saying may sway the way in which the MARAC may make decisions.

- A family holistic approach was a better use of resources – There were a number of ex-CSE cases being received which were passed to the Vulnerable Persons Team. These were people that were now making inappropriate choices of partners because of their history. The bigger picture should be looked at rather than victim led.
- Was the Perpetrator Programme happening and were people being referred into it? How was the Programme evaluated? Was a perpetrator re-referred if there were further incidents? If other issues such as alcohol, drugs etc. arose was the person referred to the other agencies for help? The Perpetrator Programme was an offender-based programme run through the Probation Service and delivered through the Community Rehabilitation Company. In many respects it was too late as the perpetrator had already committed the offence(s). Referrals would be made to agencies as required.

A more bespoke Perpetrator Programme would be far more beneficial but there were costs associated with it. Discussions were taking place with regard to a County-wide Programme based on Doncaster's experiences over the last 12 months.

Rotherham Rise had been proactively looking at getting a pre-offender Perpetrator Programme for quite some time. There were a number of bids submitted with neighbouring authorities for such programmes.

- Had an analysis been conducted of any perceived savings that would come to the Authority from having a Perpetrator Programme? No. There were national figures stating its success.
- The document talked about more employers recognising and supporting victims. Were we looking to get as many employers as possible on board and would they be given information on how to support victims and who to signpost to? The training programme had recently re-started with invitations to the Probation Service, Elected Members, voluntary sector and the NHS Trust to participate. Other areas such as dentists would also be invited.
- What about employees' sickness records? Certainly within the Council itself they were very good at picking up on that and did use inhouse services and the Service to support. There had recently been sickness record training.
- Had there been any research/statistics that identified drug abuse as a contingent of domestic abuse? Within the MARAC there was a special MARAC which considered the more complicated cases. Approximately 70-80% of those cases were either drug and/or alcohol related. The Vulnerable Persons' Team would be involved to offer support to the victim and perpetrator.

Mental Health was also a massive issue.

- If the funding was county-wide would it be allocated to areas with particular problems? The Police computer could pick out hotspots and consideration would be given to moving funding/support.
- Was there still a facility for men experiencing domestic abuse in Rotherham? Yes. Both Rotherham Rise and ISVA (Independent Sexual Violent Advocates) would work with both male and females. There had been an increase in male referrals to ISVA. There were also refuges for men which the Service had referred through to.

Men were considered to be part of the "hard to reach" groups.

- Was the Perpetrator Programme designed around the male or

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female? The Programme recognised both sexes. Some were very bespoke around each person.

- The LGBT community were seeing a rise in hate crime and accessing the very limited service – Victims needed to come forward at an early stage and report their concerns.

There were increased reports of hate crime. There were great inroads being made in other parts of the community but the Authority and South Yorkshire Police were not having as much success in the LGBT community but were working hard to rectify the situation.

- Was there any help for the families of perpetrators? Sometimes they were as much at risk as everybody else and support had been offered to the family.

From the children's perspective the Police did refer cases through the MASH where an immediate assessment of the level of risk to the child was undertaken.

- Was there any support to a parent that was subject to domestic violence from their children(ren)? An increase was being seen in the number of cases. It was difficult because they would follow the same referral route of the victim (the parent) going to Rotherham Rise or the ISVA Service and staying in a refuge. However, very few parents would go into a refuge and leave their child(ren) behind. The offer of support currently was not what they wanted; what they wanted was support around mental health, drug and alcohol issues. There were a lot of services but no co-ordination.
- The presentation stated the categories of types of abuse which stated physical abuse was one. Was the term "violence" still used or was the preferred terminology "abuse"? Would the terminology be consistent in the revised Strategy?.
- What would a therapeutic programme look like and why would it be aimed at boys/young men? It had derived from feedback from Children's Services earlier in the year. It was not known what it would look like and was part of the considerations for the future.
- Was the Joint Strategic Needs Assessment (JSNA) up-to-date and what did it say about domestic abuse in Rotherham? The JSNA covered a wide range of areas, however, there was no specific element looking at domestic abuse and was an area that required review.

Resolved:- (1) That the current position in respect of domestic and sexual abuse service provision in Rotherham be noted.

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(2) That the recommendations agreed by the Safer Rotherham Partnership Board on 5th December, 2016, be supported i.e.:-

- The commissioning of a full review and refresh of the Safer Rotherham Partnership Domestic and Sexual Abuse Strategy 2013/17;
- 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;
- 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;
- Commission an independent peer review of the Partnership's domestic and sexual abuse offer to include governance arrangements, identification of gaps in service, pathways, funding arrangements and support networks;
- Approve funding of up to £10,000 from the Community Safety Fund 2016/17 to facilitate the above.

(3) That, in light of the discussions, that the recommendations from the 2013 Scrutiny Review be reconsidered.

(4) That there be a cost benefit analysis of the Perpetrator Programme and that this be used to inform the future commissioning of Services.

(5) That the Rotherham Safeguarding Adults and Safeguarding Children's Boards be involved in the development of the Strategy and Pathways.

(6) That domestic abuse be included in the future refresh of the Joint Strategic Needs Assessment.

(7) That the Chair of the Safer Rotherham Partnership submit a further report in 6 months outlining progress made in respect of tackling domestic and sexual abuse in Rotherham.

40. DATE AND TIME OF THE NEXT MEETING

Resolved:- That meeting be held in 2017 as follows:-

Wednesday, 1st February

22nd March

all commencing at 1.30 p.m.