

Department of Children's Services
Aiming High for Children

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By Email

Dear Damien

Bradford would firstly like to thank Rotherham MBC for the invitation to undertake the review and for the warm reception we received when on site. The positivity and helpfulness of all of the staff we encountered was a constant throughout the review. The review will also enable us to reflect on our own services in relation to domestic abuse (DA) and we will be making some changes in response to this. Peer Challenge is a two way process and this was evident for us in this review.

Context of the review

In January 2018 Bradford undertook a multi-agency peer review of Rotherham's response to domestic abuse (DA). This was at the invitation of the Safer Rotherham Partnership and arose after Rotherham's DCS led a peer challenge in Bradford in relation to SEND. This followed Bradford's positive JTAI inspection relating to DA in early 2017 and Rotherham identifying the benefits of a peer review as part of their work on a new DA strategy.

This challenge was delivered as a pilot using new methodology developed through the sector led improvement programme, with a focus on one area, with a large multi agency team doing the on site challenge on one day. The team from Bradford included the AD Performance Partnerships Commissioning who led the review; the DA Coordinator; the CCG funded Health DA Coordinator; Bradford Social Care MASH Service Manager; two police officers from the MASH, a representative from adult commissioning, the Chief Executive of Keighley Domestic Violence Services and Bradford's Head of Targeted Early Help. Bradford colleagues were supported in the review by the Sector Led Improvement Lead, Rob Mayall.

The challenge started with a Self Assessment prepared by Rotherham using a template adapted from the national DA requirements. This was reviewed by the team in Bradford, along with other information supplied, and was used as a basis for the on site day. Following review of the self assessment, Bradford sent Rotherham an indication of who they wanted to see as part of the site visit.

At the start of the visit Rotherham gave a presentation about their response to DA, after which the Bradford team undertook fourteen interviews and focus groups, hearing from a total of nearly sixty multi agency staff and service users as part of the challenge.

The review included meetings with the DCS; Police Commander for Rotherham; the Chair of Overview and Scrutiny; the Chairs of both the Adult and Children's Safeguarding Boards; a focus group of middle managers; a prevention focus group, a provider focus group; service users; health partners; commissioners; workforce development staff. One team spent the day in the MASH and attended MARAC and the MADA. The Portfolio Holder from Bradford for Health and Wellbeing undertook a telephone interview with the Cabinet member in Rotherham who is also chair of the Safer Rotherham Partnership Board.

Conclusions from the challenge using the self assessment, the documentation supplied and the meetings on the day were summarised in the LGA peer challenge areas of:

1. Vision strategy and leadership
2. Working together
3. Effective practice
4. Outcomes
5. Capacity and resources

1. Vision, strategy and leadership

Rotherham's commitment to reflecting on practice and to ensuring high quality arrangements are in place was evident throughout the process- through the commissioning of the review; in the presentation at the start of the challenge, and during the interviews and focus group sessions.

There was an acknowledgement that things had "not been in a good place" and there was a clear determination to see this change. The publication of the DA Strategy is a positive step, and it sets out clear aspirations. The Domestic Violence Practice group (DAPG) group demonstrates that there is a commitment to driving forward this agenda, and that the partnership is involved in this process.

Interviews with senior leaders and elected members demonstrated that there is commitment at the highest level to the DA Strategy as part of a broader response to vulnerable people. At every level there was an acknowledgement that the recent appointment of the Head of Service, Community Safety, Resilience and Emergency Planning is making a real difference to the focus and pace of work and that there is real confidence that under his leadership and with partner engagement the situation is improving. This view was reinforced by the providers who we met.

It was clear however that the strategy is relatively new, and that it is not yet well promoted, recognised and owned at all levels, particularly outside of the DAPG. There is an opportunity to secure partnership ownership across the system and at all levels within it. In relation to the strategy, the partnership may want to consider

- Securing broader ownership
- Developing arrangements for monitoring
- Ensuring the strategy is sensitive to both current and emerging demographic need

The current self evaluation on DA is a work in progress, and appears to be missing meaningful contribution from a number of agencies. The shortened Signs of Safety version is easier to understand and offers a more honest shared assessment. The action plan is very detailed and complex and it may be worth considering identifying a much smaller number of game changing actions and give a relentless focus on these to drive the process.

In relation to governance, there is clear ownership of DA through the Safer Rotherham Partnership (SRP) and the DAPG. DA is on the agenda at all SRP meetings. Strong and tenacious leadership is coming from the local authority through the role of the Head of Service, Community Safety, Resilience and Emergency Planning and there is evident buy in to this from a wider partnership. The appointment of the Assistant Chief Nurse from the Hospital Trust as Vice Chair of the group is a great step forward.

There is clear ownership of DA by Scrutiny which has strong oversight and provides robust challenge. This is also evident from the cabinet member who chairs the SRP.

The joint protocol between the Rotherham partnership boards demonstrates good practice. The audit on DA completed by the LSCB demonstrates a useful contribution to DA assurance in relation to children and young people.

A health based safeguarding strategic group meets quarterly, and is planning to increase awareness of the Strategy and the DAPG in the health sector, by inviting the appropriate lead officer to their meetings.

The model of the MADA in the MASH is good practice and demonstrates that there is a partnership commitment at an operational as well as strategic level.

While the Adult and Children's Safeguarding Board Chairs are clearly committed to ensuring that the Boards have a role within DA assurance, there is an opportunity to develop this further and to consider using other approaches. Examples of this might include an on-going programme of multi agency audits; consideration of DA by one of the Board sub groups and assurance reporting at the main Board. Given the joint protocol in place, and the fact that DA is one of the issues that impacts on the SRP, Adult and Children's Boards, there is an opportunity to consider what joint assurance might look like, and for clearer ownership across all three Boards of the joint strategy, rather than an assumption that this is the work of the SRP, and comes to other Boards for information. There is the opportunity to develop an annual plan around DA and put in place QA processes and assurance that is owned by all three boards.

Rotherham has a strong approach to CSE developed in response to the challenges raised by Casey and Jay. This response has galvanised partners and resulted in a good set of partnership arrangements. There is the opportunity to use the learning from this to drive improvements around DA. There was a suggestion from some of the interviews undertaken that response to CSE can at times feel to dominate the partnership energy at present.

2. Working together

There is an evident ambition in Rotherham for partners to work together around the DA agenda, evidenced through the DAPG group and the commitment of the CSP, adult and children's safeguarding boards. The commitment the partnership showed in supporting the review is very positive evidence of the strength of the will to work on this agenda. There are references to the strength of partnership in both the strategic section and in the section on effective practice.

During the review we saw evidence of strong provision in the partnership and had it referred in a number of ways. Service users reflected this also.

Partnership intent and its translation to improved joint work in practice is however still not fully matured in relation to the DA agenda. This is reflected in the need to embed the strategy, the ownership of the children's and adults boards and in the developing practical DA arrangements in the MASH. There is an opportunity for the police and health to consider allocating dedicated staff to DA to enable relationships and practice to be developed. The information sharing protocols described as 'clunky' are an example of the practical ways in which the partnership is not yet fully developed.

3. Effective Practice

The reappointment of the DA Co-ordinator post was highly valued by all partners, the role brings partners and the strategy to life, it has kick started and reinvigorated work to meet strategic and operational needs. There was evidence of a range of referral sources from other professionals which indicates a good awareness of the service from other agencies.

There was evidence of future planning from the Acute Trust around the acquiring of additional resources for Hospitals to support Victims of Domestic Abuse, with the introduction of Hospital based IDVA services.

The SLA between early help and two local Academy schools was an innovative example of Early Help and prevention being embedded into schools was encouraging to hear, the focus on healthy relationships through the curriculum will ultimately reduce and prevent DA, however evidence based interventions will take time to show any impact.

The proactive action of the Housing Services manager in making links with the DAPG and Domestic Abuse Lead Officer has increased knowledge gained by the housing team on Domestic Abuse and has influenced the delivery and commissioning of housing related services. This was a best practice model that can be replicated across other service and partnership areas. The review team saw evidence of strong professional ownership of cases, particularly in the MASH and with the providers. In the MASH there are dedicated staff members who are passionate about domestic abuse and want to get it right.

The MADA meeting that was observed, is an example of good practice and was well attended by agencies. Combining this with the meeting for adults affected by DA is a good model.

There were a good range of evidence based interventions on offer in early help and through the providers. The provision observed by the team was good and clearly meeting the needs of the service users who took part in the review, who noted that there was good provision and that this was flexible.

There was evidence of the use of Signs of Safety within social work and early help responses, but this was less clear across the wider partnership. Broader understanding and use of this as Rotherham develops its approach to Signs of Safety would enhance the offer to families and young people and help the voice of the child to come through more consistently.

The MASH- The recent Ofsted confirms the high quality of the MASH provision, which the review team also observed. The MASH appeared to be an effective central point of referral for all concerns regarding children for DA cases and these are assessed and referred to DA specialist in an appropriate manner. High risk cases that were reviewed were clearly managed well with high level partnership ownership and commitment.

Decision making observed in the MASH was good, with good management oversight from the team manager and senior social worker upon receipt of the DASH. Cases are dealt with in a timely manner. There is good management footprint around step down from Child Protection to Child in Need where cases are actively worked for three months under a CIN plan. Strategy meetings regarding S47's are well managed and attended by multi agency representation. In preparation for the meeting there is a good sense of willingness to share information for the protection of the child.

In relation to DA, the team, observed some evidence of division between each agency within the MASH, partly exacerbated by some operational and information sharing processes. Police and partners within the MASH recognised the value of a more integrated approach to DA that would benefit from co-location of dedicated DA police teams alongside partners. There was an apparent inconsistency of managing DA investigations by the Police with only high risk cases investigated by appropriately trained safeguarding teams.

Assessment- The team could not see evidence of multi agency input to the initial DA risk assessment process. Social Care appears to work solely on the police assessment and grading following their attendance at the incident. It is only when a substantially higher threshold has been reached that consideration for the Multi Agency Child Assessment (MACA) information is made. This could be done at a much earlier stage on a lower threshold thus ensuring that each referral is considered in light of all partner agency information sharing. The current process around assessment, review and referral for medium and low risk DA incidents identified some delays with some partners. High risk cases were seen to be managed in a timely and effective multi agency method. DASH forms are reviewed by a central Police unit which provides a consistent assessment of risk across South Yorkshire. The MASH at Rotherham and in particular Children Services and Education highlighted some referrals were not received until up to three weeks after the incident which was a risk in safeguarding children and effective information sharing. There were no delays or backlog within Children Services once referrals were made who will escalate cases to the MADA where necessary when additional information impacts upon risk assessments.

Voice of the Child- the DASH assessments reviewed by the team missed an opportunity to record the demeanour of the child and to provide any detail about the voice of the child as heard by the attending officers. Voice of the child did not appear to be consistently evidenced throughout the whole process from the police attendance at the DA incident to the S47 strategy discussion. The team did review cases using the new forms and asked to see some from previous cases, and all reflected this concern.

Information Sharing- although all partners display a willingness to share information the process appears clunky at times and it appears there is no fast track sharing. The current process revolves around completing an information requisition form to the partner. This creates an in built delay whilst the form is processed and returned before the information is considered as part of the assessment process for the child. There is some co-location of partners; however, a number of interviewees indicated silo working appears to still exist for some DA work in that the partnership teams are not integrated with one another.

There is a potential for duplication of effort around police information. The Gen 117 and DASH forms can be from the same incident but received at the different times due to how they are submitted from the Police. This means the same incident could be reported to Social Care twice. It is recommended that the police ensure only one report is sent regarding one incident.

In relation to DA, the National Probation Service declined to share information on a common referral form within the MARAC and questions were raised within MADA around previous convictions of a perpetrator. There are opportunities to improve the process between MADA and MARAC to ensure clearly defined roles and prevent duplication. Police teams investigating DA cases also attend at the MADA which creates a challenge between operational and partnership working. The DASH forms were not discussed within the MARAC.

Within the MADA and MARAC processes there was some uncertainty /clarity around information discussions with a range of colleagues identified that MASH and MARAC partners would benefit from further specialist multi-agency training around DA. First responders would also benefit from DA training, identified from MARAC group.

Complex systems - The team observed that there are a number of points at which disjointed practice is evident in relation to DA. There appears to be separate decisions made regarding risks to each party involved in a DA incident. This is evidenced by some children being graded as medium risk whereas the parent is high. There is potential for risk around failing to meet the relevant interventions for the child's needs. There appears to be duplication of processes around delegation and screening. Both appear to do the same things.

The provision of services for medium and low risk clients is through a commissioned service and the high risk IDVA provision is delivered in-house. While this approach enables specialist resources to be targeted it can lead to the multiple handovers of clients as risk levels fluctuate.

The Multi-Agency Protocol document sets out the referral process for vulnerable adults experiencing domestic abuse however it is not clear which team would lead on any work and intervention. This issue was discussed in the service user group following disclosure of a personal experience. It was clear in the scenario disclosed that there was confusion about whether the situation was being dealt with by Adults Safeguarding, MARAC or Children's (as the person was younger than 18 when abuse first commenced). Whilst it is not appropriate to go into the details of an individual case it highlights the potential for people to get lost in the system.

4. Outcomes

There is evidence of good data collection in both the CCG and the MASH in relation to DA. In the MASH there is a good performance data tool used by staff in live time to effectively manage workflow across the day and ensure performance indicators are met. The CCG have an excellent data set which can inform delivery of service provision and identifying trends and themes.

From the SEF and during the review however, a shared data set and performance measures were not evident in relation to DA. This makes monitoring services for individuals and charting progress as a system difficult, and is an area identified for development. This was recognised by the partnership at all levels. It is recommended that the partnership considers adopting and tracking a small set of measures on DA linked to its strategy and key actions.

5. Capacity and resources

Rotherham have undertaken transformation and developed a more corporate approach to commissioning arrangements through the CSP. Mapping of current provision around DA services is on-going and not fully understood at present. It is anticipated that this will allow

opportunities to remodel, create efficiencies and tailor services to the needs across communities. LA commissioning managers recognise that current provision is weighted towards adult services and that future arrangements will be informed by the mapping process and recognise children's needs and the impact of DA on them. There are challenges moving forward around future funding and commissioned services but innovative opportunities are being scoped. RISE was recognised as an excellent service, delivering in excess of agreed outputs and flexibility in service provision. LA commissioners utilise and work with the LSCB around the Section 11 audit to ensure appropriate quality assurance mechanisms are in place around commissioned services and the VOC. The Service users spoke very positively about the support they had received and gave examples of flexible service delivery.

The appointment of the DA Coordinator was seen across the partnership as a positive step, and there are resources across the partnership working on the DA agenda.

The new commissioning model is still in development and untested and will need to continue to fund CSE legacy requirements. The current model doesn't always take into account emerging complex safeguarding risks. Performance management and quality assurance was inconsistent due to number and ages of contracts in place. Managers recognise that there are limited services around on-line, Male and LGBT. The voice of the child needs to be fed into the commissioning process.

The target hardening provision is currently only available to people assessed as high risk. Whilst it is acknowledged that there is a need to prioritise resources a lowering of the threshold would enhance prevention work.

Training - Safeguarding adults and children's frontline staff undertake mandatory training which includes Domestic Abuse elements. CCGs deliver HARK training as well as having a proposal to implement delivery in A&E. There is training delivered by the DA Co-ordinator for Health Visitors, School Nurses and Midwives – this has been very positively welcomed. There was however a lack of evidence of multi-agency training, there is no current training needs analysis which would underpin the scale of the training required and no currently resourced plan in terms of funding and staffing on how to provide and sustain this. The current delivery of often agency specific bespoke training through the DA Co-ordinator appears to be unrealistic and unsustainable. There was an overall disconnect on workforce development issues and the needs of services and victims dealing with DA. Without clear evidence of a comprehensive, co-ordinated multiagency training offer, the strategy and its operational roll out is under risk as training would benefit from being intrinsically linked to the communication and awareness plans supporting the DA strategy.

There was a view from service users and the provider that the council website is not clear about what provision is available. The peer review team also looked at the website and identified some weaknesses in lack of information and links to other services. The idea of a single website or portal for domestic abuse information and reporting was raised in a number of groups. Further consultation with stakeholders including service users could be used to explore this further.

There was little resourcing for multi-agency working including joint campaigns and wider communications. It is recommended that the DAPG takes more of a lead in co-ordinating, designing and planning area wide campaigns, communications and training plans.

Summary and headline suggestions

Domestic Abuse is a safeguarding issue which is cross cutting between adult services, community safety and children's services. This provides an inherent complexity to partnerships everywhere, and Rotherham's challenges are in reality no different to those experienced in other areas as evidenced by the recent JTAI programme.

Rotherham's clear and open commitment to developing and improving services is a key strength and there are concrete examples of positive work within this, especially at single agency and provider levels and examples of how pace and partnership commitment have accelerated in recent months. The review highlights some excellent practice and also a genuine commitment from the partnership to move this agenda forward on behalf of everyone affected by DA in Rotherham. The areas for consideration highlighted in the review were not a surprise to the partnership and reinforce the level of partnership awareness now developed and existing plans to move forward. The maturing of the partnership approach to DA is expected to follow naturally as the DAPG and individual partner support becomes more embedded in coming months.

The key areas which the review identifies for reflection and action are:

1. Reviewing the partnership action plan and focusing on fewer but clearer actions
2. Rationalisation of the current referral process
3. Improved timeliness in data being received from the police for medium and low risk cases
4. Extension of Operation Encompass DA notifications to schools to medium and low risk cases
5. Consideration of dedicated police and health in the MASH for DA work
6. Review of the role of the DA Coordinator especially around being the point of contact for the public and delivering all training
7. Work with providers to develop processes to hear the voice of victims and include this in service development and training. This needs to include the voice of children affected by DA within families
8. Development of a multi agency training offer and resources for this
9. Establishment of a data dashboard and monitoring KPIs, including a small set of key metrics for the partnership
10. Further developing ownership of the DA agenda by the Adult and Children's Safeguarding Boards
11. Embedding of the strategy at all levels and in all agencies
12. Consideration to "one front door" through one website and contact number to signpost to help
13. Consider working with South Yorkshire authorities to extend the MADA across South Yorkshire

Yours sincerely



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The review team from Bradford were:

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Hannah Hatchman - Adult Commissioning Officer
DS Ian Mitchell - West Yorkshire Police based in Bradford MASH
Di Reed - Chief Executive of Keighley Domestic Violence Service
Mandy Robinson - Domestic Abuse Coordinator for the three CCGs
DS Andy Simpson - West Yorkshire Police based in Bradford MASH
Martyn Stenton - Head of Service Targeted Early Help
Sue Tinnion - Service Manager for the MASH
Cllr Val Slater - Portfolio Holder Health and Wellbeing

The review was supported by Rob Mayall – Sector Improvement lead for ADCS.