

Children's and adult safeguarding, exploitation and domestic abuse during and beyond the Covid 19 pandemic

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Adult safeguarding

Impact and response

Covid 19 has had a fundamental impact on how agencies within the Nottingham City Safeguarding Adults Board partnership have undertaken adult safeguarding and how people at risk have been supported during the ensuing pandemic. Rather than report upon all fourteen partners' efforts, this paper focuses upon the response of Adult Social Care (ASC) and the two statutory partners, Nottingham & Nottinghamshire Clinical Commissioning Group (CCG) and Nottinghamshire police, to provide a clear understanding of adult safeguarding issues created by the Covid 19 pandemic and how agencies have responded. A brief summary of Board activity during and beyond the pandemic is also included.

In respect of ASC, the agency with lead statutory responsibility for adult safeguarding, frontline social workers, including the dedicated Adult safeguarding team, commenced home working when instructed by the Council and continue to do so now. Clearly, this could affect safeguarding practice so staff continued to undertake in-person visits when necessary. Examples of this included; visiting clients' with communication difficulties, for example dementia or hearing loss; assessing high-risk issues, for example when family members block carer access; working with people who self-neglect or hoard to assess physical environments and review financial documents, as well as undertaking complex assessments determining issues of mental capacity.

Staff from other statutory agencies, including but not limited to Community nurses, the falls team, CCG Quality monitoring and the Council contracting team, all likewise substantially reduced the amount of in-person contact they undertook. This, along with the cessation of visits by family and friends, substantially reduced footfall in care homes during the first and subsequent lockdowns, thus removing the single most common way potential adult safeguarding concerns are identified (initial relaxation of visiting arrangements by government made only a minor difference in the system wide ability to identify potential abuse).

Outside of care homes, citizens living in the community lost vital social contact and the support of some services such as day centres and respite care. Collectively therefore, 'traditional' methods relied upon by agencies to identify safeguarding concerns, as well as the ability to undertake evidence gathering and engage with citizens during the safeguarding process, were impeded.

The Council was able to respond to this situation in a variety of ways, with the Contracts team introducing a 'focussed monitoring tool' to highlight concerns raised about care home and home care providers. Alongside this, a PPE monitoring tool was created to address the issue of insufficient / incorrect PPE usage in care homes. A 'Covid task force' meeting, initially involving local Councils, the CCG and CQC meeting daily to identify and address emerging issues in the care home market, was also established. During the height of the pandemic, these meetings took place daily before reducing to twice weekly (and now weekly), with reduced staffing levels and Covid outbreaks amongst care home residents the most common issues addressed.

Due to the cessation of visits by professionals, much of the work of the Adult safeguarding quality and assurance team (ASQA) initially ceased, with some staff redeployed during the first months of lockdown. Full service recommenced in August 2020 with the resumption of Early Intervention and Provider Investigation Procedure (PIP) meetings via virtual platforms. These meetings, the process by which failing care homes and home care providers are supported, reduced in frequency during lockdowns, with data from 20/21 indicating an almost 50% reduction compared to the previous year. This would appear to provide evidence of a correlation between reduced footfall in care homes and the commencement of formal oversight and improvement measures by statutory and commissioning bodies.

Whilst much assurance could be gained as previously through meetings, via written evidence such as emails, care plans and staff rotas, what remained unavailable was observation of practice in situ, with issues such as poor moving and handling or staff behaviour, still difficult to identify and monitor. Ultimately, commissioning partners could only receive a lesser level of assurance than previously from these quality assurance processes.

However, another departmental adult safeguarding mechanism, that of the whistleblowing procedure, proved fully effective during the pandemic. Following contact by a care home employee, ASC were able to commence an investigation that ultimately resulted in the planned and co-ordinated closure of a care home (St Augustine's). Despite significant practical challenges, the ASQA remotely managed the home closure procedure, with over ten agencies working together to provide an effective emergency response. Over six weeks, thirty-six citizens were supported to move to alternative accommodation, with the standards set out in the home closure procedure adhered to, and regular virtual relatives meetings and visits in person to the home (with appropriate PPE) taking place.

Other challenges have proved more enduring, with the City's Adult safeguarding team struggling to identify safe places to meet citizens. This issue has been most keenly felt in relation to domestic abuse, with some survivors seeing little alternative but to remain in unsafe environments for longer than they otherwise would have done, and social workers grappling with the logistical challenges of creating and implementing safety and escape plans. Venues such as GP surgeries were previously the preferred option, but with these unavailable during lockdown, greater reliance upon communication technologies became the preferred option. Additional contingency measures implemented by ASC included distribution of domestic abuse newsletters to raise awareness and provide information about available support, as well as facilitating colleagues attendance at virtual training and briefing sessions held by Equation throughout lockdown and beyond.

Due to social distancing measures, adult safeguarding training for the department ceased operating on a face-to-face basis in March 2020, although sessions were quickly adapted and delivered via Microsoft Teams, and positively received by colleagues. However, over time it became clear that delivering training virtually brought problems of its own, including but not limited to; poor internet connections; limited participant engagement; maintenance of group energy and the easy facilitation of breakout groups and case study discussion. Whilst these challenges

had an adverse impact on the quality of some colleagues learning experiences, there is no doubt that widespread adoption of technologies staff were previously reluctant to embrace has opened up creative possibilities for future use.

The Complex Persons Panel (CPP), a specialist multiagency safeguarding forum to support citizens with complex and enduring needs, transferred quickly to MS Teams, with attendance from all panel representatives, including statutory and emergency services, the voluntary sector and housing and mental health teams, prioritised. They report a fast resumption of 'business as usual', with clients presenting with mental health, anti-social behaviour, substance misuse and vulnerability issues much as pre-pandemic. The Chair has noted an update in activity with on average eight new cases presented every month, as opposed to six before the pandemic. Engagement with the other operational adult safeguarding forums, including SERAC (Slavery & Exploitation Risk Assessment Conference), MAPPA and MARAC all successfully continued in a similar vein.

As can be seen from the graph below, safeguarding concerns reported to the Council for the period ending 5 April '21 fell by 24%, although the reduction in s.42 enquiries undertaken by the Council fell by only 12% during the same period. Alongside this reduction in activity however must be factored in the lessening of support options from statutory and voluntary sector partners (most keenly felt during first lockdown) which effectively tied practitioners to citizens for longer than previously as they strove to build effective and sustainable risk management plans and exit safely.

Chart 1: Adult safeguarding referrals & s.42 enquiries by financial year

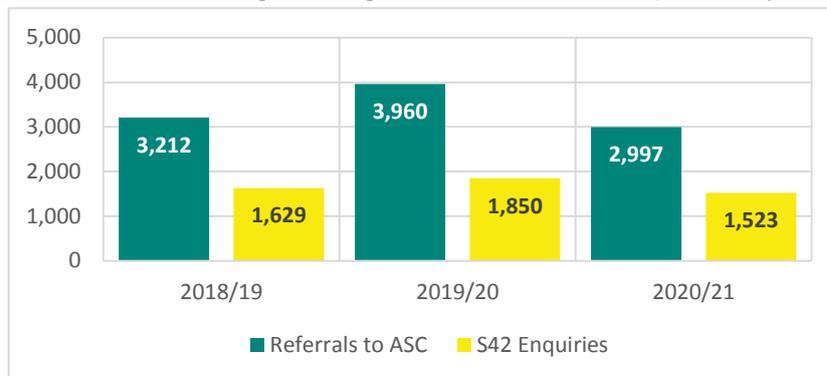
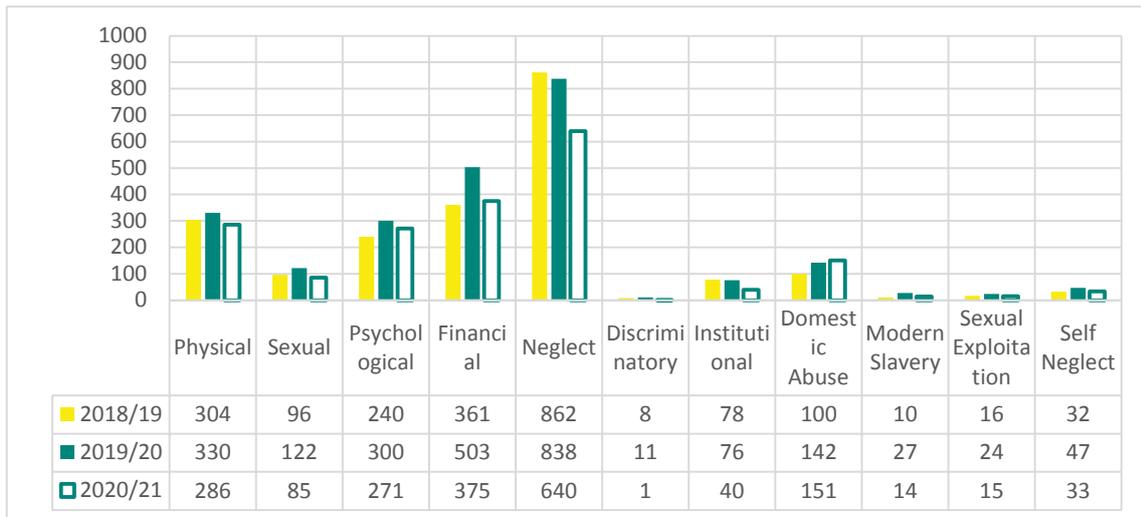


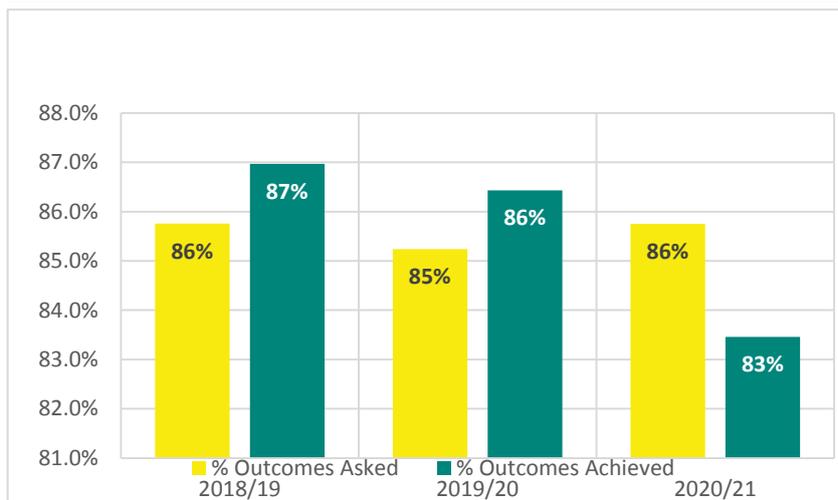
Chart two below details the nature of abuse taking place over the last financial year. Whilst noting the overall increase in domestic abuse, the numbers when compared to instances of neglect and financial and psychological abuse remain thankfully low. It cannot be emphasised enough however that these numbers relate only to those adults deemed Care Act eligible and not to the population as a whole.

Chart 2: Volume of s.42 enquiries by type of abuse



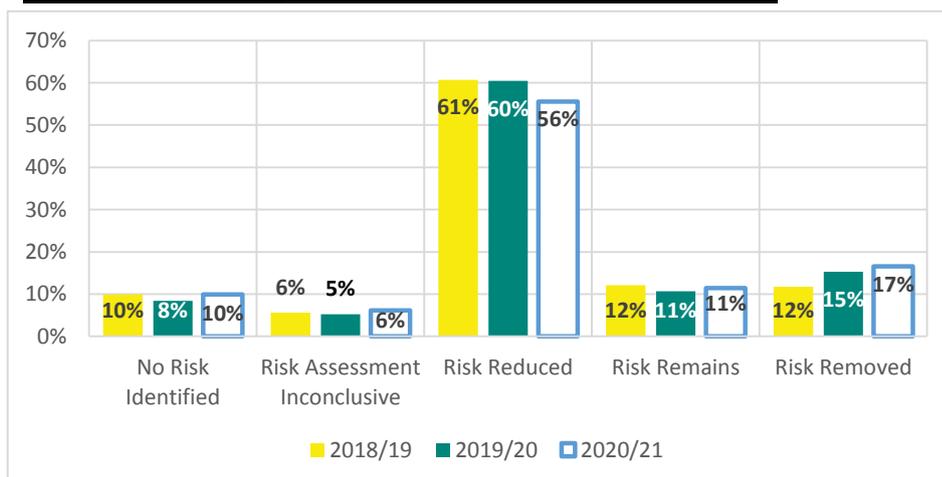
Data for the same period however demonstrated that ‘Making Safeguarding Personal’ remained embedded in practice, with only a 3% reduction in ‘outcomes achieved’ as defined by service users, compared to the previous year.

Chart 3: s42 enquiries where the adult was asked about their desired outcome



Finally, data for the 20 – 21 financial year shows that action taken by safeguarding social workers remained on a par with previous years, demonstrating that although the pandemic negatively affected the amount of work, it did little to affect the quality of it.

Chart 4: Percentage of s.42 enquiries by risk outcome



ASC staff, including the safeguarding team, will return to regular face-to-face visits when permitted to do so. Already however, several teams working in adult safeguarding report an increase in the number of in person visits undertaken as the vaccination programme progresses and social restrictions reduce.

In relation to contracting, the team are in the process of piloting a new way of monitoring, although this will remain virtual until agreement to resume care home visits is confirmed. However, with a reduced team, the capacity to undertake full day visits to providers no longer exists. It is anticipated that streamlining the process by asking providers to supply information beforehand, alongside greater preparatory discussion via Teams, will successfully mitigate against this reduction in capacity.

The AQSA team report that, as the vaccine roll out continues along with the reduction in social restrictions, partner agencies have resumed face-to-face visits in care homes, and oversight levels are slowly improving. However, they are not back to pre-pandemic levels and there remains a backlog of care homes requiring quality assurance oversight. Further, although quality-monitoring visits have resumed, they have often been either focussed, 'light touch' or undertaken virtually, so insight and assurance gained still remains less than previously. Some partner agencies are also experiencing new demands, for instance, the CCG's medication management team are currently prioritising support for the vaccine rollout over medicine management issues in care homes. However, many of these demands will likely prove transitory in nature.

Anecdotal evidence from the AQSA team also suggests that in relation to care homes the pandemic has affected service provision and potentially increased risk. Likely areas of concern include greater use of agency staff; compliance issues with PPE; higher occurrence of 'peer on peer' incidents (likely due to the stress of living in care with social restrictions) and finally, a risk of 'closed cultures' developing in the minority of homes that continue to be poorly led. Existing quality monitoring mechanisms will address these issues.

The reduction in Provider investigations is of concern and, as already stated, most likely a consequence of reduced footfall in care settings rather than an increase in the quality of care. Consequently, the AQSA team have been tasked with reviewing the changes in agencies working practices (with many confirming that their current, primarily virtual, operating methods will continue) and reporting their findings to the Safeguarding Adults Board.

As mentioned above, operational multiagency safeguarding forums have continued to function effectively throughout the pandemic. Building upon this, ASC are leading the development of a new multiagency panel to address the needs of citizens who 'hoard' (and often self-neglect and present as high risk of fire), which, although still small in terms of actual numbers, is a recognised and growing area of work.

Work is also underway with the CCG and County Council to develop a monthly data return capturing information about falls, safeguarding referrals and deaths in care homes and home care. This information will be analysed alongside other sources of

intelligence to produce a risk matrix to enhance an already proactive approach for providers where concerns are emerging.

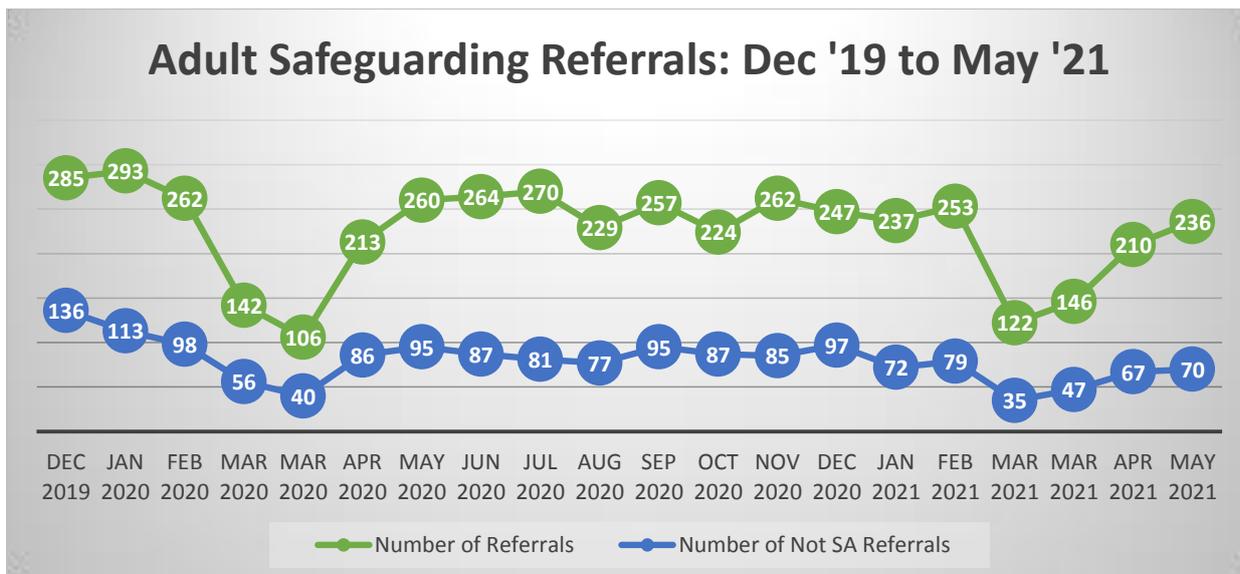
In order to develop adult safeguarding practice in ASC a new post of 'Safeguarding & quality assurance lead practitioner' was established in early 2020. Unfortunately, the post holder is currently acting up and with the post not backfilled, it was only possible for them to roll out delivery of the revised supervision policy before commencing new duties. Design and implementation of a Quality assurance framework, as well as a planned review of ASC's safeguarding policy (originally scheduled for 2020), will be priorities for the Safeguarding lead upon resumption of their post in early 2022.

Throughout the Covid 19 pandemic, senior adult safeguarding leads from neighbouring Local authorities have continued to meet and share learning to improve practice and tackle operational issues. Whilst in respect of training, the offer remains a combination of e-learning and virtual group sessions, the intention is to resume face-to-face delivery of adult safeguarding training as soon as is practicable.

ASC anticipate continuing to face the obstacles and challenges already articulated in this paper. However, they report being confident that the mitigations and adaptations put in place will continue to minimise the impact of these obstacles and challenges, including the possibility of a third wave.

The reduction in adult safeguarding referrals is obviously of concern; referrals have previously increased year on year since data collection commenced. The abuse and neglect of adults with health and social care needs has unfortunately not gone away; it has only been hidden. Although there is a risk that ASC will struggle to cope with demand once all lockdown restrictions end, it is unlikely given the gradual increase in safeguarding activity - rather than immediate demand – experienced previously.

The chart below displays adult safeguarding referrals received (as well as those queries classified as not adult safeguarding referrals) both pre first lockdown and post third lockdown. As can clearly be seen, referral levels are gradually returning to pre-pandemic levels. Whilst anticipated that this upward trend will continue, it does remain possible that it will not return to pre-pandemic levels as agencies continue to operate on a reduced footfall basis within care home and home care agencies, although as already mentioned, the AQSA team are investigating this and will report to the Board.



Other potential challenges include the temporary freezing of a number of ASC vacancies in response to budgetary pressures. The senior leadership team is closely monitoring the impact of this.

ASC are also preparing to implement the Liberty Protection Safeguards in April 2022. This legislation, a replacement for the Deprivation of Liberty Safeguards, will affect ASC as the age range coming within scope lowers to sixteen, whilst the range of settings increases beyond registered care homes. If the Code of Practice, as anticipated, requires that only social workers undertake this work, departmental capacity will be stretched, with impact likely to be felt in areas including potentially adult safeguarding. In response, the senior leadership team are progressing plans to increase social work capacity as well as planning to reduce significantly the current DoLS backlog ahead of LPS implementation. The speed of this response will however be determined by the success of procurement and recruitment processes.

Finally, the new Care Quality Commission duty to assess Local authorities' delivery of adult social care services is likely to commence in 2022. It is thought that adult safeguarding will be a key line of enquiry, although neither this nor the methodology to be used have been confirmed.

Partner response to adult safeguarding during the pandemic and beyond

Alongside ASC, the Board's other two statutory partners, Nottingham & Nottinghamshire CCG and Nottinghamshire Police report successful responses to the challenges presented by Covid during the pandemic.

The CCG report that the multiagency 'Covid task force', 'worked extremely flexibly and reactively' during the initial phases of the pandemic and that 'the benefits of this close collaborative working with care homes and local authority colleagues continue' as they maintain effective multiagency working practices for the benefit of residents. During this period, safeguarding focused quality visits for services (including private hospitals) resumed as soon as possible, with those facilities reporting more safeguarding alerts prioritised.

Despite this, the CCG remain concerned about the potential for 'hidden harm', not only within care homes, but also within domestic settings where abuse and modern slavery can take place behind closed doors. It is not anticipated that this potential abuse will become visible until social restrictions are removed and professionals can resume home visits as standard practice rather than by exception.

Throughout the year, the CCG safeguarding team facilitated regular safeguarding meetings with local NHS safeguarding provider leads. This helped identify emerging themes and situations, including the potential for hidden harm, as well as facilitating the inclusion of adult safeguarding within the emerging Integrated Care System (ICS).

The CCG safeguarding team were also instrumental in ensuring that asylum seekers placed in Nottingham had access to appropriate health care services, including GPs and specialist mental health provision. The team met regularly with SERCO to review any incidents and support them with safeguarding referrals.

During lockdown, the primary care safeguarding self-assessment tool was developed, with many GP practices using this tool to give assurance to the CCG as well as to benchmark themselves against the required standards in order to proactively improve service.

Another positive to highlight is that the CCG safeguarding team report a 43% increase in attendance for the GP safeguarding leads programme since switching to virtual delivery. Again, the plan is to continue this approach. However, one issue noted remains the wide variation of response to domestic abuse by GP practices across the ICS and this is a priority area for action.

In relation to Covid 19, Nottinghamshire police maintained a 'business as usual' approach, with officers physically attending all reported incidents, including those where domestic abuse featured. The police quickly engaged across the partnership in all virtual forums, including MARACs and stalking clinics, whilst support for survivors continued, with new engagement campaigns promoting silent reporting via '999 55' and poster campaigns in supermarkets.

Although domestic abuse has increased during the pandemic, affecting many families, in terms of raw data, Nottinghamshire Police recorded levels of abuse remained largely static when considering calls for service and recorded crime. The police report no dip in performance after previous lockdowns eased and were commended by HMIC during its recent inspection of its response to Covid 19.

Despite the demands of the year, progress was made in respect of adult safeguarding, with two staff recruited to the domestic violence disclosure scheme (Claire's Law) in order to increase the number of requests successfully processed. Likewise, funds were secured to install ESAFE software, which monitors offenders' digital devices. This early intervention is utilised to prevent offending primarily for registered sex offenders but increasingly for stalking perpetrators.

Continuing in a similar vein, a successful bid was made to deliver a pilot domestic

abuse perpetrator programme, with funding paying for two organisations, Freeva and Equation, to deliver a series of programmes aimed at domestic abuse perpetrators.

As demand upon the police reduced during first lockdown, an improved policing response to domestic abuse was implemented, with a specialist domestic abuse car to provide immediate support to survivors introduced. Alongside this, neighbourhood policing now make themselves visible to any person subject to a stalking protection order, any victim where a DVPO has been issued or any perpetrator charged and bailed in respect of a high risk DA offence. The force is also building a new Sexual Assault Referral Centre (SARC), with construction scheduled for completion by April 2022. Commissioned services will be co-located in the new SARC to enhance the victim's journey from initial police contact onwards.

In respect of the Domestic Abuse Act, Nottinghamshire police have volunteered to pilot the Domestic abuse protection notices (DAPN) and orders (DAPO), with the aim of testing the operation of these new statutory instruments, as well as assessing whether they achieve their policy aim of simplifying the complex landscape of protective orders. The force have also secured funding for the introduction of polygraph testing. Although delayed by Covid, the project is due to start at the end of the year, initially in respect of the management of registered sex offenders, but with scope to widen the project.

Outside of improved responses to domestic abuse, there is now an 'appropriate adult' scheme available at the Bridewell custody suite operating in a similar manner to the duty solicitor scheme. The number of adult PPNs issued continued to rise, providing assurance that, despite Covid, vulnerable adults were still identified and referred. Finally, Public Protection developed a series of short videos to provide up to date information to all officers about adult safeguarding.

Looking further afield, and at risk of heralding the Board's annual report, the Health and Wellbeing Board can take early assurance that all partner agencies report a similarly robust response to the pandemic. Although the themes of reduced footfall, potentially hidden harm and increased domestic abuse feature in agencies reports, so too do details of their robust responses, which together provide ongoing assurance of a mature and functioning adult safeguarding system. Whilst this report confirms the reduction in adult safeguarding referrals, it also provides confirmation that numbers are now increasing. Evidence is also provided that, in terms of Care Act eligible adults, the types of abuse taking place over the last financial year has remained largely unchanged (as have the locations of abuse). Finally, agency returns describe an ongoing partnership wide commitment to adult safeguarding in terms of providing staff training as well as evolving policies and procedures to improve preventative and reactive adult safeguarding practices.

Board response

The Board is strategic in nature, though ultimately it must have also have an operational focus if it to achieve its statutory aim of assuring itself 'that local safeguarding arrangements and partners have acted to help and protect [Care Act eligible] adults in its area'.

Initially, during the start of the Covid 19 pandemic, the then Chair took the pragmatic view that the Board should essentially 'get out of the way' of partners as they responded and adapted to the emerging issue. To this end, much scheduled work was paused, with the Board manager directed towards promotion of adult safeguarding communications (including to local mutual aid groups that had sprung up on Facebook) and ensuring that volunteers knew how to respond to adult safeguarding concerns. June 2020 Board was ring-fenced for the three statutory partners only, whilst BMG became a monthly forum for partners to share issues of concern, as well as for the Chair to seek assurance that adult safeguarding remained a focus amongst partner agencies as they adapted during lockdown.

In respect of assurance seeking, the Chair responded to issues as they arose locally and nationally. Thus, partners were asked if frontline staff remained able to 'speak out' as urged by national regulators; the CCG were asked to confirm both that application of DNACPRs remained in line with procedure and that families were not being asked to provide palliative care, including administration of opiate medication, above and beyond that previously agreed. Later, assurance was gained in respect of the rehousing measures implemented for homeless residents of Nottingham City and that the Council 'volunteer hub' was adequately staffed and able to provide volunteers with adequate adult safeguarding information.

Practical actions taken included hosting two well attended sessions run by Equation about the impact of the pandemic upon domestic abuse, as well as promoting the messaging of Trading Standards across the partnership in respect of financial scams. Alongside this, the Board gradually resumed 'business as normal' activities, recommencing Safeguarding Adults Reviews and, following on from the IICSA report, gaining partner wide assurance regarding the care of adult survivors of non-recent abuse. This work was made easier by the fact that, unlike many Safeguarding Adults Boards, the three subgroups had continued operating, albeit virtually, throughout lockdown.

Moving into the current financial year, the Board is now working very much on a 'business as usual' basis, although preventative and assurance seeking activity centred upon the domestic abuse act, care homes and financial scams are all included in this year's statutory annual plan. The impact of Covid also continues to be monitored across the partnership via the Risk Register and the Board's dedicated 'Covid 19 risks and issues' tracker. These 'live' tools allow for ongoing consideration and response to issues – within the paradigm of adult safeguarding - as they emerge on a partnership wide basis.

Ross Leather
Nottingham City Safeguarding Adults Board Manager

Slavery and Exploitation Team

The Slavery and Exploitation Team (SET) triage referrals for known or suspected victims of slavery, trafficking and exploitation, liaise with other agencies, conduct low-level investigations, offer specialist guidance to professionals and advocate for survivors. The team also delivers awareness raising sessions and support Police on pre-planned operations to provide a survivor centred approach.

The monthly Slavery Exploitation Risk Assessment Conference (SERAC), co-ordinated by the team, unites agencies to discuss cases, hold agencies to account and plan a joint response to manage risk and intervene. Discussions also feed into National Referral Mechanism (NRM) referrals and police investigations. It creates a rapid response for safeguarding, tackles criminality and offers the functionality to examine cases where initial concerns might not necessarily meet Care Act or police evidential thresholds.

The expertise, monitoring, learning in the field and independent, victim-centred support are unique to this service within Nottingham and beyond.

Implications during the pandemic and 'lockdowns'

Referrals to SET remained at a steady, average pace during the early lockdown beginning March 26 2020 but escalated in May (as professionals adapted to new ways of working) to more than two and half times the average rate. Following a return to home working at the end of September 2020 referrals dipped in October, then remained at an average rate until March 2021 when there was an increase in face-to-face working by professionals with referral rates nearly doubling in response.

The most common referral (similar to before the pandemic) has been cuckooing; the process of occupying a property belonging to a vulnerable person for the purposes of using it as a base or 'trap house' for the distribution of drugs and other criminal activity. Cuckooing accounts for just over 20% of all referrals to the team.

However, dramatic increases have been seen in referral rates for sexual exploitation (47 in the last financial year compared to 24 the previous year), financial exploitation (33 compared to 20) and criminal exploitation (23 compared to 17). Other case types include forced labour/labour exploitation, human trafficking, domestic servitude, false imprisonment, criminal exploitation, debt bondage, county lines, Child Criminal Exploitation and Child Sexual Exploitation.

Of the referrals for individuals (as opposed to premises) in the last financial year, the team identified that all of them had at least one of the following vulnerabilities (many had multiple):

- intellectual/physical/learning disability
- mental health/cognitive impairment
- care leaver or in care system
- long term health condition
- substance misuse
- little or no education

- unemployment
- homelessness
- little or no interaction with peers
- unsettled family networks
- ex-convict

Dips and peaks in referrals appear to be due to agency partners adopting varying levels of face-to-face visits and responding to the changing priorities of the pandemic. Reduced professional contact with adults in the community with complex needs makes them even more vulnerable to exploitation, as well as making discovery less likely or timely. As restrictions have eased or professionals have implemented alternative ways of working, we have seen an increase in referrals, as cases that were previously 'hidden' are uncovered.

Loneliness has been a recurring factor for many exploitation cases, and amplified for many throughout the last year. We have also seen known repeat perpetrators of exploitation take on a 'community champion' role, posing as a supplier of food and supporter of charitable causes in order to access the most vulnerable citizens.

It appears likely that the increase in referrals will continue. The economic position of unskilled workers is likely to worsen, as businesses let go of workers in an increasingly challenging financial environment. This will leave people vulnerable to exploitation, especially those not entitled to recourse to public funds. Further adding to this concern is any potential reduction in services: if a recession occurs exploitation could more easily remain hidden.

Our response

The Slavery and Exploitation Team have continued to deliver service whilst distance working, with professionals referring known or suspected victims of exploitation, slavery or trafficking so the team can establish the wider background to cases and work with partners to identify action plans. The team has also extended outreach support to advise on cases involving children when requested by Children's Services.

Working practice has likewise been adapted, with alternative pathways for safeguarding vulnerable citizens at risk identified in response to the reduction in frontline working across many agencies. Learning has been shared via 'awareness raising' sessions delivered internally and externally throughout the pandemic.

Although not a statutory function, the monthly SERAC meetings have been delivered successfully via Microsoft Teams to ensure concerns are addressed and suspected victims do not remain hidden. The SERAC continues to be well supported by managers from a variety of agencies and the team receives referrals from multiple sources, highlighting the value of the work delivered.

A multiagency approach to tackling slavery and exploitation cases is not only a recommendation from a recent Safeguarding Adult Review (SAR), but is also welcomed by frontline practitioners who have contact with or responsibility to support victims. In a recent review of SERAC, one hundred percent of responses agreed the

involvement of the Slavery Exploitation Team and SERAC had a positive impact on organisational outcomes and forms part of a pathway for agencies when working with potential victims of exploitation and slavery. Ninety percent agreed the SERAC effectively identified access to the appropriate services and care pathways, whilst eighty percent agreed the actions agreed at the SERAC improved the wellbeing of those being discussed.

Finally, the team has recently extended its reach into the south conurbation and has started receiving requests for support from further afield, including Newark, Mansfield and Worksop.

Jane Paling
Slavery and Exploitation Team Manager

Domestic and Sexual Violence and Abuse

Introduction

The Covid Pandemic has seen an increase in calls to the Juno Women's Aid free phone 24 hour DSVa helpline from 10,000 calls a year in 2019 to 15,000 calls a year in 2020. Juno Women's Aid have estimated that this number will increase again during 2021/2022 based on calls in the first quarter. They are seeing calls from all parts of our diverse community and an increase in requests for refuge.

Equation led the multi-agency partnership communications group throughout the pandemic, publishing a weekly blog to ensure all professionals were up to date on local DSVa services and referral routes and subsequently meeting monthly to ensure that national and local messages directly to survivors were coordinated, shared and amplified across statutory and voluntary sector social media, print and posters.

The Crime and Drugs Partnership has 10 Statutory Domestic Homicide Reviews in process, these include completion of suicide reviews related to domestic violence and abuse. The process includes designation of a DHR, panel meetings, sign off by CDP Board and submission and sign off by the Home Office and management of recommended actions through the Assurance Learning Implementation Group and DHR audit process.

The recent Statutory Duty DVA Needs Assessment estimates that 54,633 women in Nottingham will experience domestic abuse in their lifetime. Work is being undertaken to estimate numbers of male survivors.

The increase in demand on the DSVa voluntary sector and to Nottingham City Council Housing Aid is not reflected in calls to the Police, the Domestic Abuse Referral Team (the partnership between Social Care, Police and Women's Aid) or to Health Services. Survivors have found it difficult to access help and support particularly during lockdowns when perpetrators were at home all the time and children were not going to school.

The Domestic Abuse Act 2021

The Domestic Abuse Act April 2021 has a range of new legislation, including recognising children as victims of domestic abuse in their own right for the first time, with new legislation affecting the Police, Health, Housing, Social Care and the Courts.

The key element for the local authority is the Statutory Duty part 4, which includes a range of changes for housing, needs assessment, commissioning, governance and the specialist domestic abuse sector. The Crime and Drugs Partnership has become the Local Partnership Board under the Statutory Duty, responsible for leading the changes locally.

The Act has 7 parts

Part 1 –

- Statutory definition of DA

- Definition of personally connected
- Children as victims of domestic abuse - Recognition of children who see, hear or experience domestic abuse as victims in their own right

Part 2 - Appointment, functions and power of a Domestic Abuse Commissioner. Nicole Jacobs has been appointed, her background is the national specialist domestic abuse sector and her office has regional leads.

Part 3 – Police Powers for dealing with domestic abuse

- Domestic abuse protection orders/notices to be piloted
- Arrest for breach of an order
- Special measure for witnesses
- Electronic monitoring

Part 4 – Statutory duty on Local Authorities (outlined in more detail below)

Part 5 – Protection for victims and witnesses in court

- Special measures in criminal/family and civil courts for victims of domestic abuse
- Prohibition of cross examination in person in family/civil proceedings

Part 6 – Offences involving violent or abusive behaviour

- Consent to serious harm for sexual gratification not a defence
- Offences committed outside the UK

Part 7 - Miscellaneous and general

- Polygraph tests for offenders released on licence
- Guidance on disclosure of information by police forces
- Homelessness victims of domestic abuse
- Grant secure tenancies in cases of domestic abuse
- Power of Secretary of State to issue guidance about domestic abuse

During the passage through Parliament, there have been a significant number of additional clauses and amendments made. Alongside these, agencies are waiting for national guidance on delivery of the Act to be published.

Statutory Duty on Local Authorities (Part 4)

The MHCLG recognise the critical importance of support to survivors and their children and the need to have a clear, national framework in place for needs assessment, commissioning, funding and reporting on outcomes so that everyone has a chance of accessing the support they need in safe accommodation.

I. A duty on lead authorities to convene a multi-agency Local Domestic Abuse Partnership Board, (which must perform certain specified functions, as outlined and explained in statutory guidance. These are to:

- a. Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.
- b. Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
- c. Make commissioning / de-commissioning decisions.
- d. Meet the support needs of victims and their children.
- e. Monitor and evaluate local delivery
- f. Report to central Government

II. A duty for lead authorities to have regard to statutory guidance in exercising these functions

III. A duty on the Secretary of State to produce the statutory guidance; and

IV. A duty on Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.

Nottingham's response to Part 4 of the DA Act Statutory Duty

The Crime and Drugs Partnership (CDP) has been appointed as the Local Partnership Board under the new Statutory Duty, with the DSVA Strategy Group leading on the wider delivery and the DSVA Joint Commissioning Group ensuring commissioning, monitoring and evaluation continues to be delivered in partnership. The Crime and Drugs Partnership DSVA Joint Commissioning Group commissions DSVA services on behalf of the wider partnership, through a Partnership Agreement including Public Health, OPCC, CCG and Nottingham City Council.

The chair of the DSVA strategy, the DSVA strategic lead and the specialist DSVA sector representative take a quarterly report to the CDP board on progress against the Strategy Group workplan. Key elements of the workplan will be delivered by the subgroups, including Children and DSVA working group and the Housing and DSVA working group.

The CDP team is currently working on the Needs Assessment, based on a template from the Ministry of Housing and Local Government. The partnership has engaged well with this new pressure although more work is required going forward as services across Nottingham will be expected to collect data on DVA to continually refresh the Needs Assessment alongside the JSNA in Public Health. A key aim of the Needs Assessment is to establish demand on the specialist sector and critical services and equip the Strategy Group with the information to address the gaps in provision or systems.

The Needs Assessment, which is currently in draft, will underpin the Strategy and is due to be shared across the wider partnership during July / August before sign off at the CDP board in Sept and submission to the MHCLG in October.

The allocation of DVA funding for Local Authorities to deliver the new Duty in commissioning specialist DVA accommodation-based services will be partially based on the Needs Assessment and Strategy. The Needs Assessment will be refreshed annually and the Strategy every 3 years.

The CDP has commissioned Equation to deliver training, briefing and communications across the partnership on the new DA Act and the implications for services. The Government will be publishing more detailed guidance to support the Act during the coming months.

Multiple Disadvantage and DSVAs

The pandemic has highlighted that disadvantage, mental ill health, substance misuse and other complexities such as immigration status, No Recourse to Public Funds and not having English as a first language all put additional pressures on survivors and those services seeking to meet their needs.

Response to Complexity (R2C) is the partnership approach to DSVAs survivors with multiple disadvantage, comprising Juno Women's Aid, Central Women's Aid, Nottingham Women's Centre, Homeless and Health Team, The Health Shop and other VCS. It is coordinated by the CDP.

Domestic abuse has been included for the first time in the bid led by Jane Bethea and the ICP for citizens with severe and multiple disadvantage.

The R2C service focuses on survivors of DVA with mental ill health and substance misuse, providing a wraparound service including refuge, outreach and support from the mental health nurse and colleagues in the health shop. POW, Emmanuel House and Nottingham Muslim Women's Network offer additional support as required.

The new Statutory Duty has enabled an extension of the therapeutic service for DVA survivors delivered by the Women's Centre. The Statutory Duty has also enabled the refuges and Safe Accommodation workers based in Juno Women's Aid and Equation to focus resources on Black and minority survivors. Whilst we commission Zola as the specialist BMER refuge in Nottingham, we are now able to extend funding to the other three refuges for translation and interpretation costs, which has previously been a block to accessing specialist services.

Conclusion

The DSVAs sector, both statutory and specialist voluntary and community sector welcome the new Domestic Abuse Act and the Local Authority Statutory Duty as an opportunity over the following months and years to improve services for survivors and their children.

Nottingham welcomes the government commitment to publishing a broader violence against women and girls strategy and a perpetrator strategy and the additional and more consistent funding that we hope will follow these.

Jane Lewis
DSVA strategic Lead
Nottingham City Council

Children's Integrated Services

Nottingham Children's Integrated Services response to Covid-19 has been thorough and proactive to meet the needs of citizens. The response has been delivered alongside a rapid improvement programme, implemented to address concerns identified by Ofsted following their 'focused visit' in February 2020.

This has also been a time of significant loss for the department. The death of Helen Blackman, its Director for many years, had a profound impact across the service and there were many people across the department who felt her loss deeply. In addition to this, several colleagues have experienced personal loss and bereavement themselves during this time.

Services for children, young people and families during Covid-19

Early help and intervention: The City Council continued to provide early outreach support and help during lockdown. The Early Help team worked to compile and develop new and innovative resources to support families and parents during this time, with materials made available via the AskLion website.

During the pandemic, the Early Help team put together alternative delivery models to support families during lockdown, with the aim of ensuring that the service continued to offer the 'right support at the right time'. Accordingly, parenting programmes were delivered virtually during lockdown, with many parents feeding back that they found it easier to engage online. Other comments from parents meant the Early Help team also:

- Enhanced the virtual offer and telephone support available for families, as well as creating an online timetable of activity ideas, videos, lunch recipes and online links to support home learning
- Created a Facebook page for families and professionals, allowing updates, messages, activities and ideas to be shared
- Provided over four hundred resource and activity packs to children and families to improve their learning and development at home
- Adapted the 'Peep Learning Together' programme to allow families to access this via weekly telephone calls, with planned activities and advice to support parents to make the most of everyday learning opportunities. By September 2020, over one hundred and twenty families had participated in this programme
- Provided virtual 'family support clinics' to offer advice and support across the spectrum of challenges facing families during lockdown

Parents also expressed concerns about managing children's behaviour when they were not in school, as well as reporting parental mental health concerns, relationship concerns and increased domestic abuse. In response, Early Help:

- Continued to provide a Family Support Worker to families with multiple support needs
- Adapted the delivery of the Triple P parenting programme to offer virtual one to one support via 'primary care sheets' and 'Triple P online'. By September 2020, over one hundred and thirty families had accessed the former support and eleven families the latter
- Worked in conjunction with Professor David Daley (co-founder of New forest parenting programme) to deliver a virtual programme supporting forty-eight families with children displaying ADHD behaviours
- Supported over one hundred and twenty women referred to the 'Freedom programme' in respect of domestic abuse, helping create safety plans and providing ongoing support. In addition, Early Help undertook bespoke one to one sessions in order to support statutory services and court proceedings

CAMHS, MHST & SHARP: During the Covid-19 pandemic these teams were unable to routinely see children, young people and families face to face. However, they quickly moved to a virtual platform and were operational by early April 2020.

Face to face visits did still occur in response to critical situations such as significant suicidal ideation, self-harm and safeguarding concerns. All other allocated work took place via phone or Teams video calls.

Initially, services witnessed a reduction in referrals as educational settings were closed and GP services were busy responding to the pandemic. In response, a flyer and social media campaign for Children and Young People (CYP) was launched. Additionally, podcasts for schools, online training and workshops for CYP as well as parents were all developed.

Staff were also supported during the early phase of the pandemic, with guidance created, citywide virtual team days continuing and ongoing publication of the CAMHS Newsletter.

During the Covid-19 pandemic, a virtual visit from the national NHSE improvement team took place in response to local access rates being below target. The visit highlighted areas of good practice, including a collaborative, system-wide, culture, alongside effective clinical and management leadership. The single point of access was also noted as a model of good practice. Areas identified for improvement included: access and waiting times, productivity, the neurodevelopmental pathway and outcomes and data and informatics.

In response to the increasing mental health needs of CYP, and in order to prevent lengthy waits for treatment, 'Single Session Therapy' (SST) was introduced. SST aims to provide support at the point of need rather than the point of availability, helping 'clients take a few steps forward which may encourage them to travel the

rest of the journey without professional assistance'. Alongside this, CAMHS practitioners continued working therapeutically in their own modalities.

Reviewing the effectiveness of SST, early data reports that forty percent of CYP offered SST do not require further treatment. Young people are contacted three weeks after their initial SST session to review progress, with the offer of additional support provided if needed.

NHSE winter funding enabled a full time (albeit temporary) CAMHS practitioner to be employed, with a focus upon self-harm, to strengthen the Single Point of Access as need for services increased during the pandemic. Alongside this, a campaign, including a short animation, entitled 'Self-Harm Does Not Discriminate' was launched.

In respect of supporting education providers, the following was provided:

- Over 50 self-help podcasts on YouTube and Instagram
- A CAMHS roadshow, at a different school each month
- Monthly in school Time4me / SHARP clinics
- Therapeutic support (individual or family)
- Parenting and therapeutic groups
- Bespoke training, assemblies and stands at events
- Professional presence at parents evenings and coffee mornings
- Consultations for education professionals
- Me source (self-esteem & coping) groups
- Amazing me (managing big feelings) pack
- A CAMHS link worker for all city schools

In addition to the above, 'You've been missed' was a campaign developed in Birmingham to address 'emotionally based school avoidance'. In response to COVID-19, a 'welcome back to school' campaign was developed, with the original creators kindly agreeing to replication of the campaign in Nottingham. Alongside this, visits to outdoor summer schools to promote services took place, as well as establishing a telephone line for parents to access support about returning to school. Also released on a weekly basis were podcasts around themes of concern that children and young people had identified. Finally, a 'tips for parents' list was released to support them in advance of schools reopening.

SHARP: Following the transition over to a virtual delivery platform, professional training sessions saw a significant increase in attendance, with positive feedback about accessibility, content and delivery. Training options included topics on self-harm; suicide; gender dysphoria; mental health awareness and understanding harmful behaviour. Between March 2020 and March 2021, SHARP delivered one hundred and forty virtual training sessions to over one thousand health, social care and education professionals.

Alongside this, SHARP developed digital workshops for parents and carers, with a significant increase in attendance again reported since the switch to online and early evening workshops. From March 2020 to March 2021, there was a doubling of

attendance by parents and carers, alongside a doubling of the number of sessions delivered.

In terms of intervention, SHARP undertook forty-six home visits with social care, successfully completing a risk assessment and safety plan within 48 hours of referral on each occasion. Alongside this, SHARP continued to provide self-harm risk assessments, over the phone, virtually or in person, and between March 2020 and March 2021 offered therapeutic intervention to 56 CYP, a significant increase on the previous year. Of those receiving treatment, 68% reported a reduction in self-harm behaviours. Other key figures to note include a 20% increase in referrals for therapeutic support and a 400% increase in CYP presenting with a 'medium' assessed level of self-harm risk.

Finally, in response to concerns about a potential increase in suicidality amongst students, SHARP worked with local universities to offer workshops on boosting emotional well-being, self-harm and better mental health, with over one hundred students booking places.

Trans4Me Group: This 5 year old community based group reaches out to CYP who identify as gender variant (age 12 – 18yrs), successfully engaging with them via weekly group sessions. However, whilst the group was offered virtually from spring 2020, members struggled to engage on-line and resuming this group on a face-to-face basis remains a priority.

Mental Health Support Team (MHST): This team have responded to Covid-19 by adapting their service to offer:

- Support for CYP and parents via telephone and MS Teams
- Increased contact and support with school link workers. Increased the offer to 46 schools
- Developed an ASK LION webpage and self-referral route
- Worked with CAMHS to develop podcasts to share with schools
- Offered virtual workshops to address concerns i.e. anxieties about transitioning from year 6-7
- Liaised with schools to support their Personal, social, health and economic (**PSHE**) offer
- Engaged with schools to identify training needs and develop bespoke packages
- Worked collaboratively with partners to support Wellbeing for Education Return (W4ER)

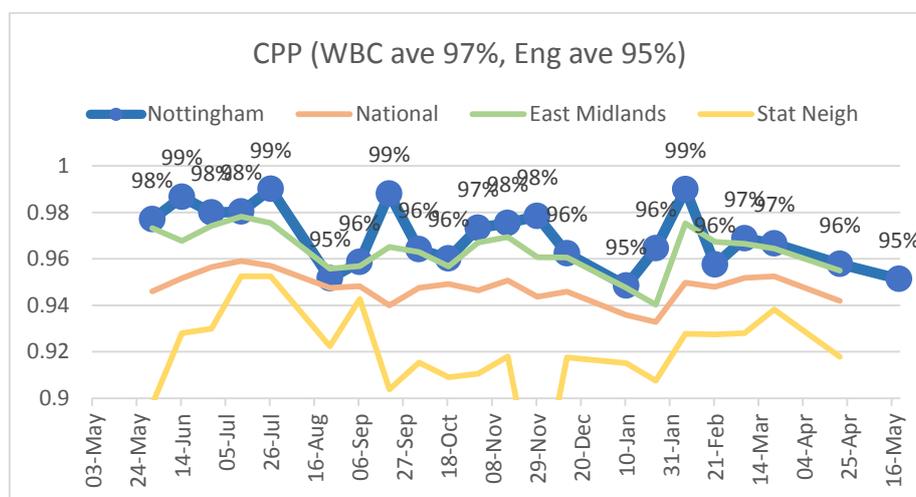
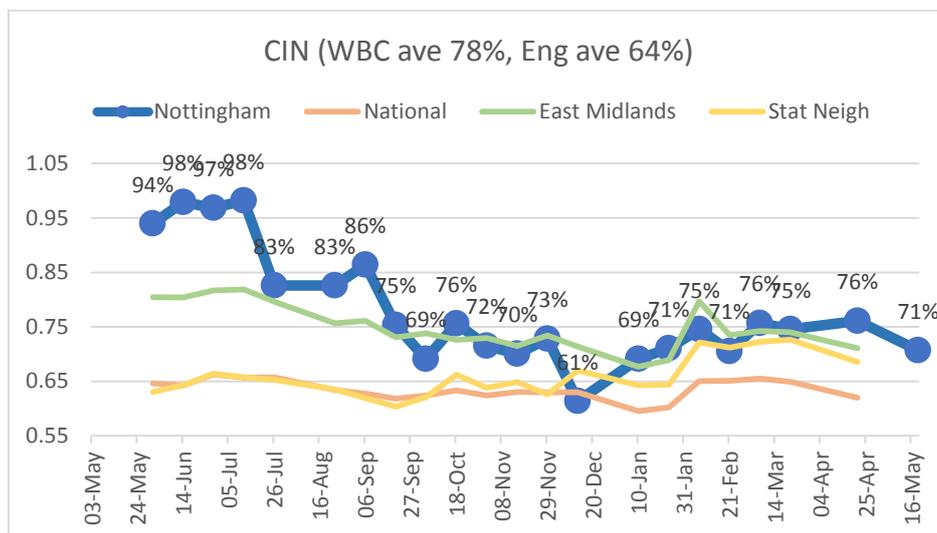
In respect of the above, CAMHS practitioners report many advantages when using MS Teams and technology generally with CYP, their families and other professionals. Some of these include, using social media platforms to communicate, adoption of podcasts and videos to support education providers, partners and CYP and their families, alongside greater connectivity with the whole citywide service, in addition to the widely reported benefits of home based working.

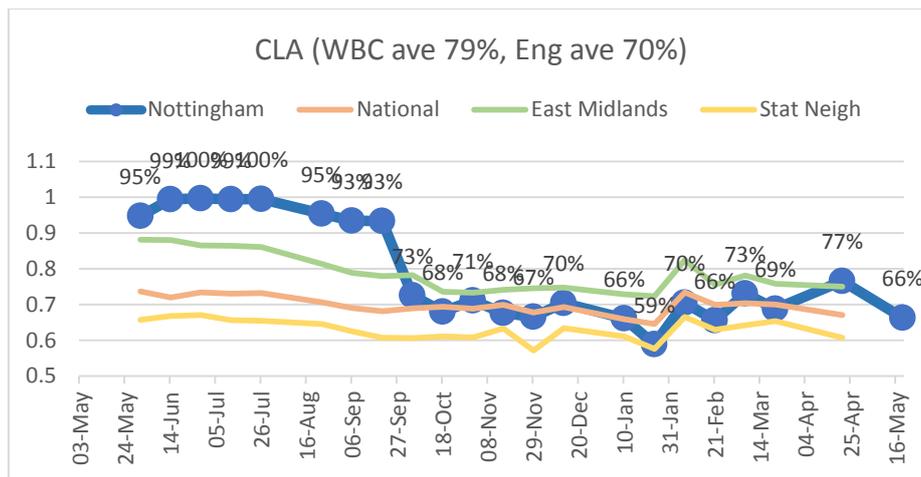
Going forward, the service intends to continue to provide a 'blended therapy offer'. This will give families more choice about how they work with the service, with CYP

able to choose one or multiple methods of engagement in order to facilitate better outcomes.

Children in need of help and protection: Departmental guidance for social workers has been updated regularly in response to changing national guidance about children’s social care practice during the pandemic. Currently, under temporary statutory regulations, all visits to children in need or under child protection arrangements remain face to face, and have done so since March 2020. Following the return to school earlier this year, children are also now being seen outside of the family home, which is providing more opportunities for direct work to be completed. Where families report Covid-19 in the household, service managers must first agree continuation of statutory work via virtual consultation instead of face-to-face.

Throughout the pandemic, we have focussed on keeping children visible. A regular data return to the Department for Education (DfE) shows that our contact with children in care and children subject to a child in need or child protection plan over this period has remained higher than national and statistical neighbour averages.





Partnership arrangements with schools and education colleagues during this period have strengthened, with weekly meetings taking place to monitor vulnerable pupils (Children in Need, children subject to Child Protection measures, Without a school place – WASP - children in alternative provision, in elective home education – EHE - and children in special schools). At the start of the pandemic, social work teams were asked to identify the most vulnerable children on their caseloads. This 'red' list was cross-referenced with education colleagues to ensure that schools could be notified of any significant concerns regarding these children, in order to better inform their risk assessments and pupil support plans. Alongside this, thematic reports were created within SharePoint to enable regular monitoring of cases at senior management level.

As schools worked with families to encourage them to send their children to school, as per national guidance, social workers helped facilitate discussion with families and managed anxieties about plans for return. Flowcharts to help schools escalate worries and strengthen oversight of vulnerable children were developed and education colleagues had daily (later reduced to weekly) contact with schools. Additionally, schools undertook to notify social workers if a child identified as vulnerable had an unauthorised absence longer than two days (this process was later subject to a successful dip test audit). Finally, schools also provided equipment to enable children to work from home when they could not attend, as well as undertaking home visits of vulnerable children to maintain oversight.

Since March 2020, Complex case strategy meetings, Initial Child Protection Conferences, Child Protection Reviews and reviews for all children in care have been facilitated through MS Teams. Guidance for Chairs and partners to ensure the effective running of these meetings was developed, as well as arrangements made to support parents, carers and children to engage with these meetings.

Social care, the Early Years team and Families Information Service all worked in partnership to ensure sufficient early years places were available for vulnerable and keyworker children throughout lockdown. 'Red' rated children, aged 0-4, were reviewed to determine whether additional nursery provision should be put in place to support the child as well as families under stress. Where families were eligible for free nursery care, they were helped to access this. Where families were not eligible, additional funding was agreed to ensure access.

Impact of Covid-19: Contact and referral demand dipped during 2020/21 in line with lockdowns. The referral rate returned to near expected levels by March 2021 but dipped again in April and May and remains monitored closely by the senior management team.

Throughout the pandemic, Children's services worked with partners to maintain a 'business as usual' approach for front door services, including all safeguarding concerns. Child protection cases have remained consistently high during this period and the numbers of children in care have increased significantly. We are also seeing an increase in the complexity of presenting need, with more domestic abuse, substance misuse and child and parental mental health issues present, either as causal or contributory factors, amongst children, young people and their families.

The impact of court delays is also a significant factor. Whilst the department has continued to issue proceedings, there has been a slowing down in the numbers of cases concluded at court. This means that experienced social workers holding complex court work are carrying increased caseloads of new and delayed proceedings. There are currently over one hundred and thirty cases in proceedings.

There was a swift response to the first lockdown in March 2020, with many colleagues working from home almost immediately (with a rapid deployment of IT equipment to support these arrangements). Changes to operating models were implemented to ensure that, whilst Council buildings were closed, children, young people and families remained able to access outreach support from our early help and preventative services. In statutory services, where continued visiting and in person contact was required, colleagues were prioritised to ensure that they received the necessary personal protective equipment to undertake this work safely. This did however mean that visits could be time limited, difficult to conduct whilst wearing full PPE equipment and sometimes not proceed beyond the doorstep.

As already mentioned, the closure of schools affected the feasibility of direct work with children, as the neutral setting afforded by schools was not always available, either because they were closed, not allowing external visitors or the child was not in attendance anyway.

In respect of the impact upon staff, frequent changes to government guidance, especially in the early stages of the pandemic, alongside the move to home-working arrangements, proved difficult for some social work colleagues. However, with support arrangements put in place, alongside plans to enable some staff to return to offices early, ahead of the majority of their colleagues, these issues have been successfully mitigated against.

Safeguarding Children's Partnership: During the initial phase of the pandemic and the first period of restriction, the safeguarding partnership completed an assurance exercise with all agencies to consider the impact of the pandemic across services and specifically to look at mitigation of risk. This was of critical importance, particularly in those organisations where staff were temporarily redeployed.

Responses were evaluated and themes developed into a risk register, which was reviewed on a monthly basis by the Business Management Group. This enabled the partnership to have sufficient oversight, as well as receive updates on issues or concerns and associated mitigation activity. In addition, the responses were considered by the Independent Scrutineer, who presented an overview report in June 2020 to the Senior Leadership Group. This report included an analysis of themes, risks, learning and emerging new practice. Combined, these two activities provided assurance to the Safeguarding Children Partnership as well as a method of monitoring the ongoing impact of the Covid 19 pandemic upon safeguarding and children in need.

John Matravers
Strategic Lead for Safeguarding Partnerships