

SCRUTINY REVIEW PANEL 1 – VIOLENCE AGAINST WOMEN AND GIRLS

MINUTES

Thursday 16th November 2017

PRESENT: Councillors: Joanna Camadoo (Chair), Fabio Conti, Abdullah Gulaid, Seema Kumar (Vice-Chair), Ciaran McCartan, Mohinder Midha, Karam Mohan, Lynne Murray, Aysha Raza, Chris Summers and Patricia Walker

Other Members Present:

Cllr Jasbir Anand - Portfolio Holder for Housing
Cllr Binda Rai - Portfolio Holder for Children and Young People

Ealing Officers Present:

Claire Brighton - Drug and Alcohol Programme Manager
Sariah Eagle - Head of Safeguarding, Review and Quality Assurance
Carolyn Fair - Interim Director, Children and Families
Claire Meade - Health Improvement Officer
Joyce Parker - Community Safety Team Leader
Anna-Marie Rattray - Scrutiny Review Officer
Lee Teasdale - Democratic Services Officer
Jacky Yates - Head of Service – Major Projects, Supporting People and Older Persons Services

External Attendees:

Jessica Asato - Public Affairs Manager, Safe Lives

1. Apologies for Absence
(Agenda Item 1)

Councillor Kamaljit Kaur Nagpal tendered her apologies.

The Acting Head of Community Safety, Tenancies and Regulatory Operations, Jess Murray also tendered apologies.

2. Declarations of Interest
(Agenda Item 2)

There were none.

3. Matters to be Considered in Private
(Agenda Item 3)

There were none.

4. Minutes of the Last Meeting (14.09.17)
(Agenda Item 4)

The minutes of the meeting of the Panel which had taken place on 14 September 2017 were considered by the Panel.

Resolved: That the minutes of the meeting of 14 September 2017 be agreed as a true and correct record.

5. Ealing Women's Wellness Zone (Agenda Item 5)

The Chair invited Claire Brighton (Drug and Alcohol Programme Manager) and Joyce Parker (Community Safety Team Leader) to make a presentation to the Panel setting out the rationale for, and progress on, the setting up of a service for women with multiple needs, to be known as Ealing Women's Wellness Zone.

The rationale underpinning the establishment of the Wellness Zone was explained to the Panel. It was advised that there had been a reduction in the number of women accessing drug dependency treatment in recent years, and it had been found that sex workers accessing Recovery Intervention Service Ealing (RISE) had been predominantly only engaging with outreach provision and not the structured treatment offer. This was in spite of women with multiple needs making up a substantial number of the Multi-Agency Risk Assessment Conference (MARAC) caseload. Therefore, it had become clear to officers that there needed to be an offer which was more attractive, providing a more holistic approach wraparound approach.

Examples of good practice were cited through several women's centre models currently operating throughout London, such as the Beth and Gaia Centres both in Lambeth and the Sutton Women's Hub. However, the Ealing offer would be quite different from these models.

The Mayor's Office for Policing and Crime (MOPAC) were providing funding which would be in place until March 2021. This allowed for the funding of a women only space, providing drop-in services from Monday to Friday, delivering structured group work and one-to-one support. A core team of four staff would support the service – two substance misuse/sex work/offender specialists (CGL); one Independent Domestic Violence Advisor IDVA (Hestia); and one mental health worker (CAPE).

The work involved proactive integrated case management, including psycho-social interventions focusing on relationships and attitudes; assertive outreach to sex workers on the streets and in brothels; peer mentoring, user involvement and volunteer schemes; access to local parenting programmes and childcare provision; health and wellbeing support including access to health trainers, smoking cessation, sexual health and GP registration, and access to the local Education, Training and Employment (ETE) scheme.

A wide series of commissioned service outcomes were being sought, these included:

- Increasing the number of women in structured treatment by 10% from the 2016/2017 baseline.
- Increasing the number of street based sex workers moving from engaging with the service to accessing structured treatment.
- Achieving positive treatment outcomes for 30% of women in contact with the one stop shop.
- Reducing the number of repeat MARAC (Multi Agency Risk Assessment Conference) presentations for women in contact with the women's one stop.

- To see 60% of women in contact with the project reporting a decrease in risk of harm.
- Achieving positive change across at least three domains of the service outcome tool for 80% of women engaged with the service for over six months.
- 80% of women who accessed the one stop shop also engaging with health services.
- To pursue enforcement activity against 25% of Ealing resident male perpetrators to provide women with time and space to focus on their health, wellbeing and support needs.

The work would be undertaken in conjunction with many partner organisations such as the Women and Girls Network, RISE, Southall Black Sisters, St Mungo's and the Crisis Resolution Home Treatment Team.

Progress on the Women's Wellness Zone was detailed to the Panel. The service name had been agreed and the logo and marketing materials had been signed off. Partnership visits were being organised to develop joint working and to help raise awareness of the service. It was hoped that a premises central to the borough could be found, however it became apparent that after searching throughout the borough, that the service would have to be based on Southall Broadway, the contract on which was due to be finalised and the lease agreement signed. A data collation agreement was also in the process of being finalised with the Safer Ealing Partnership analyst team, this would be vital as it would stop service users having to "repeat their life stories" whenever they engaged with the service.

Future ambitions included identifying sustainable funding beyond the four years of the MOPAC funding, exploring additional grant funding sources to address potential gaps, considering the moving of the service if a more suitable location became available, exploring other shared premises options and establishing a network of spokes and satellites for the service across Ealing.

The Chair thanked the officers for the introductory presentation and invited Panel Members to comment and ask questions.

Questions

Councillor Walker asked if officers were aware of the Damien Centre in Central Acton. The Acton Central Ward Forum had given a grant of several thousand pounds to enhance the security measures around the premises. This meant that if a victim needed to hide from a perpetrator then the premises could be 'shut down' to protect them. It was advised that officers should look to link up with them as a potential partner.

Councillor Midha asked about how the new centre in Southall Broadway would be publicised.

It was advised that when monies had been received to refurbish the property, it was decided that it would be furnished with a GP surgery like appearance, as it was hoped that such a subtle design might make it less embarrassing for some of the 'hidden' sufferers of addictions and abuse to attend. The Council had not been able to announce the proposed opening of the venue so far as an opening date was not

yet confirmed; in the interim, services had to be delivered from a venue in West Ealing.

Councillor Midha asked how St Mungo's were helping as a partner organisation. It was advised that the connection with St Mungo's was to undertake linked-up work on homeless schemes such as No Second Night Out.

Councillor Conti noted how the number of women seeking treatment had been reducing. Were there barriers in place which exacerbated this?

It was advised that there were barriers in place, for example contracts were being reduced, resulting in less staff being available to assist in treatment, this had hit men's services particularly hard, with a 40% reduction seen. This resulted in significantly larger caseloads per officer allowing them less capacity for one to one work.

Councillor Conti noted a 30% rate of 'positive outcomes'. What constituted a positive outcome?

It was advised that this was a Local Authority Framework measure of success – it was defined as complete abstinence or a significant reduction in previous usage. Any subsequent relapse would cancel out the previously recorded success.

Councillor Summers expressed concern about levels of access for the outlying areas of the borough such as Northolt, Greenford and Perivale. How would they be made aware of these services?

It was advised that once the service was fully up and running it would be advertised widely through partners such as the Clinical Commissioning Group.

The Chair asked if the service would be referral only, and what would the hours of service be?

It was advised that self-referral cases were not taken by the service, and that referrals needed to meet three of five criteria, these were:

- Substance misuse
- Mental health
- Domestic violence
- Criminal justice involvement; and
- Sex working

However those who have been referred would be allowed to bring along and introduce friends who might benefit from engaging with the service. It was envisaged that the service would not be "9 to 5"; it would be available in the evenings, and at points during the weekend. Officers were looking at times when it would be best to engage with the women who would use the service.

Councillor Seema Kumar asked how partner organisations had reacted to the choice of location.

It was advised that officers had been working closely with partner organisations to locate a suitable venue. They had been involved at all stages in the process.

Councillor Seema Kumar then asked about how volunteers were being recruited to aid provision of the service.

Officer advised that when looking to recruit there was not a focus solely on working in Southall, they would be expected to be out in the community and engaging with clients. A lot of interest was expected on working with the project, and it was felt that it should be relatively easy to attract volunteers.

Councillor Raza expressed concern about hub and spoke models, how would this service dovetail in?

It was advised that the hub and spoke model in this case would operate in a slightly different way; the Women's Wellness Zone would act as the hub and then others premises' would be used where available to engage with those who could not get to the Southall location. Though unlike the Southall location, it could not be guaranteed that the spoke locations would be women only.

Councillor Raza then asked about the use of Ealing A&E, and how the removal of services at the hospital might impact upon the Wellness Zone model.

It was advised that the use of Ealing Hospital was mainly focused around engagement and advising of pathways, so women arriving at the hospital know about services available to them. If hospital changes were to take place then the engagement would move to wherever that may be, such as Northwick Park and St Mary's Hospitals.

Councillor Gulaid asked if details of ethnic breakdowns were used, and how potential stigmas around ethnicity were approached.

It was known that a significant number of prostitution issues were focussed around the Asian community and that a lot of the brothels in the borough were largely populated by women from an Eastern European background, therefore work was tailed accordingly. The service would have professional workers proficient in the appropriate languages. It was noted that there could be confidentiality issues if locals were used to aid in translations, and everything would be approached on a very clear case by case basis.

Councillor Walker noted that in terms of space, St John's Church in Southall had plenty and was very keen to engage with the community. There is a "listening space" within the church and the current vicar was female and could be a great 'ally' to the Wellness Zone.

The Chair then drew the item to a close, thanking officers for their informative report. It was pleasing to see that the service would be holistic and have a wide reach, and the Panel looked forward to hearing more in future about the success of project.

Resolved: That the proposals for the Ealing Women's Wellness Zone be noted by the Panel.

6. Ealing Adult Social Care – Risks and Responses to Violence Against Women (Agenda Item 6)

The Chair invited Jacky Yates (Head of Service for Major Projects, Supporting People and Older Persons Services) to address the Panel on how effectively violence against women and girls was being tackled by Ealing adults' social care.

It was advised that the duties and role of adult social care in relation to violence against women and girls were mostly in respect of safeguarding vulnerable adults. These duties applied regardless of whether or not the Council was meeting a person's needs for care and support.

The safeguarding duties were implemented differently according to whether or not a person had mental capacity in relation to decisions about any action taken. Where a person does have the mental capacity to make decisions in relation to addressing the concern, then that person must be central to the process and there must be consent to take any actions – this was entrenched in law through the Care Act 2014. Where a person was assessed as not having the capacity to make decisions, then a different process applied – this most often related to people with dementia, but could also apply to people with a brain injury, a learning disability or a severe mental health issue.

Adult social care also worked with partners to ensure signposting and the provision of high quality information and advice. Ealing also commissioned services which were part of the network supporting women experiencing abuse. This was dependent on excellent partnership working, and multiagency approaches were central to how Ealing responded in regards to making the borough a safe place to live.

There had been research into disabled women's experiences of domestic abuse, this had shown that more than 50% of disabled women in the UK may have experienced domestic abuse in their lives, this included assault and rape at a rate at least twice that of non-disabled women. It was considered that the level of vulnerability may be due to their dependence on their abuser for care and support.

A 2007 UK study of abuse and neglect of older people found that the majority of interpersonal abusers in domestic circumstances were men and mostly older people. In the same study, older women were found to be more at risk of neglect, and older men more likely to be at risk of financial abuse.

The Care Act 2014 had put adult safeguarding on a legal footing. The safeguarding should be person-led and engage the person, or their support network, to address their needs from the beginning to the end of the process. It needed to be outcome focussed; therefore a person centred approach titled 'Making Safeguarding Personal' had been developed - which began by asking what kind of outcome was sought – and finished by asking if that expectation had been met.

Care and Support statutory guidance identified types of abuse, but emphasises that organisations should not limit their view of what constitutes abuse or neglect. Additions to the types of abuse had included modern slavery – encompassing slavery, human trafficking, forced labour and domestic servitude; and self-neglect – covering a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and included behaviour such as hoarding.

In Ealing, neglect and physical abuse remained the highest reported types of abuse. In 2016/2017, the reported incidents of domestic abuse, with respect to adults with care and support needs, were significantly lower than those of neglect and physical abuse, which were the highest reported categories of abuse.

541 safeguarding concerns had been raised in Ealing about females and 268 of these had gone to the next stage of the safeguarding process, the enquiry investigation stage. 50 of these 268 cases related to domestic abuse, and this was very much in accordance with the findings across London of domestic abuse cases regarding safeguarding.

Ealing Council Officers worked closely with Hestia, Southall Black Sisters and Victims Support, and referrals were made to these agencies. Ealing also commissioned two refuges and specialist floating support for people who had experienced domestic violence and abuse, these worked with 50 women at any one time for an investment of £219,559 per year.

Safe Lives

The Chair then invited Jessica Asato of Safe Lives, a national domestic abuse charity, to address the panel on the work they undertake.

Safe Lives places people with lived experiences at the heart of all it does and amplifies their voices. They test innovative projects and replicate effective approaches that made more people safe and well. They combine data, research and frontline expertise to help services improve and to influence policy makers on a local and national level. They also offer support, knowledge and tools to frontline workers and professionals, such as working with MARAC and training the Police on 'Domestic Abuse Matters'.

Safe Lives recently published a report which Ms Asato drew highlights from:

- There were estimated to be 2.1 million victims of domestic abuse in the UK and two women a week died at the hands of their partners. On average five attempts were made to receive help before effective help was received.
- Abuse of the over 60s was under-researched and under-evidenced.
- Approximately 120,000 women over 65 had suffered from at least one form of abuse, and very few of the women accessing high risk support were in this cohort.
- Older people were a lot more likely to suffer abuse from a family member, and much less likely to leave the family home.
- It was estimated that 80% of older victims were not visible to any domestic abuse services, and of the 20% that were, a quarter of them had lived with it for over 20 years.

It was clear that services needed to get rid of barriers inhibiting older people from accessing them and that the perception that domestic abuse did not happen to older

people needed to be dispelled. Medical professionals looked at injuries as occurring due to age rather than as a result of physical abuse. There was concern that the way in which services were promoted tended to show younger people only, which contributed to this perception. Some older victims had generational attitudes accepting domestic abuse as “something that happens” which proves a barrier, and generally there was less awareness of the support services available to older people. Refuge spaces specifically designed for older people with mobility issues were also very limited.

With regards to Ealing as an authority, Ms Asato felt that present provision was excellent compared to a lot of authorities seen through the country.

Recommendations included:

- A Domestic Abuse Champions Programme that went through every strand of every department in a workplace.
- Authorities needed to be benchmarking against similar demographic authorities, ensuring that they are seeing the number and type of cases coming through that they should be
- Effective safe discharging from a hospital was key, and needed to be done in conjunction with effective safe planning for the settings they are returning to.
- Effectively targeting older people with advertising for example in GP Surgeries and day centres
- Training professionals themselves on spotting the signs and understanding issues.
- Ensuring that older victims were consulted so that their voices were at the heart of the work undertaken.
- Embedding MARAC as a core partner.

The Chair then thanked Ms Asato for her presentation and invited questions and comments from Panel Members.

Questions

Councillor Conti referred to occasions when the care giver was the victim of abuse. How did Ealing approach the assessment of this? As older people could be stoic and often did not “want to make a fuss”.

Jacky Yates stated that social workers were very aware, and new models of working meant that social workers would look at a person’s life more generally and would consider what was working well; it was often found that abuse issues gradually became apparent; this was a shift from an older model less likely to uncover such issues. It was also considered important to note that carer support would still need to be provided to the perpetrators in these scenarios.

Councillor Murray noted a table on page 40 of the agenda detailing the outcomes from past investigations. She asked why many of the cases proved to be inconclusive or not substantiated.

It was advised that investigations could take place as a result of hearsay and an upset person claiming verbal abuse, which was often hard to prove. Falls could also be difficult to prove as being a result of domestic abuse.

Councillor McCartan expressed concern about the high level of disabled victims. What could be done to target disability abuse? And did the Council share in good practice?

If a disabled victim of abuse needed to make use of a refuge the Council would facilitate that. If other options failed residential care could be offered. Moving to another area to get away from a perpetrator could be difficult for those with a disability. Good practice was shared amongst authorities.

The Chair made reference to the Safe Lives recommendation to avoid the perception of abuse only happening to younger people. Did they know of any work done to combat this?

It was advised that Camden Safety Net had done some good work on appropriate imagery.

The Chair then thanked all present at the item for their contributions and drew the item to a close.

Resolved: That

- (i) the update on how effectively violence against women and girls was being tackled by Ealing Adult Social Care be received; and
- (ii) the presentation detailing the work of Safe Lives to the Panel be received.

7. Ealing Children and Families – Risks and Responses to Violence Against Women and Girls
(Agenda Item 7)

The Chair invited Sariah Eagle (Head of Safeguarding, Review and Quality Assurance), Carolyn Fair (Interim Director, Children and Families) and Claire Meade (Health Improvement Officer) to present a report to the Panel considering how effectively violence against women and girls was being tackled by Ealing Children and Families.

Violence against women and girls continued to be a priority. Domestic abuse, Child Sexual Exploitation and Female Genital Mutilation were strands of particular focus.

Clear governance arrangements were in place and actively contributed to the partnership response to VAWG. Children and Families (C&F) were involved at a strategic and operational level. The VAWG offer to Ealing children and families was provided by Supportive Action for Families in Ealing (SAFE), Children Centres, CSC

and the Youth Offending Service. There was dedicated resource to support schools and the Health Improvement Team were the main vehicle for this safeguarding work.

Quality assurance activity was incorporated into all areas including mechanisms such as audits, feedback, evaluation forms and commissioning monitoring meetings. VAWG was considered within these frameworks and the quality of practice, services, training and child and family views informed service improvements.

The prevention, protection and support strands of VAWG within C&F were evident in all aspects of the work, from the universal and Early Help offer, to support with schools, training, Youth Services and Statutory Services. C&F invested in additional resources to work with perpetrators and to provide therapeutic support to survivors of domestic abuse.

The Supportive Action for Families in Ealing (SAFE) multi-disciplinary services was referenced. This was delivered from two locality teams based in Acton and Greenford. The service worked with children and young people from 0-18 years requiring a targeted service response. Typically, these needs would lie above thresholds for universal services but below the threshold for a statutory intervention.

Children's centres were referenced. Ealing had a network of 27 children's centres (6 leads and 21 linked centres) aligned to Ealing's integrated Health Visiting Service Early Start delivering universal, targeted and specialist services across the borough. The centres provided services for children across the threshold of need from universal, to children subject to a child protect plan and work jointly with staff in SAFE and social care where children either attend universal or targeted services or have been provided a funded nursery place at a children's centre.

The Ealing Health Improvement Team (HIT) were a trusted and qualified team of experts and working with Ealing Schools on Personal, Social, Health and Economic Education (PSHE) to help to improve children and young peoples' health and achievements.

In relation to domestic abuse, HIT did not deliver staff training specifically focused on domestic abuse, however this fell within the safeguarding aspects of the PSHE curriculum. PSHE was not a statutory subject within schools, however in order for schools to meet their statutory safeguarding duties, effective PSHE was essential.

HIT had redeveloped the PSHE scheme of work for primary schools. Work had taken place with six local schools to redesign the scheme of work to ensure that it was up to date and relevant to pupils. Currently over 98% (90/92) of primary schools in Ealing used this scheme of work. Safeguarding was the golden thread throughout this scheme of work; children learnt how to keep themselves safe in a variety of situations and safeguarding messages were firmly embedded within this.

It was noted that Ealing was one of the top boroughs for engaging with the NSPCC Speak Out, Stay Safe programme. This programme offered free workshops and assemblies educating pupils about different types of abuse.

Challenges and barriers to progress were referenced. In order to maintain the current high level of support and resources, HIT had to continue to look at ways to generate income. The scheme of work had been a successful way of generating income,

however HIT did not know if schools would have the finances to continue to buy the scheme of work or if Ealing schools would continue to have the finances to buy back the packages.

Engaging with schools could also be a challenge. Though the HIT team had successfully reduced the number of schools not engaged with the team from 36 in 2015/2016 to 17 in 2016/2017 (out of 92 schools).

The Chair thanked the officers for their presentation and invited Panel Members to comment and ask questions.

Questions

A brief discussion took place around Female Genital Mutilation (FGM). Specifically had any convictions taken place related to FGM in the UK? Did checks take place where there were concerns of FGM and were there risks around possible profiling?

It was confirmed that to date there had been no convictions in the UK related to FGM. Reach out to community groups was vital, and where there was a suspicion, that would be the threshold where statutory services would become involved.

With regards to profiling risks, lots of work on was taking place on awareness raising, some did involve certain countries and languages, but it was a complex issue, which is why an evidence based risk assessment tool was used rather than following “presumptions”. Work took place to ‘demystify’ FGM and that it happened in a lot of countries across the world not just those heavily publicised in the media.

Councillor Raza stated that a shortage in social workers was a concern at present. A school she worked with had still been waiting five days after making a call for a social worker visit.

Officers stated that a five-day gap was not acceptable and an unusual circumstance, and this concern would be followed up.

Councillor Walker commended work that was taking place in children’s centres. With regards to parents involved in domestic abuse, she stated that cultural barriers could sometimes lead to a lot of confusion. When children could speak the native language of a country and their parents could not, it sometimes resulted in very low self-esteem and anger. With this in mind, efforts to work with parents on language skills and literacy could have significant benefits.

The Chair made reference to schools that did not currently provide PHSE to students. Was there anything the Council or Councillors could do?

It was advised that certain aspects of PHSE were not statutory, but others were. Work took place with high schools to highlight the parts that were statutory, such as looking at healthy relationships. Work took place with schools to help build topics into the wider curriculum areas. It was stated that Ealing was lucky in that it had no high schools that did not engage with PHSE in any sense, which was not the case across wider London.

The Chair again thanked all in attendance for their contributions and drew the item to a close.

Resolved: That the report considering how effectively violence against women and girls was being tackled by Ealing Children and Families be received.

8. Panel Work Programme
(Agenda Item 8)

The Panel was advised that the Chair, Vice-Chair and Councillor Nagpal had undertaken a visit to see the work of Southall Black Sisters. The Vice-Chair had also paid a visit to see the work of Hestia.

It was advised that the Chair and Vice-Chair were intending to visit the Rape Crisis Centre in the new year

Resolved: That the updated work programme be received.

9. Date of Next Meeting
(Agenda Item 9)

The next meeting of the Panel was due to take place on Wednesday 7 February 2018.

Councillor Joanna Camadoo, Chair.

The meeting ended at 9:05pm.