

Health and Social Care Scrutiny Commission

Wednesday 2 February 2022

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Victoria Olisa (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Dora Dixon-Fyle MBE
Councillor Maria Linforth-Hall
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Bill Williams

Reserves

Councillor Nick Dolezal
Councillor Sunil Chopra
Councillor Renata Hamvas
Councillor Eliza Mann
Councillor Jane Salmon
Councillor Martin Seaton
Councillor Kath Whittam

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly

Chief Executive

Date: 25 January 2022



Health and Social Care Scrutiny Commission

Wednesday 2 February 2022

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	1 - 6
	To approve as a correct record the Minutes of the open section of the meeting on 17 November 2021.	

5. INTERVIEW WITH THE INDEPENDENT SAFEGUARDING CHAIR

The commission will interview the Independent Safeguarding Board Chair, Anna Berry, of Southwark Safeguarding Children Partnership (SSCP) and Southwark Safeguarding Adults Board (SSAB) along with the Safeguarding Executive:

- David Quirke-Thornton - Strategic Director of Children's and Adults Services, Southwark Council
- Clair Kelland - D/Supt, Public Protection, MPS
- Sam Hepplewhite - Place-Based Director (Southwark), NHS SEL CCG

The boards' latest Annual Reports are to follow.

6. DOMESTIC ABUSE IN THE FAMILY

7 - 25

This session will hear from:

- Community Safety council officers – a report is enclosed.
- Probation service, including their in-house programme for perpetrators.
- Early Family Help services delivered by the council - a report is to follow.
- Solace Women's Aid.
- Yuva, particularly work with young people who have been abusive to their parents/carers and in their close relationships and the Domestic Violence Intervention Project.
- Police, on specialised work and partnership work - presentation is enclosed.
- Councillor Leanne Werner; Deputy Cabinet Member for Domestic Abuse
- Bede House
- Su Mano Amiga
- Other voluntary and community organisations, to be confirmed.

7. WORK PROGRAMME

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

DISTRIBUTION LIST 2021/22

Date: Date Not Specified

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”



Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Wednesday 17 November 2021 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Victoria Olisa (Chair)
Councillor David Noakes
Councillor Maria Linforth-Hall
Councillor Sandra Rhule
Councillor Charlie Smith
Councillor Bill Williams

OTHER MEMBERS PRESENT: Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing

OFFICER SUPPORT: Ben Collins, ICS Director of System Development
Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG
Julie Screatton, Chief People Officer, Guy's & St. Thomas' NHS Foundation Trust and South East London Integrated Care System (SEL ICS) workforce lead.
Sarah Morgan SEL ICS .
Mark Preston, Chief People Officer, King's College Hospital
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

Councillor Dora Dixon-Fyle gave apologies because of another council commitment she had to attend.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Linforth-Hall declared that she is a director of a charity that works on Domestic Abuse and Councillor Williams declared that his partner work for the NHS.

4. MINUTES

The minutes of the meeting on 30 September 2021 were agreed as an accurate record.

5. CABINET MEMBER INTERVIEW: CABINET MEMBER FOR HEALTH AND WELLBEING

Councillor Evelyn Akoto, Cabinet Member for Health and Wellbeing, was interviewed on her portfolio. She was supported by the Director of Public Health, Sangeeta Leahy.

The following topics were covered:

- The impact of the pandemic on her portfolio, particularly Public Health and Social, and the hard work of staff.
- Accessing GPs via face to face consultations, and addressing constituent concerns.
- Increasing vaccine rates for COVID 19, vaccine hesitancy, building confidence, misinformation and outreach.
- Mandatory vaccination for health and social care staff and the potential impact on staff and services.
- Health inequalities.
- Southwark Stands Together – anti racism work.

6. REVIEW: IMPACT OF BREXIT AND THE PANDEMIC ON THE NHS WORKFORCE

Southwark NHS, Guy's and St Thomas' Foundation Trust (GSTT) and King's College Hospital Foundation Trust (KCH) attended to assist with the scrutiny review on the workforce.

The following attended remotely via Zoom:

- Julie Screatton, Chief People Officer, Guy's & St. Thomas' NHS Foundation Trust and South East London Integrated Care System (SEL ICS) workforce lead.
- Sarah Morgan who supports the ICS workforce role that Julie leads on.
- Mark Preston, Chief People Officer, King's College Hospital
- Sam Hepplewhite, Southwark CCG Place based Director

The chair invited attendee to summarise and present the reports from KCH and GSTT, enclosed in the agenda pack. The chair then invited questions and the following points were made:

- A member said that feedback from the council social care lead at a previous session was that BrExit had not had an enormous impact on the care sector. He asked about the most major concern for hospital, and in particular about the potential impact of mandatory vaccination on staff given the current vaccine take-up rates.
- In response the Trust staff said that while BrExit has not impacted hospitals now, however there could be an impact 5/10 years as pipeline .Vacancy rates are currently stable, and always 10/12 % for successful organisations. However burnout could lead to early retirement and career moves over next few years, particularly with the impact of the pandemic.
- Mandatory vaccine giving cause for concern – currently GSTT said that there are 56 people in care homes which they will have to redeploy. Vaccine rates amongst staff mirror population vaccine hesitancy, with uptake percentages in the late 80s to early 90 with similar demographics having higher refusal rates.
- There is collaborative work on workforce issue across the South East London Integrated Care System (SEL ICS)

7. INTEGRATED CARE SYSTEM (ICS)

Ben Collins, ICS Director of System Development gave a presentation, circulated in advance, on the development of South East London's (SEL) Integrated Care System (ICS), assisted by Sam Hepplewhite , Southwark CCG place Director .

The chair then invited questions and the following points were made:

- As well as a strategic decision making structure working at the South East London level there are also borough based Local Care Partnerships, building on existing arrangements. 'Partnership Southwark' will to be ready 1 April 2022 and will be working with all local partners. Presently Partnership Southwark are working on the governance and leadership arrangements as the board will discharge delegated decisions from the SEL ICS. Partnership Southwark have been operating locally for the last couple of years, and will now move to a more formal footing. They are currently working on a COVID recovery plan.
- A member asked about the rationale for an ICS, and queried whether this was another top down NHS reorganisation, remarking that one of the benefits of the previous reorganisation, with the inception of the Clinical Commissioning Groups (CCGs), was that they did at least have the benefit of bringing some more local accountability, whereas the ICS seem to be moving further away from this. The member also asked if the ICS will see conflicts between government, regional (SEL) and borough priorities. A further question was asked about whether the ICS will be better placed to deliver the holy grail of 'integration' between health and social care, which has long been the aim of previous reorganisations.
- The Director of System Development said that his emphasis was on partnership and innovation, and this endured beyond changing NHS organisational governance arrangements. On integration he agreed with this was vital as all the big intractable issues such as rapid care, end of life care, etc. rest on working to solve these in partnership. He acknowledged that the SEL area is a large geographic area of 2 million people, and there will be NHS directives for the ICS to deliver on and it will be challenging to carve out an enough space to deliver local priorities. The model of Local Partnership Boards is an opportunity to bring in local accountability.
- The Health and Well-being Board will stay in the new governance arrangements and the ICS will be reporting into this.
- Members asked if the ICS and Local Partnership Board will all be comprised of professionals, and if there will be a role for the voluntary and community sector, as well as elected local representatives. NHS colleagues said that there will be an important role for the community and voluntary sector in innovation and that Partnership Southwark will be where the local voice will be heard on this. There will also be independent advisory roles, however there are challenges at the SEL ICS board level in involving directly elected members, particularly as this will work across several boroughs.

8. GP APPOINTMENTS

Sam Hepplewhite, Southwark CCG, gave a presentation on access to in-person consultations with local GPs.

A member asked if GPs ought to close their books if they do not have the capacity to offer face to face GP appointments. The Director of Place said this was not advisable, as people do need to be able to register with a doctor. Presently one GP covers 2000 people on average, however in Southwark it is more than this.

Members commented that it is concerning that the number of GPs has gone down and consequently they are seeing more people. The Director of Place responded that the workforce is variable, however she recognised the concerns. Patient feedback is generally positive but shows that some patients are very unhappy.

A member reported that it recently it took him an hour and half on the telephone to get an appointment. The Director of Place said that there is government money in the pipeline to provide more capacity - both for face to face appointments and improved telephone systems. However this new funding has not been that well received by GPs because it is less than 5 months' worth of money which is non-recurring means so it is not a long term solution to the problem of staffing, and in the short term it is driving the price of locums up. Southwark will receive about £1million plus there will be some money for 111 and emergency hubs at a South East London regional level. Southwark NHS are encouraging GPs to work locally in collaboration on the use of the funding.

The Director of Place was asked if Southwark will eventually see an increase in GPs in the borough and she responded that there are not a huge pool of GPs to recruit from so the NHS are recruiting more associated professionals, such as paramedics and mental health workers, and building public confidence for people to see them.

A member queried if there was politically driven pressure on practices so larger American corporations can move in. The Director of Place said that there are negotiations with the national leadership of GPs on the issue of training and outmoded contracts. She added that GPs are on the frontline with both healthcare delivery and vaccination roll out, which have been fraught during the pandemic.

Members asked if, despite the huge difficulties, adaptation to the pandemic has driven innovation and exposed obsolete practices. The Director of Place said that there are a tranche of people who want online and video consultation and do not care so much about continuity of care, whereas there is another tranche that want face to face and continuity. The Director of Place agreed there is a digital divide as well as an institutional need for infection control with the pandemic which means that practices cannot go back to the former volume of face to face consultation. She added that poor quality outmoded telephone systems are an obstacle to virtual consultations which the funding can help to address. A member added that the

front of house also ought to be addressed, with the inefficiency and attitude of some reception staff is also hindering good quality patient experience, with a failure to pass on messages, being left to wait on the telephone system, not calling back or be being dealt with sufficient consideration.

9. REVIEW: DOMESTIC ABUSE

The review scoping document was discussed and the following points were made:

- Southwark has one of the highest rates of Domestic Abuse.
- The commission ought to hear from a broad range of community organisations working on the frontline
- It is notable that child to parent abuse is significant and on the increase.
- It would be good to understand more about the involvement of the police in incidences, including training, how involved they become, the protocols for addressing violence by a child or young person, and how they address distress, crisis, and safety.

10. REVIEW: HEALTH & SOCIAL CARE WORKFORCE

The review scope was noted.

11. WORK PROGRAMME

The work programme was noted.

Item No.	Classification: Open	Date: 24 January 2022	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		<i>Domestic Abuse In Families</i>	
Ward(s) or groups affected:		All	
Report author(s):		Sharon Ogden, Safer Communities Team Manager	

BACKGROUND INFORMATION

1. Domestic abuse (DA) is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality. The abuse can include, but is not limited to: psychological, physical, sexual, financial, and emotional.
2. The council and its partners have recognised DA as a priority for many years and it is a fairer future commitment to tackle all forms of gender based violence. Tackling DA and its long term effects is also a shared priority for both the Southwark Safeguarding Adults Board (SSAB) and the Southwark Safeguarding Children's Partnership (SSCP).
3. A 5 year Domestic Abuse Strategy was launched in 2015 and Solace Women's Aid was commissioned to deliver Southwark's integrated Domestic and Sexual Abuse service. Building on the Domestic Abuse Strategy, July 2019 saw the launch of a new VAWG Strategy (2019-2024). This extended the partnership priorities to tackle all forms of gender based violence. These are:
 - Supporting victims
 - Tackling perpetrators
 - Prevention and early intervention
 - Partnership working
4. The Council's main DA support is commissioned through the Southwark Advocacy Support Service (SASS), delivered by Solace Women's Aid. The service provides; Survivor advocacy and support - up to 12 weeks (all risk levels), Sanctuary scheme, 26 week Perpetrator Programme, Child therapy, Counselling, Survivor group work programme, Community training and awareness raising.
5. Other commissioned services by the council include:
 - Refuge service; 26 beds including family units
 - IDVA/Outreach full-time housing Senior IDVA working with survivors of VAWG presenting as homeless.
 - RHEA project worker offering floating support to survivors in eight 'RHEA project' properties, operating as temporary accommodation for survivors of VAWG presenting at Southwark Housing Solutions.
 - Somewhere Safe To Stay Hub – 4 bed HMO run by Solace for female

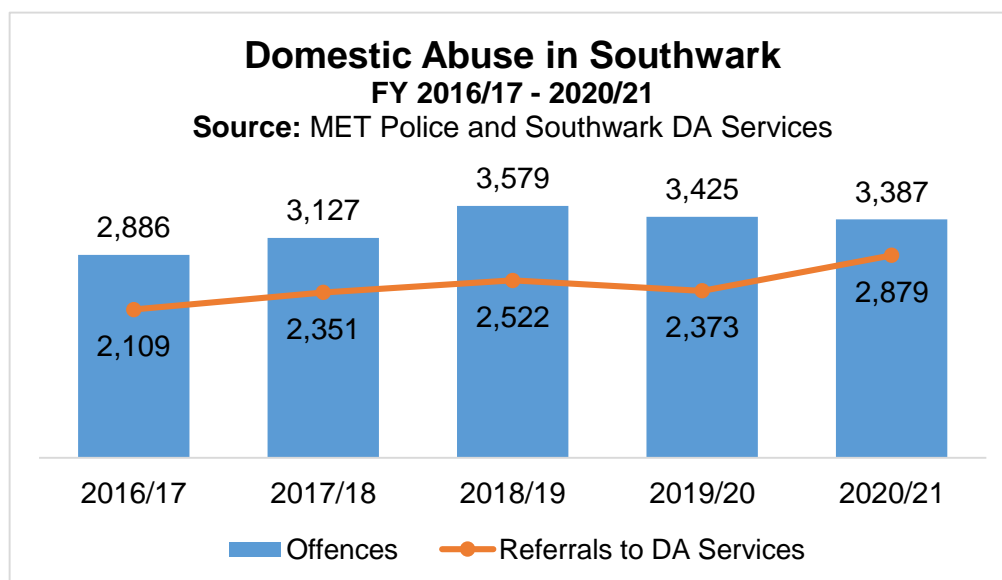
rough sleepers that have experienced domestic abuse.

- YUVA - service for young people using or experiencing violence in close relationships.
- IRIS – additional GP support and training in 25 surgeries in Southwark

INCREASE IN DOMESTIC ABUSE

6. Southwark has above average levels of DA offences (police recorded) when compared to overall levels in London. In the 12 months from December 2020 to November 2021 Southwark were the 13th highest ranked London borough with 3,239 Domestic Abuse Offences recorded. This compares to being ranked 11th with 3,412 for the December 2019 - November 2020 period, a reduction of 5%. It should be noted that a spike in reported cases occurred during Covid lockdown measures, with August 2020 seeing the highest monthly cases (372) since May 2019 (377). Since this point figures have improved; for the period October 2020 to September 2021, the highest monthly figure was for September 2021 (298). Most recent data for October 2021 and November 2021 suggest that figures are continuing to decrease, with 260 offences recorded for October 2021 and 254 offences recorded for November 2021.
7. Demand for our commissioned DA service has increased year on year; 2,879 referrals were received during the financial year 20/21 a 21.4% increase on the previous year (impact of Covid).
8. Table 1 below shows police recorded domestic abuse offences and referrals to the Southwark domestic abuse service for the period 2016/17 and 2020/21.

Table 1



IMPACT OF LOCKDOWN/COVID 19 ON DOMESTIC ABUSE

9. The Covid 19 pandemic and the government imposed lockdown which commenced on 23rd March 2020 had a significant impact on victims of domestic abuse and their children, this impact has been felt nationally and locally. Survivors and their children have had their access to support services reduced. With front door access and face to face delivery suspended for periods due to lockdown. The way service users access services has changed and services have had to respond and adapt quickly to ensure service users retain effective access to support. There has been much greater use of virtual support methods such as online chat functions and contacts via social media.
10. When lockdown restrictions were first imposed there was an initial decrease in demand for domestic abuse services, as the result of lockdown circumstances making it more difficult for victims to access support (at home with the perpetrator). However as the strict lockdown conditions eased we very quickly saw a dramatic increase in demand for services. MASH referrals also increased as well as domestic abuse related calls to services such as Childline, and domestic abuse incidents recorded by the police. It is still early days but initial local data for the second half of 2021 indicates that service demand levels are slowly returning to pre-pandemic levels.

National Government and London Response

11. During the Covid period the government and Mayor's Office for Policing And Crime (MOPAC) introduced a number of interventions to support DA victims during this period.
12. In May 2020 MOPAC launched a £1.5 million short term emergency response fund allocated to provide victims of domestic abuse with safe accommodation and support if they need to flee their homes during the coronavirus pandemic. Grants were made available to specialist DA providers to:
 - Provide additional crisis accommodation to supplement existing refuge accommodation or other emergency/temporary accommodation which Local Authorities or others may supply. This accommodation was located in the boroughs of Southwark and Brent;
 - Provide wrap around support services needed to effectively support victims, where this is not already provided locally to the victim; and
 - Where appropriate, the relocation and support of those perpetrating violent/abusive behaviours alongside appropriate safeguarding mechanisms
13. MOPAC London Community Response Fund - £11 million made available to ensure that those working on the frontline are given the funding needed to respond to the crisis.
14. Government - £76 million fund made available to protect vulnerable people. This included £34.1 million to safeguard vulnerable children, £28 million to help survivors of domestic abuse, £10 million to support victims of sexual violence and £1.73 million for modern slavery support services.
15. Government – introduction of a new code word scheme for domestic abuse victims, which will allow people in urgent or immediate danger to get help from shop workers by using a specific phrase that staff will be trained to identify.

Local Picture

16. During the first Covid 19 lockdown, our commissioned DA service saw a 25% increase in referrals for survivor support (April 2020 to June 2020) compared to the same period in 2019).
17. The increase in referrals was largely driven by a dramatic increase in high risk referrals. Between April 2020 and June 2020 204 high risk cases engaged with IDVAs compared to 95 for the same period the previous year, this is an increase of 115%. In line with this, there was a corresponding increase in referrals to our Multi Agency Risk Assessment Conference (MARAC) which saw a 34% increase in the number of high risk cases.
18. Throughout the later period of the pandemic, the rate of referrals has slowed with numbers in the last half of 2021 slowly returning to pre pandemic levels. Referrals for the period July 2021 to Sept 2021 totaled 596 compared with 623 in the same period in 2019. The risk level of clients on the caseload has also returned to pre-pandemic levels with an average of 22 high risk cases heard at every fortnightly MARAC meeting from May 2021 to September 2021, compared to 34 in the period from May 2020 to Sept 2020.
19. In relation to housing during the pandemic there has been an increase in individuals and families made homeless as a result of fleeing domestic abuse. Southwark's Housing Solutions service saw a 13% increase in approaches from families due to domestic abuse in financial year 2020/21 (85 approaches). However, in context of the pandemic, this increase was exceeded by singles experiencing domestic abuse, which increased by 35% over the same period (385 approaches compared to 285 the previous year). Overall, homeless approaches increased by 36% (3882 approaches compared to 2855). Early and projected data for financial year 2021/22 suggests general homeless and DA approaches are settling back down to pre pandemic levels but family DA approaches remains high.

COUNCIL RESPONSE TO INCREASE IN DOMESTIC ABUSE

20. Domestic abuse has been recognised as a priority for the Council for a number of years. We are one of the highest investing London boroughs for DA services our total annual investment is in the region of one million pounds.
21. The Southwark Advocacy Support Service delivered by Solace Women's Aid was first established in 2012. Since then to meet changing service need and demand the service has seen a diversification in type of support offered and a doubling of funding to meet increased user demand. The current service offers support in the following areas:
 - Survivor support – advocacy, sanctuary scheme, counselling, peer support groups
 - Child therapeutic support – counselling for children impacted by DA
 - Perpetrator programme – working with perpetrators to change behaviours
22. Our work in this area is under constant review. Our 5 year VAWG Strategy developed in 2019 has broadened our focus to include other VAWG areas. Most recently the tragic circumstances of the murder of Sarah Everard has led to a renewed focus on women's safety. We are currently reviewing our whole service

offer in preparation of procuring a new VAWG service.

23. In November 2021 the council officially launched its Safe Spaces initiative for survivors of DA. A Safe Space is where people who are experiencing domestic abuse can make a phone call to get help. A Safe Space room might be in a school, Children and Family Centre or other building. The space is completely private and confidential. Safe Spaces is now in operation in 37 venues, comprised of Children and Family Centres, Secondary and Primary Schools. The spaces are being used by survivors of domestic abuse, we have received positive feedback from users that they have been able to make contact with services and get the help they need.
24. Phase 2 of the project is currently underway with targeted promotion and awareness raising to expand the programme into the following sectors:
 - Libraries and leisure centres/gyms
 - Cultural and arts venues
 - Council buildings
 - Early years and further and higher education venues
 - Places of worship
 - Community centres

Increase of DA during Covid

25. The Covid pandemic presented a unique set of circumstances not only in access and delivery of services but changes in service demand. In relation to DA the impact was seen very quickly and as a result the Council had to react very quickly and adapt delivery of services. Initial focus was on ensuring existing service users were still able to access support, this included a move to online delivery. Being mindful of individual circumstances; in many cases the DA survivor was in lockdown conditions with the perpetrator. With our 'front door' being substantially reduced focus was given to improving accessibility of information on support services available. This included reviewing and updating our website information, to ensure that more information was accessible online. We also undertook a borough wide communications campaign to raise awareness of domestic abuse and how to seek help.
26. As we came out of the first lockdown in the summer of 2020 we started to see an increase in the number of referrals to our domestic abuse service. This increase continued into 2021 through subsequent lockdowns. To support this increase in demand and increase capacity additional funding was made available for 2 additional full time Independent Domestic Violence Advocates (IDVAs) to support victims referred to the service.
27. Over the last 6 months, since July 2021 referral levels to our service are decreasing. It is early days but the signs are that we are starting to return to pre-pandemic levels.

IMPACT OF DOMESTIC ABUSE ON CHILDREN, YOUNG PEOPLE, AND FAMILIES

28. Of the 1,250 referrals made to our commissioned DA service between April 2021 and September 2021 these involved 1,438 children (children of individuals referred). For the same period 500 children were identified in relation to the 423 cases heard at the fortnightly MARAC (Multi Agency Risk Assessment Conference) which manages high risk cases of domestic abuse.
29. Domestic abuse has a devastating impact on children and young people that can last into adulthood. Domestic abuse is the most common risk factor identified by social workers in assessments and is a key driver of need for children's social care¹.
30. **Solace Women's Aid** who are the service provider for the Councils commissioned DA service have provided the following summary of the impact of DA on children:
31. *Whether children are subjected to domestic abused, live in a home in which domestic abuse is perpetrated (even with very young babies and during pregnancy), or witness one of their parents being abusive to the other, domestic abuse is harmful to children and children do not witness domestic abuse they experience it in their own right.*
32. *Domestic abuse poses a significant risk of harm to children and those that perpetrate the abuse also pose a significant risk.*
33. *Children's responses to living with domestic abuse may vary according to age and stage of development:*
- **Babies:** *they might be subject to higher levels of ill health, poorer sleeping habits, inconsolable crying, stunted development, disrupted attachment patterns.*
 - **Pre-school children:** *they might exhibit regressed behaviours (bed wetting, thumb sucking, increased crying...), disturbances sleeping or falling asleep, nightmares, eating difficulties, challenging behaviours, severe separation anxiety, self-harm (i.e. head butting)*
 - **School-aged children:** *they might feel guilty and blame themselves for the abuse, not participate in school activities, struggle with their learning, somatise their emotional distress (i.e. having a stomach aches, headaches...), being hyper vigilant, they may also be protective of the victim/survivor and not want to be at school.*
 - **Teenagers:** *they might fight with family members, skip school or refuse to attend altogether. They might engage in risky behaviours, such as misusing alcohol and drugs, sexually harmful behaviour, involvement in sexual exploitation, indiscriminate choice of sexual partners. They might have low self-esteem and difficulties with friendships. They might start fights or bully others, being withdrawn and depressed, run away from home, exhibit anti-social behaviours, self-harm, suicidal thoughts.*
34. *This list is not exhaustive and the individual child's uniqueness always needs to*

¹ Domestic Abuse Act Statutory Guidance <https://www.gov.uk/government/consultations/domestic-abuse-act-statutory-guidance>

be taken into consideration. It is important to understand how the child has perceived and internalised their experiences and not to attribute harm only to the nature of the abuse.

35. *Research focusing on the impact of domestic violence on children's brain development is unanimous in indicating how the prolonged activation of the individual child's stress management system results in toxic stress. Exposure to domestic abuse in the first two years of life appears to be particularly harmful.*
36. *In circumstances where a child's stress hormones levels are high, the alteration of key brain chemicals disrupts the structure of the developing brain and can lead to difficulties in learning, memory and self-regulation. Toxic stress in childhood might lead to greater susceptibility to stress-related physical illnesses in adulthood (i.e. cardiovascular disease, hypertension and diabetes) as well as mental health problems (i.e. depression, anxiety disorders and substance abuse).*
37. *Prolonged exposure to domestic abuse do not translate into becoming 'used to it' or feeling the impact less acutely. It is the duration of the exposure that can cause the most harm on children, with the most pervasive and long lasting effects not only being confined to witnessing incident(s) but also living with coercive control.*
38. *The psychological abuse and the sense of constant fear associated with coercive control is a regular feature of these children's lives, resulting in attempts to manage their experiences in order to minimise damage. These strategies involve repressing their feelings, compliance, defensiveness, parentification, submission, withdrawal, exercising control.*
39. *It is important to note that family court, can, at times, be used by perpetrators as an extension of coercive and controlling behaviours. Child contact can often be used as a means to further control the adult victim, and the initiation of contact proceedings can be used to continue the control on the family. This can again further impact the child/children and may lead to the child/children feeling distressed at contacts or on the lead up to contact. Sometimes children will be used as a means to further perpetrate abuse for example asking the child/ren where the victim has been, to keep tabs on the victim and to report back to the perpetrator.*
40. *The long-term impact of having experienced domestic abuse as a child, puts them at a greater risk for repeating the cycle of abuse as adults – by entering into abusive relationships or internalising the aggressor, becoming abusers themselves.*
41. *Although the childhood experience of domestic abuse cannot be ignored or forgotten, healthy ways to deal with emotions and memories can be learnt. The sooner the help is provided, the fewer the chances that the abuse will have lasting consequences on future physical and mental health.*
42. **Refuge** who are the service provider for the Councils commissioned Refuge service have provided the following summary of the impact of DA on children. They have also provided a case study which is included in Appendix 1. at the end of this report:

43. *Children are the silent, hidden victims of domestic violence. We support c. 6,500 women and their children through our services on any given day. Approximately two thirds of our refuge residents last year were children under the age of 16. Of the women entering the refuges 63% stated that their children had witnessed them being abused. Many will have seen their mothers violently attacked, verbally abused, sexually assaulted, or will have even been abused themselves.*
44. *The children who come through the doors of our refuges are often fleeing terrifying and dangerous situations. Children exposed to domestic violence are far more likely to have emotional and behavioural problems, including withdrawal and difficulties communicating, others become hyperactive or act out aggressively. The children also experience developmental problems with speech and language, which can affect academic performance later in life. Many children do cope with and survive such experiences, but witnessing or experiencing domestic violence is one of the most serious risks to children today. It can have long-term effects on their futures, life chances, development, and ability to take advantage of educational and professional opportunities in the long-term so the support we provide is vital.*
45. The Covid pandemic has particularly impacted children and young people. Key areas of impact include:
- Deterioration of mental health
 - Increased exposure to abuse
 - Increase in child to parent violence
 - Uncertainty of child contact arrangements (with parents)
 - Impact of deterioration of parental mental health
46. **Bede House** who a voluntary sector organisation providing DA services in the borough report having seen an increase of referrals from Social Services during the pandemic; indirectly supporting 169 children who were witnessing abuse in the home. *Working on relationships with children has been a common theme and although this is not unusual in terms of domestic abuse it has been heightened as a result of the pandemic. Parents of school age children often with already difficult relationships because of the nature of the family dynamic were now being forced to spend 24 hours a day with their children and facilitate their education which is a lot of pressure under normal circumstances.*
47. Currently three programmes for young people are commissioned by Community Safety within the council as part of their DA commissioning:
- *Child therapeutic support* – This is commissioned as part of the SASS service. It offers, child therapeutic support in the form of play therapy to the children of domestic abuse survivors. The service works with 25 children per year.
 - *Yuva – delivered by the Richmond Fellowship* – This service works with 14 young people and their families per year experiencing child to parent abuse. The majority of the referrals to the programme are from Children’s Social Care.
 - *Safe and Healthy Relationships (SHER)* – This universal early intervention and prevention programme is delivered by Bede House to a small number of schools and youth settings, 220 young people participate per year. The outcomes are based around increased awareness of what a healthy relationship and unhealthy relationship looks like.

CHILD TO PARENT ABUSE

48. We are seeing increased reports of child to parent abuse from DA service providers in the borough. This is partly as a result of increased isolation during the Covid pandemic and frustration and confinement. Parents have found it very difficult to home school with home schooling often being a trigger for abuse. One study by Oxford and Manchester University suggests that there has been a 70% increase in child to parent abuse since lockdown was imposed.
49. **Bede House** report that with the added isolation and many services stretched we have seen an increase in child to parent abuse; Children being vulnerable to exploitation, unable to access mental health support at school/SLAM. *A case example is a mother of 3 who had suffered years of abuse, the alleged abuser had been taking her to court to take custody of the children. The abuser had been encouraging the children to lie about the mother and claim she is abusing them. He has been emotional manipulating them with the promise of toys, own rooms etc. to encourage them to turn against the mother. When this didn't work the children started running away and hitting the mother. This is just one example of the increase in child to parent abuse we have seen.*
50. **Yuva** report the following trends that they have seen in the last year:
- *An increase of complexity of cases and comorbidity of diagnoses, including an increase of young people using abuse with a diagnosis of ASD. This also means that we see an increase in young people/families being involved in multiple services at a time.*
 - *Increase in parent involvement with online services options; however in general parents face greater barriers with lockdowns, restrictions, isolation, or having to manage multiple children in the home during the day, meaning no time for them to access support for themselves.*
 - *We're seeing an increase of cases where kids are refusing to return to school/refusing to attend school in person.*
 - *We're also seeing an increase in reports of siblings using abuse as well – younger siblings witness older ones using abuse in the home and often start to act out.*

Southwark Safeguarding Adults' Board – Partnership Domestic Abuse Thematic Review

51. During the summer of 2021 the Southwark Adults Safeguarding Board (SSAB) conducted a partnership domestic abuse thematic review. An initial review of data provided by partners indicated that intergenerational abuse (abuse between family members as opposed to intimate partners) reduced by approximately 50% in 2020 when compared to the same period in 2019. Partners felt this required further exploration as it was in contradiction to what was reported in the press. A small working group was formed to undertake a further review with the following focus:

Was there a noticeable trend of intergenerational abuse during Covid in relation to numbers of incidents, age, ethnicity and any other identifiable characteristics?

52. Partners reported data gaps in recording of specific characteristics – ethnicity

and relationship of perpetrator to victim/survivor. There was some increase comparing the two reporting periods – pre-Covid July-September 2019 and during the pandemic July-September 2020.

53. Partners were further asked to identify cases to be discussed at a ‘deep dive’ meeting in September 2021. The following key findings were identified from the case review:
54. Identified issues
- Intersectionality in safeguarding – race, culture, gender, age, disability
 - Face-to-face assessments ceased during Covid
 - Increased vulnerability of children, young people and families during Covid; spending more time at home
 - Peoples’ mental health deteriorated during Covid
 - Situation of abuse of parents by adult children living at home; issues of mental health and substance misuse
 - Parents minimise physical / verbal abuse and reluctant to make adult children homeless or report to police
 - Separate approaches in working with survivor and perpetrator – survivors programme and DV perpetrator programme offered by Solace; focused on intimate partners, perpetrator has to show insight
 - Early intervention – keeping families together service
 - Children and young people with complex needs and additional vulnerabilities require ongoing assessment and planning and long term involvement
 - Temporary housing budget is already significantly overspent
 - Complex interplay of respect for confidentiality and person’s wishes, consideration of mental capacity and consent.

WORK WITH ADULT PERPETRATORS

55. As part of commissioned DA service Solace deliver a perpetrator behaviour change programme, which works with in the region of 25 men per year. The programme is for men who have had some history of being violent or abusive towards a partner and want support changing this behaviour. It is a group based programme that runs for 26 weeks. Each session lasts 2.5 hours and takes place in the evening. The main object of the programme is to increase safety for victims and children.
56. The programme is psycho-educative in approach. As such it draws upon multi-disciplinary learning from a range of sources including Dialectical Behavioural Therapy (DBT); Cognitive Behavioural Therapy (CBT); and motivational interviewing techniques; combined with teaching from talking type therapies. Groups cover a range of different topics which are designed to challenge the use of domestic violence and beliefs that support this behaviour; while at the same time increasing understanding, empathy and accountability.
57. As such, the “golden threads” that run through the programme focus on:
- Helping the group to understand and challenge their use of violence
 - Exploration of how concepts of masculinity may support abuse

- Sexual behaviour in the context of domestic violence
 - Understanding the effects of violence upon parenting & children
 - Examining the effects of abuse upon partners
58. Underpinning this is an understanding that domestic abuse is a systematic pattern of behaviour, which is learned and has an intent. As such the person perpetrating the abuse is 100% responsible for their behavior.
59. The programme has 4 key outcomes for service users:
- Change positively in use of abusive behaviour (risk to survivor is reduced).
 - Display increased insight into own use of abusive behaviours.
 - Develop safer ways to behave in relationships (cessation of physical violence).
 - Display improved relationship skills (decrease in non-violent forms of abuse).
60. Achievement of these measures is assessed by the course leader in discussion with the individual. There is also a separate conversation which takes place with the survivor to get their assessment. It is a condition of acceptance on the programme that the survivor is also receiving support through the advocacy service.

Appendix 1. Refuge Case Study: Charlie's Story

In February 2021, Natasha, our Child Support Worker for our Lambeth and Southwark refuges, began supporting Mary* and her nine-year-old son Charlie*. Charlie struggled with time management and school attendance, which had dropped to 63% and was consistently late for school before he began working with Natasha.

Natasha arranged various one-to-one sessions with Charlie as he was wary of interacting with strangers, including being in groups with other children. Subsequently, the one-to-one sessions enabled Natasha to build her relationship with Charlie and gain his trust to be able to appropriately support him. Initially, he exhibited depressed, withdrawn behaviour and felt unmotivated to engage with any activities. In recognising this, Natasha helped to slowly build his confidence to encourage him to talk about what was on his mind. She used painting and drawing exercises to assist him in feeling more comfortable to express his concerns to her. They were predominantly centered around the pandemic, which caused Charlie to become more fearful and anxious about attending school.

Natasha referred Charlie to Welcare, a child counselling service, through which he has begun receiving regular counselling. Charlie grew more at ease to discuss his anxieties around Covid-19 with Natasha, including what could happen if someone caught it. To support Charlie with his anxiety, Natasha taught him a wellness exercise using words to reinforce positive affirmations for him to say to himself every morning. She also worked with him and his mother to create schedules for his evening and morning routines to ensure he would have sufficient sleep and could wake up to get to school on time.

With his new routine schedules in place, Charlie's school attendance has improved significantly and continues to do so arriving on-time every day. Since practicing his positive affirmations exercise every morning, both his school and his mother have noticed a significant positive change in his behaviour and mood. Charlie is more

comfortable engaging with others and in groups. Natasha's support for Charlie is ongoing but since entering the service in February 2021, he is more confident managing his anxieties around the pandemic, voicing and talking through his thoughts and feelings.

* All names have been changed to protect the identity of the clients.

Public Protection

Southwark Borough

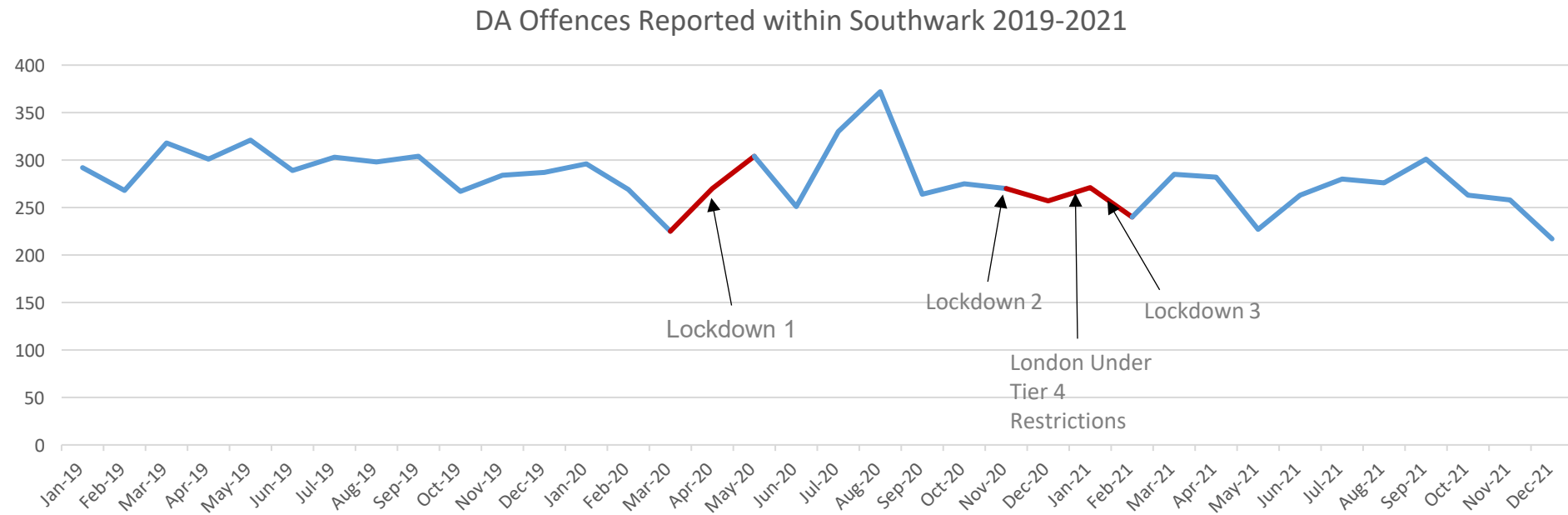


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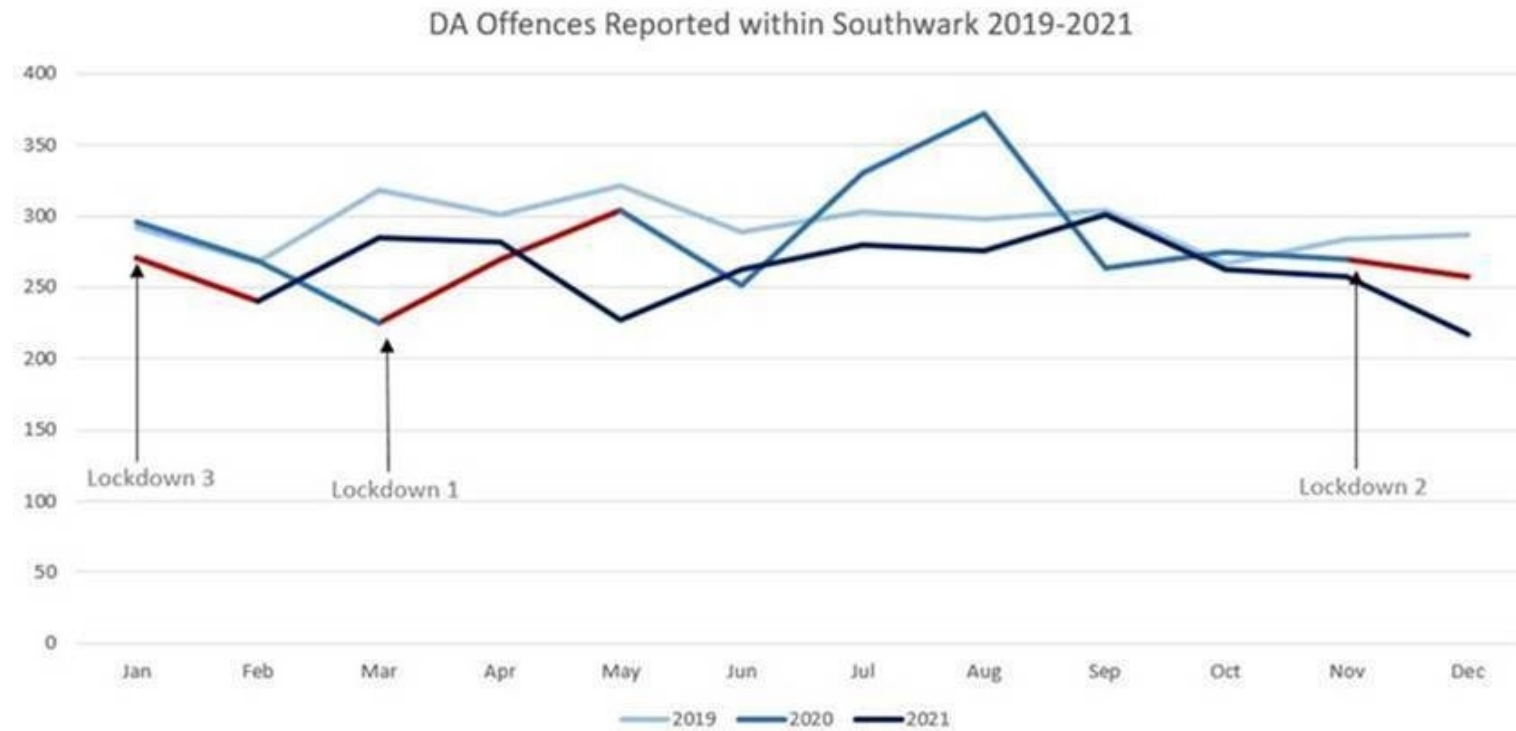
DA Offences

Impact of lockdowns on reported DA offences...



DA Offences

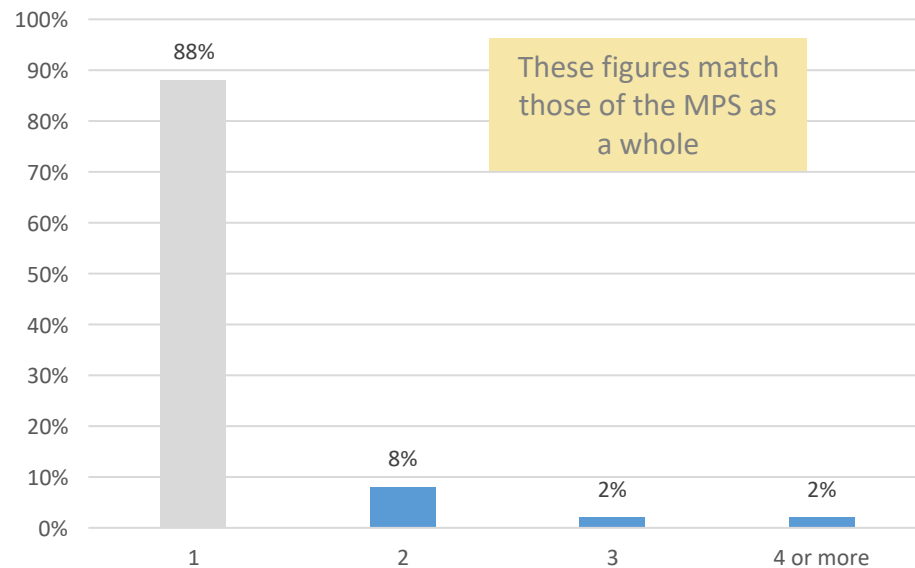
Impact of lockdowns on reported DA offences...



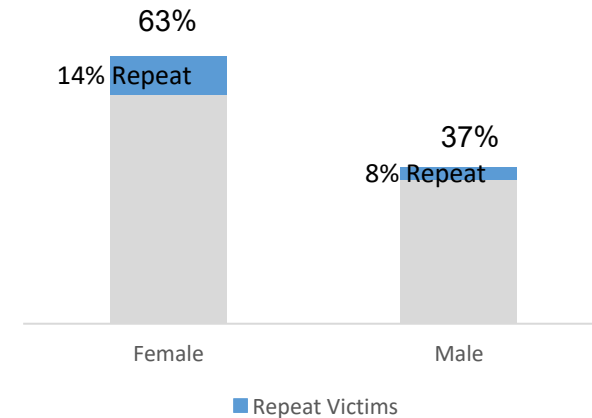
Repeat Victims

12% of our DA victims had been recorded as a victim of DA in the last 12 month

How many times has an individual been a victim of DA in the last 12 months?



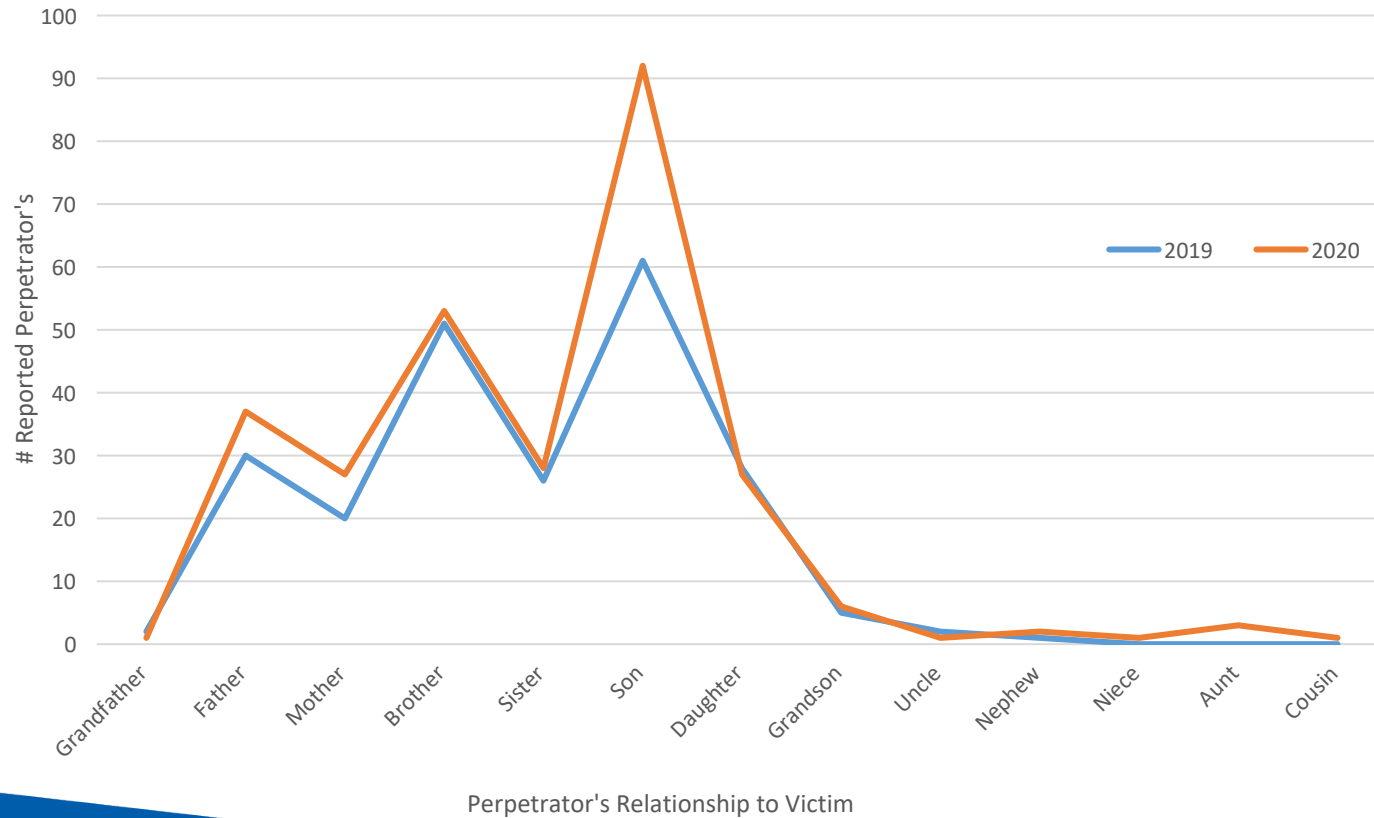
Victims by gender



Female victims are nearly twice as likely to be repeat victims than male

Familial DA

Around 24% of DA offending is Familial



2020 saw an increase in offending by parents and sons in particular



How the police, including specialised services, respond to Domestic Abuse in families , including when young people may be perpetrating.

- THRIVE+ risk assessment, even in the case of Non-Crime Domestic Incidents
- Positive action: Not always arrest if more appropriate action can achieve the aim of safeguarding victims and family members.
- Definition of DA excludes perpetrators under the age of 16.
- 16 and 17 year olds – YOTS referrals
- Referral and diversion schemes in place for female DA perpetrators
- Mandatory police referral to MARAC for all cases with 4+ reports in 12 months
- DVPN / DVPOs to give victims and family up to 28 days' respite
- In most high risk cases, referrals can be made to London Regional Protected Persons Unit (Witness Protection)



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How the partners are working together to assist and protect victims and reduce offending

- Closer working with Solace. IDVAs co-located with CSU
- Productive MARAC with increased communication of MARAC partners outside of the formal meetings
- Working with CPS to explore possibility of increased access to charging decisions for DA on the day, as this is shown to increase victim confidence
- Panic Alarms provided by National Monitoring are significant improvement on old MPS systems.
- Working closely with TecSOS to install discreet App in victim's phones
- Close working practice with HM Courts Service to ensure DVPNs can be quickly converted to DVPOs
- Non-Molestation Orders and Restraining Orders sought as far as is possible
- Re-housing by Southwark Council / Housing Associations utilised when necessary
- Clare's Law disclosures - Right to Know / Right to Ask



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