

Notice of meeting and agenda

Corporate Policy and Strategy Committee

10.00am, Tuesday, 2 September 2014

Dean of Guild Court Room, City Chambers, High Street, Edinburgh

This is a public meeting and members of the public are welcome to attend

Contact

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1. Order of business

- 1.1 Including any notices of motion and any other items of business submitted as urgent for consideration at the meeting.

2. Declaration of interests

- 2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

- 3.1 If any

4. Minutes

- 4.1 Minute of the Corporate Policy and Strategy Committee of 5 August 2014 – submitted for approval as a correct record.

5. Forward planning

- 5.1 Corporate Policy and Strategy Committee Key Decisions Forward Plan September to December 2014 (circulated)
- 5.2 Corporate Policy and Strategy Committee Rolling Actions Log (circulated)

6. Business Bulletin

- 6.1 If any

7. Executive decisions

- 7.1 Managing Retirement Policy and Death in Service Benefit Scheme - report by the Director of Corporate Governance (circulated)
- 7.2 Lord Provost Visit to Qatar – report by the Director of Corporate Governance (circulated)
- 7.3 Chief Social Work Officer Annual Report 2013/14 – report by the Chief Social Work Officer (circulated)
- 7.4 Public Protection in Edinburgh – Annual Reports 2013-1014 – joint report by the Chief Executive and Chief Social Work Officer (circulated)
- 7.5 Economy Policy Development and Review Sub-Committee Work Programme – August 2014-June 2015 – referral from the Economy Committee (circulated)

8. Routine decisions

If any

9. Motions

If any

Carol Campbell

Head of Legal, Risk and Compliance

Committee Members

Councillors Burns (Convener), Cardownie (Vice-Convener), Burgess, Chapman, Child, Nick Cook, Edie, Godzik, Ricky Henderson, Hinds, Lewis, Mowat, Rankin, Rose and Ross.

Information about the Corporate Policy and Strategy Committee

The Corporate Policy and Strategy consists of 15 Councillors and is appointed by the City of Edinburgh Council. The Corporate Policy and Strategy Committee usually meets every four weeks.

The Corporate Policy and Strategy Committee usually meets in the Dean of Guild Court Room in the City Chambers on the High Street in Edinburgh. There is a seated public gallery and the meeting is open to all members of the public.

Further information

If you have any questions about the agenda or meeting arrangements, please contact Louise Williamson, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4264, e-mail louise.p.williamson@edinburgh.gov.uk .

A copy of the agenda and papers for this meeting will be available for inspection prior to the meeting at the main reception office, City Chambers, High Street, Edinburgh.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to www.edinburgh.gov.uk/cpol.

Corporate Policy and Strategy Committee

10.00 am, Tuesday, 5 August 2014

Present

Councillors Cardownie (Vice-Convener), Booth (substituting for Councillor Burgess), Chapman, Child, Nick Cook, Edie, Godzik, Ricky Henderson, Hinds, Lewis, Mowat, Perry (substituting for Councillor Burns), Rankin, Rose and Ross.

1. Chair

Decision

In the absence of the Convener, Councillor Cardownie took the chair.

2. Edinburgh's Christmas and Edinburgh's Hogmanay 2013/14 Event Update

a) Underbelly and Unique Events – Deputation

The deputation indicated that they provided a wide range of activities during the Christmas and Hogmanay season and that 97% of those who attended had been satisfied. Footfall over the period had increased which was good for Edinburgh businesses.

They indicated that they were planning a new opening event for 2015 to involve more school and youth groups and were looking at the affordability of the attractions provided. They outlined the Council's financial contribution to the events and the need for sponsorship but stressed that they believed that the event was a major festival for the City.

b) Report by the Director of Corporate Governance

An update was provided on the delivery of the 2013/14 Edinburgh's Christmas event programme and Edinburgh's Hogmanay festival by the consortium comprising Underbelly Ltd and Unique Events Ltd.

Decision

- 1) To note the delivery of year one of the new Edinburgh's Christmas and Edinburgh's Hogmanay.
- 2) To agree that a further report be submitted by December 2014 on performance outcomes.

(Reference - report by the Director of Corporate Governance, submitted)

3. Health and Social Care Integration – Options Analysis of Integration Models

a) Unison - Deputation

The deputation indicated that Unison had been closely involved with the integration process for the past 2 years and had made a commitment to make it a success. They expressed concern that they had been working towards a Body Corporate Model and that any proposal to change this to a Lead Agency Model was a concern for staff members.

The deputation felt that transferring staff to the NHS would mean that the Council lost control of those staff and the services which they provided. There were also the practicalities of continuity and pensions to be considered.

They urged the Council to retain control of the Social Work services by agreeing to the Body Corporate Model for integration.

b) Report by the Director of Health and Social Care

Details were provided on an options analysis of the available models for the creation of an Integration Authority within the Public Bodies (Joint Working) (Scotland) Act.

Decision

- 1) To note the outputs of the technical options analysis as detailed in Appendix 1 to the report by the Director of Health and Social Care.
- 2) To agree that models c) and d) in the report had been dropped from further work on the basis that they were not viable for Edinburgh.
- 3) To agree that Model a) Integrated Joint Board as detailed in the report, provided the best fit in terms of the strategic considerations and Council's organisational values.
- 4) To agree the preparation of the Integration Scheme jointly with NHS Lothian for submission to Scottish Government Ministers on the basis of Model a) as detailed in the report.

(Reference - report by the Director of Health and Social Care, submitted)

Declaration of Interests

Councillor Ricky Henderson declared a financial interest in the above item as a Non-Executive Director of NHS Lothian.

Councillor Edie declared a financial interest in the above item as Chair of the Care Inspectorate and left the meeting during the Committee's consideration.

4. Discretionary Housing Payments (DHP) Policy

a) Lothian Federation of Anti Bedroom Tax Groups – Deputation

The deputation welcomed the proposal to pay Discretionary Housing Payments (DHP) for 2014-15 to all affected by the Bedroom Tax and asked that this be done without means testing or the need to fill in an application form.

They expressed concern that there had been no proposal to backdate DHP for affected tenants for 2013-14 and urged the Council to pay backdated DHP from 1 April 2013 to all affected and to press the Scottish Government to provide funding to cover this.

b) Report by the Director of Corporate Governance

Details were provided on the backdating of DHP claims to April 2013.

Motion

To approve the revised DHP policy as detailed in Appendix 1 to the report by the Director of Corporate Governance.

- moved by Councillor Cardownie, seconded by Councillor Ricky Henderson

Amendment

- 1) To approve the revised DHP policy as detailed in Appendix 1 to the report by the Director of Corporate Governance.
- 2) To agree that in principle, Discretionary Housing Payments to cover Bedroom Tax (Under-occupancy penalty) should be backdated in full to April 2013 when the Bedroom Tax was introduced and therefore agree that the Council Leader would contact the Scottish Government to request that sufficient funding be provided to cover backdating of DHP for Bedroom Tax to April 2013 and that the Convener report back the response at the next meeting.
- 3) To further agree that whilst the funding for backdating of DHP to April 2013 was being confirmed, that the Council would not take legal action over any element of rent arrears that were the result of Bedroom Tax (under-occupancy penalty) applied from April 2013.

- moved by Councillor Chapman, seconded by Councillor Booth

Voting

The voting was as follows:

For the motion	-	12 votes
For the amendment	-	3 votes

Decision

To approve the motion by Councillor Cardownie.

(References - Act of Council No 1 of 26 June 2014; report by the Director of Corporate Governance, submitted)

5. Minute

Decision

To approve the minute of the Corporate Policy and Strategy Committee of 10 June 2014 as a correct record.

6. Corporate Policy and Strategy Committee Key Decisions Forward Plan September to November 2014

The Corporate Policy and Strategy Committee Key Decisions Forward Plan for September to November 2014 was presented.

Decision

To note the Key Decisions Forward Plan for September to November 2014.

(Reference – Key Decisions Forward Plan for September to November 2014, submitted.)

7. Corporate Policy and Strategy Committee Rolling Actions Log

Details were provided of the outstanding actions arising from decisions taken by the Committee.

Decision

- 1) To agree to close actions 4, 5, 11, 15 and 16.
- 2) To otherwise note the Rolling Actions Log.

(Reference – Rolling Actions Log, submitted.)

8 Welfare Reform – Further Update

An update was provided on the progress being made by the Council and partners to develop arrangements to mitigate, where possible, the negative impact of the UK Government's welfare reforms.

Decision

- 1) To note the Council's ongoing activities relating to welfare reform.
- 2) To note that the next update would be reported to Committee on 7 October 2014.

(References – Corporate Policy and Strategy Committee 22 January 2013 (item 7); report by the Director of Corporate Governance, submitted)

9 Update on the Events Governance Review

An update was provided on progress made on the action plan to implement improvements identified in the Events Governance Review.

Decision

To note the progress made against the action plan to date.

(References - Corporate Policy and Strategy Committee 25 February 2014 (item 6); report by the Director of Corporate Governance, submitted.)

10. Political Management Arrangements – Annual Review of Working Groups

The Committee had agreed to an annual review of the number and scope of working groups, to be completed to enhance governance and corporate oversight.

Details were provided on the initial review and rationalisation which had been undertaken.

Decision

- 1) To agree the current status of Council Working Groups as detailed in Appendix 1 to the report by the Director of Corporate Governance.
- 2) To note that a review of the effectiveness of Policy Development and Review Sub-Committees would be considered by the Council in October 2014.

(References: Corporate Policy and Strategy Committee 3 December 2013 (item 4); report by the Director of Corporate Governance, submitted.)

11 Commercial and Procurement Strategy

Details were provided on the Council's new Commercial and Procurement Strategy which set out how the Council would direct this external expenditure for the next three years and the objectives it sought to deliver.

Decision

- 1) To note the report by the Director of Corporate Governance.
- 2) To approve the Procurement Strategy.

(Reference - report by the Director of Corporate Governance, submitted)

12. Complaints – Unacceptable Actions and Behaviour Policy

Details were provided on the Council's amended Unacceptable Actions and Behaviour Policy. The Policy update was required to ensure that the Council's principles were consistent with those of the Scottish Public Services Ombudsman.

Decision

To approve the amended Unacceptable Actions and Behaviour Policy.

(Reference – report by the Director of Corporate Governance, submitted)

13 Corporate Performance Framework – Performance Report – Improvement Actions

An update was provided on actions to improve performance against six corporate indicators highlighted by the Committee, namely:

- Duration of Homelessness
- Waste sent to landfill and recycling
- Priority road repairs
- Hospital discharge delays
- Resident satisfaction with the Council
- Budget and procurement savings.

Decision

To note the report by the Director of Corporate Governance and the actions taken to improve performance for the six highlighted indicators.

(References – Corporate Policy and Strategy Committee 10 June 2014 (item 7); report by the Director of Corporate Governance, submitted)

14. Summary of the Draft Regulations to Support the Public bodies (Joint Working) (Scotland) Act 2014

A summary was provided on the draft Regulations which had been released by the Scottish Government to support the Public Bodies (Joint Working) (Scotland) Act 2014 which were now the subject of consultation with stakeholders.

Decision

- 1) To note the summary of the draft Regulations.
- 2) To note that the Council response to the consultation on the draft Regulations was the subject of a separate report (item 15 refers).

(Reference – report by the Director of Health and Social Care, submitted)

Declaration of Interests

Councillor Ricky Henderson declared a financial interest in the above item as a Non-Executive Director of NHS Lothian.

Councillor Edie declared a financial interest in the above item as Chair of the Care Inspectorate and left the meeting during the Committee's consideration.

15 Health and Social Care Integration – Responses to Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014

Details were provided on the Council's proposed response to the Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014. This highlighted the implications for Council governance and functions.

Decision

- 1) To note that a copy of the response to the Draft Regulations – Set 1, marked ‘draft subject to Committee approval’ as detailed in the report by the Director of Health and Social Care, was shared with the Scottish Government on 1 August 2014 in line with their response timeline.
- 2) To approve the response to the Draft Regulations – Set 1 in the report as final.
- 3) To approve the response to the Draft Regulations – Set 2 in the report as final.
- 4) To note that the responses to both sets of draft regulations would be submitted to the Scottish Government by no later than 6 and 18 August 2014 respectively.

(Reference – report by the Director of Health and Social Care, submitted)

Declaration of Interests

Councillor Ricky Henderson declared a financial interest in the above item as a Non-Executive Director of NHS Lothian.

Councillor Edie declared a financial interest in the above item as Chair of the Care Inspectorate and left the meeting during the Committee’s consideration.

16. Eurocities AGM and Conference

The Committee was invited to nominate delegates to attend the Eurocities AGM and Conference to be held in Munich on 5-8 November 2014.

Decision

- 1) To approve the attendance of Councillors Hinds and Ross at the Eurocities AGM and Conference in Munich in November 2014.
- 2) To note that further information on the benefits of attendance would be provided after the event.

(Reference – report by the Director of Economic Development, submitted)

Corporate Policy and Strategy Committee September to December 2014

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
1.	Management of Asbestos	30 Sept 2014		Director: Alastair Maclean Lead officer: Linda Holden, Interim Head of Organisational Development linda.holden@edinburgh.gov.uk Dennis Henderson, Senior Health and Safety Adviser dennis.henderson@edinburgh.gov.uk	CO24-26
2.	Annual Review of Corporate Debt Policy	30 Sept 2014		Director: Alastair Maclean Lead officer: Hugh Dunn, Head of Finance hugh.dunn@edinburgh.gov.uk	CO 24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
3.	Compliance, Risk and Governance – Corporate Debt Policy	30 Sept 2014		Director: Alastair Maclean Lead officer: Fraser Rowson, Acting Principal Accountant fraser.rowson@edinburgh.gov.uk Neil Jamieson, Depute Head of Customer Services neil.jamieson@edinburgh.gov.uk	CO24-26
4.	Staff Survey	30 Sept 2014		Director: Alastair Maclean Lead officer: Davina Fereday, Corporate Manager 0131 529 7040 davina.fereday@edinburgh.gov.uk	CO24-26
5.	Student Placements	30 Sept 2014		Directors: Gillian Tee and John Bury Lead officer: Caroline Bayne, Principal Officer – Teacher 0131 469 3980 caroline.bayne@edinburgh.gov.uk	CO24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
6.	Information Governance Policies	30 Sept 2014		Director: Alastair Maclean Lead officer: Kirsty-Louise Campbell 0131 529 kirstylouise.campbell@edinburgh.gov.uk	CO24-26
7.	ICT Acceptable Use Policy – Review	4 Nov 2014		Director: Alastair Maclean	CO24-26
8.	Corporate Resilience Annual Report (1 October 2013 to 30 September 2014)	4 Nov 2014		Director: Alastair Maclean Mary-Ellen Lang, Corporate Resilience Manager 0131 529 4686 mary-ellen.lang@edinburgh.gov.uk	CO24-26
9.	Welfare Reform	4 Nov 2014		Director: Alastair Maclean Lead officer: Danny Gallacher, Head of Customer Services 0131 469 5016 danny.gallacher@edinburgh.gov.uk	CO24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
10.	Staff survey - actions agreed	4 Nov 2014		Director: Alastair Maclean Lead officer: Davina Fereday, Corporate Manager 0131 529 7040 davina.fereday@edinburgh.gov.uk	CO24-26
11.	Annual Report on Contact in the Capital – Community Communication Pilots	4 Nov 2014		Director: Alastair Maclean Lead officer: Lesley McPherson, Chief Communications Officer 0131 529 4030 lesley.mcpherson@edinburgh.gov.uk	CO24-26
12.	Edinburgh's Christmas and Edinburgh's Hogmanay 2013-14 Update	2 Dec 2014		Director: Alastair Maclean Lead officer: Lynne Halfpenny, Head of Culture and Sport 0131 529 3657 lynne.halfpenny@edinburgh.gov.uk	CO24-26

Corporate Policy and Strategy Committee

2 September 2014

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	06-11-12	<p>The Future Management and Ownership of Easter Craiglockhart Hill Local Nature Reserve (LNR) – motion by Councillor Burns</p> <p>(Agenda for 6 November 2012)</p>	<p>To provide information on the possibility of community ownership and management of the woodland and open space in the area in the longer term and how this might be achieved, with ownership transferring to the Council as an interim measure, with a view to the eventual transfer of ownership and management, to a community organisation.</p>	<p>Directors of Corporate Governance and Services for Communities</p>	<p>Within 4 cycles</p>		<p>Development application is currently with Planning and is awaiting a decision. Update report will be required once decision has been made.</p> <p>Suggestion for report to Planning Committee on 03/09/14 for a decision on the application.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
2	22-01-13	Policy Development and Review Sub-Committee Work Programmes	To ask the Director of Children and Families to report back to the Education, Children and Families Policy Development and Review Sub-Committee on developing the Estates Strategy review.	Director of Children and Families	Not specified		
3	22-01-13	Welfare Reform - Further Update	To ask the Director to provide members with update briefings on a regular basis.	Director of Corporate Governance	Ongoing		Bi monthly updates to the Committee.
4	05-11-13	Contact in the Capital - Community Communication Pilot	To receive a full report, evaluating the success of the three pilots, in 12-months	Director of Corporate Governance	November 2014		
5	05-11-13	Contact in the Capital - Community Communication Pilot	To agree that an additional update report, highlighting (city-wide) successful community based	Director of Corporate Governance	Annual		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>communications initiatives, be reported annually.</p> <p>That report to include the possible use of funding to Community Councils/Neighbourhood Partnerships to encourage better communication. The report also to include investigation of reinvigorating the MyEdinburgh website.</p>				
6	05-11-13	Review of Community and Accessible Transport Programme Update	To note that a further update report would be provided in six months.	Director of Health and Social Care	May 2014		
7	21-01-14	Sex Work in Edinburgh - Harm Reduction Framework	To note that officers would submit a progress report in March 2015 to the Health, Social Care and Housing Committee.	Chief Social Work Officer	March 2015		No change to reporting time

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
8	21-01-14	Energy Services Companies	To note the progress towards the development of Energy Services Companies and that a further report would be submitted to Committee in April 2014 and to ask that the progress report include the options for an Energy Services Company that by providing energy and energy services, could generate this sort of significant revenue for the Council.	Director of Economic Development	April 2014		Scheduled for August 2014
9	25-02-14	Poverty and Inequality Data in the City - referral from the Communities and Neighbourhoods Committee	To instruct that the future report include an assessment of earlier poverty initiatives and clarification of the definitions of "low-pay/poverty".				

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
10	25-03-14	Riddle's Court and 4-6 Victoria Terrace, Edinburgh	To request officers to report to the relevant committee on the most appropriate mechanism to allow the resources currently allocated to SHBT to be realigned to 6VT to support the cost of capital fit out and rent of their new premises.	Director of Services for Communities	Not specified		There are ongoing discussions taking place with various parties to identify and enable the realignment of funding. Further Riddles Court and Victoria Terrace reports will go to the Economy Committee and thereafter F&R. It is envisaged that Full Council approval will also be required prior to project conclusion. This will be part of the mechanism / process which will enable full funding realignment.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
11	25-03-14	Contact in the Capital - Community Communication Pilots Update	To note that the proposed pilot scheme within the Gorgie/Dalry area would be put on hold at this time and following further consideration an update report would be presented to Committee at a later date	Director of Corporate Governance	Not specified		
12	05.08.14	Edinburgh's Christmas and Edinburgh's Hogmanay 2013-14 Event Update	To agree that a further report be submitted by December 2014 on Performance outcomes	Director of Corporate Governance	December 2014		

Corporate Policy and Strategy Committee

10.00am, Tuesday 2 September 2014

Managing Retirement Policy and Death in Service Benefit Scheme

Item number 7.1
Report number
Executive/routine
Wards

Executive summary

The Council has several policies covering various options available to employees on retirement. These have been reviewed and brought together in one document called Managing Retirement. This covers retirement, flexible retirement and early payment of pension.

The main changes being proposed are:

- a clear statement that the Council does not operate a fixed retirement age, which complies with equalities legislation;
- a reduction in the minimum saving required in employee costs to the Council for applications for Flexible Retirement to 20% (previously 40%) to increase the attractiveness of the scheme to employees;
- the standing down of the “Interim Policy on Preparation for Normal Retirement” policy which allowed employees aged 64 - 65 to reduce their working week to 4 days then 3 days during their final year of their employment, with no reduction in pay as CEC no longer has fixed retirement at age 65; and
- an increase in the Death in Service Benefit from £3,000 to £4,000 in line with an increase in funeral costs.

Links

Coalition pledges [P27](#)
Council outcomes [CO24](#); [CO26](#); [CO27](#)
Single Outcome Agreement

Managing Retirement Policy and Death in Service Benefit Scheme

Recommendations

- 1.1 Approve the Managing Retirement policy;
- 1.2 Approve standing down the Interim Policy on Preparation for Normal Retirement; and
- 1.3 Recommend that the Finance and Resources Committee approves the proposal to increase the Death in Service payment to £4,000.

Background

- 2.1 The Council has various policies on retirement including policies on flexible retirement and early retirement. The Managing Retirement Policy brings all these policies together into one document that covers all aspects of retirement. This will be easier for staff and managers to understand and access.
- 2.2 The Interim Policy on Preparation for Normal retirement provides a specific benefit for staff between the ages of 64 and 65 based on the Council's former fixed retirement age of 65. This fixed retirement is no longer in operation because of changes to equalities legislation in 2011. The Policy was intended to be interim pending the abolition of the fixed retirement age.
- 2.3 The Death Benefit Scheme has not been reviewed since 2003 and funeral costs have increased significantly since then. Currently, the Scheme results in an annual average cost to the Council of £75,000. The proposed increase would result in an annual average cost of £100,000.

Main report

- 3.1 The Employment Equality (Repeal of Retirement Age Provisions) Regulations 2011 came into effect on 6 April 2011. This meant that UK organisations could no longer enforce a fixed retirement age for their staff from October 2011.
- 3.2 The suite of retirement policies has been amalgamated into a single policy making it easier for managers and staff to see the options that are available. This new policy is called Managing Retirement. There are no changes to the

arrangements for normal or early retirement. The policy states clearly that the Council no longer has a fixed retirement age. A copy of the policy is attached as Appendix 1.

- 3.3 Pre-retirement courses for employees who have agreed a retirement date will continue to run and this is included in the Managing Retirement Policy.

Flexible Retirement

- 3.4 The Flexible Retirement Policy allows employees who are members of the Lothian Pension Fund to reduce their hours or their grade (or both) and access their pension at the same time. Currently, staff must reduce their salary and/or hours to achieve a minimum saving to the Council of 40% of their salary. This is the equivalent of 2 days for full-time staff and, so far, uptake by staff and approval by managers has been low.
- 3.5 Other Councils have adopted similar schemes and have had a greater level of uptake. This could be partly because the minimum savings we require is higher than other Scottish councils. The following table compares the Council’s current policy with those of other Scottish Councils:

Council	Minimum Savings Required
Fife	20%
Dundee	No minimum
East Lothian	40%
West Lothian	20%
Perth & Kinross	20%
Highland	40%
Aberdeen	25%

- 3.6 It is therefore recommended that the Council reduce the minimum saving required to 20% to increase the attractiveness of the scheme and encourage uptake and flexibility for employees. This could also generate savings for the Council.
- 3.7 The revised policy incorporates this change. It has also been updated to reflect changes in the Lothian Pension Scheme Regulations, which now allow staff to take a proportion of any pension accrued after 2009 rather than the full amount when they take flexible retirement.

Preparation for Retirement

- 3.8 The Interim Policy on Preparation for Normal Retirement allows staff to prepare for retirement by reducing their hours during their final year of employment, ending with their 65th birthday. Their working hours would reduce - by 20% for the first 6 months and a further 20% for the last 6 months - with no reduction in pay. This policy was put in place when Council employees were required to retire at 65.
- 3.9 The current policy is seen as a benefit to staff by the trade union side and they do not support it being stood down. The cost of the policy as it currently applies – i.e. only for those aged between 64 and 65 – is significant as all staff that are eligible take it up. For example, if all staff who reach their 64th birthday between

1 June 2014 and 31 December 2014 opted to reduce their hours in accordance with the policy, the financial cost to the Council of the hours lost would be approximately £730k - see table below:

Department	Gender		Total	Cost (£)
	Male	Female		
Economic Development	1	0	1	10,217.10
Corporate Governance	3	1	4	24,108.30
Children & Families	12	38	50	335,496.81
Health & Social Care	8	20	28	134,739.91
Services for Communities	27	13	40	223,143.86
Total	51	72	123	727,705.98

- 3.10 In order to retain the policy, arguably, it would also have to be extended to all staff aged 60 and above who intended to retire within the next 12 months, to conform to age discrimination legislation. Age 60 is the earliest employees can retire of their own volition. Further, when the Council approves early retirement for employees aged 55 and over, arguably they should also have access to the policy to conform to equalities legislation. Currently there are 1,658 staff who are aged 60 or over – see table below. Based on the average cost per head in the table above (£5,916.31), if all staff over 60 opted to reduce their hours in line with the policy, the cost to the Council would be approximately £9.8million.

Department	Age Range in Years (as at 30 June 2014)						Total
	45-49	50-54	55-59	60-64	65-69	70+	
Economic Development	14	16	5	4	3	0	42
Corporate Governance	226	199	150	62	12	2	651
Children & Families	1,121	1,246	1,138	482	74	12	4,073
Health and Social Care	524	646	542	332	48	3	2,095
Services for Communities	889	928	821	457	111	56	3,262
Grand Total	2,774	3,035	2,656	1,337	248	73	10,123

- 3.11 There are currently other options available to staff to assist in their preparation for retirement. The Council has a Flexible Work Options Policy which allows staff to request a reduction in their hours and the changes to Flexible Retirement which are recommended and outlined above will make this more attractive to staff.
- 3.12 For the reasons outlined above it is therefore recommended that the Interim Policy on Preparation for Normal Retirement be stood down. As the trade unions are opposed to this recommendation, we would have to give 4 months notice to bring the agreement to an end. Subject to approval from this Committee, notice would be given on 3 September and would end on 2 January 2014.

Death in Service Benefit

- 3.13 The Council's Death in Service Benefit Scheme has also been reviewed. Under this scheme, the Council pays £3,000 to the estate of any employee who dies in service. Over the last 8 years, on average 25 staff died in service each year, resulting in an annual average cost of £75,000.
- 3.14 The trade unions have asked that the payment be raised to £5,000. They argue that bereavement costs have increased significantly since the scheme was introduced in 1998. Managers in Services for Communities, who run the Council's bereavement service, have confirmed that the average costs for a basic funeral are now between £4,000 and £6,000. Had it risen in line with inflation, the £3,000 payment in 1998 is estimated to be approximately £4,500 today.
- 3.15 Any increase of the payment will be a direct cost to the Council. If the payment were increased, the additional cost would be as follows:

Payment	Average Annual Cost (£)	Additional Cost
£3,000 (current)	£75,000	n/a
£4,000 (recommended)	£100,000	£25,000
£5,000 (TU request)	£125,000	£50,000

- 3.16 It is recommended that the Finance and Resources Committee approves the proposal to increase payment to £4,000 to reflect the increase in funeral costs. A copy of the revised policy is at Appendix 2.

Measures of success

- 4.1 Increased discussion around planned retirement allowing managers to ensure operational efficiency.
- 4.2 Increased uptake of Flexible Retirement will support both the reduction in staff costs and the retention of key skills and experience.

Financial impact

- 5.1 Savings from increased uptake of Flexible Retirement.
- 5.2 Productivity improvements from removal of the Interim Policy on Preparation for Normal Retirement.

Risk, policy, compliance and governance impact

- 6.1 The changes bring the Council's policies on retirement up-to-date with legislative and statutory requirements.
- 6.2 There is some evidence that staff continue to benefit from a reduced hours and full pay, in accordance with the Preparation for Normal Age Retirement Policy, but do not retire at the end of the period. By deleting the policy this risk is removed.
- 6.3 There is an industrial relations risk around the removal of the Preparation for Normal Retirement Policy as the trade unions would like to retain the Policy. However, flexible retirement is also available, and of greater benefit to employees, as they get access to their pensions. All staff are also entitled to apply to work more flexibly at any time in their careers, under the terms of the Flexible Work Options Policy.

Equalities impact

- 7.1 The policy makes clear that there is no longer a fixed retirement age. This positively impacts on older employees by making it clear they can continue to work until they choose to retire.
- 7.2 The changes to the minimum savings required for Flexible Retirement make that choice a more attractive option for older employees.

Sustainability impact

- 8.1 None.

Consultation and engagement

- 9.1 The Trades Unions have been consulted on these recommendations. They support the Managing Retirement Policy and welcome the changes to Flexible Retirement.
- 9.2 They are seeking an increase in the Death In Service Benefit Scheme to be to £5,000.
- 9.3 They are opposed to standing down the Interim Policy on Preparation for Normal Retirement.

Background reading / external references

None.

Alastair Maclean

Director of Corporate Governance

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Links

Coalition pledges	P27 - Seek to work in full partnership with Council staff and their representatives
Council outcomes	CO24 - The Council communicates effectively and internally and externally and has an excellent reputation for customer care CO26 - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives. CO27 - The Council supports, invests in and develops our people
Single Outcome Agreement	
Appendices	Appendix 1 – Managing Retirement Policy Appendix 2 – Death in Service Benefit Scheme

MANAGING RETIREMENT

CONTENTS

- 1 POLICY STATEMENT
 - 2 CORE PRINCIPLES
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NOTE: This policy does not apply to teaching staff. The [Scottish Teachers' Superannuation Scheme](#) has separate arrangements and provisions. If you are a member of the Scottish Teachers' Superannuation Scheme, you should contact them for more information.

1. POLICY STATEMENT

- 1.1 The Council values a diverse workforce and recognises the skills, knowledge and experience older employees bring to our organisation. The Council believes that all employees should be allowed to work for as long as they wish, provided they meet the performance standards required of their job. Therefore, the Council does not operate a fixed retirement age.
- 1.2 The aims of this policy are to:
 - a) list the options for retirement that are available to staff;
 - b) set out what staff should do when they want to retire; and
 - c) provide information about the pre-retirement courses available for staff once they have an agreed retirement date.
- 1.3 Retirement is a stage in life where an individual member of staff decides to stop working. For many people, the decision to retire is influenced by issues around their pension.
- 1.4 Council employees are automatically enrolled into the [Lothian Pension Fund](#). If you are a member of the Lothian Pension Fund, you can [contact them](#) to find out how much your pension will be.
- 1.5 The key stakeholders and their responsibilities are set out in [Appendix A](#).

2. CORE PRINCIPLES

- 2.1 Discussions with all employees on their future career plans and development needs will normally take place annually at the [performance, review and development \(PRD\) meeting](#) or the [professional review and development meeting](#) for teachers.
- 2.2 Where appropriate, this can include discussions about retirement plans, though managers should not assume that employees are considering retirement just because they consider the employee to be of retirement age. However, a manager may prompt an employee to consider retirement as an option at other times where this might be appropriate, e.g. during reviews where posts may be surplus.
- 2.3 Any discussions between an employee and their manager about retirement will not result in any assumptions being made about an employee's commitment to the Council.
- 2.4 Retirement is normally voluntary and we would usually expect the process to be led by the employee. This also applies to requests for flexible or early retirement.

EMPLOYEES – YOUR OPTIONS

- 2.5 You are encouraged to give your manager as much notice as possible of your wish or intention to retire. This is to allow your manager to make the necessary decisions and operational arrangements to support your request. It will also make sure that your pension fund has plenty of time to process your request to start paying your pension.
- 2.6 If you decide to retire, you will be expected to co-operate with handover arrangements and in the transfer of your knowledge and skills before you leave.
- 2.7 Pensions paid early under Early Retirement or Flexible Retirement may be reduced **unless the rule of 85 applies** (see [Appendix B](#)).
- 2.8 There is **no** right of appeal if a request for early or flexible retirement is refused.

3 NORMAL RETIREMENT

- 3.1 You can retire voluntarily from age 60 onwards. You do not need the Council's permission – you simply have to let your manager know in writing. When you decide you want to retire, you should try to give as much notice as possible: at least the period of notice in your contract of employment. In your letter, you should say that you intend to retire and give the date that you would like to be your last day of work.
- 3.2 If you are in the Council's Pension Scheme, you may have to give your manager more notice of your decision to retire than the notice period in your contract. This is because the Local Government Pension Scheme needs at least 20 working days' notice to process your retirement so that you'll get all the benefits when you leave.
- 3.3 Once you have given written notice of your retirement you will be expected to retire on the date you have specified. In exceptional circumstances, you may be able to change the date after you have handed in your notice but only with your manager's agreement. Some examples of exceptional circumstances would be the death of a partner or some other serious occurrence that has a significant impact on your future plans.
- 3.4 Your manager will set up a meeting with you, after you hand in your notice of retirement, in order to conduct an exit interview. This is a good opportunity to discuss issues like handover, succession plans, outstanding holidays and final payments. It is also an opportunity to decide how you want to communicate your departure and whether you want to have a leaving celebration. It is also a chance for you to raise any issues you may have.

4 WHAT IS FLEXIBLE RETIREMENT?

- 4.1 Flexible retirement allows members of the Local Government Pension Scheme, who are aged 55 or over, access to their pension while continuing to work on reduced hours and/or at a lower grade. It also allows the Council to benefit from retaining the skills, knowledge and experience of older staff. Flexible Retirement can also be considered in cases where a reduction in hours would be beneficial to an employee with medical issues and medical retirement is not an option.
- 4.2 If you are not a member of the Local Government Pension Scheme but you would like to reduce your hours, you can make an application to do so by using the Flexible Work Options Policy.
- 4.2 Your flexible retirement period must last for at least **6 months** before you retire. Reducing your hours, reducing your grade and getting your pension early are all **permanent changes to your contract of employment. These changes cannot be reversed.** You cannot increase your hours or move to a post at a higher grade at any point in the future, if you have elected to take flexible retirement. You can choose to reduce your hours again and if you want do this you should discuss this with your line manager. They will then make a decision based on the on the needs of the service.
- 4.3 Your flexible retirement will have to result in reduction in the cost of your annual basic salary of **at least 20%**. You might have to reduce your hours or your grade by more than you thought, so that the change makes enough saving to cover any costs within 2 years.
- 4.4 In order to consider your request and whether it can be supported, your manager may want to discuss a number of things with you such as:
- the operational impact on the service;
 - the impact on the work of rest of the team;
 - how you will manage your reduced duties;
 - how the duties you will no longer be doing will be distributed; and
 - your final retirement date.
- The continued operation of the flexible retirement arrangement will depend on the need of the service as well as your needs.
- 4.5 You cannot combine a request for flexible retirement with a request for voluntary early release or voluntary redundancy. Any requests to do so will **not** be considered or approved. There is **no** right of appeal if a request is refused.
- 4.6 When you take flexible retirement Lothian Pension Fund rules mean you must take the entire pension you have accrued up to April 2009. However, you can choose to take only a percentage of the pension you

have accrued after 2009. You can get more details about this from [Lothian Pension Fund](#).

5. WHO CAN APPLY FOR FLEXIBLE RETIREMENT?

5.1 You can apply for flexible retirement if you:

- a) are a member of the LGPS;
- b) are 55 or over and have at least 2 years' LGPS membership (including membership transferred in from another scheme); and
- c) have your manager's approval.

5.2 Teachers have a separate pension scheme which has its own arrangements for flexible retirement. There are more details on this on [their website](#). The terms contained in this policy do not therefore apply to teachers.

6. HOW DOES FLEXIBLE RETIREMENT WORK?

6.1 The purpose of flexible retirement is to reduce your hours and/or level of responsibility and provide a **minimum saving of 20%** of your basic annual salary to the Council. You can do this by:

- a) reducing your contractual working hours; or
- b) reducing the grade of your current job; or
- c) reducing your hours **and** your grade; or
- d) including a flexible retirement request as part of an application for a Council vacancy at a lower grade. Your request for flexible retirement will be considered as part of the application;

6.2 Reducing your hours of work

You will have to reduce your hours by a minimum of 20%. You might have to agree to reduce by more than this so that your manager can show that the costs to the department can be paid within 2 years.

6.3 Reducing the grade of your current job

You may want to stay in your current job but work at a lower grade with less responsibility. This would require that the higher graded work in your job is re-allocated to other staff. Your manager might be able to support this. This could be done by moving to a lower grade post in your team or losing some of your current duties. In the latter case, your new duties would need to be evaluated, so that your new job could be graded.

6.4 Reducing your hours and your grade

A combination of a reduction in hours and grade may be necessary to meet the savings test.

6.5 Applying for a vacancy at a lower grade

You can also reduce your grade by applying for a vacancy at a lower grade through the Council's normal recruitment and selection process. The service area that is advertising the vacancy will consider your flexible retirement request alongside your job application.

7. FLEXIBLE RETIREMENT AND YOUR PENSION

- 7.1 When you start flexible retirement, you can still remain a member of the LGPS and continue to make contributions to your pension. You can also choose to leave the pension scheme, if you want to.
- 7.2 You do not have to end your employment to get your pension if you opt for flexible retirement.
- 7.3 The decision to take flexible retirement and reduce either your salary or your grade is voluntary. This means that the reduction in your salary will not be eligible to be covered by a pension protection certificate as these are only issued when your salary reduces involuntarily e.g. as the result of an organisational review or redeployment.

8 WHAT IS EARLY RETIREMENT?

- 8.1 Early retirement allows staff who are members of the Local Government Pension Scheme (LGPS), and aged 55 or over, to request early payment of their pension i.e. before they are old enough to get your pension automatically.
- 8.2 If you are over 55 and **under 60** and you decide you want to leave employment before your pension would normally be paid to you, you will need the Council's permission to do so as there may be costs to the Council. If you are **60 or over**, you do not need the Council's permission to retire.
- 8.3 When making a decision on whether permission to retire early can be given the Council will consider if:
 - it is in the Council's interests and achieves business efficiencies;
 - the costs are affordable and can be met within 2 years; and
 - your request is fully supported by a business case that shows the benefit to the Council.

- 8.4 If you get your pension paid to you early under this policy, the amount of your pension benefits may be reduced. This is called an actuarial reduction. The Council will not take any action to waive this actuarial reduction. Lothian Pension Fund will provide you with all the information you need about how taking early payment will affect your pension. You should discuss this with them before you make your application (see Appendix B).

9. WHO CAN APPLY FOR EARLY RETIREMENT?

- 9.1 You can apply for early retirement if you meet the following conditions:
- a) you must be aged 55 or over and have 2 years' LGPS membership (or have transferred at least 2 years' membership of another pension scheme to LGPS); and
 - b) if you are under 60 the Council must approve the early payment of your pension.
- 9.2 Ex-employees, who are deferred members of the LGPS, can also ask to get their pension paid early. The Council has a procedure for dealing with these requests, which is set out in the Council's [Policy on Employer Discretions](#).

10. HOW DOES EARLY RETIREMENT WORK?

- 10.1 You must submit a written request for the early payment of pension to your line manager in the first instance. Your request will be kept confidential.
- 10.2 Where your line manager thinks that operationally the service may be able to support your request, s/he will ask People & Organisation to obtain an estimate of your pension benefits for you and an estimate of the costs to the Council from the Lothian Pension Fund.
- 10.3 If, on the basis of the estimates provided to you both, you and your line manager decide to go ahead with an application, it will be submitted to the Service Director for support in principle.
- 10.4 Requests for early payment of pension are approved at the Council's discretion. When considering requests, the Council will consider your personal circumstances, the business case, the impact on the service and the affordability of any costs.
- 10.5 If you are under 60, you should wait until your request for early retirement has received final approval before you resign and give notice in writing. The length of notice you have to give is set out in your contract of employment.

10.6 The Council may withdraw its consent for the early payment of pension if you become the subject of disciplinary action, are dismissed for reasons of misconduct or your employment otherwise ends before the termination date.

10.7 If you have received early payment of pension you will not be eligible to be re-employed by the Council within the 2 year cost savings period (see 11.1 below). Thereafter, you can only be re-employed if you apply for a post and are recruited through the Council's normal recruitment procedures.

11. FINANCIAL ASSESSMENT

11.1 Initial approval of a request for flexible or early retirement is at the discretion of the management team in your service area. They will consider the operational impact on the service, the savings to the Council and whether there are any costs to the Council. These could be pension strain costs, the cost of replacing you or the cost of re-grading the post and reallocating the work. Any costs must be met by savings in the Service budget within 2 years of your leaving.

11.2 Each request for flexible/early retirement needs to have a financial assessment done and approved by Finance. The assessment will show:

- a) any proposed savings that will result from your retirement. In the case of flexible retirement requests the savings must be a minimum of 20% of your basic annual salary;
- b) how much the change will cost the Council (e.g. pension strain costs, replacement cost); and
- c) whether the costs are affordable and can be paid back in 2 years or less.

If the assessment does not meet all of these criteria, **your request will not be approved.**

11.3 Final approval of your request by the Council must be obtained before any decision can be sent to you. Final approval involves:

- a) where your full-time equivalent salary and/or the costs to the Council are each £50,000 or less, the case must be approved by the Director of Corporate Governance and the Head of Finance on the Council's behalf;
- b) where your full-time equivalent salary and/or the costs to the Council each exceed £50,000, the case must be approved by the Directors of Corporate Governance and the Head of Finance, in

consultation with the Convener of the Finance and Resources Committee; and

- c) a request involving the Chief Executive or a Director must be submitted for consideration and approval through a formal committee process.

11.4 If your case is approved, the Service Director (or nominee) will notify you in writing of the decision. Organisational Development will then initiate the retirement arrangements.

11.5 If your case is refused, the Service Director (or nominee) will notify you of the decision and the reasons in writing. There is no right of appeal against this decision.

11.6 All approved cases will be reported to the Council Management Team as part of the regular monitoring reports on Workforce Management and included in an annual report to the Finance and Resources Committee.

12. RAISING A CONCERN

12.1 There is **no** right of appeal if your request is refused.

12.2 If you are concerned about the way the policy has been applied or the process followed, you should talk it over informally with your line manager, or another manager, as early as possible, in line with the grievance procedure. If the matter cannot be resolved informally, you can raise the concern formally through the Council's Procedure for Hearing Employee Grievances.

13 PREPARING FOR RETIREMENT

13.1 The Council offers pre-retirement courses for all staff and their partners. Council staff will get paid time off to attend the course. [Details about pre-retirement courses](#), including eligibility, are on the Orb.

13.2 The Council may also provide other relevant supporting information to employees who are retiring. These include money management seminars and pensions events. Details about this will be posted on the Orb and sent to all managers, so they can bring it to the attention of all their staff.

13.3 You can still attend the Council's pre-retirement courses when you are on flexible retirement, once you have agreed a final retirement date.

14. LOCAL AGREEMENT

14.1 This is a local collective agreement between the Council and the recognised trade unions. Every effort will be made by both parties to make sure that this policy is reviewed regularly and amended by agreement, if required, to meet future needs. In the event of a failure to reach agreement both parties reserve the right to end this local agreement by giving four months notice in writing. In such circumstances the terms of the local agreement will no longer apply to existing and future employees.

DRAFT

Appendix A

KEY STAKEHOLDER RESPONSIBILITIES

Employees who are retiring should advise their manager as soon as possible. Employees who are seeking flexible or early retirement should be aware of the process involved and discuss this with their manager as soon as possible. They should give serious consideration to the estimate of benefits that is provided by the Lothian Pension Fund and seek independent advice on the implications of leaving employment early before making a final decision. They must then follow the process set out in this policy.

The **Service Manager** will consider a case in the first instance to decide if support in principle can be given on the basis. They are also responsible for managing any operational or financial impact arising from the application of any of the options it covers. Managers are responsible for making decisions about applications for early or flexible retirement and for completing the process for normal retirement. When an employee indicates that they want to retire or applies for any retirement option under this policy managers must action that as quickly as possible.

Service Directors are responsible for making sure this policy is implemented. They will consider whether a case can be supported on the basis that it is in the Council's interests, business efficiencies will be achieved, the financial assessment provides a satisfactory outcome and the necessary approval has been obtained from the Department of Finance.

The **Finance team** will consider and approve the financial assessment in support of a case.

The **Director of Corporate Governance** and the **Head of Finance** (and the Convener of the Finance and Resources Committee, where appropriate) will consider supported cases, as required under the Council's approval arrangements to decide if consent can be given.

People & Organisation staff and the Human Resources and Payroll Service Centre (HRPSC) will liaise with all parties involved and facilitate the process.

Lothian Pension Fund will provide an estimate of pension benefits to the member of staff considering/requesting early payment of pension, liaise with staff, the manager and the HRPSC as required and facilitate the process.

**REDUCTION IN PENSION BENEFITS
(based on extract from the LGPS Guide)**

Will my pension and lump sum be reduced if I voluntarily retire early?

1. Your pension benefits will be reduced to take account of being paid for longer if you retire before the expected date of retirement. How much your benefits are reduced by depends on how early you draw them. Your benefits will be reduced if:
 - you have reached the age of 60 and decide you want to retire before you are 65; or
 - the council agrees to your application for early payment of benefits before age 60.
2. If you were a member of the LGPS on 30 November 2006, some or all of your benefits paid early could be protected from the reduction if you are a protected member. You can find out more about this from the Lothian Pension Fund scheme guide.
3. The reduction applied to your pension benefits is calculated in accordance with guidance issued by the Pension Scheme Actuary. The reduction is based on how early you decide to retire i.e. the period between the date you retire and start receiving your pension and age 65*. The length of time is calculated in years and days. The earlier you retire, the greater the reduction.

(*If you are a protected member, the period is calculated to the date you could have received unreduced benefits).
4. Information on how much your pension will be reduced if you take it early can be found on [Lothian Pension Fund's website](#).
5. You can reduce or avoid the reductions by not taking immediate payment of your benefits on retirement i.e. by delaying payment until a later date. If you decide not to draw immediate benefits, the benefits would normally become payable at age 65 but you can defer payment beyond that age, although benefits must be paid by age 75. If benefits are deferred beyond age 65 they will be increased accordingly to reflect late payment.

Note: [LGPS scheme guide](#) is available from the [Lothian Pension Fund website](#).

Corporate Policy and Strategy Committee

10.00am, Tuesday, 2 September 2014

Lord Provost visit to Qatar

Item number	7.2
Report number	
Executive/routine	
Wards	All

Executive summary

This report considers the invitation extended by the CEO of Qatar Airways to the Lord Provost to visit Qatar. The proposed civic arrangement follows the launch of the new route in Edinburgh earlier in the year.

As previously reported, Qatar has been identified as a target location for attracting inward investment. A new direct flight from Edinburgh to Doha started in May 2014 and this will increase the potential of attracting inward investment. This visit is an opportunity to raise further Edinburgh's profile in the region.

It is proposed that the Lord Provost travels to Qatar on 28 September and returns on 1 October 2014, accompanied by a City Officer.

Links

Coalition pledges	P15
Council outcomes	CO7 and CO8
Single Outcome Agreement	SO1

Lord Provost visit to Qatar

Recommendation

- 1.1 To accept the invitation from Qatar Airways and approve the Lord Provost's visit to Qatar. The Lord Provost will be accompanied by a City Officer and permission to take the civic chain is required.

Background

- 2.1 Qatar is ranked as one of the richest nations in the world. The country's wealth has come from natural gas and this has transformed Qatar's economy. Rapid economic growth has resulted in the population increasing from under 120,000 in 1970 to over 2,000,000 in 2014. The country is also undergoing wide scale transformation as they prepare to host the World Cup in 2022.
- 2.2 There is a long-standing link between Qatar and the UK, especially London. Qatari money was used to build London's tallest building, the Shard, and develop London's Chelsea Barracks. Qatari investors also own the Olympic Village.
- 2.3 In addition to investing heavily in property and businesses abroad the Qatari Government is investing in Qatar's economic future. The Government recognises that gas reserves, their main source of wealth, are finite. As a result the Government published their 2030 strategy. Within it they outline the focus that will be placed on research and development in order to create a knowledge economy within Qatar.
- 2.4 The City of Edinburgh Council's (CEC) Economic Strategy 'A Strategy for Jobs 2012-2017' highlights the importance of Edinburgh's international links. Doha (Qatar's capital) is one of six priority cities within the strategy and a range of activities have been taken to develop the relationship between Doha and Edinburgh.
- 2.5 For example, Qatar's focus on developing a knowledge economy presents an opportunity for Edinburgh's universities to play an important role. In June 2013 CEC led a delegation of Edinburgh's four universities visited Qatar to explore the potential of developing new research links.
- 2.6 Edinburgh's universities have strengths in several areas of interest to Qatar and this presents an opportunity to form research collaborations. These areas include the Qatar 'Grand Challenge' fields of Energy security, Water security, Cyber security and healthcare. Research links will help to strengthen the connection between Edinburgh and Qatar.

- 2.7 The universities can also play an important role in developing the connection by attracting more Qatari students. In November 2013 CEC led a visit to the Qatar International College Fair, the biggest student fair in Qatar. The four Edinburgh universities joined together to promote Edinburgh to Qatari students.

Main report

- 3.1 In November 2013 Qatar Airways announced that their new direct flight from Edinburgh to Doha which commenced on 28 May 2014. The service is running five days a week using a Boeing Dreamliner. It is the first scheduled Dreamliner service from Scotland.
- 3.2 The Lord Provost welcomed the CEO of Qatar Airways, Akbar Al Baker, to Edinburgh on 24 March 2014 at Edinburgh Airport. Following that visit the Lord Provost has been invited personally to travel to Qatar in a civic capacity.
- 3.3 It is recommended that the Lord Provost is given approval to travel to Qatar. This visit has the potential to significantly boost Edinburgh's profile within Qatar. This is likely to result increased visitors and investment.

Measures of success

- 4.1 Raise Edinburgh's profile in Qatar.
- 4.2 Promote Edinburgh as an investment location.
- 4.3 Highlight Edinburgh's research expertise.

Financial impact

- 5.1 The cost of flights and accommodation for the Lord Provost and a City Officer will be covered in full by Qatar Airways.

Risk, policy, compliance and governance impact

- 6.1 There are no foreseen risks arising from this report.

Equalities impact

- 7.1 There are no equalities impacts arising from the visit.

Sustainability impact

- 8.1 Travel arrangements will be made in accordance with the Council's Sustainable Travel Plan.

Consultation and engagement

- 9.1 The CEO of Qatar Airways is hosting the visit and organising the full programme for the Lord Provost.

Background reading/external references

None.

Alastair Maclean

Director of Corporate Governance

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Links

Coalition pledges	P15 - Work with public organisations, the private sector and social enterprise to promote Edinburgh to investors.
Council outcomes	CO7 - Edinburgh draws new investment in development and regeneration CO8 - Edinburgh's economy creates and sustains job opportunities CO9 - Edinburgh residents are able to access job opportunities
Single Outcome Agreement	SO1 - Edinburgh's economy delivers increased investment, jobs and opportunities for all
Appendices	None.

Corporate Policy and Strategy Committee

10.00, Tuesday, 2 September 2014

Chief Social Work Officer Annual Report 2013/14

Item number	7.3
Report number	
Executive/routine	
Wards	All

Executive summary

This report presents to Members the Chief Social Work Officer's Annual Report for 2013/2014. The report is attached at Appendix 1. It is presented in a different format from last year to comply with the template issued in 2014 by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity.

Links

Coalition pledges	P1 , P12 , P38 , P33 , P34 , P36 , P43
Council outcomes	CO1 , CO2 , CO3 , CO4 , CO5 , CO6 , CO10 , CO11 , CO15
Single Outcome Agreement	SO2 , SO3 , SO4

Name of report

Recommendations

- 1.1 It is recommended that Corporate Policy and Strategy Committee
- notes the Chief Social Work Officer's Annual Report for 2013/14 attached at Appendix 1; and
 - comments on the template used for this year's report.

Background

- 2.1 Each year, the Chief Social Work Officer is required to produce an annual report. To ensure consistency across Scotland, the Office of the Chief Social Work Adviser to the Scottish Government developed a template for these reports in 2014. The intention was to allow succinct and consistent presentation of information on how social work services are being delivered, what is working well, what needs to be improved and why, and how local authorities, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for local authorities.

Main report

- 3.1 The report provides a brief narrative on the local authority to set the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:
- finance
 - performance
 - statutory functions
 - continuous improvement, including complaints
 - planning for change
 - user and carer empowerment
 - workforce planning and development; and
 - key challenges for 2014/15.
- 3.2 Performance data on some of the key social work indicators are set out in the appendix to the main report. This information does not replicate, but

complements the detailed performance and budget information on all social work and social care services, which is reported to members and the public in a variety of other ways.

- 3.3 The report also acts as the required annual report to elected members on the operation of the statutory social work complaints process (Appendix 3 to the Annual Report).

Measures of success

- 4.1 Success is monitored regularly through performance reports to the Corporate Management Team and the Chief Officers' Group for Public Protection. The Care Inspectorate carries out regular assessments of registered social work services. The reports and action plans generated as a result of inspection are analysed and reported to appropriate Council meetings and committees.

Financial impact

- 5.1 There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering the volume and quality of services required.

Risk, policy, compliance and governance impact

- 6.1 In accordance with the Council's approach to risk management, potential risks are being mitigated and monitored through service risk registers.
- 6.2 The recommendations of this report do not impact on any existing Council policies.

Equalities impact

- 7.1 There is no direct equalities impact arising from this report.

Sustainability impact

- 8.1 There are no sustainability implications arising from this report.

Consultation and engagement

9.1 Social work services routinely involve service users and carers in design and implementation of social work and social care provision. There is a section in the Annual Report on user and carer empowerment.

Background reading/external references

Michelle Miller

Chief Social Work Officer

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E-mail: michelle.miller@edinburgh.gov.uk | Tel: 0131 553 8520

Links

Coalition pledges	<p>P1 - Increase support for vulnerable children, including help for families so that fewer go into care</p> <p>P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes</p> <p>P38 - Promote direct payments in health and social care</p> <p>P33 - Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used</p> <p>P34 - Work with police on an anti-social behaviour unit to target persistent offenders</p> <p>P36 - Develop improved partnership working across the Capital and with the voluntary sector to build on the “Total Craigroyston” model</p> <p>P43 – Invest in healthy living and fitness advice for those most in need</p>
Council outcomes	<p>CO1 - Our children have the best start in life, are able to make and sustain relationships and are ready to succeed</p> <p>CO2 - Our children and young people are successful learners, confident individuals and responsible citizens making a positive contribution to their communities</p> <p>CO3 - Our children and young people at risk, or with a disability, have improved life chances</p> <p>CO4 - Our children and young people are physically and emotionally healthy</p> <p>CO5 - Our children and young people are safe from harm or fear of harm, and do not harm others within their communities</p> <p>CO6 - Our children’s and young people’s outcomes are not</p>

Single Outcome Agreement

undermined by poverty and inequality
CO10 - Improved health and reduced inequalities
CO11 - Preventative and personalised support in place
CO15 - The public are protected
SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential
SO4 - Edinburgh's communities are safer and have improved physical and social fabric
Supports National Indicator 15: Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Appendices

1 Chief Social Work Officer Annual Report 2013-2014

The City of Edinburgh Council

Chief Social Work Officer's Annual Report 2013-2014

The Local Authority

Edinburgh is a city of contrasts, with high levels of both prosperity and poverty. It is vibrant and culturally diverse, with the largest concentration of areas in the top 10% (most affluent); but with areas of significant inequality and deprivation – third highest across all Scottish local authorities. Edinburgh's population (482,600 in 2012) accounts for 9% of Scotland's total, and is growing. Whilst this growth has many social and economic advantages, it also presents challenges, including:

- growing numbers of older citizens who are frail or unwell
- increasing complexity of need in children and adults with disabilities
- increasing risk to children from the alcohol and drug misuse of their parents, and from domestic abuse
- greater vulnerability of a growing number of homeless people with mental health problems
- a variation in life expectancy of 20 years between the most affluent and the poorest citizens
- an expanding prison population.

The latest projections indicate that Edinburgh's population will continue to grow faster than anywhere else in Scotland (to 619,000 by 2037). Some age groups, which make intensive use of public services, are projected to increase more rapidly than the overall population (for example 5-11 year olds and those over 85).

Edinburgh includes a mix of urban and rural communities, although in common with many other cities, population densities are highest in inner suburban areas, surrounding the commercial core of the city centre.

Partnership Structures / Governance Arrangements

The law requires each local authority to appoint a Chief Social Work Officer (CSWO). This function cannot be delegated by the local authority, and it is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

In Edinburgh, the CSWO role is located at Head of Service level, with operational responsibilities for adult mental health, alcohol and drug, and criminal justice services. This allows for strong links with children and young people's social work, as these services represent the main areas of inter-dependency for vulnerable children.

The CSWO is also responsible for quality assurance across all social work services (adults and children), and leads on behalf of the Council on public protection, prevention, personalisation and social inclusion.

Edinburgh's strategic partnership landscape is summarised at Appendix 1 and its public protection arrangements at Appendix 2. The CSWO either chairs or is a member of each of the

partnerships/committees, and is an advisor to the Edinburgh Partnership (community planning). The CSWO is also the chair of the Edinburgh, Lothian and Borders Strategic Oversight Group, which is established under national guidance for Multi Agency Public Protection Arrangements (MAPPA).

Engagement with and feedback from service users, carers and communities are playing an increasing role in shaping and evaluating services in Edinburgh. The formalisation of these developments will lead to a demonstrable involvement of people in the governance of public services. This is consistent with both local and national policy intentions (personalisation, community capacity building and cooperative capital). Examples are set out later in this report.

Social Services Landscape / Market

Edinburgh is an affluent city, with one of the highest concentrations of wealthy citizens in Scotland. However, these concentrations sit alongside some of the highest levels of **poverty and deprivation**. Regeneration programmes have improved substantially the physical fabric in the poorest areas of the city, but there remain stark geographical differentiation and areas of multiple deprivation. Frameworks and action plans are in place for both poverty and inequality generally, and health inequality in particular. These have been developed in close collaboration across community planning partners and with community groups.

Health inequality, in the sense of more years of ill health and earlier death, represents perhaps the most severe effect of inequality on individuals. Reducing it is a key priority for the city.

Substantial changes and reduction in eligibility for, and levels of, **welfare benefits** have serious implications for Edinburgh. The scale of hardship from the reduction in benefits has obvious negative implications through increased poverty and inequality. This contradicts and works against the Council and Community Planning Partnership vision for the city and creates tangible risks for the quality of life on which the city's prosperity and social security depend.

In immediate, practical terms, these changes will lead to increased need for benefits advice and advocacy services, money management and debt advice, access to credit, food banks, furniture initiatives, increased demand on health, social work, housing, employability and homelessness services, and reductions in Council income. In the longer term, research shows the very significant detrimental impact this has on people's mental and physical health.

Like other urban areas in Scotland, Edinburgh faces major social and health challenges in relation to **substance misuse**, with 42% of adults in Edinburgh drinking more than the recommended units and an estimated 5,300 drug users aged between 15 and 64 years. The number of children living with a substance misusing parent in Edinburgh is estimated at over 2000. Drug and alcohol dependency is the root cause of a range of negative outcomes for individuals and communities, impacting on health and well-being, poverty, crime, abuse, anti-social behaviour, unemployment, homelessness and mental health. The pressure this creates on public services makes tackling this issue one of Edinburgh's top priorities.

Domestic abuse is another of Edinburgh's key areas for priority action, with an annual reporting rate of over 5300 incidents, nearly 50% of which involve children, and known serious under-reporting. Drug and alcohol misuse and domestic abuse are factors in the majority of cases of children requiring to be looked after away from home or who are registered as requiring additional protection.

The projected steep and long-term rise in demand for services for older people, people with dementia and people with complex disabilities characterises the Council and its partners' financial and service planning, and is an issue well-rehearsed, from 'Changing Lives'¹ to Christie². The need to increase capacity in the service sector, whilst ensuring that quality is maintained and the dignity and human rights of individuals are protected represents a significant challenge to the public sector generally, and the Council in particular. Edinburgh funds 52,244 hours per week of care in people's home (over 81% of these hours are delivered to people over the age of 65). This represents a 27% overall increase over the past two years; however, this continues to leave 5,225 hours of unmet need per week, impacting on both people delayed in hospital, and on those waiting at home for support. These figures do not include care and support services, which are primarily delivered to people under 65 who have mental health problems or learning disabilities. Care and support services account for a further 30,595 hours per week.

Increases in public expectations, underpinned by developing policy and legislation, require whole system changes in social care service delivery. The introduction of **self-directed support** will see transformational change in the shape of both services and the relationship between service providers and individuals, shifting the balance of power and control towards the individual, and increasing expectations in terms of flexibility, responsiveness, quality and value for money.

The Council's [Market Shaping Strategy](#) for 2013-2018 was developed in conjunction with partner agencies, service users, carers and other stakeholders to begin to address this need for comprehensive system change and capacity creation. The strategy covers Edinburgh's adult health and social care services and seeks to stimulate the local social care market to respond to the changing needs and aspirations of Edinburgh's citizens.

Finance

The financial environment for local government continues to be challenging. While there is evidence that the economy is recovering, there is a continued drive to reduce the size of the public sector. Table 1 below shows budget increases across all social work services over the past 5 years, however, the demographic changes, the rise in care costs and the requirement to make increasing volumes of savings mean that these are insufficient to meet demand. The system is under severe pressure, with gaps in provision, delays, growing waiting lists and implications for quality and safety. The level of budget savings yet to come requires a fundamental rethink on expenditure priorities, the delivery of public services and public expectations.

In recent years, budget planning in the Council has afforded some protection to social work services, as well as for other priorities, such as school expenditure. The Council's Long Term Financial Plan continues to provide additional funding to meet growing needs for care services from the increasing numbers of older people, particularly people over 85 years, and increasing numbers of people with learning and physical disabilities. Funding is also provided for growing numbers of children and young people, with some of the additional needs offset by

¹ Changing Lives: Report of the 21st Century Social Work Review, the Scottish Government, 2006

² Commission on the Future Delivery of Public Services, the Scottish Government, 2001

preventative investment in both Early Years and by actions intended to reduce the increase in numbers of looked after children³.

Social work budgets increased by 19% in cash terms, from £236,767,000 in 2009-10 to £281,959,000 in 2013-14. This represents an increase of 22% for children and families and 18% for adult social care.

In 2013-14, Edinburgh's social work spend per head of population for children and families ranked third highest out of Scotland's 32 councils. Edinburgh is the only local authority in Scotland providing secure accommodation for children, and this, together with high levels of residential care, impacts on this placing. Measures to shift the balance of care to more family and community-based services are now reducing these costs, and significant further savings are planned. For adult social care, the ranking was fifteenth out of 32.

Table 2: **Social Work Net Expenditure, 2013-14 Provisional Outturns (2014 POBE returns)**

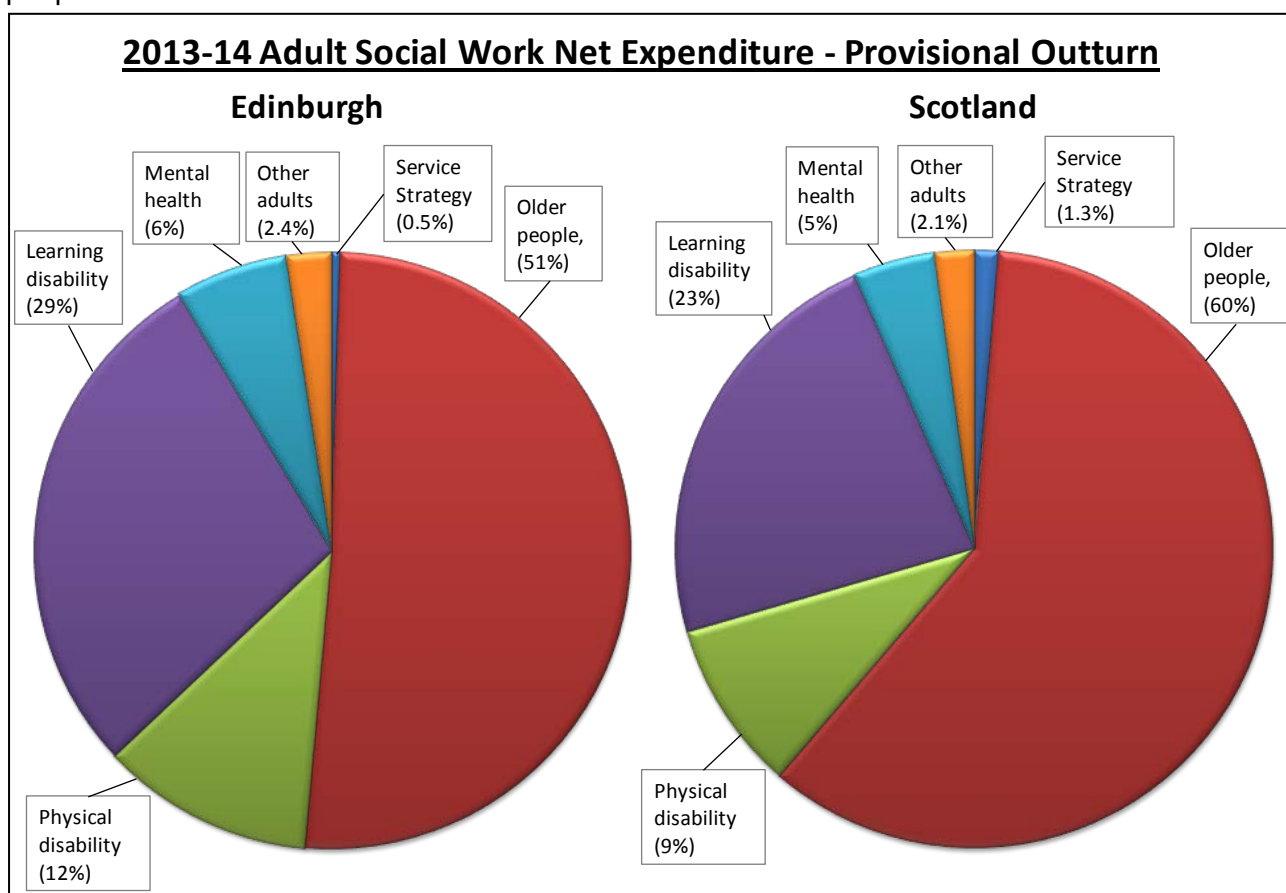
	Net Outturn*	Per head of population	Ranking out of 32 LAs	Population used (2013 MYE)
	£'000	Rate	Rank	
Children and Families Social Work	89,854	1,072	3	Aged 0-17
Adult Social Care	206,948	513	15	Aged 18+
Total Social Work	296,802	609	11	All ages
Education	297,356	4,967	30	School pupils
Roads and Transport	13,267	27	32	All ages
Environmental Services	60,378	124	19	All ages
Planning and Development Services	20,842	43	17	All ages
Cultural and Related Services	41,704	86	28	All ages
Housing	34,080	70	18	All ages
Central Services	43,416	89	11	All ages
Debt repayment and interest payments	144,568	297	4	All ages
Other expenditure	-5,667	-12	28	All ages
TOTAL COUNCIL EXPENDITURE	946,746	1,942	31	All ages

***Note:** Net outturn includes some corporate overheads, so will be larger than the Council budget figures in the first table above. Rates for Education are based on primary and secondary school spend only.

³ *Revenue and capital budget framework*; report to City of Edinburgh Council Finance and Budget Committee 19 September 2013. Available at:

http://www.edinburgh.gov.uk/download/meetings/id/40611/item_71_-_revenue_and_capital_budget_framework

While Edinburgh's adult social care spend per head is similar to the average for Scotland, we have a different distribution between the service user groups, with a lower share for older people than for adults with disabilities:



Moving forwards from 2013-14, the current year's budgets for all social work services show a 1.1% increase from last year. This moves children and families social work's ranking from 3rd to 4th in Scotland, and adult social care from 15th to 12th.

Table 3: **Social Work Net Expenditure, 2014-15 Budgets (2014 POBE returns)**

	2013-14 Budget	2014-15 Budget	Change		2014-15 Budget per head of relevant population	Percentage Edinburgh's rate per head is above Scotland's
	£'000	£'000	£'000	%	Ranking	%
Children and Families Social Work	82,088	81,085	-1,004	-1.2%	4/32	31%
Adult Social Care	199,871	204,042	4,171	2.1%	12/32	2%
Total Social Work	281,959	285,126	3,167	1.1%		

Sources: Council Finance and Scottish Government POBE 2014 workbook

The Health and Social Care 2014/15 net budget of £204m includes savings of £7.5m, incorporating a share of central procurement savings. These will be achieved mainly from the redesign of services, workforce reductions and increasing charges. The Children and Families

social work net budget of £82m includes savings of £4.2m, half of which are in residential provision, due to increased early intervention and expansion of family based care.

In future years, the Council faces a growing funding gap, which requires further savings currently estimated at £21.7m for 2015/16, rising to £52.5m for 2016/17 and £67.3m for 2017/18⁴. At the time of writing, savings proposals are being developed to provide options for the Capital Coalition to include in a draft budget framework, which will be subject to public consultation and engagement between October and December 2014, before the Council takes final decisions on 2015/16 budget priorities and savings in February 2015.

It is difficult to see how budget reductions on this scale can be delivered by efficiencies alone over the next few years, without the need for service reductions.

Transformational change, including prevention and personalised services, is required. The Council is continuing to invest in prevention and early intervention, including a range of initiatives funded by the current Change Funds, as well as by using mainstream budgets. These developments have to balance improved outcomes for citizens with achieving and maintaining financial stability. In Edinburgh, demographic pressures alone pose a massive challenge to the city, with projected increases in the total population; more young people and families; more people in the oldest age groups; and more people with complex needs. Edinburgh is responding to this increase in need, while facing major financial pressures, with a sharper focus on service transformation and leaner delivery.

Edinburgh is addressing aspects of **prevention** through a number of significant policies and programmes, such as the strategies for early years intervention, reducing health inequalities, improving employability, reducing domestic violence, tackling drug and alcohol addictions, and tackling poverty and inequality. Further work is required across partner agencies to make a decisive shift in this direction, and critical decisions are required to allow for a movement of resources towards earlier intervention and prevention. Although essential, this shift is also extremely challenging, requiring, as it does, a reduction in spend on current or more acute services to allow for it.

Performance

This section does not reproduce detailed performance management information, which is presented to members in a range of separate reports throughout the year. Instead, it highlights key achievements during the reporting year, and singles out a few representative developments across the spectrum of social care and social work services. These make a significant contribution to the outcomes agreed by the Council and the Edinburgh Partnership (community planning) in the [Single Outcome Agreement](#).

Achievements in 2013/14 include, but are not limited to:

⁴ *2015/18 Revenue and Capital Budget update*; report to City of Edinburgh Council Finance and Resources Committee 7 May 2014. Available at: http://www.edinburgh.gov.uk/download/meetings/id/42997/item_72_-_201518_revenue_and_capital_budget_update

- planning and delivering locally accessible substance misuse services as a partnership – multi-disciplinary recovery hubs
- expansion of the Willow Centre, which addresses offending behaviours and the health and welfare needs of women in the criminal justice system; this was held up as an exemplar of good practice by Dame Elish Angiolini's Commission on Women Offenders
- development of a pathway for people with Alcohol Related Brain Damage and re-provisioning of the Blood Borne Virus pathway to prevent long-term care and hospitalisation through community support and step-up step-down services
- market shaping strategy published to encourage development of more innovative approaches
- carers' support payments – highlighted as best practice by the Scottish Government; and roll out of the carers' emergency card
- city-wide Community Connecting service established to help older people to connect to local community activities and opportunities, regain skills, confidence and prevent social isolation and dependency
- establishment of a Step Down service in care homes to enable older people to have a longer period of rehabilitation and to improve their chance of returning home
- opening of the new Drumbrae Care Home
- establishment of a post-diagnostic support service for people newly diagnosed with dementia, in partnership with Alzheimer Scotland
- delivery of a programme to fund a range of community health projects across the city in line with the health inequalities framework
- the use of SMART recovery methods to develop a community of people with lived experience in recovery, for example through the appointment of peer support workers and the development of the [Serenity Café](#), Scotland's first recovery café run by people in recovery
- development of a multi-agency domestic abuse policy for Edinburgh, providing a set of guiding principles and definitions in relation to the prevention of domestic abuse, the support and protection of victims and the management of perpetrators
www.edinburgh.gov.uk/domesticabusepolicy
- commissioning of the new Offender Recovery Service bringing together arrest referral, voluntary throughcare and prison treatment and support services; the service provides, for the first time, complete continuity of care from community, to prison and back into the community
- implementation of self-directed support within the context of personalisation of services for both adults and children, with a comprehensive remodelling of assessment processes, staff training and the development of a funding allocation system
- the revised Corporate Parenting Action Plan delivering improved housing options for care leavers, free access to Edinburgh Leisure facilities for looked after children and their carers, regular allocation of tickets to events across the city each year
- the establishment of Head, Heart, Hands Social Pedagogy – a sector-leading project exploring social pedagogy within foster care, which has contributed to improved confidence, understanding and increased capacity to care; it has attracted carers from other agencies to join the Council; children's placement retention has been 100% in 2013-14, with no unplanned ending within the specialist fostering team; and carers support group attendance has increased three fold compared to previous years
- confirmation by the Edinburgh Partnership of **reducing reoffending** and tackling drug and alcohol misuse as key priorities, and the endorsement by the Council and the Edinburgh Partnership of the [Reducing Reoffending Strategy](#)

- the establishment of [Inclusive Edinburgh](#) as a wide-ranging and comprehensive review to improve services for people with complex needs (adults, children, young people and families) who present both high levels of vulnerability and risk, recognising that many current services do not work well for people with the most challenging and often chaotic needs.
- joint assessments with NHS Lothian of older people with a learning disability in care homes
- development of autism champions (60 trained) to raise awareness of autism in frontline services
- roll out of Project Search, increasing support post-diagnosis
- Talking Mats training for social work and care staff, and specific training for care staff in care homes about the needs of older people with a learning disability
- publication by the Care Inspectorate of a positive report on Children's Services in Edinburgh, highlighting child protection as a key strength.

Statutory Functions

The CSWO has statutory responsibilities that are specific to the role. These are referred to in legislation and Scottish Government guidance, and relate primarily to issues of public protection and the promotion of professional standards. Registered social workers make a significant contribution to social justice and social inclusion, often working at the critical interface between the state and individual liberty. Decisions relating to compulsory detention against their will of people with mental health problems; to restriction of liberty for offenders who may pose a risk; and to the removal of children from their parents' care, may all be expected of social workers. These decisions require a careful balance between rights, needs and risks, both of and to the individual and the wider community. Social workers are often required to make decisions to protect the rights of individuals, which go against the wishes and expectations of partner agencies and the public. They must balance the role of both advocate and controller in certain circumstances, and are personally accountable for their professional decision-making.

The Council and its partners have established strong, multi-agency governance arrangements for public protection, from the Chief Officers' Group, chaired by the Council's Chief Executive, through the protection committees, to an infrastructure of sub-groups focusing on performance, quality and review. Child and adult protection, violence against women, drugs and alcohol and offender management all sit within this governance framework. The CSWO is the Council's lead for public protection. These arrangements allow for the critical interface between services for adults and children; offenders and victims; and issues of both risk and vulnerability to be managed in a more integrated way.

The following tables give an indication of volume, trends and performance in relation to a selection of indicators relating to public protection.

Continuous Improvement

There is a wide range of **quality assurance** activity within the Council's social work service: from day-to-day operational management at a local level to broader self evaluation activity, involving practitioners and service users. In addition, our services are regulated by the Care

Inspectorate, and many of our staff require to be registered with the Scottish Social Services Council. Examples from the quality assurance framework are set out below.

- Single-agency Practice Evaluation is a model of self-assessment and reflection on the effectiveness of intervention and on the quality of the relationship between practitioner and service user. Practice evaluation is now part of an established programme of work within both children and families and criminal justice. It has been operating successfully since 2012. The feedback and learning generated continues to provide services with rich qualitative evidence about the direct impact on services users and their families. The model is being rolled out to adult social care services during 2014.
- The Care Service Feedback procedure is a mechanism for collecting, collating and reporting on either concerns or positive comments regarding in-house and purchased care services, both registered and unregistered, for all age groups. The information gathered is then used to assist targeted improvement across all Council services. This is for issues that may fall short of formal complaints, but still require improvement action.

The Council continues to develop new models of self evaluation to enhance core activities within the quality assurance programme. Examples include:

- an evaluation of statutory reviews of Looked After and Accommodated Children, which involved interviews with the children, young people, their families and professionals
- the development of a self evaluation directory for social work services.

The Council is about to implement a new model of **multi-agency practice evaluation**, involving the team around the family. This includes a range of professionals from across those agencies working directly with vulnerable families at risk or in need, for example, social work, education, community work, health and police.

In developing practice evaluation, we have not stopped our programme of **case file audits**, which continue to represent an important aspect of our quality assurance framework. Activity has included:

- an audit of all Multi Agency Public Protection Arrangements (MAPPA) Level 1 registered sex offenders (82 individuals), where the City of Edinburgh Council was the single responsible authority; with very positive results
- a bespoke multi-agency case file audit (28 cases) completed in April 2014 for cases where domestic abuse had been identified as a key factor; the audit provided invaluable information to improve domestic abuse pathways and promote best practice.

Other quality assurance activities include:

- supporting the work of the children's services strategic oversight groups formed in April 2013, following the conclusion of the pilot integrated inspection of children and young people's services in Edinburgh
- delivery of Phase 1 of the integrated quality assurance framework for the Edinburgh Health and Social Care Partnership – **joint reporting themes**
- supporting external organisations, such as Deaf Action and the Royal National Institution of Blind people (RNIB) to develop their own auditing and self evaluation processes as part of the contracted services delivered for the Council

- bi-monthly, multi-agency quality assurance meetings for care at home and care homes, monitoring the quality of these services, making recommendations for improvement and where necessary, suspending admissions or service matching.

Planned quality assurance developments for 2014-15 are set out below.

- A pilot of the first team around the family multi-agency practice evaluation will be facilitated in October 2014, involving over 100 professionals from across the key agencies. Similar to the single agency model, the exercise will assist professionals working with families to reflect and share learning and best practice. Facilitated by 2 managers from a wide range of different agencies, the group of professionals are invited to discuss and explore how effectively they work together as a team.
- A bespoke case file audit (25 cases) will be carried out, focusing on work with violent offenders subject to statutory social work supervision.
- The Practice Evaluation model will be rolled out to adult social care services.
- An internal audit of service improvements will be generated from complaints that have been upheld across children and adult social work services.
- Focus groups and interviews with staff providing domestic abuse services will be conducted throughout July and August 2014; this will involve professionals from across a range of different agencies and services, including police, health and voluntary organisations supporting victims of domestic abuse. This is part of the redesign of our domestic abuse responses.
- Joint work with a number of wards in the Royal Edinburgh Hospital to roll out some of the social work quality assurance mechanisms to a hospital setting.

Social work services are subject to a statutory **complaints** process. The Chief Social Work Officer is required to maintain an overview of all complaints relating to both adult and children's social work services, and to report annually to elected members. One of the primary functions of the complaints process is to ensure improvements are made to service provision, in line with feedback received. An audit of service improvements generated by complaints has been commissioned, and this will be reported when complete. Appendix 3 provides the detail of all complaints and associated improvement action, and represents the formal annual report to elected members.

Planning for Change

Edinburgh has made significant progress in the implementation of **personalisation and self-directed support**, but there is still a long journey to travel.

Self-directed support is not a short-term change of activity; it is a fundamental and systemic change in the way public services are delivered; altering the relationship between local authorities, people, communities and service providers. The intention is to shift the balance of power; so that things are done with people not to them, and individuals can control how the resources available to meet their needs are utilised.

The change is being managed through a formal programme, founded on the principles of participation and collaboration, with those impacted by the change being involved in the planning and delivery of the programme.

In addition to the overall scale of change, a number of challenges to implementation have emerged, including: the risks associated with implementing completely new systems; the need

to train large numbers of staff; and the concern among providers of the impact on their business of a move away from Council block contracts to the use of individual budgets by service users. In order to meet the requirements of the legislation, work undertaken has included the development of a Funding Allocation System and a new outcome focused assessment, promoting a conversational and collaborative approach; the implementation of an innovation fund; a new website, [Transform Edinburgh](#), and an online directory [Edinburgh Choices](#) to provide our staff, partners and the public with information about personalisation and self-directed support. A monitoring and evaluation framework is being implemented, which will not only provide quantitative data, but which will also focus on qualitative data, through the use of stories and feedback from people about their experiences.

The scale of change required to implement self-directed support means that it will take years rather than months to achieve the anticipated benefits.

In Edinburgh, the focus over the next few months will be on embedding the changes in processes, practice and culture, and on developing associated policies, e.g. recommending the replacement of our Charging Policy with a Contributions Policy. [Whole systems approach to the personalisation of social care](#) – sets out the strategy for the implementation of personalisation and self-directed support in Edinburgh.

Legislation to **integrate** health and social care services represents another very significant system change, bringing together two large parts of the public sector to provide more effective and seamless services for people with both health and social care needs. Edinburgh has a strong legacy of successful integration of services, which predates the introduction of this formal process. Examples include the Drug Treatment and Testing Order service, in place since 2007; the drug and alcohol recovery hubs; and a range of mental health, learning disability and older people's services. Critically, these developments have not been limited to the integration of health and social care, but have recognised the important inter-dependency of a range of services and sectors, and have included the involvement of housing, employment services and a wide range of voluntary sector provision.

The emphasis within integration on locality planning presents an ideal opportunity to review and streamline our current neighbourhood boundaries across all Council and NHS services. This work is underway and will facilitate coordinated local commissioning to ensure consistency, equity and responsiveness across the city.

The Council and NHS Lothian agreed on an Integrated Joint Board model in August 2014, with an anticipated 'go live' date of 1 April 2015.

Of central importance to the process of integrating adult health and social care services is ensuring that removing barriers between two services areas does not create other boundaries, which impact negatively on the outcomes for Edinburgh's citizens. For example, vulnerable children rely heavily on services to their parents for their protection (substance misuse, mental health, criminal justice); and individuals and families rely on housing, education and employment services. It is of critical importance that these services continue to be delivered in an integrated way, and are not excluded by the process of formal integration of health and social care.

User and carer empowerment

The principles of dignity, respect, collaboration and participation set out in the Social Care (Self-directed Support) (Scotland) Act have informed Edinburgh's approach to the implementation of self-directed support; with opportunities to collaborate with service users, carers and other stakeholders taken wherever possible. The 'Network to Shape Our Future' gives service users, carers and other interested members of the public a stronger voice in the planning and implementation of self-directed support and the wider Personalisation Programme in Edinburgh. One of the strengths of the Network is the real experience of using social care services that group members have been prepared to share. The priorities identified through sharing these experiences have been used in staff training to give a clear message about how people want to be treated and what they expect from self-directed support. In October 2013, the Council launched an innovation fund, inviting bids from third sector organisations to develop innovative approaches to addressing some of the gaps identified in the Market Shaping Strategy, published in July 2013. The involvement of the Network members on the panels gave a really valuable perspective on the types of services and approaches preferred by people who use services and carers. Feedback received made it clear that members felt they had exerted real influence on "how the Council's money is spent" and had found the whole experience very empowering.

There are many examples of **engagement** in Edinburgh.

- The Edinburgh Mental Health Planning Forum ensures that service design is informed by the views and lived experience of people who use mental health services or who care for someone who does.
- Looked after children have the opportunity to discuss their thoughts about service development through the Young People in Care Council.
- As part of the personalisation programme, an engagement and development network has been established, through which interested members of the public, including carers and people who use health and social care services can contribute directly to influencing, shaping and implementing Edinburgh's services.
- Children and young people involved in child protection processes have provided feedback to the Child Protection Committee and designed information leaflets for children and young people in similar situations
- Various check point groups have been established, which include service users and carers, and which scrutinise service planning and commissioning.
- Edinburgh Secure Services for young people have developed the 'Count Me In' strategy, which encourages young people, their parents and carers to participate in reviews and to comment on the quality of care they receive.

The next steps for successful service user feedback and engagement will be to ensure comprehensive coverage to include minority and hard to reach groups; to consider the coordination of service user feedback and engagement activity to avoid duplication of effort; and to consider the governance of the emerging themes, actions required and progress. This work is overseen by the Performance Improvement Meeting, which is chaired by the CSWO. The Performance Improvement Meeting focuses on how different service areas engage with service users, carers and communities, scrutinises performance and makes recommendations on how service user engagement can be improved.

Encouraging feedback and engagement from service users remains a challenge. In addition, it is important to facilitate engagement from people who may not currently access services, but

may benefit from support. Work is underway to ensure that it is easier for people to contribute and share their views and ideas; that communication is inclusive; and that service user feedback is translated into action.

Workforce Planning and Development

Workforce is one of the 4 pillars set out in the Christie Commission's report on public service reform, with a particular emphasis on improving leadership at all levels in social services. Workforce planning and development remain a key priority for the Council. They are fundamental to ensuring that we maintain the capacity and skills to meet the changing care and support needs of service users.

Within Health and Social Care and Children and Families, the Workforce Planning/Learning and Development teams and SVQ Assessment Centre have continued to deliver an effective service to support managers and staff. Over the last 12 months, an extensive programme of continuous learning, development and support has underpinned the modernisation of services and the development of a workforce, which is competent, confident and valued. Work has included:

- the registration of an additional 1,541 Health and Social Care and Services for Communities staff as new users on the Learnpro e-learning system, bringing the total number of registered users to 4,087
- developing and launching new e-learning courses on: Basic Autism Awareness, Records Management, Lothian Public Protection, and Self Directed Support; 8 medicines e-learning modules were also reviewed in the period
- continuing to deliver the 9 day 'Essential Learning for Care' programme to support the recruitment of frontline care workers; this has been completed by 438 care workers in the period
- workforce development plans for Home Care, Care Homes, Disability Services and Intermediate Care; these plans set out how the shape and size of the workforce will change over the next few years, and the training, education and support required to achieve the workforce we need; these plans will be revised every two years
- the continued development and delivery of administration of medication and continence and catheter care training, funded by the Council and delivered via partnership agreements with the NHS Lothian Pharmacy and Continence Nursing teams
- ongoing work between Health and Social Care, Children and Families, and further and higher education to provide post-qualifying and continuous professional development opportunities in: social work practice, risk assessment, risk management, mental health, management and leadership, and practice learning
- providing social work practice placements to support the work of higher education institutions in developing the social work workforce of the future
- continuing to support the Personalisation Collaborative Inquiry Group as a means of ensuring a representative group of staff is involved in shaping the future of social care services and the implementation of self directed support
- development and implementation of a Personalisation and Outcomes Training and Development framework, which includes the training of up to 600 assessment staff, a practitioner blog, reflective practitioner groups and general awareness raising workshops
- practice learning continues to be a strength and contributes to the learning culture in Children and Families and Health and Social Care
- in addition to events in the CPD Directory, a number of large-scale events ran successfully, including: Internet Safety Day; Child Protection Committee Conference; and supporting the Scottish Institute for Residential Child Care Annual Conference.

Registration of the social care workforce is an important factor in skill development and professionalisation of the service, and a key contributor to overall quality assurance. Over time, registration of all categories of social work and social care staff will be a statutory requirement.

All social workers, managers and staff in residential child care, managers of adult day care services, practitioners and support workers in children's day care, managers of housing support services and care at home services are registered with the Scottish Social Services Council (SSSC).

There are still sections of the workforce for which dates have yet to be announced. These include workers in adult day care, adult placement and offender accommodation services.

Dates for compulsory registration are set by the Scottish Government and extend to 2020. Failure by an employee to achieve or maintain compulsory registration will result in their removal from post, in line with employer responsibilities. Inevitably this has the potential to impact on our capacity to deliver services.

The **SVQ Assessment Centre** continues to work in partnership across Health and Social Care, Children and Families and Services for Communities to ensure that social care employees are given appropriate opportunities to gain the qualifications they need for employment and for registration with the SSSC.

Within Health and Social Care, the Assessment Centre reports to the Council's Corporate Management Team and the Health and Social Care Performance Improvement Meeting on staff qualification levels in key service areas. Developments for 2013/14 include:

- an increase in both the number of care staff employed in care homes and those who are appropriately qualified for SSSC registration
- a significant increase in the number of care staff within home care services.

Achievements in 2013/2014 include:

- the recruitment of the second cohort of 13 Modern Apprentices to social care assistant posts
- 12 social care assistants from the Council's care homes for older people and 12 healthcare colleagues completed the City of Edinburgh Council/NHS Lothian Joint SVQ2 Assessment Programme
- the Senior Phase Health and Social Care Academy has been developed within the framework of the South East Scotland Academies Partnership; the academy is funded by the Sector Skills Council, and is designed and delivered in partnership with NHS Lothian, Edinburgh and Borders Colleges, Queen Margaret University, the City of Edinburgh, Midlothian, East Lothian and Borders councils.

The Chief Social Work Officer-sponsored **Edinburgh Local Practitioner Forum** continues to meet a minimum of four times per year, with additional events, such as a presence at the Scottish Social Services Exposition and Conference. The Forum continues to offer opportunities for front line staff to explore their practice and contribute to improved service provision in Edinburgh and beyond. The Forum maintains an online presence and encourages participation from voluntary sector workers and social work students.

Numbers of users of the Forum's website are growing steadily (www.elpfonline.org.uk) and Twitter (@ELPFonline) is used to maintain engagement with practitioners and professionals. These mechanisms supplement traditional email and face-to-face contact opportunities.

Topics covered in 2013-2014 include: working with families (as a follow on from the multi-systemic practice session the previous year), gender-based violence, and the impact of changes in service delivery (particularly the integration of health and social care, self-directed support and Personal Independence Payments). The Forum submitted a practitioner response to the Consultation on the Redesign of Community Justice Services.

Topics for 2014 include: older people, Edinburgh's dementia strategy and Multiple Sclerosis; domestic abuse and minority ethnic population services, data recording and the impact of the Referendum on social services and social work practice. The Forum will hold a joint event with the **Black and Minority Workers' Forum** and will maintain its links with the **Children's Practice Panel**, both of which are also sponsored by the CSWO.

Edinburgh's social workers won the Social Work Scotland-sponsored national Kay Carmichael Travel Award for the second time in 2013/14; the award funds social workers to travel across the world to learn from good practice and bring it home.

Key Challenges for the Year Ahead

The Council faces very significant challenges in the years ahead. These stem from financial constraints, both current and projected, which will require difficult decisions about priority allocation of scarce public resources.

Better outcomes, leaner delivery (BOLD) is a comprehensive change programme, established to explore and propose options for more effective and efficient service delivery.

The Council is fully committed to the systemic changes that need to accompany the work of BOLD, for example: personalisation and self-directed support; more seamless, integrated services; and a greater emphasis on collaboration and cooperative working with partner agencies, the voluntary sector and local communities, and a greater emphasis on prevention.

Despite these initiatives, there remain areas of particular challenge in the delivery of social work and social care services. Edinburgh's capacity for **domiciliary and residential/nursing care** is insufficient to meet current and anticipated demand. This has resulted in poor performance in relation to people delayed in hospital. Contributory factors include Edinburgh's labour and property markets, and rising demand from an ageing and increasingly frail, older population. The challenge to the Council and its partners is not just in meeting demand, but doing so in ways that are sustainable over the longer term, and that do not compromise on the **quality of care and protection**.

A recent **court judgment relating to people who lack capacity** and the practice to ensure they are not unlawfully deprived of their liberty will have very significant implications for both resources and timescales for decision making. The detail of these implications is being considered and will inform future resource allocation and risk management strategies.

The short-term impact of **Welfare Reform** is already being felt by the most disadvantaged and potentially vulnerable citizens of Edinburgh. The Council is committed to mitigating this where possible, however, research shows that the long-term effects on mental and physical ill-health, crime, substance misuse, homelessness and inequality are likely to be severe, and will place additional demands on public services.

Over the last few decades in Scotland, there has been a considerable increase in rates of **alcohol-related harm**. Evidence indicates that one of the most effective ways to reduce alcohol-related harm is to restrict the availability of alcohol. More than 50 studies worldwide have revealed a significant association between the number of licensed premises in an area and a range of problems, including violence, hospital admissions, traffic accidents, child neglect and abuse, risky drinking, increased consumption by young people, and homicide.

As of October 2013, there were 1,726 licensed premises in Edinburgh, 71% on-sales and 26% off-sales. There are 39 licensed premises per 10,000 residents across the whole of Edinburgh; but in the city centre this rate rises to 264 per 10,000 residents.

The following alcohol consumption related challenges have been identified for Edinburgh.

- 47% of adults in Edinburgh report drinking in excess of Scottish Government guidelines. This means that they are drinking more alcohol – and do so more frequently – than is advisable, based on evidence about the harmful effects of consuming alcohol above this level.
- Alcohol-related harm costs an estimated £2.2 million per year, which is equivalent to £455 per person.
- Of the alcohol-related crimes committed in Edinburgh, 36% occurred within the city centre, with more than one fifth occurring in a relatively small area of the Old Town and Leith Street.
- 26% of serious assaults in public spaces and 23% in private spaces are alcohol related, however, it is likely that the number is much higher due to inconsistencies in recording. Many of the alcohol-related crimes occur between Thursday and Sunday evening and early morning.

City regeneration and providing and sustaining employment need to be balanced carefully with the impact of overprovision, particularly in areas where alcohol-related crime and anti-social behaviour, poverty, ill-health, and violence, in particular to women and children, are prevalent.

Last year, the number of **domestic abuse** incidents reported to police in Edinburgh increased slightly steady to around 5400. Domestic abuse made up approximately a third of the 9600 concerns about children, which were reported to Social Care Direct. The prevalence of domestic abuse and its cross cutting nature, mean that coordination of services is essential. Agencies have been working together to develop a number of multi-agency responses to domestic abuse.

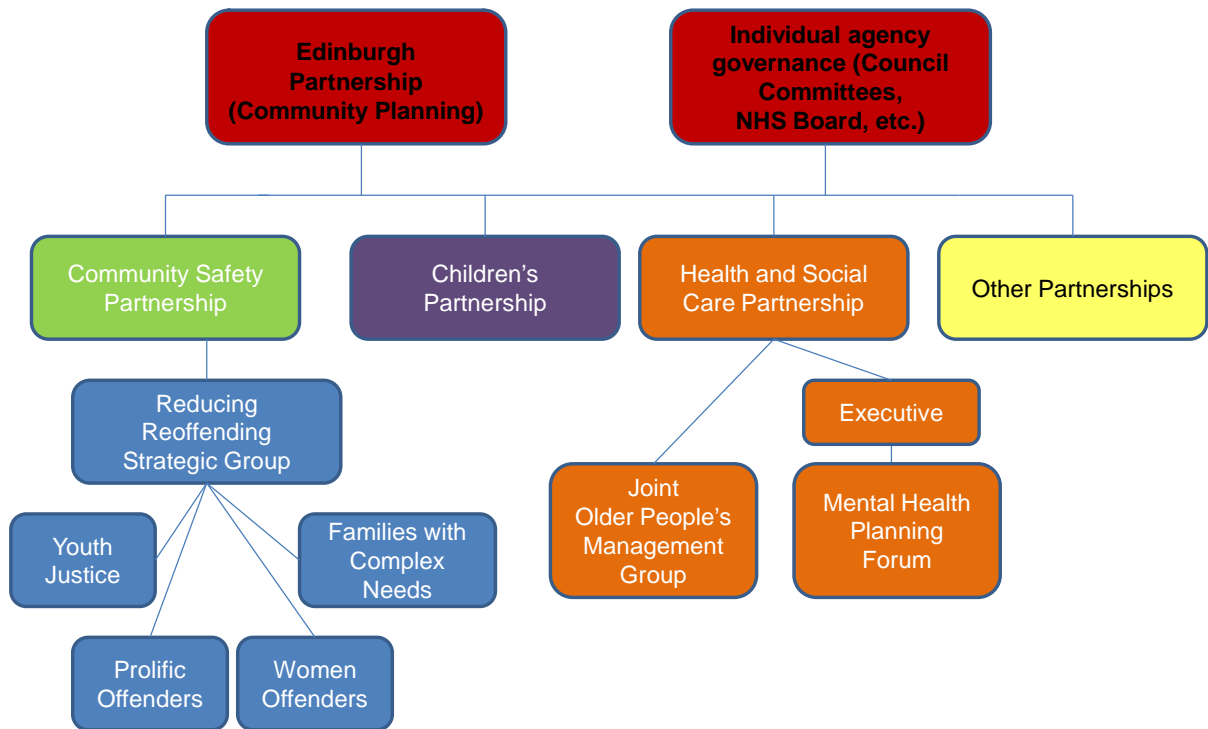
The coordination of domestic abuse services continues to be a priority for the city. Self evaluation activity and the development of a violence against women action plan and performance framework are part of a larger analysis of services across the sector. Over the next year, agencies will be working together to review and develop services so that they are

more effective and efficient, and result in better outcomes for families affected by domestic abuse in Edinburgh.

A number of issues affect the health and wellbeing of a significant minority of people in Edinburgh. These issues are 'hidden' and sensitive in nature. They include **human trafficking, child sexual exploitation, forced marriage and female genital mutilation**. Edinburgh's social work services and partner agencies are presented with the challenge of identifying people at risk and quantifying the scale of the problem posed by these issues in the city, as well as training large numbers of staff who may come into contact with victims in how to respond appropriately and safely.

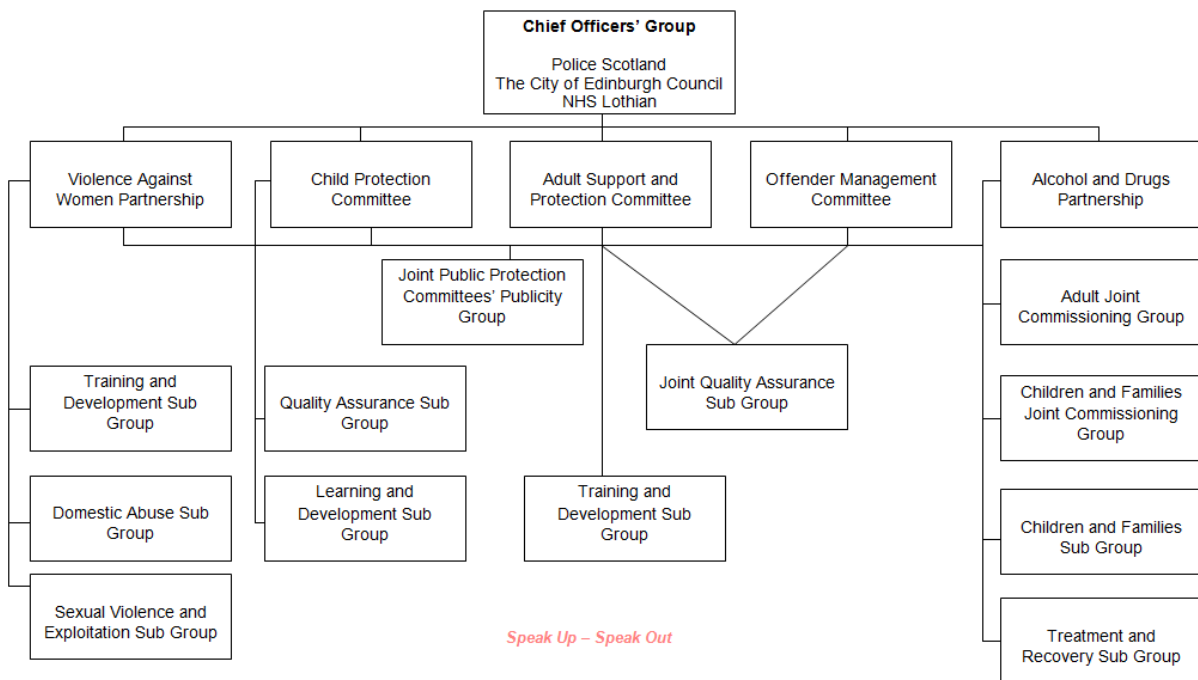
- Human trafficking is a global problem, thought to be the third largest illegal trade, after drugs and weapons trafficking. The impossibility of obtaining accurate figures is well recognised. Statistics on human trafficking are not routinely collated at local authority level. Methodologies for data collection are inconsistent between agencies and across regions. Yet, all agencies working in this area agree that the problem of human trafficking is increasing.
- A multi-agency Forced Marriage Policy and Practice Guidelines have been developed for Edinburgh. This is to inform and support practitioners who are responsible for protecting children and adults from the abuse associated with forced marriage. Identifying people at risk of forced marriage and training staff in how to respond will be a focus in 2013/2014.
- The number of women and girls resident in Edinburgh who have suffered female genital mutilation, or who are at risk, is not known. There are, however, women and girls residing in Edinburgh from countries where there is a high prevalence of this practice, and a significant proportion of these women and children are likely to have suffered or be at risk of mutilation. Given the complex and ingrained belief systems that have established this practice in many countries, victims of female genital mutilation are often unable to seek help, and there is likely to be significant under reporting. A multi-agency group has been tasked to develop guidance on female genital mutilation in Edinburgh to support staff in discharging their responsibilities, and to raise awareness regarding the services available locally. This guidance will be accompanied by training and communication.

Reporting Arrangements



The Chief Social Work Officer chairs the Reducing Reoffending Strategic Group, and the Executive of the Mental Health Planning Forum.

Edinburgh Public Protection
Multi-agency Governance Structure



Responsibility for performance monitoring and quality assurance of public protection services lies with Edinburgh’s public protection committees. These local reporting arrangements are consistent with the expectations of Scottish Ministers, which require that chief officers across the Council, NHS and Police take overall responsibility for public protection in their area. The Chief Social Work Officer is a member of the Chief Officers’ Group and the main protection committees, and chairs the Offender Management Committee and the Quality Assurance Sub-group of the Child Protection Committee.

STATUTORY SOCIAL WORK COMPLAINTS PROCEDURE – ANNUAL REPORT 2013-14**SUMMARY**

The Council is committed to improving social work services for the people of Edinburgh and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee.

In 2013, the Council changed the way it reports complaints to comply with guidance from the Scottish Public Services Ombudsman. The Council now reports on the volume of completed cases, rather than complaints received. The figures for 2012-13 have therefore been amended from last year's report in order to provide accurate data comparison. The new way of recording frontline resolutions (stage one) also came into effect from 1 April 2013, hence these figures are only provided for 2013-14.

Frontline Resolutions		2013/14
Health and Social Care		224
Children and Families		110
Total		334

Formal Complaints	2012/13	2013/14
Health and Social Care	224	191
Children and Families	81	85
Total	305	276

Complaints Review Committees	2012/13	2013/14
Health and Social Care	11	6
Children and Families	1	6
Total	12	19

Scottish Public Services Ombudsman	2012/13	2013/14
Health and Social Care	4	4
Children and Families	0	2
Total	4	6

The Social Work Advice and Complaints Service also records positive comments made by the public.

Positive Comments	2012/13	2013/14
Health and Social Care	9	22
Children and Families	0	6
Total	9	28

In addition to the 276 complaints formally responded to during 2013/14, a further 334 complaints or advice enquiries were completed through frontline resolution. The service, taking a lead from the Scottish Public Services Ombudsman, continues to seek frontline resolution to complaints; to deliver improvements using analysis of outcomes to support service delivery;

and to drive quality improvements. Of the 334 frontline resolutions dealt with, 22 were compliments received relating to Health and Social Care.

During 2013/14, the Social Work Advice and Complaints Service continued to improve the way it operates by:

- liaising with colleagues in other Council service areas to implement the Scottish Public Services Ombudsman's model complaints handling procedure
- encouraging localised frontline resolution of complaints
- upgrading the complaints database to enable more effective management of complaint activity information, including service improvements
- maintaining an active presence within the Association of Directors of Social Work (now Social Work Scotland) Complaints Sub-group and NHS Complaints Personnel Association Scotland
- providing information on complaint activity within targeted service areas for operational managers
- increasing joint working with other Council service areas and NHS Lothian to improve joint complaints handling across agency boundaries
- reporting to elected members the service improvements achieved as a result of Complaints Review Committee recommendations
- learning from outcomes of Scottish Public Service Ombudsman investigations
- providing training in complaint investigation for social work managers in the model complaints handling procedure
- participating in the work of the Corporate Management Complaints Group
- encouraging Advice and Complaint staff development by attendance at conferences and seminars on effective complaints handling in the public sector
- recording compliments received regarding service delivery and feeding these back to staff involved
- updating and improving the Council's social work complaints webpage, complaints leaflet and complaints procedure to reflect the Scottish Public Services Ombudsman model complaints handling procedure

HEALTH AND SOCIAL CARE

Summary information:

During 2013/14, Health and Social Care completed 191 formal stage two complaint investigations. This represents a decrease of 17% on the previous year. 224 complaints or advice enquiries were dealt with as frontline resolutions. 22 frontline resolutions related to compliments about the service received. The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- Approximately 75,325 contacts were received by Social Care Direct. This reflects a substantial increase on last year.

Practice Team, Sector Based Social Work Services:

- 6,572 assessments were carried out by practice teams (Sector Teams, Residential Review Team and Funding Independence Team), which is a decrease from last

year. 4,596 reviews were carried out, representing a decrease on last year, giving a total figure of 11,168. However, this year's statistics do not include volumes from hospital social work teams.

Home Care Service:

- 4,807 people received 82,137 hours home care service each week, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. This represents an increase on last year in the number of people receiving support at home and a substantial increase in the hours of support delivered.

Residential Care Homes:

- 345 adults aged under 65 were supported in permanent care home places (all service user groups) representing a decrease from last year
- 3,480 adults over the age of 65 people were supported in care homes for older people, 511 of whom were in Council-run care homes. This represents a small decrease from last year. These decreases reflect a reduction in long-term capacity due to re-registration of care homes to housing support, which is a positive move towards shifting the balance of care, and a temporary suspension of admission to some care homes.

Criminal Justice Services:

- 2,509 people were supported in the community on statutory orders. This represents an increase from last year.
- Criminal justice staff completed 2,994 social work reports to support decision making by the courts, representing a small increase from last year.

Direct payments

- 1,009 adults and 40 children received a direct payment, which is a slight increase on last year.

Support to carers

- 13,655 weeks of respite were provided to adults aged 18 years and over, which is a small reduction from last year. The overall volume of respite weeks provided to adults aged under 65 increased a little to 5,621. There was a small decrease in the volume provided to people aged over 65 to 8,034.

Occupational Therapy

- 2,464 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents an increase on last year.

Timescales:

The Advice and Complaints Service continues to work with senior managers to improve complaint response times. In 2013/14, Health and Social Care responded to 88% of formal complaints within 28 days or an agreed extension, in accordance with the statutory regulations – 59% were reported within 28 days; 29% were reported with an extension agreed by the

complainant. 10% of complaints were not completed within the targeted timescale. 2% of the complaints were withdrawn.

Outcomes:

Of the complaints received 33 (17%) were upheld, 44 (23%) were partially upheld and 112 (54%) were not upheld. 2 complaints (1%) were withdrawn.

Complaint trends:

Practice Teams

There were 69 complaints completed regarding practice teams. This represents an increase from last year. 1 complaint was about adult protection; 13 were about assessment decisions; 3 about delays in assessments; 1 about a breach of confidentiality; 10 about consultation by staff; 5 about a decision of the practice teams; 1 about the decision of a respite panel; 2 about a lack of response from staff; 1 about poor communication; 6 about professional practice; 2 about how assessments were undertaken; 20 about how a service was provided; and 4 about professional practice issues.

Home Care

During 2013/14, there were 20 complaints completed regarding the Council's Home Care service. This represents a substantial decrease from last year. There were 10 complaints regarding Care at Home, the service purchased from external providers. This also represents a decrease from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

Respite Care

During 2013/14, 2 complaints were completed regarding residential respite care services; these were both about older people's residential services. This represents a significant decrease from last year.

Occupational Therapy Services

During 2013/14, there were 9 complaints completed regarding occupational therapy, which was the same as last year.

Residential Care

During 2013/14, there were no complaints regarding residential care services for people with a disability; and 5 were completed for older people's residential care services. This represents a substantial decrease from last year.

Service Improvements:

During 2013/14, Health and Social Care identified various service improvements for managers to implement as a result of complaints made. Examples include:

- administration systems in a number of services were improved
- staff training was provided in a number of service areas following complaints
- financial refunds or one-off payments were made to complainants
- there was a re-launch of the Data Protection and Confidentiality e-learning module for staff
- communication between a service area decision-making panel and service users was improved
- social work staff were reminded to share assessments with relevant Guardians or Powers of Attorney when a service user lacks capacity

CHILDREN AND FAMILIES

Summary information:

During 2013/14, Children and Families responded to 85 complaints, which required formal investigation. This represents an increase of 5% on the previous year. The overall level of complaints is set against a background of service provision levels in the following key areas:

Practice Teams:

- around 3,300 children and family cases managed by practice teams as at 31 March 2014
- approximately 1,600 child protection referrals
- approximately 77 reports per month submitted to the Authority Reporter
- approximately 231 reports completed for Children's Hearings

Accommodated Children and Young People:

Snapshot figures, as at 31 March 2014

- 1,404 children and young people 'looked after' by the Council
- 1008 children and young people are subject to supervision requirements from a Children's Hearing (344 at home, 664 away from home)
- 594 children in foster care
- 80 children in residential care
- 12 children in secure accommodation
- 328 children placed with kinship carers
- 41 children with prospective adopters
- 4 children in 'other' settings (e.g. in the community)

Children with Additional Support Needs and their Families:

- residential respite nights for children – 6,282
- day respite – 87,392

Young People's Service:

- 574 young people discussed at multi-agency pre-referral screening (early intervention)
- 339 referrals received

- 259 risk assessments undertaken
- 90 risk management case conferences held for young people under the age of 18

Timescales:

Children and Families completed 85% of formal complaints within 20 working days or an agreed extension, in accordance with the statutory regulations – 28 (33%) were completed within 20 working days; 45 (52%) were completed with an extension agreed by the complainant; 12 (14%) of complaints were not completed within the targeted timescale.

Outcomes:

Of the complaints responded to, 48 were not upheld (57%), 23 were partially upheld (27%) and 14 were upheld (16%).

Complaint trends:

There were 59 complaints completed regarding social work practice teams. This represents 69% of the total. 12 complaints related to staff or professional practice issues; 14 to consultation or communication; and 19 to service provision.

16 complaints were completed from accommodated young people who were either in residential or secure services, or foster care. This represents 19% of the total complaints investigated formally. The most common themes from young people include staff practice and decision making, and behaviour of other residents.

6 complaints were completed regarding disability services; this represents 7% of the total. The matters related to assessment outcomes and decision making.

Service improvements:

During 2013/14, Children and Families identified various service improvements for managers to implement as a result of complaints. As in Health and Social Care, the relationship between complaints received and the continuous improvement of services provides a mechanism for service users to contribute to the development of services.

Examples of service improvements include:

- ensure all relevant family-based care and practice team staff formally agree the alternative pathways and actions required when there are significant changes to the permanence plan; 'Achieving Permanence Guidance' updated for staff and carers
- practice managers and staff reminded about the need to follow child protection procedures within timescales when a child protection concern is reported
- family-based care to review the guidance on the timing of disruption meetings
- looked after and accommodated children procedure amended to include that carers should not book holidays until they are in possession of a valid passport for children in their care
- residential staff to ensure that young people understand the circumstances that may lead to 'Crisis and Aggression Limitation Management' (includes restraint) intervention
- ensure all Children and Families frontline practitioners understand that an open Sex Offender Liaison Officer's record on Swift system does not necessarily mean the adult

is a Registered Sex Offender, or has a conviction or current allocation to a worker in the criminal justice service; service managers for Children and Families and Criminal Justice to consider how recording can be made clearer.

Complaints Review Committees

If a complainant is not satisfied with the Council's response, s/he may request that the case be heard by a Complaints Review Committee. The Complaints Review Committee is made up of three independent lay members, drawn from a wider panel.

12 Complaints Review Committees were held during 2013/14, 6 of which related to Health and Social Care and 6 to Children and Families. In 2 cases, the Council's position was upheld; in 1 the complainant's position was partially upheld; and in 1 the complainant's position was fully upheld.

The following actions were taken, following the upheld Complaints Review Committees:

- commitment by older people care home services to undertake a programme of change to improve the quantity and quality of activities, which are meaningful to individuals and ensure care and activities are personalised to each person's needs and wishes
- ongoing delivery of dementia specific training to staff
- continued investment to improve the recruitment and retention of staff in Council care homes
- full management review of secure accommodation policies, procedures and protocols for dealing with separation incidents, and implementation of an action plan for all Council secure and close support units.

The recommendations of the Complaints Review Committees were acted upon and, where appropriate, changes were made to practice and procedures. Reports detailing how the recommendations would be addressed were presented to elected members.

Scottish Public Services Ombudsman

If a complainant is not satisfied with the Complaints Review Committee's response, s/he may request that the case be considered by the Scottish Public Services Ombudsman.

In 2013/14, 5 complaints were investigated by the Ombudsman. 4 related to Health and Social Care and 1 to Children and Families; 1 was partially upheld.

1. Statutory Duties and Decisions

Mental Health Officer Service

- 1.1 When an individual needs to receive care and/or treatment for a mental illness and is not able to make decisions regarding that treatment, the local authority must appoint a Mental Health Officer to work with that person.
- 1.2 When a GP or psychiatrist is considering detaining a person against his or her will under the Mental Health (Care and Treatment) (Scotland) Act 2003, they must seek an assessment by – and the consent of – a Mental Health Officer employed by the local authority.
- 1.3 The specific duties of Mental Health Officers under relevant legislation include:
- provision of independent assessments regarding detention against people's will
 - consideration of alternatives to detention in hospital
 - preparation of social circumstances reports for courts and tribunals
 - making applications for Compulsory Treatment Orders
 - ensuring people's rights are protected

Assessment activity

	2011/12		2012/13		2013/14	
	Number	Service user	Number	Service user	Number	Service user
Assessments completed	1025	610	968	779	1443	819

- 1.4 During the reporting period, 784 assessment requests were received by the Mental Health Officer service, and 1443 assessments were completed. This represents a 49% increase of completed assessments compared with those recorded in the last reporting period.
- 1.5 The table demonstrates the continued general trend of an increase in the number of assessments completed within the service.

Mental Health (Care and Treatment) (Scotland) Act 2003

- 1.6 There are different orders allowing a person to be assessed or treated, depending on individual circumstances. The table below shows the number and type of orders commenced in Edinburgh over the last 3 reporting years. The permissible duration of each order is given in brackets. This demonstrates that there has been an increase in all types of civil order, with the exception of Interim Compulsory Treatment Orders, which have shown a decrease. While the increase in use of emergency Detention Orders is negligible, there has been a significant increase in the use of Short Term Detention Orders and Compulsory Treatment Orders of 13% and 17% respectively. As both of these orders place specific legal duties on the local authority, which can only be undertaken by local authority Mental Health Officers, this represents a significant increase in the demand on this service.

	Commenced 2011/2012	Commenced 2012/2013	Commenced 2013/2014
Emergency detention in hospital (up to 72 hours)	103	87	95
Short-term detention in hospital (up to 28 days)	349	364	411
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) (may be community or hospital based)	116	111	130
Interim Compulsory Treatment Orders (up to 28 days)	59	65	47

- 1.7 The table below shows the number of orders in place on 31 March in the last three reporting years. Compulsory Treatment Orders are reviewed and may be extended annually. This work represents a significant proportion of a Mental Health Officer's caseload. On 31 March 2014, there were 284 Compulsory Treatment Orders in place in Edinburgh. The table shows a decrease in the number of Compulsory Treatment Orders when compared with the previous two years. Given the increase in the number of Compulsory Treatment Orders granted, this reduction a result of very vigorous data quality work being undertaken.
- 1.8 A Mental Health Officer must be actively involved with service users where there are compulsory measures in place.

	31 March 2012	31 March 2013	31 March 2014
Emergency detention in hospital	0	5	5
Short-term detention in hospital	24	37	43
Compulsory Treatment Orders	334	366	284

Criminal Procedures (Scotland) Act 1995

- 1.9 If an individual has been involved in a criminal offence, but was suffering from a mental disorder (mental illness, learning disability, or personality disorder) at the time, the court has the power to ensure the person receives care and treatment under the Mental Health Act. The court may use this power at any stage of the criminal justice proceedings, from the first arrest to the final disposal of the case.
- 1.10 A Mental Health Officer will contribute to the assessment of the person and provide reports to court.
- 1.11 If an individual is convicted of an offence, for which the punishment may be imprisonment, the court may impose a Compulsion Order. This may authorise the person to be detained in hospital, or impose strict conditions, which would allow the person to receive treatment while living in the community.

- 1.12 If the court makes an individual subject to a Compulsion Order, it can also add a Restriction Order, if the nature of the offences or risk to the public is believed to be sufficient.
- 1.13 A Restriction Order means that the measures authorised in the Compulsion Order will last without limit of time, or until a Mental Health Tribunal revokes the Restriction Order. While the Restriction Order is in force, the person's movement will be limited to the extent that s/he may not be transferred between hospitals, or granted leave from hospital, without the consent of Scottish Ministers. These orders require a very high level of monitoring, including regular supervision from a Mental Health Officer who must provide reports to the Scottish Government.
- 1.14 The table below shows the total number of orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service. The table suggests both that there has been a slight reduction in the use of mental health disposals by courts in Edinburgh and that there has been a net movement of people off criminal justice mental health orders. This includes three people who were previously subject to Compulsion Orders with Restriction Orders.

	2011/12	2012/13	2013/14
Total legal orders started	22	17	14
Total legal orders open at period end	65	64	56
Compulsion Orders with Restriction Orders open at end of period	28	26	23

Adults with Incapacity (Scotland) Act 2000

- 1.15 When someone over the age of 16 is deemed unable to make decisions to safeguard his/her welfare and/or property or finances, the local authority has a duty to carry out an assessment of the needs of that individual, and must make a decision as to whether someone else should be given the legal authority to make decisions on the person's behalf. Inability to make such decisions is usually the result of a learning disability, acquired brain injury or dementia.
- 1.16 Decisions might include: where the adult will live, including the possibility of admission to a care home; and what community care and/or health services should be provided.
- 1.17 In making a decision regarding the granting of these powers, the local authority must apply the following principles:
- any proposed intervention must provide benefit to the adult and the benefit cannot be achieved without use of the legislation
 - any intervention must be the least restrictive option possible in relation to the freedom of the adult
 - the present and past wishes and feelings of the adult must be taken into consideration, as far as these can be ascertained
 - the views of the nearest relative and primary carer must be taken into consideration

- the adult must be encouraged to exercise whatever skills s/he has in relation to making decisions regarding his/her welfare and finances and to develop new skills.

- 1.18 Any person with an interest in an individual's welfare, including a family member, may make an application to court to be appointed as welfare or financial guardian. If the need for guardianship is established and no interested person is willing or able to take on the role, the local authority has a duty to make an application for the Chief Social Work Officer to be appointed as welfare guardian.
- 1.19 A Mental Health Officer must write a report to accompany any application for welfare guardianship, whether the application is made by a private individual or the local authority. The purpose of the report is to comment on the necessity for the order and the suitability of the proposed guardian to carry out the role.
- 1.20 The Chief Social Work Officer is required both to advise and supervise all private welfare guardians in the discharge of their powers. Supervision requires an officer of the local authority to meet with both the adult and the welfare guardian at least once every six months.

	31 March 2011	31 March 2012	31 March 2013	31 March 2014
CSWO Welfare Guardianships	73	77	86	92
CSWO Welfare and Financial Guardianships (guardian for financial element must be non-Council)	21	15	18	17
Private welfare guardianships	63	93	106	122
Private welfare and financial guardianships	153	173	196	242
Total guardianship orders requiring CSWO supervision	310	358	406	473

- 1.21 As in the previous three years, the figures continue to show a significant rise in the number of private welfare guardianships. The figures for Edinburgh are in line with the national trend. This increase continues to impose a significant pressure both on the Mental Health Officer service, which has to provide reports to accompany applications to court, and on the community practice teams and residential review team, which are responsible for supervising private welfare guardians.
- 1.22 The increasing pressure on local authorities in meeting the demands of the Adults with Incapacity (Scotland) Act 2000 has been recognised by the Scottish Government and new regulations will be introduced later in the year, which will both give local authorities greater discretion with regard to deciding which private welfare guardianship arrangements require to be supervised, and also the frequency with which the supervision and review of the guardianship order will be required.
- 1.23 Despite Scottish Government intervention to try to reduce the burden on local authorities as a result of the Adults with Incapacity (Scotland) Act 2000, recent legal judgements in relation to deprivation of liberty are likely to result in a greater volume of applications for welfare guardianship by the local authority. This is likely to be required in order to ensure that the local authority remains compliant with the European Convention of Human Rights when providing services to adults who have lost the capacity to give informed consent.

Foster care and adoption

- 1.24 Social work aims first and foremost to support children to remain in their own family, school and community. However, there are times when children and young people cannot live at home, or need extra help to do so. Some children will need care for only a few days or weeks, others will need months, and some will need care throughout the whole of their childhood. Some will be adopted and become part of their new family for life.
- 1.25 Securing early, permanent alternative family-based care for children who need it is one of the most important factors in their healthy development, and remains one of the highest priorities for social work.
- 1.26 The Council's social work service undertakes the critical functions of recruiting new adoptive parents, tracking children registered for adoption until a family is identified, and providing post adoption support to adopters with children in placement. In 2013-14, 45 children were placed with prospective adopters with a view to adoption. During the same period, 54 children ceased being looked after as a result of being adopted successfully.
- 1.27 A foster care placement can have a huge impact on a child's life, improving their confidence and their long-term life chances. Carers look after children of all ages, from babies to 18 year olds. Carers may also look after children for regular short periods to support parents who need a break from the pressures of looking after a child who has particular needs, for example a physical or learning disability.
- 1.28 In 2013-2014, 32 new foster carers were approved. During that time, 13 foster carers were de-registered, leaving a net increase of 19. The 32 include: 13 respite and 19 full-time carers, offering mostly short-term care; however, one family is offering to care for children with disabilities, 3 families are offering care for children with complex social, emotional and behavioural difficulties, and 4 are offering permanent placements.
- 1.29 There are a further 30 foster carers' assessments underway, which should be completed by February 2015. This figure includes assessments for 10 respite placements.

Secure Accommodation of children

	Total			By Chief Social Work Officer and Hearing			By Courts			Average length of stay		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Numbers detained in secure accommodation in Edinburgh	41	32	24	36	29	24	5	3	0	98	101	134
Numbers transferred back to secure accommodation in Edinburgh	7	2	3		2	3	2	0	0			

Children and young people detained in secure accommodation out with Edinburgh	Children and young people detained in secure accommodation out with Edinburgh			By Courts on remand			By Courts on sentence			Average length of stay		
	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14
				-	-	-	-	-	-	-	-	-
	7	3	4	12	13	14	12	13	14	47	78	38
By Chief Social Work Officer and Children's Hearing				2	0	0						
By Courts on remand				5	1	0				54	30	0
By Courts on sentence							3	0	0	366 days		

1.30 Five additional children/young people from outwith Edinburgh were detained in Edinburgh secure accommodation.

Emergency placement of children subject to statutory provision

1.31 Children's Hearings may impose conditions of residence on children subject to supervision requirements. Only a Children's Hearing may vary such conditions. The local authority must ensure that these conditions are implemented. If a child who is required to reside at a specified place must be moved in an emergency, the Chief Social Work Officer may authorise the move, following which the case must be referred to a Children's Hearing. During the period under review, 43 children and young people subject to a Supervision Requirement were moved to an alternative placement. Two of these children each had two emergency moves. The reasons for these emergency transfers were:

- 16 children moved due to a breakdown of placement with foster carers who were approved and supported by the City of Edinburgh Council
- 11 children moved (one of them twice) due to a breakdown of placement with foster carers who were approved and supported by other fostering agencies
- nine children moved due to the breakdown of kinship care placements
- one child moved due to the breakdown of a residential unit placement

1.32 The most common cause of placement breakdown was carers being no longer prepared or able to care for a child/young person in placement, despite support provided to maintain it.

1.33 Other placements broke down due to:

- two children – allegations against carer
- two children – ill health of carer
- two children – concerns re new carer

- one child – needed hospital care

Warrant to keep a child where the Children’s Hearing is unable to dispose of the case

1.34 Since the last annual report, the Children’s Hearings (Scotland) Act 2011 has been implemented and a new recording system has been introduced by the Scottish Children’s Reporters Administration. The new legislation does not include the term “warrants” and these have been replaced by Interim Compulsory Supervision Orders and Interim Variation of Compulsory Supervision Orders. These new orders can apply irrespective of whether a child has been removed from home. Due to these changes, it is not possible to give a validated figure on children kept away from home via interim orders. It is expected that developments in the Scottish Children’s Reporter Administration recording systems in the coming year will allow these data to be generated in future.

2 Protection and Risk Management

2.1 The following tables provide a summary of the volume of protection-related activity during the year.

Children

2.2 The number of children looked after away from home is at the highest level seen to date. This reflects the national picture.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Child protection referrals	1439	1702	2200	1811	1492	1610
Child protection case conferences	407	345	1005*	1149*	1160	1360
Children on Child Protection Register	287	256	242	266	259	297
Children looked after at home	442	412	410	370	383	345
Children looked after away from home	902	894	932	1028	1044	1059

2.3 The number of children and young people subject to a child protection case conference in the reporting period is noted below by type:

	2012-13	2013-14
Pre-birth	107	110
Initial	352	409
Review	687	828
Transfer	14	13
Total	1,160	1,360

Domestic abuse

	2011-12	2012-13	2013-14
Incidents	5344	5335	5476
Children present/resident	45,4%	44,4%	Figures not available yet

- 2.4 The Police Scotland figures for domestic abuse are consistently high, with an increase beginning to show for 2013-2014. A third of the concern forms passed to Social Care Direct were due to domestic abuse. This reflects the sharper focus on domestic abuse by all partners in Edinburgh. Although the figures for children present/resident are not available at the time of writing, these are anticipated to remain as a consistent percentage. An audit of the Child Protection Register on a single day identified domestic abuse in over 50% of the registrations. Domestic abuse was also the highest single reason given for homelessness of women aged 18-59. This complex, cross-cutting issue impacts on those who work with offenders, parents, children, young people and in substance misuse, mental health, housing, community safety and public protection. The greater emphasis on tackling domestic abuse in an integrated, partnership way should improve the outcomes for women, children and our communities generally; however, in the short term, it is likely that our increased awareness and responsiveness will see a rise in reported incidents before the positive impact of improved activity begins to take effect.

Adults at risk

	2010-11	2011-12	2012-13	2013-14
Adult protection referrals	1,008	743	422	435
Large scale adult protection contacts			78	139
Incidents between service users			493	342
Inter-agency referral discussions (IRD)	485	378	215	193
IRD as a percentage of referrals	48%	51%	51%	44%
Adult protection initial case conferences	117	74	60	54
Initial case conferences as a percentage of IRD	24%	20%	28%	28%
Adult protection case conference reviews	162	126	98	99

- 2.5 The figures reflect the continuing discussion about identifying cases with adult protection concerns, as separate from other cases where concerns are raised for vulnerable people. In 2012-13, separation of large scale adult protection cases and incidents between service users in care homes was implemented. This resulted in a drop in adult protection contacts.
- 2.6 The proportion of adult protection concern referrals that progress to IRD is similar across the four years (around 48%), as is the percentage of cases going on to case conference following an IRD (around 25%).

Offenders in the community subject to statutory supervision

	31 March 2012	31 March 2013	31 March 2014
Assessed as 'very high' or 'high' risk (sexual violence)	29	35	17
Assessed as 'very high' or 'high' risk (violence)	94	89	113
Probation orders	314	112	53
Community service orders	242	82	38
Community payback orders	362	721	1019
Drug treatment and testing orders	123	128	187
Drug treatment and testing orders (II)	49	55	60
Bail supervision	21	17	29
Statutory supervision of released prisoners, e.g. life licence, parole, extended sentence, supervised release orders	155	152	146

- 2.7 The number of offenders in the community at 31 March 2014, subject to statutory supervision and assessed as very high or high risk of sexual violence has fallen by half compared to 31 March 2013. This may in part be a reflection of robust risk management, with breach action taken for contravention of licence conditions leading to the offender being returned to custody.
- 2.8 The number of offenders assessed as very high or high risk of violence has increased by 24 compared to 31 March 2013. This reflects the increased volume of work from the focus by Police Scotland on domestic abuse and the impact of the domestic abuse court in Edinburgh.

- 2.9 The Criminal Justice and Licensing (Scotland) Act 2010 replaced probation and community service with a single new court disposal, the community payback order. Community payback orders provide courts with the option of imposing up to a total of nine requirements, including unpaid work. Community payback orders can only be imposed for offences committed after February 2011, and over the last three years there has been a reduction in the number of probation and community service orders (for offences committed before February 2011) and a corresponding increase in community payback orders. There is an increase of around 20% in the total number of community payback, probation and community service orders compared to 31 March 2013.
- 2.10 The number of drug treatment and testing orders (DTTO) has increased by 46% compared to 31 March 2013, after a small increase in the previous year. This reflects the credibility of this disposal in the Sheriff Court. Drug treatment and testing orders are also available to the Justice of the Peace courts, and DTTO II has also shown an increase.
- 2.11 The number of bail supervision orders has increased from 17 to 29. This is important as the bail scheme provides a community based alternative to remand in custody.
- 2.12 The number of released prisoners subject to statutory supervision has remained fairly constant, at around 150, for the last three years.

Offenders currently in prison who will be subject to statutory supervision on release

	31 March 2012	31 March 2013	31 March 2014
Assessed as 'very high' or 'high' risk (sexual violence)	60	64	74
Assessed as 'very high' or 'high' risk (violence)	162	169	160

- 2.13 There has been no significant change in the numbers of the above categories over the three years, other than an increase of 10 in the number of those assessed as very high or high risk of sexual violence. This may in part reflect the reduction in the number of this category in the community (see 2.7 above).

Corporate Policy and Strategy Committee

10.00, Tuesday, 2 September 2014

Public Protection in Edinburgh Annual Reports 2013-2014

Item number	7.4
Report number	
Executive/routine	
Wards	All

Executive summary

Edinburgh's Chief Officers' Group is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in Edinburgh.

Five committees/partnerships are established to manage performance and ensure the provision of quality services in relation to child protection, adult protection, offender management, alcohol and drugs and violence against women.

This report presents members with the annual reports for each of the five committees/partnerships in Edinburgh, which together oversee the main multi-agency public protection activity in the city.

Links

Coalition pledges	P1, P12, P32, P34
Council outcomes	CO5, CO15
Single Outcome Agreement	SO4

Public Protection in Edinburgh Annual Reports 2013-14

Recommendations

1. It is recommended that Committee:
 - considers the annual reports from each of the public protection committees attached as Appendices 2 to 6
 - notes the importance of ensuring an integrated approach across the Council and between the Council and its key partners NHS Lothian, Police Scotland, the Scottish Fire and Rescue Service and voluntary sector organisations, to allow for effective, shared prioritisation for resource allocation; and
 - approves the Forced Marriage Policy and Practice Guidelines attached at Appendix 7.

Background

- 2.1 Edinburgh's Chief Officers' Group – Public Protection is made up of senior representatives from the Council, NHS Lothian and Police Scotland, and is currently chaired by the Council's Chief Executive.
- 2.2 The establishment of the Chief Officers' Group is consistent with Scottish Government guidance on the management of child protection; and its wider remit in Edinburgh reflects the essential inter-relationship between adult and child protection, the management of dangerous offenders, domestic abuse and drug and alcohol strategies.
- 2.3 Each of the Edinburgh public protection committees/partnerships reports to the Edinburgh Chief Officers' Group.
- 2.4 The multi-agency governance structure for public protection in Edinburgh is set out in Appendix 1.
- 2.5 The Chief Officers' Group has established a schedule of meetings throughout the year to consider its committees' business plans, quarterly performance information and annual reports.

- 2.6 Each of the five committees' annual reports is attached as a separate appendix to this report.

Main report

- 3.1 The agreed priorities in Edinburgh's multi-agency public protection strategy are to develop:
- an efficient data sharing system, which does not duplicate information and ensures appropriate access to all relevant information by all relevant staff
 - an integrated and consistent multi-agency assessment process for all protection services
 - an integrated, multi-agency strategy for:
 - alcohol and drugs
 - domestic abuse
 - adult and child protection and offender management improvement activity
 - a focus on early intervention, prevention and personalised services for all service user groups (adults and children)
 - improved integration of services and disciplines, both inter- and intra-agency
 - increased capacity for outcome focused, multi-agency quality assurance and contracts compliance systems
- 3.2 Five main committees oversee the multi-agency public protection related activity in Edinburgh:
- Child Protection Committee – chaired by Police Scotland
 - Adult Support and Protection Committee – chaired by NHS Lothian
 - Offender Management Committee – chaired by the City of Edinburgh Council
 - Drug and Alcohol Partnership – chaired by the City of Edinburgh Council
 - Violence Against Women Partnership – chaired by Police Scotland.
- 3.3 Each committee has an important role to play in the implementation of our agreed public protection strategy, and in addition, has developed performance reporting, business planning and annual reporting mechanisms to reflect its specific area of responsibility. Each committee has a similar structure of sub-committees covering staff training and development and quality assurance. There is one communications sub-committee covering the work of all committees.

Achievements and future actions

- 3.4 Achievements and areas for improvement and future actions are set out in detail in the committees'/partnerships' annual reports attached at Appendix 2 to 6. Listed below are examples for achievements and future actions for each committee/partnership.

Achievements

- 3.5 Edinburgh's public protection committees/partnerships have developed and launched the *Speak Up – Speak Out campaign*; a 3-year public awareness campaign, covering the key priorities for all areas of public protection. This is the most ambitious public awareness campaign undertaken in Edinburgh for public protection. The campaign was developed through extensive consultation with service users and communities, and has been recognised by the Scottish Parliament.
- 3.6 A Forced Marriage Policy and Practice Guidelines have been developed jointly by the Child Protection Committee and the Violence Against Women Partnership to inform and support the work of practitioners who are responsible for protecting children and adults from the abuse associated with forced marriage. The policy and practice guidelines are attached at Appendix 7.
- 3.7 The 2013, Care Inspectorate report of the Pilot Joint Inspection of Edinburgh's Children's Services stated that "the [Child Protection] Committee is very effective in improving processes and practices for protecting children and young people and its work integrates well with the Edinburgh Children's Partnership".
- 3.8 The Child Protection Committee facilitated for a group of young people who had been through the Child protection process were supported to develop three booklets in comic strip form, to reflect themes and issues identified by them and to support others. The booklets were then modelled by actors in order that they can be published and used.
- 3.9 The Adult Support and Protection Committee facilitated a single agency (social work) case file audit in November 2013. Areas of strength included increased attendance at case conferences by the service user, and a significant improvement in the 28 day standard from Inter-agency Referral Discussion to case conference. The target of 100% has been achieved for many months. There was evidence of good partnership working.
- 3.10 With regard to offender management, a case file audit carried out on all active MAPPA Level 1 cases managed by criminal justice social work provided evidence of strong partnership working at all stages, from assessment and risk management through to review. Almost all cases had evidence of positive outcomes for the person and of improvements in their circumstances. Case

managers were taking a holistic approach to risk management, and helping people to address a range of issues so that they developed a more stable and safe lifestyle. Low levels of reoffending were reported.

- 3.12 The Alcohol and Drug Partnership facilitated school- and community based-prevention activities, including 276 outreach sessions and 111 alcohol brief interventions, together with the development of a “snapfax” leaflet in coproduction with young people, setting out key information and services around risk-taking behaviours.
- 3.14 Edinburgh’s Multi-agency Domestic Abuse Policy was agreed by the Corporate Policy and Strategy Committee and the Edinburgh Partnership in December 2013. The policy is a statement of commitment from all partners in Edinburgh and provides a set of guiding principles and definitions in relation to the prevention of domestic abuse, the support and protection of victims and the management of perpetrators. It is based on awareness of the extent and impact of domestic abuse and the belief shared by all partners that it is never acceptable and will not be tolerated.

Future actions

- 3.15 The work of practitioners who are responsible for protecting children and adults from the abuse associated with Female Genital Mutilation will be informed and supported jointly by the Child Protection Committee and the Violence Against Women Partnership.
- 3.16 The Child Protection Committee will develop a procedure supporting partner agencies in identifying and dealing with Child Sexual Exploitation on an inter-agency basis.
- 3.17 A local financial harm subgroup is being established through the Adult Support and Protection Committee to provide a strategic response to this type of harm, which represents a significant part of adult protection work and is a national priority.
- 3.18 New detailed Government guidance for the Multi-Agency Public Protection Arrangements (MAPPA) will be implemented in November 2014. A range of procedures, assessment, recording and minuting templates is being developed and the roll out will be supported by volume staff training from August 2014.
- 3.19 The Alcohol and Drug Partnership will develop an integrated pathway of care for children/young people with alcohol/drug problems. The Partnership is looking to develop an approach to enable the Licensing Board to make effective decisions about licensing policy, while addressing the concerns of protection services.

Edinburgh faces challenges in relation to alcohol-related problems similar to the rest of Scotland (47% of adults report drinking outwith Government guidelines; alcohol related harm costs an estimated £2.2 million to the public purse per year; at least 26% of serious assaults in public spaces and 23% in private spaces are alcohol related).

- 3.21 The Violence Against Women Partnership will raise awareness of Edinburgh's multi-agency domestic abuse policy and how the principles can be formalised in practice. In addition, a systemic review of the delivery of domestic abuse services will take place.

Measures of success

- 4.1 Edinburgh's Chief Officers' Group has continued to play a key role in bringing this related public protection activity together under its governance to ensure essential links are made at operational, tactical and strategic levels.
- 4.2 The Chief Officers' Group receives quarterly performance reports from the five committees/partnerships.
- 4.3 Work across all areas is underpinned by the Multi-agency Strategy for Public Protection in Edinburgh.

Financial impact

- 5.1 There are no financial implications arising from this report, however, public protection in Edinburgh is a significant responsibility for all partner agencies and one which demands considerable resource allocation.

Risk, policy, compliance and governance impact

- 6.1 In accordance with the Council's approach to risk management, the potential risk of harm to communities and individuals, which may be caused by a failure to provide effective care and protection to vulnerable children and adults is being mitigated and monitored through the Health and Social Care Risk Register.
- 6.2 This report seeks Committee approval for the Forced Marriage Policy and Practice Guidelines attached at Appendix 7.

Equalities impact

- 7.1 There is no direct equalities impact arising from this report.

Sustainability impact

8.1 There are no sustainability impact issues arising from this report.

Consultation and engagement

9.1 Where relevant, this is detailed within each of the annual reports.

Background reading/external references

Sue Bruce

Chief Executive

Michelle Miller

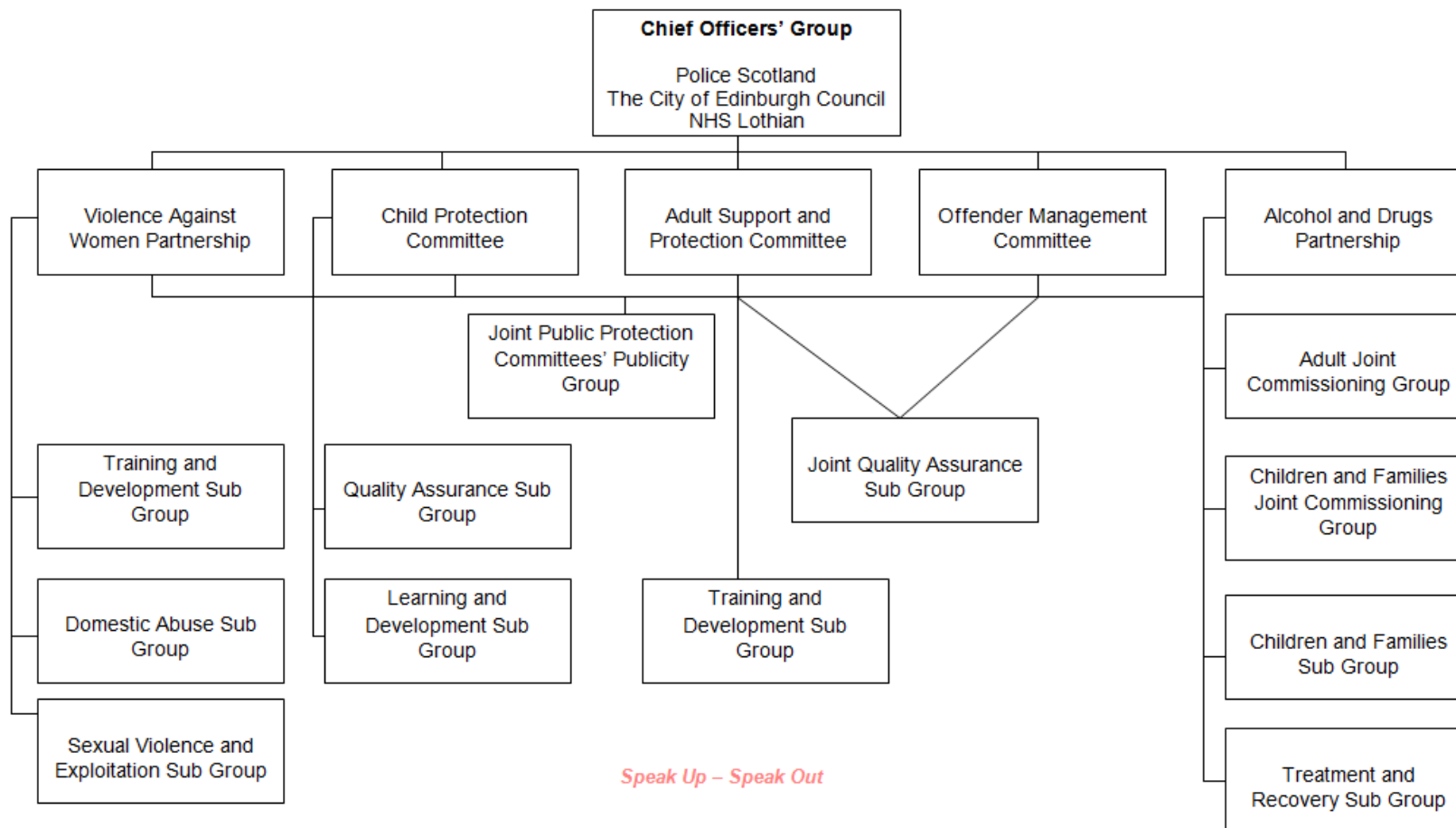
Chief Social Work Officer

Contact: Michelle Miller, Chief Social Work Officer; michelle.miller@edinburgh.gov.uk
Tel: 0131 553 8520

Links

Coalition pledges	P1 – Increase support for vulnerable children, including help for families so that fewer go into care P12 – Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes P32 – Develop and strengthen local community links with the police P34 – Work with police on an anti-social behaviour unit to target persistent offenders
Council outcomes	CO5 – Our children and young people are safe from harm or fear of harm, and do not harm others within their communities CO15 – The public are protected
Single Outcome Agreement	SO4 – Edinburgh’s communities are safer and have improved physical and social fabric
Appendices	Appendix 1: Multi-agency Governance Structure Appendix 2: Edinburgh Child Protection Committee Annual Report 2013-14 Appendix 3 – Edinburgh Adult Protection Committee Annual Report 2013-14 Appendix 4 – Edinburgh Offender Management Committee Annual Report 2013-14 Appendix 5 – Edinburgh Alcohol and Drugs Partnership Annual Report 2013-14 Appendix 6 – Edinburgh Violence Against Women Partnership Annual Report 2013-14

**Edinburgh Public Protection
Multi-agency Governance Structure**





**Edinburgh Child Protection Committee
Annual Report 2013-2014**

**Speak up • Speak out
We can help**



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Preface

All agencies in Edinburgh are committed to the development and continuous improvement of services for children. This is demonstrated by the joint approach at strategic and operational levels and re-enforced through the structural arrangements of the Children's Partnership, the Child Protection Committee and the Chief Officers' Group. Progress is continuing with our early intervention strategy through the implementation of Getting it Right for Every Child (GIRFEC) in Edinburgh.

As Chief Officers we fully appreciate the challenge of ensuring Edinburgh's children are safe as well as providing a platform from which all children in Edinburgh can reach their full potential. We have made good progress towards achieving our aims since the publication of the 2012-2013 annual report. This annual report reflects on the successes and ongoing areas of continuous improvement being pursued in partnership.

We are committed to the continuous improvement of our processes for multi-agency self-evaluation, performance monitoring and planning. We now have a fully integrated improvement plan, covering each identified area for improvement including those identified from self-evaluation, Significant Case Reviews and the 2012/2013 Care Inspectorate report, *Services for Children and Young People in the City of Edinburgh: Report of a Pilot Joint Inspection*.

As Chief Officers, we extend our appreciation for the continuing efforts of all agencies in Edinburgh working together to protect children and young people. This work is challenging and complex, however, it is an area in which we are committed to achieving excellence.

We endorse the contents of the Child Protection Committee annual report for 2013-2014.

Introduction

As we report on the activities of the Edinburgh Child Protection Committee for the period of 2013-2014, we reflect on the aims highlighted within the annual reports produced in previous years. We have seen significant changes in the way services work together to protect our children. The partnership of responsible agencies that make up Edinburgh's Child Protection Committee has a strong emphasis on continuous improvement.

This focus on improvement includes the recognition that the protection of children and adults at risk of harm and the management of the risk posed by violent offenders are cross-cutting and overlapping issues; none of which can be dealt with individually by any one agency, service or single-focus partnership. Although the Child Protection Committee, Adult Protection Committee, Offender Management Committee, Violence Against Women Partnership and Alcohol and Drug Partnership all have a core focus for their work, we recognise the dependence of individuals and communities on each of these partnerships working together seamlessly.

Our vision for the protection of children is articulated in the Integrated Plan for Children and Young People and the Single Outcome Agreement, together with our key strategic objectives. The Child Protection Committee remains determined to maximise our service provision and demonstrate improved outcomes for children across Edinburgh.

The format of our annual report remains consistent with the 2012-2013 report. The Committee wants to emphasise an outcome-focused approach, based on a clear understanding of need through evaluation. In producing this report cognisance has been taken of:

1. The functions of Child Protection Committees as set out in "Protecting Children and Young People: Child Protection Committees" January 2005.
2. The criteria specified in the European Foundation for Quality Management (EFQM) framework, namely the ability to specify our current position in areas such as leadership, strategy, policies and results whilst taking cognisance of the route to be taken to improve.
3. The Care Inspectorate Quality Indicators How well are we improving the lives of children and young people?
4. The revised Edinburgh and Lothians Inter-Agency Child Protection Procedures (2012).
5. The revised National Guidance for Child Protection in Scotland (2014).

Demographics

Edinburgh is a city of contrasts, encompassing both urban and rural settings. The spectrum of social environments presents inherent challenges in delivering consistent services to all.

Within the city, 9.84% of data zones (Scottish Index of Multiple Deprivation) fall within the 15% most deprived areas of Scotland. The overall population for Edinburgh has continued to grow with a +37,690 rise in population from 2000-2010. The 2012 General Register Office mid-year estimate states that, with a population increase of +1.2%, along with Midlothian and East Lothian, Edinburgh has experienced the largest population increase in comparison to all other Scottish local authority areas. Approximately 15% of Edinburgh's population are under the age of 16.

A high proportion of pupils attend independent schools in Edinburgh, estimated at 25% in secondary schools, 14% in primary schools and 15% in special education provision.

Another feature of our city is the ethnic and cultural diversity, not only in terms of the local population, but also in terms of Edinburgh's short-term employment of young people in the tourist industry, as well as the transient tourist population.

Child Protection referrals increased from 1492 in 2012-2013 to 1610 in 2013-2014. The number of children with their names listed on the Child Protection Register has also seen an increase from 259 in 2012-2013 to 297 in 2013-2014. We have seen an increase in the number of Child Protection Case Conferences (CPCCs) in the period under review, with a total of 1360 CPCCs held in 2013-2014 against 1160 CPCCs held in 2012-2013.

Child Protection Committee Structure

The Edinburgh Child Protection Committee (the Committee) is made up of senior representatives from across all key areas concerned with the care and protection of children. Guidance issued by the Scottish Government requires every local authority area to have a Child Protection Committee.

Strong links exist between the Committee and the Edinburgh Children's Partnership (the Partnership). The vision for both the Committee and the Partnership is to ensure that all children and young people in Edinburgh enjoy being young and achieve their potential. They support us in achieving our vision, 6 strategic outcomes have been identified:

- Our children have the best start in life and are able to make and sustain relationships and are ready to succeed
- Our children are successful learners, confident individuals and responsible citizens making a positive contribution to their communities
- Our children in need or with a disability have improved life chances
- Our children are physically and emotionally healthy
- Our children are safe from harm or fear of harm and do not harm others within their communities
- Our children's outcomes are not undermined by poverty and inequality

We have identified particular priorities for children at risk:

- To increase the number of children who are safe within their own family, including extended family, and reduce the number of children who need to be subject to child protection arrangements
- To ensure that children in need of protection receive the help they need straight away

- To strengthen provision and outcomes for children with disabilities or additional support needs

In line with the GIRFEC well-being indicators, we have the aim of ensuring children and young people are safe, healthy, active, nurtured, achieving, responsible, respected and included. The Committee has a key role in achieving these aims along with the Partnership, recognising that the environment for some children in Edinburgh is more challenging, requiring additional measures to ensure children are protected from harm.

The governance of the Committee is the responsibility of the Edinburgh Chief Officers Group. The committee structure, membership list and remit are outlined in Appendix 1. The Committee meets every two months and has the following key responsibilities:

- Public Information
- Policies, Procedures and Protocols
- Management Information
- Quality Assurance
- Promotion of Good Practice
- Training
- Communication and Co-Operation
- Planning and Connections
- Listening to Children and Young People

The sub-committees of the Committee consist of the following (attached as appendix 2):

- Quality Assurance Sub Committee
- Learning and Development Sub Committee
- Joint Protection Committees Publicity Group

Edinburgh Child Protection Committee Functions

This section will be completed under the nine key headings from the Scottish Government's Protecting Children and Young People: Child Protection Committees (2005).

1. Public Information

The Committee is required to produce and disseminate public information relating to protecting children and young people. As such the Committee has developed, is implementing and regularly reviews a communications strategy that includes the following elements:

- Raising awareness of child protection issues within communities, including children and young people
- Promoting to the public at large the work of agencies in protecting children; and
- Providing information about where members of the public should go if they have concerns about a child and what could happen.

The Committee is also required to determine the level of public knowledge and confidence in child protection systems within their area and address any issues as required within business plans.

The *Protection Committees Publicity Group* fulfils this responsibility, with representation from the Edinburgh Child Protection Committee, the Edinburgh Adult Protection Committee, the Edinburgh Offender Management Committee, The Edinburgh Violence Against Women Partnership and the Edinburgh Alcohol and Drug Partnership. This group is chaired on a rota basis by one of the communications managers from the City of Edinburgh Council, NHS Lothian or Police Scotland.

Key Achievements

The Committee continues to produce and disseminate public information in relation to protecting children. Key achievements include:

- The development and launch of the *Speak Up – Speak Out campaign*; a 3-year public awareness campaign, covering the key priority areas for all areas of public protection. This is the most ambitious public awareness campaign undertaken in

Edinburgh for public protection. It has enabled the public protection committees to identify and work together on areas of collaborative advantage, including on the areas of internet safety, substance misuse and domestic abuse.

- Extensive consultation and engagement with the public, service users and partner organisations, including the third sector.
- National media reach of the campaign, including television, press and radio.
- Recognition of the campaign by the Scottish Parliament.
- Through extensive consultation, including with children and young people, we have revised our approach to providing public protection information.
- An increase in referrals to Social Care Direct, which can be directly attributed to the Speak Up – Speak Out campaign.
- An increase in website traffic which can be attributed to the campaign.

Future Actions

Our joint priorities for the coming fiscal year have been set:

- Domestic abuse campaign for LGBT audience and men affected by domestic abuse
- Children affected by alcohol and substance misuse
- Harmful traditional practices (such as forced marriage, female genital mutilation and honour crimes)
- Self harm

In-depth research is to be undertaken to ensure the campaign materials and tools are meeting our objectives.

2. Policies, Procedures and Protocols:

The Committee:

- Supports constituent agencies to have in place their own up to date policies and procedures.
- Regularly develops, disseminates and reviews inter-agency policies and procedures.
- Ensure protocols are developed for key issues where agreement is required.

Key Achievements

The Committee is committed to developing, reviewing and implementing policies, procedures and protocols to achieve measurable outcomes for children. Key achievements include:

- Upgrade of the e-IRD system; an electronic means of recording Inter-Agency Referral Discussions on a shared pro-forma for both Child and Adult Protection. Improvements have included early GP notification and improved information security.
- A Forced Marriage policy has been developed to inform and support the work of practitioners who are responsible for protecting children and adults from the abuse associated with forced marriage. It outlines how practice in relation to forced marriage is aligned with existing structures, policies and procedures designed to protect children and adults with support needs and those experiencing domestic abuse.
- Implementation of the Edinburgh and Lothians Guidance *Getting it Right for Children in Edinburgh affected by Parental Problem Alcohol and Drug Use*, which replaces the Children Affected by Problem Substance Misuse guidance.
- The development of a joint Significant Case Review protocol for Edinburgh, covering Child Protection, Adult Protection and MAPPA.
- The committee contributed to the revision of the National Guidance for Child Protection in Scotland (2014).

- The replacement of the Joint Protocol which existed between Lothian and Borders Police and relevant 5 Local Authorities on children and young people missing from local authority care, with an Edinburgh focussed policy. This has introduced processes that encourage improved planning, communication, decision-making and risk assessment; better safeguarding those children and young people in Local Authority care.
- The 2013 Care Inspectorate report of the Pilot Joint Inspection stated that “the Committee is very effective in improving processes and practices for protecting children and young people and its work integrates well with the Edinburgh Children’s Partnership”.

Future Actions

This Committee will support the further revision of the Edinburgh and Lothians Inter-Agency Child Protection Procedures, in-line with the National Guidance for Child Protection in Scotland (2014) and the National Disability Toolkit (2014).

The Committee will develop a procedure in supporting the partner agencies in identifying and dealing with Child Sexual Exploitation on an inter-agency basis.

The Committee will lead on to inform and support the work of practitioners who are responsible for protecting children and adults from the abuse associated with Female Genital Mutilation.

3. Management Information

The Committee retains an overview of management information from all key agencies relating to the protection of children and young people. The Committee:

- Has an overview of information relating to children and young people on the Child Protection Register
- Receives regular management information reports, which include analysis of trends
- Identifies and address the implications of these management reports
- Ensures that management information informs the inter-agency child protection strategy.

Key Achievements

The Committee, through the Quality Assurance Sub Group, has invested in the creation of meaningful management and performance information. This is produced in the form of a balanced scorecard. Collecting and monitoring this information has impacted significantly on the service delivery and is contributing to Edinburgh's challenging improvement agenda. Key achievements include:

- Ongoing review and development of the balanced scorecard through the Quality Assurance Sub Group of the Committee to provide meaningful management information, which allows for service redesign to improve performance, delivery and outcomes.
- The quality indicators reported to the Quality Assurance Sub Group were subject to review at the 2013 ECPC development day. Following a subsequent exercise, the number of agreed indicators was reduced from 38 to 26. Of the remaining 12 indicators, those that are still relevant are covered through

other reporting arrangements and governance structures. The indicators are now reported to inform thematic discussion.

- The revision and development of the Child Protection Improvement Plan.
- A self-evaluation process linked to the Care Inspectorate quality indicators and the National Guidance for Child Protection in Scotland (2010).

Future Actions

The Committee will ensure that relevant and robust management information is collated to enable continuous improvement in Edinburgh.

Detailed scrutiny of the performance indicators will be undertaken on a 6-monthly basis, with thematic reviews bi-monthly.

The Quality Assurance Sub Group will identify existing performance indicators to align with the outcomes of the Child Protection Improvement Plan and agree additional *impact* and qualitative indicators.

In line with reporting arrangements to the Edinburgh Children's Partnership, through the Strategic Outcome Group performance briefings, the lead officer(s) for actions in the improvement plan will present updates to the Quality Assurance Sub Group at prescribed intervals; with each theme (high level question) being considered twice in each 12 month period.

The Child Protection Improvement Plan will be updated every two months and submitted to the ECPC quarterly.

4. Quality Assurance

Whilst individual agencies have responsibility for the quality assurance of their own service, the Committee has responsibility for the development and implementation of inter-agency quality assurance mechanisms. The Committee:

- Agrees, implement and review multi-agency quality assurance mechanisms for inter-agency work, including auditing against the framework for standards.
- Ensures that the quality assurance mechanisms directly contribute to the continuous improvement of services to protect children and young people.
- Contributes to the preparation for the integrated system of inspection of children's services.
- Considers the findings and lessons from inspection on a national basis.
- Co-ordinates significant case reviews as necessary.
- Reports on the outcome of the quality assurance processes and make recommendations to the Committee and the Chief Officers Group.

Key Achievements

The Committee's quality assurance systems have played a key role in our performance improvements. The Quality Assurance Sub Group monitors performance on a monthly basis and makes recommendations for improvement activity to the Committee and to individual partner agencies. This in-turn is monitored by the multi-agency Public Protection Chief Officers' Group.

Key achievements in the area of quality assurance include:

- Further development and roll-out of independent advocacy services for children and young people involved in the child protection process.
- Further development of the e IRD system; to include improved functionality, data protection and system interrogation,

- Revised methodology for undertaking Significant Case Reviews, accounting for recent research developments, including engaging with staff and family members.
- Improved Quality Assurance processes for Child Protection Case Conferences.
- The further development of IRD review group workshops, to ensure that those undertaking IRDs are aware of emerging themes, good practice and areas for development.
- The maintenance of a position statement for Strategic Outcome Group 5, ensuring that we remain aware of achievements, as well as ongoing areas for development.

Future Actions

The Committee is dedicated to the continuous improvement of child protection services and intends to build on the performance management mechanism by designing a robust continuous process of self-evaluation, feeding into the developing public protection framework. This will support the development of clearly defined and measurable outcomes for vulnerable, or at risk, people and it will supplement our multi-agency improvement plans.

5. Promotion of Good Practice

The Committee has the responsibility to identify and promote good practice, address areas for improvement and encourage learning. The Committee:

- Identifies and disseminate lessons from practice, including the review of significant cases.
- Ensures that practice issues directly inform training and staff development.
- Identifies opportunities to share good practice across a wide spectrum whether locally, regionally or nationally.

Key Achievements

The Committee routinely seeks opportunities to identify and promote good practice in child protection, whether locally, further afield within the Edinburgh, Lothians and Borders Executive Group area and nationally. Key achievements in this area include:

- The ongoing implementation of GIRFEC in Edinburgh.
- Strong links with the Scottish Government Policy team and the national Child Protection Coordinator, based at WithScotland. This has included involvement in the refresh of the National Guidance for Child Protection in Scotland (2014).
- Increased learning and development activity to reflect identified needs of our multi-agency workforce (such as court skills training).
- The development of opportunities to learn from good practice across the country, through involvement with the Children's Commissioner, WithScotland, the National Lead Officers network and the Scottish Child Protection Committee Chairs Forum.

- Targeted briefings to share learning from published Significant Case Reviews.

Future Actions

Exemplars of good practice will be highlighted and disseminated following the conclusion of each aspect of self-evaluation.

Ensure that practice issues are identified as part of self-evaluation activity and that any identified issues are taken forward in our learning and development strategy.

6. Training and Staff Development

Training and staff development for those working with children and families must be undertaken at both a single agency and inter-agency level, particularly in respect of child protection. The Committee is responsible for promoting, commissioning and assuring the quality and delivery of inter-agency training. The Committee:

- Retains an overview of single agency child protection training and consider the implications of inter-agency training.
- Plans, review and quality assure inter-agency training and development activities.
- Implements and review annually, a programme for inter-agency child protection training.
- Ensures relevant and consistent inter-agency training is provided for practitioners, managers, non-statutory agencies and Child Protection Committee members.

Key Achievements

Learning and development is a key activity in the development of a confident and competent workforce for the delivery of high quality services to protect children and young people. The three core agencies of health, social work and police have invested in a tripartite Learning and development budget for the delivery of inter-agency training across Edinburgh. Key achievements include:

- The development of an inter-agency learning and development strategy, with materials to meet the needs of statutory and non-statutory agencies.
- The maintenance of a dedicated budget to enable Edinburgh to meet the demands of inter-agency learning and development across organisational boundaries.
- The ongoing delivery of training at various levels across Edinburgh, meeting the needs of practitioners, managers and child protection specialists.

- Continuing to incorporate GIRFEC principles into child protection training to meet the needs of practitioners.
- Multi-agency input into the development of specialist events on neglect and child sexual abuse.
- Joint Investigative Interview courses and refresher training delivered with the support of tutors from across the ELBEG area.
- The delivery of bespoke joint Public Protection training to a total of 1244 Services for Communities staff over 21 training days.
- The delivery of training in working effectively with families who are evasive or resistant to engage.
- The creation of e learning packages, on the new *Getting it Right for Children in Edinburgh affected by Parental Problem Alcohol and Drug Use* guidance, which replaces the Children Affected by Problem Substance Misuse guidance.

Future Actions

Further opportunities will be explored to share training opportunities with Edinburgh's other public protection committees and voluntary sector partners.

Implement a Level 1 awareness raising session to cover Adult Protection, Child Protection and Domestic Abuse.

7. Communication and Co-operation

Effective communication and co-operation, both within agencies and between professionals, is essential to the protection of children. The Committee:

- Demonstrates effective communication and co-operation at Child Protection Committee level.
- Actively promotes effective communication and collaboration between agencies.
- Identifies and, whenever possible, resolve any issues between agencies in relation to the protection of children and young people.
- Demonstrates effective communication across the inter-agency spectrum.
- Identifies opportunities to share knowledge, skills and learning with other Public Protection Committees.

Key Achievements

The Committee continues to have representation from all key agencies involved with children and families from the statutory and voluntary sector.

Through the continued implementation of the communication strategy, the Committee aims to enhance interaction between agencies. Key achievements in the area of communication and co-operation include:

- The revision of the Public Protection Committees communication strategy.
- The work of the joint Public Protection Committees Publicity Group in the planning, coordination and launch of the Public Awareness Campaign.
- The successful delivery on the first two areas of key priority for the public awareness campaign:
 - Domestic Abuse
 - Safe Use of Social Media

- The continued close links with the Children's Partnership. The Committee chair and Lead Officer now sit as members of the Partnership. The 2013 Care Inspectorate report of the Pilot Joint Inspection notes that the work of the Committee integrates well with the Edinburgh Children's Partnership.
- The continued pro-active interaction with neighbouring Child Protection Committees enabling the sharing of practice and learning opportunities.
- The sharing of learning and best practice through WithScotland, the Scottish Government, the national Lead Officers network and Scottish Child Protection Committee Chairs Forum.
- The maintenance of the Child Protection Case Conference dispute resolution arrangements.
- The maintenance of the IRD review group to quality assure decisions and actions taken at IRD on a multi-agency basis.
- Increased third sector representation on the committee and sub-committees.

Future Actions

There is a commitment to ongoing active participation and representation with Scottish Government Child Protection Policy team, WithScotland, the National Lead Officers network and the Scottish Child Protection Committee Chairs Forum.

There is an ongoing commitment from the partner agencies to deliver on the actions laid out in the Child Protection Improvement Plan, which will include a significant level of sharing of knowledge and expertise and partnership working.

8. Planning and Connections

The Committee links into a number of multi-agency structures and ensures relationships are robust and productive. The Committee:

- Clearly identifies the key links with other bodies and ensure such links are strong and productive.
- In conjunction with other bodies, identifies issues where joint working would be beneficial or duplication could be avoided and ensure that action is taken to address these issues.
- Implements and regularly review the effectiveness of joint protocols linked to child protection.

Key Achievements

The Committee recognises the need to build strong links to multi-agency partnerships and to ensure a collaborative and collective approach in relation to child protection activities. Key achievements include:

- The continued interaction of the Chief Officers Group within Edinburgh, providing a clear public protection governance structure for child protection, adult protection, domestic abuse and offender management.
- Strong links with the Edinburgh Children's Partnership.
- The interaction of the Committee Chair and Lead Officer at a national level through the national Lead Officers network and the Scottish Child Protection Committee Chairs Forum.
- Pro-active interaction with neighbouring Child Protection Committees.
- Ongoing liaison with the Care Inspectorate link inspector.
- The Committee were represented on the group responsible for the refresh of the National Guidance for Child Protection in Scotland (2010), the Refresh on the national guidance for conducting Significant Case Reviews and contributed to revision of the 'Getting Our Priorities Right' document.

Future Actions

Through ongoing links with academic institutions, the Scottish Child Protection Committee Chairs Forum, the National Lead Officers network, WithScotland and the Scottish Government, the Committee will continue to contribute to national discussions and consultations.

The Committee is continuing to work closely with the other public protection committees and the alcohol and drug partnership to explore opportunities for joint working, sharing of resources and to avoid duplication of work.

9. Listening to Children and Young People

The Committee recognises the need to ensure children and young people are engaged in the development of services and the dissemination of public information. The Committee:

- Ensures work is informed by feedback from children and young people.
- Engages with children and young people in the development and implementation of public information and communication strategies.

Key Achievements

Work conducted during the period of 2013-2014 demonstrates the value placed on the involvement of children and young people. Key achievements include:

- Recognition through the Child Protection Improvement Plan that interaction with children and young people is key to understanding need and achieving positive outcomes.
- Improved independent advocacy services for children and young people in the child protection process, provided by Barnardo's Scotland.
- A group of young people who had been through the Child protection process were supported to develop three booklets in comic strip form, to reflect themes and issues identified by them and to support others. The booklets were then modelled by actors in order that they can be published and used.
- Children and young people from Drummond Community High School and Dalry Primary School have been extensively consulted during the development of the Speak Up – Speak Out public protection awareness campaign and were actively involved in the development of campaign materials.
- Over 200 of Edinburgh's school pupils took part in a competition for Safer Internet Day 2014, on the subject of

making the internet a safer place. Some entries were used in the Speak Up – Speak Out campaign.

Future Actions

Interpret the findings from engagement activities in a meaningful way to inform continued improvement and service planning.

Conclusions

The Edinburgh Child Protection Committee annual report for 2013-2014 is designed to demonstrate the key role of the Committee in ensuring that the inter-agency response to the protection of Edinburgh's children is cohesive, structured and working towards continuous improvement. The report summarises some of our key achievements throughout the period under review.

We are clear, however, that despite a number of successes to date, we are on a journey of increasing our self-awareness and of continuous learning and improvement. We maintain close working relationships with all agencies in the statutory, voluntary and independent sectors and are determined to ensure we retain an outcome-focused approach to child protection matters.

Whilst we acknowledge the range of challenges we face, we are enthusiastic about the opportunities ahead. The 2014-2016 Child Protection Improvement Plan will continue to focus on our key priority areas for development.

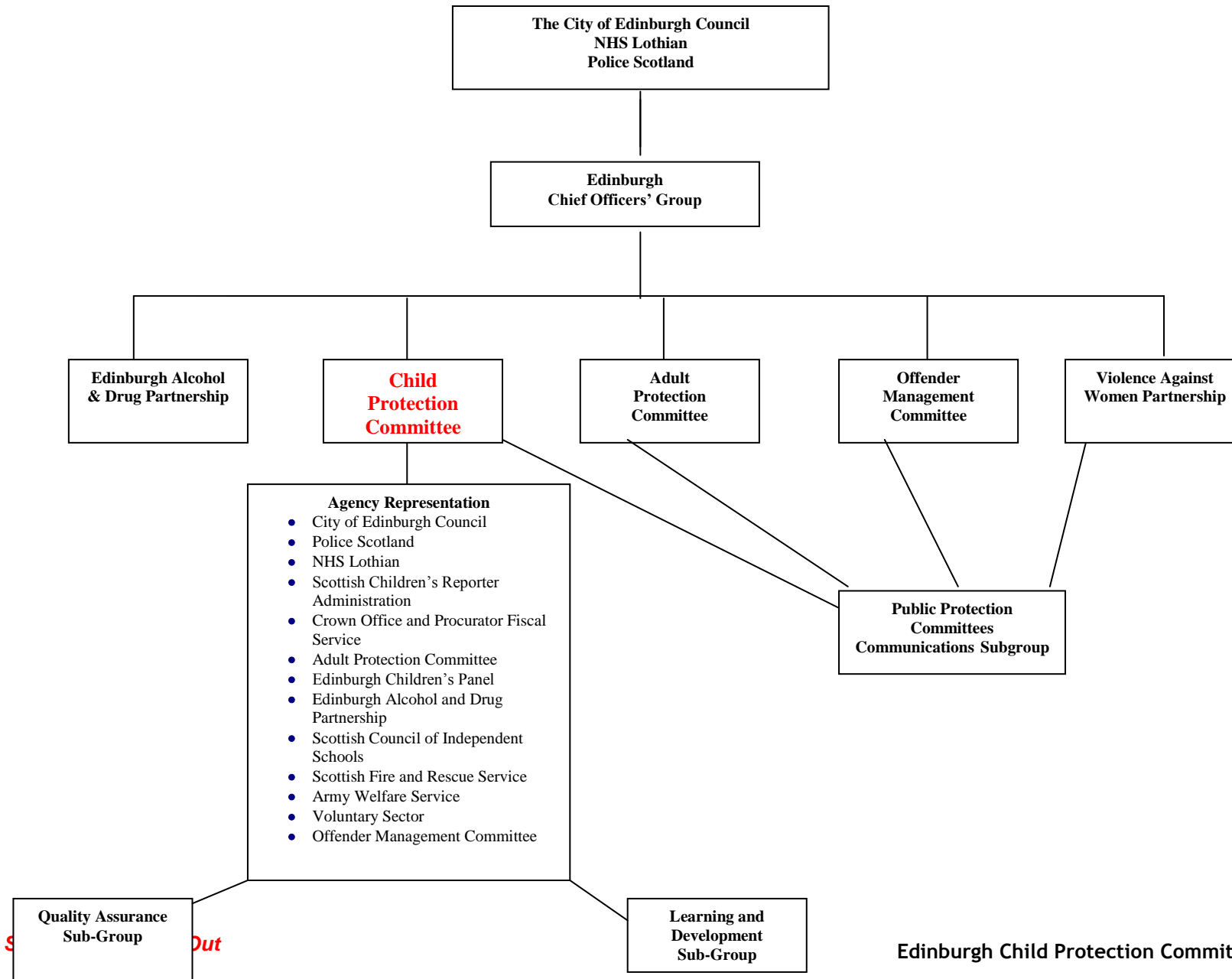
APPENDICES

Appendix 1 – Child Protection Committee Structural Schematic and Membership list

Appendix 2 – Remits and Membership list of Committee Sub Group structure

Appendix 3 – Child Protection Register Statistics

Appendix 1 - Child Protection Committee Structural Schematic and Membership list:



Appendix 2 – Remit and Membership of Committee Sub Group structure Edinburgh Child Protection Committee Quality Assurance Sub- Committee

Purpose

1. To operate a quality assurance framework that allows the Child Protection Committee to monitor the effectiveness of local child protection services.
2. To operate a performance reporting framework and a system for self-evaluation in support of the above.
3. To implement a system of regular multi-agency case file reviews.
4. To oversee significant case reviews, commissioned by the Child Protection Committee; and to consider appropriate recommendations to the Child Protection Committee.
5. To monitor the implementation of any recommendations arising from reviews agreed by the Child Protection Committee.
6. To develop multi-agency improvement plans in response to external inspection reports or internal assessment processes.
7. To monitor the progress of member agencies' implementation of agreed improvement plans.

Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian / Edinburgh Community Health Partnership
- Police Scotland
- Department of Children and Families
- Department of Health and Social Care
- Scottish Children's Reporter Administration
- Lead Officer – Child Protection

Input from the voluntary sector representative on the Child Protection Committee will be sought as appropriate. Officers from other services/agencies may be co-opted onto the sub-group as required, subject to the approval of the relevant agency.

Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks, but not normally less frequently than the Child Protection Committee.

Meetings will be minuted and will be reported to the Child Protection Committee.

Edinburgh Child Protection Committee Learning and Development Sub-Committee

Purpose

- 1 To develop a learning and development strategy that allows the Child Protection Committee to monitor the effectiveness of child protection training across the agencies.
- 2 To coordinate the training strategy within member agencies.
- 3 To develop a system for delivering multi-agency training and evaluating its effectiveness.
- 4 To oversee the training needs of the voluntary sector.
- 5 To develop multi-agency improvement plans in response to external inspection reports or internal assessment processes.
- 6 To monitor the progress of member agencies' implementation of agreed improvement plans.
- 7 To liaise with the other subgroups of the Child Protection Committee in order to avoid duplication of work.

Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks, but not normally less frequently than the Child Protection Committee.

Meetings will be minuted and will be reported to the Child Protection Committee.

Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian
- Police Scotland
- City of Edinburgh Council (Children and Families)
- City of Edinburgh Council (Health and Social Care)
- City of Edinburgh Council (Services for Communities)
- Voluntary sector
- Lead Officer – Child Protection

Edinburgh Public Protection Committees Communications Sub- Group

Purpose

A planned and co-coordinated communications strategy is needed to

1. Raise public awareness of child protection issues and services
2. Establish a system to share information and communicate effectively with and between agencies and staff at all levels to raise awareness of child protection issues (includes ECPC Newsletter)
3. Share best practice examples (includes producing leaflets)

Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian
- Police Scotland
- City of Edinburgh Council (Children and Families)
- City of Edinburgh Council (Health and Social Care)
- Voluntary Sector
- Lead Officer – Child Protection

Officers from other services/agencies may be co-opted onto the sub-group as required, subject to the approval of the relevant agency.

Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks. This will normally consist of monthly meetings.

Meetings will be minuted and will be reported to the Child Protection Committee

Appendix 3 – Child Protection Register Statistics

Children with their names listed on the Child Protection Register (aged 0-15 years)

	2013		2012		2011	2010
	No. on register	Rate per 1000 population	Rate per 1000 population	Rate per 1000 population	Rate per 1000 population	Rate per 1000 population
Edinburgh	262	3.6	3.1	3.4	3.6	
East Lothian	50	2.7	3.3	3.2	3.7	
Midlothian	59	3.8	7.5	10.2	6.2	
West Lothian	119	3.4	3.4	2.7	3.4	
Scottish Borders	25	1.3	1.9	1.7	1.6	
Aberdeen	92	2.9	2.5	2.8	3.6	
Dundee	51	2.2	3.4	3.8	2.9	
Glasgow	437	4.6	4.4	3.6	3.0	
Scotland	2,681	2.9	3.0	2.8	2.8	

Reporting arrangements to the Scottish Government have changed. Therefore, figures prior to 2011 are as at 31 March and from 2011 onwards are as at 31 July



Speak Up – Speak Out



Edinburgh Adult Protection Committee

Annual Report

2013-2014

Contents

- 1. Introduction**
- 2. Public Information**
- 3. Performance Management Information**
- 4. Policy and Procedures**
- 5. Quality Assurance and Practice Improvement**
- 6. Service users and carers**
- 7. Training and Staff Development**
- 8. Communication and Collaboration**
- 9. Summary and Conclusion**

1. Introduction

The Edinburgh Adult Protection Committee (the Committee) is a multi-agency body established under the terms of the Adult Support and Protection (Scotland) Act 2007 to ensure a coordinated approach to the protection of adults within the City of Edinburgh.

The Committee meets bi-monthly with administrative support provided by the protection committees' (child, adult and offender management) administrator.

Members of the Committee include those with a statutory responsibility for safeguarding adults in Edinburgh namely:

The City of Edinburgh Council:

- Department of Health and Social Care (including Criminal Justice)
- Department of Services for Communities
- Department of Children and Families

NHS Lothian

Police Scotland

Scottish Fire and Rescue Service

Edinburgh Voluntary Organisation Council

The Committee has three multi-agency subgroups:

- Quality Assurance subgroup
- Learning and Development subgroup
- Public Protection Committees Publicity subgroup

All three have representation from across the partnership agencies and the independent sector.

The Committee held a development afternoon in April. The aim of the day was to review the structure, performance and effectiveness of the Committee in preparation for the forthcoming inspection of adult care services in 2015.

One of the main themes emerging from the day was the need for the Committee to develop clear vision and direction of travel with a sense of shared ownership and responsibility of the agreed priorities. In addition members identified the need for a broader approach to quality assurance and a comprehensive framework of self evaluation, service user feedback, practice evaluation and benchmarking with other Committees.

2. Public Information

The Committee promotes the awareness of multi-agency public protection issues. It will:

- communicate with public, professionals, staff and stakeholders
- overcome barriers to seeking help
- educate about harm
- tell people where to get help

Achievements

(Campaign Evaluation Report - *Appendix 1*)

The 'Speak Up, Speak Out' publicity campaign has had a highly successful first year with commendation in Parliament and nomination for national media awards.

- The campaign has been designed using a co-productive method, guided by the results arising from thorough testing of content and design with target audiences, including older people, children from a wide age range, and people who use disability services, as well as staff from across the Partnership
- In eight months we have successfully launched four of the mini campaigns that form part of the overall campaign
- We have achieved a wide distribution and subsequent use of all our materials across the city in public service points in statutory, voluntary and private sectors (from GP surgeries to community centres to supermarket pharmacies)
- We have monitored the calls to help-lines and have noted a significant increase as a result of the campaign
- Articles with case examples of good practice were placed in the Home Care and Housing Providers' Commissioning Team newsletters.

Future Action

The Speak up Speak out campaign's communications strategy places great emphasis on engagement. It was documented from the earliest workshop sessions that a poster and leaflet campaign would not work for public protection and engagement is critical to success, particularly when communicating with such a wide and vulnerable/hard to reach audience.

Engagement (community and stakeholder engagement) means developing a two-way relationship including going out into the community to meet residents, stakeholders and key organisations. This normally takes the form of face to face communications including road shows and other relationship building activities with community groups and voluntary organisations

These campaign priorities have been put forward for Year 2 (2014-2015):

- harmful traditional practices (such as forced marriage, female genital mutilation and honour crimes)
- self harm
- legal highs.

3. Performance Management Information

The Committee will receive from the Quality Assurance subgroup a performance management report, and note any actions being recommended by the group to address identified performance issues.

The Quality Assurance subgroup will provide the Committee with an overview of management information and statistics relating to adult protection activity. This includes analysis of trends to inform strategic planning and operational improvement.

The table below shows key adult protection activity data.

Table 1 Adult protection activity data

	2010-11	2011-12	2012-13	2013-14
Adult protection referrals	1,008	743	422	435
Large scale AP contacts			78	139
Incidents between service users			493	342
Inter-agency referral discussions (IRD)	485	378	215	193
IRD as a percentage of referrals	48%	51%	51%	44%
Adult protection initial case conferences	117	74	60	54
Initial case conferences as a percentage of IRD	24%	20%	28%	28%
Adult protection case conference reviews	162	126	98	99

The above table reflects the continuing discussion about identifying cases with adult protection concerns as separate from other cases where concerns are raised for vulnerable people. In 2012-13, separation of large scale adult protection cases and incidents between service users was implemented which resulted in a drop in Adult protection contacts.

The proportion of Adult protection concern referrals which progress to interagency referral discussion (IRD) is similar across the four years (around 48%) as is the percentage of cases going onto case conference following an IRD (around 25%).

Achievements

- The national dataset (one of the five Scottish Government priorities) work stream has begun the testing phase of the data collection tool. Edinburgh has contributed to this work and will be providing the requisite information for the trial period 1 April 2014 to 30 June 2014

The Main research questions the national data collection will be able to answer are:

- How many adults are 'at risk of harm' (as defined by the act) at any one time in Scotland?
- What percentage of referrals made initially to the councils are then adults 'at risk of harm' (as defined by the Act)?
- Are the organisations listed in the Act ensuring the necessary referrals are made to the councils as per their obligations in section 5(3) of the Act?
- What percentage of the adults 'at risk of harm' received support and protection via of the Protection Orders?

Future Action

The new Police Scotland Vulnerable Persons Database is a national tool, accessible to police officers across Scotland and will include information on all vulnerable adults and children, domestic abuse and hate crime. As such it will inform public protection work. The VPD will increase adult protection referrals and so data collection systems will be adjusted to take account of an increase of Police contacts.

4. Policy and Procedures

The Committee will ensure that all staff are aware of and work to adult protection policies and procedures. It will respond to the changing adult protection landscape, new legislative and national strategies by developing appropriate policy and staff guidance.

Achievements

- In collaboration with protection partners practice guidance for staff seeking to support individuals at risk from forced marriage has been developed. This has been informed by the experience of the first interim forced marriage order in relation to an adult at risk.
- The Committee seeks to promote the principles of service user choice and positive risk taking through supporting the implementation of self directed support. This has been achieved through the augmentation of the risk management policy and assessment tool.
- The Edinburgh Adult Protection Committee facilitated a disclosure of personal information workshop. This well-attended event looked at the legal and ethical dilemmas of confidentiality and information sharing within the adult protection arena.

Practitioners understand that in public protection, the right to privacy, confidentiality and data protection can be overridden in certain circumstances. Agencies working in this field have begun to appreciate the necessity for

proportionate and relevant information sharing. However those working in the field of adult protection have experienced operational challenges with the disclosure of personal information. Issues of proportionality and the need to balance a person's right to privacy with another person's right to make an informed choice about keeping himself safe are being debated.

Practice guidance is being developed which will include information about the Key Expert Contacts. This work will be linked with a national information sharing event later in the year.

- The Commonwealth Games organisers met with the child and adult protection lead officers of the authorities in which events will be held. Edinburgh's commonwealth pool is being used for diving events and the Queen's Baton relay will come through the City. As some of the competitors and many of the volunteers will be children, young people and adults with disabilities, the organisers wished to discuss protection policies, safe recruitment processes, staff training and reporting methods.

It was envisaged that 'Glasgow 2014' volunteers will make known any concerns to a Police Officer and referrals will be routed that way as opposed to equipping volunteers with what in some areas could be several phone numbers. It was agreed that the Police Scotland (101) number would also be visible as a national point of contact

5. Quality Assurance and Practice Improvement

The Committee will identify areas for improvement and build on current good practice through self evaluation and learning from Significant Case Reviews, Mental Welfare Commission investigations and Large Scale Inquiries.

Achievements

- The Scottish Government has identified Accident and Emergency (A&E) as one of the 5 priority areas. There have been concerns about the engagement of the NHS in adult protection in general and the small number of Adult Protection referrals from the NHS and specifically from A&E settings.

Two audits were undertaken at Edinburgh Royal Infirmary A&E in August 2013 and January 2014 to determine whether patients who were identified as "frequent attenders" (5 times in 3 months, 10 times in 12 months) were also adults at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007. A follow up audit was undertaken of A&E attenders (not frequent attenders) in February 2014. (A&E report - *Appendix 2*)

It is the view of the reviewing group that the 'frequent attender' process of flagging up and reviewing repeat presentations may mean that the complex

needs of these individuals are already well considered and health and social care partners are already identified and involved. Social Work seniors are now contributing to the monthly 'frequent attenders' meeting. This enhances the quality of the information and the range of support measures which can be provided to an individual.

A high proportion of the reviewed cases repeatedly presented with alcohol and other substance misuse and with self harming behaviour. Many of these patients were known to the Mental Health Assessment Service (MHAS) but not necessarily to social work services. A further audit is planned of individuals presenting at Mental Health Assessment Service. 126 Emergency Department professionals have attended Adult Support and Protection training.

- Criminal Justice Services are becoming increasingly involved in adult protection activity, with practice teams beginning to undertake council officer duties and functions. The Offender Management Quality Assurance Sub Committee is now aligned with the Adult Protection Quality Assurance Sub Committee.
- The Council-led Suicide Reference group has been meeting regularly. Review Facilitators have been identified. A process flowchart and letter templates have been developed. Links have been made with Services for Communities and the Mental Health (and substance misuse) Suicide Review Team.
- A single agency (social work) case file audit was undertaken in November 2013. Areas of strength were increased attendance at case conference by the service user and a significant improvement in the 28 day standard from IRD to case conference. The target of 100% has been achieved for many months. There was also evidence of good partnership working. Areas for development include greater use of risk assessment and risk management tools and a need to consider of advocacy in the Adult Support and Protection process.

Future Action

- An integrated model of self evaluation will be implemented across all partner agencies in order to provide a clear frame of reference when seeking evidence of positive outcomes and the overall quality of service delivery within public protection.

A Public Protection Self Evaluation Group has been formed. This group includes the lead officers for child protection, adult protection and domestic abuse, together with representatives from NHS Lothian, Police Scotland, the

Scottish Children's Reporter Administration, Edinburgh Alcohol and Drugs Partnership and relevant Council services.

The primary objective of the model is to provide an opportunity for practitioners and professionals to evaluate and reflect on practice and consider how effectively they work together and how they record and evidence outcomes.

- The Committee contributes to the work of the Self Harm and Safe Place Group. This group is championing the creation of a dedicated Place of Safety within the redesign of the Royal Edinburgh Hospital. This Place of Safety would provide a place to assess individuals detained under S297 of the Mental Health (Care and Treatment) Act 2003.

The working group is also exploring a 'street triage' pilot where police and nurses would work together to assess people where they are. Work is underway to identify sources of funding for this. The pilot would be based on similar arrangements in England.

6. Service Users and Carers

The Committee will find meaningful ways to capture the views of service users and carers in the work of the Committee. The Committee will enhance service user involvement in the adult support and protection case conference process.

Achievements

- Council officers use the Edinburgh accessible templates and toolkits to facilitate service user involvement in the adult support and protection process and to enable their views to be expressed at the case conference.
- The 2011 case file audit found that in 64% of cases, the individual was invited to attend their case conferences. In an October 2013 audit, this had increased to 89%.
- Service users and carers were involved in the development and testing of publicity campaign materials.
- Independent Advocacy agencies contribute to Adult Support and Protection training which raises the awareness of the duty to consider independent advocacy for adults at risk of harm.

Future Action

Through the self evaluation process and service user surveys, the Committee will seek to further capture the views of service users about their experience of the adult support and protection process.

7. Training and Staff Development

The Committee will improve the skills and knowledge of staff providing services to adults at risk appropriate to their role and level of responsibility.

Achievements

- The Adult Protection Learning and Development team continue to deliver multi-level and multi-agency training to the workforce. In addition, focussed inputs are provided for specialised services across the partnership and third sector agencies. (Learning and Development - *Appendix 3*)
- The adult protection lead within the Council workforce development team is involved in the designing and delivery of the self directed support training modules for assessment staff. The objective is to promote the principles of service user choice and positive risk taking but which includes an awareness of protection issues in relation to the employment and management of personal assistants.
- Support the attendance by staff from Services for Communities, independent sector and the Scottish Prison Service at adult support and protection training.
- Input to undergraduate nursing education and mental health officer training programme.

Future Action

Further opportunities will be explored to share training opportunities with Edinburgh's other public protection committees and voluntary sector partners.

The experience of a Recent Forced marriage Order will be shared with other public protection areas in Lothian.

8. Communication and Collaboration

The Committee will ensure effective multi-agency cooperation and information sharing arrangements.

Achievements

- The Committee held a Disclosure of Personal Information afternoon in December 2013. This well-attended event looked at the legal and ethical dilemmas of confidentiality and information sharing within the adult protection arena. Practice guidance is being developed which will include information about the key expert Contacts.
- A multi-agency Escalating Concerns Group pilot began in March 2014. The objective is to provide a platform to discuss those cases which present extraordinary challenges to the public partner agencies, where individual agencies have exhausted all known options and where a collaborative approach would be beneficial. This pilot is being evaluated with findings presented to the Adult Protection Committee and Chief Officers' Group.
- A Capacity Indicator Screening Tool Pilot was conducted in two areas (South East and North East Edinburgh). The aim was to improve confidence of social work staff in making professional judgements about individuals' ability to making specific decisions. 19 Capacity Indicator screening tools were used (mainly between Jan – May 2014).

Social workers report the benefits of the tool. It has provided a useful framework within which to consider the decision making process and a means to demonstrate to capacity judgements can be made.

- The National Scams Hub (NSH) is a project funded by the National Trading Standards Board and hosted by East Sussex Trading Standards Service. It began in 2011, after a list of scam mail victims was recovered by the Metropolitan Police. People on the list are likely to have been contacted as part of organised and targeted scams. It is thought that many of those on this list will be unaware that they may have been defrauded.

The National East Sussex Trading Standards Service disseminated information from the list to Scottish Local Authorities (trading Standards) for action.

The Adult Protection lead officer, Trading Standards Manager and Police Scotland collaborated to provide a response appropriate to the people's

circumstances and to ensure that information advice and support is given to prevent further harm.

Future Actions

- Financial harm plays a significant part of adult protection work and is a national priority for the Scottish Government. The lead officer is setting up a local financial harm subgroup to provide a strategic response to this type of harm.

The aim would be to develop standard protocols and information sharing templates as well as identifying future priorities, public awareness campaigns and training needs.

Membership will include representatives from local financial institutions, the Council's Trading Standards Manager and Sandra Mc Donald from the Office of the Public Guardian. Chief Inspector Ronnie Megaughin, (Safer Communities) Police Scotland has offered to attend the first meeting.

Council Trading Standards have been provided with 10 'TrueCall' call blockers courtesy of COSLA for use in assisting people potentially at risk of financial harm from nuisance calls and scams. These items will be 'loaned' to Edinburgh residents and the information will also be monitored for further enforcement action where possible. Those who would benefit most from this support will be identified through the adult support and protection process. Another Council has managed to secure funding for a further 100 call blockers because they were able to demonstrate that in some cases, it increased independence and delayed an admission to a care home. We are hopeful that a study of the initial 10 will provide similar results so that we can seek funding for more units.

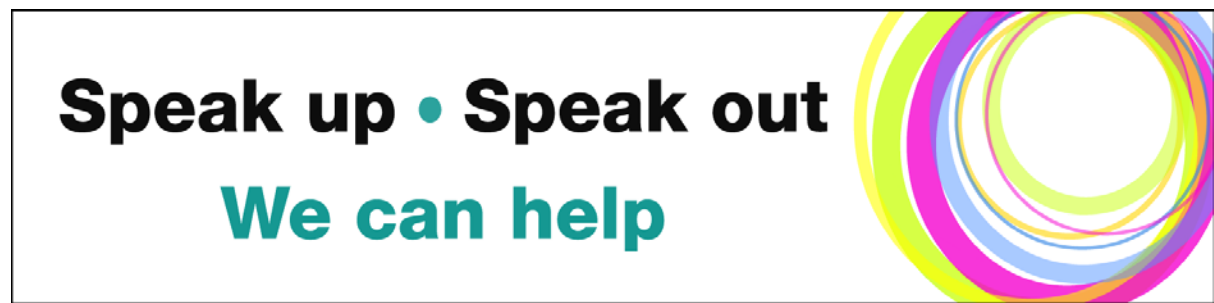
- The Committee will continue to contribute to national consultations and Scottish Government work groups through links with the national Adult Protection Committee Chairs group, the national Lead Officers network and the national Adult Protection Forum.
- The Committee is continuing to work closely with the other public protection committees, the Violence against Women Partnership and the Alcohol and Drug Partnership to explore opportunities for joint working, sharing of resources and to avoid duplication of work.

9. Summary and Conclusion

The Edinburgh Adult Protection Committee Annual Report 2013-2014 is designed to demonstrate the active and inclusive inter-agency work of the Committee and its ability to respond to emerging needs and to the protection of adults in Edinburgh.

We are clear, however, that despite a number of achievements to date, we are on a continuous journey of self-evaluation, learning and improvement. We maintain close working relationships with all agencies in the statutory, voluntary and independent sectors and are determined to ensure we retain an outcome-focused approach to adult protection matters.

Appendix 1



Speak up Speak out Public Protection Campaign

Year 1 (2013-14) Report and Year 2 (2014-15) Plan

**For review and development of Year 2 strategy
at the early summer meeting of the
Public Protection Committee Publicity Sub-group**

This report provides an evaluation and analysis of 2013-14 activities and recommendations for 2014-15 activities.

1. EVALUATION OF SPEAK UP SPEAK OUT YEAR 1 (2013-2014) ACTIVITIES

We have yet to complete a full analysis as we are in the early stages of the three year campaign. However, we know the Speak up Speak out campaign is both working and making a difference.

Campaign evaluation centres around these metrics:

- **awareness**, for example web views, media coverage, number of organisations displaying materials
- **attitude**, eg positive comments and feedback from organisations, through social media and media.
- **engagement**, eg social media retweets/comments and stakeholders promoting the campaign to their audience
- **behaviour**, eg responding to calls to action by increasing calls to SCD, police etc

Evaluation for this type of campaign can be difficult as we are dealing with sensitive issues and a vulnerable audience. However, we have been able to prove the campaign's success in terms of telephone calls to the Council's Social Care Direct service, web analytics and social media reach.

Speak up Speak out has received positive feedback from the majority of quarters, including congratulations from the Scottish Parliament. The only negative comments or suggestions for improvements have been from organisations representing BME and LGBT communities, which need more customised communications, and one from the governing body for private care homes. All feedback has been used positively and LGBT and BME audiences will be addressed in the 2014-15 campaign phases and by development of a toolkit.

Anecdotal evidence shows that materials are being seen across the city and awareness levels are high. These statistics prove that the campaign is achieving its objectives of affecting behaviour, increasing awareness and engagement and generating a positive attitude:

1.1 Call to action - Social Care Direct call levels

There have been a total of 104 calls to the end of March 2014. The calls can be broken down by months/campaigns:

Mini-campaign	Month	Calls*
Phase 1: Older people	Aug-13	9
Phase 1: Older people	Sep-13	16
Phase 2: General campaign	Oct-13	21
Phase 2: General campaign		
Phase 3: Domestic abuse from 25-Nov **	Nov-13	16
Phase 3: Domestic abuse **	Dec-13	2
Phase 3: Domestic abuse **	Jan-14	21
Phase 4: Keeping safe online and on your phone **	Feb-14	19
Phase 4: Keeping safe online and on your phone **	Mar-14	0
Phase 4: Keeping safe online and on your phone **	Apr-14	
		104

* Callers mentioned the campaign mentioned the campaign when asked “what made you call today?”

** The SCD number has been promoted in only two of the four mini-campaigns – older people campaign and general campaign.

The number for Edinburgh Women’s Aid was promoted for the domestic abuse campaign and a variety of numbers promoted for the internet/social media safety campaign.

1.2 Web/Google analytics

Views may be low but visitors spend time and click on links:

Page	Date range	Pageviews * (total)	Average time on page	Average pageviews per day
/speakupspeakout	06-Aug-13 to 20-Sep-13	134		
	Oct-2013	195	00:02:10	6.29
	01-Nov-13 to 24-Nov-13	7	00:00:12	0.29
	25-Nov-13 to 30-Nov-13	9	00:00:44	1.50
	01-Dec-11 to 10-Feb-14	102		
	10-Feb-14 to 19-Mar-14	100		
News article for older people campaign	06-Aug-13 to 30-Sep-13	304		
News article for generic campaign	Oct-13 to Dec-13	130	00:02:17	1.41
News article for domestic abuse campaign	25-Nov-13 to 31-Dec-13	79	00:02:19	2.14

News article for internet/ social media safety campaign	11-Feb-14 to 19-Mar-19	102		
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* These figures are lower than actual views. Google does not collect data where people do not allow cookies or are logged in to Google accounts.

Clicks from the shortened URL (<http://bit.ly/1aELeaA>) accounted for 46 of these page views. An additional 11 views came from other shortened links – most likely created by Neighbourhood Offices. Of those 46 page views, 23 accessed via Twitter and 23 from the QR code on campaign posters.

1.3 **Online coverage**

Online coverage has increased with each mini-campaign.

Phase 1: older people campaign	7
Phase 2: general	12
Phase 3: domestic abuse	28
Phase 4: keeping safe online and on your phone	35

Again this shows the power of engagement and reflects the number of organisations willing to publicise the campaign using their communication channels.

The campaign has featured on websites and blogs of councillors, community councils, schools, Neighbourhood Watch, Violence Against Women Partnership, doctor surgeries, Children 1st and many more.

1.4 **Social media reach**

Once again, engaging others to publicise the campaign on our behalf has played a big role in increasing the reach of the campaign:

- Of the 60+ tweets about the various Speak up Speak out campaigns, only seven were issued from the Council's main Twitter account.
- Of the seven Facebook updates on Speak up Speak out campaigns, only one was made from the Council's main Facebook account.
- Twitter figures from the Council's main Twitter account are:
 Number of tweets = 7
 Total clicks = 117
 Total responses = 26
 Total reach = 186,300

Date	Content	Clicks	Responses	Reach
10-Sep-13	Campaign calls for older people suffering abuse or neglect to seek help #speakupEdinburgh	7	4	25,100
13-Sep-13	Do you know an older person suffering abuse or neglect? #speakupEdinburgh via	5	2	24,800
01-Oct-13	People in Edinburgh are being urged to speak out about abuse. If you're worried about someone, get in touch	33	7	29,300
14-Oct-13	People in Edinburgh are being urged to speak up about abuse. If you're being harmed, please get in touch	33	5	28,300
25-Nov-13	The Speak up Speak out campaign is run in partnership with @NHS_Lothian @policescotland@agencies #domesticabuse	14	0	24,100

25-Nov-13	We're launching a campaign focusing on domestic abuse today, to coincide with #WhiteRibbonDay and #16daysofaction	14	4	25,000
11-Feb-14 @ 12:24	We're encouraging people to speak up about cyber bullying this #SID14	11	4	29,700
		117	26	186,300

In addition, there were over 50 tweets from a range of Twitter accounts for which we have no data on clicks or responses but with an estimated reach of around 100,000.

The figures for the Council's Facebook update for the campaign is:

Date	Content	Reac h	Engag ed	Talki ng	Like s	Commen ts	Share s
11-Feb-14 @ 15:03	Are you taking part in Safer Internet Day 2014? We're encouraging people to speak up against cyber bullying #SID14	269	14	3	1	0	5.20%

1.5 Media coverage

Media relations worked well when linked to a specific event or there were people available for media interviews. This was seen in both the domestic abuse and internet safety campaigns.

Coverage appeared on/in:

- BBC Reporting Scotland
- STV News
- Evening News
- Scottish Daily Mail
- Forth One/Two
- Real Radio
- Edinburgh Reporter
- community newspapers
- internet news sites.

The majority of these outcomes has been achieved through engagement which will be covered in section 2 of this report.

2. **ENGAGEMENT**

The Speak up Speak out campaign's communications strategy places great emphasis on engagement. It was documented from the earliest workshop sessions that a poster and leaflet campaign would not work for public protection and engagement is critical to success, particularly when communicating with such a wide and vulnerable/hard to reach audience.

Communications and engagement are often confused:

- Communications covers the marketing and PR in a campaign: media relations and social media; copywriting and producing communications materials; and routing information to recognised Council channels for publicity, eg the Neighbourhood Offices, Orb, Leader's Report.

- Engagement (community and stakeholder engagement) means developing a two-way relationship including going out into the community to meet residents, stakeholders and key organisations. This normally takes the form of face to face communications including roadshows and other relationship building activities with community groups and voluntary organisations etc.

The main campaign focus to date has been advertising and distribution of campaign materials to community venues. Good progress has been made in engaging organisations to give access to their audience and communications channels but there is still a great deal of engagement work to be done.

Appendix B shows organisations which have agreed to take campaign or online materials. Appendix C gives details of organisations which have been approached but have not yet responded and those that have not been approached. Appendix A shows a list of Council departments receiving materials is featured. The campaign would benefit from increased focus on internal engagement to embed the campaign with Council and partner frontline staff.

The engagement focus and results to date are detailed in the next section:

2.1 Internal communications/engagement

Audience	Primary Target	Engagement success to date	Communication outcomes/ achievements
Health & Social Care	Frontline staff who work with the city's most vulnerable residents (eg Social Workers, services for adults) Any channels owned by individual functions	• Engagement in campaign scoping workshops and development/testing of materials.	<ul style="list-style-type: none"> • Adult protection leaflet mailed to all home care workers. • Supply of campaign materials to each Council office. • WVC plasmas, Orb, Magnet.

<p>Children & Families</p>	<p>Frontline staff who work with the city's most vulnerable residents (eg community centres etc)</p> <p>Any channels owned by individual functions</p>	<ul style="list-style-type: none"> • Engagement in campaign scoping workshops and development/testing of materials. 	<ul style="list-style-type: none"> • Supply of campaign materials to each office. • WVC plasmas, Orb, Magnet.
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<p>Services for Communities staff</p>	<p>Frontline staff who work with the city's most vulnerable residents (eg Housing, Libraries staff)</p> <p>Any channels owned by individual functions</p>	<ul style="list-style-type: none"> • Engagement in campaign scoping workshops and development/testing of materials. <p>Diversity Officers:</p> <ul style="list-style-type: none"> • Campaign information cascaded to Diversity Officers in SFC <p>Commissioning:</p> <ul style="list-style-type: none"> • Request for staff training and article for newsletter 	<ul style="list-style-type: none"> • Supply of campaign materials to each office. • WVC plasmas, Orb, Magnet. <p>Neighbourhood Offices/Partnerships:</p> <ul style="list-style-type: none"> • Neighbourhood Partnership website • Neighbourhood Office social media channels • Content on plasma screens <p>Housing:</p> <ul style="list-style-type: none"> • Small article and image in Housing's Choice November issue • Materials with Housing Teams • Materials to Concierges for display in high rise flats <p>Libraries:</p> <ul style="list-style-type: none"> • Posters in all libraries and content on plasma screens in 5 libraries. • Request from Libraries to become involved in internet/social media campaign by running workshops in libraries across the city.
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Corporate Governance	Frontline staff who work with the city's most vulnerable residents Any channels owned by individual functions	Equalities Network: • Email to network of organisations Edinburgh Business Partnership: • Email to network of organisations	FM: • Pull-up banners, plasma screens and posters around Waverley Court. • Pull-up banners and posters around City Chambers. • Posters in Chesser House.
Elected members	Elected members and member services staff Any channel owned by elected members	• Face to face engagement • Email updates	• Kezia Dugdale MSP congratulated campaign in Scottish Parliament • Tweets from various Councillors • Blogs from various councillors

2.2 Partnership engagement

Audience	Primary Target	Engagement success to date	Communications outcomes/ achievements
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<p>Partner organisation – NHS</p>	<p>Doctors Health visitors Hospital wards for elderly/geriatrics Mental health services Learning disabilities services Physical disabilities services Community health partnerships</p>	<ul style="list-style-type: none"> • adult protection newsletter to GPs. • staff who have been directly involved in developing the campaign have requested materials to display in their offices – violence against women support services and speech and language therapy department. 	<p>Limited success as there is no internal distribution service:</p> <ul style="list-style-type: none"> • campaign literature is sent to Comms function at NHS Lothian for distribution to acute sites • the Council distributes directly to GP/dental surgeries and supplies text/images to NHS Lothian Communications team for use in internal communications and social media but we're unable to confirm if these have been used • no success as yet in featuring the campaign on the NHS Lothian website or Connections magazine. <p>We have not been to evidence that the materials have reached the most important hospital areas: elderly/geriatric wards, mental health services, services for learning or physical disabilities or community health partnerships.</p>
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<p>Partner organisation – Police Scotland</p>	<p>Policemen based in schools Police Scotland Community Liaison Officers Beat police</p>	<p>Although a slow start, we have made good progress over recent months:</p> <ul style="list-style-type: none"> • good engagement for the domestic abuse campaign • we have recently established contact with the Divisional Co-ordination Unit for Prevention, Interventions & Partnerships Department which agreed to distribute materials to Edinburgh police stations <p>good communication essential with policemen based in schools but has not taken place as yet.</p>	<ul style="list-style-type: none"> • Campaign literature sent to central site for distribution to Edinburgh police sites • no success with social media or press releases or campaign details featuring on the website.
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2.3 External engagement

Audience	Primary Target	Engagement success to date	Communications outcomes/ achievements
Pharmacies	The general public using pharmacies	Posters displayed in various pharmacies across Edinburgh.	N/A

Scottish Fire & Rescue Service	Firefighters	Really good engagement with this important stakeholder: <ul style="list-style-type: none"> • the Local Authority Liaison Officer distributed generic campaign materials to all SFRS sites and will take future materials • the campaign will also feature in their staff newsletter. 	N/A
Scottish Ambulance Service	Ambulance personnel	Sean Byrne has made initial contact and received a positive response.	N/A
Frontline professionals	health and care professionals, practitioners and agencies to ensure they understand and support the campaign	A priority target audience for engagement. Mixed response to email contact asking for help to publicise the campaign.	N/A
Voluntary sector	Frontline staff who work with the city's most vulnerable residents.	Mixed response to email contact asking for help to publicise the campaign. Some organisations, like Roshni, responded very well and asked to meet to hear more about the campaign.	N/A

Carers/carers agencies	Frontline staff	<p>Mixed response but an important target audience.</p> <p>A representative from Scottish Care Homes contacted us to say that the adult protection campaign materials were unfairly biased against independent care homes but no follow-up action taken and no other complaints received.</p>	<p>Materials were supplied to some agencies who provide care facilities for the Council via Ron Keilloh.</p>
Places of worship	All staff	<p>Very good response from Church of Scotland but mixed response from other faiths.</p> <p>This would be an ideal channel for reaching older people and isolated individuals.</p> <p>Further engagement would be beneficial with remaining faiths in Scotland.</p>	N/A

Housing associations/ providers	Frontline staff	Very low response although it sparked a request for adult protection training from one housing association. A handful have agreed to take materials and a few are Police third party domestic abuse sites.	N/A
Further education	Student welfare staff and lecturers	Good response from student welfare departments in each college or university but more work could be done at Freshers Fayres etc as students are a particularly vulnerable group.	N/A

3. **APPROACH FOR YEAR 2 (2014/15)**

To date we have concentrated on establishing the campaign and creating awareness. The natural next step is consolidation and embedding the campaign into each organisation.

3.1 **Qualitative and quantitative research**

In-depth research to be undertaken to ensure the campaign materials and tools are meeting objectives to:

- raise awareness of public protection issues
- communicate with public, professionals, staff and stakeholders
- overcome barriers to seeking help
- educate about harm
- tell people where to get help.

Research should be undertaken with staff, the general public and service users to evaluate campaign effectiveness in terms of language, accessibility and encouraging people to come forward.

This research should be used to inform a comprehensive action plan for Year 2 activities.

3.2 **Public protection priorities**

These campaign priorities have been put forward for Year 2 (2014-2015):

- domestic abuse campaign for LGBT audience and men affected by domestic abuse
- harmful traditional practices (such as forced marriage, female genital mutilation and honour crimes)
- children affected by alcohol and substance misuse
- self harm
- legal highs.

3.3 **Engagement**

Face-to-face communication is without doubt the most effective form of communication but is very resource intensive. Up until now, contact has mainly been by email or phone with minor exceptions.

Adopting a mix of briefing sessions, “roadshow” type events and regular dialogue with voluntary and support organisations and staff within the partnership organisations would allow us to make best use of resources.

Engagement action plan/calendar of events

Many events take place across the three partnership organisations – NHS Lothian, Police Scotland and City of Edinburgh Council. Compiling a calendar of partner events would give us a good starting point for a public/stakeholder engagement plan. Once focused engagement starts, events run by the voluntary sector could be included.

Staff engagement within the Council

Ensuring Speak up Speak out is embedded into all adult and child protection training activities and materials is essential to success.

A series of roadshows and/or workshops to gain staff buy-in would prove beneficial. A number of channels have been identified and used but a great number are still unknown.

In addition, each business unit has developed its own internal and external communications channels, eg Housing's Choice magazine, carers newsletter etc. A focused effort should be made to utilise as many existing channels as possible to communicate both internally and externally.

Staff engagement with partnership organisations

Individuals from NHS Lothian and Police Scotland have shown great interest in the campaign but, in general, we have had limited success or evidence of targeting our most influential audiences:

- NHS staff: health visitors, district nurses, GPs and specialist healthcare professionals
- police staff: particularly police staff based in schools and community officers

Embedding Speak up Speak out campaign into partner activities would consolidate success to date.

Council-run events

Engage each neighbourhood through Saty Kaur, Senior Partnership and Communications Officer and or Partnership Information Managers (PIMs) and tie in with all Neighbourhood Office and Partnership events, Community Safety weeks of action, Health and Wellbeing sub-group etc.

Also link in to events planned by contacts in Children & Families, Health & Social Care, Services for Communities, City Development and Corporate Governance.

External events

A series of engagement sessions with frontline organisations should take place, for example:

- Scottish Fire & Rescue Service
- Scottish Ambulance Service
- Transport for Edinburgh staff
- voluntary organisations
- housing association staff.

Telephone and email engagement

Continue making direct contact to canvass voluntary organisations to take materials to publicise the campaign to their audience.

4. **RECOMMENDATIONS FOR YEAR 2 (2004-15)**

- 4.1 As engagement has proven to be the most effective communications tool, it should be the main focus for Year 2.

A focused plan is needed to engage frontline staff across partner organisations, voluntary sector and services which support the city's most vulnerable audiences. This is the most direct route of reaching the most marginalised and hard to reach citizens.

Audience	Primary Target	To be pursued
C&F and H&SC Training staff	Training staff	Ensure Speak up Speak out is an integral part of any child protection or adult protection training.
Council frontline staff	Frontline staff who work with the city's most vulnerable residents.	Adult and child protection training, briefings, workshops and roadshows for frontline staff and support services. Identify and engage with other channels available in SFC, C&F, H&SC, Corporate and City Development. Continued engagement with Neighbourhood Office/Partnership staff to reach their audiences
Partner organisation – NHS	Doctors Health visitors/district nurses Hospital wards for elderly Mental health services Learning disabilities services Physical disabilities services Community health partnerships	Adult and child protection training, briefings, workshops and roadshows for frontline staff and support services. Articles in Connections magazine Social media Web coverage Budget for engagement activities

Partner organisation – Police Scotland	Community Liaison Officers Police staff based in schools Beat police	Adult and child protection training, briefings, workshops and roadshows for staff. Articles in in-house magazine Social media Web coverage Budget for engagement activities
Senior professionals	Health and care professionals, practitioners and agencies to ensure they understand and support the campaign	Engagement of those managing frontline professionals.
Chemists	Counter staff	Engagement and encourage them to publicise the campaign using their comms channels.
Scottish Fire & Rescue Service	Firemen	Develop closer relationship with Scottish Fire & Rescue Service as firemen are in a unique position in having access to homes.
Politicians representing Edinburgh	MSPs, MPs and MEPs	Develop relationship and encourage those based in Edinburgh to promote the campaign.
BME support services	eg MECOPP, Saheliy, Shakti Women's Aid	Continue to work with organisations to develop campaign materials in large quantities in other languages.
LGBT support services	eg LGBT Health and Wellbeing, LGBT Youth	Continue to work with organisations to develop campaign materials for niche audiences.
Voluntary sector	Frontline staff who work with the city's most vulnerable residents.	Briefings, workshops and roadshows for staff. Encourage them to publicise the campaign using their comms channels.
Private healthcare providers	Frontline staff who provide private medical care.	Develop relationship with private healthcare providers. Encourage them to publicise the campaign using their comms channels.

Jobcentre	Frontline staff	Tap into any existing relationships through City Development. Develop relationship and encourage them to publicise the campaign using their comms channels.
Organisations supporting carers and those being cared for	Care4Carers, Princess Royal Trust for Carers etc.	Briefings, workshops and roadshows for staff and carers. Encourage them to publicise the campaign using their comms channels.
Places of worship	Religious establishments and related clubs and activities	Briefings, workshops and roadshows for staff and volunteers. Encourage them to publicise the campaign using their comms channels.
Housing providers	Housing associations – priority to those focusing on homeless, vulnerable adults and older people	Training, briefings and workshops for staff. Encourage them to publicise the campaign using their comms channels.
Community shops and services	eg newsagents, Post Offices, small supermarkets, local shops etc	Tap in to existing local relationships and develop new ones. Encourage them to publicise the campaign using their comms channels.
Social venues	eg pubs, clubs, bingo halls, bowling clubs etc	Tap in to existing local relationships and develop new ones. Encourage social venues to publicise the campaign using their comms channels although expect limited success with organisations which are part of a chain.

Private leisure facilities	eg gyms etc	<p>Develop relationships and encourage gyms to publicise the campaign using their comms channels.</p> <p>Female changing rooms are a good avenue for domestic abuse and LGBT materials.</p> <p>Male changing rooms are suitable for targeting LGBT, abused men and male perpetrators of domestic abuse.</p>
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4.2 **Toolkit for voluntary organisations and frontline services**

Develop a toolkit to enable voluntary organisations and services supporting those most at risk to develop materials and messages suitable for their niche audiences.

4.3 **Briefings and toolkit for teachers**

Work with education staff and subject matter experts to create a toolkit for teachers to engage pupils and raise awareness of public protection issues.

4.4 **Dedicated galaxy site, social media channels and apps**

Create a dedicated site aimed at the general public and professionals providing resources for each audience and including links highlighting the help available.

4.5 **Local champions**

Create a network of champions across the city to spotlight public protection issues and champion the campaign.

Appendix 2

Adult Support and Protection work being undertaken in A&E at Edinburgh Royal Infirmary

1. Background

The Scottish Government has identified A&E as one of the 5 priority areas for work. There have been concerns about the engagement of the NHS in adult protection in general and the small number of Adult Protection referrals from the NHS and specifically from A&E settings. This concern was reiterated in the 2010-12 AS&P Biennial reports.

NHS Lothian have undertaken targeted, tailored training for staff in A&E and undertaken three audits to identify potential issues within A&E at the Royal Infirmary of Edinburgh.

2. Adult Support & Protection Awareness Sessions to Emergency Department Staff: September/October 2013

126 ED staff attended 15 minute training sessions on Adult Support and Protection (ASP) delivered by Neil Punton (Learning and Development practitioner NHS Lothian) in conjunction with Annette Cosgrove (Emergency Nurse Practitioner, RIE ED) over September/October 2013 in the ED at the Royal Infirmary of Edinburgh.

The sessions were held over a 5 week period at morning handovers for both nursing and medical staff. All grades of medical and nursing staff attended these sessions. In total 9 sessions were held, 5 for nursing staff and 4 for medical staff, the 5th session for medical staff was not undertaken as the medical team on that morning had all previously attended a session.

A short questionnaire was given to staff to obtain their level of awareness regarding ASP. 122 staff out of 126 completed these questionnaires. Most responses highlighted staffs awareness (58 and 57 respectively) of types of harm and those who are at risk. Fewer staff were aware of their duty to co-operate and how to get help and support (35 and 34 respectively). This may indicate a need for further training specifically on the referral process and how to get help/support.

The questionnaire was anonymous so it cannot be established how different staff groups and different grades of staff within these groups responded. The groups also included both medical and nursing students so this may account for some of the lack of awareness of/completion of the learnpro e-module on ASP, and may account for the 10 respondents who were not aware of their role in relation to ASP.

3. Audits of A&E attenders to see if people potentially in need of adult support and protection measures are being identified.

Frequent attendance at Emergency Departments has been identified in adult protection reviews as a potential warning sign of the escalation of someone's vulnerability – for example the serious case review of Stephen Hoskins' death in England and two significant case reviews locally in Edinburgh and Borders.

There is no information on whether patients who are identified as frequent attenders to A&E (5 times in 3 months, 10 times in 12 months) are also an adult at risk – as defined by the Adult Support and Protection (AS&P) (Scotland) 2007 Act.

Two audits were undertaken at RIE A&E in August 2013 and January 2014 to determine whether patients who were identified as "frequent attenders" (5 times in 3 months, 10 times in 12 months) were also adults at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007. A follow up audit was undertaken of A&E attenders (not frequent attenders) was undertaken in February 2014. Information on the methodology of the audits can be obtained from Alison Jarvis.

3.1 An audit of frequent attenders at RIE A&E to see how many of them meet the '3 point test' for adult support and protection

There was only one patient identified in the sample who met the '3 point test' and they were already being supported by social work.

3.2 A follow up audit of frequent attenders at RIE A&E to see how many of them meet the '3 point test' for adult support and protection (AS&P)

From the sample there were no individuals who met the 3 point test who were not already involved with a range of services. A couple had had previous involvement under AS&P legislation and there was acknowledgement that others would be highly likely to in the future – a couple of very vulnerable individuals who presented were currently in prison.

Although the purpose of the audit was not to consider record keeping it was noticeable that the overall standard of documentation was good with clear records of other involved professionals - CAMHS; CPN; CLDT or Social Work. There was also a note of information given to signpost individuals to community resources e.g. the Crisis Centre.

The process of flagging up and reviewing frequent attenders may mean that the needs of this group are already well considered and agency partners are already identified and involved. Social Work are now contributing to the monthly frequent attenders meeting which enhances the quality of the information and the range of support measures which can be provided to an individual. In order to address this a third audit was undertaken.

3.3 An audit of people attending RIE A&E to see how many of them meet the '3 point test' for adult support and protection

From the sample of 137 records, there were eight people who were identified who *potentially* met the "3 point test" but further information was required to make an informed decision. It was acknowledged that two of these would have had an adult

concern form completed by the police, given that they were discharged to police custody.

It is acknowledged that, given the number of individuals who present at A&E, that some individuals that the group decided did not meet the 3 point test, may have been considered an adult at risk by different practitioners. However, there were only 8 individuals who *might* have met the 3 point test but further information would have been required to make a decision.

To follow up:

1. A further audit is planned of individuals presenting at Mental Health Assessment Service.
2. An audit of individuals presenting at A&E at St Johns Hospital is planned.

Alison Jarvis
Clinical Nurse Manager, Adult Support and Protection
March 2014

Appendix 3

NHS Lothian Attendance Data for 1 April 2013 – 31 March 2014:

- Capacity & Consent LearnPro eModule - **5541**
- Foundation Public Protection LearnPro eModule - **5575**
- Adult Support & Protection (Advanced) LearnPro eModule - **8220**
Total: 19,336

- Adult Support & Protection face-to-face workshops
 - level 1 - **338**
 - level 2 - **172**
 - level 3 – **29**

- Capacity & Consent (Justice Denied) - **20**
- Financial Harm - **12**

Note: this is NHS Lothian wide data.

Learning and Development Activity including updating manuals and practitioner guidance:

2013 – 2014:

- General Practice PLT - Public Protection Learning Events (Feb 27th 2013 and March 20th 2013) – North and South Edinburgh GP Practices – topics covered:
 - Child Protection - Clinical Signs of Abuse / Neglect
 - Adult Support & Protection
 - Information Sharing / Confidentiality
 - Mental Health
 - Gender Based Violence (domestic abuse)
 - Problem Substance Misuse

- Scottish Practice Management Development Network Roadshow 3rd April 2013 – topics covered included Child Protection, Adult Support & Protection and Gender Based Violence (domestic abuse)

- Adult Support & Protection - Ensuring Rights & Preventing Harm (ELBEG-PP Multi-agency Guidelines August 2013) – published on Council and NHS Lothian intranet:

- NHS Lothian's guidelines for GPs for Adult Support and Protection plus a letter advising about the change in the arrangements for reimbursement for work undertaken distributed via GP global e-mail

- Increased partnership working with Scottish Fire & Rescue Service & Trading Standards
- Adult Support and Protection inputs provided to a number of care / nursing home managers as part of a rolling programme (in line with relevant Scottish Government National Priority: Care Homes)
- RIE A & E (in line with relevant Scottish Government National Priority) – short on-site sessions for nursing & medical team in September through October 2013 – key ASP messages and survey to assess needs / support – 126 staff attended
 - St John's Hospital and the WGH Acute Receiving Unit sessions being planned
 - Frequent Attenders Audit in A&E (RIE)
- Making Choices, Keeping Safe – update of document progressing; re-launch winter 2014
- GIRFEC overview incorporated into ASP1-3
- Domestic Abuse / GBV sections on ASP2 updated to reflect 2012 statistics
- Incorporation of ASP into FY1 curriculum flagged with relevant NHSL Medical staff
- Annual NHS Lothian ASP / MAPPA Conference November 28th 2013 - Theme: Working Together to meet the Changing Challenges of Harm and Exploitation (Keynote: Margaret Flynn – Winterbourne View Hospital SCR)
- Targeted sessions continue in response to identified need / request including:
 - Gastrointestinal Unit Medical Staff at RIE
 - EWRASAC
 - Community Dieticians
 - EVC
 - Shakti
- Ongoing partnership working with Scottish Fire & Rescue Service and Trading Standards
- Targeted on-site capacity & consent (and other AWI related) sessions provided in response to specific identified need / report recommendations
- On site ASP sessions for HMP Edinburgh completed , HMP Addiewell to completed by end May; linking in with vulnerable prisoners work led by Rona Laskowski;
- 2 new courses piloting in June 2014:
 - Public Protection Level 2 Refresher
 - Public Protection for Line Managers

EDINBURGH OFFENDER MANAGEMENT COMMITTEE

ANNUAL REPORT 2013- 2014

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- 10. Significant Case Review**

Appendix 1: Edinburgh Offender Management Committee Membership

Appendix 2: Business Plan 2014-15

Appendix 3: Performance Report

1. Introduction

- 1.1 This is the sixth annual report of the Offender Management Committee. The Offender Management Committee was established in June 2008 to ensure that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively. The Committee is responsible for monitoring the implementation of risk assessment and risk management procedures and for promoting the highest standards of inter-agency practice in responding to the presentation of risk and in preventing harm. Membership of the Committee is set out at appendix 1.
- 1.2 The Offender Management Committee reports to the Edinburgh Chief Officers Group the remit of which includes child protection, adult protection, the management of dangerous offenders and the local alcohol and drug partnership. The Chief Officers Group is committed to ensuring that local agencies, individually and collectively, work to protect vulnerable people as effectively as possible.

2. Business Plan

- 2.1 The business plan for 2014-15 was submitted to the Chief Officers Group in October 2013 and an updated plan with progress made towards objectives is attached as appendix 2. Progress towards meeting the objectives of the business plan is monitored through the Edinburgh Adult Protection and Offender Management Quality Assurance Sub Committee.

3. Performance Indicators

- 3.1 A range of performance indicators has been developed and reported to the Offender Management Committee on a quarterly basis. These indicators are continuously reviewed to ensure that, in addition to outputs, information is reported on outcomes and MAPPA processes.
- 3.2 The latest performance report is provided at appendix 3. It contains information across the last nine quarters. After a data cleansing exercise by the MAPPA Co-ordination Unit a year ago, the total number of sex offenders subject to MAPPA has stabilised in a range around 350. Almost all registered sex offenders are managed in the community, and the majority of those are managed at Level 1. Risk levels are not static and level 1 cases are referred to levels 2 or 3 if circumstances change and there is need for more active multi agency risk management or senior management oversight.
- 3.3 In addition to the normal business of the level 2 panel there have been 18 reviews of indefinite registrations, where the offender has been subject to registration for 15 years. The previous year there were 10 reviews, so it is an increasing area of business. The role of the panel

is to make a recommendation to the Chief Constable about whether an offender should remain subject to registration. The level 2 panel has also considered 10 cases added to agendas under any other business where there has been an urgent need to discuss the risk posed by an offender and formulate a risk management response. Often this has included a risk of violence as well as a sexual risk.

- 3.4 While the number of level 3 cases is never large the planning and resources involved in them are significant. Offenders due to be released from custody who have significant health needs as well as posing a serious risk of harm to others have proved especially challenging, particularly if the level of care required results in a request for residential accommodation or several carers having to visit in the same day. These releases are the result of decisions taken at a parole review or by Scottish Ministers for compassionate release at end of life. There is often significant contingency planning involved, particularly in cases where there is a high media profile.
- 3.5 The performance report provides information about further charges under the headings of sexual crimes, crimes of violence, registration offences, and other crimes. The details of risk levels, nature of offences and MAPPA levels are set out in the notes column. Further information about those offenders who are subject to statutory supervision who have been charged with further offences is analysed by the Quality Assurance Sub Committee, so that lessons can be learned about how both the risk and needs of the offender have been managed.
- 3.6 The trend over the past year has been similar to previous years in that the re-offending rate amongst sexual offenders is lower for further sexual offences than for other crimes and the direct risk to others is much more likely to be a crime of violence. Domestic abuse is an example, with risks to current, previous or potential partners and to children in these relationships being addressed. MAPPA cases are therefore managed with regard to all risks posed by the offender, not just the risk of sexual offending.
- 3.7 The number of Sexual Offences Prevention Orders (SOPO) has remained at around 40 over the past year. SOPOs provide an additional strategy to manage the risks posed by certain sex offenders. SOPO conditions can mirror licence conditions and have the advantage of the power of arrest if there is a breach. This is an important consideration in the protection of prospective victims. SOPOs also allow for the enforcement of certain conditions after the end of a period of statutory supervision.
- 3.8 Indicators are included in the performance report relating to young people's risk management case conferences, for young people who are assessed with high or very high sexually harmful behaviour or high or very high violent behaviour. In the last year these case conferences

have been required more frequently to manage violent rather than sexual offending risk.

4. Quality Assurance

- 4.1 Each of the Responsible Authorities has its own arrangements for quality assurance. Criminal justice social work is included in the quality assurance arrangements for all of the City of Edinburgh Council's social work services. There are regular case file audits which include cases of registered sex offenders. After a successful pilot held in 2013, there is a current practice evaluation programme across 2014-15 in which senior managers, practitioners and their line managers examine randomly selected cases from all teams. This includes sex offender cases. Improvement actions are identified from case file audits and the practice evaluation sessions.
- 4.2 In July 2013, as a result of issues identified from a Significant Case Review around the management of risk for sex offenders who also have complex needs, a case file audit was carried out on all active MAPPA Level 1 cases where social work was recorded as the Responsible Authority. The audit focused on 83 case files.
- 4.3 The audit provided evidence that offenders were engaged throughout the different stages of a case, that the service fed back to them, and that potential barriers were addressed adequately. Strong partnership working was evident at the various stages of cases from assessment and management through to review.
- 4.4 Almost all cases had evidence of positive outcomes for the person, with less than a third of the cases having negative outcomes. Almost all of the cases had evidence of improvements in the service user's circumstances. Case managers were taking a holistic approach to risk management, helping people to address a range of issues so that they developed a more stable and safe lifestyle. Low levels of reoffending were reported.
- 4.5 Areas for improvement were identified, for example around case recording, the storage of information, and reviews. An improvement plan was developed and has since been implemented.
- 4.6 Since the establishment of the Offender Management Committee the Quality Assurance Sub Committee has reported on statistical information, performance management, and specific tasks allocated by the committee, such as analysis of published significant case reviews from other areas or initial case reviews from Edinburgh. In early 2013 the criminal justice social work service became fully integrated into the management arrangements for mental health, substance misuse, and homelessness, under one senior manager. This was in recognition of the prevalence of these issues in the offending population. The emerging learning from the Significant Case Review and the MAPPA Level 1 audit confirmed the importance of addressing all of those

issues in an integrated manner, and as a result the Quality Assurance Sub Committee has been merged with the Adult Support and Protection Quality Assurance Sub Committee. This allows reporting to both main committees.

5. Policies and Procedures

- 5.1 A key objective of the Offender Management Committee is to ensure that there are comprehensive policies and procedures for the management of high risk offenders that take account of key transition points between services and ensure effective partnership working.
- 5.2 The Level of Service Case Management Inventory (LS/CMI) was introduced across Scotland in 2011-12 as the risk assessment and case management tool to be used by all criminal justice social workers. In the latter half of 2013 the Care Inspectorate led a self evaluation process for all local authorities to establish how LS/CMI was being used. The self evaluation included the completion of an extensive questionnaire, a file inspection and peer challenge from other local authorities, and demonstrated that in Edinburgh LS/CMI was broadly being used in the way that the Risk Management Authority anticipated.
- 5.3 The self evaluation identified improvement actions and an action plan was submitted to the Care Inspectorate. Two actions in this plan were the updating of guidance on the use of LS/CMI for staff and for refresher training for staff and line managers. The procedure has been updated and the training is ongoing, co-ordinated by the Training and Development Officer who oversaw the introduction of the tool across Lothian and Borders.
- 5.4 The Scottish Government is about to update the MAPPA Guidance 2012. It was planned to be distributed in May 2014, with implementation in November 2014. The multi agency Edinburgh MAPPA Business Meeting will be used to brief managers on key changes in the Guidance, including new templates for risk management case conferences and MAPPA minutes prior to volume training in August 2014.

6. Training

- 6.1 The training plan for criminal justice social work staff in the City of Edinburgh Council is developed in consultation with the Lothian and Borders Training and Development Officer and is delivered across local authority boundaries, frequently on a multi agency basis. The plan ensures that staff at all levels are provided with appropriate skills and knowledge to work effectively with offenders who pose a high risk of harm.
- 6.2 A number of training initiatives in relation to sexual or violent offending have been delivered in the last year. An introduction to working with

sex offenders was provided for those staff about to commence work in this area. The Serious Offenders Liaison Service (SOLS) completed a series of courses on working with personality disordered offenders and working with stalkers. Training has also been delivered on drugs awareness and effective practice skills. Consolidation sessions on LS/CMI were held to ensure consistent use across all sites. Core training on community payback and criminal justice social work reports continued to be delivered.

- 6.3 The Scottish Government has replaced the current groupwork programme for sex offenders with Moving Forward, Making Changes, which will be delivered across both custodial and community settings, allowing a more integrated approach to treatment provision. As a result there is an ongoing extensive training programme for all staff who work with sex offenders.
- 6.4 While the City of Edinburgh Council delivers the Caledonian System to address domestic abuse in partnership with three other local authorities in Lothian and Borders, it is recognised that domestic abuse is also a feature of many cases that are managed through the community intervention social work teams. These cases may be assessed as unsuitable for Caledonian, or domestic abuse was not the index offence. Over the past two years, therefore, capacity has been built across all teams by training community intervention team staff in the Caledonian System men's programme and delivering training on the use of the Spousal Assault Risk Assessment tool. As noted in section 3.6 above, some registered sex offenders also pose a risk of domestic abuse.

7. Engagement with Offenders Victim and Families

- 7.1 The City of Edinburgh Council provides residential accommodation for high risk offenders, primarily to facilitate transition from long term prison sentences to their own accommodation in the community. The unit is part of the criminal justice social work reintegration service, a description that recognises that, in addition to managing risk, offenders who are successfully reintegrated to communities will pose less of a risk in the future. Active engagement with some of the most serious offenders is a primary focus for reintegration service staff, with programmes of pro-social activities and encouragement to seek safe opportunities for employment or training.
- 7.2 The residential service has a clear system for suggestions and complaints, access to senior staff, the use of weekly structured keywork sessions, residents' meetings, residents' involvement in planning activities and a system of evaluation to receive residents' feedback. Action plans are developed as a result of resident feedback.
- 7.3 In February 2014 the residential unit received an unannounced visit from the Care Inspectorate. It received a very positive report, with only

minor improvement actions identified. The report stated “within the context of the service user group and the complexity of their situations, we saw that service users had excellent opportunities to contribute to their support plans and to life in the service generally”. The inspectors spoke with service users and an ex-service user. All spoke very positively about the support they received. They told the inspectors of their good relationship with staff and highlighted "respect" as a key feature of these relationships. They enjoyed the activities available to them.

- 7.4 Integrated Case Management for prisoners is the system that brings together the prisoner, key staff and, where appropriate, the family to assist the prisoner’s progress through the custodial sentence. It is the means for planning for prisoners who will be subject to statutory supervision on release. There may be circumstances where it is inappropriate to involve family members in these meetings, for example if a family member is at risk from the prisoner, but in most cases the prisoner is consulted on the involvement of family members. In appropriate cases, therefore, the prisoner’s family has an opportunity to contribute to the release plan. The prison based social work team at HMP Edinburgh provides information to families about integrated case management through leaflets and events at the prison’s visitor centre. Significant effort has gone into assisting prisoners to understand their risk assessments on which integrated case management is based.
- 7.5 The interests of victims are most clearly addressed through the MAPPA processes. It is a requirement that each MAPPA level 2 and level 3 meeting records to whom the offender poses a risk, whether the public in general, children, staff, self, known adult, prisoners or others. This list includes those individuals or groups who have been victims in the past or are at risk of becoming victims in the future. Child and adult protection issues are explicitly addressed.
- 7.6 Decisions are made at each discussion about whether there is a need to communicate with actual or potential victims, either by way of information sharing or by formal disclosure. Often this is done by a joint visit from social work and police.
- 7.7 MAPPA is underpinned by risk management case conferences, multi agency operational meetings which develop risk management plans. Risk management case conferences follow the same template as MAPPA meetings and they provide the pre-read for MAPPA level 2 and level 3 meetings, as well as providing the risk management plan for MAPPA level 1 cases (the majority). Therefore, the same issues are addressed at the operational level.
- 7.8 Scottish Government guidance on community payback orders requires local authorities to gather exit questionnaires from offenders at the end of the order which provides information on outcomes and the offender’s experience of the process. This information supplements the offender

feedback already gathered through the regular reviews held throughout the order.

- 7.9 The latest Community Payback Order Annual Report (2012-13) submitted to the Scottish Government and published on the City of Edinburgh Council's website has information about offenders' experience of supervision and outcomes for them. Offenders reported that they were treated with respect, that their circumstances were taken into account, that the conditions of their order were fully explained, and that being on community payback helped them. Many offenders identified the importance of the relationship that they had with their supervising officer as something that motivated them to make changes in their lives. Many reported positive outcomes from supervision that included reductions in or abstinence from alcohol or drug use, improvements in accommodation, engagement with employment or training opportunities, or improved use of leisure time. Many offenders cited attitude change as a benefit of supervision, including the development of more pro-social attitudes.

8. Violent Offenders

- 8.1 Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005 established the Multi Agency Public Protection Arrangements (MAPPA). The most recent guidance was published in 2012 and is about to be updated. To date, the arrangements only apply to registered sex offenders and restricted patients, although the Scottish Government is currently considering how some violent offenders can be brought into the MAPPA framework.
- 8.2 In the absence of a national framework for the management of violent offenders, the Offender Management Committee has taken a number of steps to ensure that there is active multi-agency collaboration between agencies in Edinburgh and these have been reported in previous annual reports. While it is not possible to resource a MAPPA type structure for violent offenders, nevertheless a risk management case conference model similar to that of MAPPA has been developed locally for a small group of violent offenders who pose the most serious risk of harm to others. In a few critical cases there is senior management oversight through a MAPPA level 2 or 3 type meeting.
- 8.3 Regular meetings take place between the City of Edinburgh Council's criminal justice reintegration services team and Police Scotland. These meetings enable information exchange and case discussion. In individual cases, protocols are agreed about how to respond to anticipated contingencies. New residents at the residential unit receive a visit from the police on admission as a demonstration of the joint approach to their management.
- 8.4 The arrangements for the management of offenders who pose a high or very high risk of harm to others are already well established in the

risk assessment and risk management procedures for criminal justice social work staff. Information from HCR 20 assessments contribute to risk management plans for the critical few cases where the offender poses the highest risk of harm to others. Clinical support for those workers who carry out HCR 20 risk assessments is provided by the Serious Offender Liaison Service (SOLS).

- 8.5 Last year's annual report outlined the expansion of SOLS to include violent offenders, and the recruitment of a senior practitioner social worker to complete the multi disciplinary team. This has enhanced the already well established links between criminal justice social work and SOLS, and in the past year the service has been well used.
- 8.6 SOLS is available for consultation to any agency and additionally there is a schedule of visits to each criminal justice social work team across Lothian and Borders to discuss individual cases, support specific risk assessments, and generally assist staff with the management of those who pose the highest risk of harm to others.

9. Edinburgh Prison Based Social Work Service

- 9.1 Last year's annual report confirmed the successful implementation of the Service Level Agreement between the Scottish Prison Service the City of Edinburgh Council for the provision of prison based social work at HMP Edinburgh. Regular meetings have monitored the agreement, and while all tasks within the Service Level Agreement are currently being delivered, there are pressure points from the demand arising from specific areas of work, for example risk assessments for non-statutory sex offenders.
- 9.2 The Service Level Agreement also has to be sufficiently flexible to respond to population changes within the prison estate, for example if there is a change in the number of sex offenders accommodated in HMP Edinburgh. To take account of current pressures and to anticipate possible increase in demand for prison based social work services, the City of Edinburgh Council has requested a review of the Service Level Agreement.
- 9.3 Last year's annual report provided information on the implications for services arising from the arrival of women prisoners at HMP Edinburgh, including the close working relationship between the prison based social work team and the Governor. There have since been further discussions in the planning of the new regional unit for women which will be built at HMP Edinburgh, with a scoping exercise about the additional social work services that will be required once the unit is operational.
- 9.4 Effective planning for the release of women prisoners was a prominent theme of the Angiolini Commission on Women Offenders published in 2012. The Willow Service was highlighted as an example of best

practice in the Women's Commission Report, and the Scottish Government allocated additional funds in June 2013 for a Women's Community Justice Centre to be established in Edinburgh, delivering services to women across Lothian and Borders. The centre is now operational and is working closely with prisons and the new Offender Recovery Service which provides arrest referral, voluntary throughcare and prison based substance misuse services, to ensure that there is a greater focus on reintegration planning for women who are released from custody without statutory supervision.

10. Significant Case Review

- 10.1 In June 2012, after a person was sentenced to life imprisonment for rape and murder, the Offender Management Committee commissioned a significant case review. An independent reviewing officer was appointed, supported by a team from outwith Edinburgh.
- 10.2 This has been a complex and lengthy process that has continued throughout the reporting year. The Offender Management Committee has now received a final draft of the report and has produced an executive summary and a response. This has been shared with the Edinburgh and Lothians Strategic Oversight Group. It is planned to publish the executive summary and response.
- 10.3 There are a number of recommendations in the report, some relevant to partners in the Offender Management Committee. An action plan will be developed and its implementation will be overseen by the Offender Management Committee.

27 May 2014

Appendix 1

Edinburgh Offender Management Committee – Membership

Michelle Miller (chair)	City of Edinburgh Council (Chief Social Work Officer)
Harry Robertson	City of Edinburgh Council (Health and Social Care – Criminal Justice)
Anne Neilson	NHS Lothian
Alwyn Bell	Police Scotland
Duncan Morrison	Police Scotland
Bob Thomson	MAPP Co-ordinator
Theresa Medhurst	Scottish Prison Service (Governor, HMP Edinburgh)
Jim Dustan	Scottish Prison Service
Kirsty Morrison	City of Edinburgh Council (Services for Communities – Community Safety)
Donny Scott	City of Edinburgh Council (Children and Families)
Colin Beck	City of Edinburgh Council (Health and Social Care – Mental Health, Criminal Justice and Substance Misuse)
Karen Allan	City of Edinburgh Council (Services for Communities – Housing)

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2014-15

Public Information – Objective	Action	Lead Officer	Timescale	Progress
Proactive promotion of multi-agency public protection activity in Edinburgh	<ol style="list-style-type: none"> 1. Contribute to the Protection Committees Publicity Group and the ongoing development of the Protection Committees' Communication strategy 2. Highlight, through this strategy, improvements that the Offender Management Committee makes to public protection services and safer communities 3. Ensure, through this strategy, that there is clear communication between multi agency partners and between staff within the specified organisations 	Chair, Protection Committees Publicity Group	Quarterly meetings throughout 2014-15	Protection Committees Publicity Group has agreed campaign priorities for 2014- 15: Domestic abuse (LBGT audience and men affected) Harmful traditional practices Children affected by alcohol and substance misuse Self harm Legal highs
Policies and Procedures – Objective	Action	Lead Officer	Timescale	Progress
Ensure that staff working with offenders who pose a high risk of harm are given access to clear policies and procedures	<ol style="list-style-type: none"> 1. Review policies and procedures annually to ensure that they have incorporated the most up to date guidance from the Risk Management Authority 2. Review procedures for the use of the Level of Service/Case Management Inventory (LS/CMI) 	Service Manager Criminal Justice	September 2014 June 2014	LS/CMI procedures have been updated MAPPA Guidance 2014 published in May 2014, to be implemented from

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	<p>taking into account the outcome of the Care Inspectorate report on the self evaluation exercise to be carried out by local authorities</p> <p>3. Update procedures to take account of the outcome of the review of the MAPPA Guidance 2012</p>		<p>April 2014</p>	<p>November 2014</p>
<p>Maintain comprehensive policies and procedures for the management of high risk offenders in Edinburgh</p>	<p>1. Ensure that staff understand the requirements of the Risk Management Authority guidance on the development of risk management plans within LS/CMI for the most serious offenders</p> <p>2. Provide procedures for the introduction of “Moving Forward – Making Changes”, the new accredited programme for working with sex offenders</p> <p>3. Update policies and procedures to take account of developments in the management of serious violent offenders</p>	<p>Service Manager Criminal Justice</p> <p>Service Manager Criminal Justice/Senior Social Worker (CISSO)</p> <p>DCI Police Scotland/ Service Manager CJSW (CEC)/SOLS</p>	<p>Quarterly updates</p> <p>June 2014</p> <p>Review quarterly</p>	<p>LS/CMI procedures have been updated and refresh training delivered in line with action plan developed after self-evaluation</p> <p>Practice evaluation exercises throughout 2014/15 have a focus on violent offenders</p>
<p>Ensure that staff are aware of and work to the MAPPA guidance</p>	<p>1. Provide briefings on updated MAPPA Guidance 2012</p> <p>2. Provide briefings on national</p>	<p>MAPPA Co-ordinator</p>	<p>When updated guidance</p>	<p>MAPPA Guidance 2014 published in May 2014, to be</p>

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	<p>guidance on environmental risk assessments</p> <p>3. Through the MAPPA Business Meeting provide feedback to staff and guidance on performance management and quality assurance issues in relation to the implementation of the MAPPA Guidance</p>		<p>published</p> <p>6 monthly</p>	<p>implemented from November 2014</p>
<p>Ensure that the ViSOR database is fully used by criminal justice social workers</p>	<ol style="list-style-type: none"> 1. Audit the use of ViSOR by criminal justice social workers on a quarterly basis 2. Identify action points after each audit to maximise compliance with ViSOR minimum standards for criminal justice social work 3. Report the City of Edinburgh Council's performance to the Scottish ViSOR Users Group 	<p>Sector Manager (Reintegration Services)</p>	<p>Quarterly</p>	<p>Training and Development Officer has become an accredited trainer in order to increase local capacity</p>
<p>Management Information – Objective</p>	<p>Action</p>	<p>Lead Officer</p>	<p>Timescale</p>	<p>Progress</p>
<p>Effective management of performance</p>	<ol style="list-style-type: none"> 1. Receive from the Quality Assurance Sub Committee a quarterly performance report, with agreed measures and indicators, linked to Edinburgh's Single 	<p>Chief Social Work Officer</p>	<p>Quarterly</p>	<p>The Quality Assurance Sub Committee has been merged with the Adult Support</p>

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	<p>Outcome Agreement and the requirements of the Chief Officers Group</p> <p>2. Incorporate in the quarterly performance report indicators from young people's risk management case conferences</p> <p>3. Analyse outcome information, particularly in relation to further offending by offence type and risk level of offender</p> <p>4. Ensure that learning from significant case reviews (both internal and external) is incorporated into policy and practice guidance</p>	<p>Chair, QA Sub Committee</p> <p>Chair, QA Sub Committee</p> <p>Chair, QA Sub Committee</p>		<p>and Protection Quality Assurance Sub Committee to provide a more effective oversight of both risk and needs. Reports continue to be made to the Offender Management Committee</p>
Quality Assurance – Objective	Action	Lead Officer	Timescale	Progress
Monitoring of the quality of services	<p>1. Quality Assurance Sub Committee to report to the Offender Management Committee on qualitative measures related to the efficient administration of the MAPPA process</p> <p>2. Quality Assurance Sub Committee to take into account the outcomes of all partners' internal audits and any multi agency audits such as MAPPA audits in its reports</p>	Chair, QA Sub Committee	Quarterly	Regular reporting to the Offender Management Committee on reoffending by registered sex offenders, and consideration of Initial Case Reviews

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	<ol style="list-style-type: none"> 3. Quality Assurance Sub Committee to monitor outcomes of improvement plans developed as a result of audits or significant case reviews 4. Review reports from the multi agency quality assurance group for Stable and Acute 2007 (SA07) assessments 5. Introduction of a public protection self evaluation process 			LS/CMI self evaluation and action plan reported to the Offender Management Committee
Promotion of Good Practice – Objective	Action	Lead Officer	Timescale	Progress
Work with other Responsible Authorities in Lothian and Borders to develop consistent arrangements, share knowledge and disseminate best practice	<ol style="list-style-type: none"> 1. Ensure attendance at MAPPA pan-Lothian and Borders operational or practice meetings 2. Use the Edinburgh MAPPA Business Meeting to address operational issues to ensure the most effective arrangements within Edinburgh 3. Publicise learning points from MAPPA case audits 	MAPPA Co-ordinator	<p>Ongoing</p> <p>6 monthly</p>	Twice yearly MAPPA Business Meetings promote good practice examples, and MAPPA Co-ordinator visits practice teams by arrangement

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2014-15

Training and Staff Development – Objective	Action	Lead Officer	Timescale	Progress
Development and training of staff in order that service demands are met	<p>Deliver the elements of the Lothian and Borders Criminal Justice Social Work training and development plan that relates to high risk offenders:</p> <ul style="list-style-type: none"> • Risk assessment and risk management • Specific assessment tools, including Stable and Acute 2007, Risk Matrix 2000, SAPROF (identification of protective factors), and SARA (Spousal Abuse Risk Assessment) • Caledonian (domestic abuse) training • ViSOR • Working with sex offenders • Moving Forward, Making Changes (sex offenders) training • Young People Who Offend • Supervision skills training <p>NB Where appropriate, this training is delivered on a multi agency basis, and across the five local authorities of Lothian and Borders</p>	Lothian and Borders Training and Development Officer	From April 2014	Training and Development Plan 2014-15 has been presented to the Lothian and Borders Community Justice Authority

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2014-15

Communication and Cooperation – Objective	Action	Lead Officer	Timescale	Progress
Ensure effectiveness of multi-agency cooperation and working	1. Quarterly reports to the Quality Assurance Sub Committee outlining levels of attendance at MAPPA level 2 and level 3 meetings by agency, apologies received, and reports submitted if unable to attend	MAPPA Co-ordinator	Quarterly	City of Edinburgh Council is seeking a review of the Service Level Agreement for the provision of prison based social work services at HMP Edinburgh to ensure that the current demand can be met
	2. Review the working of the Service Level Agreement between the Scottish Prison Service and the City of Edinburgh Council for the delivery of prison based social work services at HMP Edinburgh	Service Manager Criminal Justice/SPS	Quarterly	
	3. In co-operation with the Scottish Prison Service, continually monitor movements of high risk offenders within the prison estate	Chief Social Work Officer/Prison Governor	Ongoing	
Planning and Connections – Objective	Action	Lead Officer	Timescale	Progress
Identify key transition points between services and ensure effective partnership working	1. Quarterly performance report to the Quality Assurance Sub Committee on work with young people who pose a high risk of harm to others	Manager, Youth Offending Service	Quarterly	The Offender Recovery Service started in April 2014
	2. Introduction of the Offender	Service Manager	April 2014	

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2014-15

	Recovery Service	Criminal Justice		
Listening to Service Users – Objective	Action	Lead Officer	Timescale	Progress
To seek views from offenders, victims and families	<ol style="list-style-type: none"> 1. Provide in the Offender Management Committee Annual Report an analysis of the views of offenders, victims and families 2. Quarterly audit of family attendance at Integrated Case Management Meetings at HMP Edinburgh 	Chair, QA Sub Committee	<p>June 2014</p> <p>Quarterly</p>	Included in the Offender Management Committee Annual Report 2014-15 section 7







Edinburgh Quality Assurance Sub Group Quarterly Statistical Report: January - March 2014

PI Code	Performance Indicator	Short Term Trend	Long Term Trend	Jan – Mar 12	Apr - Jun 12	Jul - Sep 12	Oct - Dec 12	Jan – Mar 13	Apr – Jun 13	Jul – Sep 13	Oct – Dec 13	Jan – Mar 14	Latest Note
HSCOF01	Total number of sex offenders subject to MAPPA.	↑	↑	349	351	354	362	370	350	339	352	355	Little change from previous quarter for all indicators HSCOF01
HSCOF01i	Number of sex offenders in the community at end of period	↑	↑	336	333	319	331	345	339	335	350	346	See above
HSCOF01ii	Number of sex offenders managed at MAPPA Level 1	↑	↑	328	336	339	345	359	343	332	343	345	See above
HSCOF01iii	Number of sex offenders managed at MAPPA Level 2 at period end	↑	↑	21	15	15	17	9	7	7	9	10	See above
HSCOF01iv	Total number of Level 2 cases discussed	↑	↓	26	29	25	20	26	18	21	14	15	9 – CJSW, 3 – Police, 3 – Health. Also 7 Indefinite Reviews.
HSCOF01v	Number of sex offender cases managed at MAPPA Level 3 at period end	▬	▬	0	0	0	0	2	0	0	0	0	
HSCOF02	Number of registered sex offenders on statutory supervision at period end	↓	↑	107	88	87	91	102	110	109	101	99	Long term trend is upwards.
HSCOF03	Number of registered sex offenders assessed as very high risk of harm at period end	↑	↓	4	4	2	1	3	2	2	0	1	
HSCOF04	Number of registered sex offenders assessed as high risk of harm	↓	↓	73	74	87	78	76	68	69	68	59	

HSCOF05	Breach proceedings instigated against registered sex offender			3	1	1	1	0	2	7	2	0	
HSCOF06	Community orders with supervision requirements revoked due to breach			1	2	0	1	0	0	0	1	0	
HSCOF07	Licence revoked due to breach			2	0	0	0	0	0	2	0	0	
HSCOF08	Number of Restricted Patients being managed at period end			38	30	28	33	35	35	33	33	37	
HSCOF08i	Number of Restricted Patients being managed at MAPP Level 1			35	28	28	30	32	34	33	32	37	
HSCOF08ii	Number of Restricted Patients being managed at MAPP Level 2 at period end			3	2	0	3	3	1	0	1	0	
HSCOF09i	Registered sex offenders re-offending by MAPP level and risk level – sexual crimes			3	0	3	1	3	2	5	5	4	Police – 1 level 1 case (high risk) – Download indecent images of children, communicate indecently with a child. 1 level 1 case (low risk) – Indecent assault, historical offence. CJSW – Edin North 1 level 1 case (high risk) – Indecent images of children. Edin South 1 level 1 case (medium risk) – Possession of indecent images of children, breach of bail.
HSCOF09ii	Registered sex offenders re-offending by MAPP level and risk level – crimes of violence.			4	2	2	0	6	3	3	4	5	Police – 1 level 1 case (high risk) – Assault, Domestic Assault & Bail. 2 level 1 cases (medium risk) – One case for Domestic Assault. One case for Assault, Theft, S.38. This case was also reported in Other Crimes for false calls. CJSW – Edin North 1 level 1 case (medium risk) – Robbery & Assault. Edin South 1 level 1 case (medium risk) – Assault & BoP.
HSCOF09iii	Registered sex offenders re-offending by MAPP			3	9	6	7	9	5	11	9	8	Police – 4 level 1 cases (high risk). One of these cases was also reported in other crimes for theft shoplifting, at which point he was being

	level and risk level – registration offences													managed as a level 2 case. 4 level 1 cases (medium risk).
HSCOF09iv	Registered sex offenders re-offending by MAPPA level and risk level – other crimes.	↓	↓	3	3	6	5	4	18	13	14	9		Also one case reported for failure to register address who left area prior to being discussed at MAPPA, would have been Edin North CJSW level 2 case (high risk).
HSCOF10	Number of Sexual Offences Prevention Orders in force	↓	↓	39	42	45	41	41	40	40	39	40		Police – 4 level 1 cases (high risk) – 4 Breaches of SOPO; Breach of bail (domestic); RTA 1984 s5(1) fail to comply no left/right turn; Threatening or abusive behaviour, failure to complete conditions, breach of bail, culpable & reckless conduct. 4 Level 1 cases (medium risk) – Threatening or abusive behaviour & resist arrest, Breach of Bail; Failed to comply with bail; Threatening or abusive behaviour; Urinating in a public area. 1 level 1 case (low risk) – Vandalism.
HSCOF11	Number of risk management case conferences held	↓	↓	65	48	47	69	61	37	45	49	30		
HSCOF11i	Number of individuals considered	↓	↓	61	48	46	66	55	34	39	47	28		
HSCOF11ii	Number of individuals considered who were registered sex offenders	↓	↓	46	33	27	45	36	25	25	30	19		
HSCOF11iii	Number of other individuals considered	↓	↓	15	15	19	21	19	9	14	17	9		
HSCOF12	Number of sex offenders de-registered during the quarter	↓	↓	7	9	10	17	5	6	6	8	7		Dependent on length of registration periods
HSCOF13	Number of Notifications received and percentage to MAPPA office within timescales	↓	↑	13 – 65%	11 – 27%	12 – 42%	16 – 50%	13 – 62%	12 – 42%	13 – 85%	14 – 50%	22 – 41%		13 notifications received outwith timescales. 3 Police 7 Edin North CJSW 3 Edin South CJSW







HSCOF14	Number of Level 2 MAPPAs Referrals received and percentage to MAPPAs office within timescales.			8 – 100%	6 – 50%	4 – 25%	3 – 67%	4- 75%	1 – 100%	0	1 – 100%	0	However there were – 2 cases raised due to concerns at RMCC, agreed to use RMCC minute as level 2 referral 2 cases raised due to concerns noted by Bob Thomson, agreed to use RMCC minute as level 2 referral.
HSCOF15	Number and percentage of MAPPAs 2/3 cases having an RMCC minute pre-read available held within one month.			17 – 74%	16 – 64%	13 – 65%	14 – 74%	17 – 74%	15 – 94%	6 – 100%	12 – 86%	9 – 75%	
HSCOF16	Total number of cases where Disclosure was agreed.			0	1	5	2	1	5	1	1	3	3 cases where it was agreed to advise the victim.
HSCOF17	Number of meetings where required, gave apologies for Level 2 Meeting but provided an update.			Health – 1 C & F – 1 H&Sc – 1	Health – 1 C & F – 1 MAPPAs – 1	Health – 2 H&Sc – 1	N/A	Health – 1 C & F – 1	N/A	N/A	C & F – 1	MAPPAs – 1 MHO – 1 SOLO – 1	
HSCOF17i	Number of meetings where required to attend Level 2 meeting and did not provide an update.			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
HSCOF18	Total number of Level 3 meetings held.			2	0	0	0	5	3	0	1	1	
HSCOF18i	Non attendance at Level 3 meetings			0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
HSCOF19	Total number of SMART Actions raised at Level 2 & Level 3 Meetings.			40	16	25	9	52	19	3	17	22	
HSCOF19i	SMART Actions completed within timescales.			31 – 77.5%	7 – 44%	13- 52%	5 – 55.6%	50 – 96%	12 – 63%	3 – 100%	17 – 100%	20 – 91%	
HSCOF19ii	SMART Actions not completed within timescales.			2 – 5%	3 – 18.5%	5 – 20%	2 – 22.2%	1 – 2%	5 – 26%	0	0	0	

HSCOF19iii	SMART Actions – Number ongoing.			0	2 – 12.5%	2 – 8%	1 – 11.1%	1 – 2%	0	0	0	1 – 4.5%	
HSCOF19iv	SMART Actions – Deadline past no update received.			7 – 17.5%	4 – 25%	5 – 20%	1 – 11.1%	0	2 – 11%	0	0	1 – 4.5%	
HSCOF20	Total number of Level 2 Meeting minutes circulated within 5 working days.			26 – 100%	23 – 79%	25 – 100%	20 – 100%	26 – 100%	18 – 100%	17 – 100%	14 – 100%	15 – 100%	Also 7 Indefinite Reviews not counted as a full minute.
CFYO103	Number of young people discussed at YPRMCC meetings			20	17	15	14	21	16	11	17	17	
CFYO103a	Number of YPRMCC			25	26	16	17	23	23	18	24	22	
CFYO103c	Number of young people assessed with high to very high sexually harmful behaviour managed through the YPRMCC			0	0	0	0	0	0	0	0	0	
CFYO103d	Number of young people assessed with high or very high violent behaviour managed through YPRMCC			5	6	7	2	6	3	2	9	1	

MAPPA Definitions of:

VERY HIGH RISK - There is imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact could be serious.

HIGH RISK - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact could be serious.

Long Term Trends		Short Term Trends	
	Increasing		Increasing
	No Change		No Change
	Decreasing		Decreasing

Edinburgh Alcohol and Drugs Partnership Annual Report 1st April 2013 – 31st March 2014

Committee title Chief Officers' Group

Committee Date – June 2014

Purpose of report

To provide the Chief Officers' Group with an Annual Report for 1st April 2013 – 31st March 2014

Background

The Alcohol and Drug Partnerships have been established at local authority level by the Scottish Government to develop responses to alcohol and drug related problems. Membership is from lead officers from the Police, NHS Lothian, the Third Sector and the City of Edinburgh Council.

The EADP strategy sets out 3 High Level Outcomes which guides the work of the partnership. These are:

- Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs
- More people achieve sustained recovery from problematic substance misuse
- Communities affected by drugs and alcohol use are safer

The partnership receives a ring-fenced budget from the Scottish Government of £6.9 million which is invested in partnership to deliver these outcomes.

Annual Report

Children, Young People and Families

Outcome: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs

1. Developing Services for Children / Young People with Alcohol/Drug Problems

Following work by Bernado's to review and identify support for children and young people with alcohol and drug problems in Edinburgh a coordinator has

been appointed with a role to bring together the range of services across the 3rd and Public Sector who support these young people. These services include:

- Counselling
- Assertive outreach
- One-to-one support
- Prescribing other clinical support

The post will also develop responses within existing services for vulnerable children and young people. These includes CAMHS, residential units, Throughcare service, the Young People's Service.

Progress to date includes the development of a single referral process into specialist services, training for residential services on New Psychoactive Substances (NPS).

The post is supported by a multi-agency Advisory Group to support the development of an integrated pathway of care for this group of children / young people.

2. Preventing of Alcohol and Drug Problems amongst Young People

School based prevention

A programme of risk taking behaviour seminars have been delivered across secondary schools in Edinburgh. These include specific inputs on alcohol and drug issues as well as the links with other risk taking behaviours such as sexual health and mental health.

Fast Forward and Caledonia Youth have produced a resource to address both sexual health and alcohol and drug use as a part of the risk taking behaviours programme delivered in schools. This programme of education / prevention is now available on the Orb for teachers to deliver direct to pupils.

Community based prevention

The Junction, MYDG continue to work in partnership to deliver a programme of alcohol prevention in the North of the city. This includes outreach, alcohol brief interventions and referral into counselling and support. In 2013/14 276 outreach sessions took place and 111 alcohol brief interventions were delivered.

A local approach to alcohol prevention work is being developed in the South of the city. This aims of build on existing activity as well as the lessons from the North of the city using an asset based approach. The intention is to establish the approach by September 2013.

A "snapfax" leaflet has been coproduced with young people setting out key information and services around risk taking behaviours. This has been distributed in community setting across the city.

3. Improving Services for Children Affected by Parental Substance Use

Developing links with adult services

There are 4 third sector services that support for children and families affected by parental substance misuse. These services have worked together in 2013/14 to develop a single referral form, assessment process to ensure

people receive the right services. Alongside this closer working arrangements have been developed with the Recovery Hubs. This followed a review of referral information which suggested that few referrals were made by treatment and recovery services within the Hub and that the majority of referrals were made by Children and Families Social Work, after problems had exacerbated.

Each service has developed a relationship with one of four the Hubs within the city. In the South East of the city this resulted in 20 new families referred through the Hubs in the first two months; 14 of these referrals had no involvement from Social Work services suggesting the approach ensured early intervention.

The ADP has made a £100k investment across these services to improve capacity and ensure that this approach becomes a part of the core delivery.

Joint approaches with Children's Services Management Groups

A number of Children Services Management Groups have expressed an interest in service development address the needs of children affected by parental substance misuse. The following pieces of work have been developed:

- An event focussed on parental substance misuse has been held in the North East. This has resulted in an intention to pilot parenting classes within the Recovery Hub. Focus groups are to be held with parents to identify how and when to deliver these.
- The South West CSMG has agreed to undergo a LEAN process of all the joint working processes such as referral processes, assessments care plans for children and their parents. The intention is to join up these processes so that shared care plan can be developed for the family.
- The North West has held an event to discuss key issues around parental substance misuse and identify key actions to take forward.
- Planning has started with each of the CSMGs about the roll out of the training for the Lothian wide Guidelines for working with Children affected by parental substance misuse.

Treatment and Recovery

Outcome: More people achieve sustained recovery from problematic substance misuse

4. Developing a Collaborative Commissioning Approach

The ADP has established a Commissioning Collaborative to redesign the system of care. The collaborative consists of Public and Third Sector services

The drivers for change include:

- A continued to shift towards a recovery oriented system of care
- A reduction in investment across sectors

- A focus on outcome delivery
- A long term approach to securing delivery (across both 3rd and Public Sectors)

Services will be delivered through formal Alliances between organisations and performance will be measured across Alliances (and not at an individual agency level). An outcomes framework has been developed which will guide service redesign across the Alliances.

Alongside this a Quality Assurance Framework has been developed which focuses on quality processes to ensure continual organisational development. This will be used to assess agency capacity to deliver the new system of care.

Key milestones are as follows:

October 2014 - Redesign completed

June 2015 - Pilot completed

March 2016 - Delivery secured in the long term

5. Addressing New Psychoactive Substances (Legal Highs)

Concerns have been raised across the partnership of the impact of New Psychoactive substances, many of which are legal. These substances are sold on-line and in “Head Shops” as well as Newsagents and Garages in the city.

Substances include synthetic cannabis, stimulants and benzodiazepines (valium) like substances. Many have properties which are similar to illegal drugs.

Concerns include:

- An increase in injecting behaviour (particularly amongst those with a history of injecting)
- The exacerbation of mental health issues particularly amongst those who have a history of mental health problems
- Reports of increased use amongst school age children particularly where there is local access

A working group has been established which has developed the following:

- Key messages for people who may use these drugs
- Advice about safer injecting
- Joint visits and other approaches to develop links with retailers
- A joint approach to training and information sharing

6. Increasing Service User Involvement and Peer Support

SMART Recovery

SMART Recovery is a peer led group programme which supports others to sustain their recovery journey. It focuses on:

- Building and maintaining motivation
- Coping with urges

- Managing thoughts, feelings and behaviours
- Living a balanced life

Over the past two years Edinburgh ADP has worked in partnership with the other ADPs in Lothian to commission SMART Recovery to establish peer led Smart Recovery Groups.

The approach has been externally evaluated with a final report available at the end of October. At the current time 17 SMART groups have been established across Lothian (17 in Edinburgh) and run on a weekly basis. They support on average 6 people per group (102 people in Edinburgh). Some groups are currently facilitated by professionals whilst others are facilitated by trained peers.

Conversation Cafe

A conversation cafe was held in Edinburgh in March 2014 with 79 professionals and people in recovery. The event was an opportunity to discuss the vision for recovery and how this would be achieved.

Key themes included:

- The role of those in recovery in service delivery
- Greater collaboration between treatment services and those in recovery
- Addressing stigma
- Developing family recovery

The event will be repeated across the four Recovery Hub areas within Edinburgh over the coming year and will also include an event for family members.

7. Reducing Drug Related Deaths

Understanding the challenge

The Drug Related Deaths Group works pan Lothian to identify lessons learnt from individual drug related deaths. The group produced a report setting out the key themes and lessons from drug related deaths in the calendar year 2013.

The general profile of those who died was as follows:

- White, Scottish Males in their late 30s
- Single and unemployed
- A known history of both alcohol and drug misuse
- Previous contact with secondary care treatment services; not in contact with secondary care at time of death but may have been in treatment at
- Death occurred at home often in the company of friends
- Toxicology report suggested a combination of drugs and alcohol contributed to the death.
- The role New Psychoactive Substances (Legal Highs) appear as a growing concern

The group has developed an action plan which it intends to take forward over 2014/15

The Take Home Naloxone Programme

Naloxone is an opioid antagonist which can temporarily reverse the effect of an opioid overdose; this provides more time for emergency services to arrive and further treatment be given. Naloxone can be supplied by nursing staff to people with an opiate dependency through an NHS Lothian Patient Group Directive. All those receiving Naloxone also receive appropriate training on overdose prevention and management.

The Scottish Government has a minimum expectation that 15% of people with problem opiate use should be supplied with take home naloxone kits. Performance is measured at a Health Board level biannually and in April 2014 Lothian achieved 22%.

Following the event a pan Lothian Steering Group has been established and action plan agreed to deliver the following:

- Improved access through:
 - the Recovery Hubs
 - On release / discharge from HMP Edinburgh HMP Addiewell
 - Police Custody
 - Hospital including Accident and Emergency
- Develop and nurture Peer Champions to train peers in overdose prevention and the use of Naloxone.
- Develop access through pharmacies and GPs

Community Safety

Outcome: Communities affected by drugs and alcohol use are safer

8. Reducing alcohol and drug related offending

Services for people in contact with the Criminal Justice System including those in / released from Prison have been reviewed, redesign and secured through a tender process. The Arrest Referral Service, Prison Treatment Service and Prison Through Care Service have been brought together into one contract. This contract was tendered openly and Lifeline was selected to deliver the service through a 5 year contract.

The service commenced on 1st 2014 April and is operational across these the criminal justice system.

Overprovision of Licensed Premises

Edinburgh faces similar challenges as the rest of Scotland when it comes to alcohol related problems. These include:

- 47% of adults report drinking outwith the Government guidelines.
- Alcohol-related harm costs an estimated £2.2 million to the public purse
- At least 26% of serious assaults in public spaces and 23% in private spaces are alcohol related.

In October 2014 EADP produced an extensive report on the challenges caused by alcohol along with the challenges posed by the overprovision of licensed premises.

The Licensing Forum considered this report and consequently the Board has identified seven areas of “special concern” in terms of the overprovision of license premises.

Recent decisions made by the Board to grant licenses in areas of “special concern” have raised concerns amongst the Police and NHS Lothian. The Alcohol and Drug Partnership is looking to develop an approach enable the Licensing Board to make effective decisions about licensing policy while addressing the concerns of NHS Lothian and Police Scotland.

9. Performance information

Alcohol Brief Interventions (ABI)

The Health Efficiency Access and Treatment (HEAT) Standard required NHS Health Boards to deliver alcohol brief interventions (ABIs) in the priority settings of Primary Care, Antenatal Care and Emergency Departments.

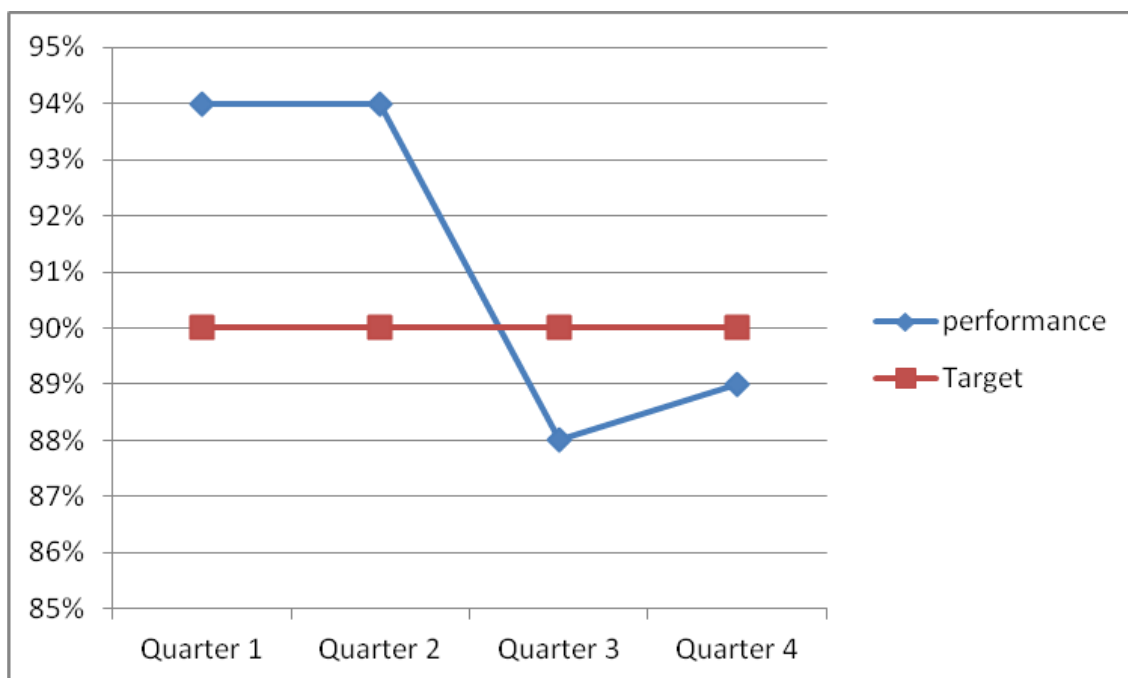
From 1st April 2013 - 31 March 2014 23,735 ABIs were delivered which represents 240% of the HEAT target (9,938). 71% of these ABIs were delivered in Edinburgh.

Continuing on from the previous success NHS Lothian is working closely with EADP in the delivery ABIs in youth settings, Criminal Justice settings and within Jobcentre Plus.

HEAT Target Access to Drug Treatment Services

The national HEAT target A11 expects 90% of people who need help with their drug and / or alcohol problem will wait no longer than three weeks for treatment.

Performance for 2013/14 is set out in the graph below:

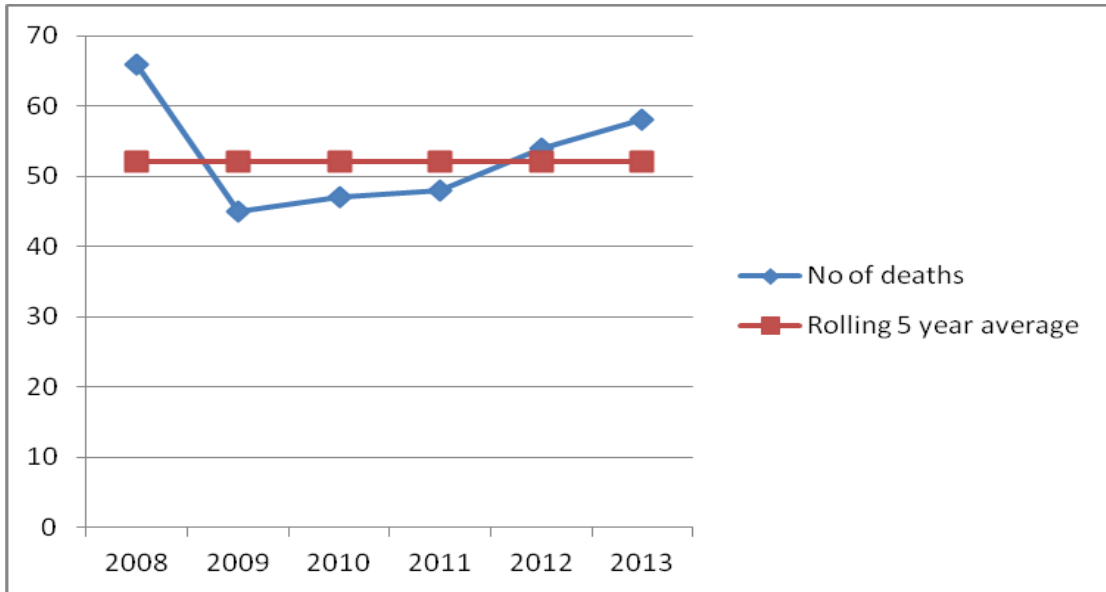


The target has presented particular challenges for services in quarter 3 and 4 mainly due to the demand placed on services.

An action plan to improve performance has been developed which focuses on improving engagement at the start of treatment to reduce re-referral and to improve effective throughput. It is anticipated that Edinburgh will achieve the target in Quarter 1 2014.

Drug Related Deaths

Drug related deaths are measured through a criteria set by the Scottish Government. In the calendar year 2013 there were 58 deaths in Edinburgh. This represents an increase of 4 deaths from 2012 and is 6 deaths above the average for the previous 5 years.



At this stage deaths show a slight increase on previous years, a local action plan has been developed and a priority put on improving the supply of Naloxone across the city.

Naloxone distribution

Edinburgh contributes to a Health Board level target that 15% of problem drug users should be supplied with a Naloxone kit. In 2012/13 the Health Board area achieved 22% with 1,805 kits distributed across an estimated problem drug user population of 8,200.

Parental Substance Misuse

Accurate local data on the number of children affected by parental substance misuse is challenging to collect due to definitions of “affected” and the hidden nature of the problem. Nationally, current estimates from the government suggest that 40 – 60,000 children are affected by parental drug misuse. It is also estimated that 65,000 children may be affected by parental alcohol misuse.

The Create needs assessment 2012 report estimated the following in Edinburgh:

- Up to 7,000 children may be affected by parental alcohol use;
- At least 2,173 children are affected by parental problem drug use;
- About 1,000 children are affected by Foetal Alcohol Spectrum Disorder.

Drug Treatment and Testing Orders

From 1st April 2013 to 31st March 2014, the Edinburgh and Midlothian DTTO Team carried out 382 assessments, had 237 new orders and achieved 131 successful completions.

The DTTO II team continues with its successful strategy in maintaining women in treatment with 50% of service users being female. The team also successfully ran a women's group co-facilitated by a female service user. The work experience project at Scotland Yard Adventure playground continues to be a success.

Arrest Referral

Annual data is not available for this service at this time.

10. Recommendations

That the Chief Officers Group notes the contents of this report.

That the Chief Officers Group agrees to receive a further update from Edinburgh Alcohol and Drug Partnership in October 2014.

Peter Gabbitas

Director of Health and Social Care
Chair of Edinburgh Drug/Alcohol Partnership

Appendices

Contact/tel/Email nicholas.smith@edinburgh.gov.uk
 Tel 529 2117

Wards affected ALL

Single Outcome Agreement Outcome 5,6

Background Papers None

Edinburgh Violence Against Women

Summary

This report summarises the activity of the Edinburgh Violence Against Women Partnership (EVAWP) for the year 2013-14.

Background

The Edinburgh Violence Against Women Partnership (EVAWP) adopts a broad definition of violence against women and is the formal multi-agency partnership (MAP's) within Edinburgh which has the overall aim to promote the delivery of an integrated, high quality response to violence against women. In accordance to the expectations laid out in the national strategy: [Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland](#), (The Scottish Government and COSLA, 2009), the EVAWP constitution defines our agreed broad definition that violence against women is "gender based" and accordingly recognises that such violence includes "forms of physical;sexual;psychological abuse; sexual harassment & intimidation at work and in the public sphere; commercial sexual exploitation- including prostitution, pornography and trafficking. This national Strategy is currently being reviewed and updated and the EVAWP have been closely involved in both responding to and shaping the proposed contents of this revised strategic framework. It is anticipated that this document – now known as *Equally Safe*- will be published in the summer of 2014 with the following as key priority areas & outcomes- which will consolidate the focus & workstreams which the EVAWP already has in place:

- Social Tolerance of all forms of violence against women & girls is reduced
- Situational; & structural risk factors are reduced and protective factors are strengthened
- The individual needs of women and girls affected by violence are fully met at the earliest point
- Perpetrators are less likely to offend

Whilst data regarding the incidence of all forms of gender based violence are not routinely nor accurately recorded by all services, the EVAWP has established a performance framework which will be further developed & regular updates on the agreed indicators will be reported by the VAWP. The number of domestic incidents recorded by the Edinburgh Command Area of Police Scotland between 1 April 2012

and 31 March 2013 is 5335. The number of child concern forms sent to Social Care Direct with domestic abuse as a concern in the same period was 3186 and the percentage of newly pregnant women who disclosed domestic abuse to healthcare staff was 8% (560 women)

Given known under-reporting, incidence is likely to be much higher. Statistics in Edinburgh show that perpetrators are predominantly male and women are the victims of such abuse. The cost to the Scottish economy from domestic abuse is estimated at £2.3 billion per year and £4 billion overall for all forms of violence against women (Walby 2008)

Summary Key statistics

VAW-01a Number of domestic abuse incidents	5313
VAW-9a Number of child concern forms sent to social care direct with domestic abuse as a concern	3186 – this equates to a third of the total concern forms sent to social care direct
VAW-04 Total number of people trained by the VAWP	1623
VAW-05 Total number of women and children provided refuge	168
VAW-06 Total number of new women supported by specialist services in the VAWP	3431
VAW-07 Total number of children and young people supported by specialist services in the VAWP	457
VAW-16 Number of referrals to EDDACS	343
VAW-17 Number of cases discussed at MARAC	106
VAW-20 Number of hits on CEC domestic abuse webpages	5,330
VAW-8 Number of new CPO's or probation orders with a condition of attendance at Caledonian	51

Linkages

The content of this report links to both national & local outcomes around the Human Rights Act 1998 and The Equality Act 2010 as well as within the Concordat- namely as follows :

- Coalition pledge area ‘Strengthening and supporting our communities and keeping them safe’.
- Edinburgh Partnership priority and Single Outcome Agreement priority ‘Edinburgh’s communities are safer and have improved physical and social fabric’.
- The key desired outcome of the Chief Officers Group ‘to reduce the risk of harm to individual members of the public of any age, whose circumstances, dependence, frailty, illness, disability or behaviours make them particularly vulnerable’.
- National Health and Care Integration Outcome 5 ‘Services are safe: people using health, social care and support services are safe-guarded from harm and have their dignity and human rights respected.’

Main report

The key functions of the Partnership as outlined in the constitution (previously circulated) are continuous improvement, strategic planning, public information and communication. The Partnership oversees activity carried out in its sub groups to reach the following strategic outcomes:

Strategic outcomes of the Partnership & Key Success Areas:

- Women and children are safer as a result of a coordinated and consistent response to violence against women
- Perpetrators are dealt with effectively and are less likely to reoffend
- Gender inequality in Edinburgh is reduced and gender based violence is prevented.

The strategic outcomes are based on the Scottish Government vision, coalition pledges, Single Outcome Agreement outcomes, national outcomes and the EVAWP outcomes for violence against women.

The past year has been an extremely busy year for the VAWP- and yet one of change in the losing of the vice- chair (DCI Willie Guild) & the imminent departure of the current Chair (Lesley Johnston, NHS Lothian) as her period of tenure is completed.

In completing this report, I would like to highlight the many key success areas- summarised below and expanded upon in the main report.

Sub group structure

The sub group structure of the Partnership has been reviewed and the following sub groups have been agreed in March 2013:

- Learning and development
- Domestic abuse
- Sexual violence and exploitation

Sexual violence and exploitation sub group

Achievements 2013-14

This group has experienced an unfortunate change in key personnel to Chair this former thriving & effective grouping & the Chair of the EVAWP has increased her input on an interim basis – both by submitting a formal response on behalf of the EVAWP to the national Human (Scotland) Trafficking Bill (Dec 2013) & The Edinburgh Council Public Entertainment Consultation 9 Dec 2013). In addition, the EVAWP is a key member of the recently formed service providers “ Sex Work In Edinburgh” multi-agency group – which reported to Corporate Policy & Strategy Committee on 21 Jan 2014 with a harm reduction framework & a proposed Action Plan. There are ongoing urgent discussions with Police Senior Representatives to replace the Chair for this sub group to continue with the following key activities & some

- ✓ Improve intelligence, service provision & responses to victims of rape & sexual assault
- ✓ Participate in preventative work with established national & local initiatives & campaigns- with Zero Tolerance; SWA; Mentors Against Violence etc to reduce negative attitudes & behaviours towards sexual abuse & exploitation
- ✓ Ensure provision of services in Edinburgh for women affected by commercial sexual exploitation and development of information & resources to improve choices & options for those involved.

Domestic abuse sub group

Achievements 2013-14

Domestic abuse provision within Edinburgh

- The domestic abuse subgroup has continued to meet quarterly and terms of reference has been agreed. Membership has increased to include additional

representatives from health and LGBT organisations. The new chief executive from Edinburgh Women's Aid is also attending.

- Edinburgh's Multi-agency Domestic Abuse Policy was agreed by the Edinburgh Partnership at the end of 2013. It provides guiding principles based on recent research and up-to-date guidance on how to achieve the best outcomes when carrying out multi-agency interventions with families affected by domestic abuse. Work is underway to raise awareness of the policy and how the principles can be formalised in practice.
- The domestic abuse subgroup developed a logic model for domestic abuse services in Edinburgh, which aligns provision with local and national outcomes. An associated domestic abuse action plan will form part of a wider violence against women action plan and accompanying performance framework.
- The subgroup developed the materials for the successful multi-agency domestic abuse campaign which was launched during November 2013 and included posters, leaflets and radio adverts. This was part of the wider Speak Up Speak Out public protection campaign. Domestic abuse also featured in the following campaign on internet safety and will continue to be included in ongoing public protection campaigns.
- The subgroup has had oversight of the domestic abuse case file which was carried out in April 2014. The audit focussed on the risk and needs assessments carried out by children and families and the extent to which they reflect best practice in domestic abuse. The results from the audit are being compiled and will be available in due course.
- Multi-agency guidance on forced marriage has been developed and is in the process of being agreed by the relevant public protection committees.
- The group regularly receives service updates from all agencies, which has been invaluable in the context of the extensive changes in domestic abuse service provision over recent years. Of particular note is Police Scotland's prioritisation of domestic abuse; the celebration of Women's Aid's 40th anniversary; the roll out of the domestic abuse court advocacy service and multi-agency risk assessments; and the expansion of the Mentors in Violence Prevention programme in more Edinburgh schools.

A subgroup has been developed to look at the needs of male and LGBT victims of domestic abuse. It aims to ensure that the needs of these groups are met by existing services and include representatives from male victim support groups and LGBT services.

A multi-agency coordinated community response model:

- ✓ The pilot of this model in south and east Edinburgh has been completed. It aimed to create a clear pathway from the initial reporting of a domestic abuse incident to the police, to support to the victim, a comprehensive risk assessment and the provision of multi-agency services based on risk and need.
- ✓ This model of working is already providing substantial results and increased safety for victims and their children. There were 343 victims referred to EDDACS, with just under a third of these being assessed as high risk. The high risk cases were referred to a multi-agency risk assessment conference.

- ✓ A review of the pilot has taken place. All agencies are committed to the process and an improvement plan has been put in place to ensure the existing MARAC runs efficiently and effectively.
- ✓ Further funding of the advocacy service was provided in part by the Chief Officer's Group and advocacy workers are now in post. The roll out of the advocacy service and MARAC process across the city is expected to take place in September 2014. A Report on MARAC has already been submitted to Chief Officers Group (re-attach) & a further Report on the Proposal for Roll Out is attached*

Learning and development sub group

- ✓ This recently established group has representatives from all partners. It is building on previous work by the Violence Against Women Training Consortia, which coordinated trainers for violence against women training & delivery across Edinburgh.
- ✓ Initially the group reviewed training across public protection and mapped out where violence against women training sits within other strategic groups. Three levels of training, from basic awareness to service specific training was included and is outlined in the violence against women action plan.
- ✓ A core group of staff from the NHS and the council developed training materials for a one day multiagency training course entitled 'Rethinking Domestic Abuse-Confident Practice and Safer Families'. It aims to introduce recent domestic abuse theory, impact and practice to professionals and assist them to work together to keep perpetrators at the centre of interventions and increase safety of victims.
- ✓ A free training for trainers event is being held on 2-3 June 2014. There has been a lot of interest from all partner agencies and this training event will equip a pool of trainers to provide the one day multiagency training. The aim is to offer one day of multi-agency domestic abuse training a month from September 2014.
- ✓ The group has also been looking into the development of an e-learning module for violence against women. Materials have been sourced from other part of Scotland and will be developed so they can be used within existing e-learning systems.

MVP In Edinburgh

The Mentors in Violence Prevention Programme – MVP Scotland provides the opportunity to embed within Scottish High Schools a sustainable approach to support health & wellbeing and positive relationships and explore links to different forms of abuse and violence. Edinburgh was selected as a pilot site (see below) and additional funding from the Equality Unit of The Government has allowed for an expansion & continuation of this successful initiative (see below).

Within Edinburgh, the schools involved in the initial pilot Portobello, St Stephens and Port Glasgow High school have started to repeat the process they started in 2012 and are on their second year of peer led delivery of MVP in their schools.

The evaluation completed by St Andrew's University can be viewed following the link below.

<http://actiononviolence.co.uk/content/mvp-evaluation-report>

The MVP programme provides opportunities to discuss these very important issues and to promote health and wellbeing and positive relationships at a societal and individual level.

The report suggests (from the qualitative aspects in particular) that MVP has provided a number of successful outcomes. The quantitative aspects of the report showed that attitudes changed significantly post-intervention, indicating 'less traditional' and more progressive views towards women. Some similar findings identified from US evaluation were found. The Mentors understanding of the issues and skills base showed significant progression and development.

MVP was found to give young people tools to identify issues as emergencies as well as empowering them to support friends.

1. Outcomes- which also support the new VAW Strategy- Equally Safe

It is intended that this project will have the following outcomes.

- To improve mental and physical health, well-being and resilience of young people in Edinburgh.
- Young people in Edinburgh will have access to violence reduction education under Curriculum for Excellence in mainstream and specialist education.
- Young people will develop confidence and understanding around healthy positive relationships and be able to identify and safely challenge abusive behaviours and attitudes within their own relationships and amongst their peers.

Areas for Development

The existing performance framework will be further developed and regular updates on the indicators will be provided by members of the partnership.

Guidance on female genital mutilation- in line with new national guidelines & procedures is being developed in conjunction with the Child Protection Committee

A mapping of current processes and services in order to identify value, duplication and delays. This mapping exercise will highlight where reducing steps in the system can improve flow, capacity and achieve better outcomes.

- The development of a coordinated community response model.
- Work within Sub Misuse Hubs
- The development of a performance framework across all partners is a key activity for the EVAWP for 2013. Data regarding the incidence of gender based violence is not currently recorded routinely or accurately by all services. With the recent changes in the policing landscape in Scotland, a strong focus on domestic abuse is developing and Police Scotland is a key partner in providing data of gender based violence incidence in Edinburgh. NHS Lothian are currently gathering all gender based violence related data. Once this is available, the EVAWP will establish how this can be used to gain a clearer picture of the scope and of current service provision. Good practice examples from other Violence Against Women Partnerships in Scotland which have a comprehensive performance framework in place (Dundee and Highland) are being taken into consideration.
- The establishment of a quality assurance sub group.
- The development of a shared policy or vision statement across health, police the council and the voluntary sector which highlights domestic abuse as a priority and agrees to the development of a coordinated and consistent response in Edinburgh.
- A mapping of current processes and services in order to identify value, duplication and delays. This mapping exercise will highlight where reducing steps in the system can improve flow, capacity and achieve better outcomes.
- Coordinated workforce training across all agencies to establish a shared understanding of domestic abuse, the pathway in Edinburgh and the part each agency plays.
- The development of a domestic abuse action plan which clearly outlines the steps towards the coordinated community response model.

Decisions and support from the Chief Officers Group

It is recommended that the Chief Officers Group:

- notes the content of this report
- notes to the forthcoming change in Chairing arrangements
- supports the Partnership in the further development of its draft performance framework
- agrees to receive regular updates on performance in the area of violence against women.

Appendices

1. Change this*****
2. DA Multi-Agency Strategy
3. MVP
4. MARAC
5. Performance Management
6. Glass House

Draft Action Plan – Edinburgh Violence Against Women Partnership 2014-2018

Outcome A						
The individual needs of women and children affected by, or at risk of, violence are met at the earliest point						
Action code	Action	Milestone	Status	Due	Lead	Note
A1	Advocacy available across city	A1.1 Advocacy available across city		DEC 14	Michele Corcoran EWA VAWP DA	Funding for IDAAs secured
A2	Roll out multi-agency risk assessment conferences across city	A2.1 MARACs citywide		DEC 14	Rona Fraser VAWP DA	Six month pilot completed
		A2.2 Six months citywide review				
A3	Deliver programme of one day multi-agency domestic abuse training	A3.1 Develop training materials		SEP 14	Anna Mitchell VAWP L&D	Training for Trainers on 2 and 3 June 2013. One day training monthly from September 2013
		A3.2 Training for trainers course held				
		A3.3 One day training course delivered monthly				
A4	Deliver training on harmful traditional practices	A4.1 Forced marriage training		APR 15	Andy Jeffries ECPC L&D	Training will be aligned with development of protocols in D2 and D3
		A4.2 Female genital mutilation training				
A5	Develop use of gender based violence and domestic abuse e-learning module	A5.1 Develop e-learning materials		APR 15	Anna Mitchell VAWP L&D	Material from other councils modules have been collated and reviewed
		A5.2 Upload onto e-learning software				
A6	Deliver awareness raising days, briefing documents, lunchtime seminars, visits to teams/services	A6.1 EDDACS and MARAC briefing		APR 15	Anna Mitchell VAWP L&D	EDDACS and MARAC materials being developed
		A6.2 VAW action plan briefing				
		A6.3 C+F team visits				
		A6.4 Community safety subgroup visits				
A7	Develop housing options which allow victims to choose to remain safely in their own homes	A7.1 Establish Safe as Houses processes and funding		AUG 15	Nicky Brown	This initiative is mainstreaming the previously successful Safe as Houses pilot scheme
		A7.2 Six month review of outcomes				
A8	Develop processes to support the named person when they are working with families affected by domestic abuse	A8.1 Develop training session for named person		DEC 14	Anna Mitchell SO3 ACTIONS	
		A8.2 Pilot three month guidance/advice line for named person				
		A8.3 Develop GIRFEC and domestic abuse materials				

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A9	Delivery of gender based violence training within NHS Lothian	A9.1 To deliver both general awareness of GBV training and specialist Routine Enquiry training across 6 priority health settings- A&E: Mental health: maternity; public health nursing: sexual health & substance misuse services.			Lesley Johnston	4000 NHS Lothian staff have received Training in routine enquiry since 2010: Completion & dissemination of NHS Guides on forms of GBV to 5000 staff: Funding allocated to EWRASAC to support multi-agency training to sexual health staff & completion of NHS Guidance on FGM; Trafficking & GBV Employee Policy
		A9.2 Target GP's & primary care staff & establish IRIS domestic abuse model within 3 Edinburgh pilot practices				
A10	Develop local neighbourhood responses to gender based violence – south west domestic abuse subgroup	A10.1 Host two multi-agency domestic abuse seminars		DEC 15	Lesley Johnston	
		A10.2 Provide training to TAC on domestic abuse and trauma				
		A10.3 Provide further training sessions on locally identified needs				
		A10.4 Develop integrated care pathway				
A11	Develop local neighbourhood responses to gender based violence – Liberton Gilmerton Neighbourhood Partnership	A11.1 Carried out local consultation around the need to raise awareness of domestic abuse		DEC 14	Anna Mitchell VAWP DA	
		A11.2 Inclusion of 'increasing awareness of domestic abuse' as a priority area in local community plan				
A12	Develop local neighbourhood responses to gender based violence – East Edinburgh	A11.1 Develop domestic abuse multiagency tasking and coordinating for incidents where there has been no charge		MAR 14	Derek McGowan VAWP DA	
Outcome B						
Perpetrators are less likely to re-offend						
Action code	Action	Milestone	Status	Due	Lead	Note
B1	Develop Safe Contact Agreements and Specialist Safe Contact Risk Assessments	B1.1 Secure funding for development post in Relationships Scotland		DEC 14	Anna Mitchell VAWP DA	Funding proposal submitted to Scottish Government
		B1.2 Establish steering group				
		B1.3 Develop use of safe contact agreements in CEC				

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B2	Domestic Abuse Court roll out			SEP 14	Rona Fraser VAWP DA	Decision about roll out to be made in May 14
B3	Develop MATACS and domestic abuse task force			DEC 14	Dougie Moran Police Scotland	
B4	Develop use of 'stronger fathering module' and 'safer families plan'			APR 15	Rory MacRae VAWP DA	
B5	Training in engaging with fathers	B5.1 Develop training proposal		APR 15	Anna Mitchell ECPC L&D	Meeting arranged with Stepping Stone, Gilmerton C+F Centre and Safer Families to develop training proposal
		B5.2 Develop training materials				
		B5.3 Deliver training days				
Outcome C						
Social tolerance of all forms of violence against women is reduced						
Action code	Action	Milestone	Status	Due	Lead	Note
C1	Public protection campaigns	C1.1 Domestic abuse campaign		DEC 15	Ann Duff SPEAK UP SPEAK OUT	Domestic abuse and internet safety campaign materials developed and available – leaflets and posters
		C1.2 Internet safety campaign				
		C1.2 Harmful traditional practices campaign				
C2	Develop VAWP web content	C2.1 Develop web pages for CEC orb		DEC 15	Anna Mitchell VAWP	
		C2.2 Develop web pages for VAWP				
		C2.3 Develop public protection web pages				
C3	Mentors in Violence Prevention	C3.1 Development post in CEC		MAR 15	Graham Goulden	Successful pilot in Portobello High School completed
		C3.2 Steering group established				
		C3.3 MVP mentors trained				
Outcome D						
Situational and structural risk factors that can exacerbate the likelihood or severity of violence are reduced and protective factors are strengthened						
Action code	Action	Milestone	Status	Due	Lead	Note
D1	Implement multi-agency domestic abuse policy	D1.1 Develop and consult on draft		MAR 15	Anna Mitchell VAWP	Draft policy widely consulted on and agreed by the Edinburgh Partnership in Dec 13. Policy underpins domestic abuse training and case file audit
		D1.2 Agreed by Edinburgh Partnership				
		D1.3 Develop policy leaflet				
		D1.4 Publicise and implement policy				
		D1.5 Review policy				
D2	Implement key protocols for good practice for forced	D2.1 Draft guidance developed		MAR 15	Sean Bell	Guidance to underpin training in A4
		D2.2 Agreed by committees				

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	marriage	D2.3 Implement guidance				
D3	Implement key protocols for good practice for female genital mutilation	D3.1 Draft guidance developed		MAR 15	Sean Bell	Guidance to underpin training in A4
		D3.2 Agreed by committees				
		D3.3 Implement guidance				
D4	CEC VAW Service review	D4.1 Establish commissioning team		MAR 15	Anna Mitchell	
		D4.2 Hold service review event				
D5	Self evaluation activity	D5.1 Domestic abuse case file audit		DEC 14	Anna Mitchell PP SELF EVALUATION GROUP	
		D5.2 Staff consultation				
		D5.3 Service user consultation				
		D5.4 Multi-agency self evaluation				
D6	Self evaluation activity to inform the development of domestic abuse services, improvement plans, policies, procedures and best practice guidelines			MAR 15	Anna Mitchell	
D7	Willow Centre for female offenders			APR 15	Rona Fraser	
D8	Interventions with families with complex needs affected by domestic abuse			APR 15	Rory MacRae	Safer Families Edinburgh included as part of Total Neighbourhood Virtual Team
D9	Development of links between substance misuse and violence against women services	D9.1 Hold two open spaces events for practitioners in north and south			Nick Smith	
		D9.2 Collate outputs with research review				
		D9.3 Develop recommendations for improvement activity in Edinburgh				
		D9.4 Present recommendations to senior officers at event				
D10	Develop plan to establish routine enquiry and trauma aware services within the Recovery Hubs	D10.1 Deliver training for Drug/Alcohol Professionals in the SE Recovery Hub on routine enquiry		JUL 15	Nick Smith	

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Outcome E						
Ensure services cater to the needs of male victims and LGBT people						
Action code	Action	Milestone	Status	Due	Lead	Note
E1	Develop specialist interventions with male victims	E1.1 AMIS to employ full time helpline worker and part time admin worker	Yellow	DEC 14	Nick Smithers	Funding secured for all this work through the National Lottery. Work is being undertaken in partnership with Rowan Alba.
		E1.2 Rowan Alba to employ full time support worker for male victims of domestic abuse in Edinburgh	Yellow			
		E1.3 Launch event in September	Red			
		E1.4 Recruit volunteers to run support group from May to Jul 14	Yellow			
		E1.5 Develop peer two peer support groups, one for male victims, one for GBT men by Aug 14	Red			
E2	Advocacy service provided to male victims		Green	APR 14	ASSIST	ASSIST provides advocacy service to male victims and carries out risk assessment to facilitate referral to MARAC
E3	Increasing the capacity of organisations to better support LGBT service users	E3.1 Organisations in Edinburgh to sign up to achieve charter mark	Yellow	APR 15	Cara Spence	Edinburgh women's Aid, Edinburgh Women's Rape and Sexual Abuse Centre and Shakti have signed up to achieve the charter mark
		E3.2 Organisations to achieve charter mark	Red			
E4	Develop publicity materials for male victims and LGBT people as part of Speak Up Speak Out campaign	E4.1 Carry out focus groups on campaign materials	Red	DEC 14	Anna Mitchell	
		E4.2 Finalise materials	Red			
		E4.3 Launch materials	Red			
E5	Develop guidance for professionals on meeting the needs of male and LGBT victims	E5.1 Reprint and distribution of stronger together guidance – inclusion of transgender women in same sex services	Yellow	AUG 14	Cara Spence	Scottish Transgender Alliance involved in developing materials
		E5.2 Develop and distribute young people resource on the inclusion of LGBT young people on GBV programmes	Yellow			

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E6	Develop awareness of issues around working with male victims and LGBT people	Develop one day training course		DEC 15	Male and LGBT victims group	Aimed at social work, police, housing and health
		Develop briefings and guidance				
		Deliver awareness raising sessions to teams				
		Develop charter for male victims				
E7	Ensure that indicators and statistics are being collated for male and LGBT victims which record prevalence and identified needs			DEC 15	Male and LGBT victims group	

DRAFT

Policy Title - Edinburgh's Multi-agency Domestic Abuse Policy

Management Information	
Lead Officer	Name: Anna Mitchell
	Designation: Domestic Abuse Lead Officer
	Tel: 0131 529 6485 (x 56485)
Lead Service Area	Chief Social Work Officer
Date Agreed	05 December 2013
Last Review Date	n/a
Next Review Date	05 December 2014
Agreed by	The City of Edinburgh Council and the Edinburgh Partnership
Has Screening for Equality Impact been undertaken for this policy	Yes/No: No
Has Implementation and Monitoring been considered for this policy	Yes/No: Yes
If appropriate has Health and Safety section had oversight of this policy	Yes/No: No Date: n/a
Name of Health and Safety contact	n/a

Definition: Policy – A course of action or set of standards adopted by the City of Edinburgh Council.

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1. PURPOSE

This policy is a statement of commitment from all partners in Edinburgh and provides a set of guiding principles and definitions in relation to the prevention of domestic abuse, the support and protection of victims and the management of perpetrators. It is based on awareness of the extent and impact of domestic abuse and the belief shared by all partners that it is never acceptable and will not be tolerated. It aims to reduce the risk generated by the lack of a shared understanding between services and agencies of the definition of domestic abuse, its causes and how it should be responded to.

The consequences of domestic abuse are widespread. It is devastating for victims, their children and society as a whole. Our vision is to work in partnership to encourage a community where domestic abuse does not happen and where, until then, all its victims, including children, are offered effective support and protection, whilst at the same time perpetrators are held to account and supported to change their attitudes and behaviours.

2. SCOPE

This policy statement is adopted by the Edinburgh Partnership and all the national and local agencies that work in Edinburgh to tackle domestic abuse and wider forms of gender based violence. It highlights domestic abuse as a priority in all areas of public protection, and sets out the key shared principles of effective intervention, with which all agencies' operations and procedures will be consistent. It will inform the development of the Edinburgh Violence Against Women Partnership domestic abuse action plan, which will be aligned with both the local and national Violence Against Women Strategies, currently being developed by the Scottish Government Equalities Unit and the Edinburgh Violence Against Women Partnership respectively.

Further background information is provided at [Appendix 1](#).

CURRENT PARTNERS:

The City of Edinburgh Council
Edinburgh Division Police Scotland
NHS Lothian
Edinburgh Women's Aid
Edinburgh Women's Rape and Sexual Abuse Centre
Shakti Women's Aid
Couple Counselling Lothian
Streetwork
Zero Tolerance
Saheliya
Victim Support Scotland

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3. DEFINITIONS

The Partnership adopts a broad definition of domestic abuse articulated by the Scottish Government:

Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate victims and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour, such as isolation from family and friends).

Domestic abuse can be understood within the wider context of gender-based violence, which is defined as violence directed against a person on the basis of their gender. It is men who predominantly carry out such violence, and women who are predominantly the victims. For example, women and girls are predominantly the victims of domestic abuse, rape and sexual assault, female genital mutilation, forced marriage and sexual harassment. Referring to violence as 'gender-based' highlights the need to understand violence within the context of women's and girls' disadvantaged status in society. Such violence cannot be understood in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.

Defining abuse as 'gender-based' means that interventions with victims and perpetrators need to be based on an understanding of what it means to be a man or woman within any given societal context. For example, men who abuse may justify their behaviour with reference to societal expectations of how women, and indeed men, should behave.

Domestic abuse can also be perpetrated against men; it can involve transsexual people and can occur within same sex relationships. Male victims of domestic abuse may find it difficult to report abuse because of gendered notions in society and in the services they approach, relating to masculinity and help-seeking. Someone's experience of domestic abuse can also intersect in complex ways with other protected characteristics like age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

It is important that any interventions with perpetrators or victims are sensitive to all parts of that person's life, on which the abuse may impact. The guiding principles for intervention outlined in this document can be applied to all the different contexts in which domestic abuse can occur.

4. POLICY STATEMENT

Guiding principles for Domestic Abuse Intervention

In order to achieve better outcomes for families affected by domestic abuse, the Partnership agrees to the following guiding principles:

4.1 Solutions are best achieved through partnerships and collaborative working

Domestic abuse is a cross-cutting issue. All available evidence suggests that it is addressed most effectively by a joined up, partnership approach, which includes statutory and voluntary organisations, all accepting a shared responsibility, whilst understanding their unique role. We are committed to a shared vision and to united, sustained and

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effective action across all agencies and disciplines. This commitment is evidenced by our adoption of these shared principles and our pursuit of common objectives.

4.2 Better outcomes are achieved when there is a universal, systematic approach to risk assessment and decision making

Effective early intervention requires frontline professionals to be trained in identifying and managing risk, specifically related to domestic abuse. They should be able to support victims if domestic abuse is known, suspected or disclosed; share information where appropriate; and have knowledge of the resources available. Our aim is to develop clear service-specific and multi-agency pathways from the suspicion, allegation or identification of domestic abuse to support for the victim and family, tackling the perpetrator's behaviour and attitudes, and intervening in accordance with the level of risk.

A shared understanding of risk and vulnerability factors among all agencies will assist the multi-agency collaboration and management of domestic abuse cases and ensure the needs, safety and well being of victims are key priorities. It is essential to ensure that victims receive help and achieve safety as early as possible. The gathering and sharing of information should be considered in all cases, particularly where there are children. This will ensure that agencies can respond appropriately at the earliest possible stage, in order to increase the safety of victims and prevent further abuse. Lawful and responsible information-sharing and robust information sharing protocols are vital to help keep victims and their children safe; to facilitate risk assessment; to provide support and advocacy services; and to hold perpetrators to account for their behaviour. A focus on early identification, assessment and intervention, including the provision of skilled and attentive universal services, in conjunction with the availability of and access to specialist services, is the best way to keep victims safe.

4.3 Partners will work together to protect victims and children and to hold the perpetrators to account

Research tells us that if the victim is not safe, it is unlikely that the children will be. The [National Child Protection Guidelines in Scotland \(2010\)](#) state:

The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence, rather than of the non-abusing parent's / carer's failure to protect. Every effort should be made to work with the non-abusing parent / carer to ensure adequate and appropriate support and protection are in place to enable them to make choices that are safe for both them and the child. At the same time, staff should be maintaining a focus on the perpetrator and monitoring any risk resulting from ongoing abuse.

As well as holding the perpetrator to account and managing their risk, agencies should work with them to change their abusive behaviour. This will not only increase the safety of current victims, but other families in the future. Allowing perpetrators to remain invisible puts the burden of change on victims, but also places them at significant risk of continuing harm. The victim's parenting may have been undermined as part of the abuse they have experienced. Agencies should work to reinforce the authority of the protective parent. Mental and physical ill-health, substance abuse and non-engagement with services should

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all be understood as possible symptoms and consequences of the abuse the victim has suffered.

Agencies intervening in relation to domestic abuse cases where there are children resident in the household, or with significant connection to the adult involved, should work in accordance with the principles of *Getting It Right For Every Child*. It is likely that children affected by domestic abuse will need a higher level of support than most children. This means that they should have a child's plan detailing what support will be provided, by whom and when, in order to keep them safe and promote their wellbeing. Agencies' intervention with adults should be consistent with the child's plan.

4.4 Protection needs to be long-term and should not cease after separation between the abuser and victim

A tendency to respond to singular incidents of physical violence fails to recognise the pattern of other abusive and controlling behaviours and their wide ranging impact on both adult and child victims. Research shows that families may receive 'start-stop' interventions, which cease when couples are seen to have separated. This results in poor outcomes for families, particularly as domestic abuse can be characterised by repeated separation and reconciliation. Periodic intervention does not address the complex issues involved and fails to recognise domestic abuse as a long-term, chronic problem with a cumulative impact, which can include complex trauma. Separation is a time of increased risk. It can lead to an escalation of violence, stalking and harassing behaviour, and conflict over child contact. Services should work together to monitor and support families over the long term, particularly those with multiple or complex needs.

4.5 Up-to-date training, information and guidance for agencies and individuals across the partnership will improve the quality of service to all victims, their children and perpetrators

A consistent, holistic approach to domestic abuse through the development of a skilled workforce and robust inter-agency training is essential. Victims of domestic abuse and the cultural change we want to see depend on both specialist services and generic and universal services being confident and competent in identifying domestic abuse and responding appropriately. A comprehensive training programme is essential and should include both single and multi-agency training at all levels. It should take account of the wide-ranging existing training, which is delivered by both the statutory and voluntary sectors. Organisations should provide opportunities for critical reflection and practice evaluation for workers. Additionally, multi-agency self evaluation can be used to improve and develop practice. This will create coherent, comprehensive and sustained learning, which builds expertise and confidence, and improves practice over time.

Research shows that without adequate awareness, training and support, practitioners are likely to avoid identifying and engaging constructively with those affected by abuse and with perpetrators. Gender based violence and domestic abuse training should bring about a shift in culture and practice so that all agencies have the capacity and commitment to develop interventions, which respond appropriately to the needs of adult and child victims and hold perpetrators to account.

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4.6 Strategies to address domestic abuse should include primary and secondary prevention

Historically, some services have been reactive in nature, often responding to problems once they have become serious enough to have come to the attention of agencies. Although providing services to victims of domestic abuse is essential, tackling the root causes is the only way to eradicate it. Primary prevention seeks to prevent violence before it happens and targets the whole population, but particularly children and young people. It is largely focused on attitudinal and cultural change, including a critical reflection of historic and ongoing gender inequality, as well as the influence of the media. Secondary prevention targets perpetrators of abuse and victims who have experienced it. Both prevention strands need to continue to be included in domestic abuse service provision in Edinburgh.

4.7 The implementation of a domestic abuse action plan requires effective and accountable governance structures

A multi-agency domestic abuse action plan is being developed, involving all key partners. Clearly defined indicators and targets closely linked to the goals and objectives set out in the Violence Against Women Performance Framework will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness of the plan's activities. In order to do this, partners commit to sharing data within agreed protocols, and evaluating interventions. Regular reports on the implementation and progress of the plan will be provided to the Violence Against Women Partnership and the Edinburgh Chief Officers' Group – Public Protection. Service users will be consulted and involved in any significant changes to policy and provision.

The Violence Against Women Partnership's domestic abuse action plan will be integrated with the strategies and plans of Edinburgh's other public protection committees (adult, child, offender management and drug and alcohol partnership) and reflect the existing policies and practice of the City of Edinburgh Council, NHS Lothian, Police Scotland and voluntary sector partners. This will promote collaboration across all service areas, particularly between adult, child and public protection.

4.8 Adequate resources need to be allocated to achieve good outcomes for families affected by domestic abuse

It is important that services are resourced adequately and appropriately. In an economic climate, which requires us to spend less and work more efficiently, partners need to consider how staffing and financial resources can be used more effectively to achieve the improvement to which we aspire. The partners are committed to exploring the best way to target spending and access additional national and local resources to achieve the most positive outcomes.

5. RESPONSIBILITIES

This policy will be monitored by the Edinburgh Partnership and the Edinburgh Chief Officers' Group – Public Protection. All agencies within the partnership will be supported to adopt this policy as a minimum standard, with acknowledgement and recognition of existing strategic

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objectives of the associated agencies. This policy should align with partner agencies equality policies to prevent discrimination across the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

6. LEGISLATIVE CONTEXT

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Children \(Scotland\) Act 1995](#)

[Children's Hearing \(Scotland\) Act 2011](#)

[Domestic Abuse \(Scotland\) Act 2011](#)

[Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)

[Protection from Abuse \(Scotland\) Act 2001](#)

[Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)

7. ASSOCIATED DOCUMENTS

[Coordinated Community Response Model](#)

[Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland](#) (The Scottish Government 2009)

[National Guidance for Child Protection in Scotland](#) (The Scottish Government 2010)

[A Partnership Approach to Tackling Violence Against Women in Scotland](#) (COSLA / The Scottish Government 2009)

[No excuse! Violence against women](#) (partnership strategy 2008-2013; to be reviewed in 2013)

[National Domestic Abuse Delivery Plan for Children and Young People](#) (The Scottish Government 2008)

[Getting It Right For Every Child agenda](#)

[National Strategy for Survivors of Child Sexual Abuse](#) (Scottish Executive, 2005)

[A place of greater safety](#) (Co-ordinated action against domestic abuse CAADA 2012)

[Beyond Violence: Breaking cycles of domestic abuse](#) (The Centre for Social Justice, 2012)

[Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice](#) (Scottish Government, 2008)

[Help for male victims of domestic abuse – Men's Advice Line website](#)

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Policy Title - Edinburgh's Multi-agency Domestic Abuse Policy

[Domestic abuse and gender inequality: An overview of the current debate \(Centre for Research on Family and Relationships, 2013\)](#)

[Stronger Together: Guidance for women's services on the inclusion of transgender women \(Tayside VAW Training Consortium / LGBT Youth Scotland 2011\)](#)

[Out of sight, out of mind? Transgender People's Experiences of Domestic Abuse \(LGBT Youth Scotland / Equality Network 2010\)](#)

Where do you go? Who do you tell? Consultation on the needs of gay, bisexual and transgender men who experience domestic abuse in Scotland (LGBT Scotland 2012).

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BACKGROUND

Domestic abuse is costly, in both financial and human terms. Research has estimated that the cost of domestic abuse to the Scottish public purse is £2.3 billion. The costs are high, principally because opportunities for early intervention and prevention are missed routinely, leading to more expensive interventions later.

The monetary impact of dealing with domestic abuse is less significant than the costs to society. The ripple effects are long-term and far reaching; not just for the individuals and their children, but for the wider community. Domestic abuse features heavily in the lives of children on the Child Protection Register, looked after children, young offenders and in those displaying bullying and disruptive classroom behaviour. Domestic abuse is also a feature in the lives of many people with mental health problems, people who misuse alcohol and drugs and women offenders. It is a factor in many violent crime figures, including murder, and in a substantial number of homeless applications and disputed child contact cases, which tie up family courts.

The number of domestic incidents recorded by Police Scotland has increased steadily over the last four years to around 5300 in Edinburgh. In approximately 45% of these incidents, children were identified as present or resident in the home. These figures are concerning. Witnessing or experiencing domestic abuse represents one of the most serious risks to children in our society. This is reflected in the number of cases added to the Edinburgh Child Protection Register. Between August 2011 and July 2012, domestic abuse was identified as a concern in 40% of all registrations. As well as the risks related to domestic abuse, there is also a significant correlation with other child protection issues. Where domestic abuse is identified, it is related to emotional abuse in just over half the cases; parental alcohol and drug misuse in over a third; neglect and physical abuse in just under a quarter, and sexual abuse in just under a tenth.

Domestic abuse has a devastating impact on the adult victim. Far from being limited to physical assault, the abuse can have a long-term emotional and psychological impact, which can cause knock-on effects to almost every other area of their life. Similarly, the physical, psychological and emotional effects of domestic abuse on children can be severe and long-lasting. Domestic abuse can disrupt a child's environment profoundly, undermining their stability and damaging their physical, mental and emotional health. Domestic abuse during pregnancy also has a long-term and wide-ranging impact on the mother and child.

The response of services to both the victims and perpetrators of domestic abuse is critical. Given its widespread nature, it is likely that it will be uncovered in a range of settings when services are engaging with families in Edinburgh. Whilst it is essential to guarantee that there are specialist services to tackle domestic abuse, we also need to ensure that professionals across all service areas know what to do when they interact with known or suspected perpetrators or victims. It is not enough for mainstream services to rely on referral to specialist resources, and a coordinated, informed response from universal and generic children and adult services is essential.

Edinburgh benefits from highly skilled professionals who are passionate in this field and are already at the forefront of innovation. Further co-ordination across all stakeholders will avoid responses becoming fractured and therefore less effective. Effective joint working, based on shared principles and priorities support positive outcomes for victims and their children. It is important that perpetrators

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Policy Title - Edinburgh's Multi-agency Domestic Abuse Policy

are not left unaccountable for their actions, free to continue to abuse their current or future partners. The current change in focus from Police Scotland to the increased targeting of perpetrators is welcome and will form an integrated part of this work. By agreeing a shared understanding of the issues, progress can be made towards a consistent and better integrated approach. This document highlights domestic abuse as a priority in all areas of public protection, and sets out the key shared principles of effective intervention.

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SUPPORTING THE HEALTH AND WELL
BEING OF YOUNG PEOPLE WITHIN THE
CITY OF EDINBURGH

INTRODUCTION OF MENTORS IN
VIOLENCE PREVENTION (MVP)
PROGRAM WITHIN THE SCOTTISH HIGH
SCHOOL SETTING

ABSTRACT

The Mentors in Violence Prevention Programme – MVP Scotland provides the opportunity to embed within Scottish High Schools a sustainable approach to support health & wellbeing and positive relationships and explore links to different forms of abuse and violence. Whilst the majority of young people don't bully or abuse they possess the power to influence peers and provide a positive climate in which these behaviours don't exist.

The Scottish Violence Reduction Unit (VRU)

Introduction

The prevention of all forms of abuse and violence is a key priority for Scottish Government, Police Scotland and a range of other organisations. Improving health and wellbeing and promoting healthy relationships is a key focus and responsibility for us all.

The Edinburgh Community Planning Partnership aim to achieve a number of outcomes which include;

- Edinburgh's communities are safer and have improved physical and social fabric
- Edinburgh's citizens experience improved health and well-being with reduced inequalities in health
- Edinburgh's children and young people enjoy their childhood and fulfil their potential

Although the biggest influence on children and young people is their parents and carers, as they go through their teenage years the influence of their peers increasingly becomes more important. Education provides us with a universal opportunity to support the development of healthy positive relationships and the MVP approach offers excellent opportunities through the Curriculum for Excellence to create an environment where young people can consider and explore the many social issues of abuse and violence within the context of relationships.

1. Background

None of us want to think that violence exists in our society but it does and it is preventable. It is the behaviours and attitudes that can lead to violence and it's not just the physical acts that we need to tackle as a society. For young people in Scotland there exists a range of behaviours that are considered normal. Incidences of 'sexting' and teen dating abuse are on the rise. The impact of the internet and the use of social media has resulted in the term 'cyber-bullying' becoming all too common in today's schools. The result is that some young people are failing to identify these issues as damaging and so reducing their ability to act and support friends. Challenging negative attitudes and re-enforcing positive behaviours are key to strengthening relationships and so reducing the potential for these behaviours to be ignored and become the norm amongst young people.

In Scotland violence against women remains unacceptably high and we have national strategies and organisations working to both prevent abuse and ensure appropriate interventions. Nationwide statistics suggest that in their life-time between 1 in 3 and 1 in 5 women will experience a form of men's violence against women. In recent years in Scotland there have been annually, around 60,000 incidents of domestic abuse reported to the police and in 2012/13, 1372 rapes were reported to the Police and a study by NSPCC showed that a third of teenage girls in a relationships suffered unwanted sexual behaviours.

In order to reduce these unacceptable incidents and ultimately prevent them occurring in the first place we must seek to change and influence positive attitudes especially amongst

young people. That is why the MVP Programme which supports individuals to identify harmful attitudes and safely intervene is so valuable.

The MVP programme provides opportunities to discuss these very important issues and to promote health and wellbeing and positive relationships at a societal and individual level.

2. MVP Scotland

In 2011 in collaboration with MVP creator Jackson Katz, the VRU began working with a number of local authorities seeking two test sites to look at embedding the MVP program into the high school setting.

In 2012 the VRU engaged further local authorities and in turn provided MVP training for four further schools.

The schools involved in the initial pilot Portobello, St Stephens and Port Glasgow High school have started to repeat the process they started in 2012 and are on their second year of peer led delivery of MVP in their schools.

The evaluation completed by St Andrew's University can be viewed following the link below.

<http://actiononviolence.co.uk/content/mvp-evaluation-report>

The report suggests (from the qualitative aspects in particular) that MVP has provided a number of successful outcomes. The quantitative aspects of the report showed that attitudes changed significantly post-intervention, indicating 'less traditional' and more progressive views towards women. Some similar findings identified from US evaluation were found. The Mentors understanding of the issues and skills base showed significant progression and development.

MVP was found to give young people tools to identify issues as emergencies as well as empowering them to support friends.

3. The future of MVP and sustainability within the City of Edinburgh.

The Violence Reduction Unit have developed and tested a suitable training programme which will allow future training to be carried out without the need for direct involvement from the US. Recent funding provided by Scottish Government Equalities Unit has provided further capacity with the recruitment of a further trainer from The City of Edinburgh Council. This post will support the dissemination of MVP across City of Edinburgh secondary schools.

It is agreed that sustainability of MVP will be further supported through the training of local MVP training teams allowing the VRU to support local trainers who will continue to work with schools. The ongoing work within Portobello HS confirms that with minimal support the MVP model can be sustained within a school providing opportunities for all young people to benefit from the MVP approach.

An Edinburgh Strategic steering group met on the 11th February. This initial meeting agreed that the MVP Programme presents a real opportunity to deliver prevention focused work within City of Edinburgh High Schools linked to Curriculum for Excellence. Membership of the group included representatives from

- Children & Families Department (Support for Children and Young People, Schools and Community Learning and Development)
- Police Scotland
- NHS Lothian (Healthy Respect & the lead for Gender Based Violence)
- Edinburgh's Violence against Women Partnership
- Education Scotland

4. Partners

The above organisations are considered key partners in the future development of MVP across Edinburgh. The plan below is based on the assumption that each partner fully supports the ongoing development of the MVP model. Proposed roles are contained within each partner description.

City of Edinburgh Council (CEC) – CEC will support the widening of MVP into all High Schools in the authority area. Through the Edinburgh Steering group CEC will look at the wider learning environment to provide support to High Schools. The MVP programme will be supported as a key delivery model to support a range of prevention within local High Schools.

Scottish Violence Reduction Unit – The VRU as a member of the Building Safer Communities will continue to provide the experience and coordination for the MVP model. The VRU will deliver initial MVP training to identified schools. The VRU will support local MVP trainers to deliver MVP training to further schools across the city.

Education Scotland – Providing links to the Curriculum for Excellence is key to embedding MVP within the high school setting. Education Scotland will identify these links as well as other areas where MVP can support Educational settings. They will work with VRU and the authority in supporting the development of the MVP Programme across the authority.

NHS Lothian – Will link MVP to other prevention and mainstream services and programmes within NHS Lothian (sexual health etc..) and provide relevant information around support services to support each area in signposting to appropriate services – such as mental health and wellbeing and other GBV services if disclosures are made during the programme.

Edinburgh's Violence against Women Partnership – Will provide a link to current developments and strategies within City of Edinburgh and ensure the multi-agency partnership integrates the work of MVP into wider initiatives and prevention programmes.

Police Scotland – Violence Preventions and Interventions. Will provide link to Police Strategies, campaigns and developments.

We are in the process of identifying a representative from the Voluntary Sector.

5. Project Plan

Initial scoping work carried out by the VRU have identified the six CSMG boundaries – East, North, Total Craigoyston, South, South west and West. Within each of these areas a range of services exist which could support the future development of MVP both in the short and long term.

A number of issues were discussed and agreed upon and form the basis for taking the MVP model across the city. These are detailed within the following section.

The following information details plans for 2014 – 2016. The Edinburgh MVP Steering Group will work to

- Develop an agreed terms of reference for this group. This will detail its role, determine membership and agree a structure to report progress within the City of Edinburgh Council and Community Planning Partnership.
- Identify an implementation approach utilising existing CSMG boundaries with an initial focus on the East and 'Total Craigoyston'.
- Support the delivery of the MVP Programme within these areas with a view to widening MVP across the City of Edinburgh.
- Will work with the VRU to develop an Edinburgh based MVP training team.

6. Outcomes

It is intended that this project will have the following outcomes.

- To improve mental and physical health, well-being and resilience of young people in Edinburgh.
- Young people in Edinburgh will have access to violence reduction education under Curriculum for Excellence in mainstream and specialist education.
- Young people will develop confidence and understanding around healthy positive relationships and be able to identify and safely challenge abusive behaviours and attitudes within their own relationships and amongst their peers.

A number of other outcomes will evolve as the programme is developed. Education Scotland have already linked the MVP Programme to health and well-being experiences and outcomes within Curriculum for Excellence. Work is ongoing to make further links to CfE, GIRFEC and other educational agendas. The VRU will work with local authorities in identifying initial baseline indicators and make comparisons as the model progresses.

7. Evaluation

There is a national evaluation for measuring shifts in attitudes and behaviour for the young people who take part in the MVP programme and for staff who receive training. Evaluation is an area where City of Edinburgh may like to identify how the impact across the authority is going to be measured.

8. Conclusion

MVP offers a consistent approach in Edinburgh to tackle some of the behaviours and attitudes that can lead to bullying, abusive and violent behaviour. MVP will contribute to Edinburgh's Community Planning Partnerships outcomes and enable our younger citizens to play an active role in achieving these. Introducing the MVP program into our High school and community settings offers great potential to embed something not only into our schools but within the Youth Strategy and curriculum also. Whilst there is a reference to violence and abuse the ultimate focus for this work is to improve mental and physical health, well-being and resilience for young people across Scotland.

It is agreed that the MVP model provides positive outcomes for young people. The future of the MVP programme will work towards sustaining it both locally and nationally.

Multi-Agency Risk Assessment Case Conferences

Proposal for Roll out across the city

In January 2012 a Domestic Abuse Court pilot was established in the South and East Operational Command Area (OCA) of Edinburgh. The court was supported by advocacy workers from the Edinburgh Domestic Abuse Court Support Service (EDDACS) which is hosted by Edinburgh Woman's Aid. EDDACS workers complete a risk assessment (DASH 2009) on women who chose to accept the service within 24 hours of a domestic abuse incident where the police have been called out.

In April 2013, Multi-Agency Risk Assessment (MARAC's) were established in the pilot area. Women were referred to a MARAC where they had scored 14 or more on the DASH (2009) and a multi-agency response was developed to increase the safety of the women and children. The MARAC met once a month for 3.5 hours and discussed a maximum of 12 cases, including some repeat cases. Currently cases can only be referred into the MARAC through EDDACS although it is hoped that this could be expanded to include referrals from other agencies.

It is being proposed that the Domestic Abuse Court will be rolled out across the city and it is likely that this will commence in January 2015. This paper will lay out a proposal for how the MARAC's might also be rolled out to meet the increased demand.

It has been suggested that rather than developing MARAC's in each OCA, a city wide approach would be adopted. This would allow the most concerning cases to be referred to the MARAC and would maintain consistent thresholds across the city.

The proposal would be that MARAC's would run for one day each month. The day would be organised in geographical areas e.g. South and East, North and Central, West and Pentlands, which would allow staff to attend for the part of the day relevant to them but would also allow cases that were scoring most highly on the risk assessment to be given priority.

During the pilot, chairing has been shared between Criminal Justice Social Work and Police and I would suggest that this continues, with each agency taking responsibility for half a day each month. Alternatively we could consider a chair taking responsibility for each OCA and providing cover for each other.

Currently we aim to discuss 12 cases in 3 hours, including a review of actions. I would suggest that the maximum number of cases a full day MARAC could discuss is **24**. Over a year this would allow us to discuss **288** cases. Another possibility is that we move to a 4 weekly MARAC which would increase the number of cases discussed annually to **312**.

Based on our experience to date, it is possible to estimate how many cases would meet MARAC thresholds across the city. This estimate varies depending on what proportion of business is dealt with through the South and East pilot area; estimates vary from 20 - 25%.

Column 1 is an estimate of the number of cases citywide which meet these thresholds where South and East represent 20% of the business; Column 2 is where South and East represent 25% of the business. These figures do not include cases that are referred on the basis of escalation/professional judgement, but those tend to make up relatively few of our EDDACS cases. Repeats should already been included. Using these percentages we can estimate how cases would score on the DASH 2009 across the city.

Risk Assessment Score DASH 2009	Column 1 – 20%	Column 2 – 25%
14 plus	455	364
15 plus	355	284
16 plus	275	220
17 plus	195	156
18 plus	130	104

These figures suggest that a threshold of 15 plus would generate between 284 and 355 cases across the city in a year. A four weekly MARAC would create capacity for **312** cases to be discussed. If we adopted **15** as our initial threshold for referral into a MARAC, we could review it as required over time.

I therefore propose the following

- 4 weekly MARACS
- Each MARACs would run from 9am – 5pm, with a lunch break.
- 24 cases would be discussed each day with action updates
- Business would be organised geographically to maximise staff time
- The threshold for referral would be 15 on the DASH 2009
- This would be reviewed after 6 months

Rona Fraser
 Criminal Justice Sector Manager
 City of Edinburgh Council
 3.3.14

Violence Against Women Key Performance Indicators 2014/2015

BASELINE DATA - NUMBER OF PEOPLE AFFECTED BY VIOLENCE	
VAW-01a Number of domestic abuse incidents	5313
VAW-9a Number of child concern forms sent to social care direct with domestic abuse as a concern	3186
VAW-9b Total number of concern forms sent to social care direct	9630
VAW-14 Number of contacts to H&SC social care direct with category 'person affected by domestic abuse'	93
VAW-15 Number of contacts to Children and Families social care direct with category 'person affected by domestic abuse'	2672
VAW-22a Number of calls to domestic abuse helpline from Edinburgh	768
VAW-22b Number of calls to domestic abuse helpline related to forced marriage	11
OUTCOME ONE: THE INDIVIDUAL NEEDS OF WOMEN AND CHILDREN AFFECTED BY, OR AT RISK OF, VIOLENCE ARE MET AT THE EARLIEST POINT	
VAW-04 Total number of people trained by the VAWP	1623
VAW-05 Total number of women and children provided refuge	168
VAW-06 Total number of new women supported by specialist services in the VAWP	3431
VAW-07 Total number of children and young people supported by specialist services in the VAWP	457
VAW-16 Number of referrals to EDDACS	343
VAW-17 Number of cases discussed at MARAC	106
OUTCOME TWO: PERPETRATORS ARE LESS LIKELY TO REOFFEND	
VAW-02 Number of repeat victims	Not available until police stats are released
VAW-03 The conversion rate for incidents	Not available until police stats are released
VAW-8 Number of new CPO's or probation orders with a condition of attendance at Caledonian	51
OUTCOME THREE: SOCIAL TOLERANCE OF ALL FORMS OF VIOLENCE AGAINST WOMEN IS REDUCED	
VAW-18a Number of calls to social care direct from public	39
VAW-18b News article on domestic abuse campaign	108
VAW-19 Number of hits on campaign website since launch of domestic abuse campaign	957
VAW-20 Number of hits on domestic abuse webpages	5330

OUTCOME FOUR: SITUATIONAL AND STRUCTURAL RISK FACTORS THAT CAN EXACERBATE THE LIKELIHOOD OR SEVERITY OF VIOLENCE ARE REDUCED AND PROTECTIVE FACTORS ARE STRENGTHENED	
VAW-23 Number of women during 2013 Willow service review experienced some form of trauma	52 (96.3%)
VAW-24 Number of women during 2013 Willow service review have a current mental health problem	49 (90.7%)
VAW-25 Number of women during 2013 Willow service review have current substance misuse problem	34 (63%)
OUTCOME FIVE: ENSURE SERVICES CATER TO THE NEEDS OF MALE VICTIMS AND LGBT PEOPLE	
VAW-26 Number of calls from males to the domestic abuse helpline	162

'Our Glass House' - domestic abuse awareness raising event

The Commonwealth theatre company will stage 'Our Glass House', a site specific event staged in a disused house that explores domestic violence, during the Edinburgh Festival in August 2013. The event explores the complexities of domestic abuse and wider forms of gender based violence including the impact upon children and young people.

Target audience

Police, Health, Social Work, Education, Housing, local residents & community groups.

Funding

Total costs are estimated at £17,000 (budget available).

Confirmed contributions:

Lothian and Borders Police	£5,000
NHS	£4,000
Health and Social Care	£2,000
Scottish Government	£2,000

A local South West Housing Association (Prospect Housing) is providing a large residential vacant property in the Wester Hailes area for a free rental period of 8 weeks

The event will be hosted over a 2 week period, twice a day. 30 people can attend per show. Up to 720 people can attend in total. Tickets will be free but will need to be booked in advance. The Steering Group (Chaired by Lesley Johnston, Chair of EVAWP) has agreed a ticket allocation for key agencies, & a proportion for Press & Festival Box Office. This allocation includes schools; voluntary sector; statutory services and the community via Prospect Housing.

Details of the show

'Our Glass House' is a site-specific event staged in a disused house-there is no violence or perpetrators in the show. The company explores why people may stay in abusive relationships and how they may eventually leave. The show is based on real-life testimonies from interviews with women and men who have experienced domestic violence. The event incorporates different domestic abuse scenarios within each room of the house. Action happens simultaneously with audience free to choose their own journeys. 'Our Glass House' features six characters, each occupies a different room in the house and is representative of different backgrounds, class, race, age and gender. The show is followed by a structured discussion with the audience about domestic abuse and is linked to providing audience with information about local services and sources of support for victims.

Feedback

'Our Glass House' was staged in North Bristol, commissioned by Bristol City Council, funded by different agencies. It was perceived as being more effective at bringing the reality of what it is like to live in a controlling relationship than many training days.

Aim

The aim of this document is to inform and support the work of practitioners who are responsible for protecting children and adults from the abuse associated with forced marriage. It outlines how practice in relation to forced marriage is aligned with existing structures, policies and procedures designed to protect children and adults with support needs and those experiencing domestic abuse.

What is forced marriage?

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage, and pressure or abuse is used. It is an indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel they are bringing shame on their family). Financial abuse (taking wages or not giving the person any money) can also be a factor.

Parents who force their children to marry often justify their behaviour as protecting their children, building stronger families and preserving cultural or religious traditions. However, forced marriage cannot be justified on religious grounds; every major faith condemns it.

Victims are under immense pressure to conform to the wishes of family. This can be accompanied by physical, emotional and sexual abuse. It is not uncommon for victims to be killed (so-called 'honour' killing) or to commit suicide. The circumstances of forced marriage are such that victims may remain with or return to families, or not be able to follow through on actions. This is not a failure on their part. Services should continue to be available to victims.

What is arranged marriage?

Arranged marriage is an ancient and evolving tradition, whereby families take the lead role in helping to choose the marriage partner, but the marriage takes place with the consent of both parties and either party can change his/her mind at any time, without any negative repercussions.

In cases where a young person appears to be happy about an engagement to be married, if they are under 16, they are not able to consent to such an arrangement and are therefore being forced to marry. Likewise, people with learning disabilities may be unable to give true consent as a result of not fully understanding the implications of what they are agreeing to. In these circumstances the marriage would be forced, rather than arranged.

Who may be affected?

Both women and men can be forced into marriage, although most cases involve women aged between 13 and 30. People with physical and learning disabilities may be forced into marriage by families wanting to ensure their long-term care. Lesbian, gay, bisexual and transgender (LGBT) people can also be affected.

Most reported cases in the UK so far have involved South Asian families (Pakistani, Indian and Bangladeshi). This partly reflects the large, established South Asian population in the UK. There have been cases involving East Asian, Middle Eastern, European and African communities as well. Forced marriage is not associated with particular religions or religious practices, and has been recorded across different communities. Some forced marriages take place in Scotland with no overseas element, while others involve a partner travelling to the UK from overseas or a British national being sent abroad.

What is the impact of forced marriage?

Isolation is one of the biggest problems facing those trapped in, or under threat of, a forced marriage. They may feel they have no one to speak to about their situation – some may not be able to speak English. These feelings of isolation are very similar to those experienced by victims of other forms of domestic and child abuse. Only rarely will an individual disclose fear of forced marriage. Therefore, someone who fears they may be forced to marry will often come to the attention of health professionals, police, social care services, education services or other professionals for various behaviours consistent with distress.

Young people forced to marry, or those who fear they may be forced to marry, are frequently withdrawn from education, restricting their educational and personal development. They may feel unable to go against the wishes of their parents and be threatened with disownment if they do – consequently they may suffer emotionally, often leading to depression and self-harm. These factors can contribute to impaired social development, limited career and educational opportunities, financial dependence and lifestyle restrictions. Self-harm and suicide are also possible consequences.

Children and adults with support needs are particularly vulnerable to forced marriage and its consequences because they are often reliant on their families for care; they may have communication difficulties; and they may have fewer opportunities to tell anyone outside the family about what is happening to them.

There have been reports of children and adults with mental health needs, learning and physical disabilities being forced to marry. Some adults with support needs do not have the capacity to consent to the marriage. Some children and adults with support needs may be unable to consent to consummate the marriage. Sexual intercourse without consent is rape. There are various other offences under the Sexual Offences Act 2009, relating to a person with a mental disorder.

What are the possible consequences of forced marriage?

Women forced to marry may find it very difficult to initiate any action to end the marriage and may be subjected to repeated rape (sometimes until they become pregnant) and ongoing domestic abuse within the marriage. In some cases, they suffer violence and abuse from the extended family, often being forced to undertake all the household chores for the family. Victims frequently become trapped in a relationship marked by physical and sexual abuse. The impact this has on children within the marriage is serious. Children may learn that it is acceptable to be abusive and that violence is an effective way to get what is wanted. They may learn that violence is justified, particularly when angry with another person. Children witnessing abuse can be traumatized, because witnessing persistent violence undermines children's emotional security and capacity to meet the demands of everyday life. Children's academic abilities can be affected. Witnessing violence as a child is associated with depression, trauma-related symptoms and low self-esteem in adulthood.

Legal context

Forced marriage is an abuse of children's rights under the UN Convention on the Rights of the Child. It is also an abuse of the basic human rights of children, young people and adults, as set out in the European Convention on Human Rights, and is contrary to the domestic laws of Scotland and the other UK countries. There may be associated criminal activities, such as abduction, physical abuse and threats. The Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act was passed in 2011 and creates Forced Marriage Protection Orders.

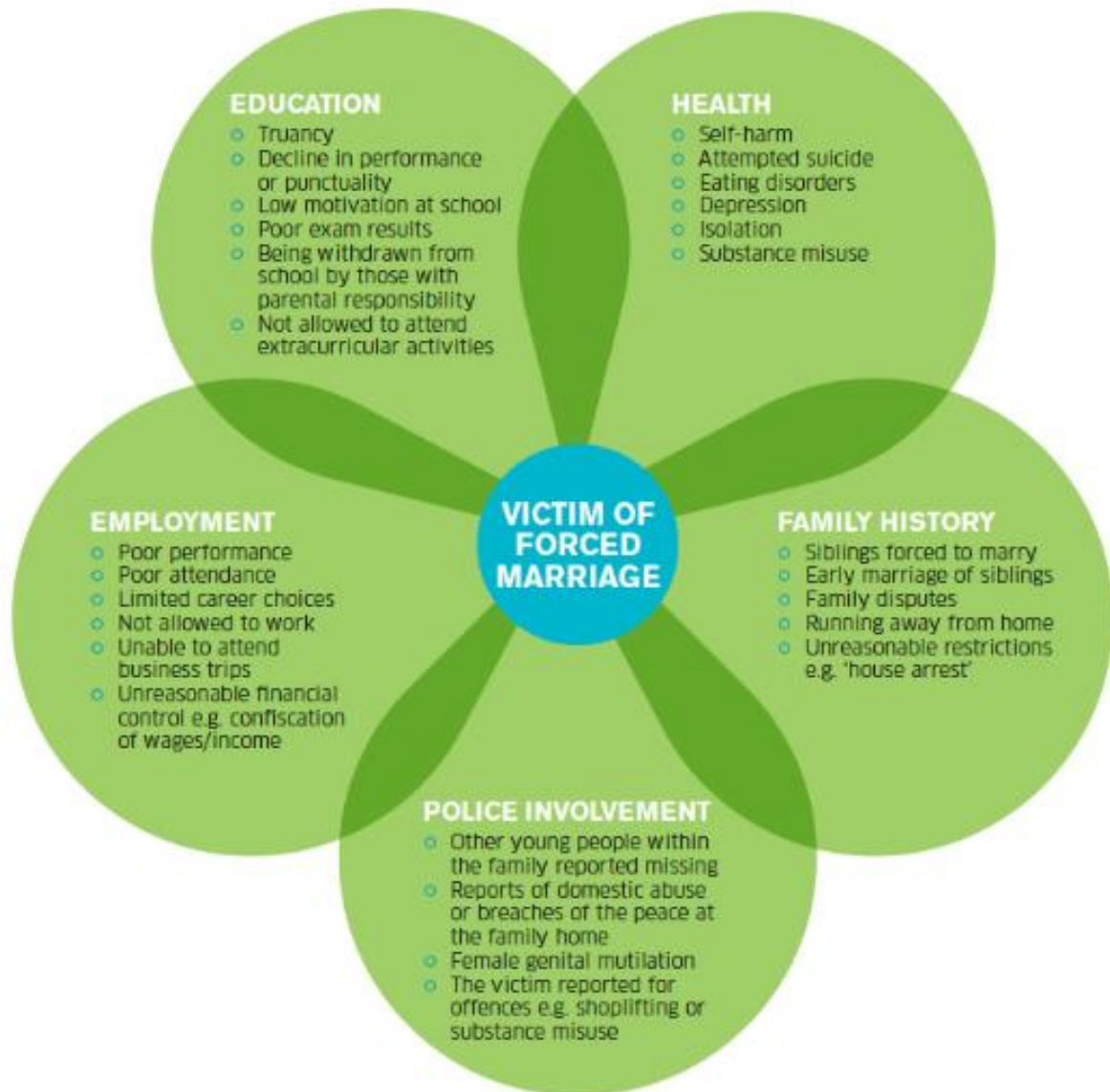
Forced Marriage Protection Orders (FMPO) are designed to prevent a forced marriage from occurring or to offer protective measures when a forced marriage has taken place. The court's powers are wide-ranging and the terms of the order can be tailored to the specific needs of the victim. Orders may contain prohibitions, restrictions or requirements to stop or change the conduct of those who would force the victim into marriage.

A FMPO can be

- granted by the civil sheriff courts for either a child or adult
- applied for by third parties (including local authorities) on a victim's behalf
- applied for by all other third parties, with leave of the court
- made by a civil court on its own initiative under certain circumstances
- applied for on behalf of the victim in criminal cases by the Lord Advocate, if the case has been referred by the court

If there are complexities associated with immigration status, nationality, dual nationality and whether the victim is in Scotland, elsewhere in the UK or overseas, the Forced Marriage Unit can be contacted for advice, as these complexities might affect how victims can be assisted.

Potential warning signs



In order to make sensitive and informed professional judgements about the child's or potential adult victim's needs, it is important that professionals are sensitive to differing family patterns and lifestyles, and to child-rearing patterns that vary across different racial, ethnic and cultural groups. **At the same time, they must be clear that child abuse cannot be condoned for religious or cultural reasons** – therefore, forced marriage must be responded to as a protection and safeguarding issue.

Key Practice Messages and checklist:

These following key messages and checklist are for frontline practitioners who have identified that forced marriage may be an issue. Forced marriage should always be referred to Social Care Direct as an adult protection or child protection issue, depending on the age of the victim.

Focus on safety and protection

- Always focus on the safety and protection of victims and avoid contributing to risk.
- Always take the issue and the concerns of the victim seriously and recognise the potential risk of significant harm to the victim; many practitioners underestimate, or find it hard to believe, the lengths that families go to in order to force a marriage and that families do kill in the name of 'honour'.
- **DO NOT** attempt family counselling, mediation, arbitration and reconciliation, if forced marriage is an issue; this can put a victim at further risk.
- **DO NOT** share information with family/friends/community members; and, as with all cases, only share information with other practitioners in your own or other agencies if it is necessary to protect victims.
- As with all records belonging to individuals, forced marriage cases should be kept secure to prevent unauthorised access by anyone other than those dealing directly with the case.

Checklist

You may only have one chance to speak to a potential victim of forced marriage, and therefore, only one chance to:

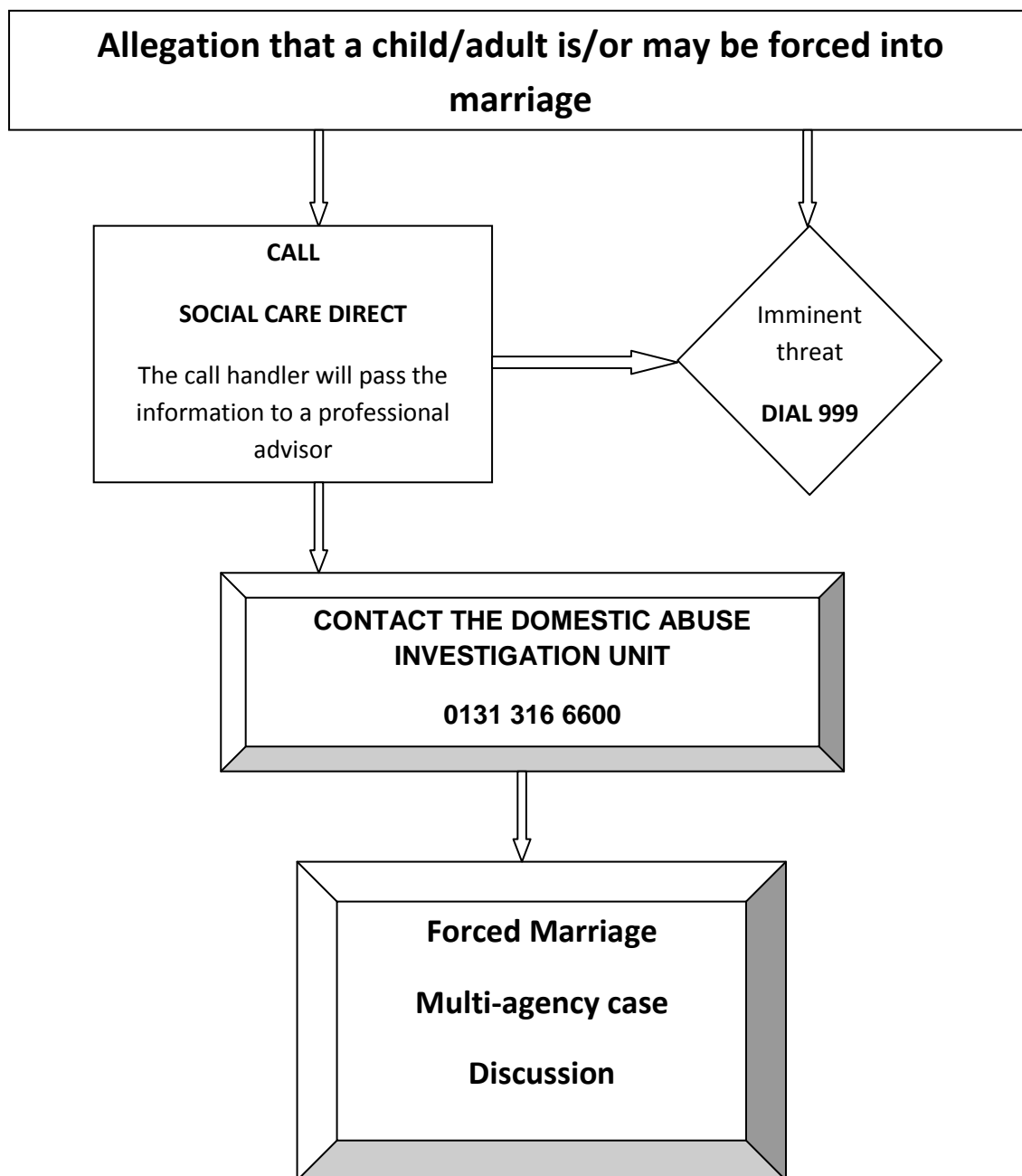
- see the victim on her/his own – even if s/he is accompanied by others
- see her/him immediately in a secure and private place where you will not be overheard
- reassure her/him that you will not give information to family/friends or community.
- take what s/he says seriously
- ensure an independent translator¹ is available if necessary

¹ There are risks in using interpreters so you should be cautious and ensure they are professional, independent and have no links with the community or victim's family. Make sure the interpreter understands that their role is to translate verbatim and not "interpret" the message or censor/omit any of the information.

- be aware a woman may not be allowed or willing to speak to a male worker alone
- recognise and respect her/his wishes
- obtain as much information as possible from her/him about the situation and the risks s/he faces.
- agree a way to contact her/him safely (for example, agree a code word)
- obtain full details and record these safely to pass on to Social Care Direct or the police
- explain all the options to her/him and their possible outcomes, as much as you are able
- give her/ him (or help her/him memorise) your contact details and/or those of a support agency, such as Shakti
- consider the need for immediate police involvement, protection and placement away from the family, and arrange this if necessary; this includes any action to stop her/him from being removed from the UK (please see FMU contact details below).

Contact Social Care Direct immediately if you become aware that forced marriage may be an issue. It is important not to contact the victim's friends/family, community or community leaders or attempt to mediate with them. How services will align with the family will be considered as part of the forced marriage multi-agency discussion, which will take place following the referral to Social Care Direct.

All forced marriage multi-agency case discussions will be recorded as IRDs on the eIRD system. If under 16, or under 18 and in full time education – child protection eIRD; if over 18 or aged 16-18 and not in full time education – adult protection eIRD.



Planning options from forced marriage case discussion – considerations could include: safe use of interpreters, locking down records, support from Shakti, or other relevant specialist agency, application for Forced Marriage Protection Order, initiation of further adult and child protection processes, identifying any other/younger siblings who may also be at risk, risk assessments and safety plan completed, travel/abduction precautions (passport details/dual passports/immigration status), Trigger Plan if child disappears, including list of all vehicles used by family, full details of extended family (addresses in UK and abroad), photograph of victim/DNA sample taken/details of distinguishing marks, details of school attended and school contact, establish regular safe contact.

Appendix One

Useful contacts for general advice and guidance:

All agencies should follow the procedure above if forced marriage cases are identified. However, the contacts below can provide general advice and guidance.

Scottish Government Forced Marriage Helpline

Free helpline with trained advisors on hand 24 hours a day

0800 027 1234; www.yourrightscotland.org

Shakti Women's Aid

Offers support, advocacy and information to all black and minority ethnic women, children and young people in Edinburgh affected by domestic abuse, including arranged and forced marriage and forms of culture-based abuse.

Tel: 0131 475 2399; Email: info@shaktiedinburgh.co.uk

Forced Marriage Unit (FMU)

You should contact the FMU if you know or suspect that a child or adult victim is being taken out of Scotland or out of the UK. It can assist in alerting the police and authorities at points of departure so that the victim and those accompanying the victim can be prevented from leaving the UK.

Tel: 020 7008 0151 (Mon-Fri: 9am-5pm); Email: fmu@fco.gov.uk.

Lead person within each agency

Each agency has a lead person for forced marriage who can offer general guidance and advice.

City of Edinburgh Council

Children and Families

Sean Bell, Children's Practice Team Manager

Tel: 0131 453 9124 (Mon-Fri: 9am-5pm); Email sean.bell@edinburgh.gov.uk

or

Ruth Weston, Social Worker

Tel: 0131 453 9166 (Mon-Fri: 9am-5pm); Email ruth.weston@edinburgh.gov.uk

Health and Social Care

Kate Fennell, Adult Protection Lead Officer

Tel: 0131 529 2207 (Mon-Fri: 9am-5pm); Email Kate.Fennell@edinburgh.gov.uk

Other Council Departments

Anna Mitchell, Domestic Abuse Lead Officer

Tel: 0131 529 6485 (Mon-Fri: 9am-5pm); Email anna.mitchell@edinburgh.gov.uk

Police

Detective Inspector Douglas Moran

Domestic Abuse Investigation Unit

Tel: 0131 316 6600 ; Email: Douglas.Moran@scotland.pnn.police.uk

Health

Kemal Ibrahim, Community Paediatrician

Department of Community Child Health

Tel: 0131 536 0488/0131 536 0467; Email: Kemal.Ibrahim@nhslothian.scot.nhs.uk

Further Information:

Practitioner guidance: multi-agency guidance intended to inform all frontline staff and volunteers within agencies who are likely to come across adults or children and young people threatened with or in a forced marriage and who are at risk of the abuse associated with this. There is specific guidance for:

- health workers
- school, college and university staff
- police officers
- children and families social workers
- adult support and protection staff
- local authority housing

Practitioner guidance can be accessed [here](#)

www.scotland.gov.uk/Publications/2011/12/22165750/4

Statutory guidance: guidance describes the responsibilities of chief executives, directors and senior managers within agencies involved in handling cases of forced marriage. It covers roles and responsibilities, accountability, training, inter-agency working and information sharing, risk assessment and information sharing, risk assessment and record keeping.

Pdf version of statutory guidance can be accessed [here](#)

www.scotland.gov.uk/Topics/People/Equality/violence-women/forcedmarriage/FMGuidance

Guidance for legal professionals: the Scottish Government has published guidance to assist legal professionals in private practice, law centres, local authorities, Crown Office and Procurator Fiscal Service, Scottish Children's Reporter Administration and others to work with victims of forced marriage sensitively and effectively and in partnership with other agencies involved with the victim.

Pdf version of guidance for legal professionals can be accessed [here](#)

www.scotland.gov.uk/Topics/People/Equality/violence-women/forcedmarriage/Guidance/LegalGuidance

Summary guidance: in addition to the above, a summary document has been published, which provides a background, key messages and useful links to national support agencies and other useful contacts.

Summary guidance document link (including Pdf): [here](#)

www.scotland.gov.uk/Publications/2011/11/11134734/0

Corporate Policy and Strategy Committee

10.00am, Tuesday, 2 September 2014

Economy Policy Development and Review Sub-Committee Work Programme August 2014- June 2015 – referral from the Economy Committee

Item number	7.5
Report number	
Wards	All

Executive summary

The Economy Committee on 19 August 2014 agreed to refer the Policy Development and Review Sub-Committee Work Programme for 2014-15 to the Corporate Policy and Strategy Committee for information.

Links

Coalition pledges

Council outcomes

Single Outcome Agreement

Appendices

Economy Policy Development and Review Sub-Committee Work Programme August 2014- June 2015

Terms of Referral

Economy Policy Development and Review Sub-Committee Work Programme August 2014- June 2015

Terms of referral

- 1.1 On 19 August 2014 the Economy Committee considered the Policy Development and Review Sub-Committee Work Programme for 2014-15.
- 1.2 The Economy Committee agreed:
 - 1) To approve the Policy Development and Review Sub-Committee Work Programme and refer it to the Corporate Policy and Strategy Committee.
 - 2) To consider an update on local town centre retail offering.
 - 3) To consider an update on workforce development within the care sector.

For Decision/Action

- 2.1 The Corporate Policy and Strategy Committee is asked to note the Economy Policy Development and Review Sub-Committee Work Programme for 2014-15.

Background reading / external references

Economy Committee 19 August 2014.

Carol Campbell

Head of Legal, Risk and Compliance

Contact: Ross Murray, Assistant Committee Clerk

E-mail: Ross.Murray@edinburgh.gov.uk | Tel: 0131 469 3870

Links

Coalition pledges

Council outcomes

**Single Outcome
Agreement**

Appendices

Economy Policy Development and Review Sub-Committee
Work Programme August 2014- June 2015

Item 7.5 - Work programme outline

Economy Policy Development and Review Sub-Committee

Period August 2014 - June 2015

Title / description	Sub section	Category or type	Lead officer	Starting point	Stakeholders	Progress updates	Start date	Due date
Title / description of the policy to be reviewed or developed	Some pieces of work might require to be broken down eg. pledges	Pledge or legislation or new idea	Service area	Where we are now	Groups	Meeting dates or frequency eg every two cycles		
Strategic Property Estate		Council Outcomes: 19; 25 and 26	Peter Watton	Economy Committee request for information on existing corporate estate.				19 August 2014
Edinburgh Office Market		Coalition Pledge 15	Steve McGavin	Economy Committee request for presentation on Office Space in the city.		Presentation by Dr Mark Robertson from Ryden.		9 October 2014
Developing Scotland's Young Workforce		Coalition Pledges 7 and 29	Ken Shaw/Brian Martin	Wood Commission Report		Presentation and discussion		9 October 2014
Edinburgh's Economy		Coalition Pledges: 7; 15; 16; 17; 21; 22	Alison Coburn	Economic Strategy published		Presentation on Economic trends for the city.		18 December 2014

Title / description	Sub section	Category or type	Lead officer	Starting point	Stakeholders	Progress updates	Start date	Due date
		and 28		2012.				
Investing in Jobs: an Economic Framework for Leith		Coalition Pledges: P15,16,17,18, 24, 28, 31, 33, 44, 50	Lesley Martin	Economy Committee Report June 2014.		Presentation and Discussion		18 December 2014
Economic Analysis of the workforce in Edinburgh		Coalition Pledges: 7 and 28	Greg Ward	Celebrating the success of the Edinburgh Guarantee.		Presentation and Discussion		13 February 2015
Visit to the Edinburgh BioQuarter		Council Outcome 26	Jim Galloway			Presentation and Discussion with Edinburgh BioQuarter (at Edinburgh BioQuarter)		28 April 2015