

Corporate Policy and Strategy Committee

10.00, Tuesday, 4 August 2015

Public Protection in Edinburgh Annual Reports 2014-2015

Item number	7.8
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 the Child Protection, Adult Support and Protection and Offender Management committees and the Alcohol and Drug Partnership and the strategic assessment of the Violence Against Women Partnership. The five committees/partnerships together oversee the main multi-agency public protection activity in Edinburgh.

The report also presents for approval a revised risk assessment and risk management policy for approval.

Links

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

Public Protection in Edinburgh Annual Reports 2014-15

Recommendations

1. It is recommended that Committee:
 - considers the annual reports and the strategic assessment from 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 revised Risk Assessment Policy 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 Counter Terrorism and Security Act 2015, which will be implemented from 1 July 2015, places a duty on local authorities to have 'due regard to the need to prevent people from being drawn into terrorism'. Work is underway to coordinate and combine the Council's activity in relation to this and to ensure the discharge of our responsibilities. This will be overseen by the Chief Officers' Group.

- 2.5 The multi-agency governance structure for public protection in Edinburgh is set out at Appendix 1, reflecting the intent to align the counter terrorism arrangements with other public protection committees in Edinburgh.
- 2.6 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.
- 2.7 Each of the five committees' annual reports/strategic assessment is attached as a separate appendix to this report.

This report also seeks Committee approval for the revised Risk Assessment Policy attached at Appendix 7. This is a revision of a previously agreed policy, which has been updated to ensure it reflects developments in public protection.

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 the City of Edinburgh Council
 - Adult Support and Protection Committee – chaired by NHS Lothian
 - Offender Management Committee – chaired by Police Scotland
 - 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/strategic assessment attached at appendices 2 to 6. Listed below are examples for achievements and future actions for each committee/partnership.

Examples of achievements

- 3.5 Speak Up – Speak Out, the three year campaign covering the key priorities for all areas of public protection, continues to be 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 issues including internet safety, substance misuse and domestic abuse.
- 3.6 Independent advocacy services for children and young people involved in child protection and child care process have been further developed and rolled out.
- 3.7 There has been increased learning and development activity to reflect the identified needs of our multi-agency workforce, such as working with disabled children in the child protection process.
- 3.8 A pilot practice evaluation exercise (15 cases), focusing on adult protection confirmed that standards of practice within adult protection are high, that a safe and robust process is in place to manage risk and that practitioners are skilled at engaging with service users often in very challenging circumstances.
- 3.9 To protect vulnerable adults, awareness has been raised among the workforce in partnership with Trading Standards and Operation Aristotle (Police) about fraud, e-scams and bogus workmen. Processes have been set up by which these situations are identified and reported.
- 3.8 There has been a full practice evaluation programme in criminal justice (over 12 months, involving 43 cases), including sex offender and serious violent offender cases. The practice evaluation identified a number of strengths, including examples of risk being well managed, multi-agency working, which was responsive to complex needs, a range of assessments being used to plan safe and thorough intervention, and positive engagement with service users (often overcoming initial resistance), with many positive outcomes for service users themselves as well as for the safety of others. Child and adult protection

guidelines were being followed, with effective links to other partners. There was evidence of practitioners being well supported by their line managers.

- 3.9 The residential unit providing accommodation for high risk offenders was inspected by the Care Inspectorate in September 2014. It received a very positive report, with only minor improvement actions identified.
- 3.10 To address and prevent alcohol and drug problems among young people, one referral and assessment process has been developed, linked to city-wide and local Getting It Right For Every Child arrangements; seminars focusing on risk taking behaviour, including drugs and alcohol, as well as sexual and mental health have been delivered across secondary schools in Edinburgh; community based prevention activities included outreach, alcohol brief interventions and referrals to counselling and support.
- 3.11 The Alcohol and Drug Partnership has established a collaborative to continue to redesign and develop a recovery-oriented system of care. The collaborative consists of commissioners and providers from the third sector, NHS Lothian and the City of Edinburgh Council, and gives all stakeholders an equal stake in developing the local strategy for treatment and recovery.
- 3.12 The Violence Against Women Partnership completed the first stage of its evidence based strategic assessment. The purpose of the assessment is for the Partnership to become a decision making body with a clear work plan based on priorities identified on the basis of evidenced need, an outcomes based performance framework and a membership that is able to drive change. The first stage of the strategic assessment shows where the Partnership is now, where the gaps are and where the Partnership wants to be in relation to the outcomes of Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls (Equally Safe).

Examples of future actions

- 3.13 Speak Up - Speak Out will focus on addressing child and adult sexual exploitation.
- 3.14 Through the self evaluation process and service user surveys, the Adult Protection Committee will seek to capture more comprehensively the views of service users regarding their experience of the adult support and protection process.
- 3.15 Areas for development identified in the criminal justice practice evaluation programme include recording, links with prison services, alignment of risk assessment processes for general offending, domestic abuse and drug treatment and testing, access to appropriate accommodation, and improvement

in sentence management.

- 3.16 A pan Lothian group has been established to develop responses to challenges arising from New Psychoactive Substances. The group will focus on developing:
- harm reduction messages for key populations
 - clinical guidelines and responses within treatment services
 - development of policies and programmes for schools; and
 - data gathering to understand the scale of the problem.
- 3.17 The next step of the Violence Against Women Partnership strategic assessment will be completed by October 2015. It involves consultation and priority setting with stakeholders and the development of an action plan and performance framework.
- 3.18 Developing an integrated mechanism to address our responsibilities in relation to counter-terrorism, with a business plan and performance indicators will be a key area of work in 2015/16.

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.

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

Andrew Kerr

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

Appendix 7 – Risk Assessment Policy revised July 2015

Governance structure for public protection in Edinburgh





**Edinburgh Child Protection Committee
Annual Report 2014-2015**

**Speak up • Speak out
We can help**



Contents

Preface	Page 2
Introduction	Page 3
Demographics	Page 4
Child Protection Committee Structure	Page 5
Edinburgh Child Protection Committee Functions	
1. Public Information	Page 6
2. Policies, Procedures and Protocols	Page 7
3. Management Information	Page 8
4. Quality Assurance	Page 9
5. Promotion of Good Practice	Page 10
6. Training and Staff Development	Page 11
7. Communications and Co-operation	Page 12
8. Planning and Connections	Page 13
9. Listening to Children and Young People	Page 14
Conclusions	Page 15
Appendix 1 – Child Protection Committee Structural Schematic, Remit and Membership list	Page 18
Appendix 2 – Remit and Membership list of Committee Sub Group structure	Pages 19 -21
Appendix 3 – Child Protection Register Statistics	Page 22

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 2013-2014 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 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 2014-2015.

Introduction

As we report on the activities of the Edinburgh Child Protection Committee for the period of 2014-2015, 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.

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 2013-2014 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 Care Inspectorate Quality Indicators How well are we improving the lives of children and young people?
3. The Edinburgh and Lothians Inter-Agency Child Protection Procedures (2012).
4. 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.

The overall population for Edinburgh has continued to grow with a +10.5% rise in population from 2004-2014. The 2015 General Register Office mid-year estimate states that, with a population increase of +10.5 Edinburgh has experienced the third largest population increase in comparison to all other Scottish local authority areas. Approximately 15.3% 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. During the year 2013/2014, it is estimated that 29% of inward migrants to Edinburgh originated from overseas, whilst 39% came from within Scotland and 32% from elsewhere in the UK (taken from the mid-2014 population estimates Scotland).

Child Protection referrals decreased from 1610 in 2013-2014 to 1265 in 2014-2015. The number of children with their names listed on the Child Protection Register has also seen a slight decrease from 297 in 2013-2014 to 264 in 2014-2015. We have seen a decrease in the number of Child Protection Case Conferences (CPCCs) in the period under review, with a total of 1160 CPCCs held in 2012-2013 and 1066 held in 2014-2015. These figures do not show enough variation to suggest a significant shift in trends.

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 ongoing campaign launches under 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.
- 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.
- The launch of the joint domestic abuse campaign, including for LGBT populations

Future Actions

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

- The Child Sexual Exploitation campaign will launch in October 2015 to coincide with the launch of inter-agency guidance.
- 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:

- Ongoing upgrade and maintenance 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 further information security and ensure that measures for referrer feedback are clear.
- The Committee has supported the 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).
- Inter-agency guidance has been developed to supporting partner agencies in identifying and dealing with Child Sexual Exploitation.

- The joint Significant Case Review protocol for Edinburgh, covering Child Protection, Adult Protection and MAPPA has been revised to reflect national guidance

Future Actions

The Committee will provide a leading role in the conclusion of a pan-Lothian Female Genital Mutilation (FGM) protocol.

The Committee will be represented on the Scottish Government working group concerned with the development of the national FGM action plan.

The Committee will be represented on the Scottish Government working group concerned with the development of the national guidance for tackling FGM effectively.

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

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

- The revision and development of the Child Protection Improvement Plan.
- Self-evaluation processed linked to the Care Inspectorate quality indicators and the National Guidance for Child Protection in Scotland (2014).
- 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 now 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.

Future Actions

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

Ongoing 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.

The Child Protection Improvement Plan will be reviewed in June 2015. It 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 and looked after and accommodated child process.
- Further development of the e IRD system; to include improved functionality, data protection and system interrogation.

- 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.

The Quality Assurance Sub-Committee will continue to receive monthly progress reports on the Child Protection Improvement Plan.

The Quality Assurance Sub-Committee will consider all published Significant Case Review reports, inspection reports and other scrutiny reports in order to determine any implications or relevant learning.

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, the national Child Protection Coordinator, based at WithScotland.
- Learn from good practice across the country through ongoing representation and participation at the Scottish Child Protection Committee Chairs' Forum, the Scottish Child Protection Lead Officers' Network and the Scottish Child Protection Committee's Learning and Development Group.
- Increased learning and development activity to reflect identified needs of our multi-agency workforce (such as working with disabled children in the Child Protection process).

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.

Continue to promote the purposeful relationship with the Care Inspectorate link inspector provision.

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 a new 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, child sexual abuse and domestic abuse.
- Joint Investigative Interview courses and refresher training delivered with the support of tutors from across the Edinburgh and Lothians area.
- Training opportunities with Edinburgh's other public protection committees and voluntary sector partners have been more openly shared.
- Successful pilot a Level 1 awareness raising session to cover Adult Protection, Child Protection and Domestic Abuse.
- A total of 1430 inter-agency training places were provided in 2014/2015 at a cost of approximately £35, 000. The delivery of training in Rethinking Domestic Abuse. In addition to these places, at a cost of £10k, the *Safe and Together* model was introduced to Edinburgh, along with training for 40 Lead professionals. The model supports practitioners to make good decisions for children impacted by domestic abuse perpetrators

Future Actions

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

In partnership with the Committee, Barnardos' Scotland is to facilitate a series of inter-agency training sessions on Child Sexual Exploitation during the coming year.

Implement a Level 1 awareness raising session to cover Adult Protection, Child Protection and Domestic Abuse from October 2015.

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 Child Protection Case Conference dispute resolution protocol.
- 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 further areas of key priority for the public awareness campaign:
 - Children affected by problem drug or alcohol use
 - Children affected by domestic abuse
- 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 Child Protection Lead Officers' network and Scottish Child Protection Committee Chairs Forum.
- The maintenance of the IRD review group to quality assure decisions and actions taken at IRD on a multi-agency basis.
- Further 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 Child Protection 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 has been represented on the group responsible for the refresh of the National Guidance for Child

Protection in Scotland (2014), the Refresh on the national guidance for conducting Significant Case Reviews and Scotland's National Action Plan to tackle Child Sexual Exploitation.

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.

The Committee will continue to be represented on a range of national and local working groups including the Scottish Government National Action Plan for Tackling FGM and the development of national guidance for tackling FGM.

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.
- 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 2015, on the subject of making the internet a safer place. Some entries were used in the Speak Up – Speak Out campaign.
- Young people who have experience of being Looked After and Accommodated and the Child Protection process have identified the importance of digital communication in giving views. A proposal has been submitted to the City of

Edinburgh Council digital board to develop an app' to be compatible with existing platforms. This has been funded by the Committee.

- Increased involvement of Speech and Language Therapists in the Joint Investigative Interviewing training.

Future Actions

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

Development of an app' to support children and young people to express their views in a meaningful way.

Conclusions

The Edinburgh Child Protection Committee annual report for 2014-2015 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 be revised in June 2015, in order that we continue to focus on our key priority areas for development.

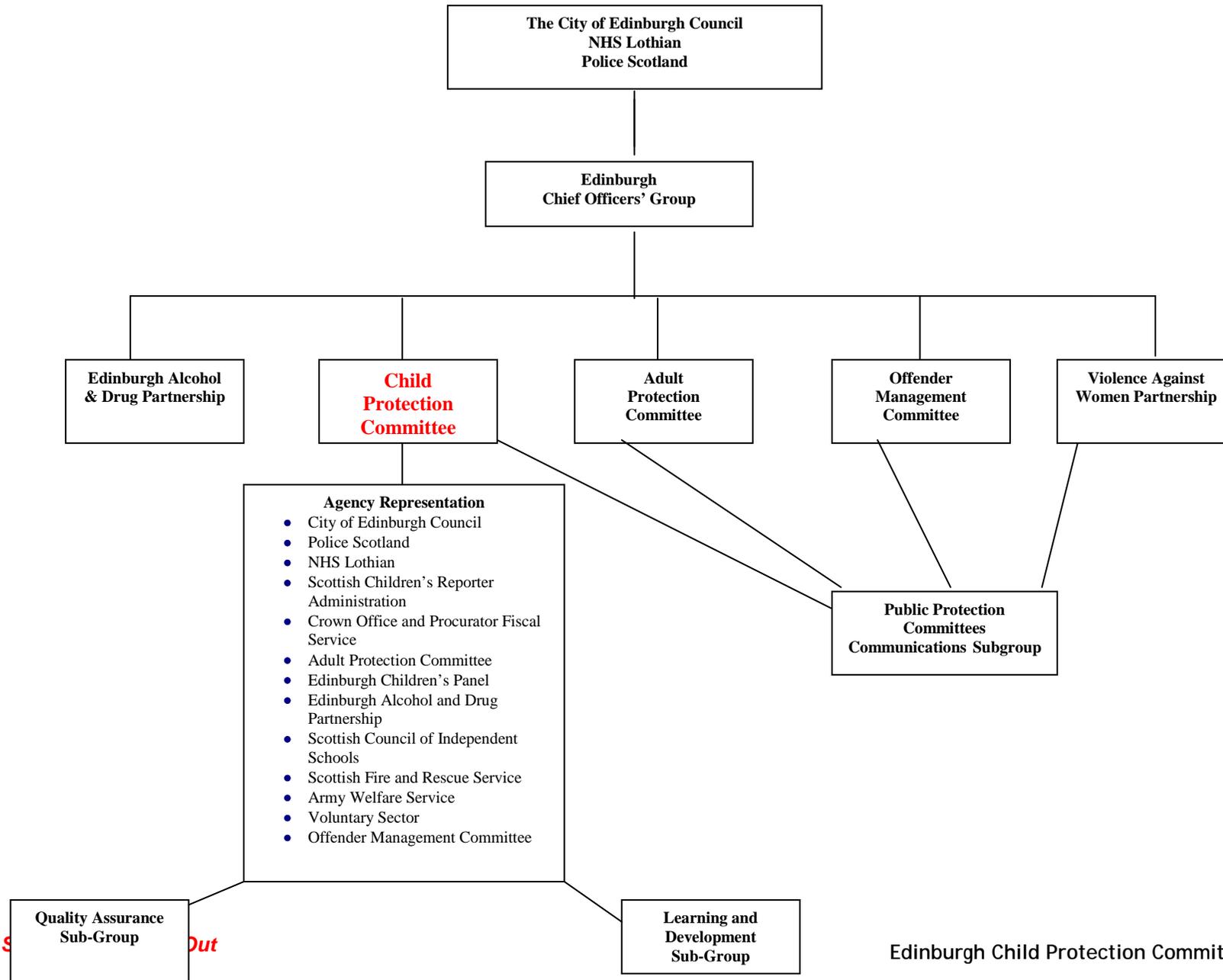
APPENDICES

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)

	2014		2013		2012	2011
	No. on register	Rate per 1000 population				
Edinburgh	313	4.2	3.6	3.1	3.4	
East Lothian	73	3.9	2.7	3.3	3.2	
Midlothian	54	3.4	3.8	7.5	10.2	
West Lothian	97	2.8	3.4	3.4	2.7	
Scottish Borders	16	0.8	1.3	1.9	1.7	
Aberdeen	73	2.2	2.9	2.5	2.8	
Dundee	67	2.8	2.2	3.4	3.8	
Glasgow	487	5.0	4.6	4.4	3.6	
Scotland	2,882	3.2	2.9	3.0	2.8	

Reporting arrangements to the Scottish Government are as at 31 July. Other reporting arrangements are by fiscal year.



Speak Up – Speak Out



Edinburgh Adult Protection Committee

Annual Report

2014-2015

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.

2. Public Information

The Committee engages with a wide range of audiences on a planned approach to raising awareness of public protection issues.

Each year a communications plan is agreed in relation to all aspects of public protection, specifically to assist with:

- identification
- prevention; and,
- action.

Achievements

Drawing on the success of the first year, in addition to general awareness raising across the city, in 2014/15 the campaign has had a specific focus on domestic violence, on-line safety and support of the Scottish Government's Adult Protection campaign. In this second year, the Publicity Group and campaign has been selected as an area of effective practice by the Care

Inspectorate. The Safer Internet mini campaign received an internal Council award.

- Building on the knowledge gained from the first year, when materials were tested with key audiences, the campaign has developed to emphasise the continuous thread of protection issues across age groups and gender. Therefore internet safety messages have been addressed not just to children and young people, but also to vulnerable adults, parents and carers. The Safer Families domestic abuse materials were designed not just to speak to victims, but also to those who commit offences.
- We have been working to engage with minority ethnic communities and have produced materials for a new Polish Safer Families service.
- We have continued our year one approach to promote our awareness through wide distribution of materials, including supermarkets, NHS and Council service points and in year two we have responded to requests to attend national conferences of experts and other sector partner staff events to speak about Speak Up Speak Out.
- Building on our initial efforts in joint working with Police Scotland during the winter drive to raise awareness of our domestic abuse campaign, we used our materials across the city to work on a wide range of activities, including White Ribbon Day at airports, Black Friday in Edinburgh's pubs and clubs and the New Year's Day Football Derby.
- We have used 'information day' opportunities that have arisen across the city to take Speak Up Speak out to community events in South East and North West Edinburgh.

Future Action

In 2015/16 most of the work of the campaign team will be on planning and developing a strategy to raise awareness of sexual exploitation. The aims of the campaign will vary, group to group, but principally key messages will be developed to assist victims to recognise the signs and respond appropriately. For those at risk, the communications strategy must give confidence that they will be listened to, respected and valued. Effective awareness-raising is important for all audiences and equally important for other people who may be vulnerable to sexual exploitation. This will mean engagement with local communities as well as the staff of all partner organisations. Key messages must offer advice about what people should do if they have concerns.

The frontline workforce will be a key target audience, including staff in the private sector and night-time economy. Engagement with organisations that support victims will be a central objective.

As procedures on Harmful Traditional Practices are developed, very sensitive work will continue in 2105/16 to develop communications to

support these procedures. In this regard too, we will seek to work very closely with organisations which support victims.

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.

	2010-11	2011-12	2012-13	2013-14	2014-2015
Adult protection referrals	1,008	743	422	435	1,478
Large scale AP contacts			78	139	46
Inter-agency referral discussions (IRD)	485	378	215	193	274
IRD as a percentage of referrals	48%	51%	51%	44%	18.5%
Adult protection initial case conferences	117	74	60	54	77
Initial case conferences as a percentage of IRD	24%	20%	28%	28%	28%
Adult protection case conference reviews	162	126	98	99	121
Incidents between service users			493	342	*

* Incidents between service users are included in the Adult protection referrals count for 14/15 and cannot be isolated as in previous years.

The above table reflects the continuing discussion about identifying cases with adult protection concerns as separate from other cases where concerns are raised people who need community care services.

The new Police Scotland Vulnerable Persons Database has, as was anticipated, increased referrals. Data collection systems have been adjusted to take account of an increase of these Police contacts. As part of Police Scotland's ethos around a corporate approach to incidents throughout Scotland all front line officers have to undergo a variety of online training courses. One of these was on Adult Protection.

Police Scotland have also introduced the Vulnerable Persons Database which is a national system for recording incidents involving those vulnerable in society including Adults at Risk / Adult Concerns. This is a system that allows for the recording and sharing of information with partner agencies.

Over the 2014/15, as a direct result of the training and the introduction of iVPD, the amount of referrals made by officers to partners more than doubled. The figure from 2013 / 2014 was 6787 with the figure for the last year being 13979. Although this increase in referrals has not shown an increase in IRD's being conducted it shows that officers on the front line are more aware of the needs of adults and are showing an understanding of the need to share information and build up the bigger picture across all agencies.

The activity report shows a significant increase in adult protection contacts in 2014/2015. This is *not* evidence of a dramatic increase in referrals but was due to a planned change in how referrals were recorded. This recording change was part of continued work to ensure that all contacts considered under ASP (Adult Support and Protection) Duty to Inquire are identified.

Following several months of monitoring the new recording practice, it became clear that this was including many referrals which were general welfare concerns which didn't necessarily trigger the Council's 'duty to enquire' under the 2007 Adult Support and Protection (ASP) Act and a decision was taken to cease this recording practice.

As a result of the large increase in contacts recorded as ASP Duty to Inquire during this short period, the percentage of Interagency Referral Discussions (IRD) appears to have dropped but this is not a true reflection of IRD activity.

The proportion of initial case conferences resulting from Inter-agency Referral Discussion is consistent across the past three years (28%).

Edinburgh provided the Scottish Government with **National Dataset** (Please see Appendix 1) information for the period April 2014-March 2015.

Of the 272 IRDs undertaken, 114 were in relation to older adults, 52 for adults with a learning disability and 38 adults were at risk of harm because of a mental illness. Physical and Financial Harm were the most significant forms of harm experienced.

There were six multi-agency large scale inquiries involving a care service during the period.

There has been a sudden and significant increase in the number of protection order applications with four orders being granted within a two month period in early 2015. All of these protection orders were seen as appropriate and necessary and the least restrictive of a range of protective options. A more robust information gathering process has been designed to support Council Officers and lawyers to prepare evidence for the protection order applications.

Future Action

Achieving a meaningful, balanced yet robust recording system is a challenge which the Quality Assurance sub Committee will continue to address. It will seek to improve the quality of the data collected without diluting the adult protection process or overwhelming the reporting system. Work is ongoing to improving identification and recording of adult protection referrals.

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

- There have been several Interim Forced Marriage Orders granted in Edinburgh, in respect of children and young people as well as for women with learning disabilities who are subject to adult support and protection measures.
- One of the critical learning points from these very complex situations is the need for front line staff and managers to be aware of the signs and issues of forced marriage and to know whom to contact when they encounter individuals who may be at risk of forced marriage.
- A Multi-agency forced marriage policy has been developed to support staff across a range of agencies. The policy is being highlighted at adult support and protection training sessions for staff across the Council, including Customer Advice staff at Social Care Direct.
- Risk Assessment and Management policy and procedures for adults have been reviewed and updated. The complex risk assessment and management tool used as part of the adult protection case conference process has been revised and placed on the electronic client record system, Swift. The objective is to reduce duplication and make it a more accessible and responsive process.
- The public protection lead officers are working with a collaborative group preparing policy, strategy and guidance to address sexual exploitation of adults and children.

Future Action

A risk management within public protection event has been arranged for July. This event will address the many challenges and complexities of effective risk management. We will identify learning and common themes from Significant Case Reviews, Large Scale Inquiries and other reviews carried out locally within Offender Management, Child Protection, Adult Protection and Domestic Abuse and formally launch our updated social work risk management procedures. The event will focus on three key questions:

- What are the common lessons from reviews across all areas of Public Protection?
- How do we manage organisational risk versus risk to people?
- What are the barriers to effective risk management and how can we ensure our teams are skilled to manage risk?

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

A pilot practice evaluation exercise focussing on adult protection was conducted during the first three months of 2015. This is part of a quality assurance programme of activity to monitor and improve the department's own performance. It is a pro active and participatory approach to scrutiny which embraces the concept of self reflection and evaluation. Practice evaluations offer the practitioner the opportunity to reflect and analyse their work, evaluating what worked well, what did not work well, how improvements could be made as well as considering outcomes for service users and their families.

The pilot of 15 adult protection cases has proved to be a very positive and valuable exercise. Feedback from all the practitioners and line managers participants reported that they welcomed the opportunity to reflect on their practice. The practice evaluation group and facilitators also found the experience to be beneficial and a positive experience which offered qualitative insight into practice within adult protection cases.

The pilot evaluation exercise confirmed that standards of practice within adult protection were high with many areas of sound practice. A summary of the achievements are as follows:

- safe and robust process is in place to manage risk
- practitioners are skilled at engaging with service users often in very challenging circumstances
- many examples of partnership and multi agency working and support
- Supervision from managers is effective and accessible.
- Adult protection processes provided a clear structure for managing service users who lacked capacity to make decisions about their lives and there were many examples of a positive outcome for vulnerable service users.

The evaluation exercise identified several systems and wider issues for development particularly regarding capacity, adult protection systems, advocacy for vulnerable service users to ensure participation and partnership working. These will be addressed in due course.

Two suicide reviews were conducted during the course of February and March 2015 which highlighted learning and made recommendations. Meetings are being held with Social Care Direct and Services for Communities to explore the findings. One of the Reviews went to the Care inspectorate and a second was shared with the Mental Health Suicide Review Group.

Future Action

Work is ongoing to progress an integrated approach to suicide review. Meetings are being held across the public partnership. The aim is for integrated reviews to be undertaken at a locality level.

Recommendations include introducing the practice evaluation model across health and social care practice teams in line with existing programmes already running in children and families and criminal justice. At a later date consideration should be given to piloting multi agency practice evaluations within integrated health and social services.

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

- 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.
- 66.7 % of Service users attended their case conference during the third quarter of 2014, an increase from 2013 and evidence of the work being done to improve service user participation in the adult protection process.
- The Practice Evaluation process found evidence that practitioners are skilled at engaging with service users often in very challenging circumstances

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.

Participation numbers on the multi-agency and multi-level courses have increased quite significantly in 2014/2015. Evaluations indicate that inputs are well received and considered to offer practical steps to support and protect.

Membership of the Learning and Development Sub Group has developed and represents a broad range of agencies and service user groups. Training includes contributors from the Voluntary Sector, Police Scotland, Scottish Fire

and Rescue, Trading Standards, Advocacy Services, Services for Communities, Planning and Commissioning for Older People, and also Social Workers and Senior Social Workers who are experienced Council Officers.

There is a continual process of monitoring and reviewing all course content and materials. This allows for the removal of outdated or repetitive training materials and that courses are organic and responsive to local and national developments, policies and informed by practice experiences. Inputs from partner agencies allow programmes to be fresh and based on recent knowledge and research.

Getting it Right for Every Child (GIRFEC), Gender Based Violence, Harmful Traditional Practices and the NHS 'Prevent' Strategy are included in course materials. The NHS Prevent work is supported by raising awareness of the issues of grooming and radicalisation where this affects adults at risk of harm. There has also been an increased emphasis on a Public Protection approach to practice to encourage workers to widen their practice lens to see that protection issues are not agency or 'client category' specific.

Tailored Level 1 training is delivered to specific Care Homes with poor inspection grades and/or where there have been issues of reporting adult protection concerns. The group have also offered sessions within the new care homes prior to them opening as part of their induction package.

Future Action

Based on positive evaluation and participant feedback from the initial Council Officer update (refresher) Course, this will be rolled out to the remaining Council Officers in October 2015 and January 2016. Other staff attending Levels 1 and 2 will also be offered refresher training opportunities.

A working group has been set up to develop a Care Sector 'train the trainer' package.

An integrated level 1 Public Protection programme is being developed and is to be rolled out from winter 2015/2016

Building on the success of previous collaborative work with Shakti Women's Aid, the public protection (child and adult) training group have planned further training sessions to increase awareness and understanding of specialist areas of practice such as human trafficking, harmful traditional practices and internet safety.

8. Communication and Collaboration

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

Achievements

- The multi-agency Escalating Concerns Group pilot was evaluated towards the end of 2014. This process encourages public partners to convene local multi-

agency risk management case discussions where the individual is not subject to adult protection, MAPPA or any other public protection process. The intention is to build on a culture of partnership working to manage risk and identify those cases which continually fall below the threshold of the legislation acknowledging their level of extraordinary challenge which requires the intervention of senior managers.

This process should also facilitate a greater understanding of respective duties and legal powers, and more significantly, the limits to these. Where the risk cannot be managed locally, a Critical Review by senior managers can be requested. This process is being progressed within the Inclusive Edinburgh work stream and communication materials are currently being developed.

- Partnership agencies have investigated and developed protection plans in relation to a wide range and unanticipated types of harm and have had to exercise judgements in responding to unprecedented situations. Adherence to the principles of the Act and good partnership relationships have contributed to resolving cultural tensions and professional differences.
- There have been two Interim Forced Marriage Orders granted in the past 9 months, both in relation to young women with learning disabilities. These are complex and challenging situations where the individual with a learning disability in these circumstances will need ongoing support and protection whether or not they remain with their family or within their community. Close partnership work between Police Scotland, Council and Shakti have been crucial in ensuring a consistent and robust approach to safeguarding improving outcomes for these young women.
- **Criminal Justice Services** are becoming increasingly involved in adult protection activity, with practice teams beginning to undertake council officer duties and functions. Three senior Social Workers are now trained and equipped to undertake IRDs and to chair case conferences. The alignment of Offender Management and Adult Protection Quality Assurance Sub Committees has significantly enriched the work of both.
- The Assistant Director for Public Protection for **NHS Lothian** has been developing the public protection team and strengthening the arrangements for adult support and protection. An adult protection advisor has been appointed to join the team and has been working alongside the child protection advisors and MAPPA Health Liaison Officer to support operational staff and liaising across all areas of Public Protection.

The Clinical Director for Learning Disability has been appointed as lead consultant for adult support and protection and will be working closely with the public protection team across NHS Lothian. They are both members of the Committee's quality assurance group and make a valuable contribution to the IRD review process.

- **Police Scotland** is committed to working in partnership with other agencies,

sharing relevant information to protect adults and providing support and intervention when required. To assist in the information sharing process within legacy Lothian and Borders Police, the eIRD system was developed and today continues to evolve into a system which benefits all agencies involved and the adult being discussed.

During the period April 2014 – March 2015 there are 262 adult eIRD's recorded on the system with 265 the previous year, showing a fairly constant number of adults becoming involved in this process.

As well as the online training a large number of officers have also attended the Level 2 training, with a smaller number also having attended the Level 3 training. Officers from the Public Protection Unit attend and assist in the facilitation of these training courses within Edinburgh.

Police Scotland have also been working with partners within the Multi Agency Risk Assessment Conference (MARAC) where high risk victims of domestic abuse are discussed, this has an obvious overlap with Adult Protection and has seen adults at risk of harm being discussed with bespoke safety plans created.

Through good multi agency working in Edinburgh in the last year we have also seen the granting of the first Forced Marriage Protection Order under Adult Protection in Scotland.

- **Scottish Fire and Rescue Service** has become an established member of the adult support and protection committee. The aims of this partnership are to:
 - Raise awareness across the workforce of fire risk and protective measures available to those working with adults who are vulnerable to this form of harm.
 - Develop formal links to facilitate appropriate information sharing and prevention initiatives.
 - Identify and address specific development needs of specific service areas for example care homes and housing staff.
- **Services for Communities (SfC)**
 - The awareness raising through training activity has been a significant benefit within SfC as more concerns have been highlighted through staff taking a more active and preventative approach to protection issues.
 - There has also been a high attendance at the Suicide Awareness Training where and SfC cases have been used to highlight good practice.

There is a more integrated approach to resolving issues in the local neighbourhoods for vulnerable clients who are experiencing difficulty maintaining their accommodation. This can be due to mental health or alcohol or substance misuse which has led to anti social behaviour. The issues tend to affect both the vulnerable person, their neighbours and communities. The solutions have involved Health and Social Care, Criminal Justice, Police, Fire

Services as well as Support Services, Housing Management and the Community Safety Team.

- Increased awareness has encouraged a multi agency approach to resolving concerns and where all options have failed, this can be promoted through the escalating concerns group to look for additional resource or imaginative alternatives to resolve the problems. Health and Social Care seniors attended an IRD workshop led by the Child Protection Team. This was a useful forum in which to consolidate and share knowledge and experience and future joint workshops will be arranged.
- Following a proposal put forward by the Public Protection Unit, new arrangements have been put in place for senior social work management involvement in the IRD review process. Terms of reference have been drafted and will be evaluated towards the end of 2015. NHS attendance and contribution to the Review is also being appraised.
- We have developed templates and worked collaboratively to improve communication and information sharing between financial institutions, the Office of the Public Guardian and the Department of Work and Pensions. This has helped us to successfully intervene to protect people from financial harm.
- In partnership with Trading Standards and Operation Aristotle (Police) we have increased workforce awareness of fraud, e-scams and bogus workmen. We have set up processes by which these situations are identified and reported.
- The 'TrueCall' call blockers have been used successfully to protect people from nuisance calls and scams. 10 blockers have been fitted to phones of adults at risk from this type of harm over the last 6 months. Of the 5333 calls received by our vulnerable residents, nearly 4000 were nuisance calls (75%). The average number of these nuisance calls is 100 per month, but can be significantly higher. We've had some very positive feedback from individuals and their families.
- **Edinburgh's Third Sector Interface (TSI)** is collaboration between Edinburgh Voluntary Organisations' Council (EVOC), Volunteer Centre Edinburgh (VCE) and Edinburgh Social Enterprise Network (ESEN). These three infrastructure agencies are respectively dedicated to developing and supporting
 - the voluntary sector
 - volunteering in the voluntary and public sectors
 - social enterprise in Edinburgh

This creates a more coherent, effective integration of Edinburgh's third sector within Community Planning Partnerships and Single Outcome Agreement structures and delivery.

Since January 2013, the TSI has been engaged in the work of the Adult Support & Protection Committee and its Learning & Development Sub-Group. Involvement this year has focussed on:

- Attending meetings - contributing views, offering third sector perspective and views.
 - Sharing issues regarding adult protection in thematic third sector forums e.g. older people, mental health, and via EVOC's website.
 - Promoting ASP training at all levels for staff and volunteers (via the core training programme or bespoke sessions for specific organisations). Feedback on this has been positive; demand for training continues to outstrip the capacity of trainers in CEC and NHS Lothian.
 - contributing to the ASP improvement plan

Challenges regarding third sector & Adult Protection issues include:

- Meeting training needs– efforts are being made to cascade training within organisations, but trainers' capacity remains finite.
- Widening third sector representation on the Committee – despite repeated requests we have been unable to recruit an additional Committee member.

Future Actions

- We will be using the collaborative network of our financial harm sub group to engage and improve communication with local financial institutions.
- We will continue to work with Trading Standards and Operation Aristotle (Police) on fraud, scam lists and bogus workmen.
- The process around IRD review has been refreshed. This is to ensure that the Quality Assurance process is at the forefront of the meeting and that it is attended by those most relevant for this. Work is also being undertaken to have NHS Lothian more involved in the whole adult IRD process. This will be evolved in the coming year.

9. Summary and Conclusion

The Edinburgh Adult Protection Committee Annual Report 2014-2015 demonstrates a joint and consistent approach to public protection. Agency representatives strive to meet the challenges of competing priorities and reduced resources in order to address cross cutting issues on a collaborative basis and reduce the risk of harm to individuals of all ages and vulnerabilities.

Despite a number of achievements to date, we recognise the need to continually evaluate our procedures and activities in order to learn and improve. There are ongoing challenges to be managed and this is best done on a collaborative basis. Within an ever changing environment, we will continue to work together to support frontline staff and managers to maintain an outcome-focused approach to adult protection.

EDINBURGH OFFENDER MANAGEMENT COMMITTEE

ANNUAL REPORT 2014 - 2015

CONTENTS

- 1. Introduction**
- 2. Business Plan**
- 3. Performance Indicators**
- 4. Quality Assurance**
- 5. Policies and Procedures**
- 6. Training**
- 7. Engagement with Offenders Victims and Families**
- 8. Violent Offenders**
- 9. Edinburgh Prison Based Social Work Service**
- 10. Significant Case Review**

Appendix 1: Edinburgh Offender Management Committee Membership

Appendix 2: Business Plan 2015-16

Appendix 3: Performance Report

1. Introduction

- 1.1 This is the seventh annual report of the Offender Management Committee. The 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 Committee reports to the Edinburgh Chief Officers' Group, the remit of which includes child protection, adult protection, the management of dangerous offenders, the local Alcohol and Drug Partnership and the Violence Against Women 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 2015-16 was submitted to the Chief Officers' Group in October 2014 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 reviewed continuously 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 ten quarters. The total number of registered sex offenders subject to MAPPA has been increasing over this period, reaching 377 at 31 March 2015. 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 2014-15, in addition to the normal business of the Level 2 panel, there were 13 reviews of indefinite registrations, where the offender has been subject to registration for 15 years. 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. In 2014-15, there were three Level 3 cases, with much detailed planning by partners to ensure that known persons, or the public at large, are kept safe. The cost in time and financial resources to implement these risk management plans is considerable.
- 3.5 The performance report provides information regarding 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 as 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. For the first time in two years there were no new charges relating to violent offending brought against registered sex offenders in the quarter to 31 March 2015.
- 3.7 The number of Sexual Offences Prevention Orders (SOPO) has remained at 42 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. Over the last year, there has been a full practice evaluation programme in criminal justice (over 12 months involving 43 cases) in which senior managers, practitioners and their line managers examine randomly selected cases from all teams. This includes sex offender and serious violent offender cases.
- 4.2 The practice evaluation annual report identified a number of strengths, including examples of risk being well managed, multi-agency working, which was responsive to complex needs, a range of assessments being used to plan safe and thorough intervention, and positive engagement with service users (often overcoming initial resistance), with many positive outcomes for service users themselves as well as for the safety of others. Child and adult protection guidelines were being followed, with effective links to other partners. There was evidence of practitioners being well supported by their line managers.
- 4.3 Areas for development and service improvement were identified, including recording, links with prison services, alignment of risk assessment processes for general offending, domestic abuse and drug treatment and testing, access to appropriate accommodation, and improvements in sentence management.
- 4.4 In October and November 2014, 27 violent offender cases subject to statutory supervision were audited, again across all criminal justice social work teams. The audit found evidence of strong partnership working, collaborative pre-release planning, constructive engagement with service users, pro-active responses to changes in risk assessments, the impact of the offence on victims, families and communities taken into account, and positive outcomes being evidenced.
- 4.5 Areas for improvement included the need to update risk assessments on some life licensees who had been in the community for many years; to ensure that risk assessments are stored consistently across different systems; to improve adherence to deadlines for case management plans; and to evidence more effectively first line manager overview. An improvement plan was developed, which will be reviewed in October 2015.
- 4.6 Two multi-agency audits of MAPPA Level 1 cases were undertaken during 2014-15, led by the MAPPA Co-ordinator with readers drawn from MAPPA partners. These were smaller in scale, four cases each time, and found strong partnership working and effective risk management planning, but some weaknesses in how information was stored across different systems, and limited access to information due to systems not being compatible. These audits will continue periodically.

- 4.7 In early 2014, the Offender Management Quality Assurance Sub Committee was merged with the Adult Support and Protection Quality Assurance Sub Committee, in recognition of criminal justice social work being managed by the senior manager for mental health, substance misuse, criminal justice and homelessness, as well as the learning from a significant case review. This allows reporting to both main committees as well as a wider review of initial case reviews and suicide reviews. In 2014-15, the Quality Assurance Sub Committee considered three initial case reviews and one suicide review, with improvement actions identified.
- 4.8 In October 2014, the Scottish Government announced that a thematic review of MAPPA would be carried out jointly by the Care Inspectorate and HM Inspectorate of Constabulary Scotland. While the fieldwork in Lothian and Borders took place in May 2015, there was considerable preparatory work undertaken for the earlier phase of the inspection, with the completion of a detailed multi-agency self evaluation questionnaire and information gathering. A national report will be published later this year.

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, which 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, and this included improvement actions and an action plan.
- 5.3 In 2014-15, the use of LS/CMI in criminal justice was monitored on a regular basis, with audits in August 2014 and January 2015, as part of an on-going programme, and guidance updated in April 2014 and again in October 2014 after the introduction of version 3 of the tool. The national report on the self evaluation exercise from the Care Inspectorate was not published until September 2014, and while it did not name individual local authorities, an exception report showed that Edinburgh compared well with the rest of the country in the use of the tool.
- 5.4 The Scottish Government published the new MAPPA Guidance (2014) in June 2014. The guidance included a revised template for MAPPA minutes, which includes new expectations about developing risk formulations and how they are to be recorded. Training for staff was to be provided before the introduction of the new processes, but this has

not yet been made available. There is a pilot in one local authority area which will determine how the revised template is implemented. There is as yet no timescale for this.

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 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. A workshop with a focus on training in skills for working with sex offenders was held for those who had completed risk assessment training, or who wished to refresh their skills. Awareness training was also provided for unpaid work staff who may have to supervise sex offenders completing the unpaid work requirement of a community payback order.
- 6.3 The main risk assessment tools for working with sex offenders are Risk Matrix 2000 and Stable and Acute 2007. Courses are provided to ensure that staff who work with sex offenders are fully trained in both.
- 6.4 The accredited programme for sex offenders (Moving Forward, Making Changes) is 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 staff who work with sex offenders, including case manager training and groupwork facilitator training.
- 6.5 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. Capacity has therefore 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.
- 6.6 Training in LS/CMI (see section 5 above) has been delivered to all new criminal justice social work staff, as well as training in National Outcomes and Standards and criminal justice social work report writing.

- 6.7 In addition to the training plan, four sessions were held for around 180 housing staff (including the Council, Registered Social Landlords and support providers). The training was delivered by the Police, Criminal Justice Social Work and Housing, and looked at each agency's part throughout the journey of an offender (from sentencing, through prison, release and reintegrating into the community).
- 6.8 Awareness training on working with sex offenders and the MAPPA process has also been delivered through a series of sessions to head teachers by a sexual and violent liaison officer.

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, which recognises that, in addition to managing risk, offenders who are reintegrated successfully 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 residents' feedback.
- 7.3 In September 2014, the residential unit was inspected by 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. All spoke very positively about the support they received, said that they were listened to and that they held the staff group in high regard.
- 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 addressed explicitly.
- 7.6 Decisions are made at each discussion regarding whether there is a need to communicate with victims 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. These provide 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 (2013-14) 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 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 June 2014. To date, the arrangements only apply to registered sex offenders and restricted patients, although the Scottish Government is considering how some violent offenders can be brought into the MAPPA framework. It was expected that the MAPPA extension to violent offenders would have been introduced by now, but this has been delayed repeatedly and is not expected until at least the end of this year.
- 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. 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 specialist assessments of violent offenders (HCR-20) contribute to risk management plans for the critical few cases, where the offender poses the highest risk of harm to others.
- 8.5 For the last two years, the Serious Offender Liaison Service (SOLS) has assisted partners to manage violent offenders as well as sex offenders. The team is available for consultation to any agency and in addition, 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.
- 8.6 The funding made available to SOLS to enable the team to include violent offenders in its remit has now ended. It has not proved possible

to identify replacement funding. Consequently, SOLS has reverted to its previous focus on sex offenders.

9. Edinburgh Prison Based Social Work Service

- 9.1 The prison based social work service at HMP Edinburgh is provided on the basis of a Service Level Agreement between the Scottish Prison Service the City of Edinburgh Council. Regular meetings monitor 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, or from changes in the prison population.
- 9.2 The Service Level Agreement was due to end on 31 March 2015, but in common with other Service Level Agreements between the Scottish Prison Service and local authorities with prisons in their area, it has been agreed to extend the current arrangements for another two years. The system will be reviewed in negotiations between the Scottish Prison Service and Social Work Scotland.
- 9.3 Last year's annual report provided information about plans for a new regional unit for women to be built at HMP Edinburgh, with a scoping exercise about the additional social work services that would be required. In January 2015, the Scottish Government announced a review of the female custodial estate, which has halted work on the Edinburgh build.
- 9.4 However, effective planning for the release of women prisoners continues at HMP Edinburgh with the Willow Service working closely with partners, including prison staff and the Offender Recovery Service. This is particularly important for those women released from short-term sentences whose engagement with services is voluntary as they are not eligible for statutory supervision.

10. Significant Case Review

- 10.1 Last year's annual report provided details of a Significant Case Review after a person was sentenced to life imprisonment for rape and murder in 2012. The review had been complex and lengthy, and had continued throughout the reporting year.
- 10.2 The executive summary and response were subsequently published in June 2014. There were a number of recommendations in the report, some relevant to partners in the Offender Management Committee. An action plan was developed and its implementation was overseen by the Offender Management Committee. All actions are now complete.

8 June 2015

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	MAPPA Co-ordinator
Theresa Medhurst	Scottish Prison Service (Governor, HMP Edinburgh)
Karen Allan	City of Edinburgh Council (Services for Communities – Housing)
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)

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

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 Strategy Group and the ongoing development of the Protection Committees Communication strategy 2. Ensure that offender management is included in campaign priorities for 2015-16 3. Highlight, through this strategy, improvements that the Offender Management Committee makes to public protection services and safer communities 4. Ensure, through this strategy, that there is clear communication between multi agency partners and between staff within the specified organisations 	Chair, Protection Committees Publicity Strategy Group	Quarterly meetings throughout 2015-16	<p>MAPPA communications strategy being developed by the MAPPA Operational Group for consideration by the Strategic Oversight Group</p> <p>MAPPA Annual Report will be published on 30 October 2015</p>

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

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. Update procedures to take account of the full introduction of the MAPPA Guidance 2014 3. Update policies and procedures to take account of the introduction to MAPPA from April 2015 of the management of violent offenders 	Service Manager Criminal Justice/DCI Police Scotland/ SOLS/MAPPA Co-ordinator	September 2015 April 2015 April 2015	Procedures are updated when there are policy/practice changes, as well as annual update The MAPPA extension to violent offenders has been delayed by the Scottish Government
Maintain comprehensive policies and procedures for the management of high risk offenders in Edinburgh	<ol style="list-style-type: none"> 1. Update procedures for the use of the Level of Service/Case Management Inventory (LS/CMI) taking into account the outcome of quarterly audits 2. Ensure that staff understand the requirements of the Risk Management Authority guidance on the 	Service Manager Criminal Justice	Quarterly updates Review quarterly	Quarterly audits of the use of LS/CMI identify any improvement actions

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

	<p>development of risk management plans within LS/CMI for the most serious offenders</p> <p>3. Review procedures for the accredited sex offender programme “Moving Forward – Making Changes”, on full implementation of the programme</p>	<p>Service Manager Criminal Justice/Senior Social Worker CISSO</p>	<p>June 2015</p>	
<p>Ensure that staff are aware of and work to the MAPPA guidance</p>	<p>1. Provide periodic briefings on MAPPA Guidance 2014, including the extension to violent offenders</p> <p>2. Provide update briefings on national 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>MAPPA Co-ordinator</p>	<p>6 monthly</p>	<p>MAPPA Guidance 2014 has been implemented apart from the minute template and associated risk scenario planning, which awaits national roll-out.</p>

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

<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>Edinburgh is working with other local authorities and the Police to make best use of ViSOR</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 Adult Protection and Offender Management Quality Assurance Sub Committee a quarterly performance report, with agreed measures and indicators, linked to Edinburgh's Single Outcome Agreement and the requirements of the Chief Officers Group 2. Analyse outcome information, particularly in relation to further offending 	<p>Chief Social Work Officer</p> <p>Service Manager Criminal Justice</p>	<p>Quarterly</p>	<p>The Offender Management Committee actively reviews performance information on a quarterly basis</p>

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

	<p>by offence type and risk level of offender</p> <p>3. Ensure that learning from significant case reviews (both internal and external) is incorporated into policy and practice guidance</p>			<p>Seminar in July 2015 will consider lessons from recent initial and significant case reviews across all the protection committees, with risk assessment/management procedures updated</p>
Quality Assurance – Objective	Action	Lead Officer	Timescale	Progress
<p>Monitoring of the quality of services</p>	<p>1. Adult Protection and Offender Management 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</p>	<p>Service Manager Criminal Justice</p>	<p>Quarterly</p>	<p>Single agency and multi agency audits are regularly reported to the Quality Assurance Sub Committee</p> <p>All Initial Case Reviews are reported to the Quality Assurance Sub Committee</p>

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

	<p>reports</p> <p>3. Quality Assurance Sub Committee to monitor outcomes of improvement plans developed as a result of audits or significant case reviews</p> <p>4. Quality Assurance Sub Committee to receive report of 2014/15 case file audit and practice evaluations of violent offenders</p>		May 2015	
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	<p>1. Ensure attendance at MAPPA pan-Lothian and Borders operational or practice meetings</p> <p>2. Use the Edinburgh MAPPA Business Meeting to address operational issues to ensure the most effective arrangements within Edinburgh</p>	MAPPA Co-ordinator	<p>Ongoing</p> <p>6 monthly</p>	The MAPPA Operational Group has been established as a sub group of the Lothian and Borders Strategic Oversight Group
	<p>3. Publicise learning points from MAPPA case audits and significant case reviews</p>	Chief Social Work Officer	June 2015	See above

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

Identify themes or learning points from the Independent Inquiry into Child Sexual Exploitation in Rotherham	Short-life working group made up of representatives of the protection committees to consider the report and any themes or learning points that may be relevant to Edinburgh, and make recommendations to the protection committees and/or the Chief Officers' Group			This action is complete
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 LS/CMI, Stable and Acute 2007, Risk Matrix 2000, SAPROF (identification of protective factors), and SARA (Spousal Abuse Risk Assessment) 	Lothian and Borders Training and Development Officer	From April 2015	Training Plan for 2015-16 is being implemented

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

	<ul style="list-style-type: none"> • Caledonian (domestic abuse) training • ViSOR • Working with sex offenders, foundation and advanced • 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>			
Communication and Cooperation – Objective	Action	Lead Officer	Timescale	Progress
Ensure effectiveness of multi-agency cooperation and working	<ol style="list-style-type: none"> 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 2. Review the working of the Service Level Agreement 	<p>MAPPA Co-ordinator</p> <p>Service Manager</p>	<p>Quarterly</p> <p>Quarterly</p>	The Service Level Agreement between the Scottish Prison Service and the City of Edinburgh Council has been extended for two years

APPENDIX 2

EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2015-16

	<p>between the Scottish Prison Service and the City of Edinburgh Council for the delivery of prison based social work services at HMP Edinburgh</p> <p>3. In co-operation with the Scottish Prison Service, continually monitor movements of high risk offenders within the prison estate</p>	<p>Criminal Justice/SPS</p> <p>Chief Social Work Officer/Prison Governor</p>	Ongoing	
Planning and Connections – Objective	Action	Lead Officer	Timescale	Progress
Identify key transition points between services and ensure effective partnership working	<p>1. Quarterly performance report to the Quality Assurance Sub Committee on work with young people who pose a high risk of harm to others</p> <p>2. Manage the performance of the Offender Recovery Service through contract review meetings</p>	<p>Manager, Youth Offending Service</p> <p>Service Manager Criminal Justice</p>	<p>Quarterly</p> <p>Quarterly</p>	Both these transition points subject to quarterly reviews

APPENDIX 3

Edinburgh Quality Assurance Sub Group Quarterly Statistical Report: Jan – Mar 2015

Published on 29/5/15

PI Code	Performance Indicator	Short Term Trend	Long Term Trend	Oct - Dec 12	Jan – Mar 13	Apr – Jun 13	Jul – Sep 13	Oct – Dec 13	Jan – Mar 14	Apr – Jun 14	Jul – Sep 14	Oct – Dec 14	Jan – Mar 15	Latest Note
HSCOF01	Total number of sex offenders subject to MAPPA.	↑	↑	362	370	350	339	352	355	362	365	372	377	Upward trend over last year
HSCOF01i	Number of sex offenders in the community at end of period	↑	↑	331	345	339	335	350	346	350	365	363	367	Upward trend over last year
HSCOF01ii	Number of sex offenders managed at MAPPA Level 1	↑	↑	345	359	343	332	343	345	349	353	356	360	Upward trend over last year
HSCOF01ii	Number of sex offenders managed at MAPPA Level 2 at period end	↑	↑	17	9	7	7	9	10	11	12	16	16	Upward trend over last year
HSCOF01iv	Total number of Level 2 cases discussed	↑	↑	20	26	18	21	14	15	24	20	16	22	CJSW – 13, Police – 8, Health – 1 Plus 1 indefinite review and 1 AOCB
HSCOF01v	Number of sex offender cases managed at MAPPA Level 3 at period end	▬	▬	0	2	0	0	0	0	0	0	0	1	2 cases in the quarter although only one ongoing at end of quarter
HSCOF02	Number of registered sex offenders on statutory	↓	↑	91	102	110	109	101	99	98	104	123	114	

	supervision at period end													
HSCOF03	Number of registered sex offenders assessed as very high risk of harm at period end			1	3	2	2	0	1	0	0	0	3	
HSCOF04	Number of registered sex offenders assessed as high risk of harm			78	76	68	69	68	59	56	55	52	47	
HSCOF05	Breach proceedings instigated against registered sex offender			1	0	2	7	2	0	6	6	3	5	
HSCOF06	Community orders with supervision requirements revoked due to breach			1	0	0	0	1	0	0	1	0	0	
HSCOF07	Licence revoked due to breach			0	0	0	2	0	0	1	2	1	1	
HSCOF08	Number of Restricted Patients being managed at period end			33	35	35	33	33	37	37	35	35	35	
HSCOF08i	Number of Restricted Patients being managed at MAPPA Level 1			30	32	34	33	32	37	35	35	35	35	
HSCOF08ii	Number of Restricted Patients being managed at MAPPA Level 2 at			3	3	1	0	1	0	2	0	0	0	

	period end													
HSCOF09i	Registered sex offenders re-offending by MAPPA level and risk level – sexual crimes			1	3	2	5	5	4	4	5	5	3	1 CJSW level 1 high risk (HIOC) 1 CJSW Level 2 medium risk (sexual exposure, sexual BoP) (note: this was the same offender twice reoffending on separate occasions within the quarter) 1 CJSW level 1 low risk (indecent communications)
HSCOF09ii	Registered sex offenders re-offending by MAPPA level and risk level – crimes of violence.			0	6	3	3	4	5	5	8	6	0	
HSCOF09ii i	Registered sex offenders re-offending by MAPPA level and risk level – registration offences			7	9	5	11	9	8	6	15	13	8	3 Police level 1 low risk 3 Police level 1 medium risk 1 Police level 1 high risk 1 CJSW level 1 low risk
HSCOF09i v	Registered sex offenders re-offending by MAPPA level and risk level – other crimes.			5	4	18	13	14	9	5	19	14	7	2 Police level 1 low risk – (Breach of Bail, BoP) 2 Police level 1 high risk – (3 no seatbelt (same offender three times), 1 shoplifting) 1 Police level 2 high risk – (2 breach of bail - same offender twice) 1 CJSW level 1 medium risk – (S38) 1 CJSW level 2 high risk – (breach of licence conditions)
HSCOF10	Number of Sexual Offences Prevention Orders in force			41	41	40	40	39	40	42	42	42	42	1 Risk of Sexual Harm Order
HSCOF11	Number of risk management case conferences held			69	61	37	45	49	30	41	37	43	37	
HSCOF11i	Number of individuals considered			66	55	34	39	47	28	40	34	41	34	

HSCOF11ii	Number of individuals considered who were registered sex offenders			45	36	25	25	30	19	23	23	28	28	
HSCOF11ii i	Number of other individuals considered			21	19	9	14	17	9	17	11	13	6	
HSCOF12	Number of sex offenders de-registered during the quarter			17	5	6	6	8	7	7	10	11	13	Dependent on length of registration periods Includes two cases where early discharge was agreed.
HSCOF13	Number of Notifications received and percentage to MAPPAs office within timescales			16 – 50%	13 – 62%	12 – 42%	13 – 85%	14 – 50%	22 – 41%	21 – 67%	24 – 80%	17 – 64%	29 – 74%	10 notifications received outwith timescales. 8 from Police (5 of which were pre-sentence notifications) 2 from CJSW
HSCOF14	Number of Level 2 MAPPAs Referrals received and percentage to MAPPAs office within timescales.			3 – 67%	4- 75%	1 – 100%	0	1 – 100%	0	3 – 100%	0	7 – 100%	1 – 100%	However there were 4 cases raised due to concerns at RMCC, agreed to use RMCC minute as level 2 referral. 3 of these were received more than 5 working days after the 'referral'.
HSCOF15	Number and percentage of MAPPAs 2/3 cases having an RMCC minute pre-read available held within one month.			14 – 74%	17 – 74%	15 – 94%	6 – 100%	12 – 86%	9 – 75%	9 – 38%	10 – 63%	12 – 86%	21 – 81%	
HSCOF16	Total number of cases where Disclosure was agreed.			2	1	5	1	1	3	6	0	4	7	6 cases with Adult and Child Protection disclosures, 1 Health Disclosure
HSCOF17	Number of meetings where			N/A	Health – 1	N/A	N/A	C& F – 1	MAPPAs – 1	C&F – 2	SOLS – 2	SOLS – 1	C&F – 2,	

	required, gave apologies for Level 2 Meeting but provided an update.				C&F – 1				MHO – 1 SOLO - 1	Health – 1 MAPPA – 1 Scot Gov - 1	MAPPA – 1 Health – 1 Adult Service – 1 Housin g – 2 C&F – 1 C&F – 1 Scot Gov – 3	MAPPA – 1 Housin g – 2 Scot. Gov – 1 C&F – 1 Health – 2	CJSW – 2	
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	N/A	
HSCOF18	Total number of Level 3 meetings held.			0	5	3	0	1	1	1	0	0	4	
HSCOF18i	Non attendance at Level 3 meetings			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	
HSCOF19	Total number of SMART Actions raised at Level 2 & Level 3 Meetings.			9	52	19	3	17	22	12	8	11	55	
HSCOF19i	SMART Actions completed within timescales.			5 – 55.6%	50 – 96%	12 – 63%	3 – 100%	17 – 100%	20 – 91%	11 – 92%	8 – 100%	9 – 82%	54 – 98%	
HSCOF19ii	SMART Actions not completed within timescales.			2 – 22.2%	1 – 2%	5 – 26%	0	0	0	0	0	0	1 – 2%	
HSCOF19i i	SMART Actions – Number ongoing.			1 – 11.1%	1 – 2%	0	0	0	1 – 4.5%	0	0	0	0	

HSCOF19i v	SMART Actions – Deadline past no update received.			1 – 11.1%	0	2 – 11%	0	0	1 – 4.5%	1 – 8%	0	2 – 18%	0	3 minutes from 1 meeting received 1 day out of timescale
HSCOF20	Total number of Level 2 Meeting minutes circulated within 5 working days.			20 – 100%	26 – 100%	18 – 100%	17 – 100%	14 – 100%	15 – 100%	23 – 100%	20 – 100%	16 – 100%	19 – 86%	
CFYO103	Number of young people discussed at YPRMCC meetings			14	21	16	11	17	17	22	19	27	22	
CFYO103a	Number of YPRMCC			17	23	23	18	24	22	36	25	36	26	

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 2014 – 31st March 2015

Committee title Chief Officers' Group

Committee Date – June 2015

Purpose of report

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

Background

Alcohol and Drug Partnerships (ADP) 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 Edinburgh ADP is required to submit a strategy and delivery plan to the Scottish Government on a 3 yearly cycle. The next strategy for 2015-18 will be submitted in June 2015.

In 2014/15 this strategy set out three high level outcomes which have guided 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**

A Coordinator was appointed in January 2014 and employed within the Young People's Service in Children and Families. Their role is to develop clear access arrangements and pathway of care for children and young people developing problems around drug/alcohol use. This pathway covers the following services which are provided by NHS Lothian, City of Edinburgh Council and three 3rd sector organisations:

- Assertive outreach
- Counselling
- Other one-to-one support
- Family work
- Prescribing other clinical support

Research and local experience suggests that young people who develop problems around drug/alcohol use are already experiencing other problems in their lives. As a result the pathway needs to build on GIRFEC and respect existing relationships that young people have developed with professionals and others in their lives.

A multi-agency advisory group has been established to take forward the development of these services. This is supported by a standing focus group made up of frontline practitioners and managers.

To date the following has been developed:

- One referral process across all organisations, linked to citywide and local GIRFEC arrangements
- One assessment process with information sharing protocols
- Clear arrangements for working with vulnerable young people
- A standard set of operating procedure across organisations which ensures people receive the right service no matter where or how they access the support
- C-location of Young People's Substance Misuse Nurse within the Young People's Service

2. **Preventing of Alcohol and Drug Problems amongst Young People**

School based prevention

A programme of risk taking behaviour seminars has 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.

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 117 alcohol brief interventions were delivered.

A local approach to alcohol prevention work has been developed in the South of the city. This aims to build on existing activity as well as the lessons from the North of the city using an asset based approach. A model has been developed and consideration is being given to its implementation in line with the new localities for the city.

A “snapfax” leaflet has been coproduced with young people setting out key information and services around risk taking behaviours, including drugs/alcohol. This has been distributed in schools (S2 and above) and a number of community settings across the city.

A number of training sessions have been delivered across services for children and families. The focus for 2014/15 has been on new psychoactive substances and the delivery of brief interventions.

3. Improving Services for Children Affected by Parental Substance Use

Specialist Services

There are three 3rd Sector organisations which work with families affected by parental substance misuse (Circle Haven, Simpson House Sunflower Garden and Aberlour Outreach). These organisations have developed shared referral, triage and assessment arrangements which ensure that families access the right service at the right time.

A collaborative has been established to oversee the redesign of these services. This ensures that both commissioners and providers have an equal stake in service design and service spec development. The redesign work will ensure that there are high quality services in place with equitable access across the city within the financial envelope available.

Links with adult services

Family Support Workers managed through the 3rd sector (Circle, Aberlour and Simpson House) have been co-located within the Recovery Hubs across the city. Their work has begun to become embedded within the delivery of the Hubs, creating links with GIRFEC and other structures and services for families.

The ADP is looking to build on this approach in the future procurement of this specialist support for families affected by parental substance misuse.

Specialist services for Teenagers Affected by Parental Substance Use

A pilot has been carried out with The Junction in Leith to test a community based model of delivery with teenagers affected by parental substance misuse. This issue is often hidden and a programme of awareness raising has been delivered to key professionals. Alongside this access has been developed to counselling, activity based work and other one-to-one support.

At this stage the pilot has shown early promise in terms of delivery and impact. Further time is needed to demonstrate its success and potential for further roll out.

Local CAPSM Guidelines

Lothian has developed local guidelines for practitioners working with children and parents where there is parental substance misuse. Briefing sessions have been delivered for key practitioners at a Children's Services Management Group (CSMG) level.

Treatment and Recovery

Outcome: More people achieve sustained recovery from problematic substance misuse

4. Treatment and Recovery Collaborative

The ADP has established a collaborative to continue to redesign and develop the recovery oriented system of care. The collaborative consists of commissioners and providers from 3rd Sector and NHS Lothian and City of Edinburgh Council and gives all representatives an equal stake in developing the local strategy.

The drivers for change include:

- A continued 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)

The Collaborative has developed a longer term strategy and oversees an annual action plan to ensure delivery. It has also established an outcomes framework and set budgets (based on best available information) over the coming years.

Four multiagency alliances have been developed to redesign key aspects of the system of care. This work is being carried out in line with the collaborative's outcome framework and new budgets.

This work will lead to the 3rd sector elements of this service being tendered competitively in line with the Council's Financial Standing Orders.

5. Addressing New Psychoactive Substances (NPS)

NPS still remains a challenge in Edinburgh. Although these drugs are being used by a small minority of drug users the impact on the health and welfare of this group remains of concern.

Concerns include:

- i. An increase in injecting behaviour (particularly amongst those with a history of injecting)

- ii. The exacerbation of mental health issues particularly amongst those who have a history of mental health problems
- iii. Reports of increased use amongst vulnerable young people particularly in areas where these substances are available in shops

The Advisory Council on the Misuse of Drugs have used their powers to take out a nationally enforced temporary banning order on the production and supply of ethalphenedrate. This decision was largely based on evidence gathered through the Edinburgh's Community Improvement Partnership (CIP). This substance has been linked to the increase in injecting and local evidence suggests that the injecting of NPS is reducing since this ban.

The UK government is also seeking to pass legislation to criminalise the production and supply of all NPS. The proposed timeframe is that this will come into effect in April 2016. However local action to take out a forfeiture order to ban the sale of these substances in Edinburgh continues. Discussions are underway with the Fiscal to ensure to determine whether they would consider prosecutions using existing trading standards legislation.

Alongside the work on enforcement a pan Lothian group has been established to develop the following:

- Harm reduction messages key populations
- Clinical guidelines and responses within treatment services
- Development of policies and programmes for schools
- Data gathering to understand the size/extent of the problem

6. Increasing Service User Involvement and Peer Support

Conversation Cafes

The ADP has held five conversation cafes during the course of 2014/15. These cafes offered the opportunity for people in recovery and professionals to discuss the key issues in developing recovery approaches in their local area. Overall 125 people attended these cafes. Key themes that came out of the cafes were:

- People in recovery need social activities with others in recovery to maintain their progress
- Family recovery and reconnecting to families is essential
- Access to services can be difficult. It is also difficult to find out what is available

The findings from each conversation cafe have been written up as a report and findings have fed into the development of services within the Treatment and Recovery Collaborative.

Since the event the following has been established amongst those in recovery:

- Three working groups in different areas of the city looking at how to establish a regular social event for people in recovery
- A peer run social group for people in recovery in the South East of the city

7. Reducing Drug Related Deaths

Drug Related Death Review Process

In 2014/15 the process for reviewing drug related deaths was restructured. Four locality based Drug Related Deaths Review Groups have been established to identify lessons learnt from individual drug related deaths. These groups are attended by local professionals who are responsible for local service delivery.

A Pan Lothian Strategy Group has been established to identify the broader themes and develop a lothainwide / citywide action plan.

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 does not currently play a significant role in drug related deaths.

Protocol with the Scottish Ambulance Service (SAS)

Many people who die from a drug related overdose have experienced a non-fatal overdose in the preceding months. In many cases the SAS are called to respond to these situations.

A protocol has been developed with the SAS which allows the paramedics to share the name and contact details of these individuals with local treatment services. (This will be done unless the person explicit says that they do not want this to happen; this protocol has been agreed by Coldicott Guardians.) Treatment services will then offer follow up support offering the person quick access to treatment as well as Naloxone. The protocol came in to force in February 2015 and data yet to be reviewed to identify its early impact.

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.

The Scottish Government has a minimum expectation that by April 2015 25% of people with problem opiate use should be supplied with take home naloxone kits. In January 2015 the Scottish Government produced data at an ADP level for the first time (data had previously been gathered at a Lothian level) and Edinburgh achieved just over 25%.

Naloxone contributes to be distributed within key settings and consideration is being given to a roll out within GP surgeries and pharmacies.

Community Safety

Outcome: Communities affected by drugs and alcohol use are safer

8. Reducing alcohol and drug related offending

Treatment and Recovery Services in HMP Edinburgh are provided in partnership by NHS Lothian, and three 3rd sector organisations (ELCA, Simpson House and Lifeline).

A review of the counselling services (ELCA and Simpson House) has led to new approaches to improve access to all of these services. The following has been established:

- Lifeline and NHS Lothian have established a joint drop-in for people needing treatment
- A number of professional meetings have been reviewed and other processes established to share information and develop joint care plans
- Lifeline has established short term work with people on remand and short term sentences which seek to reduce harm and link them to services in the community.
- Consistent criteria has been developed across counselling services.

Further work is being developed to involve prisoners in the development of these services and also to establish a consistent outcome measurement tool.

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.

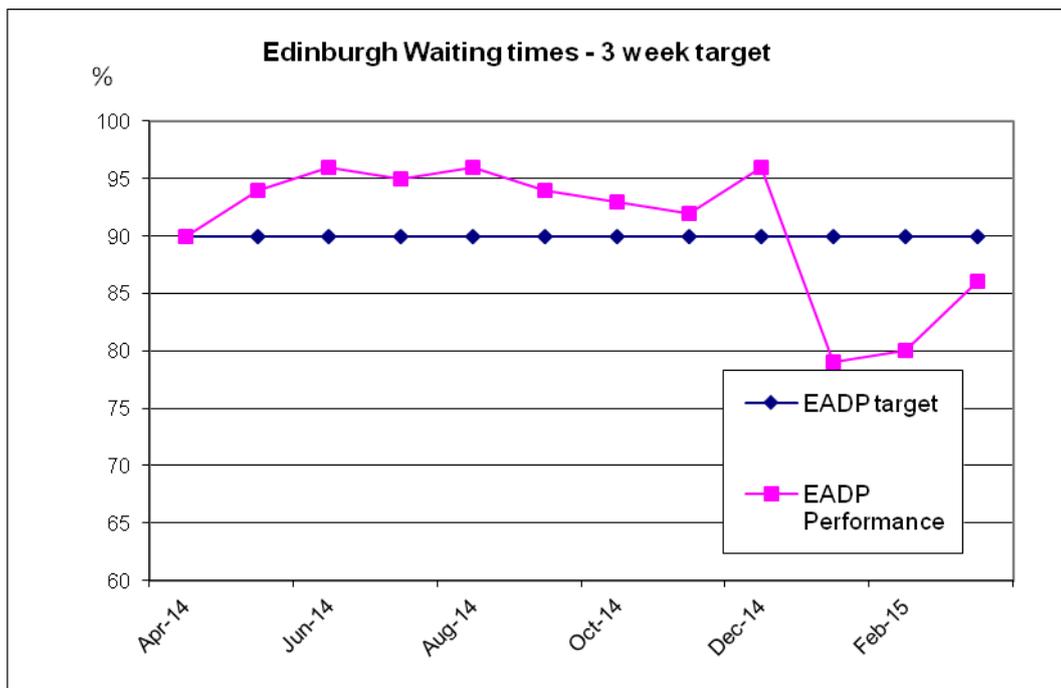
In 2014/15 24,388 ABIs were delivered across Lothian which represents 244% of the HEAT Standard (9,938). Edinburgh data can only be broken down at a GP surgery level only and 6,820 were delivered within these settings. The remainder were delivered in A&E, Maternity Services, as well as a broad range of services across the 3rd Sector and City of Edinburgh Council.

Continuing on from the previous success NHS Lothian is working closely with its partners in the delivery ABIs in youth settings, Criminal Justice settings within Jobcentre Plus and HMP Edinburgh.

HEAT Standard 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 2014/15 is set out in the graph below:



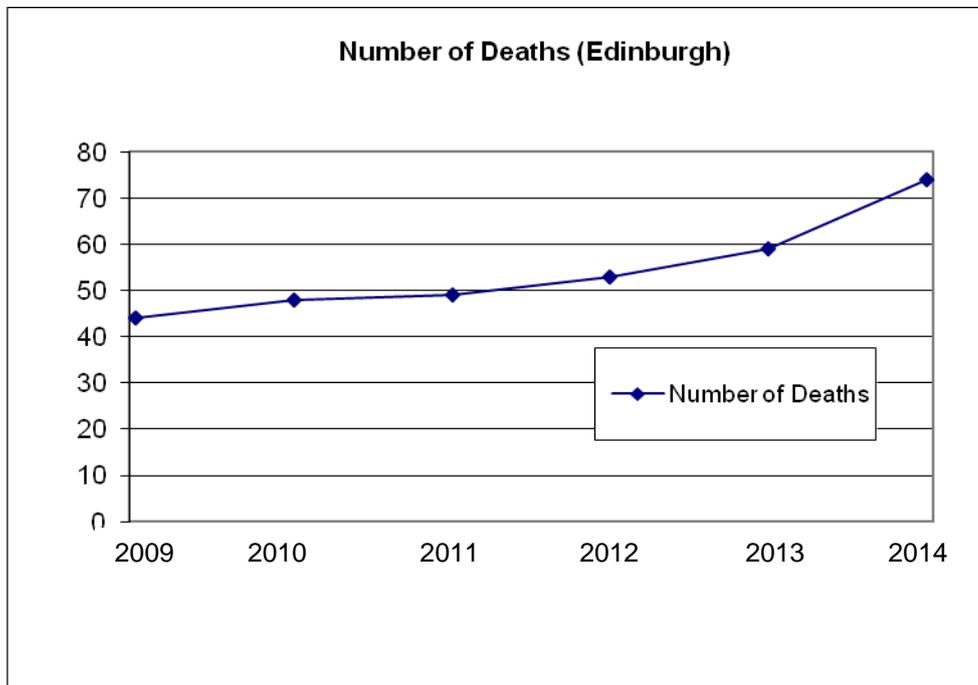
The target has presented particular challenges for services in quarter 4.

NHS Lothian were unable to report performance between May and December 2014 due to problems with the new Trak database. Local intelligence suggests

that there have been errors in reporting in quarter 4 and that once these have been resolved performance will be at 90% in quarter 1 2015/16.

Drug Related Deaths

Drug related deaths are measured through criteria set by the Scottish Government. In the calendar year 2014 there were 74 deaths in Edinburgh. This represents an increase of 15 deaths from 2012 and is 24 deaths above the average for the previous 5 years.



This increase in deaths is of concern across the partnership. An annual report setting out the themes and causes of death will be produced in July 2015. This will aid local action planning. However early suggested that there are no significant changes in the profile of those experiencing a drug related death in previous years.

One theory suggests that there is an aging cohort of drug users who are experience poor health due to their drug use and other risk taking behaviours. This makes them more vulnerable to a fatal overdose.

The Drug Related Deaths Strategic Group will refresh its action plan following the publication of this report.

Naloxone distribution

Edinburgh's target is for 25% of problem drug users to be supplied with a Naloxone kit. In January 2015 Edinburgh had achieved 26% with 1,716 kits distributed across an estimated problem drug user population of 6,600.

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

Data to follow.

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 2015.

Michelle Miller

Chief Social Work Officer and Acting Director of Health and Social Care
Interim 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's Violence Against Women Partnership

Strategic Assessment: Data Collection, Horizon Scanning and Analysis

2015 - 2017

Contents

1.	Background to the strategic assessment	3
1.1	Violence Against Women Partnership self-assessment	3
1.2	International, national and local policy context	3
1.3	The definition of violence against women and the gendered analysis	4
1.4	Data sources and caveats on statistics.....	4
1.5	Demand we might expect.....	5
1.6	Baseline prevalence data of violence against women in Edinburgh impact, scale and trend	7
2.	Outcome One: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls	13
2.1	What this section provides:	13
2.2	Where we are now	13
2.2.1	Links with community planning	13
2.2.2	Community, practitioner and service user views.....	14
2.2.5	Prevention work	14
2.2.6	Workplace policies	16
2.2.7	Publicity campaigns	16
2.2.8	Our online presence.....	16
3.	Outcome Two - Women and girls thrive as equal citizens: socially, culturally, economically and politically	17
3.1	What this section provides:	17
3.2	Where we are now:	17
3.2.1	Poverty and welfare reform	17
3.2.2	Female offenders	17
3.2.3	Commercial sexual exploitation	18
3.2.4	Disabled women.....	19
3.2.5	Older Women	20
3.2.6	Black and minority ethnic women	20
3.2.7	Women with no recourse to public funds	21
3.2.8	Lesbian, bisexual and transgender people	22

3.2.9 Complex needs – abuse, trauma, substance misuse and mental health	22
3.2.10 Statistical gaps in equalities data.....	23
3.2.11 Multi-agency policy development.....	23
4. Outcome Three - Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and girls	25
4.1 What this section provides:	25
4.2 Where we are now	25
4.2.1 Child protection and welfare response.....	25
4.2.2 Health response – Routine Enquiry	26
4.2.3 Health response – the Iris Project.....	27
4.2.4 Housing response	27
4.2.5 Health and social care response.....	28
4.2.6 Third Sector Response – Edinburgh Women’s Aid	28
4.2.7 Third Sector Response – Edinburgh Women’s Rape and Sexual Abuse Centre.....	29
4.2.8 Third Sector Response – Couple Counselling.....	29
4.2.9 Statistical gaps in relation to Outcome Three	30
4.2.10 Training resources	30
4.2.11 Developing a coordinated community response.....	30
5. Outcome Four - Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response	33
5.1 What this section provides:	33
5.2 Where we are now	33
5.2.1 Edinburgh Domestic Abuse Court.....	33
5.2.2 The Caledonian System.....	34
5.2.3 Safer Families Edinburgh.....	34
5.2.4 Multi-agency Tasking and Coordinating.....	35
5.2.5 Bail checks	35
5.2.6 Protective orders	35
5.2.7 Removing the perpetrator from the home - the use of exclusion orders	36
5.2.8 Safe contact agreements and child safety reports.....	36
5.2.9 The Ugly Mugs Scheme.....	38
6. Violence Against Women Partnership	39
6.1 Where we are now	39
6.1.1 Partnership resources	39
6.1.2 Current constitution and subgroups	40
6.1.3 Future structure of the partnership.....	40
6.1.4 Priority Setting Exercise	41
6.1.5 Developing an action plan and performance framework	41
6.1.6 Measuring our progress	41

1. Background to the strategic assessment

1.1 Violence Against Women Partnership self-assessment

In November 2014, Edinburgh's Violence Against Women Partnership undertook a self assessment with the support of the Improvement Service. There are three phases to the self-assessment - an online survey, analysis of results and thematic workshops. The results aim to help partnerships understand their strengths and areas for improvement, to define their challenges and to drive change forward.

The self-assessment highlighted a lack of strategic focus and uncertainty about how the work of the Partnership aligned with wider outcomes and strategies. It recommended that the Violence Against Women Partnership should be a decision making body with a clear workplan; have priorities which have been agreed on the basis of evidenced need; with an outcomes based performance framework; and a membership who are able to drive change.

As a response to these issues, the Violence Against Women Partnership agreed to carry out an evidence based strategic assessment. This model has been developed by the Scottish Community Safety Network¹ and provides a robust methodology to develop clear objectives based on qualitative and quantitative data. It identifies cross cutting themes and makes recommendations for the future work of the Partnership. It also supports other committees and partnerships with identifying their priorities around violence against women issues.

This document represents the first stage of the strategic assessment; data collection, horizon scanning and analysis. It provides a comprehensive examination of the available data and up to date research. It helps us to see where we are now, what the gaps are and where we want to be. The next stage of the assessment process will be completed by October 2015. It involves consultation and priority setting with stakeholders and the development of an action plan and performance framework. The Violence Against Women Partnership constitution, membership and subgroup structure will be developed to take forward the identified actions.

1.2 International, national and local policy context

The Scottish Government strategy 'Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls²' aims to create a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from abuse and the attitudes that help perpetuate it. It provides the outcomes framework for our strategic assessment, which is grouped into the sections shown in Table One. Each section details the data and research related to the outcome, where we are now and highlights strategic gaps.

Outcome 1: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls

Outcome 2 - Women and girls thrive as equal citizens: socially, culturally, economically and politically

Outcome 3 - Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and girls

Outcome 4 - Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

Table One: Equally Safe Outcomes Framework

1.3 The definition of violence against women and the gendered analysis

The definition of violence against women adopted in Edinburgh mirrors the Scottish Government¹ and UN definition and states that:

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence.

Violence against women encompasses, but is not limited to domestic abuse, rape and sexual assault; sexual harassment and intimidation at work and in public; stalking; commercial sexual exploitation such as prostitution, pornography and human trafficking; dowry-related violence; female genital mutilation; forced marriage; and so-called 'honour' based violence.

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women⁴. 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 way in which society is ordered; the relationships between men and women; the social, political and cultural environment they operate within; and the code of conduct expected of them³. A gendered analysis does not suggest that all men are violent. To be clear, the majority of men are not violent. Nor is it to deny that women use violence or that men use violence against men, including male partners. However, it is men who predominantly carry out gender based violence, and women who are predominantly the victims. Where women do perpetrate violence, the nature, intention and impact of this is very different^{5, 6, 7, 8}.

1.4 Data sources and caveats on statistics

The most comprehensive data about violence against women in Edinburgh comes from the statistics collected by Police Scotland. These must be treated with caution for a number of reasons:

- 1) The vast majority of incidents do not come to the police's attention. Only a minority of incidents are reported, varying between 23% and 35%⁹
- 2) Many types of violence against women are not 'criminal' in nature. For example, emotional and psychological abuse conducted by a perpetrator may not be classified as an offence

- 3) Data may be devoid of context. When we record single 'incidents' of abuse we fail to recognise the pattern of abusive behaviour that often exists¹⁰. Recording of singular incidents also fails to recognise repeat victimisation or perpetration.
- 4) Varied definitions of violence and abuse can make overall statistics difficult to gather.

All data within this assessment has a reporting period between April 2014 and March 2015, unless otherwise stated. Wherever possible we have provided data over a number of years in order to highlight trends. However, some statistics have only recently been collated. Tables of statistics which form the basis of the commentary are provided in Appendix One if they are not within the text.

1.5 Demand we might expect

Violence against women affects a vast number of women globally, nationally and in Edinburgh. Research estimates that between 1 in 2 and 1 in 5 women will experience at least one episode in her lifetime⁹. Some women will experience multiple forms, others may experience sustained episodes of abuse and others may be subject to an individual incident. All women are unique and will find different ways of coping with their experiences. For some, their experience of abuse will be their primary reason for contacting services. For others, there will be intersectional with other issues, like mental health problems or substance misuse, many of which will have been caused or exacerbated by their experiences. It is impossible to quantify the numbers of women who have experienced abuse as many will seek informal support from their family and friends and will never come into contact with services.

It is likely, however, that as we develop and introduce new approaches to identifying and tackling violence against women, more people will come forward to services for support. With the prioritisation of violence against women by Police Scotland and the improvements in the criminal justice system, we anticipate an increase in reported crimes and hopefully conviction rates for domestic abuse and crimes of sexual violence. This will in turn increase confidence to report abuse. The citywide roll out of multi-agency risk assessment conferences for domestic abuse and routine enquiry within health settings, are also likely to identify women not involved with support services. Part of the process of both these initiatives is to identify and refer women for support and research elsewhere shows this will result in an increase in prevalence and service demand.

With this increase in demand, specialist organisations remain key in supporting those affected by abuse. However, it impacts on all public services and needs the engagement of the full range of interests including, local authorities, Police Scotland, NHS Lothian, Public Protection bodies, Community Planning Partnerships, the civil and criminal justice systems, social work, housing, media, the business sector, employer bodies, trade unions, third sector and community based organisations along with individuals and communities too. Our work needs to align with the international, national and the local policy context, including local operational plans, which are outlined in Table Two.

There are low levels of reporting for some forms of violence against women in Edinburgh, for example, female genital mutilation and trafficking. Again, the caveats in relation to police statistics and the levels of underreporting of violence against women are relevant. Irrespective of the low levels of reporting, all agencies should be aware of the range of abuses women can experience and be able to respond appropriately.

Table Two: International, national and local policy context	
Coalition pledges	P1 Increase support for vulnerable children, including help for families so that fewer go into care P43 Invest in healthy living and fitness advice for those most in need
City of Edinburgh Council outcomes	CO1 Our children have the best start in life, are able to make and sustain relationships and are ready to succeed CO5 Our children and young people are safe from harm or fear of harm, and do not harm others within their communities CO10 Improved health and reduced inequalities CO11 Preventative and personalised support in place CO15 The public are protected CO21 Safe – Residents, visitors and businesses feel that Edinburgh is a safe city CO26 The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Edinburgh's Community Plan Strategic outcomes	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health Edinburgh's children and young people enjoy their childhood and fulfil their potential Edinburgh's communities are safer and have improved physical and social fabric
Edinburgh's Operational Plans and Policies	Edinburgh's Adult Protection Committee Improvement Plan Edinburgh's Anti-social behaviour strategy Edinburgh's City Housing Strategy Edinburgh's Multi-agency Domestic Abuse Police Edinburgh's Multi-agency Forced Marriage Policy Edinburgh Partnership's Community Plan and Neighbourhood Edinburgh's Public Protection Strategy Integrated plan for Children and Young People Lothian mental health and wellbeing strategy NHS Lothian Gender Based Violence Strategy Annual Police Plan 2015/16: to improve safety and wellbeing of people, places and communities in Scotland. Priority: That violence, disorder and anti-social behaviour – protect our communities by increasing protection of violent crime, domestic abuse and hate crime offenders. Priority: Protecting people at risk of harm Police Operational Plans
Scottish Government Strategic Objectives	Safer and stronger Wealthier and Fairer Healthier
Scottish Government Frameworks	Curriculum for Excellence (2002) Equally Well (2008) Early Years Framework (2009) Early Years Collaborative (2012) National Parenting Strategy (2012) Strategy for Justice in Scotland (2012) Getting Our Priorities Right (2013)
National Performance Framework	We live our lives free from crime, disorder and danger We have tackled the significant inequalities in Scottish society We have strong resilient and supportive communities where people take responsibility for their own actions and how they affect others Our children have the best start in life and are ready to succeed We have improved the life chances for children, young people and families at risk Our public services are high quality, continually improving, efficient and responsive to people's needs We realise our full economic potential with more and better employment opportunities for our people We live longer, healthier lives
International Treaties and Human Rights Obligations	The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011) The Global Platform for Action (1995) The Human Rights Act (1988) The United Nations Convention on the Elimination of Discrimination Against Women (CEDAW)

1.6 Baseline prevalence data of violence against women in Edinburgh impact, scale and trend

This section outlines the baseline prevalence data for violence against women in Edinburgh. The primary source for these statistics is the police system UNIFI and the Vulnerable Persons Database. However, as explained previously, these statistics are presented with the following caveats:

- all statistics should be treated as an underestimate due to high levels of under-reporting
- this data was recorded for crime purposes and not necessarily for analytical purposes and is based on the information input at the time of reporting. Not all information fields are consistently recorded which therefore affects the certainty with which trends can be reported on

Despite the above caveats, the following statistics do still allow for commentary to be made on trends and patterns and inferences can still be drawn in relation to the prevalence shown by the number of women approaching services which is detailed in a later section.

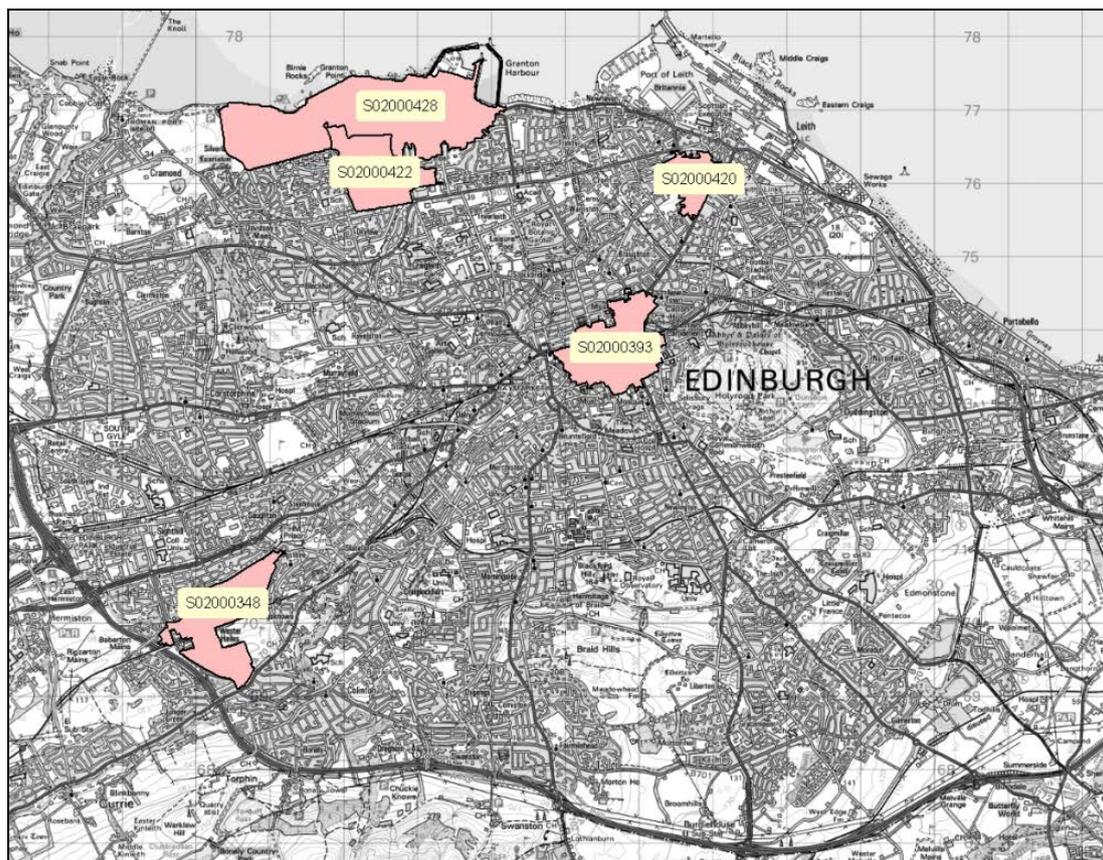
Crimes of violence

Table Three: Crimes of violence	2012/13	2013/14	2014/15
Murder	2	8 (2)	6 (2)
Attempted murder	30	28 (8)	22 (5)
Serious assault	314	287 (56)	272 (52)
Assault and Robbery	391	280 (62)	310 (88)
Abduction	30	50 (31)	36 (26)
Minor assault	5263	6249 (2891)	5890 (2715)

Table Three includes Crimes of Violence (Group One crimes) and the Group Six crime of 'minor assault'. The figures in brackets are the number of female victims. Analysis of the most serious types of violence towards women shows a relatively stable picture in terms of the proportions and numbers of female victims. Interestingly, the crime of abduction appears to be the crime type where female victims are proportionally higher than male victims, with all other crime types reporting more male victims. As acknowledged elsewhere, females are responsible for conducting such offences but on a significantly smaller scale than male perpetrators. For example, around 10% of all perpetrators of assault and robberies are female whilst around 29% are responsible for minor assaults.

These figures have remained stable of the period above. The loci for these offences are all predominantly within the residential setting or in the street/open space areas, dependent upon crime type and irrespective of gender. The map overleaf pinpoints the top five areas within Edinburgh most prevalent to reported crimes of violence ('Selected' Violent offences i.e. Murder, Att Murder, Serious Assault, Minor Assault, Robbery & Abduction).

Map 1: Selected Violent Offences Top 5 Intermediate Zones 2012 – 2015



Selected Violent Offences Top 5 Intermediate Zones 2012 – 2015						
Neighbourhood Partnership	Intermediate Code	Intermediate Name	Violence 2012-13	Violence 2013-14	Violence 2014-15	Violence 2012-2015
City Centre	S02000393	Old Town and Leith Street	205	212	220	637
South West	S02000348	Clovenstone and Drumbyden	109	156	104	369
Forth	S02000422	West Pilton	94	92	107	293
Forth	S02000428	Waterfront and Granton	57	86	83	226
Leith	S02000420	Great Junction Street	63	79	76	218

Table Four: Domestic Abuse	2014/15
Number of incidents	5297
Victims of incidents, split by gender female/male	4197/1099 (1)
Number of repeat victims	886
Number of perpetrators	3980
Perpetrators split by gender female/male	934/3980 (2)
Number of repeat perpetrators	835
Number of domestic abuse-related crimes recorded	4243

Table Four are statistics drawn from the Vulnerable Persons Database and ScOMIS. This has only been in existence for the past year hence the limited dataset. The numbers in brackets represent indeterminate gender being recorded. The difference in total numbers of perpetrators compared to victims is due to perpetrators having offended against more than one victims (especially prevalent in historical offences) and as a result of enquiries whereby the loci of the offences are outwith the Edinburgh area.

Table Four shows the current picture specific to reported instances of domestic abuse within Edinburgh. Unsurprisingly, the vast majority of incidents involve female victims whilst the perpetrators are predominantly males. Of particular importance however are the significant number of both repeat victims and repeat perpetrators.

Work is currently ongoing to develop further context specific to domestic abuse patterns, specifically same sex domestic incidents, ethnicity and crime/non-crime data. As this dataset improves other significant trends will be established to assist in prioritisation of future activity on a multi-agency basis and will assist with other work ongoing specific to MARAC and MATAAC processes.

Crimes of indecency

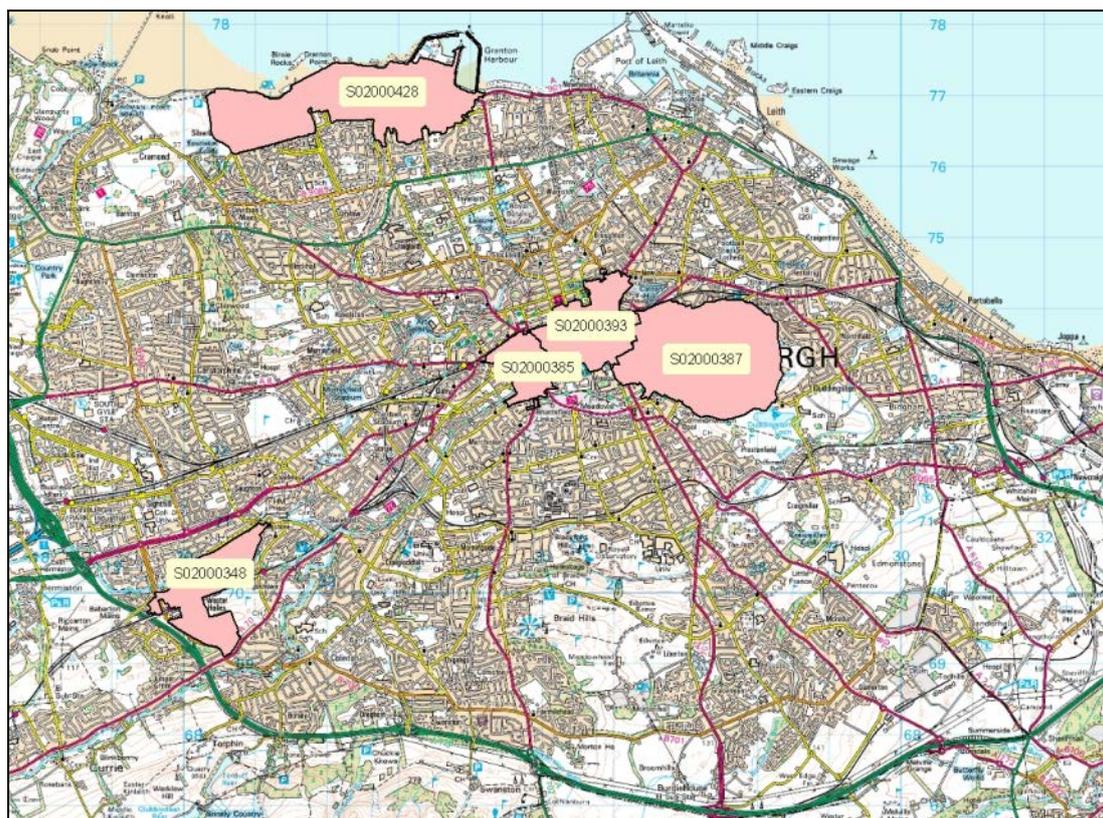
Table Five: Crimes of indecency	2012/13	2013/14	2014/15
Rape	135	151	207
Assault with intent to rape or ravish	9	17	12
Indecent assault (common law)	34	37	53
Sexual assault	183	192	225
Other Group Two crimes	310	358	502

Crimes of Indecency is a term used to cover a wide range of sexual violence, such as rape, sexual assault, and sexual offences involving children. Other Group Two crimes include internet offences and historical sexual abuse. Analysis of sexual offences committed in Edinburgh unsurprisingly reveals most victims across the board are female, the majority of which are over 16 years old. It should be acknowledged however that males, in much smaller numbers, are also subject to this form of abuse.

The recent introduction of the Sexual Offences (Scotland) Act 2009 legislation, a more robust approach and additional Police resources available to deal with such incidents, the provision of additional support services and increased public confidence in all statutory and voluntary services has led to a significant increase in reported incidents over the past three years. Last year witnessed a 21.1% increase in all reported Group 2 offences. However, when compared against the 5 year average, reports of rape have increased by 75%, indecent/sexual assaults increased by 73% and other Group offences up 28%. This pattern has been maintained current year to date and this is positive in terms of victim support provision and perpetrator identification opportunities.

The map below shows the top five areas in Edinburgh where reported Group 2 offences have been committed. This is reflective of the 3-year period outlined above. Work will commence to better understand the reasons for this pattern, however it is noted that the top two areas are the same as violent offences and specifically relating to Clovenstone and Drumbryden there are cross-overs with breach of bail patterns of unwanted contact victims.

Map 2: Sexual Offences Top 5 Intermediate Zones 2012 – 2015



Sexual Offences Top 5 Intermediate Zones 2012 – 2015

Neighbourhood Partnership	Intermediate Code	Intermediate Name	Group 2 Crimes 2012-2013	Group 2 Crimes 2013-2014	Group 2 Crimes 2014-2015	Group 2 Crimes 2012-2015
City Centre	S02000393	Old Town and Leith Street	33	34	56	123
South West	S02000348	Clovenstone and Drumbryden	18	9	12	39
City Centre	S02000385	Tollcross	13	14	12	39
Forth	S02000428	Waterfront and Granton	12	17	7	36
Craigtinny and Duddingston	S02000387	Southside and Canongate	6	13	14	33

Stalking

Table Six: Stalking	2012/13	2013/14	2014/15
Number of reported stalking incidents	46	90	135

Although stalking occurs in other contexts too, the vast majority of stalking and harassment cases are related to domestic abuse incidents with victims almost entirely female. It is therefore unsurprising that males represent the vast majority of perpetrators or that the majority of offences are committed in a residential setting. Often, when a woman has experienced domestic abuse and she leaves the relationship, the abuse does not end and continues in the form of stalking and harassment.

Legislation defining stalking as a separate offence has proved extremely useful in addressing such offences and the rise of reported stalking incidents is expected to continue to rise.

Harassment

Table Seven: Harassment	2012/13	2013/14	2014/15
General post office/telecom offences	N/A	254	263

Harassment offences are predominantly made up from telecommunication offences, whereby the perpetrator utilises a variety of communication devices to harass the victim. Unsurprisingly, reported crimes are increasing, the majority of victims are adult females with around 80% offenders being male.

Again, the residential setting is the most prevalent location for these offences.

It is expected that reported offences will continue to rise given the use of social media and other forms of communication devices.

Honour Based Violence

Table Eight: Honour based violence	2012/13	2013/14	2014/15
Number of reports of FGM incidents	0	12	9
Number of reports of honour based violence incidents	22 (8)	38 (11)	24 (7)
Number of reports of forced marriage protection orders	3	2	1

Honour based violence includes harmful traditional practices which are forms of violence against women which have been committed primarily against women and girls in certain communities and societies for so long that they are considered, or presented by perpetrators, as part of accepted cultural practice. The most common are forced (or early) marriage, so-called 'honour' based violence and female genital mutilation. As noted above, the number of reported 'incidents' remain relatively low in Edinburgh for honour based offences. However, work continues across all agencies in this arena.

No reported FGM incidents to date have resulted in any offences being uncovered or charges preferred. Work to develop this area continues with recently established meetings between Saheliya, Police Scotland, Social Work and Health and further multi-agency guidance under development.

Specific to honour based violence incidents, the numbers in brackets reflect the number of actual recorded crimes. In 2012/13 five were detected, in 2013/14 four were detected and in 2014/15 six were detected. Edinburgh remains one of the few areas in Scotland to have applied for and been granted Forced Marriage Protection Orders.

Prostitution Related Crime

Table Nine: Prostitution related crime	2012/13	2013/14	2014/15
Offences related to prostitution	100	101	34
Soliciting services of person engaged in prostitution	18	30	12
Brothel keeping	0	11	1

Prostitution-related offences have fallen dramatically as a result of the new harm reduction approach adopted by Police Scotland and partners across Edinburgh. A renewed focus on persons soliciting the

services of persons engaged in prostitution has been undertaken and work is ongoing with support services to educate and support those involved. This trend will continue to be monitored and will be further influenced by the multi-agency sexual exploitation policy. It should be noted that almost all of the offences in relation to prostitution and soliciting have been detected in open space/street areas.

Trafficking

It should be noted that statistics pertaining to human trafficking are currently under development. Since April 2015 Edinburgh have been recording human trafficking incidents in greater depth with 6 such incidents recorded in April 2015 (specific to prostitution and immigration settings).

Profile of gender based violence victims and perpetrators

Statistics in Edinburgh show that it is clear that the forms of violence outlined are gender based; they are mainly perpetrated by men against women. Where women do perpetrate violence, the nature, intention and impact of this is very different^{5, 6, 7, 8}.

Statistical gaps in relation to prevalence data

There are a number of statistical gaps in relation to prevalence data which would be useful to gather. Comparable statistics from other areas against would be a useful benchmarking exercise. It is hoped that with the development of the Scottish Government's national violence against women performance framework there will be similar datasets developed across Scotland which will aid comparison with similar areas.

2. Outcome One: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls

2.1 What this section provides:

This section outlines data, current work and future areas for development around Outcome One which aims to ensure that:

- positive gender roles are promoted
- people enjoy healthy, positive relationships
- individuals and communities recognise and challenge violent and abusive behaviour

Research shows that community attitudes towards violence against women and girls are a key predictor of perpetration of such abuse. Not only that but they can also heavily influence women's own responses to victimisation, as well as those of wider society¹¹. Gender stereotypes play a central role, with individuals who hold discriminatory attitudes being more likely to tolerate violence and abuse against women. A prevention focused approach:

- raises awareness of what constitutes violence and abuse
- states that abuse is unacceptable in any form
- increases awareness of the appropriate actions that can be taken
- challenges attitudes which perpetuate violence against women

2.2 Where we are now

2.2.1 Links with community planning

There are currently twelve Neighbourhood Partnerships within the City of Edinburgh. Although the majority of their community plans make reference to anti-social behaviour and creating safer communities, only two neighbourhoods have identified violence against women as a priority. Both Southwest Edinburgh and Liberton and Gilmerton have specific subgroups and action plans relating to gender based violence and domestic abuse.

Statistics across Edinburgh show that the lack of prioritisation of violence against women issues within the majority of community plans is not reflective of a lack of prevalence. It is questionable whether community planning processes are effective in identifying taboo subjects like domestic and sexual abuse which happen 'behind closed doors'. Within the Edinburgh Partnerships' Community Plan, violence against women has primarily been addressed within the community safety partnership's submission relating to the strategic outcome 'Edinburgh's communities are safer and have improved physical and social fabric'. In the plan 2014-2016 and the draft plan for 2015-2018 submissions related to violence against women only highlighted criminal justice responses to domestic abuse. Performance indicators and targets relate solely to domestic abuse reporting and detection rates. This is not reflective of the wider work on violence against women issues and does not provide an effective way to measure improvement in our response. Consideration also needs to be given to how the violence against women partnership can engage with elected members in order to raise the profile of these issues.

Violence against women recognition within strategic plans is a national issue and is being addressed within the Scottish Government's violence against women strategy. A priority area is the development of a

workstream which aims to improve collective public accountability by making violence against women visible within national and local strategic planning.

2.2.2 Community, practitioner and service user views

There have been no citywide consultations of the communities' views and experiences of violence against women, whether they have sought professional help and the quality of the service response they received. Similarly, there is little evidence of practitioners' views around violence against women, particularly those of non-specialist services. A consultation was undertaken with members of the violence against women partnership in October 2014 on Edinburgh's response to domestic abuse and the findings are outlined in Table Ten. Many services represented in the Partnership collect regular service user feedback. However, the partnership does not currently collate this information. Statutory sector services encourage service user feedback, but not specifically in relation to their response to violence against women. The Care Inspectorate carry out regular inspections of a variety of care services, but performance indicators on violence against women issues are absent and do not easily align with existing frameworks.

We want to ensure that those affected by violence and abuse against women and girls have greater opportunity to help shape the development of policy and practice. The lack of community, practitioner and service user views has been identified as a clear gap.

Our response to domestic abuse has:

STRENGTHS

- dedicated, passionate, experienced and well connected professionals
- multi-agency risk assessment case conferences and multi-agency tasking and co-ordinating for high risk victims and perpetrator
- increased and developed domestic abuse training

WEAKNESSES

- an over-emphasis on separation and failure to protect models
- the need to understand diversity and the impact on BME women and LGBT groups
- increased demand and reduced resources
- The need to develop:
 - a shared understanding of domestic abuse and the gendered analysis
 - a clear pathway for victims and a coordinated response
 - a shared risk assessment

RECOMMENDATIONS FOR IMPROVEMENT

- Increased co-ordination and efficiency
- Increased training capacity
- Increased nuance to deliver services to minority communities

Table Ten: Findings from a consultation on service professionals' perspectives on Edinburgh's response to domestic abuse

2.2.5 Prevention work

Primary and secondary schools are key settings for preventing the development of attitudes which perpetuate violence against women. Adolescence in particular is regarded as a crucial time to intervene – it is during this key transition point in life that young people develop their social and sexual identities.

Education professionals therefore have a huge opportunity to lead the way in attitudinal change, being in a prime position to nurture the next generations on positive gender roles and healthy, equal relationships from an early age².

In July 2014 the various groups who deliver prevention work in Edinburgh schools came together with the aim of co-ordinating their work strategically and to develop shared messages. At that time, 19 schools were receiving various forms of prevention work. A newsletter was developed for distribution to schools to highlight available prevention work and is outlined in Table Eleven. There is a need to develop a coordinated approach to prevention work being delivered in schools to ensure that schools are not overwhelmed, identified gaps are highlighted and agencies work together where possible. There is also the need to align with national prevention activities developed by Zero Tolerance, The Violence Reduction Unit, Scottish Women's Aid and The Women's Support Project.

An identified gap is the lack of prevention work with non-abusing men. White Ribbon is a charity which engages men in the campaign to end violence against women. Edinburgh could consider becoming a 'White Ribbon City' which involves training and development with White Ribbon Scotland and is useful in engaging men as bystanders and raising awareness of violence against women issues with a group who may not otherwise engage with the topic.

Mentors in Violence Prevention is a peer-mentoring project that uses a bystander approach to prevent gender violence and bullying. MVP focuses on prevention by exploring gender norms, making these explicit and exposing their connection to violence in relationships, homophobia and bullying. School staff and staff from a range of organisations train the Peer Mentors and support the peer to peer delivery sessions to younger pupils.

Couple Counselling Lothian offers one-to-one counselling for young people aged 12 to 18 years who are demonstrating emotional and/or behavioural difficulties at school due to stresses in their relationships

The Edinburgh Rape Crisis Centre delivers workshops from the 'Preventing Sexual Violence' pack developed by Rape Crisis Scotland to young people in schools and other settings in Edinburgh. They also have a specialist support service for young survivors called the STAR project.

Edinburgh Women's Aid provides inputs to schools on healthy and unhealthy or abusive relationships; gender; new technologies; empathy; and bystander approaches including delivery of Mentors in Violence Prevention.

Healthy Respect offers Sexual Health and Relationships Education training to all professionals working with young people in schools and other settings. This is a 22-session programme for pupils from S2-S4, which takes a holistic approach to sexual health, including the promotion of healthy, respectful relationships, free from coercion and abuse.

Shakti works to raise awareness of domestic abuse, with a focus on issues affecting black and minority ethnic women, children and young people, such as forced marriage and female genital mutilation. They provide opportunities for staff and students to ask questions and further develop their knowledge about these issues through group sessions and by giving presentations.

Table Eleven: Prevention work in schools

2.2.6 Workplace policies

There is a role to be played in workplaces to champion a culture of zero tolerance of harassment and abuse and one in which there is an understanding of the needs of victims. The City of Edinburgh Council has an exemplary domestic abuse policy which includes advice for managers on how to deal appropriately with, not only victims of domestic abuse, but also perpetrators¹². The policy won an Adoption of Best Practice Award by leading domestic abuse charities Refuge and Respect. NHS Lothian also has an excellent policy which encompasses all aspects of gender based violence. Edinburgh Council has mandatory policy briefing sessions and NHS Lothian is developing a gender based violence e-learning module for managers and staff to ensure they are aware of these key policies.

2.2.7 Publicity campaigns

There is a role to be played in workplaces to champion a culture of zero tolerance of harassment and abuse and one in which there is an understanding of the needs of victims. The City of Edinburgh Council has an exemplary domestic abuse policy which includes advice for managers on how to deal appropriately with, not only victims of domestic abuse, but also perpetrators¹². The policy won an Adoption of Best Practice Award by leading domestic abuse charities Refuge and Respect. NHS Lothian also has an excellent policy which encompasses all aspects of gender based violence. Edinburgh Council has mandatory policy briefing sessions and NHS Lothian is developing a gender based violence e-learning module for managers and staff to ensure they are aware of these key policies.

Speak Up, Speak Out is a multi-agency campaign for Edinburgh launched in August 2013 which will run over three years¹³. The partners involved are Police Scotland, NHS Lothian and the City of Edinburgh Council. The campaign targets priority public protection issues in a series of mini-campaigns and speaks directly to anyone being harmed or worried about others being harmed. A targeted campaign around domestic abuse took place in 2013 and included the development of a booklet and posters. Themes of violence against women were woven into other mini campaigns. For example, cyber stalking and revenge porn were included in the internet safety campaigns and domestic abuse was part of the campaign for older people.

2.2.8 Our online presence

There is currently no online presence for Edinburgh's Violence Against Women Partnership. Each member agency has their own website and uses social media. A review of Edinburgh Council's domestic abuse pages reveals that the use of the content and landing pages peaked in 2013/14 and has since reduced by 17% and 41% respectively. This was despite an increase in the number of domestic abuse incidents reported to the police.

3. Outcome Two - Women and girls thrive as equal citizens: socially, culturally, economically and politically

3.1 What this section provides:

This section outlines data, current work and future areas for development around Outcome Two which aims to ensure that:

- Women and girls feel safe, respected and equal in our communities
- Women and men have equality of opportunity particularly with regard to access to power and resources

Gender inequality is a root cause of violence against women and despite the many advances being made there remain persistent inequalities between men and women. The gender pay gap of 13.3% is one example¹⁴; the overrepresentation of women in lower paid sectors and under representation of women in senior posts is another. Research shows that societies in which women's participation is valued, and where there are fewer economic, social or political differences in power between men and women, have lower levels of violence¹⁵. Welfare reforms which have been introduced by the UK Government have had a significant negative impact on women's resources¹⁶. Although some of the issues around such inequality can only be addressed at a national level, it is useful for us to consider what we can do in Edinburgh to promote equality.

Alcohol and drug misuse are other secondary factors that can increase both the frequency and severity of violence against women and girls. The experience of trauma and the presence of complex needs, like substance misuse and mental health problems, develop and are expressed differently depending on gender and our service response should take account of this. It is also important to consider how other protected characteristics impact on the experience of violence against women.

3.2 Where we are now:

3.2.1 Poverty and welfare reform

Recent research by Citizen's Advice Bureau¹⁴ highlights that women are more likely to seek advice than men in relation to particular benefits including Housing Benefit, Working Tax Credits, Child Tax Credits, Child Benefit and Income Support. Reforms to these benefits, along with errors and delays in their administration, are therefore likely to have a disproportionate impact on women in Edinburgh. Their client profile data shows that the majority of bureau clients (54%) are women. Overall female clients compared to male clients are more likely to be caring for children and more likely to be a single parent. They are also more likely to be working part time. Planned future reforms, such as the switch to a single household payment under Universal Credit, could particularly disadvantage women.

3.2.2 Female offenders

Willow provides services to women age 18 or over who are in contact with the criminal justice system. The service aims to improve women's health, wellbeing and safety; enhance women's access to services and community involvement and to reduce offending behaviour. The service is managed by the City of Edinburgh Council's Criminal Justice Social Work services, delivered in partnership with NHS Lothian and a variety of agencies from across the voluntary and public sector. The service was designed to respond to the specific needs of women in the criminal justice system. This recognises the relevance of gender

inequalities experienced by women in the criminal justice system and the impact of trauma on girls and women into adulthood.

Statistics provided by Willow Services gives valuable information about needs faced by vulnerable women who have contact with criminal justice services. Of the 145 women referred to Willow last year:

- 93% have experienced symptoms of complex trauma
- 84% have substance misuse as a current issue
- 84% have difficulty with finances
- 75% engage in self harming behaviours
- 68% have unstable and unsafe housing

This suggests that the vast majority of female offenders in Edinburgh have multiple and complex needs. Services report a group of women who have similar complex needs but who may not be in contact with the criminal justice system. They may be viewed by services as chaotic and difficult to engage but are also likely to be at high risk. This group also have multiple engagements with numerous services.

3.2.3 Commercial sexual exploitation

Evidence shows that women involved in lap dancing experience sexual harassment, rape, sexual assault, stalking, increased mental and physical health problems, derogatory and sexist name calling and it is further recognised that lap dancing is often a conduit into prostitution¹⁷. A gendered analysis of sexual exploitation encourages us to take account of how wider societal expectations and gender roles contributes to the context which allows abuse to thrive. Many victims, and professionals, do not recognise sexual exploitation. We need to consider what values and ideas are being held, particularly around women's sexuality and the notion of male sexual entitlement, when we confuse sexual exploitation with consent. There is still a perception of commercial sexual exploitation as a 'bit of fun' and even 'empowering' for women. The harm caused by prostitution, lap dancing, and other forms of sexual exploitation is sometimes not recognised. It is often sold as a viable career opportunity to young women and as desirable entertainment for men¹⁷.

There is also an impact on the wider community. Eaves Housing conducted research into the effects of licensing and attitudes to lap dancing establishments in two boroughs of London, including Camden. They compared statistics for the three years before and after four lap-dancing venues opened in Camden and found that incidents of rape increased by 50% and sexual assaults by 57%. They also found increased levels of harassment of women in the area and fear of violence¹⁸.

There is a range of multi-agency partnership working ongoing within Edinburgh around the prevention and support and protection of victims and the prosecution of offenders. On 15 November 2013, the City of Edinburgh Council's Regulatory Committee approved a period of consultation on a proposal to remove licensing arrangements for saunas and massage parlours from the Council's Public Entertainment Resolution. A decision not to license saunas was approved by the Regulatory Committee on 3 February 2014. There are current proposals before the Scottish Parliament to regulate 'sexual entertainment venues' in the Air Guns and Licensing (Scotland Bill).

On 21 January 2014, the Corporate Policy and Strategy Committee agreed a 'Harm Reduction Framework for Sex Work' in Edinburgh. The key themes are outlined in Table Twelve. Governance has been provided by the Men and Women Involved in Sex Work Multi-Agency Group chaired by Health, and there has been continued attendance and participation at the group from Council, Police Scotland and third sector organisations. The Health, Social Care and Housing Committee received a year one progress report in

early 2015¹⁹. A number of organisations have been involved in implementation, including NHS Women's Clinic, the Another Way Service, Streetwork Women's Project and ROAM Outreach for male sex workers. This harm reduction framework and sexual exploitation policy statement align with the violence against women partnership definition of prostitution and trafficking as "a widespread manifestation of violence and abuse grounded in gender inequality".

- Risks relating to sexually transmitted diseases and blood borne viruses
- Risks relating to social isolation, marginalisation, safety and poor health and wellbeing
- Evidence to indicate those involved in sex work want to explore routes out of sex work
- Health and safety risks at business premises in which sex work takes place
- Specific risks associated with street sex workers
- Improved intelligence and information gathering and sharing
- Improved Sex Worker liaison in flats and escort agencies
- History of sexual, physical or domestic abuse amongst sex workers
- Human trafficking
- Demand from people buying sex
- Growth in those organisations and individuals organising the selling or buying of sex through the internet
- Lack of awareness of issues facing those involved in sex work
- Improve multi-agency partnership governance arrangements and ensure the involvement of sex workers to inform policy and services
- Improve engagement with the Scottish Government with regards to developing national legislation, policy and improving service interventions

Table Twelve: Key themes of the harm reduction framework for sex work in Edinburgh

A recent campaign has been launched by the End Prostitution Campaign which is led by the Women's Support Project and is endorsed to date by: Encompass; Glasgow Violence Against Women Partnership, Glasgow City Council, Community Safety Glasgow, NHS Greater Glasgow and Clyde; Zero Tolerance. It endorses a challenging demand approach for Scotland which encompasses 3 elements:

- Decriminalising of those exploited in prostitution (women and men)
- Criminalised those who buy sex (punters)
- Provision of resources to support those in prostitution to exit

This campaign is asking for endorsements from all violence against women partnerships. Consideration needs to be given to Edinburgh's involvement in this development.

3.2.4 Disabled women

A physically disabled woman being abused by her partner, who is also her carer, may have additional difficulties in accessing help and support. Evidence shows that women with physical and/or learning disabilities report increased levels of child sexual abuse and domestic abuse when compared with the non-disabled population. The Daisy Project Report (2010)²⁰ surveyed 62 disabled women and found that:

- 100% had a direct experience of violence and abuse
- 73% had experienced domestic abuse
- 23% had been raped
- 33% had experienced child sexual abuse

A number of factors were identified as impacting on their decisions to end relationships:

- reliance on abusers as carers
- financial abuse
- neglect
- family and services unwillingness to believe “a carer” was capable of abuse
- lack of alternative accessible housing
- fear children would be removed

In discussion about sexual abuse various factors were identified as facilitating abuse:

- additional vulnerability through required intimate contact
- the abusers knowledge of a child’s or woman’s ability to communicate or escape
- isolation from protective adults when in residential care were factors

3.2.5 Older Women

It has been well documented that an aging population will cause increasing pressure on limited resources for public sector services²¹. However, there has been a variety of changes in the demographics which impact on the violence against women sector specifically, both nationally and within Edinburgh. The aging population is significant, as there are different issues for older women who are experiencing violence, particularly domestic abuse²²:

- services mis-categorise domestic abuse as elder abuse
- over prescribing of sedatives or antidepressants
- inappropriate referrals for couples counselling,
- improving support for the carer, who is also the abuser
- prolonged exposure leading to trauma and other health problems

3.2.6 Black and minority ethnic women

The size of the minority ethnic population in 2011 was just over 4 per cent of the total population of Scotland; this has doubled since 2001²³. This increase has been reflected in the local demographics in Edinburgh. In particular, Edinburgh has one of the highest proportion of polish populations in Scotland²³. Particular cultures do not cause men to be abusive. Men who abuse will tend to use whatever social structures are available to rationalise their abuse. However, the particular 'shape' the abuse takes can vary across cultures²⁴. Ethnicity has specific impact on violence against women where issues like forced marriage, female genital mutilation and honour based violence are more prevalent in particular communities²⁵. Victims from ethnic minorities may also find it difficult to access services due to language barriers and may prefer specialist services for their ethnic group. Service design and publicity will need to meet the implications of changing demographics.

Edinburgh already benefits from a number of specialist organisations for black minority ethnic women. 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. They provide:

- key worker service to support individual women, including outreach service
- children and young people services, including outreach
- temporary accommodation for women and any accompanying children

- training and information sessions

The average number of women in Shakti's refuge over last four years is fifteen. Seven children were supported last year. The average length of stay in 2014/15 was seven months. Of the 176 women who accessed Shakti's services last year:

- 11% had experienced sexual abuse
- 9% had experienced stalking
- 2% were a victim of female genital mutilation
- 6% had experienced or were at risk of forced marriage

Saheliya is a specialist mental health and well-being support organisation for black and minority ethnic women and girls over 12. They provide:

- counselling
- befriending
- complimentary therapies
- support work
- children's service
- training and information sessions

Of the 179 new clients supported by Saheliya last year:

- 63% had experienced domestic abuse
- 3% reported trauma due to sexual abuse (although this is likely to be an underestimate due to stigma attached to sexual activity)
- 40% were at risk of honour based violence
- One client reported being trafficked into the UK

The number of people born in a female genital mutilation practicing country in Edinburgh is 3583⁴⁵ which makes it the local authority with the highest number of people born in an female genital mutilation practicing country after Glasgow. One service reported that 23 of their clients had experienced female genital mutilation.

It is important to note that many BME organisations, including Shakti and Saheliya, do not provide support to Polish women. This has found to be a common gap across the UK, which is concerning given the rise in the Polish population. The Edinburgh Domestic Abuse Court Support Service has employed a Polish worker. Respekt is a Polish service which provides a service for both perpetrators and victims, and is detailed in 5.2.3. Edinburgh Domestic Abuse Court Support Service has employed two polish workers and Edinburgh Women's Aid has employed three polish speaking workers working across crisis support, refuge and outreach and a specialist children's worker.

3.2.7 Women with no recourse to public funds

Many women come to the UK, often legally, in the hope of improving their lives. They may come on temporary work permits, student visas or spousal visas. Some women come to the UK to marry. The 'no recourse to public funds' rule says that a woman in this position – even if she's married to a British citizen – is not entitled to certain state benefits, including housing benefit and income support. But these are the

benefits a woman must be able to claim to get a place in a refuge if she needs to escape abuse. Women's refuges rely on rental income and do not have the funds to provide for living costs.

In Edinburgh last year Women's Aid, Shakti and Saheliya together identified 129 women with no recourse to public funds. Those identified in City of Edinburgh Council (including men) totalled 29, as well as 61 dependants. Although the numbers are relatively small, the cost to the Council to provide accommodation and expenditure was just under £484 000. The City of Edinburgh Council did not provide support to all the women identified by the voluntary sector who used their reserves to cover the associated costs.

3.2.8 Lesbian, bisexual and transgender people

Domestic abuse perpetrated against lesbian, gay, bisexual and transgender (LGBT) people often includes targeting the individual's sexual orientation, gender identity or gender expression, or using homophobia, biphobia and transphobia as part of the abuse:

- threats to isolate or 'out' victims to work, friends or family for their sexual orientation, gender identity or gender expression
- reinforcing beliefs that no one will help because they do not believe that LGBT people can experience domestic abuse or know how to support them
- undermining the victim's sense of identity as a LGBT person by using homophobic, biphobic or transphobic stereotypes
- preventing the expression of preferred gender identity
- reinforcing distorted perspectives on LGBT identities and social acceptance
- reinforcing internalised homophobia, biphobia or transphobia

There is little research evidence into the prevalence of domestic abuse and other forms of abuse within the LGBT community. A survey into transgender people's experiences of domestic abuse²⁶ suggested that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner and that 47% of respondents had experienced some form of sexual abuse from a partner or ex-partner.

A LGBT and male victims working group was established in 2014 and developed an action plan to ensure that our services meet the needs of these groups. In March 2015, SACRO announced that it has been resourced to roll out the Fearless project, which will commence in Edinburgh later this year. It is aimed to reach out to those people who are less inclined to come forward or see themselves as victims. This will include women from the black and ethnic minority community, the LGBT community, and men. It will combine a domestic abuse helpline with intensive one to one support and mentoring.

It is essential that further developments of domestic abuse services align with the current policy context, which includes a gendered analysis. The partnership could consider its role in the development of this work to ensure it is safe, integrates with existing services and is within the prevailing policy framework. It could raise awareness of the gendered analysis and the implications for other services areas. This analysis is not shared across national or local government strategies and departments, despite the Scottish Government and COSLA's joint publication of Equally Safe.

3.2.9 Complex needs – abuse, trauma, substance misuse and mental health

Edinburgh Women's Aid has a 24-hour refuge service for women with multiple and complex needs, including substance misuse and mental ill-health. Streetwork Women's Project also aims to reach those excluded from mainstream services, promoting equality and advocating on behalf of women who are at

risk, have experienced, or are experiencing domestic abuse; rape, sexual assault and sexual abuse; and/or commercial sexual exploitation. The Women's Project delivers a combination of outreach services and one to one support.

The number of women supported by Streetwork has increased by 25% since 2013. Service users have complex needs and last year over 90% of them had experienced current or historic domestic abuse, 33% had experienced current or historic sexual abuse, 22% had experienced childhood sexual abuse and 26% were or are being commercially sexual exploited.

There is a clear correlation identified by partners in relation to their service users' experience of abuse and associated trauma, mental health and substance misuse. However, all too often there is a siloed response. Understandings of the reasons and causes of substance misuse and abuse are varied. Many organisations believe problematic substance use to be a cause of a perpetrator's violence. Within these organisations, a perpetrator's substance use may be addressed, with the intention of reducing their use of violence. There are also differences in the ways organisations understand women's substance use. Some organisations believe that there is some causal link between a woman's use of substances and her experiences of abuse. Other organisations may see the misuse of substances (both legal and illegal) as a way for women to cope with their experience of abuse²⁷. These differences reflect the way in which the violence against women and substance misuse field have developed differently, particularly that the latter tends to hold a gender neutral perspective on theory, and effective interventions.

Existing joint work between Edinburgh's Violence Against Women and Drug and Alcohol Partnerships has been effective. A 'violence against women and complex needs' group has met four times to discuss the complex relationship between abuse issues and substance misuse. All Substance Misuse Teams and some of the Recovery Hubs have received training, seminars and awareness raising materials to support their responses to both victims and perpetrators affected by substance misuse. This has included training in routine enquiry. Linkages with local violence against women services has also become a requirement for services commissioned by the Drug and Alcohol Partnership.

3.2.10 Statistical gaps in equalities data

There is a lack of local statistics on groups who have protective characteristics. A review of how data is collected needs to be undertaken to ensure that current data collection is able to accurately record data to support us to ensure we are providing services to all groups. Similarly, there is not data about the number of people who approach substance misuse services who have experienced or perpetrated violence against women. Clearer links with equality groups could assist the Partnership to improve these aspects of our work. A gap in equality groups measurement of violence against women statistics might be a reason for this. Health information on recording of female genital mutilation, or referrals to specialists were also absent.

3.2.11 Multi-agency policy development

A number of multi-agency policies are being developed and are at various stages of completion:

- Edinburgh's multi-agency domestic abuse policy
- Edinburgh and the Lothian's female genital mutilation procedure
- Edinburgh's multi-agency forced marriage guidance
- Edinburgh's multi-agency support for victims of human trafficking (children and adults)

- Edinburgh's multi-agency sexual exploitation plan

While the development of various policies is a step forward, we need to consider how the Violence Against Women Partnership can effectively contribute and support the implementation of these policies. Training and communications plans will be part of this, and given the Partnerships' limited financial resources representatives need to link closely with the multi-agency groups which are leading on this work. A training for trainers for female genital mutilation is being held at the end of August 2015 and will provide a pool of people able to deliver training on this issue.

4. Outcome Three - Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and girls

4.1 What this section provides:

This section outlines data, current work and future areas for development around Outcome Three which aims to ensure that:

- women and girls access relevant, effective and integrated services
- service providers competently identify violence against women and girls, and respond effectively

Women and girls can have different support needs, depending on the forms of violence experienced and individual circumstances. Our responses must be similarly diverse, recognising the connection between different aspects of inequality and discrimination, and responding with a range of complementary mainstream and specialist support services. The role of third sector organisations is key to the support and provision to those affected by violence and domestic abuse. Statutory agencies also have a vital role in delivery of services and in the safety and wellbeing of women and children affected. It is not just the range of services we provide that is important. Where, how and when we provide them is also critical. Early identification is essential to eliminating violence and its subsequent negative consequences in women's lives. We have known for some time that only a minority of those affected by violence report it to the police or seek help from specialist women's services²⁸. We want an integrated system of mainstream, specialist and third sector services capable of delivering a coherent and consistent response across a diverse range of needs. Then and only then can we be sure of offering those affected or at risk a professional, capable and compassionate response from their very first point of contact; an integrated response that's quick and easy to access, shares information between services and in doing so, spares women the ordeal of having to repeat their experiences over and over. Greater consistency and information sharing between services will also increase our collective ability to keep women safe and hold perpetrators to account, along with encouraging individual organisations to consider the implications that their actions have on other services in the system.

4.2 Where we are now:

4.2.1 Child protection and welfare response

Social Care Direct began gathering data on domestic abuse child concern forms in 2013. The concern forms are sent from Police Scotland following a domestic abuse police call out. The number of domestic abuse concern forms has increased by 4% since 2014/15 to 3314. Domestic abuse represented approximately a third of the total number of concerns received by Social Care Direct. The child protection return to the Scottish Government shows that the numbers of children on the child protection register who have domestic abuse identified as a concern has risen over the past three years by over 20%. Last year 57% had domestic abuse identified as a concern at registration which makes it the single biggest reason for child protection registration in Edinburgh for the last two years. In 2011, a child having close connection with a person who has carried out domestic abuse became a group for referral to the Children's Reporter. The number of referrals has remained steady for the last two years at around 132, which represents 16% of the total referrals. The number of children referred who were less than 12 months old has nearly doubled in that period, whereas the percentage of children referred aged between 1 and 5 years has risen by 10%.

It is clear that violence against women is a significant child protection and welfare issue. 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. There are cross-overs between living with domestic abuse and being directly physically and/or sexually abused by the same perpetrator.

In April this year, Edinburgh's first case file audit with a theme of domestic abuse was undertaken. It focused on 26 files from Children and Families where there had been three or more domestic abuse concern forms sent to Social Care Direct within a six month period, and where a risk and needs assessment had been carried out. The audit indicates that our response to domestic abuse has a number of characteristics:

- 1) An overemphasis on singular incidents of physical violence, rather than recognition of a wider pattern of abuse
- 2) An assumption that separation or removal of the perpetrator will automatically reduce risk
- 3) The placing of responsibility for care of the children and for ending the abuse primarily with the victim, whilst superficially engaging with perpetrators
- 4) Explicitly encouraging separation, without addressing risks around safe contact or ongoing disruption to family life

The audit highlighted the lack of training, guidelines, procedures or standards, which outline how professionals should engage with families who are affected by domestic abuse. Research has shown that many of the current discourses around domestic abuse, which focus on single incidents of physical violence, separation, 'failure to protect' and the invisibility of perpetrators are not just found within social work, but are replicated within other public sector responses.^{29,30,31}

Following the Audit the Edinburgh Child Protection Committee commissioned a suite of training on the Safe and Together model³². This is a field-tested, promising best practice approach to helping partner agencies to make good decisions for children impacted by domestic abuse perpetrators. The model consists of a set of assumptions, principles and critical components that when utilised in domestic abuse cases, help to improve identification, assessment, documentation, case planning and decision making. The model encourages partnership working with protective parents and a move away from the emphasis on the victim's 'failure to protect', which can result in disengagement by families and increased risk. The model considers the range of ways in which domestic abuse can impact on children, rather than just focusing on individual incidents of physical abuse. The model mirrors the use of skills and tools developed in work with perpetrators so that they can be used in a child protection setting. In March 2015, forty six professionals from social work, health, police, Safer Families and Edinburgh Women's Aid were trained. Trainees will now be supported to spread their learning and develop the model in Edinburgh.

4.2.2 Health response – Routine Enquiry

A national Health Gender Based Violence Programme was launched by the Scottish Government in 2008 in the form of a Chief Executive Letter to all NHS Boards. It set out a programme of improvement around the early identification and responses from healthcare staff to those affected by a wide range of gender based violence. As well as promoting awareness and training on gender based violence, health staff within priority health settings are required to routinely ask new patients about both historical and current abuse and respond appropriately. Staff within the six priority health settings will incorporate questions about abuse within their initial clinical assessment and whilst the data collection may be variable due to ongoing IT issues, staff report increasing confidence in their ability to respond and support those suspected or known to be affected by abuse.

Of the nine and a half thousand women who delivered a baby in NHS Lothian on 2014, 80% were asked if they had experienced gender based violence as part of the routine enquiry initiative. There are only statistics available for one month. In January 2015, 7% of the women who completed the routine enquiry questionnaire disclosed or were suspected of having experienced abuse. Of these 51% disclosed domestic abuse.

NHS Lothian has both a Senior Manager as Executive Lead and an Operational Lead to support this ongoing programme of work. NHS Lothian has a gender based violence strategy and action plan which reports to Public Protection and has an ongoing programme of routine enquiry training targeting accident and emergency services over the summer of 2015. To date over 3,000 clinical staff have been trained across public health nursing, health visiting, mental health, substance misuse, sexual health and maternity.

Staff within women's health services are also trained on the NES One out of Four Pack- which identifies good practice when working with the estimated one out of four women affected by previous childhood sexual abuse.

4.2.3 Health response – the Iris Project

There are 3 Edinburgh General Practices taking part in a pilot project which aims to improve the primary care response to domestic abuse through linking practices with a named advocate educator to provide specialist support to women experiencing abuse. This is achieved through adaptation of the Identification, Risk, Information & Safety (IRIS) model which was developed and successfully evaluated in a randomised controlled trial with General Practices in England. The model was of proven benefit to patients and practice teams and demonstrated a number of positive outcomes including:

- improvements in the safety, quality of life and wellbeing of patients and their children
- reduction in the recurrence of domestic abuse
- provision of a preventative solution so that patients did not need to reach critical risk levels in order to get help

The pilot in Edinburgh links successfully with local women's aid and specialist services and the interim evaluation has shown the identification of women, many of whom have experienced years of domestic abuse yet have never disclosed to any service, are now being identified within GP practices and supported by advocacy workers. NHS staff also report increased levels of confidence and awareness of abuse issues generally within their wider population basis.

4.2.4 Housing response

The number of homeless applications due to domestic abuse has remained at about 10% of total applications over the last two years. In 2013/14 domestic abuse was the single biggest reason given for homelessness for women aged 18-59. Women represented 83% of the homeless applications for domestic abuse in 2014/15 and 88% the previous year. Around two thirds of these were placed in temporary accommodation and on average they stayed just under four months. On average, just over 55% of the women who presented as homeless have children in the household. 60% of the women who were accommodated at Cranston Street Women's Hostel were fleeing domestic abuse. Of these women, 30% had a diagnosed mental health problem and 38% had a substance misuse issue. Given the large percentage of women who approach housing in relation to domestic abuse, the Housing Options Team has employed a specialist domestic abuse housing officer.

In February 2014, a 15.3% reduction in the Council's housing support services budget was approved. This will reduce the annual budget for the Domestic Abuse work stream from approximately £1.17 million to £1.01 million over the next two years. In November 2013, it agreed to undertake a collaborative pilot with the current providers of services. A consultation process has taken place with stakeholders and service providers and a new service specification will be agreed and 18 month pilot will commence in November 2015.

Innovative projects like the Domestic Abuse Home Safety Initiative, which build on the successful pilot Safe as Houses, allow victims of domestic abuse to stay safely in their own homes by providing adaptations such as lock changes or alarms systems. This is currently only available to council tenants however plans are being discussed to widen this to registered social landlords as measures for preventing homelessness.

Evidence suggests that there is a need to extend training on domestic abuse for housing staff^{46, 47, 48, 49} to ensure that housing staff understand the issues faced by victims of domestic abuse and are equipped with relevant skills to provide those affected with the effective support or signpost them to relevant services. Consideration is being given on how to ensure that housing officers have the effective training to deal with domestic abuse in Edinburgh.

4.2.5 Health and social care response

There are two categories which health and social care social care direct collate – the number of contacts to with category 'person affected by domestic abuse' which has nearly tripled since 2011/12 and 'types of abuse recorded against cohabite/partner/ex-partner/spouse' which has remained relatively constant. It is recognised that the collation of statistics on violence against women is not routine or accurate. This is a clear gap which needs to be developed.

Procedures related to adults at risk are often not suited for issues like domestic abuse. Although the three point test outlined in the Adult Support and Protection (Scotland) Act 2007 recognises risk of harm, many vulnerable victims of abuse do not meet the definition because they are viewed do not have a diagnosed disability or mental impairment. This leaves a significant number of vulnerable women who do not have children unable to access support through adult protection processes.

4.2.6 Third Sector Response – Edinburgh Women's Aid

Edinburgh benefits from a large number of voluntary sector organisations who work with the range of violence against women issues. Some of the details of these services have already been described in previous sections, but the remainder are outlined here.

Edinburgh Women's Aid has been providing support to women and their children who are at risk of, experiencing or seeking to move on from domestic abuse since 1974. We currently have 45 members of staff (32 full-time equivalent). Edinburgh Women's Aid offers a range of services which include:-

- telephone helpline and one to one crisis support
- refuge accommodation with practical and emotional support
- specialist 24-hour refuge for women with additional support needs
- children and young people's specialist service. This is provided to children in refuge and through an outreach service which works 1:1 with children mainly in schools
- outreach service which provides interventions for women at all stages of their journey and includes specialist emotional and trauma recovery support along with practical support around housing,

financial and legal matter and resettlement work with women who have had to move home as a result of domestic abuse

- court advocacy providing safety planning, support and information to women whose cases are going through court
- multi-agency risk assessment conference co-ordination – assessing all cases for referral to MARAC and support for the MARAC steering group
- delivery of workshops to external agencies to raise awareness and increase their understanding of the complex issues relating to domestic abuse
- Our programmed groupwork includes Lifestyle Management, Mellow Parenting and Children Experiencing Domestic Abuse Recovery

Last year 964 women accessed Edinburgh Women Aid services. The number of children receiving refuge increased from 50 the previous year, to 60 in 2014/15. Similarly, the number of women in refuge increased from 108 to 130 and they spent an average of 118 days in refuge. 56 of these women were in the complex needs refuge last year.

4.2.7 Third Sector Response – Edinburgh Women’s Rape and Sexual Abuse Centre

Edinburgh Women’s Rape and Sexual Abuse Centre offers free emotional and practical support, information and advocacy to women, girls aged 12 and over and all members of the transgender community who have experienced sexual violence at any time in their lives

- Support – helpline, face to face support, long-term, group, advocacy and crisis, email
- Support for young survivors aged 12 - 18
- Counselling and support service for women and transgender people involved in prostitution who have experienced sexual violence at any time in their lives
- Complementary therapies
- Alcohol counselling

Last year EWRASAC:

- Delivered 4206 support sessions
- Answered 1810 support calls
- Had 581 service users
- Carried out 179 advocacy sessions
- Carried out 485 outreach sessions

4.2.8 Third Sector Response – Couple Counselling

Couple Counselling provides restorative practice which works with couples where there are issues around domestic abuse, sexual abuse, domestic violence, controlling behaviour, excessive alcohol and/ or drug use, or anger within the couple relationship. Couples who are assessed as appropriate for this service will each see a specially trained individual counsellor with the intention that they will be seen as a couple by a relationship counsellor at a later date.

Last year of the 603 clients:

- 50% disclosed recent domestic abuse in current relationship at intake
- 13% disclosed historical domestic abuse at intake
- There were 303 children in the families where recent domestic abuse was disclosed
- 34% of those who disclosed domestic abuse who cited drug/alcohol problems

- 90% of the cases of domestic abuse had a male perpetrator

4.2.9 Statistical gaps in relation to Outcome Three

There were a number of statistical gaps which would have been useful, but were not easy to obtain

- violence against women recording within health and social care social care direct
- health information about presentations to Accident and Emergency, GPs and primary care
- some voluntary sector organisations

4.2.10 Training resources

In June 2014 the Edinburgh Child Protection Committee and Violence Against Women Partnership jointly delivered a 'training for trainers' course for a one day domestic abuse training entitled 'Rethinking Domestic Abuse – Confident Practice and Safer Families'. This model of delivery has been successful, and since September 2014 there have been monthly one day training sessions which have been attended by a wide range of professionals. The evaluations to date have been very positive. The sessions, which hold over 20 people end in September 2015, have been fully booked with waiting lists for many months. After one year of delivery, the training will be evaluated and the materials revised. It is likely that in subsequent sessions there will be more of a focus on skills development, rather than awareness raising. Consideration will be given to whether more specific sessions are required for more in-depth training on certain topics, like intervening with perpetrators or assessing impact on children.

4.2.11 Developing a coordinated community response

Violence against women is costly, in both financial and human terms. Research has estimated that the cost of failing to address violence against women amount to an estimated £1.6 billion for domestic abuse and £4 billion for violence against women in all its forms³³. The costs are high, principally because opportunities for early intervention and prevention are missed routinely, leading to more expensive interventions later. Violence against women can fall between the gaps of services, which means vital information may not be shared between agencies. Public sector systems are set up to respond to singular incidents of physical violence. This can miss the wider patterns of controlling behaviours and their impact on the whole family. There is a 'stop-start' approach in the screening, assessment and allocation of many cases where domestic abuse is a feature. It results in cases 'bouncing' around the system, until such time as an incident or episode takes place of sufficient seriousness to meet existing thresholds. There is also a tendency for services to rush in during crisis periods and close cases when they perceive things are safer, for example, if there has been a separation. This not only increases the associated risks to children and victims of domestic abuse, but has also been proven by research to be a time and resource intense approach to managing cases and one which results in poor outcomes^{34,35}. The Christie Commission report on the future of public services highlighted the need for a new, more radical, approach to service provision which echoes many of the issues around our response to domestic abuse³⁶. It highlighted the need to shift towards prevention, have a greater focus on place. The approach to tackle waste, duplication and inefficiency are also reflected in The City of Edinburgh Council's Transformational Change Programme³⁷.

There are a number of examples of developments within Edinburgh which aim to tackle some of the problems outlined and develop a more coordinated community response to violence against women:

1) *Edinburgh Domestic Abuse Court Support Service (EDDACS)*

The Court Support Service aims to reduce risks of physical harm to victims of domestic abuse and keep them informed and supported through the court process. Police officers attending domestic incidents in

Edinburgh/Midlothian/East Lothian inform victims about EDDACS and ask if they would like a referral. Where a referral is accepted, EDDACS contact the woman on the morning of the day that the accused appears in the custody court. This is a telephone support service.

During initial contact with the victim the court process and the service is explained. A risk assessment is carried out with the woman. EDDACS send a report to VIA (Victim Information and Advice) at Edinburgh Sheriff Court with information for the Procurator Fiscal in the custody court for that day. Where this identifies the victim as high risk, she will be referred to the multi-agency risk assessment conference. A Safety & Support Plan is also completed with the woman. Male victims are referred to ASSIST and receive a similar service. Throughout the court process information is provided to the Court about the woman's level of risk and any statements she wants us to make on her behalf through court reports.

EDDACS will contact clients for every court hearing with a view to getting their perspective of their situation heard within the court. Where a client has children a report is provided to either the named social worker or to Social Care Direct. This report includes EDDACS's assessment of the risk score and relevant factors.

2) *Edinburgh's Multi-Agency Risk Assessment Conference (MARAC)*

The purpose of the MARAC is to:

- share information to increase the safety, health and well-being of victims – adults and their children
- determine whether the perpetrator poses a significant risk to any particular individual or to the general community
- jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- reduce repeat victimisation
- improve agency accountability
- improve support for staff involved in high risk domestic abuse cases

The MARAC brings together partners from police, health, children's services, criminal justice social work, housing and other relevant voluntary and statutory services. The views of the victim are represented by the independent advocacy worker from EDDACS.

Last year 1092 women were referred to EDDACS. This was an increase of over 400% from previous years which is due to the citywide roll out. 33% were repeat referrals which is a similar proportion to the previous year. 32% of the women referred were assessed as at high risk and 57% of these were discussed at MARAC.

3) *Southwest Domestic Abuse Action Group*

A domestic abuse workstream was formed in Southwest Edinburgh as part of The City of Edinburgh council's Transformational Change Programme. The group aimed to develop a process to ensure that there is a clear pathway from domestic abuse incident to service provision based on risk and need within South West Edinburgh. The process will intervene early, engage with all family members, coordinate services and improve outcomes. The group has highlighted a number of issues including high thresholds for intervention, a lack of focus on the perpetrator, lack of clarity around professional roles in relation to domestic abuse and a variety of process improvements. A screening group is going to be established to review all domestic abuse incidents. Selected workers from community safety, health, housing, the neighbourhood support team and social work will be trained to take actions from this group; this will include training in engaging with perpetrators.

4) *Domestic abuse and the named person*

When a concern form is received by social care direct, it is assessed by a professional advisor and either sent to a children and families area team or to the named person. There are vast numbers of concerns sent to schools and health visitors, but little guidance on what actions these professionals should take. The East Neighbourhood Area Coordinator, who is supporting the implementation of Getting it Right for Every Child, has held a team around the cluster meeting to address this issue and to gather suggestions on how to improve local arrangements in responding to wellbeing concerns. There are plans to hold similar events in other neighbourhoods in order to share best practice. Governance for this work is being provided by the Children's Partnership Strategic Oversight Group Three: Children in Need.

The next two years will be a period of significant change, due to the significant budgetary pressures and implementation of the transformational change programme within City of Edinburgh Council, which includes a move to localised service provision within four neighbourhoods. The Violence Against Women Partnership will need to consider how it can create new innovative ways to ensure that they can continue to provide appropriate, timely and good quality services. In order to create a truly coordinated community response, there needs to be strategic alignment across the various public protection committees, strategies and partnerships. Given the increase in the elderly population and the different impact that abuse has on older disabled women, there is a need to ensure appropriate community care response and work with the Adult Protection Committee is a significant gap. The positive joint work with Edinburgh's Child Protection Committee and Edinburgh's Alcohol and Drug Partnership also needs to be sustained and developed.

5. Outcome Four - Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

5.1 What this section provides:

This section outlines data, current work and future areas for development around Outcome Two which aims to ensure that:

- Justice responses are robust, swift, consistent and coordinated
- Men who carry out violence against women and girls are held to account by the criminal justice system
- Men who carry out violence against women and girls are identified early and held to account by the criminal justice system

The criminal justice system has an important role in the enforcement of the law and prevention of violence against women. The robust approach of the police and COPFS to the detection and prosecution of offences involving domestic abuse sends an unequivocal message that there is no place for this type of offending in our society and it will not be tolerated. Perpetrators of domestic abuse can expect the full force of the law to hold them to account for their behaviour. Prosecution is important for survivors because it addresses the crime they have experienced. It also can help their psychological recovery by acknowledging their status as victims. This can be especially important for the victims of rape³⁹. Unfortunately, there are still barriers to prosecution: from victims' reluctance to report a crime, through to institutional barriers such as the length of time each stage of the process takes. Although initiatives like the domestic abuse court have helped, attrition rates are still higher than we would hope them to be⁴⁰. Internationally, there is growing consensus that prosecution alone is not enough to eradicate the problem of violence against women and girls. Where appropriate, perpetrators must also be supported to change their behaviour and they must be identified early. We want the men who carry out such violence to be identified earlier, held to account for their behaviour and given the support they need to change their behaviour at the earliest opportunity. Edinburgh has been at the forefront of perpetrator work in Europe for over two decades.

5.2 Where we are now

5.2.1 Edinburgh Domestic Abuse Court

The specialist court aims to improve the way in which allegations of domestic abuse are dealt with in the criminal justice system. Specialist prosecutors, police liaison officers, advocacy workers and Sheriffs combine to deal with all domestic abuse prosecutions in the city. The court mean better provision for victims, who will be offered support from the specialist agency Edinburgh Domestic Abuse Court Support Service, while male victims will be offered support from ASSIST (Advocacy Support Safety Information Services Together). The support workers act as a link to the police, prosecution and other services throughout the process. This provides a swift and effective response for victims, and ensure offenders are dealt with more quickly. One of the largest gaps highlighted is the lack of statistical information from the court process. Although it is evident that police practice has changed and more cases are being referred to court, this improvement needs to be reflected in other parts of the process. Convictions and appropriate sentences are also required for victims to trust the system.

5.2.2 The Caledonian System

The Caledonian is a criminal justice based domestic abuse intervention system comprising:

- 1) An accredited programme of work with men lasting at least two years. This includes individual motivational sessions; a twenty-six session group-work programme and ongoing maintenance work. offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. By working in partnership with the woman it aims to reduce her vulnerability and works with other services, like social work and the police, so that they can better support the woman and her family.
- 2) A service to women partners, ex-partners and children which aims to increase safety. offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. By working in partnership with the woman it aims to reduce her vulnerability and works with other services, like social work and the police, so that they can better support the woman and her family.
- 3) The development of protocols for the safe sharing of information, both between Caledonian workers and with external agencies. The number of new court requests for assessments for Caledonian has increased over the past four years by risen by 41%, and in the past year by 20%. The more recent increase is due to the introduction of the domestic abuse court. The number of men on CPOs has remained relatively stable in the last two years. The number of women offered a service has also remained stable for the last three years at around 178 and the number of children being engaged with has increased from 110 to 140 this year.

5.2.3 Safer Families Edinburgh

Safer Families provides a similar service to Caledonian, but for men who have not gone through the court process and are unhappy about their abusive behaviour towards a woman partner or ex-partner and want help to change. They also provide a safety planning and advocacy service to the women partners and ex-partners of men who attend the programme. In addition, they:

- Offer consultations to colleagues from other teams on engaging with abusing men and on risk assessment and management in relation to domestic abuse
- Offer awareness and skills based training on constructive engagement with men in domestic abuse cases
- Offer a parenting programme – Caring Dads – for fathers who have taken part in the men's programme, whose behaviour has damaged their children

They provide a similar service to Polish men and women – Respekt – with Polish-speaking workers

- Offer consultations to colleagues from other teams on engaging with abusing men and on risk assessment and management in relation to domestic abuse
- Offer awareness and skills based training on constructive engagement with men in domestic abuse cases
- Offer a parenting programme – Caring Dads – for fathers who have taken part in the men's programme, whose behaviour has damaged their children

There were 116 men referred to Safer Families Edinburgh last year, including the Respekt project. 50 of them had partners who also received a service and they had 119 children.

There are a number of gaps around work with perpetrators including:

- public sector services knowing how to engage with perpetrators safely and manage their risk along with other partners. Only a small proportion of perpetrators will attend a perpetrator programme
- the development of perpetrator work in prisons
- coordinate existing work supporting women whose ex/partners may be continuing to coercively control them during a period of incarceration or whose imprisonment will impact on family functioning

5.2.4 Multi-agency Tasking and Coordinating

As well as the MARAC, the Multi-Agency Task and Coordinating Group (MATAC) process is in place for Edinburgh. The MATAC sits once a month and is chaired by a Superintendent. The group consist of members of Criminal Justice, Procurator Fiscal Service, NHS SOLS, Scottish Prison Service, City of Edinburgh Housing, EDDACS, Edinburgh Women’s Aid and the Domestic Abuse Task Force. Each month, high tariff perpetrators are discussed and action plans formulated on how to target them. There is ongoing support from the national Domestic Abuse Task Force within Police Scotland who continue to focus attention on the highest tariff repeat offenders.

5.2.5 Bail checks

Work has also recently been commissioned to establish the proportion of bail offences committed by perpetrators. This work will look to capture the number of positive bail checks conducted by Police Scotland in Edinburgh undertaken within 24 hours of the perpetrators release from custody and those proactive checks undertaken in the months thereafter whereby breach of bail conditions have been discovered. The study was conducted over a four-month period between 1 Dec 2014 – 31 March 2015. Initial results have shown that the largest proportion of bail offences were committed in North Edinburgh, with a higher proportion of offences resulting from wanted contact between the victim and the perpetrator consistent across the city. It has also shown that relatively few offences are detected by police checks undertaken within 24 hours of the original offence being committed and the perpetrator locked up and thereafter released from custody and also points to a prevalence of victims aged over 30 and without children. Further analysis is being undertaken with regards to trends and reasons for repeat breaches of bail conditions with a focus on dependencies such as drugs, alcohol and mental health factors. Further analysis will also be undertaken to establish trends in repeat victims specific to demographic and age. This will be extended to perpetrators and look at patterns of both repeat victimisation and repeat perpetration. This will potentially uncover patterns of behaviour that require a review of current techniques across all agency responses to better address needs and more fully support repeat victims etc

5.2.6 Protective orders

Table Thirteen: Protective orders	2012	2013	2014	2015 to present
Non harassment orders	16	51	72	41
% of total non-harassment orders domestic related	80	85	88	89
Exclusion orders	0	0	0	0
Matrimonial interdicts – obtained by solicitors non attendance at jointly homed	0	1	0	0
Protection from abuse orders	57	46	44	6
Forced marriage protection orders	3	2	1	0
Sexual offences prevention order (previously convicted)	19	12	9	2
Risk of sexual harm order (suspected)	2	0	1	0

Table Thirteen reflects the preventative measures being undertaken within Edinburgh in the past three years. Non-Harassment Orders have proved increasingly popular as they are primarily requested via the COPFS at the time of presentation at court. These have primarily superseded matrimonial interdicts and Protection from Abuse Orders which are both more difficult to obtain and do not provide the same levels of protective measures. There is an ongoing drive within Police Scotland to supplement the robust enforcement activity with longer-term preventative orders and is an area worth reviewing to ensure further progress is maintained.

5.2.7 Removing the perpetrator from the home - the use of exclusion orders

There are legal mechanisms to allow the exclusion of the perpetrator. Literature suggests that exclusion orders are rarely used in Scotland although there is evidence that they do have the potential to prevent future need for intervention. Exclusion orders are one option available to women and will not be the right option for every woman⁵⁰. Research suggests that less than a tenth of women reporting domestic abuse were able to remain in their own home permanently⁴⁸ and exclusion orders are rarely used in Scotland by victims of domestic abuse⁵⁰. For example, exclusion orders were used in 1% of the family law caseload in the sample courts⁵⁰. Although the number of cases where exclusion orders have been sought successfully is very low, Scottish Women's Aid⁵⁰ identified a number of factors that may contribute to obtaining an exclusion order successfully and remaining in the family home safely. These are having time to consider options and longer-term consequences of the choice to remain in the family home, and staying away from the home and in safe refuge. In addition, accurate information on exclusion orders and support in contacting lawyers seemed to play a part in women obtaining an exclusion order successfully.

However, while a potentially useful legal tool, whether an exclusion order can be successfully applied will depend on the way it is implemented. In reality, obtaining exclusion orders that have adequate force to protect women while they remain in the family home is difficult due to a lack of victim-centred legal processes and professional attitudes, and that even where orders are obtained, they are often not enforced adequately^{51, 52}. Police forces frequently indicate that their primary aim is to enable the woman to remain in the home⁴⁸. However, in most cases, police lacks the evidence to be able to remove the perpetrator and hence advises the woman to leave and move to alternative accommodation. This means that where exclusion orders are granted, they are only enforced in a minority of cases which leaves women and children at further risk of abuse. There is no sufficient consideration of the women's need for safety and protection in this situation. This again shows the urgent need to provide integrated services, in this case joint working between the legal system and law enforcement, especially the police, as well as social services.

Considering the limited evidence, it can be concluded that exclusion orders, as currently implemented in Scotland are not effective. This should not be a reason to stick with the "traditional" response. Instead, the findings indicate that there is a need to explore options for strengthening the effectiveness of exclusion orders as a tool to combat abuse, especially through more rigorous enforcement and/or explore alternatives that can be more effective in excluding the perpetrator. Edinburgh has a rich history of working with perpetrators and is well placed to consider how exclusion orders can be used to allow women to remain safely in their own homes wherever possible. Although legislative measures may be required, there is also the opportunity to safely engage with perpetrators to encourage them to leave the family home voluntarily.

5.2.8 Safe contact agreements and child safety reports

That children experience physical, emotional or psychological harm as a consequence of contact arrangements is something which has been repeatedly shown in research and in consultations with children and young people. Additional issues are that⁴⁴:

- 1) children are put at risk during contact with an unsafe parent
- 2) women are further abused through their children having contact and therefore there is continued risk of significant harm to children and young people
- 3) children tend to report conflicting feelings towards their fathers, including fear, anger, sadness and loss. They express fear and frustration at not being listened to and their views not being respected in relation to contact
- 4) there is a lack of awareness amongst practitioners about the nature of domestic abuse and the risks around child contact
- 5) the different systems involved in making arrangements about contact are confusing and are not integrated
- 6) there is no statutory guidance on how to prepare Child Welfare Reports and no specific experience or training requirements for bar reporters.
- 7) simplistic assessment of the abusing parent's risk can lead to unsafe contact being awarded, or potentially positive contact not taking place
- 8) very little is known about the processes and outcomes of privately arranged contact in cases where there is a history of domestic abuse

Work has been carried out in Edinburgh to develop the use of safe contact agreements and child safety reports to help professionals involved in making decisions about children and contact. There may be times when a professional such as a Sheriff, a Bar Reporter, a Safeguarder or a social worker is struggling with contact issues for children when there is a pattern of perpetrator abuse against a parent.

The Safe Contact Agreement is prepared by a professional who is trained to provide such an agreement, and who has significant experience working with families affected by domestic abuse. It is not mediation and it does not bring parties together. The Agreement is made up of a report exploring possibilities for child contact and hopefully with an agreement all parties agree to. Both parents/parties will be met separately and their views will be sought. The child should give their views (if they can) to the report writer. A risk assessment will be made by the report writer, which will also take into consideration safety of all the parties. If an agreement can be agreed to then a Safe Contact Agreement can be put together which all involved parties will sign. The Safe Contact Agreement may involve recommendations about times of contact, places of change overs, where contact might happen, use of contact centres and third parties, and timescales for review.

A Domestic Abuse Child Safety Report may be requested if the Safe Contact Agreement shows that risk is high or where there are high levels of risk or complexity. The report follows best practice in the field of violence risk assessment; which means they should include information from the victim, draw on multiple sources of information about the subject's background to establish the presence of risk indicators that have a demonstrated relationship to violent behaviour. Statements about risk need to be contextualised and fitted alongside assessments of victim impact and risk of harm to children. The report considers historical, current violence and the likelihood of further violence but also the impact of coercive control, sexual, psychological, emotional and financial abuse on the victim and on the children. The report is based on information from the parents/parties involved, meeting with the child and using third party information such as social work case notes and reports, police call out information, criminal record information, medical information and other appropriate information from other third parties.

There are six people in Edinburgh trained to write these reports and negotiations are ongoing with Sheriffs in Edinburgh's family court to develop the use of these tools. Safe contact agreements have been carried out by staff within Safer Families in East Edinburgh and have been found to be useful in highlighting the issues. However, the level of risk where reports are being requested is such that agreements have been

hard to reach. There are negotiations underway on how to use these assessments in other settings, like social care direct. There is not a clear link between this work at the violence against women partnership.

5.2.9 The Ugly Mugs Scheme

The Streetwork Women's Project contributed to the national Ugly Mugs Scheme⁴¹. This is a scheme encouraging women selling sex to report any crimes or unacceptable behaviour committed against them by any individuals. The scheme aims to improve the safety of women involved in prostitution, but also promotes liaison between sex workers and the police, and the sharing of information between sex work projects. There were 24 Ugly Mug reports last year (compared to 11 in the previous year), shared between Streetwork Women's Project, SACRO, NHS Neon/HRT, Salvation Army and the Police Scotland Prostitution Liaison Officer in Edinburgh. The increase in reports in 2014 could indicate that women involved in selling sex are more comfortable to report incidents. It could also indicate an increase in violent and abusive behaviours.

6. Violence Against Women Partnership

6.1 Where we are now

6.1.1 Partnership resources

The Violence Against Women Partnership has no dedicated budget and its work is primarily delivered by the pooling of partner agencies' resources and staff time. It is clear that we will continue to work with other public protection partnerships and committees to join our resources in areas where there are common issues to be addressed.

All agencies deal with the consequence of violence against women in their day to day work. Investment in specialist resources is relatively limited in terms of the scale and impact of the issue. Table Fourteen reflects the range of dedicated and specialist partnership resources in this area of work.

Description	Resource																											
<p>The Scottish Government Violence Against Women Fund There will be a large number of trust funders that also contribute – e.g. Big Lottery and a number of smaller trusts.</p>	<p>This funding stream supports the majority of the voluntary sector organisations and Council specialist violence against women services⁴². It comes to an end in April 2016.</p> <table border="1" data-bbox="719 875 1481 1525"> <tbody> <tr> <td data-bbox="719 875 975 931">City of Edinburgh Council</td> <td data-bbox="975 875 1230 931">Respect (Safer Families Edinburgh)</td> <td data-bbox="1230 875 1481 931">£80 903</td> </tr> <tr> <td data-bbox="719 931 975 987">Edinburgh Women's Aid</td> <td data-bbox="975 931 1230 987">Children's Services</td> <td data-bbox="1230 931 1481 987">£84 047</td> </tr> <tr> <td data-bbox="719 987 975 1043">Edinburgh Women's Aid</td> <td data-bbox="975 987 1230 1043">Outreach Service</td> <td data-bbox="1230 987 1481 1043">£49 194</td> </tr> <tr> <td data-bbox="719 1043 975 1133">Edinburgh Women's Rape and Sexual Abuse Centre</td> <td data-bbox="975 1043 1230 1133">Rape Crisis Support</td> <td data-bbox="1230 1043 1481 1133">£50 000</td> </tr> <tr> <td data-bbox="719 1133 975 1211">Edinburgh Women's Rape And Sexual Abuse Centre</td> <td data-bbox="975 1133 1230 1211">Trauma-informed support and counselling service</td> <td data-bbox="1230 1133 1481 1211">£50 000</td> </tr> <tr> <td data-bbox="719 1211 975 1323">Edinburgh Women's Aid</td> <td data-bbox="975 1211 1230 1323">Domestic Abuse Advocates for Domestic Abuse Court</td> <td data-bbox="1230 1211 1481 1323">£100 000</td> </tr> <tr> <td data-bbox="719 1323 975 1435">Lothian and Borders Joint Police Board/City of Edinburgh Council</td> <td data-bbox="975 1323 1230 1435">Caledonian</td> <td data-bbox="1230 1323 1481 1435">£375 160</td> </tr> <tr> <td data-bbox="719 1435 975 1491">Streetwork UK</td> <td data-bbox="975 1435 1230 1491">Women's Project</td> <td data-bbox="1230 1435 1481 1491">£79 201</td> </tr> <tr> <td data-bbox="719 1491 975 1525"></td> <td data-bbox="975 1491 1230 1525"></td> <td data-bbox="1230 1491 1481 1525">£868 505</td> </tr> </tbody> </table>	City of Edinburgh Council	Respect (Safer Families Edinburgh)	£80 903	Edinburgh Women's Aid	Children's Services	£84 047	Edinburgh Women's Aid	Outreach Service	£49 194	Edinburgh Women's Rape and Sexual Abuse Centre	Rape Crisis Support	£50 000	Edinburgh Women's Rape And Sexual Abuse Centre	Trauma-informed support and counselling service	£50 000	Edinburgh Women's Aid	Domestic Abuse Advocates for Domestic Abuse Court	£100 000	Lothian and Borders Joint Police Board/City of Edinburgh Council	Caledonian	£375 160	Streetwork UK	Women's Project	£79 201			£868 505
City of Edinburgh Council	Respect (Safer Families Edinburgh)	£80 903																										
Edinburgh Women's Aid	Children's Services	£84 047																										
Edinburgh Women's Aid	Outreach Service	£49 194																										
Edinburgh Women's Rape and Sexual Abuse Centre	Rape Crisis Support	£50 000																										
Edinburgh Women's Rape And Sexual Abuse Centre	Trauma-informed support and counselling service	£50 000																										
Edinburgh Women's Aid	Domestic Abuse Advocates for Domestic Abuse Court	£100 000																										
Lothian and Borders Joint Police Board/City of Edinburgh Council	Caledonian	£375 160																										
Streetwork UK	Women's Project	£79 201																										
		£868 505																										
<p>Chief Officers' Group – Public Protection</p>	<p>The Domestic Abuse Lead Officer</p> <p>A contribution towards the Edinburgh Domestic Abuse Court Support Service. This comes to an end in March 2016.</p>																											

The City of Edinburgh Council	<p>Services for Communities commissions Edinburgh Women's Aid, Shakti, Cranston Street Saheliya to provide seven homeless services, including accommodation and visiting housing support for women suffering domestic abuse. The annual funding for the commissioned services in this work stream is approximately £1.17 million.</p> <p>Health & Social Care provides £197,000 in funding for post-rape crisis and visiting support from Edinburgh Women's Rape and Sexual Abuse Centre and Saheliya.</p> <p>Children & Families provides £424,000 in funding for preventative work with perpetrators within Safer Families Edinburgh and post-rape crisis and visiting support from Edinburgh Women's Aid and Edinburgh Women's Rape and Sexual Abuse Centre.</p> <p>Current contracts expire in March 2016 and consideration is being given to commission reshaped services.</p>
NHS Lothian	<p>Gender Based Violence Executive and Operational Lead for Health and the gender based violence strategy</p> <p>Commissioned services from Edinburgh Women's Rape and Sexual Abuse Centre. This is ongoing recurrent annual funding of £24 000</p>
Police Scotland	<p>DAIU – 1DI, 1DS, 14 DC/PC's</p> <p>PPU – 1 DCI, 5 DI's, 17 DS/PS, 78 DC/PCC</p>

Table Fourteen: Partnership resources

The majority of funding for specialist services comes from either City of Edinburgh Council or the Scottish Government's Violence Against Women fund, both of which are coming under increasing budgetary pressure. In a time where demand from statutory services to provide support for those affected by abuse is increasing, budgets for services are also decreasing. With the introduction of MARAC and the domestic abuse court, there is an expectation that support services will be able to respond to a growing need for their services.

6.1.2 Current constitution and subgroups

In January 2015 the Chief Officers' Group – Public Protection agreed to a proposal for the Violence Against Women Partnership to undertake this strategic assessment. An Executive Group made up from the chairs of the Partnership and its' subgroups, along with quality assurance support, has met regularly to progress this work. Until the process has been completed the larger Violence Against Women Partnership would not be convened, but existing subgroups would continue to meet; the domestic abuse subgroup which is chaired by the Domestic Abuse Lead Officer, and the Learning and Development Subgroup which is chaired by the Gender Based Violence Lead for Health.

6.1.3 Future structure of the partnership

Many of the developments which have taken place around violence against women in the past few years have come under the remit of other multi-agency groups. For example, working groups have been established to develop recent policies on sexual exploitation and female genital mutilation. Although there

were members of those groups who also attend the violence against women partnership, it has not been clear whether they represent their own organisation or the Partnership as a whole.

Although the membership organisations are clearly laid out in the constitution, there is less clarity about who attends the Partnership on their behalf. There are also gaps in attendance from some partners and at times those who attend are not at a significantly managerial level to be able to take identified actions forward. There is a need to balance the need for strategic oversight with the importance of service providers being able to meet together.

The strategic group is currently reviewing the traditional subgroup structure. The model that we are considering involves:

- an Executive Group which provides strategic direction and quality assurance
- a Service Providers Group to network and share best practice
- working groups formed and dissolved around specific tasks and actions
- service providers, public sector partners and subject specialists being brought in when required

6.1.4 Priority Setting Exercise

An event will be held with stakeholders to review this assessment and the gaps that have been identified. It is clear that existing members of the Violence Against Women Partnership do not have the authority or resources to take forward some of the actions identified in this assessment. Work with other Partnerships and Committees will be essential so that they can own the improvements in their service area, with support from the Violence Against Women Partnership.

6.1.5 Developing an action plan and performance framework

Following the consultation and prioritisation exercise, an action plan will be developed for the Violence Against Women Partnership. The strategic group will identify what subgroup structure is required to take this forward, including the need for short term working groups.

6.1.6 Measuring our progress

Identifying outcomes and indicators and measuring the progress made in achieving change will be important to delivering on the priorities identified. To this end we will be developing a measurement framework setting out our agreed outcomes and a suite of indicators to measure improvement.

Appendix One: Tables of statistics not include in the text

Website hits	2011/12	2012/13	2013/14	2014/15
Number of hits on domestic abuse landing page	1163	1321	1479	1226
Number of hits on domestic abuse content pages	2610	3558	3851	2289

Social care direct	2011/12	2012/13	2013/14	2014/15
Number of child concern forms sent to social care direct with domestic abuse as a concern	453	498	3186	3314
Total number of concern forms sent to social care direct			9630	9756
Number of children registered on 31 July	227	262	312	
Of the children registered on 31 July % of children who had domestic abuse concern identified at registration	36% (82)	51% (133)	57% (178)	
Of all the children registered throughout the year the % of domestic abuse of all concerns identified	13%	17%		
Number of contacts to H&SC social care direct with category 'person affected by domestic abuse'	124	109	93	354
Number of contacts to Children and Families social care direct with category 'person affected by domestic abuse'	428	361	2672	515
Number of contacts to Criminal Justice social care direct with category 'person affected by domestic abuse'	76	52	81	253
Number of types of abuse recorded against certain relationships of perpetrator in adult protection module in swift- cohabite/partner/ex-partner/spouse		111	115	120
Of these the number of financial		8	8	11
Of these the number of physical abuse		52	55	66
Of these the number of psychological		12	12	22
Of these the number of sexual		9	8	14

Scottish Children's Reporter Association	2013/14	2014/15
Number of referrals to Children's Reporter with the ground that the child has a close connection with a person who has carried out domestic abuse	134	134
Percentage of total referrals to Children's Reporter with the ground that the child has a close connection with a person who has carried out domestic abuse	16	16
Percentage of children referred who were less than 12 months old	15	15
Percentage of children referred who between 1 and 5	50	50

Gender based violence routine enquiry in maternity services Feb 2014 to Jan 2015	2014/15
Number of deliveries	9547
Number of routine enquiry questionnaires completed	7598
Number of women in January 2015 who had completed routine enquiry	596
Number of women in January 2015 who disclosed abuse or were marked as suspected	37

Housing response	2013/14	2014/15
Total number of homeless presentations	4060	3974
Total number of homeless applications as a result of domestic abuse	367 (9%)	387 (9.7%)
Number of homeless applications for domestic abuse by women	326	322
Percentage of women aged 18-24 where reason for homelessness is domestic abuse	21%	14%
Percentage of women aged 25-59 where reason for homelessness is domestic abuse	28%	21%

Number of homeless applications for domestic abuse by men	41	65
Of these the number of children in household – 1	86	104
Of these the number of children in household – 2	60	63
Of these the number of children in household – 3	19	18
Of these the number of children in household - 4 to 6	13	2
Average length of stay	217	233
Percentage of women aged 18-59 where reason for homelessness is domestic	150	154
Of these the number who have children in household	108	115 days

Edinburgh Women's Aid	2013/14	2014/15
Number of women accessing Women's Aid Services		964
Number of children and young people provided refuge	50	60
Number of women in refuge	108	130
Of these, the number of women in complex needs refuge		56
Average number of days spent in refuge		118

MARAC	2012/13	2013/14	2014/15
Number of referrals to EDDACS	178	343	
Number of women referred to EDDACS in year	143	262	1092
Number of repeat referrals to EDDACS	43	105	371
% repeat referrals to EDDACS	24%	31%	33%
Number of women whose risk checklist placed them at high risk			344
Number of cases discussed at MARAC	n/a	106	197
Number of repeat cases discussed at MARAC	n/a	19	
% repeat cases discussed at MARAC	n/a	18%	
Number of cases considered at risk review for discussion at MARAC	n/a	149	

Safer Families Edinburgh	2014/15
New men referrals	116
New women referrals	50
Number of children of new referrals	119

Appendix Two: References

- ¹SCSN., 2014. *Evidence based strategic planning* [training course]. Stirling: Stirling University, 11-14 November 2014.
- ²THE SCOTTISH GOVERNMENT., 2014. *Equally safe: Scotland's strategy for preventing and eradicating violence against women and girls*. Edinburgh: The Scottish Government.
- ³CONNELL, R.W., 2002. *Gender*. Cambridge: Polity Press.
- ⁴CRFR., 2014. *Domestic abuse and gender inequality: An overview of the current debates*. Edinburgh: Centre for Research on Family Relationships.
- ⁵JOHNSON, M., 1995. Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family*, 57, p283-294.
- ⁶JOHNSON, M. P., 2005. Domestic Violence: It's Not About Gender—Or Is It? *Journal of Marriage and Family*, 67 (5), p1126-1130.
- ⁷JOHNSON, M., 2008. *A typology of domestic violence: Intimate terrorism, violent resistances, and situational couple violence*. Boston: University Press of New England.
- ⁸JOHNSON, M., LEONE, J. and XU, Y., 2014. Intimate terrorism and situational couple violence in general surveys: Ex-spouses required in. *Violence Against Women*, 20 (2), p186-207.
- ⁹WALBY and ALLEN., 2004. *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*.
- ¹⁰STARK, E., 2009. *Coercive control: How men entrap women in personal life*. USA: Open University Press.
- ¹¹FLOOD, M. and PEASE, B., 2006. *The Factors Influencing Community Attitudes in Relation to Violence Against Women: A Critical Review of the Literature*. Melbourne: Victorian Health Promotion Foundation.
- ¹²THE EDINBURGH PARTNERSHIP., 2013. *Edinburgh's multi-agency domestic abuse policy* [online]. [viewed 12 April 2015]. Available at: https://orb.edinburgh.gov.uk/downloads/file/59/policy_on_domestic_abuse_word-221kb.
- ¹³THE CITY OF EDINBURGH COUNCIL., 2014. *Speak up speak out: Campaign materials* [online]. [viewed 12 April 2015]. Available at: http://www.edinburgh.gov.uk/info/20046/protect_someone_from_harm/820/speak_up_speak_out.
- ¹⁴CLOSE THE GAP., 2014. *Close the gap statistics: The pay gap* [online]. [viewed 12 April 2015]. Available at: <http://www.closesthegap.org.uk/content/gap-statistics/>
- ¹⁵VICHEALTH., 2010. *National survey on community attitudes to violence against women 2009 : changing cultures, changing attitudes - preventing violence against women : a summary of findings*.
- ¹⁶SCOTTISH WOMEN'S AID., 2015. *A widening gap: Women and welfare reform*. Edinburgh: Scottish Women's Aid.
- ¹⁷PROFITABLE EXPLOITS., 2012. *Profitable Exploits: Lap Dancing in the UK* [online]. [viewed 12 April 2015]. Available at: <http://www.glasgow.gov.uk/>.
- ¹⁸EAVES., 2003. *Lap dancing and Striptease in the Borough of Camden*.

- ¹⁹THE CITY OF EDINBURGH COUNCIL., 2015. *Sex work in Edinburgh: A harm reduction framework* [online]. [viewed 28 May 2015]. Available at: www.edinburgh.gov.uk/meetings/meeting/3647/health_social_care_and_housing_committee.
- ²⁰WISE WOMEN., 2010. *Daisie Project: Violence against disabled women survey* [online]. [viewed 18 May 2015]. Available at: <http://www.wisewomen.org.uk/docs/Daisie%20Report%20PDF.pdf>.
- ²¹DELOITTE., 2014. *The state of the state 2014-1015: Government's inflection point*. London: Deloitte.
- ²²WOMEN'S AID., 2007. *Older women and domestic violence*. Bristol: Women's Aid.
- ²³SCOTLAND'S CENSUS., 2011. *Census results 2011* [online]. [viewed 15 December 5]. Available at <http://www.scotlandscensus.gov.uk/census-results>
- ²⁴THE SCOTTISH GOVERNMENT., 2009. *The Caledonian System: Women's Service Manual*. Edinburgh: The Scottish Government.
- ²⁵HBVA NETWORK., 2013. *Frequently asked questions about honour based violence and honour killings*. [online]. [viewed 10 December 2014]. Available at <http://hbv-awareness.com/faq/#twentysix>
- ²⁶THE LGBT DOMESTIC ABUSE PROJECT., 2013. *The LGBT Domestic Abuse Project and the Scottish Transgender Alliance 2010 research, 'Out of sight, out of mind? Transgender People's experiences of domestic abuse* [online]. [viewed 15 April 2015]. Available at http://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf
- ²⁷THE STELLA PROJECT., 2007. *Stella Project toolkit* [online]. [viewed 15 April 2015]. Available at [http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-\(2007\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-(2007).aspx)
- ²⁸GREENAN., L. 2004 *Violence Against Women: A literature review* [online]. [viewed 15 April 2015]. Available at <http://www.scotland.gov.uk/Resource/Doc/37428/0009571.pdf>
- ²⁹FARMER, E. and CALLAN, S. 2012. *Beyond Violence: Breaking Cycles of Domestic Abuse* London: The Centre for Social Justice
- ³⁰THAPAR-BJOPRKERT, S. and MORGAN, K., 2010. "[But Sometimes I Think . . . They Put Themselves in the Situation](#)": Exploring Blame and Responsibility in Interpersonal Violence *Violence Against Women*. Vol 20, no. 6
- ³¹STANLEY, N., 2011. *Children Experiencing Domestic Violence: A Research Review* Darlington: Research in Practice. [Viewed 6 August 2014]. Available from: www.safeguardingchildrenbarnsely.com
- ³²SAFE AND TOGETHER., 2014. *Characteristics of the Safe and Together Model Suite of Tools and Interventions* [online]. [Viewed 6 August 2014]. Available from: www.endingviolence.com
- ³³WALBY, S., 2009. *The cost of domestic violence: Update 2009*. Lancaster: UNESCO.
- ³⁴STANLEY, N., MILLER, P., FOSTER, H. and THOMSON, G. 2009. *Children and families experiencing domestic violence: Police and children's social services' responses* [online]. London: NSPCC. [Viewed 6 August 2014]. Available from: www.nspcc.org.uk/inform
- ³⁵RECONSTRUCT 2009. *Children and Families Experiencing Domestic Violence: How Well Do the Police and Social Workers Respond?* [online]. London: Reconstruct. [viewed 6 August 2014]. Available from: www.reconstruct.co.uk/docs

- ³⁶PUBLIC SERVICE COMMISSION., 2011. *Commission on the future delivery of public services*. APS Group Scotland
- ³⁷THE CITY OF EDINBURGH COUNCIL., 2015. Finance and Resources Committee BOLD business cases: Delivering a lean and agile Council. Edinburgh: The City of Edinburgh Council.
- ³⁸CAADA., 2010. Saving lives, saving money: MARACs and high risk domestic abuse. London: CAADA
- ³⁹FORD, D.A. and BREALL, S. 2003. *Violence Against Women: Synthesis of Research for Prosecutors*. US Department of Justice [online]. [viewed 15 May 2015]. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/199660.pdf>
- ⁴⁰END VIOLENCE AGAINST WOMEN COALITION., 2008. *Realising Rights, Fulfilling Obligations: A Template for an Integrated Strategy on Violence Against Women for the UK* [online]. [viewed 15 May 2015]. Available at http://www.endviolenceagainstwomen.org.uk/data/files/resources/16/realising_rights.pdf
- ⁴¹UKNSWP., 2015. *National ugly mugs* [online]. [viewed 15 May 2015]. Available at www.uknswp.org/ugly-mugs/.
- ⁴²THE SCOTTISH GOVERNMENT., 2015. *Violence against women funding: 2015/16* [online]. [viewed 15 May 2015]. Available at <http://www.gov.scot/Topics/People/Equality/Funding/funding/ViolenceAgainstWomenFunding>
- ⁴³THE SCOTTISH GOVERNMENT., 2008. *The national domestic abuse delivery plan for children and young people* [online]. [viewed 15 May 2015]. Available at <http://www.gov.scot/resource/doc/228073/0061720.pdf>
- ⁴⁴THE SCOTTISH GOVERNMENT., 2012. Ensuring safe contact where there is domestic abuse: A pilot to increase safety and change systems. Edinburgh: The Scottish Government
- ⁴⁵SCOTTISH REFUGEE COUNCIL., 2014. *Tackling female genital mutilation in Scotland: A Scottish model of intervention* [online]. [Viewed 19 May 2015]. Available at http://www.fgmnationalgroup.org/documents/2015_fgm_scotland.pdf.
- ⁴⁶PARRY, I. 2013. *Adult Safeguarding and the Role of Housing*. In: The Journal of Adult Protection, vol. 15 no. 1, pp. 15-25
- ⁴⁷HURLEY, N., KENNEDY, K., WILSON, L. and HENDERSON, S. 2007. *Mapping of Education and Training Addressing Violence Against Women*, Social Justice Research, Research Findings No. 35, [online]. [Viewed 20 May 2015]. Available at <http://www.scotland.gov.uk/Resource/Doc/182735/0051784.pdf>
- ⁴⁸EDGAR, B., WILLIAMS, N., MCMAHON, N. and MCAVOY, S. 2004. *Sustaining Tenancies Following Domestic Abuse: A Report of Research*, Dundee: Scottish Women's Aid
- ⁴⁹DAVIS, C. 2003. *Housing Associations – Rehousing Women Leaving Domestic Violence. New challenges and good practice*, Bristol: Policy Press
- ⁵⁰SCOTTISH WOMEN'S AID. 2012a. *Research Report: The use and effectiveness of exclusion orders under the Matrimonial Homes (Family Protection) (Scotland) Act 1981 in preventing homelessness*, Edinburgh [online]. [Viewed 20 May 2015] Available at

<http://www.scottishwomensaid.org.uk/sites/www.scottishwomensaid.org.uk/files/ExclusionOrderReport.pdf>, p.6

⁵¹NETTO, G., PAWSON, H. and SHARP, L. 2009. *Preventing Homelessness due to Domestic Violence: Providing a Safe Space or Closing the Door to New Possibilities?* In: *Social Policy and Administration*, vol. 43, no. 7, pp. 719-735, p.727

⁵²OZGA, J. 2005. *Practitioner Article Domestic abuse and homelessness legislation*, Shelter UK [online]. [Viewed 21 May 2015] Available at http://scotland.shelter.org.uk/data/assets/pdf_file/0014/23180/PN5Fdomestic5Fabuse.pdf, p.5

Risk Assessment Policy

Implementation date: 01 August 2015

Control schedule

Approved by	<i>(relevant committee)</i>
Approval date	<i>(date committee approval given)</i>
Senior Responsible Officer	Michelle Miller, Chief Social Work Officer
Author	Michelle Miller, Chief Social Work Officer
Scheduled for review	<i>(one year from above date)</i>

Version control

Version	Date	Author	Comment
0.1		Michelle Miller	

Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute
-------------	------------------	-----------------------	-----------------------

Risk Assessment Policy

Policy statement

- 1.1 This policy represents the Council's overarching statement in relation to the assessment and management of risk to individuals and groups, specifically in the context of public protection. It does not cover other areas of risk faced by the Council, for instance financial or reputational risk. From it flow policies, procedures, specialised assessment tools and guidance for each service area (child protection, adult protection, violence against women and the management of dangerous offenders). These will be available on the Council's Intranet, which will provide hyperlinks to all relevant materials and assessment tools.

This policy supports an organisational approach to risk management and governance, which promotes excellence and learning from mistakes. The principles that underpin risk assessment and management are congruent with core social work values. These are described in section 4 below. The policy identifies the key risk assessment and risk management tasks in child protection, adult protection and offender management. It sets out a shared statement regarding the language of risk, which will inform the risk assessment and risk management policy documents for each area of work for social work and social care staff.

The context for the assessment and management of risk is the multi-disciplinary and multi-agency shared responsibility for the protection of individuals. This policy recognises and is consistent with the principles of other initiatives, such as "Getting It Right for Every Child", the support and protection of vulnerable adults and the multi-agency public protection arrangements (MAPPA).

The underpinning principle of this policy is that employees will not be limited by their own specialist role in identifying risk and will be potential gateways to all of our protective services.

In addition to this policy, protocols for the effective management of the boundaries between related services will be finalised to ensure seamless transitions for individuals moving between service areas or receiving services from more than one specialism. Failure to manage transitions effectively between social work service areas is likely to increase risk, and it is important therefore that protocols are in place to ensure that social work and social care staff are clear about their respective roles and responsibilities.

Scope

2.1 The responsibilities of the City of Edinburgh Council social work and social care staff include the assessment of need and risk, and the planning, co-ordination and review of services.

This is in order to safeguard the well being of the most vulnerable adults and children, in particular those who:

- are in need of protection due to their age or particular vulnerability; and/or
- are in danger of exploitation or significant harm; and/or
- are at risk of causing significant harm to themselves or others; and/or
- are unable to provide informed consent.

This policy, together with related and service-specific policies and procedures, takes account of the fact that some very vulnerable people who require protection may also pose a risk to others, and the services they require must address both these aspects.

Everyone has a responsibility to be aware of the risks the people who use our services may be exposed to, or present to others. They should be aware of the vulnerabilities of individuals and families, and take steps to minimise these risks.

Violence against women is now a key component of the public protection agenda. The prevalence of domestic violence and the skills in recognising the need for intervention are relevant to all service areas.

Key processes such as child protection, adult protection and offender management are broadly similar in terms of the need to identify individuals at risk or presenting a risk; share information; complete a risk assessment; develop a plan to manage that risk; and monitor that plan. Risk assessment and management are therefore central to the work of social work and social care staff in children and families, community care and criminal justice services. Increasingly, the above tasks are carried out primarily in a multi-agency forum and social work and social care staff will need to participate in discussions about risk outside their own specialisms. Staff from other services and disciplines will also have responsibilities in relation to the assessment and management of risk.

In order to carry out these tasks with maximum efficiency, consistency and effectiveness, it is important that social work and social care staff have a shared language and understanding of risk. Effective risk assessment and management require working together with others, both within agencies and across agency boundaries. Even within social work and social care, different organisational cultures within criminal justice, community care and children's services have implications for a common understanding and language of risk.

Differences in language may be acute where agencies have differing value bases and cultural differences.

Definitions

3.1 Risk is defined as the probability of a future negative or harmful event* occurring.

Serious harm is defined as a risk, which is life threatening and/or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible. This may not be from a single event. Serious harm may result from exposure to repeated, less identifiable actions, neglect or emotional abuse, which cumulatively impact on the individual's proper development.

Any assessment of risk of harm must consider the interaction between likelihood, impact/harm and imminence:

- the relative likelihood that harm will be caused by an act or events
- the relative impact or harm caused by that act or events – what exactly might happen, to what or whom, under what circumstances and why
- imminence – how soon might it happen?
- relative vulnerability or resilience due to age and capacity.

When thinking about risk of harm in these terms, the following may help workers develop a shared understanding:

Very high risk: There is an 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.

Medium risk: There are identifiable indicators of risk of serious harm. There is the potential for harm to be caused, but it is unlikely to happen unless there is a significant change in circumstances.

Low risk: Current evidence does not indicate likelihood of causing serious harm.

*The term “event” does not necessarily imply a single episode. The impact of a series of events, each of which may be less critical on its own, may have a very serious impact on a child or adult's development and well-being and therefore constitutes high or very high risk. Professional judgment must be applied to circumstances where the impact of chronic neglect and/or emotional abuse will

have an unacceptably harmful effect on a child's development or an adult's quality of life or self-determination. These events may include interventions made in the lives of individuals in order to protect them, and which may have some negative impact in themselves, e.g. removal from home, loss of primary carers, etc.

Sensitivity to the varying impact of risks on different individuals or groups is an essential characteristic of effective risk assessment and management. For example, the likelihood of harm and its relative impact will be different for a young child than for an adult faced with the same risk. Age and stage of development and associated resilience factors must be assessed on a case by case basis.

Risk factors may be:

- historical and not amenable to change, e.g. a conviction for an offence against a vulnerable person or child
- those areas of an individual or family's circumstances that are enduring over months or years, but are amenable to change, and if changed may be expected to reduce the likelihood of a harmful event occurring, e.g. social isolation, parenting skills
- those areas of an individual or family's circumstances that change quickly, perhaps over days or hours, and whose emergence indicates a period of critical risk, e.g. alcohol or drug abuse
- the weakness of protective aspects of an individual or family's personal, inter-personal and environmental context that diminish or inhibit the likelihood of a harmful event occurring, e.g. family supports
- known characteristics or vulnerabilities, essentially internal to the individual, that might predispose them to risk of harm, e.g. age, learning difficulties.

Policy content

4.1 Key principles of risk assessment and management:

- risk assessment is a continuous and dynamic process
- risk assessment should be fair and balanced
- effective risk assessment and risk management depend on appropriate sharing of information between services, disciplines and agencies
- risk assessment should seek to engage and involve the individual (child or adult)
- risk assessment must encompass an assessment of needs as well as risks

- risk assessment in relation to minority ethnic groups and asylum seekers must be carried out in a culturally sensitive way, informed by expert advice, as necessary
- risk assessment should engage all agencies and perspectives
- risk assessment should lead to and inform risk management
- risk management is intended to reduce risk, but may not result in risk elimination
- risk management can support risk-taking, as long as all efforts are made to reduce the likelihood of harmful results
- effective risk management depends on all reasonable steps being taken in the light of reliable assessments that have evaluated and weighed all relevant information; on decisions being recorded and implemented; and on policy and procedure being followed appropriately
- risk assessment should consider the potential risks generated by the ways in which we intervene, and should take these into account when recommending what actions are required to manage risk.

The Report of the 21st Century Social Work Review: Changing Lives identifies the core values of social work as:

- respecting the right to self-determination
- promoting participation
- taking a whole-person approach
- understanding each individual in the context of family and community
- identifying and building on strengths.

These values can be expressed through protecting individuals, families and communities at risk of harm. Whilst risk assessment and management activities require to be rigorous, robust and defensible, they also need to be individualised, contextualised and responsive.

The relationship between worker and people who use services is paramount to effective working in risk assessment and management, and care must be taken to ensure that this is not eroded by the language and politics of risk. Practice must not become defensive and risk averse, but must be underpinned by good quality professional judgement and clear accountability.

Social workers should have access to risk assessment frameworks, which guide their thinking and promote consistency. These should allow them to evidence their professional assessment by helping them focus on key information and risk factors and avoid assumptions.

The outcome of such an assessment will allow the worker to determine what action requires to be taken and to develop a plan to manage the risk. Effective risk management is underpinned by good risk assessment.

Risk management involves attempts to put in place controls that will minimise:

- “risky circumstances”
- the likelihood of a harmful event(s) occurring
- the impact of the harm

and that will promote protective factors.

The risk management plan (or elements included in the care plan, which can be described as a risk management plan) should clearly link to the identified risk factors and should incorporate objectives that are specific and measurable, with identified responsible officers and clear timescales.

Roles and responsibilities

- 5.1 Social work staff are responsible for the effective application of risk assessment tools, combined with the exercise of professional judgement. They are also responsible for risk management planning, monitoring and review. Operational and senior managers are responsible for supporting staff in discharging their responsibilities, providing them with the necessary tools to do so, and for ensuring compliance with this policy and the procedures that flow from it. The Chief Social Work Officer is responsible for standard-setting and overall governance arrangements with regard to the management of risk.

Related documents

- 6.1 Legislation and Policy Context

This policy takes account of and has been developed with reference to the following legislation, policy and procedure documents.

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults With Incapacity \(Scotland\) Act 2000](#)

[Management of Offenders \(Scotland\) Act 2005](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

[The Children \(Scotland\) Act 1995](#)

[Children’s Hearings \(Scotland\) Act 2011](#)

[Children and Young People \(Scotland\) Act 2014](#)

6.2 Associated Documents

[Assessment of Children in Need and at Risk: Policy and Procedure](#)

[Inter-agency Child Protection Procedures Edinburgh and the Lothians](#)

[National Risk Framework to Support the Assessment of Children and Young People \(2012\)](#)

[National Guidance for Child Protection in Scotland \(2014\)](#)

[Under age Sexual Activity Inter-agency Guidance \(2011\)](#)

[Getting it Right for Children and Families \(2012\)](#)

[Getting it Right for Children and Families affected by parental problem alcohol and drug use \(2013\)](#)

[Adult Support and Protection: Ensuring rights and preventing harm – Multi-agency Guidelines \(2013\)](#)

[Adult Support and Protection Act \(2007\): Code of Practice](#)

[Adults with Incapacity Act \(2000\): Codes of Practice](#)

[Criminal Justice: Assessment and Management of Risk](#)

Equalities and impact assessment

- 7.1 Applying sound policy and procedure to the assessment and management of risk supports equalities and human rights.

Strategic environmental assessment

- 8.1 N/A.

Risk assessment

- 9.1 This policy underpins the management of risk within social care services.

Review

- 10.1 This policy will be reviewed annually.