

# Finance and Resources Committee

3pm, Tuesday 4, December 2018

## Equally Safe – Multi Agency Centre (ESMAC) for Gender Based Violence and Child Protection

Item number	7.19
Report number	
Executive/routine	
Wards	
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### Executive Summary

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This report sets out the case for the council to contribute to the delivery of a multi-agency centre which will deliver specialist services for child and adult victims of sexual assault and other forms of abuse. St Katharine's Centre, currently part of the City of Edinburgh's Secure Services, has been identified as the best location in Edinburgh for such a centre. It is therefore requested that the committee agrees to the sale of St Katharine's Centre to the NHS to progress this project. There is a very high level of support from the Scottish Government for this project and the capital costs of the project will be met through contributions from Scottish Government, Police Scotland and NHS. These funding sources are only available within this financial year. The proposals will also generate a capital receipt of £825,000 for the council.

While it is not the responsibility of the council to provide health care facilities, the council has a duty to investigate child protection concerns and to support children who have been harmed or who are at risk of harm. The council urgently requires to set up a fixed suite for interviewing children and, given the national direction of travel, the commitment of Scottish Ministers to provide funding for a multi-agency safe centre, and the financial and reputational benefits for the council, it makes best sense that we set up our interviewing suite as part of this proposed project.

## Equally Safe – Multi Agency Centre (ESMAC) for Gender Based Violence and Child Protection

### 1. Recommendations

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- 1.1 The Finance and Resources Committee is asked to:
  - 1.1.1 Agree the sale of St Katharine's Centre to NHS in order to set up an Equally Safe Multi-Agency Centre (ESMAC) for child and adult victims of sexual assault and other abuse.
  - 1.1.2 Note that this will generate a capital receipt of £825,000 for the council.
  - 1.1.3 Note that ongoing revenue costs of approximately £69,000 per year for the ESMAC will be met by Children's Services.
  - 1.1.4 Refer to the Education, Children and Families Committee to note the outcome of the Finance and Resources Committee and to endorse the proposal to set up an Equally Safe Multi-Agency Centre for child and adult victims of sexual assault and other abuse on the St Katharine's site.

### 2. Background

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- 2.1 Within Scotland there are two distinct but linked pieces of work relating to the investigation of sexual and other crimes against children and adults and the need to minimise trauma for victims while gathering best evidence for prosecution of alleged offenders.
- 2.2 The Evidence and Procedure Review of the Scottish Courts and Tribunals Service considered opportunities to improve interviewing practice and the experience of children and vulnerable adults during the investigative process and onwards through the justice system. The review team made a number of recommendations to Scottish Ministers relating to capturing evidence as early as possible; making best use of audio/visual technology to record evidence and the ultimate use of such records as "evidence in chief" to court in order to prevent the most vulnerable witnesses from experiencing additional trauma in an open courtroom.
- 2.3 Her Majesties' Inspectorate of Constabulary (HMICS) Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime highlighted the need for immediate improvements needed in order to meet the minimum standards expected in relation to forensic medical examination and treatment of child and adult victims of sexual assault. The HMICS report recommends that "The Scottish

Government should engage with relevant agencies and stakeholders and bring forward proposals for establishing dedicated healthcare facilities across Scotland to meet both the healthcare needs of victims of sexual crime and the necessary forensic requirements. This should be informed by research and current best practice”.

- 2.4 In addition, Healthcare Improvement Scotland (HIS) have published standards for forensic services for people who have experienced rape, sexual violence assault or child sexual abuse. To date, these standards have not been fully implemented across Scotland.
- 2.5 Scottish Ministers agreed to take forward these recommendations and there is government funding available for implementation of a pilot site within the current financial year.
- 2.6 The Chief Medical Officer (CMO) Taskforce for the improvement of services, including forensic provision for children young people and adults who have experienced rape and sexual assault, has undertaken an options appraisal for Scotland. The preferred model is a multiagency co-located approach which will address the trauma of victims and help recovery.
- 2.7 The council has a statutory responsibility to investigate child protection concerns. The core business of the council within the proposed ESMAC would be to provide social workers to conduct Joint Investigative Interviews (JII). In line with Scottish Government guidance these are always video recorded interviews (VRI).
- 2.8 There are two ways to record a JII, using either fixed or mobile equipment. It is best practice to use fixed equipment in a purpose-built location unless the assessed needs of the child indicate that use of mobile equipment would be more appropriate.
- 2.9 Edinburgh has had no fixed VRI suite since early 2017 when the previous site at the Royal Victoria Hospital was destroyed in a fire. We urgently need to replace the fixed VRI suite in order that our child protection VRIs are of the best quality.
- 2.10 The reputational benefits of providing a fixed VRI suite as part of an Equally Safe Multi-Agency Centre (as opposed to creating a stand-alone suite in partnership with Police Scotland) are very significant given the strong support for this potential project from the Scottish Government.

### **3. Main report**

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#### **3.1 Strategic Case**

##### The Current Approach:

- 3.1.1 Video recording joint investigative interviewing (VRI) is a central part of evidence gathering for children who are subject to child protection procedures. Joint investigative interviewing (JII) involves a police officer and

social worker conducting an interview with the child to gather evidence of any harm that has occurred.

It is crucial for children that we work well together in these interviews as a badly conducted interview can; further distress the child and; lead to insufficient evidence for prosecution.

3.1.2 A competent investigation including a well conducted VRI improves the child or young person's experience by being more attuned to their needs, minimising any distress caused by questioning on a traumatic experience and results in the best quality of evidence to maximise the possibility of prosecution if it is established that criminality has occurred.

3.1.3 The City of Edinburgh's role in this practice is to provide well trained and experienced social workers to conduct joint interviews. This is a core child protection activity which the council must deliver well to improve outcomes for children and achieve best outcomes in relation to the justice process.

We do this by providing a cadre of around 20 social workers from across the city all of whom receive extensive training before conducting interviews and who then participate in a JII interviewers' rota on regular basis.

3.1.4 There are two types of VRI equipment, fixed and mobile. The minimum standard is to have access to both a fixed VRI site and mobile equipment. The former is much more reliable and use of a fixed site is the default position for VRI. The latter may be used when it is thought to be in the child's interests e.g. if the child may be distressed by travelling to an unfamiliar location or, if it is believed that they will more likely to disclose abuse if the interview is conducted in a more familiar location to them. It should be noted that the council and Police Scotland at present are conducting all JII using only mobile equipment and that this means that our practice is falling below the minimum standard.

3.1.5 When VRI was introduced, the council had dedicated premises (the Vega building at the Gyle) in which Police, Social work and NHS staff were based. The premises acted as staff base for all three agencies and had a fixed unit for conducting VRI's and a forensic medical suite for adult rape victims. The revenue cost to the council was £60k per annum and there were similar contributions from police and NHS.

3.1.6 In 2012/13 the Child Protection Committee agreed to take a saving on the cost of the Vega building as police staff were moving to Fettes and our own reorganisation had disbanded the Child Protection and Reviewing Team formerly based there. At that time, NHS had offered a building at the Royal Victoria Hospital as a short to medium term alternative site for conducting JIIs and forensic adult medicals.

This interim arrangement was done with the goodwill of NHS and there was no charge to the council. However, it was always known that this would not be sustainable in the longer term.

- 3.1.7 Since early 2017, all VRIs in Edinburgh have been conducted using mobile equipment. At present there is no other identified appropriate location than St Katharine's Centre for a fixed site.

This urgent need to replace our fixed VRI suite has coincided with the recommendations of the E&P review to improve standards of video recorded interviewing of both child and adult victims and the HMICS review of forensic provision. Both reviews highlight the need for immediate action to improve minimum standards of provision for both child and adult victims.

- 3.1.8 There is significant impetus from Scottish Ministers to support the implementation of a hub and spoke model in regional centres throughout Scotland. Their commitment is reflected in the amount of capital funding being made available for this project. The establishment of such a centre in Edinburgh not only helps us to bring our core child protection practice back up to the minimum standard but to lead the way in Scotland by putting in place best multi-agency practice for both child and adult victims with agencies co-located under one roof.
- 3.1.9 An investment by the council into the ESMAC project would help to improve our child protection VRI provision from the current position which is below minimum standard back up to the high standard with which we started in 2010, and has potential to deliver even further improvements. Evidence demonstrates that a timely, person-centred service following sexual assault can positively influence the long-term health status, recovery and engagement of an individual in any criminal justice process as well as the collection of high quality evidence to support cases.
- 3.1.10 The Crown Prosecution Service has expressed interest in the possibility of taking evidence on commission in the new premises once established. Evidence on commission involves a trained lawyer hearing evidence direct from the child and presenting this evidence to court on their behalf. This can prevent the need for the child witness to have to give evidence in court at all. Minimising or preventing distress caused to children in the court process can contribute significantly to improved wellbeing outcomes.
- 3.1.11 The council's corporate property plan includes an action to vacate St Katharine's which currently consists of the following residential units: Guthrie (6 bed secure unit), Chalmers (5 bed, to be re-located to Ferniehill) and Alison (3 bed throughcare and aftercare), creating alternative accommodation for the looked after and accommodated children (LAAC) who reside there, then disposing of the whole site to raise a capital receipt.
- 3.1.12 The Care Inspectorate registration of the former secure unit at St Katharine's (Guthrie building) is only temporarily registered as a residential unit for unaccompanied asylum-seeking children. This was done for continuity of care while we set up more appropriate residential facilities for those children.

3.1.13 The latter is being put in place in the new St Stephen's Court development. Once vacated, the Guthrie building will not be deemed by the Care Inspectorate to be a fit location in which to provide residential care, therefore the council has no use for this building in future.

### **3.2 Future Approach:**

3.2.1 The ESMAC benefits for Children's Services will be that it offers a child-friendly, safe environment for children and young people, bringing together the following services/support under one roof, including;

- Forensic Medical Examinations\*
- Paediatric Examinations to include assessment of general physical health and development
- Medical consultation that includes immediate health assessment including assessment of injuries; risk assessment for self-harm; adversity and situational vulnerability
- Sexual Health assessment that includes emergency contraception; Post-Exposure Prophylaxis after Sexual Exposure (PEPSE); testing for sexually transmitted infections with planned follow up
- Assessment of the protection needs of the child and/or siblings via Local Authority Social Work
- Assessment of need for psychological support and short and long term therapeutic services for trauma to the child and non-offending family members
- Access to psychological therapies
- Support within the pre-trial period, to ensure special measures are in place and communicate with family about dates etc and arrange visit to court/witness suite as required
- Assess to post-trial therapy / trauma recovery support from 3<sup>rd</sup> sector, CAMHS or community mental health services or acute services as required

3.2.2 From an initial review of the Icelandic model it was commented that its success was due to a number of factors. The premises were described as home-like, child friendly and non-threatening and the ability to undertake all the meetings required with a child, including police interview, medical examination, and assessment/planning around future safety and need for trauma recovery, ensured that the child and their family were supported throughout, within a safe and non-threatening environment, which was seen as providing a positive basis for the recovery of the child, and minimising the potential for the process of interview and examination being one that itself is distressing and confusing for the child and their family.

3.2.3\* It is not anticipated that the ESMAC will change the existing arrangements for examinations in the majority of children as these will usually take place in the new Royal Hospital for Sick Children. It is important, however, that it provides a person-centred resource for older children (13-16 years of age and in some cases, up to 18 years of age) where, as a result of the IRD (Inter Agency Referral Decision) process, it is judged that it would be

appropriate for the child/young person to be seen in the ESMAC rather than in a paediatric facility. St Katharine's is ideally situated for paediatricians at the RHSC.

### 3.3 Strategic Objectives:

3.3.1 The Council is committed to improving and enhancing its partnership working arrangements with all partners across the public, private, independent, and voluntary sectors alike and as such ESMAC is well aligned to this strategy and fits with A Forward-Looking Council, A City of Opportunity and a Resilient City.

3.3.2 The strategic commitment to supporting victims/survivors, is a golden thread running through all agencies involved in the project. The following bodies all demonstrate this in their strategic priorities.

Scottish Government: Equally Safe and Safer and Stronger Outcomes

NHS: A fairer Healthier Scotland

Police: Protecting People at Risk of Harm

CEC: focused towards the delivery of improved outcomes for our citizens

### 3.4 Economic case

- Option one: Status quo (retained as a baseline comparator)
- Option two: Gold – 24 hours a day, 7 days a week.
- Option three: Silver –24 hours a day, 7 days a week but staffed from 0800 – 2400 7 days a week.
- Option four: Bronze – 24 Hours and 7 days a week, however, staff would be on site between 0900 – 1700 Monday to Friday. (Preferred)

3.4.1 Available services and specification for the above options are in Appendix 1.

3.4.2 Option 2, the Gold Standard is currently the preferred model and it is acknowledged that future implementation may have cost and resource implications for all key agencies. However, in terms of staffing the facility, existing arrangements within CEC (a daytime rota of social workers drawn from Children's Practice Teams plus core Out of Hours social work staffing) will remain fit for purpose and will incur no additional cost.

3.4.3 The preferred site has been identified as St. Katharine's. This is based on a) there being no available NHS site b) the stipulation that the ESMAC cannot be based within a police station and c) the council's existing commitment to dispose of the site. The location of the building has close transport links and situated adjacent to a main carriageway for persons travelling to the building and is deemed as the most suitable option. The building is open, friendly and unimposing. It meets the requirements of being both accessible and not

obviously visible to the public (this is necessary given the sensitivity of dealing with victims of sexual assault).

3.4.4 The decision to sell St Katharine's for £825K and subsequently invest up to £60K in reconfiguring Ferniehill (Chalmers Unit to Ferniehill) as a close support unit and moving the other units occupying St Katharine's (Guthrie and Alison) to St Stephen's Court is fundamental in determining whether the council can enter into a multi-agency agreement. The revenue implications of this decision can be found in the Financial case, together with the financial implications of going ahead with the ESMAC.

### 3.5 Commercial case

3.5.1 The following has been agreed as the method to progress and manage the governance and finance of the project for ESMAC:

- The Scottish Government provides funding to the NHS to purchase the St Katharine's site from the Council
- The Council will receive a capital receipt of £825k in respect of the St Katharine's Site from the NHS

3.5.2 NHS Lothian has indicated they are willing to take on the ownership of St Katharine's subject to a Memorandum of Understanding and a Shared Cost agreement between partners.

3.5.3 This will create a capital receipt for the council of £825K which is not currently designated for any specific purpose in the capital investment plan and therefore allows some additional flexibility in the planning of the future council estate.

3.5.4 This project will have significant impact over the many agencies involved with the main dependencies and stakeholders similar across all organisations. ICT, Estates, Procurement and Finance will clearly be impacted by identifying, purchasing and conversion of suitable premises along with the installation of all relevant amenities, equipment and IT facilities along with the re-deployment of staff.

### 3.6 Financial Case

#### 3.6.1 Sale of St. Katharine's

##### Capital

£825K	Capital receipt from the sale to the NHS. Legal costs to be deducted from this.
<u>£60K</u>	Estimated maximum costs to re-configure Ferniehill
£765K	Estimated net capital receipt

Notes:



- An independent valuation of the site occupied by St Katharines stated its value as £575K. Corporate property colleagues assessed this to be on the low side and after discussions with the Scottish Government they subsequently increased its offer to £825K.
- The Sale of St. Katharine's will require re-provision of the close support unit to Ferniehill (5 beds), Guthrie to St Stephen's Court (6 beds) and the Alison Unit to St Stephen's Court (3 beds). In addition, there is a 10<sup>th</sup> unit required as a staff base so 10 units at St Stephen's Court.
- If the decision is to not sell St Katherines then plans are already in place to move Guthrie and Alison as they are not fit for purpose.

## Revenue

Facility	Current budget £K	Future costs £K	Net Cost / (Saving) £K	Notes
St Katharine's	130	0	-130	Savings from the property costs of St Katherine's
Ferniehill	14	30	16	Net additional costs to existing property budget.
St Stephen's Court	0	90	90	Costs for 10 units at approximately £9K per unit
	<b>144</b>	<b>120</b>	<b>-24</b>	

### Notes:

- Figures are supplied by property services colleagues for the current running costs of the 3 St Katharine's buildings and the likely running costs of Ferniehill and St Stephen's Court
- Costs associated with removals and all logistics associated with a move are not included.
- No anticipated additional costs associated with the transfer of facilities in terms of staff as these services are transferring and not being re-designed.
- The costs for St Stephen's Court will begin to be incurred once the Guthrie and Alison units re-locate in late 2018. The revenue savings from St Katharine's will not be fully realised until the close support unit re-locates to Ferniehill in late 2019. Therefore, for a period of approximately 12 months there will be additional revenue costs of operating both St Katharine's and St Stephen's Court. These additional costs will be met by Communities and Families from budgets held by the service for empty property holding costs relating to Wellington School. These budgets will become available following the demolition of Wellington School

### 3.6.2 Multi-agency facility

#### Capital

£1.044m Estimated upgrade capital costs to make St Katharine's fit for purpose as a multi-agency facility

There is no capital cost for the council.

Notes:

- The NHS have applied for a grant from the Chief Medical Officer to meet the remaining capital costs of the refurbishment. They have advised that this is will be provided if the council agrees to proceed with the project.
- Police Scotland are applying for £500k toward the refurbishment. The CMO bid is the remaining capital and some revenue expenditure

## **Revenue**

£69K CEC's contribution to the annual running costs.

Notes:

- The financial model of total revenue costs is £275k annually of which the CEC contribution is 25% (£69k) subject to agreement of respective contributions from other agencies which will be clarified with the MOU. Therefore, dependent on all parties agreeing to proceed.
- C&F has identified funding for the £69K annual running costs from budgets held by the service to fund empty property holding costs relating to Wellington School. These budgets will become available following the demolition of Wellington School.
- CEC formerly provided £60K per annum towards the running costs of a co-located child protection service at the Vega building at the Gyle. The interim arrangement at the Royal Victoria Hospital was at no cost to the council but this was done only with the goodwill of NHS and was never a sustainable longer-term solution.
- If not used for the revenue funding required for ESMAC these savings (Wellington School) would be available to address Council savings targets for 2019/20 onwards

### **3.6.3 New Alternative Fixed VRI Site**

3.6.3.1 Colleagues in Property Services have identified a range of possible locations in which a stand alone VRI suite might be located. The viability of any of these sites and the overall costs would have to be subject to a further assessment. However, the view of the service is that the options identified would be unsuitable for a range of reasons. These include being located in the grounds of a school; being highly visible from a main transport route; not being easily accessible from the city bypass; being close to dereliction. A table showing possible locations can be found in Appendix 3.

### **3.6.4 Project Management**

3.6.4.1 If this investment proposal receives formal approval, a project will be established to deliver the required services. The NHS will appoint a 0.5 FTE project manager responsible for the overall management of the multi-agency project. The management board of the project will set up a children's services sub-group, chaired by the senior manager for children's practice teams and with a council project manager to oversee the corporate property aspects of the work.

## **4. Measures of success**

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- 4.1 Successful delivery of project.
- 4.2 Victims report a better experience of the multiagency approach to trauma and recover.

## **5. Financial impact**

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- 5.1 Financial impact will be clarified once governance and respective contributions of partner agencies are agreed. The financial model of revenue costs is £275k annually of which the CEC contribution would be 25% (£68.759) subject to agreement of respective contributions from other agencies which will be clarified with the MOU. There are initial capital costs associated with refurbishment and agencies are exploring options to generate funding.

## **6. Risk, policy, compliance and governance impact**

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- 6.1 The project will provide effective multi agency arrangements for the investigation of harm and provision of support to child and adult victims.

## **7. Equalities impact**

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- 7.1 The city's most vulnerable children and adults will receive an effective multi agency response through this project.

## **8. Sustainability impact**

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- 8.1 N/A

## 9. Consultation and engagement

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- 9.1 The evidence and Procedure Review and the CMO Taskforce for Sexual Assault consulted widely with partner agencies before making its recommendations.

## 10. Background reading/external references

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N/A

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## 11. Appendices

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None.