

Governance, Risk and Best Value Committee

10am, Tuesday, 19 January 2021

Annual Assurance Schedule – Communities and Families

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 To note the Communities and Families Directorate annual assurance schedule, submitted for scrutiny.

Andrew Kerr

Chief Executive

Contact: Jackie Irvine, Head of Safer and Stronger Communities and Chief Social Work Officer

E-mail: Jackie.Irvine@edinburgh.gov.uk | Tel: 0131 553 8520

Report

Annual Assurance Schedule – Communities and Families

2. Executive Summary

- 2.1 The purpose of this report is to present the annual assurance schedule covering 2019/20 to Governance Risk and Best Value Committee (GRBV) for scrutiny.

3. Background

- 3.1 Each year the City of Edinburgh Council requires that Executive Directors complete Certificates of Assurance that represent their view of the effectiveness and appropriateness of controls in their areas of responsibility. These Certificates support the Annual Governance Statement which is a component part of the authority's Statement of Accounts.
- 3.2 An Assurance Schedule, to help prompt Executive Directors and relevant Heads of Service to consider various aspects of their control environment, is circulated in advance of Certificates. The schedule will help highlight any areas of concern.
- 3.3 As at April 2020 the Communities and Families directorate employed:

	FTE	Headcount
C&F in total	8117	10234
C&F less SSC	7633	9708
SSC only	484	527

3.4 The annual Budget for Communities and Families:

2020-21 BUDGET (REVISED)

£M

Summary	REVISED BUDGET 2020-21		
	C&F excl S&SC	S&SC	C&F incl S&SC
Employee Budget	351.3	20.6	371.9
Non Staff Expenditure Budget	122.8	66.6	189.3
	<u>474.1</u>	<u>87.2</u>	<u>561.3</u>
Income Budget	-70.1	-51.9	-122.1
	<u>404.0</u>	<u>35.3</u>	<u>439.2</u>

4. Main report

- 4.1 The Communities and Families Schedule (appendix 1) was completed and returned to the Democracy, Governance and Resilience Service, after which a Certificate of Assurance was issued. This informed the drafting of the Annual Governance Statement, submitted to Council as part of the Unaudited Annual Accounts. The Certificates of Assurance require Heads of Service and Executive Directors to confirm that:
- 4.1.1 They have considered the effectiveness of controls in their service area/directorate, including controls in place to mitigate major risks to their service area/directorate's objectives.
 - 4.1.2 To the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
 - 4.1.3 They have identified actions that will be taken to continue improvement.
- 4.2 The schedule is completed by the Head of Service/Executive Director or by a nominated senior manager.
- 4.3 Before signing their Certificate of Assurance, the Head of Service/Executive Director should ensure that the schedule has been completed accurately.
- 4.4 It should be noted that despite every endeavour being made to address all improvement actions whilst also addressing the requirements during the pandemic, all service areas do have up to date risk registers in place which address both existing and ongoing actions as well as those which are specifically Covid-19 related.
- 4.5 SORT is the School Operations Risk Toolkit, a risk control framework used to effect the risk management process to manage the school response to Covid-19. The service risk architecture, for example Monday SORT meeting for all

headteachers/business managers and associated staff, weekly risk meeting, daily incident management team meetings all facilitate the response and enable a risk managed objective lead response.

5. Next Steps

- 5.1 An Improvement Plan for Communities and Families is attached at appendix two. This includes actions in relation to identified internal control weaknesses. In each instance a responsible officer and a deadline for completion is included. Communities and Families continues to work to deliver those actions identified in Appendix 2 (Improvement Plans).
- 5.2 The process will continue to be reviewed in line with feedback to ensure that effective assurance is provided.
- 5.3 The 20/21 annual assurance schedule will be presented to Governance, Risk and Best Value Committee in 12 months for scrutiny.

6. Financial impact

- 6.1 The annual assurance process and production of the annual governance statement is contained within relevant service area budgets.
- 6.2 An effective control framework is key in ensuring that the Council has appropriate governance in place.

7. Stakeholder/Community Impact

- 7.1 The assurance schedule exercise acts as a prompt for service areas to think about good governance and the internal control environment. Action plans support improvements in areas where weaknesses have been identified. The Communities and Families Directorate Overview is contained in Appendix 3.
- 7.2 Completed schedules are reviewed by the Democracy, Governance and Resilience Senior Manager and are provided to the Chief Internal Auditor for comment.
- 7.3 The Annual Assurance Schedule template was drafted using input from the Council's subject matter experts. This included contributions from Resilience, Internal Audit, Health and Safety, Governance, Legal Services, Financial Services and Human Resources.

8. Background reading/external references

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 - Communities and Families Annual Assurance Schedule
- 9.2 Appendix 2 - Communities and Families Improvement Action Plans
- 9.3 Appendix 3 - Communities and Families Directorate Overview

Executive Director's Annual Assurance Statement

For the year ending 31 March 2020

Directorate	Communities and Families				
Completed by	Alistair Gaw	Job title	Executive Director for Communities and Families	Date completed	29-Apr-20
Signed off by		Job title			
Print name of signatory		Date of signature			

Reviewed by		Role	Democracy, Governance and Resilience Senior Manager	Date	
Issued to Internal Auditor		Date			

Introduction

The Statement of Accounts 2019/2020 will include the Annual Governance Statement signed by the Council Leader, the Chief Executive and the Head of Finance. The Annual Governance Statement is supported by Certificates of Assurance from each of the Executive Directors and the Chief Officer.

Before signing the Certificate of Assurance Executive Directors should ensure that these assurance statements have been completed accurately. The Certificates of Assurance require Executive Directors to confirm that:

1. they have considered the effectiveness of controls in their directorates, including controls in place to mitigate major risks to their directorate's objectives;
2. to the best of their knowledge, appropriate controls are in operation upon which they can place reasonable assurance and that there are no significant matters arising that should be raised specifically in the Annual Governance Statement (or otherwise); and
3. they have identified actions that will be taken to continue improvement.

Completing this schedule helps prompt Executive Directors to consider various aspects of their control environment before signing their Certificate of Assurance. Executive Directors should seek assurance through issue of a similar schedule to their Heads of Service to satisfy themselves that effective controls are in place across all service areas (suggested managers to provide information and/or responses are highlighted below). Please note that reference to Executive Director within the schedule applies equally to the Chief Officer, and reference to directorates also applies to the Edinburgh Health and Social Care Partnership.

This schedule should be used as a prompt to think about good governance and the internal control environment and is not an exhaustive list.

Section	Requirements	Supporting officers
Section 1	Internal Control Environment	Head of Service
Section 2	Risk and Resilience	Service Area Risk Committee Representative/Resilience Co-ordinator
Section 3	Workforce Controls	Head of Service
Section 4	Council Companies	Senior Relationship Lead / Company Observer(s)
Section 5	Engagement and Consultation	Head of Service
Section 6	Policy	Head of Service
Section 7	Governance and Compliance	Head of Service
Section 8	Responsibility and Accountability	Head of Service
Section 9	Information Governance	Directorate Record Officers
Section 10	Health & Safety	SMT Health & Safety Lead
Section 11	Performance	Head of Service
Section 12	Commercial and Contract Management	Head of Service
Section 13	Change and Projects	Head of Service
Section 14	Financial Control	Directorate Financial Manager or Representative
Section 15	Group Accounts	RESOURCES only
Section 16	National Agency Inspection Reports	Head of Service
Section 17	Internal Audit, External Audit & Review Reports	Head of Service
Section 18	Progress	Executive Director

Guidance on completing the Schedule

The schedule should be completed by the Executive Director or by a nominated senior manager.

The format has changed again this year, to align with the Council's Corporate Governance Framework. **The primary worksheet for completion is the 'Assurance Statements' tab. Where improvement actions are recorded these will auto-populate the first column of the 'Improvement Plan' tab.**

Your assessment should consider how your directorate's arrangements would stand up to external scrutiny. Please note that although evidence does not need to be provided as part of this exercise, **responses made in the schedule may be subject to audit at a later date.** Additional guidance notes are provided below.

Please return your completed schedule to governance@edinburgh.gov.uk no later than 17 April 2020.

Step 1: Please address each statement in the "Assurance Statements" tab. The options for the response are included as a drop down. Please note this submission covers the financial year 1 April 2019 to 31 March 2020.

Step 2: For each statement please enter a "Compliant", "Partially Compliant" or "Not Compliant" response for your directorate. A clear summary of any issues relating to the statement in the reporting period should be completed in the free text explanation cell to the right. There is no word limit however responses should be as concise as possible. These should include a brief description and reference to any evidence that explains the issue(s). You should also set out the actions that you will be taking to address the non-compliance and/or issues in the "Improvement Actions" cell.

Step 3: Please set out any relevant service area controls that your directorate has in relation to each assurance statement in the free text explanation cell.

Step 4: On the "Improvement Plan" tab please provide the details for each "Action Owner" and "Action Deadline" where "Improvement Actions" have auto-populated from the "Assurance Statement" tab.

For further information or assistance please contact:

	Gavin King	Laura Callender
	Democracy, Governance and Resilience Senior Manager	Governance Manager
	Strategy & Communications	Strategy & Communications
	529 4239 or gavin.king@edinburgh.gov.uk	529 3655 or laura.callender@edinburgh.gov.uk

Internal Control Environment

1	Explanation
1.1	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
1.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
1.3	1. Please explain why reviews are not undertaken or were not effective and what needs to be done to rectify this. 2. Please describe any weaknesses that were identified that could have an impact on the Annual Accounts.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
1.4	Please detail any problems that have been identified and could have an impact on the Annual or Group Accounts.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.

Risk and Resilience

2	Explanation
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2.1	Please explain why your risk management arrangements do not identify all of the key risks to your directorate (and the Council) including those arising from or that could impact on: 1. Change (e.g. structural, service delivery, demographic and/or management); 2. Partnerships (external and internal); 3. Projects; 4. Legal or regulatory action(s); 5. Reputational damage; and 6. Bribery (e.g. the identification, recording and minimising of bribery risks).
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.2	Please explain why current controls and procedures do not effectively record and manage the risks identified to a tolerable level and explain why suitable actions are not in place to mitigate the risk.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.3	1. Please explain why regular reviews are not undertaken and what needs to be done to rectify this. 2. Please describe and evidence any weakness that were identified and the impact they could have on the Annual Accounts.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.4	Please explain why the process(es) for escalation/communication to the relevant Risk Committees are inadequate.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.5	Please explain where your arrangements were inadequate and the instances when they failed to support and promote the relevant policies or procedures to your staff.
Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
2.6	Your resilience and business continuity arrangements should include: 1. A Service Area Resilience Group and Workplan 2. A Resilience Coordinator and deputies for each essential activity area 3. A Counterterrorism Coordinator and deputy 4. A Building Incident Manager for each staffed Council premise; and 5. All who should have received the appropriate training. Please explain why you do not have these arrangements in place.
Corporate Governance Framework	4.2.1 Establishing and implementing robust planning and control cycles that take into account stakeholder input, risks and are adaptable to changing circumstance.
Workforce Controls	
3	Explanation
3.1	Please explain why the arrangements your directorate had in place did not ensure your directorate's compliance with payroll policies, overtime controls, absence management and performance.

Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.2	1. Please explain why your directorate's controls failed to effectively manage off-payroll workers/contractors. 2. Please explain why your directorate's controls failed to ensure that statutory workforce requirements were met e.g. PVG/disclosure checks, statutory registration/qualification, European Working Time Directive, right to work in the UK.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.3	Please explain why your directorate's arrangements failed to ensure compliance with the Council's HR Policies and procedures including: 1. Employee Code of Conduct; 2. Recruitment; 3. Disciplinary; 4. Grievance; 5. Bullying and Harassment; 6. Maintaining a register of gifts and hospitality; 7. Recording conflicts of interest; and 8. Recording and approving secondary employment where required.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.4	Please explain why your directorate's controls failed to effectively manage new starts, movers and leavers.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
3.5	Please explain why your directorate's arrangements have failed to effectively manage staff health and wellbeing.
Corporate Governance Framework	5.2.4 Ensuring arrangements are in place to support and maintain the health and wellbeing of the workforce.
3.6	Please explain why the arrangements your directorate had in place failed to ensure the effective delivery of staff training and development.
Corporate Governance Framework	5.2.2 Developing the capability of members and officers through the encouragement and provision of appropriate training and continued professional development tailored to their respective roles.
3.7	Please explain why your directorate's arrangements failed to support and manage staff performance.
Corporate Governance Framework	5.2.3 Ensuring arrangements are in place to consider leadership effectiveness and staff performance.
Council Companies	
4	Explanation
4.1	Please explain why your directorate's arrangements failed to effectively provide oversight and monitoring of Council companies.
Corporate Governance Framework	7.3.1 Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
4.2	Please explain why appropriate agreements were not in place with the ALEOs you are responsible for.

Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council. 7.3.1 Ensuring that when working in partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
Engagement and Consultation	
5	Explanation
5.1	Please explain why your directorate's arrangements failed to effectively engage with institutional stakeholders, service users and individual citizens.
Corporate Governance Framework	2.2.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes. 2.2.2 Developing partnerships based on trust, shared commitments, a challenge culture and added value. 2.3.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes.
5.2	Please explain why your directorate's communication methods failed to collect and evaluate views and experiences while ensuring inclusivity.
Corporate Governance Framework	2.3.2 Developing effective communication methods that encourage, collect and evaluate views and experiences while ensuring inclusivity.
5.3	Please explain why your directorate's arrangements failed to support the recording, monitoring and managing of customer service complaints and customer
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 2.3.2 Developing effective communication methods that encourage, collect and evaluate views and experiences while ensuring inclusivity. 4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts.
5.4	Please explain why your directorate failed to consult and engage with recognised trade unions on a regular basis.
Corporate Governance Framework	2.2.1 Ensuring effective engagement with clarity of purpose, objectives and intended outcomes.
Policy	
6	Explanation
6.1	Please explain why your directorate's arrangements do not ensure staff awareness and understanding.
Corporate Governance Framework	1.1.2 Ensuring this is reflected in policies and processes that are regularly reviewed and monitored for compliance. 1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council.
6.2	Please explain why your directorate's arrangements failed to ensure the annual review of the policies owned by your directorate.
Corporate Governance Framework	1.1.2 Ensuring this is reflected in policies and processes that are regularly reviewed and monitored for compliance. 2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained.
Governance and Compliance	
7	Explanation
7.1	Please explain why your directorate's arrangements are not sufficient to ensure compliance with the framework, e.g. 1. Committee Terms of Reference and Delegated Functions; 2. Scheme of Delegation; 3. Contract Standing Orders; and 4. Financial Regulations.
Corporate Governance Framework	1.1.1 Developing a leadership culture based on values, integrity and public interest that is communicated and understood by all and forms the basis of a framework for decision making and action.
7.2	Please explain why your directorate was not fully compliant with the relevant Scottish, UK and EU legislation and regulations and any mitigating

Corporate Governance Framework	1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all. Partnership, arrangements for accountability are clear and the need for wider public accountability has been recognised and met.
Responsibility and Accountability	
8.1	Please explain why your directorate's officers were not clear on their roles and responsibilities in terms of relationships and decision making.
Corporate Governance Framework	5.2.1 Ensuring clarity on roles, responsibilities and expectations for members and officers in terms of relationships and decision making.
8.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council.
8.3	Please explain why your directorate's arrangements are not sufficient to ensure compliance with the decision making processes and structures, e.g. 1. Objective information; 2. Consideration of best value; 3. Risk; 4. Stakeholder views; and 5. Rigorous analysis and consideration of future impacts.
Corporate Governance Framework	4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts.
8.4	Please explain why your directorate failed to consult and engage with elected members as appropriate and required under the Scheme of Delegation.
Corporate Governance Framework	7.2.1 Elected member and senior management owned annual reporting on performance, best value and resource stewardship.
Information Governance	
9	Explanation
9.1	Please explain why your staff were not fully aware of their responsibilities and how this has impacted on compliance.
Corporate Governance Framework	6.3.1 Ensuring that data is properly managed, accurate and of a good quality.
9.2	Please explain why your directorate is not fully compliant.
Corporate Governance Framework	6.3.1 Ensuring that data is properly managed, accurate and of a good quality.
Health & Safety	
10	Explanation
10.1	Please explain why your directorate's arrangements failed to ensure your staff were (1) fully aware of their H&S responsibilities and (2) trained appropriately.
Corporate Governance Framework	5.2.1 Ensuring clarity on roles, responsibilities and expectations for members and officers in terms of relationships and decision making. 5.2.2 Developing the capability of members and officers through the encouragement and provision of appropriate training and continued professional development tailored to their respective roles.
10.2	Please explain how your directorate failed to have the necessary H&S controls and procedures in place.

Corporate Governance Framework	6.1.1 Ensuring that risk management is embedded and clearly allocated in decision making throughout the organisation.
10.3	Please explain how your arrangements failed to ensure all applicable H&S laws and regulations were complied with.
Corporate Governance Framework	1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all.
10.4	Please explain the weaknesses you have identified in the governance and reporting structure for H&S in your directorate.
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis.
Performance	
11	Explanation
11.1	Please explain why the required arrangements were not in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 5.1.1 Regularly reviewing and improving effectiveness through performance monitoring, benchmarking and other methods to achieve defined outcomes. 7.2.1 Elected member and senior management owned annual reporting on performance, best value and resource stewardship.
11.2	Please explain why the required arrangements were not in place.
Corporate Governance Framework	5.1.1 Regularly reviewing and improving effectiveness through performance monitoring, benchmarking and other methods to achieve defined outcomes.
Commercial and Contract Management	
12	Explanation
12.1	Please explain where your directorate's procurement activities failed to comply with the Council's Contract Standing Orders.
Corporate Governance Framework	1.2.1 Ensuring the organisation's ethical standards are understood and upheld by external providers of services and embedded across the Council. 1.3.1 Demonstrating commitment to adherence to the rule of the law and regulations while ensuring individuals fulfil their responsibilities and optimise available powers to the benefit of all.
Change and Projects	
13	Explanation
13.1	Please explain where your directorate failed to have the appropriate arrangements in place for any of it's projects or programmes, including: 1. Clear business justifications; 2. Clear operational governance (i.e. authority to take decisions); 3. Effective controls to track delivery and take corrective action if required; and 4. A formal closure process.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 3.1.1 Having a sustainable vision for the organisation which sets out strategy, forward planning and impact on stakeholders. 4.1.1 Supporting decision makers to take decisions based on objective information and rigorous analysis, whilst considering best value, risk, stakeholder views and future impacts. 4.2.1 Establishing and implementing robust planning and control cycles that take into account stakeholder input, risks and are adaptable to changing circumstance.
Financial Control	
14	Explanation
14.1	Please explain where your directorate's financial controls failed to ensure compliance.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.

14.2	Please explain (1) why your directorate's monitoring arrangements could not be relied upon to identify any problems or variances and, (2) if any, what these were.
Corporate Governance	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.3	Please explain (1) why your directorate did not have the required arrangements in place, and (2) the details of any material commitments or contingent liabilities that should have been notified to the CFO.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.4	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.5	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
14.6	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Annual
Corporate Governance Framework	4.3.1 Ensuring that the budgeting process and financial strategy are sustainable whilst considering objectives, service priorities, affordability and medium/long-term plans. 6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
Group Accounts (Resources only)	
15	Explanation
15.1	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Group
Corporate Governance Framework	6.4.1 Ensuring that financial management is integrated at all levels of planning and control, and supports the achievement of outcomes and short-term financial and operational performance.
15.2	Please explain why (1) your directorate did not have the required arrangements in place, and (2) if there were any issues that could have affected the Group
Corporate Governance Framework	6.2.1 Ensuring that risk management and internal control strategies, policies and arrangements are aligned with achieving objectives and evaluated on a regular basis. 6.2.2 Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor. 6.2.3 Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment; and that its recommendations are listened to and acted upon.
National Agency Inspection Reports	
16	Explanation
16.1	Please explain why your directorate did not have the required arrangements in place and provide detail on any issues that could have an impact on the signing of the Annual Governance Statement, including how these have been reported.
Corporate Governance Framework	7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
16.2	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 6.2.3 Ensuring an audit committee or equivalent group/ function, which is independent of the executive and accountable to the governing body: provides a further source of effective assurance regarding arrangements for managing risk and maintaining an effective control environment; and that its recommendations are listened to and acted upon. 7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
Internal Audit, External Audit & Review Reports	
17	Explanation

17.1	Please explain why your directorate did not have the required arrangements in place.
Corporate Governance Framework	2.1.1 Demonstrating an open culture through decisions that have been subject to consultation and/or engagement, are public, evidenced, impact assessed and, where necessary, justification for confidentiality explained. 7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.
Progress	
18	Explanation
18.1	Please describe and detail any outstanding issues or recommendations.
Corporate Governance Framework	7.3.3 Ensuring that recommendations from Internal Audit, External Audit, peer challenge, reviews and inspections are welcomed and acted upon.

Assurance Statement						
Ref	Statement	Response				
1	Internal Control Environment	Assessment of Compliance	Did your directorate have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, There are areas of risk management that are being revisited as a priority these are; - Fire safety - training - Asbestos Management - training - Cleaning standards - FM Council and PPP - Essential system resilience - Swift - Review of use of SHE health and safety incident management portal - Review of C&F essential learning matrix - Review of effectiveness of mechanisms financial forecasting in schools - HR payroll updates e.g. Holiday entitlements updates		Children's Services and SLLL, and Estates and Operational Planning, Essential Learning matrix (details staff training across the service to manage risk) - Communities and Families Council Fire Safety policy Council Asbestos Management policy/procedures Cleaning service level agreements FM Council and PPP - (Resources) Finance training/e-learning Dedicated business management support role - Schools and Lifelong Learning (finance) - additional training provision through this role Working relationship with Corporate Property/Health and Safety (Resources) in terms of advice on Asbestos Management/Fire Safety/Cleaning in schools - regular meetings/dedicated forums for discussion Communities and Families Risk Management Committees, risk on management meeting agendas regularly for example team meetings, risk discussed regularly at Communities and Families Wider Management Team Alignment of risks or risk appetite/tolerance through regular review of service risk profile Council wide risk policies and alignment to policy Communities and Families self-assurance framework Communities and Families Health and Safety forums - schools and non-schools (includes Libraries/Community/Children's Services Use of Risk Matters Communities and Families risk communication tool for important/regular updates on risk management	Children's Services and SLLL, and Estates and Operational Planning Continual monitoring and review of Communities and Families risk profile Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer Development of Business Forums - (Risk based approach to business management - forums to be set up in terms of Finance/Property/HR - Procurement/Health and Safety forums already exist
		Compliant	Safer and Stronger Communities There are areas of risk management that are being revisited as a priority these are; - Fire safety - training		Safer and Stronger Communities Communities and Families Risk Management Committees - risk is on management meeting agendas regularly and included in discussion at team meetings and at Communities and Families Wider Management Team Policy and Procedures Service area policies and procedures are in place and when appropriate policy change is reported to elected members. Policies and procedures are held on a corporate register. Safer and Stronger have a centralised process in place to monitor and review all policies and procedures in the service which is supported by our business services colleagues aligned to the service. Performance Management/Quality Assurance Monthly monitoring of performance indicators by management teams across all areas of SSC and exception reporting to CLT. A quality assurance framework is in place for all social work services. This includes a programme of regular case file audits, practice evaluation and self-evaluation activity. Financial Monitoring The budget is a standing item on the fortnightly SSC management team meeting agenda. The principal accountant attends, financial reports are produced and scrutinised to identify variances, risks, pressures and to ensure controls are in place. Essential Learning matrix (details on the orb of all staff training across each area of SSC to manage risk	Safer and Stronger Communities Issues with H&S training availability are being resolved with the H&S Officer Robert Anderson and site visits arranged.
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, Edinburgh Leisure - general issues in the area (Covid-19)		Children's Services and SLLL, and Estates and Operational Planning Communities and Families contracts with third parties through a standard set of conditions. Grants to third parties are subject to the Council standard conditions of grant funding. All organisations are required to provide information about service delivery using standard contract or grant monitoring templates. All grant awards have an identified monitoring officer as do contracts however there continues to be a capacity issue to achieve full coverage. There is also an issue of providing ongoing training for these officers.	
		Compliant	Safer and Stronger Communities Commissioning strategies are in place for a range of external suppliers and third sector organisations. As part of the commissioning of these services, they will be expected to deliver performance or outcome targets. All procurement is in line with contract standing orders and European regulations.		Safer and Stronger Communities Commissioning strategies are in place for a range of external suppliers and third sector organisations. As part of the commissioning of these services, they will be expected to deliver performance or outcome targets. All procurement is in line with contract standing orders and European regulations. Framework agreements are also used in some key service areas which allows improved contract management and performance monitoring. For services delivered through contracts or grants on behalf of the Council, there are joint meetings and performance and service delivery issues are reviewed at these meetings. Third party grants have been approved by the relevant committees for 20/21 and monitoring regime is in place. A grants register is now in place to monitor the management of grants across the Council and ensure the co-ordination of grant procurement exercises.	

1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant			Children's Services and SLLL, and Estates and Operational Planning Internal controls and procedures are reviewed as part of the risk management process/Committee reporting	
		Compliant			Safer and Stronger Communities All internal contract and procedures and their effectiveness are reviewed on a regular basis. Divisional teams consider internal contracts as required. Risk Registers, internal controls and procedures are reviewed regularly.	
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Compliant				Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning Within Corporate Property the PPP contract management team is responsible for managing the services provided by the two PPP providers and the consequent associated risks.
		Compliant			Safer and Stronger Communities Each service area within SSC undertakes budget monitoring with finance colleagues and this is discussed at the SSC management team meeting fortnightly to mitigate the risk of any material variances impacting on the annual accounts. Risk is identified and addressed by the senior management team when required. Arrangements are also in place to monitor the financial performance of commissioned contracts.	
2	Risk and Resilience	Assessment of Compliance		Extract of Evidence from the Council's Corporate Governance Framework (for information only)	SSC financial position, health and safety performance, inspections and audits, action plans and procurement activity are all discussed as standing agenda items by senior management and at service area meetings on a regular basis and if any remedial action is required this is agreed and minute and reviewed at the next meeting	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
2.1	I have risk management arrangements in place to identify the key risks to my directorate (and the Council).	Compliant	Children's Services and SLLL, and Estates and Operational Planning For services delivered through contracts or grants on behalf of the Council, there are joint meetings and performance and service delivery issues are reviewed at these meetings.		Children's Services and SLLL, and Estates and Operational Planning The Council Observer on the Board of Edinburgh Leisure and Service Manager for Lifelong Learning participate in Board meetings but don't vote or make any decisions. Involvement in these meetings allows the Council to be made aware of any risks and performance of the company. The observer has full access and awareness of company board documentation.	Children's Services and SLLL, and Estates and Operational Planning Continue to embed risk management process through effective and robust training/engagement
		Compliant			Safer and Stronger Communities Communities and Families Risk Management Committees, risk is on management meeting agendas and discussed regularly at Communities and Families Wider Management Team Alignment of risks or risk appetite/tolerance through regular review of service risk profile Council wide risk policies and alignment to policy Communities and Families self-assurance framework Business continuity plans are in place and reviewed regularly and Business Impact Analysis (BIA) are reviewed as required. Any legal and or regulatory action would also be identified through the senior management team and managed appropriately through governance arrangements. Where there is a likelihood of a risk of reputational damage to the Council this is escalated to either the SSC management team or CLT for further discussion and mitigation controls put in place if appropriate.	

2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning Communities and Families Risk Management Committees, risk on management meeting agendas regularly for example team meetings, risk discussed regularly at Communities and Families Wider Management Team</p> <p>Alignment of risks or risk appetite/tolerance through regular review of service risk profile</p> <p>Council wide risk policies and alignment to policy</p> <p>Communities and Families self-assurance framework</p> <p>Dedicated Risk Management support for service area - promotion of risk competency/capacity to support risk culture</p> <p>Use of Risk Matters Communities and Families risk communication tool for important/regular updates on risk management</p>	<p>Children's Services and SLLL, and Estates and Operational Planning, Continual monitoring and review of Communities and Families risk profile</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p>
		Compliant			<p>Safer and Stronger Communities The risk governance structure in place within SSC provides a clear escalation for those risks identified as requiring further discussion at a senior level.</p>	
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning Risk Management arrangements are reviewed on a continual basis within the service.</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Risk Management has recently been audited by Scott Moncrieff. The service will be involved in actions associated with this report. The report has been issued to the Council (Legal and Risk) March 2020</p>
		Compliant			<p>Safer and Stronger Communities Risk Management arrangements are reviewed on a continual basis within the service.</p>	
2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	Compliant	<p>Children's Services and SLLL, and Estates and Operational Planning There was one Risk and Assurance Committee that was cancelled in 2019 as this was during a holiday period and there was a high number of apologies</p>		<p>Children's Services and SLLL, and Estates and Operational Planning Risk assessments are carried out regularly in line with service area requirements; at least yearly or where a significant operational change has occurred.</p>	N/A
		Compliant			<p>Safer and Stronger Communities The SSC Management Team discuss risk as part of their fortnightly meeting schedule and there is a clear escalation process in place throughout each service area.</p>	
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Use of Council Whistleblowing policy and mechanisms to report</p> <p>Self-Assurance framework still asks all establishment colleagues to remind themselves of Council policies annually</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)</p>
		Compliant			<p>Safer and Stronger Communities Managers are responsible for ensuring that staff are aware of the Council's policies and procedures including the whistleblowing policy.</p> <p>Staff induction checklists, team briefs, reminder emails and audits are used to ensure staff are informed and aware.</p>	

2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning</p> <p>The service has a Resilience Co-ordinator, three deputies and a Resilience Specialist based in the Council Resilience Unit</p> <p>The service has key contingency arrangements that are updated on a regular basis, these are:</p> <ul style="list-style-type: none"> - Communities and Families Severe Weather Contingency Arrangements - Communities and Families Infection control arrangements - Communities and Families Noro Virus Toolkit - Annual Snow School exercise - Bomb Threat/Intruder Policy - Significant Occurrence Procedure <p>The Resilience Unit deliver training in terms of Prevent/WRAP/Bomb Scare/Intruder threat as these are Council wide contingency arrangements</p> <p>The services approach to Resilience arrangements are that they are dynamic, for example in relation to the Covid-19 response we were able to create a pandemic plan effectively and efficiently using the existing infection control contingency arrangements as a base</p> <p>The service has good working relationships with Lothian Health Protection regularly seeking infection control advice</p> <p>Regular debriefs post incident for example using Bow Tie methodology to update/improve resilience planning</p> <p>Attendance and input at Council wide testing</p> <p>Regular review and circulation of service emergency contacts</p>	<p>Children's Services and SLLL, and Estates and Operational Planning</p> <p>From 2020 onwards training in service contingency arrangements will be delivered by the Operations Manager (Risk/Resilience)</p> <p>Ongoing review of essential activities/Business impact assessment</p> <p>Responses to Internal Audit Resilience audit of 2019 (ongoing)</p> <p>Continue to embed the business continuity cycle in an effective and efficient manner</p>
		Compliant			<p>Safer and Stronger Communities</p> <p>Ongoing review of essential activities/Business impact assessment</p> <p>C&F has a Resilience Co-ordinator, SSC has a Resilience Deputy and a Resilience Specialist (Russell McLauchlan) based in the Council Resilience Unit</p> <p>SSC premises have a single point of contact for all issues relating to single occupancy buildings and arrangements are in place for shared buildings with our partner agencies. A training programme has been developed for all Building Incident Managers and relevant staff.</p> <p>Business continuity plans for services areas are in place and feed into the overall Council Business Continuity. Business Impact Analysis (BIA) documents have been refreshed and are designed to identify essential services and ensure the continuation of these services in a business continuity incident. Plans are reviewed and updated at a service area level on a regular basis, this includes the current winter weather plan which has been reviewed and includes contingency plans for SSC staff and our business services staff during adverse weather conditions or loss of premises.</p>	
3	Workforce Control	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	Compliant			<p>Children's Services and SLLL, and Estates and Operational Planning</p> <p>Operations Manager (Resources) working with HR colleagues to remedy the situation - school colleagues kept updated of mitigation to resolve</p>	
		Compliant	<p>Safer and Stronger Communities</p> <p>Overtime controls were reviewed and monitoring at a senior management level introduced.</p>		<p>Safer and Stronger Communities</p> <p>Monthly reports from the HR Hub Management are sent to the Head of Service who cascades these to senior managers. These reports are a standing item on the Senior Management Team meeting agenda and discussed in detail.</p> <p>A deep dive exercise was undertaken to look at expenditure within the service (overtime, mileage, sustenance, parking) this was led by a senior manager for the service, monitoring controls were introduced and a consistent reduction in spend was evidenced.</p> <p>Challenge and Support Panels are held every 2-3 months and are chaired by the Head of Service. The actions from these meetings are fed back to the appropriate managers by the senior manager for the service.</p> <p>Home/remote working is monitored and authorised by line managers with service manager oversight. Staff induction and annual conversations include compliance with Council policies and procedures including home/remote working. Any issues with inappropriate use of home/remote working are reported to senior managers.</p>	

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Compliant	Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning There have been some issues in establishments where the IR35 process has been used retrospectively		Children's Services and SLLL, and Estates and Operational Planning Regular liaison with HR/Corporate Procurement Advice send regularly in terms of IR35 requirements to ensure staff and managers know what to do (process) Support through AskHR	Children's Services and SLLL, and Estates and Operational Planning Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters
		Compliant			Safer and Stronger Communities Regular liaising with HR/Corporate procurement where necessary Each service within SSC is responsible for ensuring compliance with IR35 Council guidance and procedures and work closely with the Business Support Team Manager aligned to the service, to monitor off-payroll workers/contractors procured by SSC. Any issues are highlighted to the Senior Management Team.	
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Self assurance questionnaire asks that colleagues in establishments refresh their knowledge on Council policies annually Use of Newsbeat/Managers news to update colleagues on HR process/policies Support through AskHR	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)
		Compliant			Safer and Stronger Communities Use of Newsbeat/Managers news to update colleagues on HR processes/procedures Support through AskHR and use of Essential Learning Matrix - available on the Orb A clear pathway is in place to ensure vacancy approvals and controls comply with Council standards and all appointments are made in line with Council policy. Recruitment freeze, and a review of pre-approved posts have been cascaded to recruiting managers and are being adhered to.	
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	Compliant	Children's Services and SLLL, and Estates and Operational Planning The service essential learning matrix required to be reviewed as per 1.1 to ensure the approach is proportionate for Children's Services and SLLL, and Estates and Operational Planning proportionate and comprehensive		Children's Services and SLLL, and Estates and Operational Planning Council starters/leavers procedures Support through AskHR Support of Corporate Health and Safety - Essential Learning Matrix Support of Learning and Development - Essential Learning Matrix	Children's Services and SLLL, and Estates and Operational Planning Creation of Edinburgh Learns Risk Board - part of the role of this group will be to ensure Essential Learning is proportionate/comprehensive and act as the gatekeeper in terms of what is included to manage risk. There is a wider Council action to consider an electronic mechanism to ensure that Essential Learning is managed and recorded electronically for example using trigger reminders to remind staff of their training, providing a recording mechanism to give SMTs management information to see where essential learning may not be taking place and ensure these areas are targeted so that there is assurance essential learning is happening as required to manage risk
		Compliant	Safer and Stronger Communities Issue identified with recruitment which related to one manager. Council disciplinary procedures followed and training review undertaken across the service area.		Safer and Stronger Communities Support through AskHR and use of Essential Learning Matrix - Induction and post qualifying training has been reviewed and is now on the Orb. Each service area has bespoke induction procedures and shadowing arrangements. All line managers are aware of Council procedures relating to new starts, those leaving the Council and those moving to another area. Checklists are used to ensure procedures are followed. There is close work with the Business Support team to ensure IT system access and equipment and building access is sufficient for the post holder.	Safer and Stronger Communities Review of essential learning for all line management roles within SSC to ensure they include appropriate learning for recruiting managers and look at whether refresher learning is required. Senior Managers to discuss in team meetings the need to follow recruiting procedures and use of HR recruitment process.
		Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council wide promotion of Health and Wellbeing/Occupational Health service offer through effective Council communications Ask HR advice and support	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)

3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	Compliant			<p>Safer and Stronger Communities Challenge and Support Panels discuss how best to support staff and line managers to manage staff health and wellbeing in line with Council policy.</p> <p>Business Partners provide stats which allows senior managers to address any issues relating to compliance with the Managing Attendance policy, referrals to occupational health and the use of stress risk assessments for individuals and teams.</p> <p>Use of Ask HR advice and support of Council wide Health and Wellbeing/Occupational Health service promoted by senior managers to their line managers and staff.</p>	
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Please refer to 1.1 these are areas that require improved mitigation		Children's Services and SLLL, and Estates and Operational Planning Teachers CPD requirements are managed through teaching professional institutions as are Social Worker CPD requirements	Children's Services and SLLL, and Estates and Operational Planning This is an area that requires development in terms of assurance - it is suggested a question could be added to the Self-Assurance framework questionnaire specific to the management of CPD
		Compliant			<p>Safer and Stronger Communities Managers are responsible for ensuring staff are trained in line with the requirements for their post. Induction packs include information and checklists for new starts' essential training, CPD requirements and appropriate learning and development. Line managers include within their looking forward conversations required training and learning and development for the upcoming year. Team meetings include discussions on training and learning and development and bespoke requirements for their team.</p> <p>In 2019 we worked with our colleagues within Learning and Development to review our essential training requirements and learning and development for each post within each service within Safer and Stronger. This information is now available on the Orb and managers use this as a tool for new staff and for reviews with existing staff.</p>	
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Compliant	Children's Services and SLLL, and Estates and Operational Planning There was an issue where establishments numbers completing performance spotlight conversations were not as required		Children's Services and SLLL, and Estates and Operational Planning Regular reminder communications in terms of spotlight conversations Meeting culture in place where 1:1 meetings /supervision happen as required	Children's Services and SLLL, and Estates and Operational Planning Consider improving service communications around performance/spotlight conversations Regular updates/reminders - headteacher/business manager forums
		Compliant	Safer and Stronger Communities Issue identified by HR partners re recording across all Council areas		Safer and Stronger Communities Compliance was promoted by Senior Managers to ensure recording on MyPeople was undertake robustly and all staff have regular 1:1 /supervision sessions with their managers. Senior Managers continue to remind managers of importance of performance conversations and 1:1 check ins with staff	Safer and Stronger Communities Senior Managers to discuss with line managers at team meetings the importance of performance conversations and recording on MyPeople. HOS to send communication to all staff regarding performance conversations around the time these should be held.
4	Council Companies	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Has the response to Covid-19 presented any issues? - resultant inability to deliver service		Children's Services and SLLL, and Estates and Operational Planning SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context
					Safer and Stronger Communities There are no companies for which Safer and Stronger Communities has responsibility	
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Current Covid-19 means company cannot operate		Children's Services and SLLL, and Estates and Operational Planning SLA in place with Edinburgh Leisure - regular formal meetings with entity (liaison meetings)	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context
		Compliant			Safer and Stronger Communities For services delivered through contracts or grants on behalf of the Council, there are joint meetings and performance and service delivery issues are reviewed at these meetings.	

5	Engagement and Consultation	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council Committee reporting processes Regular engagement between SLT/members Engagement Officer (Schools and Lifelong Learning) Support from Strategy and Insight (general and specific)	N/A
		Compliant			Safer and Stronger Communities Council Committee Reporting processes Support from colleagues in Strategy and Insight Quality Governance and Regulation Team review and produce methods of engagement and review of service delivery with service users, these include People's Stories, Case File Auditing and Reviews. FHS hold weekly drop in sessions for communities and families in each Locality - We have active service users as part of our recruitment selection process, including being part of the interview panel process We hold annual service user feedback and evaluation questionnaire exercises We undertake service user interviews as part of our Annual Celebration and Development Learning Event	
5.2	I have arrangements in place throughout my service area to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the service area.	Compliant			Children's Services and SLLL, and Estates and Operational Planning Council Committee reporting processes Regular engagement between SLT/members Engagement Officer (Schools and Lifelong Learning) Support from Strategy and Insight (general and specific) Regular support and advice from Corporate Communications	
		Partially compliant	Safer and Stronger Communities Internal audit of Homelessness Services highlighted areas for improvement in relation to customer feedback arrangements		Safer and Stronger Communities Consultations, reviews and audits are in place. Actions from Internal Audit of Homelessness Services have been undertaken and are being embedded in service delivery The Enquiries Procedures for SSC enable elected members to raise issues highlighted to them by their constituents in relation to our service through a single point of contact and assured that that they will receive a response timeously.	Safer and Stronger Communities Encourage use of customer feedback platforms and develop smarter ways for those who engage with the service to get their views heard. Smarter use of technology to engage with customers and service users to improve service delivery
5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Compliant	Children's Services and SLLL, and Estates and Operational Planning There have been issues in recent months. The Schools and Lifelong Learning Complaints service is managed by one member of staff. This member of staff has been on long term sick leave which created a point of failure, mitigations have been put in place however there is a requirement to build resilience		Children's Services and SLLL, and Estates and Operational Planning Customer complaints policy Complaint administration systems, logging and recording system/Complaints inbox	Children's Services and SLLL, and Estates and Operational Planning There is a need to look at how to make the service more resilient, conversations are underway around how to do this
		Compliant			Safer and Stronger Communities Customer Complaints Policy Complaint administration systems in place for each service area which logs and records complaints. Divisional teams who log complaints on the Capture complaints system, review the system and performance monthly. Complaint procedures monitored by senior managers to ensure compliance with policies. All investigations relating to complaints are undertaken in accordance with the Council's Complaints Procedure and approved by the responsible service manager. Complaint responses are signed off by the HOS when appropriate to ensure a robust and consistent approach to complaint management. All SPSO complaints are co-ordinated and recommendations monitored through the Governance team within Corporate Governance.	

5.4	I regularly consult and engage with recognised trade unions.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular engagement takes place with teaching/non teaching unions through the recognised forums that include Health and Safety forums with union representation. Forums include LNCT/DJCC	N/A
		Compliant			Safer and Stronger Communities Contact was made with unions who identified representatives for SSC, a meeting schedule was set up and JCC meetings for SSC are being held and these feed into DJCC meetings for C&F where appropriate. Any issues in relation to Health and Safety are fed in through the H&S Working Group which union colleagues attend.	
6.1	Policy	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning The self-assurance questionnaire asks establishment colleagues to familiarise themselves with policies/procedures Council wide communications to promote policies/procedures	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)
		Compliant			Safer and Stronger Communities Council wide communications to promote policies/procedures A staff induction checklist is in place which asks new staff to sign to agree that they have read and understood all core Council policies. Managers are responsible for ensuring that relevant staff are made aware of new policies and the impact they will have on their role	
6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Council Committee structure/action logging Role of Internal Audit (actions may relate to policy improvement) Support from Strategy and Insight (management of policies/Committee support)	N/A
		Compliant			Safer and Stronger Communities Work was undertaken in 2019 to compile a list of all policy and procedures, authors, creation dates and review dates and a monitoring pathway put in place. Internal Audit of Safer and Stronger service areas (actions may relate to policy improvement) Support from colleagues in Strategy and Insight when required	
7	Governance and Compliance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning The Council's governance framework is implemented through Committee work Risk management within the service also manages the Council's governance framework	N/A
		Compliant			Safer and Stronger Communities Senior managers and appropriate staff are aware of the responsibilities aligned to them in terms of scheme of delegation, contract standing orders (including approval limits), reporting requirements and other financial guidance to ensure compliance with Council governance policies and procedures. This is reiterated through email briefings and regular discussions at management team meetings. Clear governance arrangements in place through - Chief Officers' Group, Adult Protection Committee, Child Protection Committee, Offender Management Committee, MAPPA, SOG and others.	

7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Support and advice from Council Legal Services team Risk management used to identify legal risk impacts - (which if required would be discussed in terms of advice with Legal Services) Advice and support sought regularly from the Corporate Health and Safety team in terms of Health and Safety legislation	N/A
		Compliant			Safer and Stronger Communities SSC is regulated by statute, regulations, and professional governance and each service area is led by a senior manager who is fully versed in legislation, policies, and procedures and in addition there is a range of quality assurance processes to ensure and monitor compliance with appropriate legislation and regulations.	
8	Responsibility and Accountability	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Team meeting structures throughout service Risk Management Committee structures	Children's Services and SLLL, and Estates and Operational Planning Edinburgh Learns Risk Board to be set up
		Compliant	no		Safer and Stronger Communities Clear governance structure around decision making in place which is communicated through team meetings, 1:1 / supervision, performance conversations and monitored through reviews and senior manager oversight of service delivery.	
8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Commissioning/grant colleagues General management of teams promoting the importance of ethical behaviours	N/A
		Compliant	no		Safer and Stronger Communities SSSC registered staff are supported by the code of ethical behaviours, The Head of Safer and Stronger Communities is also the Chief Social Work Officer.	
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Team meeting structures throughout service Risk Management Committee structures Supervision meetings (where required) Good structure of 1:1 meetings managers/staff Good structures for establishment staff to meet regularly/make decisions for example Headteachers Executive/Primary/Secondary headteacher forums	N/A
		Compliant	no	Commissioning Serv	Safer and Stronger Communities Structure in place regarding reporting to Committees for each service area. Team meetings, supervision / 1 : 1, forums, Public Protection Committees, Risk Management Committees	
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular meetings between Communities and Families SMT/members Council Health and Safety Forum chaired by a member <u>Council Committee reporting structures</u>	N/A
		Compliant	no		Safer and Stronger Communities Regular meetings between SMT and Convenors and Vice Convenors where appropriate Safer and Stronger Communities Enquiries Process embedded across the service Council Committee reporting structure	

9	Information Governance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Risk management structures - discussion on Information Governance Council wide training (Information Governance for example e-learning Regular liaison/advice and support from Information Governance team Council wide Information Governance forums Use of "Risk Matters" to remains colleagues of Information Governance requirements Lessons learned/debriefing used within service if there is a breach for example Boe Tie cause and effect modelling Council wide communications on Information Governance requirements Use of Significant Occurrence reporting to report on breaches	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties
		Compliant	no		Safer and Stronger Communities All staff are made aware of their responsibilities to adhere to Council policies, procedures, and guidance. This is communicated by line managers through annual conversations, regular 1:1s and in team meetings. Team briefings and newsletters highlight responsibilities and expectations for all SSC staff. Data Quality procedures are embedded within SSC and arrangements are in place to ensure compliance with GDPR. Relevant staff are aware of their obligations in relation to intellectual property rights, data security protocols, FOI requests etc. Cross directorate enquiries are co-ordinated through the Head of Service business support.	
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Risk management structures - discussion on Information Governance Council wide training (Information Governance for example e-learning Regular liaison/advice and support from Information Governance team Council wide Information Governance forums Use of "Risk Matters" to remains colleagues of Information Governance requirements Lessons learned/debriefing used within service if there is a breach for example Boe Tie cause and effect modelling Council wide communications on Information Governance requirements Use of Significant Occurrence reporting to report on breaches	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties
		Compliant	no		Safer and Stronger Communities All FOI requests are dealt with through the corporate FOI team and these are managed through a generic mailbox for SSC and signed off by senior managers for the relevant service areas. Performance levels indicate a high level of compliance across service areas. All elected members enquiries are dealt with through the SSC Enquires process and assigned to a member of staff to provide a draft response which is signed off by a senior manager before being released.	
10	Health and Safety	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

10.1	Service area staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	Compliant	no	<p>Children's Services and SLLL, and Estates and Operational Planning Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p> <p>Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums</p>	
		Partially compliant	No	<p>Safer and Stronger Communities Health and Safety is a standing item on the Senior Management Team meeting agenda. The SSC Health and Safety Working Group evaluates compliance within the service through audit, performance, policy, and procedure monitoring.</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting - representation from Safer and Stronger Communities in attendance.</p> <p>Review of essential learning for all roles has H&S training included.</p> <p>Self Assurance checklist completed by managers within each of the three services, includes a section on Health and Safety and outlines any issues which need to be addressed</p> <p>Governance structures and processes are in place to ensure robust implementation of health and safety policy and procedures.</p>	<p>Safer and Stronger Communities Review of essential learning for all posts which require fire safety responsibility following change in Council Policy.</p> <p>Ensure managers are communicating with staff regularly and receiving regular SHE incident reports which they should analysis and take appropriate action where required.</p>
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Compliant	Children's Services and SLLL, and Estates and Operational Planning Issues around accessibility of appropriate fire safety training have been flagged, these are being addressed with the Council's Health and Safety Officer.	<p>Children's Services and SLLL, and Estates and Operational Planning Council wide advice on risk assessment</p> <p>Self-assurance questionnaire and validation guidance (advice on risk assessment)</p> <p>Health and Safety forums</p> <p>Use of SHE incident management portal - creates management information on risk themes we can response to as a service</p> <p>Use of isomorphic learning (learning from within the organisation) and responding to risk by assessing and mitigating</p> <p>Use of "Bow-Tie" cause and effect model - post event and to risk assess</p> <p>Risk qualification/ to assess risks - quantify by RAG analysis - quantify further if required</p> <p>Use of Risk Management Committees to escalate health and safety risks in terms of mitigation/Council wide risk (if this is required)</p> <p>Continually building and promoting risk management and health and safety culture</p> <p>Understanding of robustness of controls (developing controls where quantification shows they are weak)</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments</p> <p>Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue)</p> <p>The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information</p>
		Compliant	Safer and Stronger Communities Staffing issues within H&S Team has meant that quarterly work place inspections may not have taken place in all SSC premises. Contingency arrangements have been made by service areas.	<p>Safer and Stronger Communities Risk assessments are in place and reviewed regularly. Details of accidents and incidents are recorded, reported, and investigated in line with Council incident reporting policies and procedures.</p> <p>Quarterly work place inspections should be carried out with identified hazards captured, progressed as relevant and closed via SHE portal. H&S Responsible on-site staff ensure that daily/weekly 'walk rounds' are taking place to identify any issues.</p>	<p>Safer and Stronger Communities Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.</p>

10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Corporate Health and Safety team (all members of the team are qualified in health and safety)</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p> <p>Corporate Health and Safety team - regular engagement with headteachers/business managers at relevant forums</p> <p>Corporate Health and Safety establishment audit programme</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments</p> <p>Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue)</p> <p>The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information</p>
		Compliant			<p>Safer and Stronger Communities Workplace assessments and incident reporting is in place and monitored. Audit actions monitored through the SSC H&S Working Group, issues with accessing the Pentanna system were flagged and other arrangements put in place to monitor progress of audit actions. There are named staff with H&S responsibilities within all premises and monitoring and governance is in place to ensure compliance.</p>	<p>Safer and Stronger Communities Access to Pentanna System for H&S audits needs to be improved to ensure service areas can access and progress audit actions effectively.</p>
10.4	I have a robust governance and reporting structure for Health and Safety in my directorate.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Corporate Health and Safety team (all members of the team are qualified in health and safety)</p> <p>Communities and Families Health Safety and Wellbeing Committee (Chaired by Andy Gray - Head of Schools and Lifelong Learning) quarterly meeting</p> <p>Council Health and Safety Group</p> <p>Risk Matters used to share important Health and Safety messages some of which are included within an annual planner</p> <p>Self-assurance questionnaire includes a section on Health and Safety that mirrors the work place inspection checklist for establishments</p> <p>Health and Safety e-learning</p> <p>Health and Safety training</p> <p>Health and Safety essential learning matrix</p> <p>Health and Safety Working Groups (2) schools and non-schools (includes Residential/Libraries/Community</p> <p>Council Health and Safety Forum (chaired by a member)</p>	
		Compliant	no		<p>Safer and Stronger Communities There is a robust governance arrangement within SSC. The H&S Working Group is in place and is responsible for ownership of all related health and safety matters, the group's chair attends the C&F Health, Safety and Wellbeing Group and the SSC Senior Management Team and the C&F risk and assurance committee, all of which are a route for escalation.</p>	
11	Performance	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
		Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Committee reporting structures</p> <p>Support from Strategy and Insight (Performance Monitoring)</p> <p>Risk & Assurance Committee structures</p> <p>Service reporting structures/meetings/team/SLT/CLT</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives</p>

11.1	I have arrangements in place for reporting to CLT, Committee and/or Council and, where performance monitoring identifies inadequate service delivery or poor value for money, ensure that improvement measures to address these issues are implemented and monitored.	Compliant	no		<p>Safer and Stronger Communities Performance reports are discussed on a regular basis as part of service area meetings, Senior Management Team and CLT reporting.</p> <p>Reports on the Partnership Agreement with Police Scotland are submitted to the Culture and Communities Committee.</p> <p>Performance reports are generated within SSC which include significant occurrence notification, statutory complaints, and care service feedback.</p> <p>Improvement Plans are held within SSC which include actions from audits and inspection reports. These are monitored and regularly discussed at the appropriate Committees which report to the Chief Officers' Group.</p>	
11.2	My directorate regularly works with relevant teams in Strategy and Communications to review and improve effectiveness by performance monitoring, benchmarking and other methods to achieve defined outcomes.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Work is currently underway between the service/Strategy and Insight to set performance targets for measurement in line with service objectives. M</p>	<p>Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives</p>
		Compliant	no		<p>Safer and Stronger Communities Performance Targets measuring service objectives are part of the work which is underway between services within C&F and Strategy and Insight.</p> <p>Performance reports on homelessness are reported to Homelessness, Housing and Fair Work Committee.</p>	
12	Commercial and Contract Management	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance Framework (for information only)	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Commercial and Procurement Strategy</p> <p>Contract and Grants Management team</p> <p>Contract Standing Orders</p> <p>Council company monitoring including Governance Hub, Council Observers on Boards, committee reporting</p> <p>Grant Standing Orders</p> <p>Procurement Handbook</p> <p>Scheme of Delegation to Officers</p> <p>Service Level Agreement Register</p> <p>Standard Condition of Grant</p> <p>Support and advice from the Corporate Procurement team</p> <p>Use of "Risk Matters" to share Corporate Procurement advice/requirements</p> <p>Corporate Procurement team engagement - for example headteacher/business manager forums</p>	N/A
		Compliant	no		<p>Safer and Stronger Communities SSC has procedures in place to ensure all goods, services and works are procured appropriately and in compliance with the Contract Standing Orders. Managers are responsible for ensuring Waiver Requests are completed and tenders submitted where appropriate.</p> <p>There is a clear process in place which requires sign off by the Head of Service to ensure compliance.</p>	
13	Change and Project Management	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)

13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Prince 2 methodology used in large projects (includes risk management as part of scope)	N/A
14.1	Financial Control	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate Governance	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Compliant	Yes		Children's Services and SLLL, and Estates and Operational Planning Regular input, advice and support from Council Finance team at SMT/SLT meetings within service budget monitoring Regular budgetary monitoring/management	Children's Services and SLLL, and Estates and Operational Planning There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate
		Compliant	no		Safer and Stronger Communities There is monthly monitoring of spend, savings plans and pressures at divisional management teams and the Senior Management Team. Appropriate Oracle approval limits are in place and were recently reviewed and signed off by Senior Managers in agreement with HOS	
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Regular input, advice and support from Council Finance team at SMT/SLT meetings within service budget monitoring Regular budgetary monitoring/management	N/A
		Compliant	no		Safer and Stronger Communities Budget monitoring is in place, finance colleagues assigned to SSC attend the Senior Management Team and budget is a standing item on the agenda. There is regular contact with the service areas and finance colleagues in relation to their own budgets. Areas of pressure in 19/20 are being managed as required and with HOS oversight. Action has been taken to bring into align the pressures within Criminal Justice with the budget available through ring fenced Section 27 budget from the Scottish Government. This has been caused by an unfunded pay awarded to staff over three years.	
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Knowledge and application of Finance Rules Expertise and support of Council Finance team	N/A
		Compliant			Safer and Stronger Communities Support from our colleagues in finance and regular meetings with finance staff being held. Appropriate Committee reporting, as well as adhoc engagement with finance colleagues where required.	
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	Compliant	No		Children's Services and SLLL, and Estates and Operational Planning Support and advice form Council Insurance Services team Asset register requested (as part of self assurance questionnaire)	N/A
		Compliant	No		Safer and Stronger Communities Insurance cover managed corporately, and any losses dealt within the insurance policy or absorbed divisionally. Insurance Services conduct an annual check to confirm adequacy of existing levels of insurance. Security arrangements are in place and regularly reviewed. No significant losses have been identified, all mobile devices are encrypted in line with Council procedures. Laptops are equipped with appropriate security measures (e.g. bit locker passwords) and clear desk policies are in place and monitored.	
		Compliant	No		Children's Services and SLLL, and Estates and Operational Planning The self assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting	N/A

14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	Compliant	No		<p>Safer and Stronger Communities The self assurance questionnaire has a section on Finance which sets out the main requirements of establishment financial reporting</p> <p>All budgets within SSC and all ring-fenced budget areas are managed per accountancy rules, with close working between finance colleagues and service managers.</p>	
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Council Internal Audit programme (risk based approach where services have the opportunity to make suggestions as to annual Internal Audit plan)</p> <p>Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at Communities and Families Wider Management team/SLTs</p>	
		Compliant	No		<p>Safer and Stronger Communities Council Internal Audit programme (risk based approach where services have the opportunity to make suggestions as to annual Internal Audit plan)</p> <p>Risk forums in place as per Council requirements, Risk and Assurance Committees/Regular discussion on risk at Communities and Families Wider Management team and SSC SMT.</p>	N/A
15	Group Accounts (Resources only)	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Advice and support from Council Finance team/regular update at SMTs/SLTs</p>	N/A
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Risk structures in place</p> <p>Corporate Property support asset valuation</p> <p>Support of Council Insurance team</p>	N/A
16	National Agency Inspection Reports	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Internal/External audit for example Council Internal Audit team/Education Scotland/Social Work Scotland</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities Internal/External which includes - Council Internal Audit team/Care Inspectorate - The Care Inspectorate annually reviews Crane Services.</p> <p>Quality Assurance meetings review grades from national agency inspection reports and implement recommendations accordingly. Minutes are taken at meetings and systems are in place within our multi-agency public protection committees to review lessons learned from inspection reports.</p>	
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Committee reporting structures</p> <p>Management of associated actions/recommendations from reports (authorising bodies)</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities As above, committee reporting structure and management of associated actions and recommendations from reports -</p> <p>The Crane Services Review action plan is overseen by the Sector Manager who reports regularly on progress to the Senior Manager for Community Justice.</p> <p>Recommendations from inspection reports are subject to action plans that are monitored through the appropriate committees. Recommendations and service improvement activity generated from internal audits, service reviews and upheld and partially upheld complaints are logged accordingly and managed through the relevant service.</p>	

17	Internal Audit, External Audit and Review Reports	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Meetings take place regularly between the Internal Audit team/service colleagues in line with Internal Audit service level agreement requirements</p> <p>There are workshops organised by Internal Audit which support the audit action process and service colleagues are involved in this</p> <p>There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls</p>	
		compliant	No		<p>Safer and Stronger Communities Audit actions are reviewed and monitored through the Team Central system that supports the audit follow up process. Action owners are able to view their own dashboards and provide updates and supporting evidence to IA electronically. Directors and Heads of Service have their own 'dashboards' enabling them to view and manage their open audit findings across their services.</p> <p>The Senior Executive Assistant has undertaken training for Team Central system and monitors all SSC Audits for the HOS and Director and provides an update on progress of all outstanding audit actions prior to GRBV.</p> <p>There are strong links between Risk Management within the service and Internal Audit, this aids the efficiency and effectiveness of the control environment as risk also focuses on the assessment of controls</p>	
18	Progress	Assessment of Compliance	Did your service area have any issues in this area during the reporting period?	Extract of Evidence from the Council's Corporate	Relevant service area controls	Improvement Actions (will auto-populate improvement plan tab where you should add action owner and deadline)
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	Compliant	No		<p>Children's Services and SLLL, and Estates and Operational Planning Annual review of assurance statement actions/reporting to Governance Risk and best Value Committee</p>	N/A
		Compliant	No		<p>Safer and Stronger Communities Action plans have been developed and managers have prioritised actions in key areas and set timescales for resolution of outstanding issues.</p> <p>All actions from 2018/19 Annual Review of Assurance Statement are now complete and rolled out within the service; progress is reported to Governance Risk and Best Value Committee.</p>	

Appendix 2

Schools and Lifelong Learning (SLLL), Children’s Services and Operational Support Improvement Plan

		Improvement actions	Action Owner	Action Deadline	Action Update
1 internal Control Environment requirements					
1.1	I have internal controls and procedures in place throughout my directorate that are proportionate, robust, monitored and operate effectively.	<p>Children's Services and Schools and Lifelong Learning (SLLL), and Estates and Operational Planning Continual monitoring and review of Communities and Families risk profile</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p> <p>Development of Business Forums - (Risk based approach to business management - forums to be set up in terms of Finance/Property/HR - Procurement/Health and Safety forums already exist</p> <p>Development of Business Forums - (Risk based approach to business management - forums to be set up in</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Completed - The Facilities Management, H&S, and Procurement forums are in place.

		terms of Finance/Property/HR - Procurement/Health and Safety forums already exist			
1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	0			
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	0			
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	Children's Services and SLLL, and Estates and Operational Planning, Estates and Operational Planning. Within Corporate Property the PPP contract management team is responsible for managing the services provided by the two PPP providers and the consequent associated risks.			
2	Risk and Resilience				
2.1	<p>I have risk management arrangements in place to identify the key risks to my directorate (and the Council).</p> <p>The Corporate Risk Team have put in dates for reporting to GRBV following on from meeting the risk management groups.</p>	Children's Services and SLLL, and Estates and Operational Planning Continue to embed risk management process through effective and robust training/engagement	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL - Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Ongoing -The Corporate Risk Team have put in dates for reporting to GRBV following on from meeting the risk management groups.

2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	<p>Children's Services and SLLL, and Estates and Operational Planning, Continual monitoring and review of Communities and Families risk profile.</p> <p>Continued working with Council interdependencies to improve risk mitigation where risks are out of tolerance/risk appetite.</p> <p>Review of essential learning matrix and associated risk training July 2020 - involving establishment staff in creating proportionate/comprehensive approaches to training offer</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/02/21	Essential Learning will be reviewed as part of the Self-Assurance Review early in the New Year.
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts	Children's Services and SLLL, and Estates and Operational Planning Risk Management has recently been audited by Scott Moncrieff. The service will be involved in actions associated with this report. The report was issued to the Council (Legal and Risk) March 2020.	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	Ongoing - Work has commenced on the Risk and Assurance Framework with Corporate Risk.

2.4	There is appropriate escalation/communication to the directorate Risk Committee and CLT Risk Committee (as appropriate) of significant issues, risks and weaknesses in risk management.	0			
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication).	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2021	Completed -Schools escalate risk through the C&F Continuity inbox

2.6	My directorate has appropriate resilience arrangements in place and my directorate's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	<p>Children's Services and SLLL, and Estates and Operational Planning From 2020 onwards training in service contingency arrangements will be delivered by the Operations Manager (Risk/Resilience)</p> <p>Ongoing review of essential activities/Business impact assessment</p> <p>Responses to Internal Audit Resilience audit of 2019 (ongoing)</p> <p>Continue to embed the business continuity cycle in an effective and efficient manner</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	<p>Completed -This is monitored on a continuous basis. Schools Operational Risk Toolkit (SORT) updates are issued on a weekly basis providing updates as such on - Risk Matters, COVID guidelines, Health and Safety, Incident Management, updates from Health Protection Lothian.</p> <p>There are also twice weekly IMT Meetings held in C&F with colleagues from Facilities Management, H&S, HR, Schools and Lifelong Learning, and Operational Support to raise any matters and there is a full action log that documents this.</p>
3 Workforce					
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	0			

3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	Children's Services and SLLL, and Estates and Operational Planning Continue to seek, take advice from HR/Corporate Procurement in these areas and communicate to colleagues across the service effectively for example through Risk Matters	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	Oct-20	<p>Completed - Continuous monitoring - Corporate Procurement have monthly meetings with the Business Managers in schools.</p> <p>Procurement have recently held a series of workshops covering a range of topics such as The Procurement Process, Brexit, KPI's, Savings and Budget and Quick Quotes - all contract managers and senior managers were invited to attend.</p>
3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	<p>Completed - Reminders are issued as weekly through SORT and Managers news from the Communications Team provide regular updates. Anyone undertaking e.g. recruitment and selection has to complete the necessary training. Essential Learning (COVID related) has been replaced by SORT which is the Risk Management Framework</p>

3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	<p>Children's Services and SLLL, and Estates and Operational Planning Creation of Edinburgh Learns Risk Board - part of the role of this group will be to ensure Essential Learning is proportionate/comprehensive and act as the gatekeeper in terms of what is included to manage risk</p> <p>There is a wider Council action to consider an electronic mechanism to ensure that Essential Learning is managed and recorded electronically for example using trigger reminders to remind staff of their training, providing a recording mechanism to give SMTs management information to see where essential learning may not be taking place and ensure these areas are targeted so that there is assurance essential learning is happening as required to manage risk</p>	<p>Children's Services - Bernadette Oxley / Michelle McMillan</p> <p>SLLL- Andy Gray /Michelle McMillan</p> <p>Estates and Operational Planning - Crawford McGhie</p>	01/10/2020	<p>Completed -This area of work is being managed through the Headteachers Executive Lite meeting which is proving to be very effective. The Operations Manager (Risk and Resilience) attends the forum weekly.</p> <p>There are Corporate Procedures in place for any new starts and leavers which must be followed before any new employee can start, and there is also a leavers checklist which must be completed to ensure IT systems are appropriately deactivated.</p> <p>All recruitment is progressed through HR and checklists are included in the process. Managers must complete training prior to undertaking any recruitment and line managers are responsible for ensuring all direct reports are aware of what is required for their role.</p>
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3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed -Sickness absence reports are now produced by the Strategic Change & Delivery team on a monthly basis and circulated across all of C&F, these reports also indicate where interventions are required such as referral to Occupational Health or moved to the Staged absence procedure.
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	Children's Services and SLLL, and Estates and Operational Planning This is an area that requires development in terms of assurance - it is suggested a question could be added to the Self-Assurance framework questionnaire specific to the management of CPD	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/02/2021	Ongoing -This will be added to the Self-Assurance Framework Questionnaire at the start of the year. Further discussions required for next year's questionnaire.
3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	Children's Services and SLLL, and Estates and Operational Planning Consider improving service communications around performance/spotlight conversations Regular updates/reminders - headteacher/business manager forums	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – Completed - and continuously monitored. Targeted communication to line managers sent by HOS and Senior Managers. Information provided by HR to monitor compliance with updating MyPeople to confirm performance conversations have been undertaken and system updated.

4	Council Companies				
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed - Regular monitoring is in place with the Finance Team.
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	Children's Services and SLLL, and Estates and Operational Planning Work to be undertaken with Legal Services and Finance this also establish risk context	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational	01/10/2020	Completed. Signed agreement received

			Planning - Crawford McGhie		
5	Engagement and Consultation				
5.1	My directorate engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my directorates activities.	0			
5.2	I have arrangements in place throughout my directorate to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the directorate.	0			

5.3	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	Children's Services and SLLL, and Estates and Operational Planning There is a need to look at how to make the service more resilient, conversations are underway around how to do this.	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Near Completion - Complaints process in SLLL was recently revisited as a request from Internal Audit - following on from a previous audit, the work on this is nearly complete, this has been delayed due to the focus being redirected to deal with COVID related matters in schools.
5.4	I regularly consult and engage with recognised trade unions.	0			
6	Policy				
6.1	I have arrangements in place to ensure all directorate staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	Children's Services and SLLL, and Estates and Operational Planning Schedule regular policy reminders for example through Risk Matters (as part of regular risk communication)	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – Corporate Communications Team send updates out advising on new council policies and procedures and staff are required to revisit the essential learning which includes policies and procedures, which is recorded by their manager to evidence they have completed it.

6.2	I have arrangements in place for the annual review of policies owned by my directorate, via the relevant executive committee, to ensure these comply with the Council's policy framework.		0			
7	Governance and Compliance					
7.1	I ensure directorate staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my directorate are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.		0			
7.2	I ensure my directorate's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.		0			
8	Responsibility and Accountability					
8.1	My directorate ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	Children's Services and SLLL, and Estates and Operational Planning Edinburgh Learns Risk Board to be set up	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed - A decision was made to go through the Edinburgh Teachers Executive Lite meeting rather than setting up the Edinburgh Learns Risk Board. These meetings have been set up weekly and are proving effective.	

8.2	I ensure that the Council's ethical standards are understood and embedded across my directorate and are upheld by external providers of services.	0			
8.3	My directorate ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	0			
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	0			
9	Information Governance				
9.1	I ensure directorate staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray / Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – All staff are required to undertake the CECIL Information Governance Training and read the ICT Acceptable ICT policy.

9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout all service areas in my directorate.	Children's Services and SLLL, and Estates and Operational Planning Use "Risk Matters" to send a reminder on data sharing with third parties	Children's Services - Bernadette Oxley / Michelle McMillan SLLL- Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – Reminders are sent through the Risk Matters reminding staff on data sharing with third parties.
10	Health and Safety				
10.1	Directorate staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.	0			

10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Completed – This is managed using SORT, which affect risk management process. Corporate Health and Safety trained all Head Teachers and Business Managers on Risk Assessment and they have been provided with generic risk assessments.
10.3	I have competencies, processes and controls in place to ensure that all service areas in my directorate, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Children's Services and SLLL, and Estates and Operational Planning Review of SHE within the service to be undertaken with Corporate Health and Safety to ensure the portal is being used efficiently and effectively and that improvements are made where required for example looking at the use of licenses in establishments Essential Learning matrix and mechanism of use also to be reviewed (the mechanism of use is a Council wide issue) The service would benefit from a monthly report produced by the Corporate Health and Safety team indicating establishment audit actions complete/incomplete to support and challenge establishment colleagues through good management information	Children's Services - Bernadette Oxley / Michelle McMillan SLLL - Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/2020	Complete - Corporate Health and Safety have recently undertaken COVID specific audits, which have highlighted areas of good practice and lessons to be learned which are shared through the SORT guidance.
10.4	I have a robust governance and reporting structure for Health & Safety in my directorate.	0			

11	Performance				
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council when performance monitoring identifies inadequate service delivery or poor value for money and ensure that improvement measures to address these issues are implemented and monitored.	Children's Services and SLLL, and Estates and Operational Planning Further work is taking place with the support of Strategy and Insight to develop performance measures, ultimately these will also be linked to risk management in terms of management of the service objectives		01/10/2020	Ongoing - Strategy and Insight leading on this, however due to the pandemic, this hasn't progressed. CLT Risks should be linked to key risk indicators.
11.2	I have appropriate arrangements in place throughout my directorate for recording, monitoring and managing customer service complaints and customer satisfaction.	0			
12	Commercial and Contract Management				
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	0			
13	Change and Project Management				
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	0			
14	Financial Control				

14.1	The operation of financial controls in my directorate is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	Children's Services and SLLL, and Estates and Operational Planning There has been issues with the forecasting spreadsheet used in schools, Finance are working with the service to look at causal effects/mitigate	Children's Services - Bernadette Oxley / Michelle McMillan SLLL- Andy Gray /Michelle McMillan Estates and Operational Planning - Crawford McGhie	01/10/20	Ongoing - This will be addressed through the Business Manager Forums detailed above. The risks and issues have been discussed at Risk and Assurance Committee for C&F. The Finance Forum has still to be set up for this.
14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	0			
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	0			
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my directorate.	0			
14.5	I have arrangements in place for identifying any weaknesses in my directorate's compliance with Council financial policies or statutory/regulatory requirements.	0			

14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my directorate's service areas that could affect the Annual Accounts.	0			
15	Group Accounts (Resources only)				
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions or amendments to the companies included in the Group Accounts.	0			
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	0			
16	National Agency Inspection Reports				
16.1	I have arrangements in place to identify any reports relating to my directorate and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	0			
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	0			
17	Internal Audit, External Audit and Review Reports				
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control	0			

	deficiencies, have been (or are being) implemented and that this is monitored effectively.				
18	Progress				
18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	0			

Safer and Stronger Communities (SSC) Improvement Plan

		Improvement actions	Action Owner	Action Deadline	Action Update
1	Internal Control Environment requirements				
1.1	I have internal controls and procedures in place throughout my service area that are proportionate, robust, monitored and operate effectively.	Issues with H&S training availability are being resolved with the H&S Officer Robert Anderson and site visits arranged.	Carey Fuller / Jackie Irvine/Robert Anderson	01/10/2020	Completed - This progressed well, training was arranged, and site visits were carried out. Following the review of essential learning, controls were put in place and procedures updated to ensure robustness.

1.2	I have controls and procedures in place to manage the risks in delivering services through council companies, partners and third parties.	0			
1.3	My internal controls and procedures and their effectiveness are regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts.	0			
1.4	The monitoring process applied to funding/operating agreements has not identified any problems that could have an impact on Annual or Group Accounts.	0			
2	Risk and Resilience				
2.1	I have risk management arrangements in place to identify the key risks to my service area (and the Council).	0			
2.2	I have effective controls and procedures in place to record and manage the risks identified above to a tolerable level or actions are put in place to mitigate and manage the risk.	0			
2.3	The robustness and effectiveness of my risk management arrangements is regularly reviewed and the last review did not identify any weaknesses that could have an impact on the Annual Accounts	0			
2.4	There is appropriate escalation/communication to the service area Risk Committee and CLT Risk Committee (as appropriate) of significant issues,	0			

	risks and weaknesses in risk management.				
2.5	I have arrangements in place to promote and support the Council's policies and procedures for staff to raise awareness of risk concerns, Council wrongdoing and officer's misconduct.	0			
2.6	My service area has appropriate resilience arrangements in place and my service area's business continuity plans and arrangements mitigate the business continuity risks facing our essential activities.	0			
3	Workforce				
3.1	I have arrangements in place to ensure compliance with payroll policies, overtime controls, absence management and performance e.g. home/remote working.	0			
3.2	I have robust controls in place to ensure that statutory workforce requirements are met, including the management of off-payroll workers/contractors (including agency workers and consultants), ensuring approved framework contracts have been used and that those engaged are wholly compliant with the provisions of IR35 Council guidance and procedures.	0			

3.3	I ensure compliance with the Council's HR policies and procedures across all of my service areas, e.g. that recruitment and selection is only undertaken by appropriately trained individuals and is fully compliant with vacancy approvals and controls.	0			
3.4	I have robust controls in place to manage new starts, movers and leavers, including induction and mandatory training, IT systems security (access and removal) and access to buildings and service users' homes.	<p>Review of essential learning for all line management roles within SSC to ensure they include appropriate learning for recruiting managers and look at whether refresher learning is required.</p> <p>Senior Managers to discuss in team meetings the need to follow recruiting procedures and use of HR recruitment process.</p>	Jon Ferrer / Jackie Irvine	01/10/2020	<p>Completed - Review completed and essential learning for all SSC roles included on the Orb.</p> <p>All recruitment is progressed through HR and checklists are included in the process. Managers must complete training prior to undertaking any recruitment and line managers are responsible for ensuring all direct reports are aware of what is required for their role.</p>
3.5	I have arrangements in place to manage staff health and wellbeing; ensuring that sickness absence, referral to occupational health and stress risk assessments is managed in compliance with the Council's HR policies.	0			
3.6	I ensure compliance with essential training requirements and support learning and development appropriately, including professional CPD requirements.	0			

3.7	I have arrangements in place to support and manage staff performance e.g. regular 1:1/supervision meetings, performance/spotlight conversations.	<p>Senior Managers to discuss with line managers at team meetings the importance of performance conversations and recording on MyPeople.</p> <p>Head of Service to send communication to all staff regarding performance conversations around the time these should be held.</p>	Jackie Irvine / SSC Senior Managers	Complete 01/10/2020	Completed - and continuously monitored. Targeted communication to line managers sent by HOS and Senior Managers. Information provided by HR to monitor compliance with updating MyPeople to confirm performance conversations have been undertaken and system updated.
4	Council Companies				
4.1	I have arrangements in place for the oversight and monitoring of the Council companies I am responsible for, that give me adequate assurance over their operation and delivery for the Council.	0			
4.2	I have an appropriate Service Level Agreement, or other appropriate legal agreement, in place for each Arm's Length External Organisation that I am responsible for.	0			
5	Engagement and Consultation				
5.1	My service area engages effectively with institutional stakeholders, service users and individual citizens, applying the council's consultation and engagement standards with evidence that the insights gathered are used to shape my service areas activities.	0			

5.2	<p>I have arrangements in place throughout my service area to ensure that there are effective communication methods that encourage, collect and evaluate views and experiences (while ensuring inclusivity e.g. customer surveys, consultation procedures, social media presence, etc.) and that these insights are used to inform the work of the service area.</p> <p>Complete – areas for action were identified in an internal audit of Homelessness Services. Electronic CICA assessment form used to ask applicants preferred method of communication, service user consultation events and RRTP engagement events held. IA closed audit action as complete with evidence provided.</p> <p>Webpages updated and work undertaken to include housing options assessment tool and online booking facility</p> <p>The street support app https://streetsupport.net/edinburgh/ is in development and will enable service users and professionals to access information on what services/supports are available</p>	<p>Encourage use of customer feedback platforms and develop smarter ways for those who engage with the service to get their views heard.</p> <p>Smarter use of technology to engage with customers and service users to improve service delivery</p>	Nicky Brown/ Jackie Irvine	Complete 01/10/2020	
5.3	<p>I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.</p>	0			

5.4	I regularly consult and engage with recognised trade unions.	0			
6	Policy				
6.1	I have arrangements in place to ensure all service area staff are made aware of and fully understand the implications of all relevant existing and new council policies and procedures.	0			
6.2	I have arrangements in place for the annual review of policies owned by my service area, via the relevant executive committee, to ensure these comply with the Council's policy framework.	0			
7	Governance and Compliance				
7.1	I ensure service area staff are aware of their responsibilities in relation to the Council's governance framework and that the authority, responsibility and accountability levels within my service area are clearly defined, with proper officer designation delegated, recorded, monitored, revoked and reviewed regularly to ensure ongoing compliance with the Scheme of Delegation.	0			
7.2	I ensure my service area's activities are fully compliant with relevant Scottish, UK and EU legislation and regulations.	0			
8	Responsibility and Accountability				
8.1	My service area ensures our officers are clear on their roles and responsibilities in terms of relationships and decision making.	0			

8.2	I ensure that the Council's ethical standards are understood and embedded across my service area and are upheld by external providers of services.	0			
8.3	My service area ensures that decisions are made on the basis of objective information, the consideration of best value, risk, stakeholder views, rigorous analysis, and consideration of future impacts. This is formalised through appropriate structures. (i.e. SMT reporting)	0			
8.4	I consult with elected members as appropriate and as required under the Scheme of Delegation.	0			
9	Information Governance				
9.1	I ensure service area staff are made aware of their responsibilities in relation to the proper management of Council information, including the need to adhere to relevant legislation, Council policies, procedures and guidance around: information governance; records management; data quality; data breaches and privacy impact assessments; information rights; information compliance; information security; and ICT acceptable use.	0			
9.2	I ensure data sharing arrangements with third parties are recorded, followed and regularly reviewed throughout my service area.	0			
10	Health and Safety				

10.1	<p>Service area staff are made aware of their responsibilities under relevant Health & Safety policies and procedures and I have appropriate arrangements in place for the identification and provision of Health & Safety training necessary for all job roles, including induction training.</p>	<p>Review of essential learning for all posts which require fire safety responsibility following change in Council Policy.</p> <p>Ensure managers are communicating with staff regularly and receiving regular SHE incident reports which they should analysis and take appropriate action where required.</p>	<p>Carey Fuller / Nicky Brown /Jackie Irvine</p>	<p>01/10/2020</p>	<p>Completed – included in review (see note 3.4). Information collated on those who had completed training and procedures updated for SSC standalone buildings.</p> <p>Health and Safety Working Group has representation from all service areas and Health and Safety advisor aligned to SSC on group.</p> <p>Regular updates given to SSC Senior Management Team regarding any issues.</p> <p>Following outbreak of COVID-19, all meetings were held remotely with continued attendance, regular discussions and updates.</p> <p>Information shared with managers and senior managers on public health guidance and CEC guidance.</p> <p>COVID contingency plans and risk assessments carried out</p>
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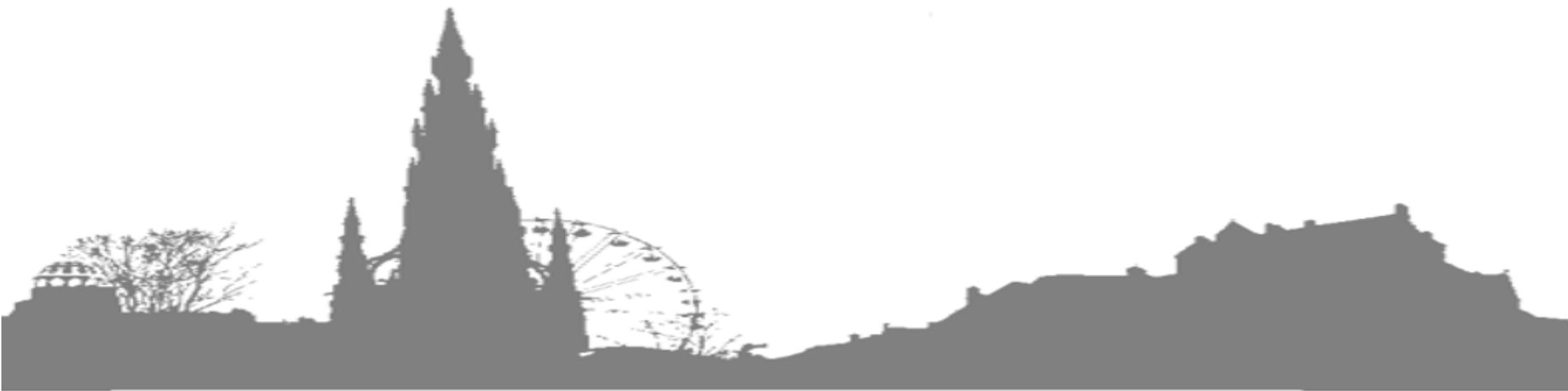
10.2	I have the necessary arrangements in place to establish, implement and maintain procedures for ongoing hazard identification, risk assessment and the determination of necessary controls to ensure all Health & Safety risks are adequately controlled.	Managers with building responsibility to continue to have in place contingency arrangements to ensure regular workplace inspections are carried out.	Carey Fuller / Nicky Brown / Jackie Irvine	01/10/2020	Completed – this was progressed and in place. Following the outbreak of COVID-19 contingency plans were updated, risk assessments completed, and Resumption of Service templates completed for buildings which were closed during lockdown.
10.3	I have competencies, processes and controls in place to ensure my service area, and other areas of responsibility, operate in compliance with all applicable Health & Safety laws and regulations.	Access to Pentanna System for H&S audits needs to be improved to ensure service areas can access and progress audit actions effectively.	Jackie Irvine /H&S Colleagues	01/10/2020	Completed – This was progressed through the SSC H&S Working Group, however access to the system sits with colleagues in Health and Safety. It was agreed that all H&S Audit Reports will be shared with the Working Group and action plans monitored. Planned audits within SSC were suspended due to COVID-19. On resumption, the new process will be implemented.
10.4	I have a robust governance and reporting structure for Health & Safety in my service area.	0			
11	Performance				
11.1	I have arrangements in place for reporting to CLT, Committee and/or Council when performance monitoring identifies inadequate service delivery or poor value for money and ensure that improvement measures to address	0			

	these issues are implemented and monitored.				
11.2	I have appropriate arrangements in place throughout my service area for recording, monitoring and managing customer service complaints and customer satisfaction.	0			
12	Commercial and Contract Management				
12.1	I ensure all goods, services and works are procured and managed in compliance with the Contract Standing Orders.	0			
13	Change and Project Management				
13.1	All projects and programmes have a clear business justification, as a minimum this should articulate outcomes and benefits; have appropriate governance in place to support delivery; effective controls in place to track delivery progress and to take corrective action if required; have a robust benefits management framework in place; and ensure that a formal closure process is undertaken.	0			
14	Financial Control				
14.1	The operation of financial controls in my service area is effective in ensuring the valid authorisation of financial transactions and maintenance of accurate accounting records.	0			

14.2	I am confident that the arrangements in place to monitor expenditure/budget variances would identify control problems or variances that could have an effect on the Annual Accounts.	0			
14.3	I have arrangements in place to ensure all material commitments and contingent liabilities (i.e. undertakings, past transactions or events resulting in future financial liabilities) are notified to the Chief Financial Officer.	0			
14.4	I have arrangements in place to review and protect assets against theft, loss and unauthorised use; identify any significant losses; and, ensure the adequacy of insurance provision in covering the risk of loss across my service area.	0			
14.5	I have arrangements in place for identifying any weaknesses in my service area's compliance with Council financial policies or statutory/regulatory requirements.	0			
14.6	I have arrangements in place for identifying any internal control, risk management or asset valuation problems within my service area that could affect the Annual Accounts.	0			
15	Group Accounts (Resources only)				
15.1	I have arrangements in place for identifying and reviewing any developments during the year that should lead to additions, deletions	0			

	or amendments to the companies included in the Group Accounts.				
15.2	I have arrangements in place to identify and review any internal control, risk management or asset valuation problems with Council companies that could affect the Group Accounts.	0			
16	National Agency Inspection Reports				
16.1	I have arrangements in place to identify any reports relating to my service area and can confirm that there were no inspection reports that could impact on the signing of the Annual Governance Statement.	0			
16.2	I have arrangements in place that adequately monitor and report on the implementation of recommendations.	0			
17	Internal Audit, External Audit and Review Reports				
17.1	I have arrangements in place to ensure that all recommendations from any internal audit, external audit or review report published during the year, that have highlighted high, medium or significant control deficiencies, have been (or are being) implemented and that this is monitored effectively.	0			
18	Progress				

18.1	All outstanding issues or recommendations arising from this exercise, commissioned reviews, committee reports and other initiatives in previous years have been addressed satisfactorily.	0			
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Communities and Families Directorate

Communities and Families Directorate

The service provides universal and targeted **services for children and families** and **vulnerable adults**. This includes **mainstream and special schools**, early years and nurseries, **social work** services for **vulnerable children**, **community justice** and **homelessness services**. There is a focus on early intervention and prevention to support children, families and adults in the most appropriate setting. This includes investment in additional support for learning, respite care for children and families affected by disability, family group conferencing and family and household support

Safer and Stronger Communities include criminal justice social work services, community safety, supervision of offenders, family and household support, homelessness services (including advice, assessment and support, and temporary accommodation), CCTV and Quality, Governance and Regulation of all social work services for the Chief Social Work Officer.

Vision, Mission Statement and Strategic Objectives

Our Vision

Our vision is for all children and young people in Edinburgh to enjoy their childhood and fulfill their potential within successful communities.

We believe that children and young people do best when:

- they are able to live safely, happily and in good health within their families with the right kind of support, as needed;
- they attend first-class, inclusive schools which meet their needs;
- they are raised within caring, supportive communities with access to a range of support and activities;
- they can play a full part within their communities.

Our Mission

Our mission is to place children, young people, families and communities at the heart of our services and provide support when it is needed throughout childhood and the transition to adulthood.

Strategic Outcomes

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

Communities and Families Services include:

- 18 early years centres;
- 8 nursery schools;
- 73 nursery classes;
- 89 primary schools (six include specialist classes);
- 23 secondary schools (four include specialist resources);
- 10 special schools and Edinburgh Secure Services;
- Specialist teaching and support services for additional support needs;
- Educational psychology service;
- 9 residential units, including close support and secure provision;
- 5 practice teams including a disability practice team;
- 38 community centres;
- Support parents, carers and families;
- 3 outdoor education centres (two residential)
- 28 libraries



Early years, Primary and Secondary schools

We are committed to giving every child in Edinburgh the best possible education regardless of where in the city they live. This starts in Early Years where we are **expanding our service to provide 1,140 nursery hours free of charge** for children of nursery age including qualifying two-year olds.

We have **88 primary schools with 30,000 Pupils** across the city and **19,000 pupils in 23 secondary schools**. We also have **11 special schools** for children who are not best served by mainstream schooling.

Funding goes directly to each school under the **devolved school management** budget (DSM). This is a fund that is allocated based on a few different factors including the number of pupils. **It is up to the individual schools how this is spent.**

Lifelong Learning, Libraries and Sport

Learning isn't confined to the classroom or limited to one age group. **We ensure that education, lifelong learning, sport and outdoor activities are accessible to everyone.** The **creative learning team** works with schools to develop the curriculum for art, dance, music and drama. The **health and wellbeing team** supports effective learning and development and promotes confidence, independent thinking and positive attitudes. We focus on tackling health inequalities and health-harming behaviours by providing training and resources to staff, pupils and families. The **sports and outdoor learning unit** delivers high-quality opportunities for schools and youth organisations in various sports from football to swimming.

Community learning and development (CLD) helps people tackle issues through community-based learning. Our library services involve 28 libraries, 23 school libraries, information and learning resources, five mobile libraries, a prison library in partnership with HMP Edinburgh and a hospital library at Western General in partnership with NHS Lothian.

Children's Services

We believe that **every child deserves the best possible start in life**, and we are committed to the policy of **Getting It Right for Every Child**.

For some children this may involve **additional support for learning** where pupils require extra support in mainstream schools or **disability support for children** with disabilities **and their families**.

For others, this may involve social work support.

Our **social work network** extends to child protection services and children who become officially looked after by the Council either by family members (kinship care) or through Council-funded fostering arrangements.

Safer and Stronger Communities

Supporting people, strengthening communities and safeguarding the public.

Safer and Stronger Communities Services include:

- CCTV – 213 permanent and 21 rapid deployment cameras in operation 24/7
- Hostels and Supported Accommodation
- Community Justice – specialist, accredited services and programmes
- Residential Accommodation for transition from prison to community
- Management of high-risk offenders and restricted patients (MAPPA)
- Unpaid Work Services
- Mediation and support for families and households
- Syrian Refugee and Migration Programme

The Council has a statutory duty to support everyone who becomes or is at risk of becoming homeless. There are currently 5,000 open homelessness cases, with around 4000 households in temporary accommodation.

Our services focus on the provision of housing advice and prevention of homelessness. Where it is not possible to prevent homelessness, a wide range of support and accommodation are provided to assist people to access settled accommodation that is sustainable.

The Council has developed services for the most vulnerable service users including rapid access accommodation which is a service for rough sleepers accessed directly through street-based outreach teams and Housing First support which means that people with multiple and complex needs can access permanent tenancies with intensive support.

Through our Community Justice teams, we provide reports to the Procurator Fiscal, Courts and Parole Board to assist them in making decisions about alternatives to prosecution, sentencing, and the early release of people from prison. We supervise people in the community, subject to orders of the court, including Community

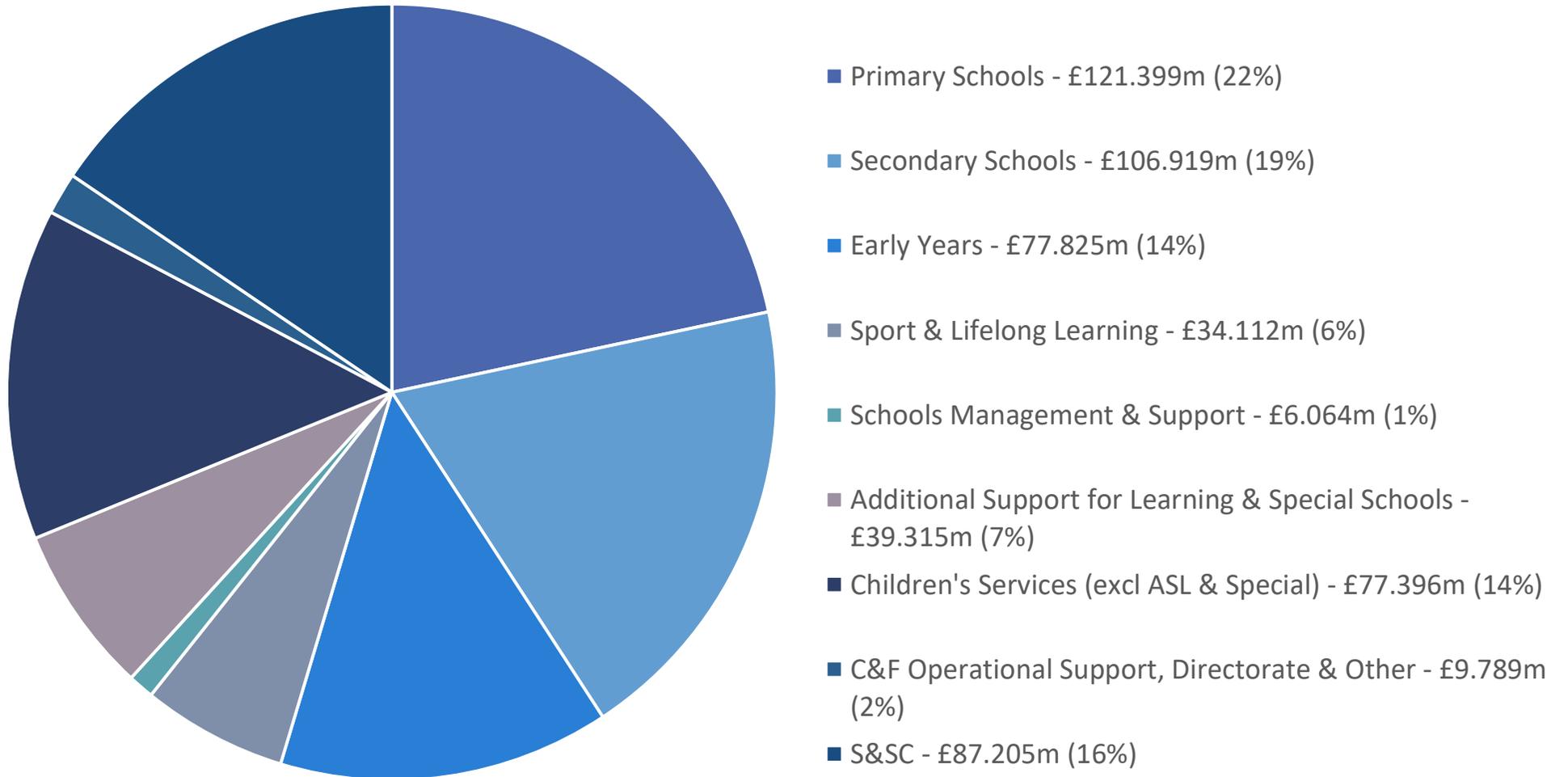
Payback Orders (CPOs) and subject to licence after release from custody to reduce reoffending, increase social inclusion and enhance public protection.

Our Community Safety teams monitor CCTV across the city and provide support to Police Scotland through our community safety officers.

Family and Household Support supports families and households across the city who experience difficulties and challenges navigating the often complex demands of day to day life, accessing benefits, maintaining a safe, suitable tenancy, developing stronger community networks from which to grow independence and resilience, access to education. The service also has a remit for ASB, responding to noise and nuisance behaviour and high-risk situations such as anti-social behaviour and harassment.

The Syrian and Refugee Migration Programme has facilitated the resettlement of Syrian families fleeing conflict and persecution since 2015. The service provides support, funded by the Home Office, in all aspects of life for those who have travelled seeking asylum, enabling a new start and navigating the challenges posed when faced with a new and alien environment, language and social/cultural norms. The service also supports the wider population of migrant and asylum-seeking adults coming into Edinburgh, including those with No Recourse to Public Funds (NRPF).

Communities and Families 2020-21 Revised Gross Revenue Budget (£560.024m)



Communities and Families 2020-21 Revised Net Budget (£439.232m)

