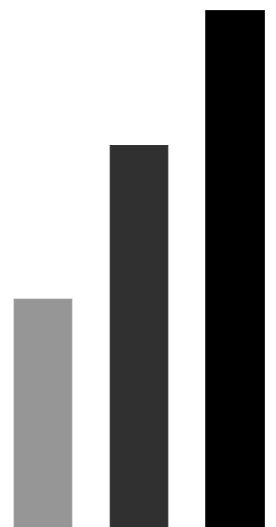


# Agenda 2016

# Health & Social Care Committee

For meeting on:

07	January	2016
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**A meeting of the Health & Social Care Committee will be held on Thursday 7 January 2016 at 3pm within the Municipal Buildings, Greenock.**

GERARD MALONE  
Head of Legal and Property Services

**BUSINESS**

**\*\* copy to follow**

1. <b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
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**PERFORMANCE MANAGEMENT**

2. <b>Revenue and Capital Budget Report 2015/16 – Period 7 as at 31 October 2015</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership and Chief Financial Officer	<b>p</b>
3. <b>Child Protection Committee Annual Report</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
4. <b>HSCP Internal Services Care Inspectorate Gradings Annual Report 2015</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
5. <b>Care Inspectorate Inspection of Learning Disability Day Opportunities, McPherson Centre, Gourock – August 2015</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
6. <b>Reshaping Care for Older People and Delayed Discharge Performance</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
7. <b>Joint Thematic Review of MAPPA in Scotland</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

**NEW BUSINESS**

8. <b>Community Justice Transition Plan</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
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9.	<b>Kinship Care Allowance</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
10. **	<b>Report on Social Work Complaints Review Committee of 19 November 2015</b> Report by Social Work Complaints Review Committee	
<p><b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part I of Schedule 7(A) of the Act.</b></p>		

## PERFORMANCE MANAGEMENT

11.	<b>Governance of HSCP Commissioned External Organisations</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership on matters relating to the HSCP governance process for externally commissioned social care services.	p
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Enquiries to - **Sharon Lang** - Tel 01475 712112

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**Report To:** Health & Social Care Committee **Date:** 7 January 2016

**Report By:** Brian Moore  
Chief Officer  
Inverclyde Health & Social Care  
Partnership

Alan Puckrin  
Chief Financial Officer

**Report No:** FIN/03/16/AP/FM

**Contact Officer:** Fiona McLaren

**Contact No:** 01475 712652

**Subject:** Revenue & Capital Budget Report 2015/16 - Period 7 as at 31 October 2015

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health and Social Care Committee on the position of the Revenue and Capital Budgets for the current year as at Period 7 to 31 October 2015.

## 2.0 SUMMARY

- 2.1 The Social Work revised budget is £49,578,000 with a projected overspend of £137,000 (0.28%), which is a decrease in the overspend of £26,000 since reported at period 5. The main elements of this overspend are:

- External homecare £399,000 reflecting current package costs, including some vacancy cover, this continues the trend from 2014/15. A budget pressure of £300,000 from 2017/18 for homecare and residential & nursing will be considered as part of the 2016/18 budget which is on top of the £250,000 extra funding already approved for 2016/17.
- Homelessness £203,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre which is line with the 2014/15 out-turn.

Offset in part by:

- Vacancies within internal homecare of £159,000.
- Residential & Nursing underspend of £70,000 per current client profile. This has moved from an overspend position at period 5 due to the changing number of clients.

- 2.2 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,073,000 with a current projected under recovery of £22,000 due to delays against original plans. This shortfall is reflected in the projected outturn above.
- 2.3 The Corporate Director and Heads of Service will continue to work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise.
- 2.4 The projected spend on capital in 2015/16 is £156,000, with spend to date of £43,000. This represents slippage of 77.9% against the original phasing for 2015/16 for Neil St Children's Home Replacement project which is scheduled to be complete by November 2016.
- 2.5 The Social Work Earmarked Reserves for 2015/16 total £2,600,000 with £2,305,000 projected

to be spent in the current financial year. To date £808,000 spend has been incurred which is 35% of the projected 2015/16 spend, which is 5% behind the phased budget.

- 2.6 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:
- Children's Residential Care, Adoption & Fostering,
  - Deferred Income.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee note the current year revenue budget and projected overspend of £137,000 for 2015/16 as at 31 October 2015.
- 3.2 That the Committee note that the HSCP Director will continue work to contain the projected overspend within the overall Social Work budget for the year.
- 3.3 That the Committee note the projected capital position.
- 3.4 That the Committee note the current earmarked reserves position.

**Brian Moore**  
**Chief Officer**  
**Inverclyde Health & Social Care**  
**Partnership**

**Alan Puckrin**  
**Chief Financial Officer**

## 4.0 BACKGROUND

4.1 The purpose of the report is to advise the Committee of the current position of the 2015/16 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2015/16 £137,000 projected revenue overspend.

## 5.0 2015/16 CURRENT REVENUE POSITION: £137,000 PROJECTED OVERSPEND (0.28%)

5.1 Appendix 1 provides details of the movement in the budget and Appendix 2 contains details of the projected outturn. The material projected variances are identified per service below and detailed in Appendix 3:

a. **Children & Families: Projected £110,000 (1.06%) underspend**

The projected underspend is £37,000 less than projected at period 5. The underspend comprises turnover of £98,000 and underspends on payments to other bodies of £17,000.

b. **Older People: Projected £260,000 (1.18%) overspend**

The projected overspend is £260,000 which is a decrease of £103,000 since period 5. Homecare and Residential and Nursing purchased places have been raised as budget pressures in the 2016/18 budget requesting an extra £300,000 from 2017/18 which is on top of the £250,000 extra funding already approved for 2016/17. The projected overspend comprises:

- additional external provider costs in Homecare of £399,000 (a decrease of £12,000),
- savings arising from vacancies within internal Homecare of £159,000 (a decrease of £34,000),
- a projected underspend of £58,000 within Residential and Nursing purchased places, per the current number of clients receiving care. This was projected as a £24,000 overspend at period 5 (a decrease of £82,000) and has changed due to a net decrease of 8 clients. The underspend includes £100,000 funding from the Delayed Discharge earmarked reserve which was previously allocated to reduce the projected overspend,
- A projected overspend of £41,000 on domiciliary respite within Residential & Nursing,
- A projected over-recovery of charges within Residential & Nursing of £53,000 (an increase of £33,000).

There will be ongoing monitoring of this budget with some flexibility to further contain costs within the Integrated Care Fund and Delayed Discharge funding.

c. **Learning Disabilities: Projected £64,000 (0.96%) overspend**

The projected overspend of £64,000 was previously reported as an overspend of £3,000. The projected overspend comprises:

- £122,000 underspend on client commitments (a decrease of £56,000 due to new & changed care packages),
- £57,000 overspend on transport costs due to external hires and non routine vehicle costs,
- £48,000 shortfall in income received from other local authorities,
- £28,000 shortfall in income from service users,
- £28,000 overspend in employee costs due to additional support costs (a decrease of £6,000),
- £15,000 overspend on catering in day centres (an increase of £4,000).

The transport and employee costs relate to client packages and a review of budgets will be undertaken to align these to reflect current activity and package costs.

The current year budget includes £360,000 pressure funding (£200,000 from the 2013/15 budget and £160,000 2015/17 budget). The current projection includes an assumption that costs will be incurred for new clients and clients moving from a hospital to a community care setting, the timings of which are not yet known. Work is ongoing with the service to identify the costs and timings of new packages.

In addition to the revenue budget a further £40,000 pressure funding was added to earmarked reserves for equipment.

- d. **Physical & Sensory: Projected £57,000 (2.65%) underspend**  
The projected underspend is £19,000 less than previously reported and is due to £12,000 overspend on transport costs and a projected underspend in client package costs of £36,000
- e. **Assessment & Care Management: Projected £71,000 (4.68%) underspend**  
The projected underspend is £23,000 more than previously reported and is due to turnover from vacancies of £54,000 and a projected underspend on short breaks of £16,000.
- f. **Mental Health: Projected £83,000 (7.66%) underspend**  
The projected underspend is £46,000 more than in period 5 and is primarily due to turnover of £80,000 and a client commitment underspend of £64,000 based on current vacancies and client package costs. The movement is due to agency costs now being met from an earmarked reserve.
- g. **Addictions: Projected £15,000 (1.36%) underspend**  
The projected underspend has moved from a projected overspend of £12,000 at period 5 due to delays in filling posts. The projected underspend mainly comprises a projected £26,000 underspend on employee costs offset by a projected overspend of £15,000 on void costs for Auchendarroch Street.
- h. **Homelessness: Projected £203,000 (29.83%) overspend**  
The projected overspend of £203,000 is £66,000 more than previously projected due to reduced income. The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. A report on Homelessness services will be presented to this committee separately.
- i. **Planning, Health Improvement & Commissioning: Projected £38,000 (1.9%) underspend**  
The projected underspend is due to turnover from vacancies. There are costs being incurred in this area for the Afghan Refugee Resettlement Scheme which are being fully funded by Central Government.
- j. **Business Support: Projected £15,000 (0.69%) underspend**  
The projected underspend is due to turnover from vacancies.

## **6.0 2015/16 CURRENT CAPITAL POSITION**

- 6.1 The Social Work capital budget is £3,627,000 over the life of the projects with £156,000 projected for 2015/16, comprising:
- £146,000 for the replacement of Neil Street Children's Home,
  - £10,000 to finalise the expansion of the Hillend respite unit.
- 6.2 There is slippage in the 2015/16 budget of £515,000 (77.9%) against the original budget for the Neil St Children's Home Replacement project which is scheduled to be complete by December 2016. Tenders are due to be issued in January 2016. Appendix 4 details capital budgets and progress by individual project.

## **7.0 EARMARKED RESERVES**

- 7.1 The Social Work earmarked reserves for 2015/16 total £2,600,000 with £2,305,000 projected to be spent in the current financial year. To date £808,000 spend has been incurred which is 35% of the projected 2015/16 spend. Appendix 5 details the individual earmarked reserves.
- 7.2 Within the earmarked reserves for 2015/16 is £821,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:

<b>Project</b>	<b>£000</b>
Strategic needs analysis admin support	8
Independent sector integration partner	26
Community resources systems development	20
WOOPI	21
Community connectors transition funding	21
Housing	25
Reablement	700
<b>Total funding</b>	<b>821</b>

Separate reports will be provided during the year to Committee on the Integrated Care Fund.

7.3 It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

## 8.0 VIREMENT

8.1 Appendix 6 details the virements that the Committee is requested to approve. All virements are reflected within this report.

## 9.0 OTHER INFORMATION

9.1 Work is ongoing to assess the impact and any financial implications of the national minimum wage and those related to changes to sleepover shifts.

9.2 Appendix 7 contains details of the employee cost variances by service.

## 10.0 IMPLICATIONS

### Finance

10.1 Financial Implications:

All financial implications are discussed in detail within the report above.

### One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>
N/A					

### Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact £000</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>
N/A					

### Legal

10.2 There are no specific legal implications arising from this report.

### Human Resources



10.3 There are no specific human resources implications arising from this report

### **Equalities**

10.4 Has an Equality Impact Assessment been carried out?

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### **Repopulation**

10.5 There are no repopulation issues within this report.

## **11.0 CONSULTATIONS**

11.1 This report has been jointly prepared by the Chief Officer, Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

## **12.0 BACKGROUND PAPERS**

12.1 There are no background papers for this report.

**Social Work Budget Movement - 2015/16****Period 7: 1st April - 31st October 2015**

Service	Approved Budget	Movements				Revised Budget
	2015/16 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2015/16 £000
Children & Families	10,344	122	(57)	0	0	10,410
Criminal Justice	0	0	0	0	0	0
Older Persons	21,346	595	(20)	0	0	21,921
Learning Disabilities	6,413	38	187	0	0	6,638
Physical & Sensory	2,156	12	(16)	0	0	2,152
Assessment & Care Management	1,584	23	(173)	0	0	1,434
Mental Health	1,106	15	(37)	0	0	1,084
Addiction / Substance Misuse	1,039	18	11	0	0	1,068
Homelessness	732	12	(65)	0	0	679
Planning, HI & Commissioning	2,065	26	7	0	(84)	2,014
Business Support	1,980	27	170	0	0	2,178
Totals	<u>48,767</u>	<u>887</u>	<u>8</u>	<u>0</u>	<u>(84)</u>	<u>49,578</u>

**Supplementary Budget Detail**

£000

External ResourcesInternal ResourcesSavings/Reductions0

SOCIAL WORKREVENUE BUDGET PROJECTED POSITIONPeriod 7: 1st April - 31st October 2015

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
25,242	Employee Costs	25,236	25,699	25,255	(443)	(1.72%)
1,441	Property costs	1,361	1,388	1,205	(183)	(13.17%)
951	Supplies and Services	740	756	830	74	9.77%
479	Transport and Plant	371	381	476	95	25.02%
1,024	Administration Costs	735	751	822	70	9.36%
33,967	Payments to Other Bodies	34,613	35,077	35,326	249	0.71%
(14,349)	Income	(14,288)	(14,391)	(14,116)	275	(1.91%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,662</b>	<b>49,799</b>	<b>137</b>	<b>0.28%</b>
	Contribution to Earmarked Reserves	0	(84)	(84)		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,578</b>	<b>49,715</b>	<b>137</b>	<b>0.28%</b>

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over / (Under) Spend £000	Percentage Variance
9,793	Children & Families	10,344	10,410	10,300	(110)	(1.06%)
0	Criminal Justice	0	0	0	0	0.00%
21,716	Older Persons	21,346	21,921	22,181	260	1.18%
6,395	Learning Disabilities	6,413	6,638	6,702	64	0.96%
2,128	Physical & Sensory	2,156	2,152	2,095	(57)	(2.65%)
1,477	Assessment & Care Management	1,584	1,518	1,447	(71)	(4.68%)
1,020	Mental Health	1,106	1,084	1,001	(83)	(7.66%)
1,097	Addiction / Substance Misuse	1,039	1,068	1,054	(15)	(1.36%)
873	Homelessness	732	679	882	203	29.83%
2,037	Planning, Health Improvement & Commissioning	2,065	2,014	1,976	(38)	0.00%
2,219	Business Support	1,980	2,178	2,163	(15)	(0.69%)
<b>48,755</b>	<b>TOTAL NET EXPENDITURE</b>	<b>48,767</b>	<b>49,662</b>	<b>49,799</b>	<b>137</b>	<b>0.28%</b>
	Contribution to Earmarked Reserves	0	(84)	(84)		
<b>48,755</b>	<b>TOTAL NET EXPENDITURE excluding transfers to EMR</b>	<b>48,767</b>	<b>49,578</b>	<b>49,715</b>	<b>137</b>	<b>0.28%</b>

## Notes:

1 £1.6M Criminal Justice and £0.3M Greenock Prison fully funded from external income hence nil bottom line position.

2 £9M Resource Transfer/ Delayed Discharge expenditure & income included above.

3 There are currently 709 clients receiving Self Directed Support care packages.

**SOCIAL WORK****MATERIAL VARIANCES**

Period 7: 1st April - 31st October 2015

2014/15 Actual £000	Budget Heading	Revised Budget 2015/16 £000	Proportion of budget £000	Actual to 31/10/15 £000	Projected Out- turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
<b>Employee Costs</b>							
5,158	Children & Families	5,361	2,988	2,861	5,263	(98)	(1.83%)
6,653	Older People	7,692	4,287	4,018	7,555	(137)	(1.78%)
2,369	Learning Disabilities	2,550	1,421	1,392	2,578	28	1.10%
1,445	Mental Health	1,495	835	797	1,441	(54)	(3.61%)
956	Addictions	1,008	563	506	928	(80)	(7.94%)
1,196	Homelessness	1,218	681	648	1,192	(26)	(2.13%)
1,675	Planning, Health Improvement & Commissioning	1,574	877	914	1,537	(37)	(2.35%)
1,681	Business Support	1,609	897	810	1,587	(22)	(1.37%)
<b>21,133</b>		<b>22,507</b>	<b>12,549</b>	<b>11,946</b>	<b>22,081</b>	<b>(426)</b>	<b>(1.37%)</b>
<b>Older People</b>							
3,092	Homecare payments to other bodies	2,824	1,647	1,544	3,223	399	14.13%
11,660	Residential & Nursing purchased places	12,782	7,456	7,390	12,724	(58)	(0.45%)
180	Domiciliary respite	106	62	34	148	42	39.62%
(172)	Residential & Nursing income	(109)	(64)	(83)	(162)	(53)	48.62%
<b>14,760</b>		<b>15,603</b>	<b>9,101</b>	<b>8,885</b>	<b>15,933</b>	<b>330</b>	<b>2.11%</b>
<b>Learning Disabilities</b>							
64	Catering at day centres	51	30	38	67	16	31.37%
179	Transport costs at day centres	113	52	95	170	57	50.44%
7,286	Client commitments on support packages	7,559	4,247	3,796	7,437	(122)	(1.61%)
(146)	Charges to other local authorities	(173)	(108)	(54)	(125)	48	(27.75%)
(86)	Charges to service users	(113)	(65)	(47)	(85)	28	(24.78%)
<b>7,297</b>		<b>7,437</b>	<b>4,156</b>	<b>3,828</b>	<b>7,464</b>	<b>27</b>	<b>0.36%</b>
<b>Homelessness</b>							
341	Rents on temporary furnished flats	460	266	173	247	(213)	(46.30%)
(393)	Rental income from temporary furnished flats	(620)	(361)	(157)	(255)	365	(58.87%)
(298)	Rental income from Inverclyde Centre	(361)	(209)	(112)	(291)	70	(19.39%)
<b>(350)</b>		<b>(521)</b>	<b>(304)</b>	<b>(96)</b>	<b>(299)</b>	<b>222</b>	<b>(42.61%)</b>
<b>Other Variances</b>							
37	Children & Families (Other Services) - payments to othe	68	40	30	51	(17)	(25.00%)
32	Physical & Sensory - transport costs for day groups	17	8	15	29	12	70.59%
1,540	Physical & Sensory - client commitments on support pa	1,595	863	697	1,557	(38)	(2.38%)
58	Assessment & Care Management - short breaks	62	36	27	46	(16)	(25.81%)
2,054	Mental Health - client commitments on support packag	2,147	1,217	876	2,087	(60)	(2.79%)
29	Addictions - Void costs at Auchendarroch Street	0	0	0	15	15	100.00%
<b>3,750</b>		<b>3,889</b>	<b>2,164</b>	<b>1,645</b>	<b>3,785</b>	<b>(104)</b>	<b>(2.67%)</b>

**APPENDIX 4**

**SOCIAL WORK - CAPITAL BUDGET 2014/15**

**Period 7: 1st April - 31st October 2015**

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/15</u>	<u>Approved Budget 2015/16</u>	<u>Revised Est 2015/16</u>	<u>Actual to 31/10/15</u>	<u>Est 2016/17</u>	<u>Est 2017/18</u>	<u>Future Years</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
<b>SOCIAL WORK</b>								
Hillend Respite Unit	87	77	10	10	0	0	0	0
Neil Street Childrens Home Replacement	1,858	114	661	146	43	1,569	29	0
Crosshill Childrens Home Replacement	1,682	0	0	0	0	157	1,435	90
<b>Social Work Total</b>	<b>3,627</b>	<b>191</b>	<b>671</b>	<b>156</b>	<b>43</b>	<b>1,726</b>	<b>1,464</b>	<b>90</b>

**EARMARKED RESERVES POSITION STATEMENT  
HEALTH & SOCIAL CARE COMMITTEE**

**APPENDIX 5**

Project	Lead Officer/ Responsible Manager	c/f	New	New	Total	Phased Budget	Actual	Projected	Amount to be	Lead Officer Update
		Funding	Funding	Funding	Funding	To Period 7	To Period 7	Spend	Earmarked for	
		2014/15	Reserves	Other	2015/16	2015/16	2015/16	2015/16	2016/17	
		£000	£000	£000	£000	£000	£000	£000	£000	& Beyond
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	132		84	216	97	120	196	20	SWIFT (£9k) & SDS (£123k). Work is continuing on the implementation of SDS & the SWIFT financial module.
Growth Fund - Loan Default Write Off	Helen Watson	27			27	1	0	2	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any delinquent debt. This requires to be kept until all loans are repaid and no debts exist.
Integrated Care Fund/ Delayed Discharge	Brian Moore	0		1,349	1,349	538	472	1,149	200	The Integrated Care Fund is new funding to be received. Funding is currently being allocated to a number of projects including reablement, housing and third sector & community capacity projects. The total funding may change as the year progresses. Delayed Discharge funding is also be received and work is underway to allocate that to specific projects, including overnight home support and out of hours support.
Support all Aspects of Independent Living	Brian Moore	231			231	63	48	231	0	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment.
Support for Young Carers	Sharon McAlees	43			43	20	21	43	0	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families.
Caladh House Renovations	Beth Culshaw	449			449	5	23	449	0	Options for reprovision of service are being considered.
Welfare Reform - CHCP	Andrina Hunter	44		118	162	103	101	153	9	This reserve is to fund Welfare Reform within the CHCP. New Funding of £118k was allocated from P&RCommittee. The funding is being used for staff costs and projects, including Grand Central Savings, Inverclyde Connexions, starter packs and financial fitness.
Funding for Equipment - Adults with Learning Disabilities		0	40		40	6	0	40		This reserve is for the purchase of disability aids within Learning Disabilities and will be fully spent in 15/16 on the replacement of equipment that is no longer fit for purpose.
Information Governance Policy Officer	Helen Watson	0	83		83	19	23	42	41	The spend relates to the Council's Information Governance Officer.
<b>Total</b>		<b>926</b>	<b>123</b>	<b>1,551</b>	<b>2,600</b>	<b>852</b>	<b>808</b>	<b>2,305</b>	<b>295</b>	

**HEALTH & SOCIAL CARE COMMITTEE****VIREMENT REQUESTS**

<b>Budget Heading</b>	<b>Increase Budget</b> £'000	<b>(Decrease) Budget</b> £'000
Children & Families - Payments to Other Bodies		(3)
Older People - Employee	69	
Older People - Supplies & Services	11	
Older People - Payments to Other Bodies		(30)
Learning Disabilities - Payments to Other Bodies		(9)
Physical & Sensory - Employee		(39)
Physical & Sensory - Payments to Other Bodies	19	
Mental Health - Payments to Other Bodies		(29)
Addictions - Payments to Other Bodies	11	
Assessment & Care Management - Employee		(6)
Mental Health - Employee		(46)
Homelessness - Employee		(65)
Business Support - Employee	117	
	<b>227</b>	<b>(227)</b>

## Notes

Reallocation of corporate approved savings across the service

Movement of staff to Business Support

**EMPLOYEE COST VARIANCES****Period 7: 1st April - 31st October 2015**

<b>ANALYSIS OF EMPLOYEE COST VARIANCES</b>		Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
<b>SOCIAL WORK</b>				
1	Children & Families	0	(98)	(98)
2	Criminal Justice	0	(22)	(22)
3	Older Persons	0	(136)	(136)
4	Learning Disabilities	0	28	28
5	Physical & Sensory	0	9	9
6	Assessment & Care Management	0	(54)	(54)
7	Mental Health	0	(80)	(80)
8	Addiction / Substance Misuse	0	(26)	(26)
9	Homelessness	0	(4)	(4)
10	Planning, Health Improvement & Commissioning	0	(37)	(37)
11	Business Support	0	(23)	(23)
<b>SOCIAL WORK EMPLOYEE UNDERSPEND</b>		<b>0</b>	<b>(443)</b>	<b>(443)</b>

- 1 Currently 9 vacancies along with maternity leave savings, with 4 of these posts potentially not filled this year.
- 2 Currently 3 vacancies which are in the process of being filled
- 3 Currently 25 vacancies along with maternity leave savings - NB offset by external costs due to recruitment issues
- 4 Currently 9 vacancies of which 7 are in the process of being filled, however turnover target & additional cover arrangements mean that there is currently an overspend predicted.
- 5 Variance not significant
- 6 Currently 4 vacancies of which 3 are in the process of being filled
- 7 Currently 4 vacancies of which 3 are in the process of being filled
- 8 Currently one vacancy which will not be filled this year
- 9 Variance not significant
- 10 Currently 3 vacancies of which 1 is in the process of being filled
- 11 Currently 3 vacancies which are in the process of being filled



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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>7<sup>th</sup> January 2016</b>
<b>Report By:</b>	<b>Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/03/2016/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Children's Services &amp; Criminal Justice</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>CPC Annual Report</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the work of Inverclyde Child Protection Committee for the year 2014-15 and the ongoing priority areas of focus for 2015/16.

## **2.0 SUMMARY**

- 2.1 Inverclyde Child Protection Committee oversees the design, development, publication, distribution, implementation and evaluation of all Child Protection policy and practice across Inverclyde. The attached report demonstrates how Inverclyde Child Protection Committee has fulfilled its functions under the National Guidance for Child Protection in Scotland (2014) related to continuous improvement of policy and practice, strategic planning in the context of the wider public protection, public information and communication during the period 2014-2015.
- 2.2 The report demonstrates how Inverclyde Child Protection Committee has delivered its core functions and progressed with key priority areas during 2014/15. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

## **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee is asked to note the contents of the Report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

**Brian Moore  
Chief Officer  
Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 The Scottish Government annual social work statistics for children's services August 2013 to July 2014 highlighted that since 2000 there has been a steady 41% increase in the number of children on the child protection register in Scotland. The report notes that in 2014, there had been the largest year on year increase since 2009 with an increase of 9% requiring child protection registration. It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st March up to 2010 and 31st July for 2011-2014). Inverclyde seen an increase of 12.5% between 2013 and 2014 which is slightly higher than the national percentage change.
- 4.2 At 31 July 2014, there were 2,882 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.2. The Inverclyde rate for the same date was 2.0. This is lower than our comparator authorities of West Dunbartonshire (2.6), North Ayrshire (4.6), Renfrewshire (2.6) and East Ayrshire (2.3) but higher than North Lanarkshire (1.2).
- 4.3 The most common concerns recorded in Inverclyde were domestic abuse and parental drug misuse at over 75% followed by emotional abuse, neglect and parental alcohol misuse, all at over 50% of registrations. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse are all priority areas within ICPC Improvement Plan.
- 4.4 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee
- 4.5 Some of the individual pieces of work highlighted in the annual report for 2014/15 are:-
- We Care, We Listen, We Act Public Information Campaign
  - Evaluation of Communication Activity
  - Annual Review of Child Protection Management Information from across partner agencies
  - Self-Evaluation Case Review – A closer look at neglect
  - Guidance on facilitated multiagency discussion in complex cases
  - Multiagency Guidance on responding to forced marriage and the risk of forced marriage
  - Annual Child Protection Conference on the theme of 'Promoting Recovery – therapeutic and community based approaches'
  - Multiagency training programme
- 4.6 Inverclyde Child Protection Committee aims to continue to fulfil their core functions in 2015/16 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent.

4.7 Priority areas of focus for 2015-2016 have been identified as

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Improving outcomes for children affected by Parental Mental Health Problems
- Child Sexual Exploitation
- Review of processes for listening to the voice of the child in child protection
- The GIRFEC / Child Protection Interface

4.8 Since March 2015 there have been significant developments in relation to delivery of the Child Sexual Exploitation improvement plan. Action is being taken under each of the national themes, prevention, intervention, disruption and recovery. Examples of specific developments include delivery of a multi-agency staff training programme and the introduction of the Inverclyde vulnerable young person's operational group to help identify those at risk of exploitation and work collaboratively to ensure their safeguarding and wellbeing. The 2016 Child Protection Committee conference and the public awareness campaign will both focus on the theme of child exploitation. Impacts are already being seen as a result of this strategic focus on Child Sexual Exploitation. It is intended to bring a full report on this strand of the work of the Child Protection Committee and partners to a future meeting of the IJB Board.

4.9 Inverclyde Child Protection Committee will implement monitor and review work to achieve the improvements in the priority focus areas above.

## 5.0 IMPLICATIONS

### FINANCE

5.1 Financial Implications:

There are no proposals for any change in the Child Protection Committee support budget for 2015/16.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

5.2 There are no legal issues within this report.

## **HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

## **EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## **REPOPULATION**

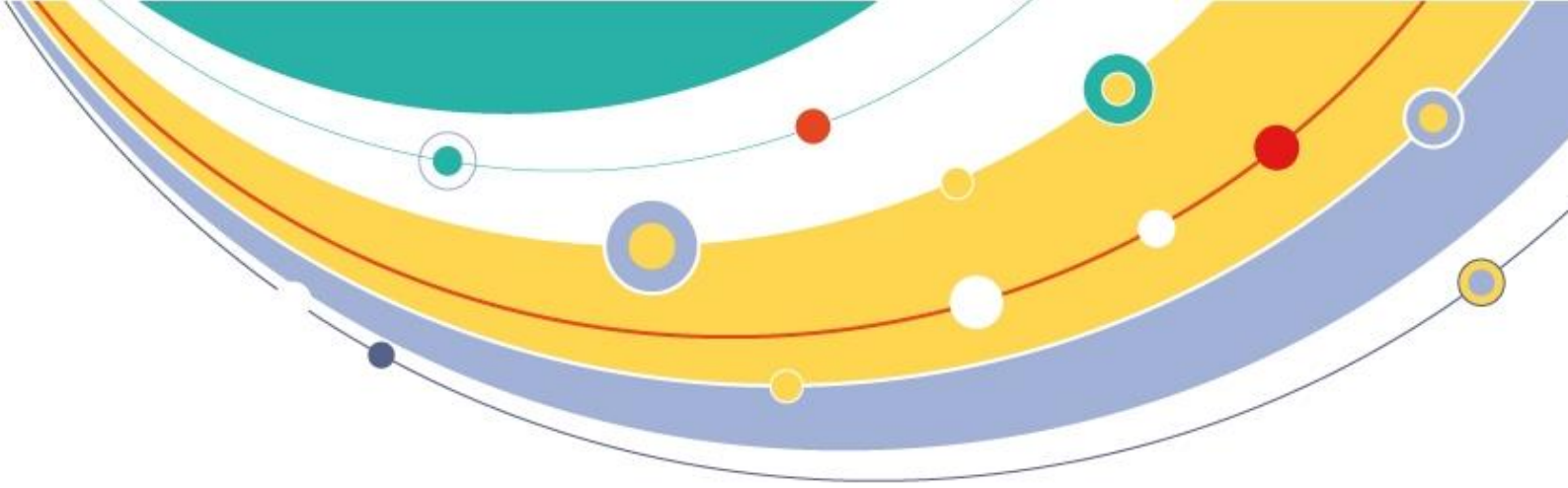
5.5 There are no repopulation issues within this report.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer's Group.

## **7.0 BACKGROUND PAPERS**

7.1 None.



Inverclyde Child Protection Committee

**ANNUAL REPORT 2014/15  
&  
IMPROVEMENT PLAN 2014/16**

**We Care, We Listen, We Act**



*Sharing Responsibility - Protecting Children*

Report available to download from  
[www.invercydechildprotection.org](http://www.invercydechildprotection.org)

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## 1.0 PREFACE

I am very pleased to present the 2014 -2015 annual report and improvement plan for Inverclyde child protection committee.

Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2014-2015 as set out in guidance issued to Child Protection Committees. The improvement plan has been implemented with key areas being progressed by the work carried out by the CPC and various subgroups, which is detailed throughout the report.

As a partnership, we recognise the improving outcomes for our most vulnerable children and young people are dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people will not be without its challenges, with the rise in the vulnerable child and young person population and midst a backdrop of austerity; staffs across agencies are being pressed to find more ways of doing things differently. We recognise that change and progression can spawn opportunities for innovation.

Inverclyde's CPC fully embrace the principles underpinning Getting it Right for Every Child, recognising the importance of this agenda in protecting our most vulnerable children. We are working with partners to ensure the development of the named person service and the single child's planning process takes into account effective mechanisms that are already in place to protect children from harm. The partnership and its constituent members embrace the principles and will continue to contribute to the development of a change in culture, systems and practice as we go forward. I would like to thank the committee members and the dedication of the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

*Sharon McAlees*

Chair of Inverclyde Child Protection Committee



## 2.0 Context

Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.

A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.

The authority has a population of approximately 79,860, of whom 16% are children under 16 years and a further 4% are young people aged 16-18 years<sup>1</sup>. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 19.4 per cent compared to the population in 2012. The population aged under 16 in Inverclyde is projected to decline by 31.6 per cent over the 25 year period.

Statistics from the Scottish Index of Multiple Deprivation (SIMD) tell us that Inverclyde has particular problems in regard to deprivation and poverty.

- In SIMD 2012, 14 (12.7%) of Inverclyde's 110 datazones were found in the 5% most deprived datazones in Scotland, compared to 17 (15.5%) in 2009.
- In SIMD 2012, 44 (40%) of Inverclyde's 110 datazones were found in the 15% most deprived datazones in Scotland, compared to 42 (38.2%) in 2009.

Public service delivery is particularly challenging in the context of deprivation and depopulation.

In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice.

'Getting it right for every Child, Citizen and Community' is the Community Planning Partnership vision for Inverclyde. To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes. One of which is 'A nurturing Inverclyde gives all our children and young people the best possible start in life'

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<sup>1</sup> National Records of Scotland Mid 2014 Population Estimates  
<http://www.nrscotland.gov.uk/files//statistics/population-estimates/midyear-2014/14mid-year-pe-cahb-publication-correction.pdf>

Partners in Inverclyde Child Protection Committee recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children's brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives. Attachment is a core part of this development and ongoing work in Inverclyde is focussed on developing parenting skills to ensure the next generations living in this area are happy, supported and safe.

Exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children who live with such stresses and those being brought up in less stressful households. These children face many risks and improving early years support is key to improving child protection.

Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas.

The work of Inverclyde Child Protection Committee is set within this context while not losing sight of the need for targeted services to respond to the needs of children who are identified as being at risk of, or have experienced significant harm. Chief Officers and senior managers continue to have a 'clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe'<sup>2</sup>.

Child Protection Committees are locally-based, interagency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Within Inverclyde the Child Protection Committee (ICPC) reports to the Inverclyde Public Protection Chief Officer Group who are represented on the Community Planning Partnership. Membership of both Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer Group is given in Appendices 1 and 2.

## **Getting It Right for Every Child**

Inverclyde Child Protection Committee operates within the legislative and policy framework governing the delivery of children's services. The Getting it Right for Every Child (GIRFEC) policy agenda and the related legislative elements of Children and Young People (Scotland) Act (2014) relating to the named person service and the single child's plan are having and will continue to have a significant impact on the way services for children are delivered including services for children at risk of significant harm.

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<sup>2</sup> National Guidance for Child Protection in Scotland 2014

The principles underpinning GIRFEC are fully embraced by the Child Protection Committee and inform our response to the needs of children and their families living in the Inverclyde Area. As a partnership, we recognise success is dependent on collaborative working and effective teamwork. We are resolute in our approach to improving services by ensuring they are designed, developed and delivered around the needs of children, young people and their families, building on an already strong commitment to continuous improvement.

The successful implementation of GIRFEC is our shared task and we recognise the need to work together effectively to achieve this objective. We believe we are making good progress but are not complacent in this regard. We have focused on the need to support a shift in culture that breaks down professional barriers and places the needs of children at the centre of our decision making processes.

Partners across the authority are working towards the introduction of a single plan to ensure that children are not subjected to multiple assessment and care planning processes and to the formal introduction of the named person service for all young people. We will continue to advance this agenda at all levels in our organisations.

### 3.0 Child Protection Statistics

Scottish Government publishes annual social work statistics for children's services covering the period 1<sup>st</sup> August to 31<sup>st</sup> July (drawn from data provided by individual local authorities). The most recent report available covers the period from August 2013 to July 2014<sup>3</sup>. This data forms the basis of this section of the ICPC annual report.

The Scottish Government report highlighted that since 2000 there has been a steady 41% increase in the number of children on the child protection register in Scotland. The report notes that 2014 saw the largest year on year increase since 2009 with an increase of 9%. It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31<sup>st</sup> March up to 2010 and 31<sup>st</sup> July for 2011-2014). Inverclyde saw an increase of 12.5% between 2013 and 2014 which is slightly higher than the national percentage change.

At 31 July 2014, there were 2,882 children on the child protection register in Scotland. On this date there were 27 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.2. The Inverclyde rate for the same date was 2.0. This is lower than our comparator authorities of West Dunbartonshire (2.6), North Ayrshire (4.6), Renfrewshire (2.6) and East Ayrshire (2.3) but higher than North Lanarkshire (1.2) who are also a comparator authority.

National statistics show that children continue to be placed on child protection registers at younger ages. On 31<sup>st</sup> July 2014 more than half of children on the child protection register in Scotland (53%) were aged under five. This mirrors the local picture where on the same date, 52% of children placed on the child protection were aged 5 years and under.

In line with Scottish Government CP statistics there are no apparent strong gender pattern of children on Inverclyde's child protection register.

Since 2012 multiple concerns have been recorded at each case conference (rather than just the main category of abuse), meaning that the total number of concerns is larger than the total number of registrations. The table on the following page outlines the concerns identified for children in Inverclyde placed on the child protection register between 1<sup>st</sup> August 2013 and 31<sup>st</sup> July 2014. Scottish statistics for those on the Child Protection Register on 31<sup>st</sup> July 2014 are provided for comparison.

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<sup>3</sup> Children's Social Work Statistics Scotland, 2013-14 (Published March 2015)

## Areas of Concern for Children on Child Protection Committee

Areas of Concern	Children Inverclyde (number and % of all children registered 14-15)	Scotland (% of children on register at 31 <sup>st</sup> July 2014)
Domestic abuse	39 (78%)	1073 (37%)
Parental alcohol misuse	28 (56%)	640 (22%)
Parental drug misuse	38 (76%)	603 (21%)
Non-engaging family	14 (28%)	621 (22%)
Parental mental health problems	19 (38%)	735 (26%)
Children placing themselves at risk	0	60 (2%)
Sexual abuse	7 (14%)	218 (8%)
Child exploitation	0	13 (0.5%)
Physical abuse	8 (16%)	669 (23%)
Emotional abuse	32 (64%)	1121 (39%)
Neglect	31 (62%)	1013 (35%)
Other concerns (NB: parental offending behaviour, history of poor parenting)	33 (66%)	432 (15%)
Average number of Areas of concern per child	5.0	2.6

The most common concerns recorded in Inverclyde were domestic abuse and parental drug misuse at over 75% followed by emotional abuse, neglect and parental alcohol misuse, all at over 50% of registrations. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse are all priority areas within ICPC Improvement Plan.

Children placed on the Child Protection Register in Inverclyde have on average 5 areas of concern identified per child. This is significantly more than the national average of 2.6 concerns per child. Within Inverclyde there is no limit to the number of areas of concern that can be identified during child protection conferences.

Within Inverclyde there were 101 children subject to case conferences between August 2013 and July 2014 (an increase of 44.3% from the previous year). These conferences resulted in 68 children being placed on the child protection register. Within Inverclyde therefore 67% of children who attended a case conference were placed on the child protection register.

## 4.0 Fulfilling Functions

The functions of the child protection committee are continuous improvement, strategic planning, public information and communication<sup>4</sup>. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee as at 31<sup>st</sup> March 2015.

### 4.1 Public Information and Communication

The child protection committee is responsible for ensuring there is accessible public information to raise awareness of child protection and what action should be taken if an individual has concerns about a child. This not only relates to the public but also to staff within and across agencies who need to be clear about their roles and responsibilities when they have concerns that a child or young person is at risk of harm.

The child protection committee also have a role to play in ensuring children, young people and their families are involved in discussions and decision making within the child protection system.

This year we have

- Reported on the public awareness ‘Speak Out’ campaign that was delivered in March 2014 to Child Protection Committee and CHCP (now HSCP) Committee
- Developed and delivered the ‘We Care, We Listen, We Act’ public awareness campaign, involving children and young people in the development of the campaign design through a poster competition and follow on activities.
- Revised the remit of the Communications sub group following a review by ICPC.
- Maintained our website for the general public and professionals, achieving an average of just over 6,000 visits per month during 2014-15.
- Continued to contribute to the development of the national website for public awareness about child protection and related issues <http://withscotland.org/public>
- Undertaken and reported on an evaluation of communication activity with members of the public and professionals using an online survey tool.
- Updated our core information materials targeted at the general public.
- Initiated a review of the use of ‘Viewpoint’, a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences.
- Contributed to the ongoing development of a children and young people’s participation strategy for Inverclyde.

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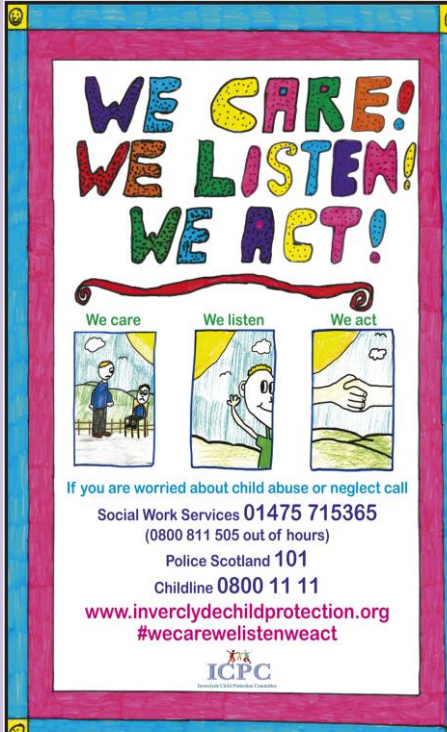
<sup>4</sup> National Guidance for Child Protection in Scotland 2014

## We, Care, We Listen, We Act



**We care We listen We act**


If you are worried about child abuse or neglect call  
Social Work Services **01475 715365**  
(0800 811 505 out of hours)  
Police Scotland **101**  
Childline **0800 11 11**  
[www.inverclydechildprotection.org](http://www.inverclydechildprotection.org)  
[#wecarewelistenweact](https://twitter.com/wecarewelistenweact)



**WE CARE!  
WE LISTEN!  
WE ACT!**

**We care We listen We act**

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[www.inverclydechildprotection.org](http://www.inverclydechildprotection.org)  
[#wecarewelistenweact](https://twitter.com/wecarewelistenweact)



The campaign took place during March 2015.

The key message of the campaign was that children and young people have the right to be safe and protected from harm and that young people themselves can play a part in supporting their friends and speaking to someone if they are worried about what is happening to them.

In order to involve as many young people as possible an Inverclyde wide schools poster competition was held in October / November 2014. The pupils who produced the winning designs were involved throughout the development and as part of the promotion of the campaign.

Inverclyde Child Protection Committee also produced a set of guidelines to make children, young people and their parents think more about how they could help keep others safe.

The promotion of the campaign involved direct activity targeted at children and young people through schools alongside a wider marketing approach and media strategy with a combination of print, online, outdoor and social media based approaches.

Schools were supplied with posters and red wrist-bands printed with the campaign slogan for distribution to all pupils. Head Teachers were provided with information on the background to the campaign and encouraged to support the promotion of the campaign during school assemblies and with classroom activities.

A qualitative evaluation is planned in order to assess the impact of the campaign for young people. This will be complemented by analysis of website and twitter statistics.



## **Evaluation of Communications Activity**

A consultation on public awareness materials and the general approach to communication with staff and members of the public was undertaken in 2014/15.

This found that while some members of the public appeared comfortable to access information online or via a phone helpline most reported they would definitely read a poster or pick up a leaflet and all respondents reported that information should continue to be made available in leaflet format.

Approximately 90% of professionals who responded had seen Inverclyde Child Protection Committee materials and referred to them for their own information, and those who commented on the style and content generally expressed positive views. A lower but still significant proportion had given materials to a client or member of the public.

Gaps identified in the information provided on child protection included, listening and talking to children about things that worry them, impact of parental mental health problems and impact of parental drug and alcohol problems.

Supplying leaflets and information resources directly to staff in their workplace was a preferred route of communication for many. A significant proportion of staff were happy to download information materials from the website or receive information via electronic newsletters. The most commonly preferred route to access professional updates on child protection was however through attendance at training or a briefing session.

Priorities for 2015/16 will be

- Develop and deliver a public awareness campaign focussed on Child Exploitation
- Reprint and distribute child protection poster based on Speak Up design
- Complete the review the 'Viewpoint' tool

## **4.2 Continuous Improvement**

Continuous improvement and the promotion of good practice are achieved through the linked functions of self-evaluation, development and review of policies, procedures, protocols and guidance, and facilitating learning and development of staff.

### **4.2.1 Self-Evaluation**

The child protection committee recognises that self-evaluation is central to continuous improvement of services which in turn helps improve outcomes for children. Self-evaluation encompasses a range of activities including reflective practice and supervision, review and analysis of management information, case file audits and closer focus exercises to evaluate specific aspects of practice or service delivery.

During 2014/15 we have

- Revised the format of statistical reporting to ensure quarterly activity reports are produced timeously for consideration by CPC.
- Produced an annual management information report identifying key findings and recommendations for further action
- Completed and reported on a multiagency case evaluation specifically examining issues of neglect.
- Completed and reported on an audit of adherence to child protection timescales resulting in an amendment of local and West of Scotland timescales to bring them into line with National timescales.
- Participated in a police led retrospective investigation of potential Child Sexual Exploitation concerns and reported on the local findings.
- Undertaken and reported on snapshot audits of attendance and submission of reports to child protection meetings (March & September 2014).
- Undertaken and reported on multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks (7 children from 4 families) and on all cases where a child or young person has been re-registered within 1 year of being deregistered (1 child).
- Undertaken and reported on a review of local practice in relation to undertaking Joint Investigative Interviews with recommendations for both police and social work.
- Undertaken and reported on a survey of adult services adherence to National Child Protection Guidelines.
- Undertaken and reported on a survey of service provision for children affected by parental substance misuse.
- Undertaken an audit of caseloads in HSCP Children and Families Services and Alcohol and drug services to provide basic information on children affected by parental substance misuse.
- Facilitated a joint session between Child Protection Committee and SOA6 'Best Start in Life' group to explore issues in relation to self-evaluation and the Services for Children Inspection
- Developed recommendations and action plan in response to significant case review which was concluded in March 2014 and reported regularly on progress.
- Facilitated Child Protection Committee discussion on Child Protection and Disability and Child Sexual Exploitation and identified local priorities for action.

### **Annual Management Information Review**

The main findings from the 2013/14 annual management information review were:-

- 1 The percentage of referrals to Reporter where the decision was to convene a Children's Hearing was low at only 14%. As a result it was agreed to undertake a case review looking at the outcome of cases on the Child Protection Register with a recommendation for a supervision requirement.
- 2 An increase in registrations from a low of 17 on 30<sup>th</sup> June 2013 to a high of 44 on 30<sup>th</sup> September 2013 was recorded. Analysis was carried out on numbers of child protection registrations following the reported low numbers of children on the Register in 2012/13. This analysis also considered the subsequent increase in registrations. No concerning issues or changes in practice were identified.
- 3 An increase in number of children on the Child Protection Register for over 24 weeks was recorded in the final quarter of 2013/14. Case reviews were undertaken for all cases where a child's name remained on the Child Protection Register for over 52 weeks (four cases involving 7 children) and a review of the findings from these audits was undertaken.

The review concluded that there was no indication that the period of registration for any of the children was longer than required given the individual circumstances of each case and that significant and appropriate supports were available to all children and families reviewed.

### **A Closer Look at Neglect – Self-evaluation Case Review**

Self-evaluation activity was undertaken involving an intensive multiagency case review of 8 cases where concerns of neglect had been identified.

The review concluded that the immediacy of response under child protection was robust and demonstrated clear initial planning that supported a reduction of risk. The involvement of children and families in the selected cases was very good and in the majority of cases there was strong evidence that the child's needs were being met with the support of services, and that multiagency working including the use of core groups was effective in ensuring needs continued to be met. This was particularly evident for the babies in the sample where, as a result of pre-birth assessment, risk was identified and plans were in place to manage this risk following the birth of the child. These plans were found to have been effective in meeting the needs of newborn babies.

Consideration of the findings of the review led however to reflections on practice around five core issues, evidence based assessment, assessment of parental motivation to change, child protection plans, longer term planning and response to accumulative concerns of neglect. Actions are being progressed in response to these reflections.

Priorities for 2015/16 will be

- Continue to review child protection related management information from all agencies and identify implications for practice
- Continue to undertake regular multiagency case file review activity and identify implications for practice
- Undertake specific focus self-evaluation activity on
  - Interface between child protection processes and Children's Hearing System
  - Child Protection Medicals

#### *4.2.2 Policies, Procedures, Protocols and Guidance*

There needs to be clear and robust single and multiagency policies, procedures and protocols in place to support staff within and across agencies in carrying out their responsibilities to safeguard and protect children. A function of the child protection committee is to encourage constituent services and agencies to have in place their own policies and procedures and to maintain and review multiagency child protection procedures for use across all agencies. It is also a function of the child protection committee to ensure multiagency procedures; protocols and guidance are developed around key issues where there is agreement that this is required.

During 2014/15 we have

- Contributed to the maintenance and review of the West of Scotland Multiagency Child Protection Procedures
- Contributed to the consultation on Police Scotland Standard Operating Procedures on Underage Sexual Activity
- Contributed to the consultation on the National Guidance on Significant Case Reviews
- Contributed to the ongoing development of West of Scotland Guidance on working with resistance.
- Considered the implications of the 2014 update of the National Guidance for Child Protection in Scotland.
- Published practitioner guidance for those working with families with adult mental health and child protection or child welfare needs.
- Approved and published Guidance on Child Protection for Registered Social Landlords
- Developed and published practitioner guidance on forced marriage.
- Developed and secured approval for a Multiagency Working in Complex Cases process.
- Reviewed the Domestic Abuse Protocol.
- Developed new guidance for practitioners working with children affected by parental substance misuse.

### **Multiagency Working in Complex Cases**

A process has been developed and endorsed by ICPC for the use of a facilitated multiagency discussion in the following situations

- 1 Where there is complexity and specific expertise is required to understand the issues presented by the case
- 2 Where there is significant professional difference that cannot be resolved within the core group
- 3 Following situations where there has been professional difference or confusion of roles and responsibilities.

The aim of the discussion will be to promote understanding between professionals, identify barriers to effective collaboration, encourage reflection, scrutiny and evaluation, gain access to new ideas and information and develop practice based on research and expert evidence.

The discussion may be facilitated by a colleague from a partner agency who is not involved in the case but has particular expertise in the issues of concern and /or who has skills in facilitation or it may be more appropriate to engage a facilitator from outwith any of the partner agencies.

### **Forced Marriage**

A Forced Marriage is a marriage in which one or both spouses do not (or, in the case of children/young people/adults at risk, cannot) consent to the marriage and duress is involved. Duress may be from parents, other family members and the wider community.

During 2014/15 Inverclyde Child Protection Committee, working with Inverclyde Adult Protection Committee and the Violence Against Women Multiagency Partnership, developed and published multiagency guidance on responding to forced marriage. The aim of this guidance is to assist staff from all agencies to respond appropriately to situations of forced marriage / risk of forced marriage by providing information and advice on good practice. Also included in the guidance is a list of local agency leads who can support staff responding to situations of forced marriage and a list of resources and contacts who may be able to provide specialist advice and guidance.

A briefing session was delivered for key staff from across partner agencies and follow up awareness raising activity is planned for 2015/16.

Priorities for 2015/16 will be

- Complete the development, secure approval and implement local guidelines in relation to Children Affected by Parental Substance Misuse.
- Review the following
  - Arrangements for Child Protection Medicals
  - Guidance on Child Trafficking
  - Local Guidance on Conducting Significant Case Reviews
- Complete the development of a West of Scotland Toolkit on working with Resistance
- Develop and implement a local operational model to respond to concerns of Child Sexual Exploitation.
- Revise local procedures for applying for Child Protection Orders.

#### *4.2.3 Learning and Development*

By promoting good practice through the delivery of a learning and development programme the child protection committee supports the multiagency workforce to effectively protect children.

During 2014/15 we have

- Delivered a core multiagency training programme including the introduction of a child protection update seminar which was delivered to over 100 participants.
- Delivered awareness sessions on the MARAC process (for the review of cases where there is high risk from domestic abuse), Forced Marriage and Female Genital Mutilation (FGM)
- Developed and delivered our 7<sup>th</sup> annual multiagency conference on Promoting Recovery:- Therapeutic and Community Based Approaches
- Produced an annual evaluation report on the training delivered to provide information on effectiveness and relevance to improving practice.
- Developed a training plan on child sexual exploitation awareness for delivery in 2015/16
- Undertaken a review of the Inverclyde Child Protection Practitioner's Forum and produced a plan for development of this forum.

### **Multiagency Training Programme**

Inverclyde Child Protection Committee delivers an annual programme of multiagency training and development opportunities. This includes core courses including a ½ day child protection awareness course delivered eight times over the year and a full day course on the law and court skills delivered in Greenock Sheriff Court. Child Protection updates and training on priority issues within child protection are also included in the programme.

During the year 2014/15 there was a total of 25 training sessions across 12 different courses were delivered by Inverclyde Child Protection Committee with a total of 563 participants attending (excluding the Annual Conference).

Evaluation of each of the twelve courses indicated that for each course 98% or more of the participants learnt something they could use in practice. An average of 79% of participants rated the courses they attended as very good with 21% rating the courses they attended as good.

### **Promoting Recovery:- Therapeutic and Community Based Approaches**

The Child Protection Committee Conference for 2015 took place at the Beacon Arts Centre in Greenock. In total 126 individuals attended, drawn from a range of agencies (including the voluntary sector). In selecting speakers and workshop providers it was hoped to inspire staff as speakers and facilitators shared their personal and professional experience of promoting recovery from childhood abuse, neglect and other childhood adversity.

99% of participants reported that the conference had met the aim of increasing knowledge and understanding of a range of approaches that can be used to support and nurture children and young people who have suffered as a result of abuse and/or neglect

100% of participants reported that the conference had met the aim of encouraging them to reflect on how key elements of these approaches can be used in practice

At the end of the conference a challenge was issued to participants to

***‘Consider the opportunities that present themselves every day to aid recovery’***

Priorities for 2015/16 will be

- Continue to deliver a programme of core training and learning opportunities
- Develop and deliver new learning opportunities on the issues of
  - Parental Mental Health
  - Child Protection and Disability
  - Child Sexual Exploitation
  - Children Affected by Parental Substance Misuse
- Develop and deliver our 8<sup>th</sup> annual multiagency conference on child exploitation
- Support the development of the Practitioner's Forum

### 4.3 Strategic Planning

Strategic planning for child protection sits within the wider strategic planning arrangements for Inverclyde and encompasses the functions of collaboration, co-operation and making links with other planning fora. The child protection improvement plan is encompassed within the Single Outcome Agreement delivery plan, outcome 6 'A nurturing Inverclyde gives all our children and young people the best possible start in life'.

Progress on the child protection improvement priorities and other key elements of the child protection committee work plan are reported regularly to the ICPC and Inverclyde Public Protection Chief Officer Group.

The Child Protection Committee priority areas for improvement in 2014/16 include

- Multiagency Self Evaluation
- Children Affected by Domestic Abuse
- Children Affected by Parental Substance Misuse
- Children Affected by Parental mental health problems
- Underage Sexual Activity / Child Sexual Exploitation
- Children's Voice / Participation in Child Protection

#### 4.3.1 *Collaboration, Co-operation & Making Links with Other Planning Fora*

The child protection committee works closely with strategic groups at both a national and local level to make sure that the protection of children in Inverclyde does not stand alone but is central to policy planning and development.

During 2014/15 we have

- Contributed to the work of
  - National Child Protection Committee Chair's Forum
  - National Child Protection Committee Lead Officer Group
  - West of Scotland Child Protection Consortium
- Developed joint working with the Alcohol and Drug Partnership through the work of a joint sub group focus on improving outcomes for Children Affected by Parental Substance Misuse



- Continued to work in close collaboration with the Violence Against Women Multiagency Partnership on issues including the mentors in violence prevention programme, forced marriage, FGM and domestic abuse screening processes.
- Secured representation on CPC from registered social landlords and local GPs.
- Contributed to the work of the GIRFEC Planning groups to ensure the needs of children at risk of significant harm are considered within the wider development of the named person service and child's planning arrangements.
- Worked closely with the Children's Rights Officer to ensure child protection related issues are considered from a children's rights perspective

## 5.0 CONCLUSION

Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2015/16 demonstrates our continued commitment to strive for excellence in the protection of children.

## **6.0 IMPROVEMENT PLAN 2014-2016**

The Improvement Plan is presented below has been updated to reflect developing priorities for Inverclyde Child Protection Committee. It outlines five priority areas for improvement. It is underpinned by the ongoing work of the Child Protection Committee and sub groups which is outlined in sub group work plans and the minutes of CPC meetings.

**Planning for improvement**

**CHILD PROTECTION COMMITTEE**

**IMPROVEMENT PLAN April 2014 – March 2016  
(updated April 2015)**

**Theme - SAFE**

<b>Focus Area</b>	<b>Where are we now?</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/lead?</b>
<b>1 Children Affected by Parental Substance Misuse (CAPSM)</b>	<p>An ICPC multiagency Protocol was published in 2008 and updated in 2010. Refreshed GOPR guidance was published by Scottish Government in 2013.</p> <p>A CPC / ADP sub group was established in 2013 to drive this agenda forward. This working group has developed an action plan with the following focus areas</p>	The level of risk experienced by children affected by parental substance misuse is reduced as a result of the intervention of services.	<p>Undertake audit activity to provide an overview of the scale and nature of CAPSM within Inverclyde</p> <p>Review and revise multiagency procedure for assessing and managing CAPSM cases</p> <p>Develop multiagency training to meet identified needs</p> <p>Investigate unmet need for services</p>	<p>Audit report and recommendations considered by CPC 2014/15 (completed)</p> <p>Revised guidelines published 2015/16</p> <p>Training needs identified 2014/15 (completed) Delivery of training 2015/16</p> <p>Report 2014/15 (completed)</p> <p>Service development proposals 2015/16</p>	CAPSM sub group

Focus Area	Where are we now?	Where do we want to be?	How will we get there?	How will we know?	Who will be involved/ lead?
<p><b>2</b> <b>Participation in Child Protection</b></p>	<p>HMIe, reporting in 2011 rated the QI ‘Children are listened to and respected’ as excellent. This finding is reflected in the findings of multiagency case file audits.</p> <p>Children and young people who are 5 years and over are given the opportunity to complete CP8 for initial and Viewpoint for review conferences</p> <p>6 monthly data reports have been produced however these show a decline in the use of Viewpoint by children attending Child Protection Review Conferences.</p>	<p>All children are given the opportunity, support and encouragement to contribute their views during CP processes</p> <p>Young people’s views are used to inform development of child protection services</p>	<p>Gather and report on the views of young people and workers regarding young people’s contribution to CP meetings and update tools and processes</p> <p>Monitor and evaluate the contribution of children and young people to Child Protection meetings and decisions</p>	<p>Report produced 2015/16</p> <p>Evaluated and reported as part of multiagency case reviews. (completed for 14/15 and ongoing in 15/16)</p>	<p>Performance Management Sub group</p>

<b>Focus Area</b>	<b>Where are we now?</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/lead?</b>
<b>3 Children Affected by Domestic Abuse</b>	<p>Domestic Abuse was an area of concern in 56% of new Child Protection registrations in the year 2013.</p> <p>Comprehensive spread of services and processes in place to support to victims of domestic abuse and their children (statutory and voluntary sector) including :-</p> <ul style="list-style-type: none"> <li>• Practice guidance</li> <li>• Multiagency screening process</li> <li>• ASSIST service</li> <li>• MARAC process</li> <li>• Cedar service</li> </ul> <p>There is a lack of documented evidence that the views of children and young people are influencing service developments.</p>	<p>The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services.</p> <p>Children who have experienced domestic abuse will be offered a service that meets their need for support.</p>	<p>Raise awareness of the MARAC and increase referrals</p> <p>Raise awareness of and increase referrals to the CEDAR service.</p> <p>Specialist Services working with children affected by domestic abuse contribute to the development of a Youth Participation Strategy.</p>	<p>MARAC information sessions delivered and referral data routinely reported 2014/15 (completed)</p> <p>Annual Reports and monitoring data (awareness raising completed and referral data monitored)</p> <p>Documented evidence of participation of service users (children and young people)</p>	<p>Violence Against Women Multiagency Partnership</p>

<b>Focus Area</b>	<b>Where are we now?</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know? (including time-scales)</b>	<b>Who will be involved/ lead?</b>
<b>4 Children affected by parental mental health problems</b>	<p>Parental Mental Health was an area of concern in 37% of new child protection registrations in 2013.</p> <p>Practitioner guidance has been developed and the need for joint learning and development opportunities has been recognised.</p> <p>Inverclyde working group established to consider perinatal mental health issues</p>	<p>Staff working in adult mental health services and those working with children and their families are skilled and confident in providing effective and consistent support to children affected by parental mental health problems and their families.</p>	<p>Develop deliver and evaluate multiagency learning opportunities</p> <p>Produce recommendations to improve perinatal mental health and the protection of unborn children and babies.</p> <p>Review of the SNIPS process including the contribution of the perinatal mental health service.</p>	<p>Delivery commenced 2014/15 (scheduled April 2015)</p> <p>Report back to Child and maternal health strategy group and to CPC 2014/15 (completed)</p> <p>Report back to CPC 2015/16</p>	<p>Joint Children's Services &amp; Adult mental Health services working group</p>

<b>Focus Area</b>	<b>Where are we now?</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>5 Multi-Agency Self Evaluation of Child Protection outcomes and activity</b>	<p>HMIE evaluated Self Evaluation as very good in 2011.</p> <p>The CPC adopts a focussed approach to self-evaluation in relation to child protection outcomes and activities.</p> <p>SOA6 sub group will undertake wider self-evaluation activity in relation to services for children.</p>	<p>Systems are rigorous, systematic, embedded and transparent.</p> <p>A collective approach is taken to improvement in services to protect children.</p> <p>Case reviews and other self-evaluation activity informs and improves practice</p>	<p>Review audit process and outcomes</p> <p>Continue to widen the pool of trained staff involved in multiagency self-evaluation.</p> <p>Specific focus self-evaluation activity to be undertaken on up to 4 areas per year identified through routine audit and monitoring.</p> <p>Single agency self-evaluation activity based on child protection quality indicators scoped and reported</p> <p>Monitor implementation of recommendations from the SCRs, case audits etc.</p>	<p>Report to CPC 2014/15 (outcomes review completed) Minutes recording involvement (completed)</p> <p>4 specific focus activities reported 2014/15. (completed) 3-4 specific focus activity reported 2015/16 Report to CPC 2014/15</p> <p>Routine reporting to CPC (completed for 2014/15)</p>	<p>Performance Management sub group</p>



<b>Focus Area</b>	<b>Where are we now?</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>6 Child Sexual Exploitation (CSE) [added 2015]</b>	<p>During 2013 and 2014, CPC partners participated in a scoping, screening and investigation operation led by Strathclyde Police / Police Scotland.</p> <p>The CPC has adopted the West of Scotland Practitioner Resource on Child Sexual Exploitation for use in Inverclyde.</p> <p>A CPC sub group was established in December 2014 to drive this agenda forward. This strategic group has representation at a senior manager level from a wide range of partners.</p> <p>The Strategic group are developing a detailed action plan to identify and respond to local need.</p>	<p>Services take effective action to prevent Child Sexual Exploitation, protect and support the recovery of children and young people who are at risk of abuse or are abused through sexual exploitation, and disrupt and prosecute those who perpetrate this form of abuse.</p>	<p>Taking account of findings from local and national investigations, recommendations from the Scottish Government Action Plan on CSE, and the work of the national CSE working group, identify where Inverclyde's response to CSE should be adapted or enhanced to ensure it meets the needs of those at risk.</p> <p>Plan, deliver and evaluate a programme of action to meet priority areas of need in relation to</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Intervention</li> <li>• Disruption</li> <li>• Recovery</li> </ul>	<p>Priority action plan for 2015/16 agreed by Strategic Group by June 2015.</p> <p>Ongoing monitoring of progress by Strategic Group.</p> <p>Audit and review of cases where child sexual exploitation is an area of concern.</p>	<p>Child Sexual Exploitation Strategic Group</p>



## 6.0 APPENDICES

**Appendix 1** Members of Inverclyde Child Protection Committee as at 31 March 2015

Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
John Arthur	Inverclyde Council: Education and Communities
Sandra Boyle	Mindmosaic (representing the 3 <sup>rd</sup> sector)
Pamela Brady	COPFS
Nichola Burns	Police Scotland
Jane Cantley	Inverclyde Community Health & Care Partnership
Karen Gleed	NHS Greater Glasgow & Clyde
Elsa Hamilton	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Samantha King	Barnardo's Nurture (representing 3 <sup>rd</sup> sector)
Gerard Malone	Inverclyde Council: Legal Services
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership )
Aine McCrea	Inverclyde Community Health & Care Partnership

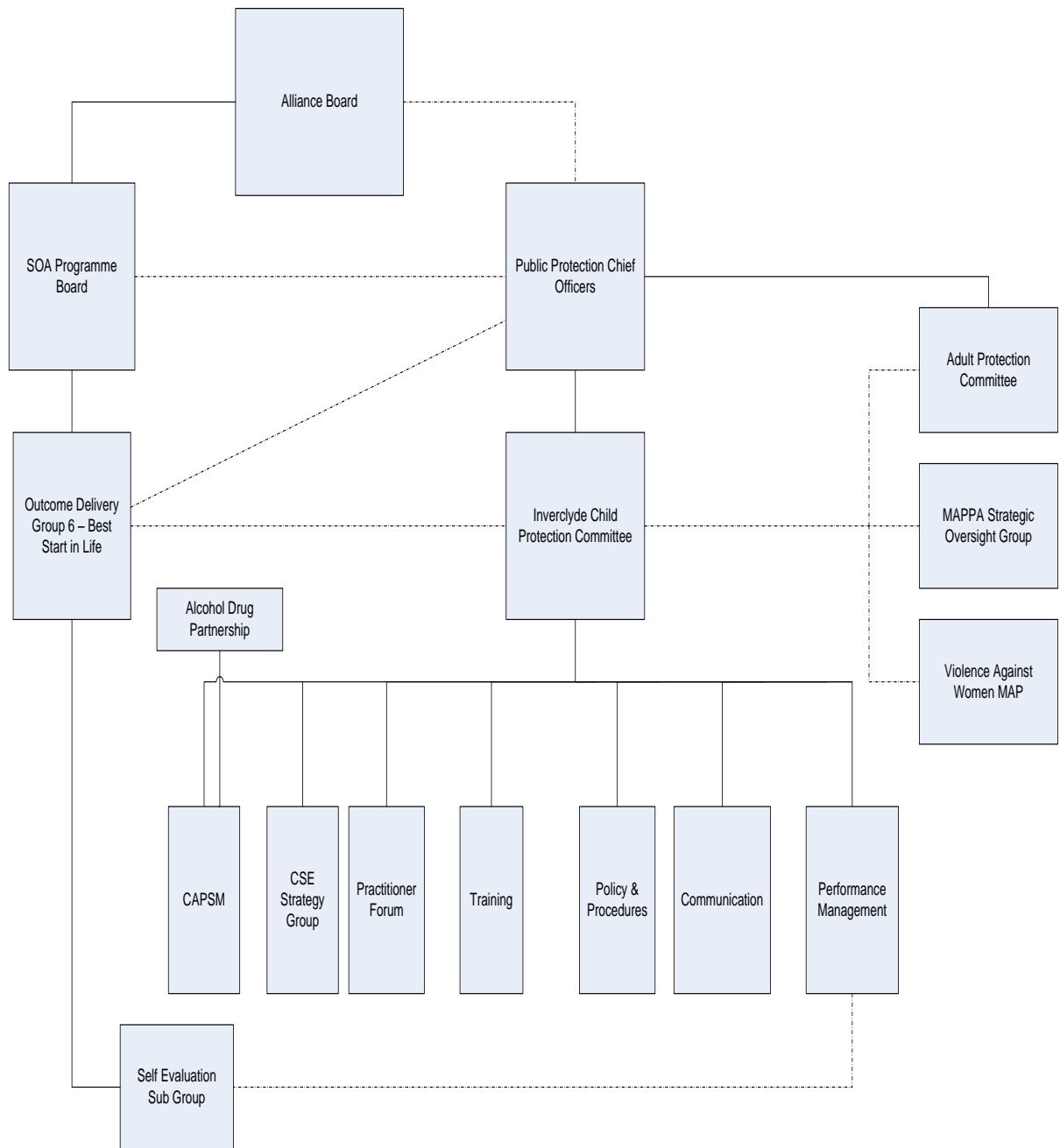
<b>Membership</b>	<b>Agency</b>
Kenneth Ritchie	Scottish Children's Reporter Administration
Jane Wallace	Riverclyde Homes (representing local housing associations)
Susan Mitchell (in attendance)	Inverclyde Child Protection Committee

**Appendix 2** Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2015

<b>Membership</b>	<b>Agency</b>
John Mundell (Chair)	Chief Executive, Inverclyde Council
Brian Moore (Vice Chair)	Director, Inverclyde Community Health Care Partnership
Patricia Cassidy	Corporate Director Education & Communities
Hugh Clark	Convener Adult Protection Committee
Rosslyn Crocket	NHS Greater Glasgow & Clyde Health Board
Sharon McAlees	Inverclyde Community Health Care Partnership
Kenneth Ritchie	Scottish Children's Reporter Administration
Alan Speirs	Divisional Commander, Police Scotland

### Appendix 3

## Governance Structure of Inverclyde Child Protection Committee



**Representation between key local planning groups linked to Inverclyde Child Protection Committee is listed below**

Alliance Board & Public Protection Chief Officer Group	John Mundell
SOA Programme Board & Public Protection Chief Officer Group	John Mundell
SOA6 Outcome Delivery Group & Public Protection Chief Officer Group	Patricia Cassidy
SOA6 Outcome Delivery Group & Inverclyde Child Protection Committee	Sharon McAlees
Alcohol and Drug Partnership & Inverclyde Child Protection Committee	Bob McLean
Violence Against Women Multi-Agency Partnership & Inverclyde Child Protection Committee	Jane Cantley
Adult Protection Committee & Inverclyde Child Protection Committee	Bob McLean
MAPPA Strategic Oversight Group & Child Protection Committee	Sharon McAlees



**Report To:** Health & Social Care Committee      **Date:** 7<sup>th</sup> January 2016

**Report By:** Brian Moore  
Chief Officer  
Inverclyde Health and Social Care  
Partnership (HSCP)      **Report No:** SW/02/2016/HW

**Contact Officer:** Helen Watson  
Head of Service  
Planning, Health Improvement &  
Commissioning      **Contact No:** 01475 715285

**Subject:** HSCP Internal Services Care Inspectorate Gradings Annual  
Report 2015

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## **1.0 PURPOSE**

The purpose of this report is to update the Health & Social Care Committee on Inverclyde HSCP Internal Services Care Inspectorate (CI) Gradings.

- 1.1 The reporting period is 1<sup>st</sup> November 2014 to 31<sup>st</sup> October 2015.

## **2.0 SUMMARY**

- 2.1 During the reporting period 1<sup>st</sup> November 2014 to 31<sup>st</sup> October 2015 there were 10 Care Inspectorate (CI) inspections carried out across Inverclyde HSCP's 13 internal services.
- 2.2 Three Inverclyde HSCP internal services were not inspected during the reporting period. This was because their inspection schedule did not fall in the reporting period.
- 2.3 Five Inverclyde HSCP internal services increased in one or more theme grade as their previous inspection.
- 2.4 Five Inverclyde HSCP internal services maintained the same theme grade(s) as their previous inspection.
- 2.5 No Inverclyde HSCP internal services reduced in theme grade compared to their previous inspection.

## **3.0 RECOMMENDATION**

- 3.1 That the Health & Social Care Committee note the attached CI Grading report for the period of 1<sup>st</sup> November 2014 to 31<sup>st</sup> October 2015 (Appendix 1).

**Brian Moore**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**

## 4.0 BACKGROUND

4.1 This report is based on Inverclyde HSCP Internal Services Care Inspectorate gradings on inspections carried out over the reporting period 1<sup>st</sup> November 2014 to 31<sup>st</sup> October 2015.

4.2 The Care Inspectorate regulates care services in Scotland; it ensures that registered services abide by the law as set out in the Public Services Reform (Scotland) Act 2010. Prior to 1<sup>st</sup> April 2011, this function was carried out by the Care Commission. Care services in Scotland cannot operate unless they are registered.

The Care Inspectorate inspects services to the National Care Standards. They award grades and set out improvements if/when required by making recommendations and/or requirements or enforcements which the service has to comply with.

The National Care Standards are produced by the Scottish Government and set out the standards of care people should expect. Care services should meet these standards so that everyone receives high quality care. Each type of care service has its own set of National Care Standards.

Further information in relation to all care services can be found on the Care Inspectorate website at: <http://www.careinspectorate.com/index.php>. A consultation is currently underway by the Care Inspectorate to inform the next generation of National Care Standards.

4.3 The Care Inspectorate grades are assessed on areas of performance and quality in the following 4 themes:

- Quality of Care & Support
- Quality of the Environment
- Quality of Staffing
- Quality of Management & Leadership

And are graded as follows:

- Grade 6 Excellent
- Grade 5 Very Good
- Grade 4 Good
- Grade 3 Adequate
- Grade 2 Weak
- Grade 1 Unsatisfactory

Further information on how the Care Inspectorate inspect can be found on: <http://www.careinspectorate.com/images/documents/168/How%20we%20inspect%20care%20services%20and%20what%20goes%20into%20insp%20reports.pdf>

4.4 There are 13 HSCP internal services registered with the Care Inspectorate, 5 Children and Family Services, 4 Learning Disability Services, 3 Older People Services and the Homelessness Service.

4.5 All 5 Children & Family services were inspected during the reporting period; all services either increased in grade or maintained previous inspection grades. All Children & Family services have received grades of 4 Good to 5 Very Good. No Children & Family services decreased in grade(s).

4.6 Three Learning Disability services were inspected during the reporting period. Outreach & Community Support Service was not inspected. All 3 inspected services either increased in grade or maintained previous inspection grades. All Learning Disability services have received grades of 4 Good to 5 Very Good. No Learning Disability services decreased in grade(s).

- 4.7 Two Older People services were inspected during the reporting period. The 2 inspected services maintained previous inspection grade(s). All Older People services have received grades of 4 Good to 6 Excellent. No Older People's services decreased in grade(s).
- 4.8 The Homelessness Service was not inspected during the reporting period.

## **5.0 Reporting Period 1<sup>st</sup> November to 31<sup>st</sup> October 2015 Updates**

### **5.1 Children & Family Services**

- 5.1.1 Crosshill Children's Residential Unit was inspected on 2<sup>nd</sup> December 2014. The Quality of Care & Support and Quality of Management & Leadership themes increased from Grade 4 – Good, to Grade 5 - Very Good. The Quality of the Environment and Quality of Staffing maintained Grade 5 - Very Good.
- 5.1.2 Kylemore Children's Residential Unit was inspected on 15<sup>th</sup> May 2015. The Quality of Care & Support theme increased from Grade 4 – Good, to Grade 5 - Very Good. The Quality of the Environment, Quality of Staffing and Quality of Management & Leadership maintained Grade 5 - Very Good.
- 5.1.3 Neil Street Children's Residential Unit was inspected on 30<sup>th</sup> August 2015. The Quality of Management & Leadership theme increased from Grade 4 –Good, to Grade 5 - Very Good. All other themes maintained Grade 5 - Very Good.
- 5.1.4 Inverclyde HSCP Adoption Service was inspected on 8<sup>th</sup> January 2015. The Quality of Management & Leadership theme increased from Grade 4 – Good, to Grade 5 - Very Good. All other themes maintained Grade 5 - Very Good.
- 5.1.5 Inverclyde HSCP Fostering Service was inspected on 8<sup>th</sup> January 2015 and maintained grades across Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership themes at Grade 5 - Very Good. The Quality of the Environment is not inspected.

### **5.2 Learning Disability Services**

- 5.2.1 Inverclyde HSCP Fitzgerald Centre was inspected on 20<sup>th</sup> November 2015 and maintained grades across Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership themes at Grade 5 - Very Good. The Quality of the Environment was not inspected.
- 5.2.2 Inverclyde HSCP Learning Disability Care and Support at Home Service was inspected on 26<sup>th</sup> January 2015 and maintained grades across Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership themes at Grade 4 - Good. The Quality of the Environment is not inspected.
- 5.2.3 Inverclyde HSCP's McPherson Resource Centre was inspected on 20<sup>th</sup> August 2015. The Quality of Care & Support, Quality of Environment and Quality of Staffing and Quality of Management & Leadership themes increased from Grade 4 – Good, to Grade 5 - Very Good. The Quality of the Management & Leadership maintained Grade 4 - Good.
- 5.2.4 The Outreach and Community Support Service was not inspected during this reporting period.

### 5.3 Older People Services

- 5.3.1 Inverclyde HSCP Care and Support at Home was inspected on 29<sup>th</sup> May 2015 and maintained grades across Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership themes at Grade 5 Very Good. The Quality of the Environment is not inspected.
- 5.3.2 Inverclyde HSCP Respite Unit was inspected on 5<sup>th</sup> November 2015 and maintained grades across Quality of Care & Support, Quality of Environment, Quality of Staffing and Quality of Management & Leadership themes at Grade 5 - Very Good.
- 5.3.3 Inverclyde HSCP Day Services was not inspected during this reporting period. The previous Care Inspectorate inspection on 23<sup>rd</sup> January 2013 graded the Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership at Grade 5 – Very Good. The Quality of the Environment was graded at Grade 6 - Excellent.

### 5.4 Homelessness Service

- 5.4.1 The Homelessness Service was not inspected during this reporting period.

## 6.0 PROPOSALS

- 6.1 There are no proposals contained within this report.

## 7.0 IMPLICATIONS

### Finance

- 7.1 There are no financial implications in respect of this report.

#### Financial Implications:

##### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

##### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

- 7.2 There are no legal implications in respect of this report.

### Human Resources

- 7.3 There are no personnel implications in respect of this report.

## Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## Repopulation

7.5 The HSCP Joint Commissioning Strategies take into account demographic trends to inform current and future plans for services in Inverclyde.

## 8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde HSCP Internal Services Care Inspectorate Gradings Report Appendix 1 – Reporting Period 1<sup>st</sup> November 2014 to 31<sup>st</sup> October 2015.

## Appendix 1

Last Updated: 31st October 2015

No. C.I. Inspection during reporting period

↑ = Increase in grade

↓ = Decrease in grade

Provider	Type of Provision	Registration Number	Date of Care Inspectorate Inspection	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Care & Support at Home	Home Care & Housing Support	CS2004078042	29 May 2015	5	-	5	5
Crosshill Home	Care Home - Children & Young People	CS2003001104	2 December 2014	5 ↑	5	5	5 ↑
Fitzgerald Centre	Day Care - Adults	CS2003016286	20 November 2014	5	-	5	5
Homelessness Team	Housing Support	CS2004078039	25 April 2014	4	-	4	4
Inverclyde Council Adoption Team	Adoption Service	CS2005087048	8 January 2015	5	-	5	5 ↑
Inverclyde Council Fostering Service	Fostering Service	CS2005087054	8 January 2015	5	-	5	5
Inverclyde Day Services	Day Care - Older People	CS2003001082	23 January 2013	5	6	5	5
Inverclyde Learning Disability Support & Care at Home	Home Care & Housing Support	CS2004078035	26 January 2015	4	-	4	4
Kylemore	Care Home - Children & Young People	CS2003001106	15 May 2015	5 ↑	5	5	5
McPherson Resource	Day Care - Adults	CS2003001085	20 August 2015	5 ↑	5 ↑	5 ↑	4
Neil Street Children's Home	Care Home - Children & Young People	CS2003001105	30 August 2015	5	5	5	5 ↑
Outreach & Community Support	Support Service	CS2007164625	24 March 2014	5	5	5	5
Respite Unit	Respite (variety of support needs covered)	CS2003001081	05 November 2015	5	5	5	5

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<b>Report To:</b>	<b>Health &amp; Social Care Committee</b>	<b>Date:</b>	<b>7<sup>th</sup> January 2016</b>
<b>Report By:</b>	<b>Brian Moore Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW/07/2016/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health &amp; Community Care</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>Care Inspectorate Inspection of Learning Disability Day Opportunities, McPherson Centre, Gourock - August 2015</b>		

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## 1.0 PURPOSE

- 1.1 To advise the Committee of the outcome of the Care Inspectorate inspection held on 17<sup>th</sup> & 20<sup>th</sup> August 2015 in relation to the McPherson Centre, Learning Disability Day Opportunities Service.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 17<sup>th</sup> & 20<sup>th</sup> August, 2015 in terms of the service provision.

### 2.2 SUMMARY OF GRADES:

#### **Quality of Care and Support - 5 - Very Good (2014 Inspection - 4 – Good)**

Statement 1 5 – Very Good  
Statement 3 5 – Very Good

#### **Quality of Environment - 5 - Very Good (2014 Inspection - 4 – Good)**

Statement 1 5 – Very Good  
Statement 3 5 – Very Good

#### **Quality of Staffing - 5- Very Good (2014 Inspection - 4 – Good)**

Statement 1 5 – Very Good  
Statement 3 5 – Very Good

#### **Quality of Management and Leadership - 4 - Good (2014 Inspection - 4 – Good)**

Statement 1 5 – Very Good  
Statement 4 4 - Good

- 2.3 Since the 2014 Care Inspectorate inspection the service at the McPherson Centre has undertaken the following actions:

- The centre has taken effective steps towards ensuring that all feedback to the service is listened to and utilised to make improvements for outcomes for our service users.
- All new staff members spend a minimum of four weeks induction shadowing more experienced staff to ensure a sound knowledge base on individual service users' needs, building confidence and understanding of the ethos of the day opportunity service.
- All mandatory and essential staff training is undertaken during the shadow induction period.

2.4 The feedback received from service users and their carers who utilise the service at the McPherson Centre was very positive. Comments received back from questionnaires included:-

- *"We are extremely satisfied with all aspects of my son's care and support at the McPherson Centre".*
- *"My son loves the challenges at the centre and has socially flourished. His needs are being met".*
- *"Overall, I am happy with the quality of care this service gives me".*

### **3.0 RECOMMENDATIONS AND ACTION PLAN**

3.1 There were no requirements or recommendations highlighted by the 2015 Care Inspectorate inspection of 17th & 20th August, 2015 in relation to the McPherson Centre, Learning Disability Day Opportunities Service.

3.2 The following actions will be undertaken by the service to ensure high quality service delivery:-

- Supervision will be given in accordance with the HSCP policy.
- The Unit Manager will supervise the Senior Day Centre Officer and Day Centre Officers.
- The Senior Day Centre Officer will supervise support workers with assistance from the manager.
- Appraisals carried out on an annual basis as per organisational policy.
- Monitoring of new group structure with Key workers working daily with groups to ensure individual client-focused outcomes.
- Information sharing with support staff to ensure service continuity, experience and knowledge of Service Users and their needs.
- All Service Users who receive medication at the centre will have a copy of the prescription in their medication file.
- Review of Transport being undertaken to improve the service and provide additional support and back up across Day Opportunities.
- Recording paperwork has been amended to incorporate SHANARRI outcomes to ensure best outcomes for service users.
- Key workers facilitate key groups promoting positive outcomes and ensuring service users' care plans are implemented and cared out to a high standard.



- National Care Standards and Codes of Practice training scheduled as a full staff team and promotes team building and information sharing.
- New daily logs to ensure appropriate and detailed information for each individual Service User.

**Brian Moore**  
**Chief Officer**  
**Inverclyde Health & Social Care Partnership**

#### 4.0 BACKGROUND

4.1 Learning Disability Day Opportunities Services are part of the Health and Social Care Partnership (HSCP). The McPherson Centre provides Day Opportunities for adults in Inverclyde with severe and profound Learning and Physical Disabilities.

The McPherson Centre also manages a satellite service at Golf Road for people with autism providing support services in the community.

The McPherson Centre strives to continue to meet the high level of physical support and additional needs to enhance an individual's quality of life and improve opportunities in learning, leisure, recreation and social inclusion.

#### 5.0 PROPOSALS

5.1 The Committee is asked to note the Care Inspection August 2015 report of the McPherson Centre and the quality gradings highlighted in the report.

5.2 The Committee is asked to note that the McPherson Centre continues to embrace change through redesign and promote positive outcomes for individual service users and their carers.

#### 6.0 IMPLICATIONS

##### 6.1 Financial

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

6.2 None

##### Human Resources

6.3 None

## Equalities

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## Repopulation

6.5 None

## 7.0 CONSULTATIONS

7.1 None

## 8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate report, McPherson Centre, August 2015.

# Care service inspection report

Full inspection

## McPherson Resource Centre Support Service

McPherson Drive  
Gourock



HAPPY TO TRANSLATE

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2003001085

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

## Contact Us

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 [@careinspect](https://twitter.com/careinspect)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

### What the service does well

The centre has developed very effective methods of involving service users and their families in all areas of the support delivered.

A recommendation which centred how the service responds to feedback from stakeholders has been met after we noted that both positive and negative responses are used to develop the service for the benefit of all.

Very good relationships have been developed between the centre staff and all service users and their families. We noted a very warm and welcoming atmosphere throughout our time in the McPherson Centre which goes towards providing the service users with a caring and person centred environment.

### What the service could do better

We have made a number of suggestions through the areas for improvement including:

- Examination of care plans to ensure appropriate use of language in

recordings

- Looking at the number of medication errors being reported from the service and examining ways of learning from mistakes made to ensure a reduction in the amount of errors made.

There were other areas for improvement suggested throughout the report however we were pleased to note that all improvement strategies discussed with the manager of the service are already being addressed.

### **What the service has done since the last inspection**

The team within the McPherson Centre has taken on board all suggestions, areas for improvement and recommendations made at the last inspection and worked very hard as a unit to ensure that better outcomes are being achieved for all using the service.

A substantial amount of work has also been done on ensuring that the physical environment within the centre has been improved to meet the continuing needs of the service users.

### **Conclusion**

The McPherson Centre continues to make great strides in serving the needs of those using it from within the Inverclyde area.

A welcoming and supportive atmosphere exists within the centre, fostered by the staff and is for the benefit of those using the centre on a daily basis.

The centre is led by a management team who are willing to work hard and to make changes where necessary to ensure the development of the service which will mean continued positive outcomes for all.

# 1 About the service we inspected

Now operated within Inverclyde's Health and Social care Partnership (HSCP), Learning Disability Day Opportunities at the McPherson Centre first registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 30 people with a profound learning difficulty.

The Centre's aims and objectives states that:

"We believe that Day Opportunities services should be person centred, community based and non institutional, be dynamic and not static and be part of a net work of special and ordinary services across a range of providers."

The Centre has a range of rooms and resources that people can use including a garden, quiet room, art room and computer area.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.



Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

We wrote this report after an unannounced visit by one inspector which took place between on 17 and 20 August 2015 between the hours of 9am and 4:30pm. Feedback was provided between 2pm and 3pm on 20 August 2015.

During the inspection we spoke with:

- The centre manager
- One day centre officer
- Two support workers
- One service user.

We also received feedback from two staff and seven carers/family members via questionnaires.

We examined the following documents:

- Certificate of registration
- Employers liability insurance certificate
- Public liability insurance certificate
- Four care and support plans
- Service user medication administration records
- Service user risk assessments
- Service self assessment
- Staff supervision and appraisal records
- Staff training records and plans
- Staff team meeting minutes
- Quality assurance audits including staff observational monitoring records
- Service user participation group minutes

- Organisation and service participation policies
- Accident and incident reporting
- Service questionnaires and responses
- Service newsletters.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We have made comment on the self assessment submitted by the service within Quality Theme 4 Statement 4.

## **Taking the views of people using the care service into account**

The views of the service users was difficult to capture due to their communication difficulties however through our observations of service user and staff interactions through our time spent in the centre, we were happy that service users were treated well, with dignity and appeared very happy and comfortable within the McPherson Centre.

## **Taking carers' views into account**

We received feedback from seven carers via care standards questionnaires submitted prior to the inspection.

All were positive in their responses, we have used some of the comments received within the body of this report.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service Strengths

During the inspection, we gathered evidence relating to participation; in particular, we examined support plans, minutes of reviews and participation meetings. We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

We found that the service has a good range of involvement strategies for service users to take part in, to assess the quality of staffing, management and the care and support. These included:

A range of questionnaires which are sent to carers, families and staff to assess the levels of satisfaction across all areas of service delivery. The responses we examined were largely positive in their nature. The same can be said for the care standards questionnaires that we sent to service users and their families prior to the inspection taking place.

We received eight completed questionnaires in which the respondents all advised that they agreed with the statement:

"Overall, I am happy with the quality of care this service gives me."

Comments received within the documents included:

"We are extremely satisfied with all aspects of XXX care and support at the McPherson Centre."

"My son loves the challenges at the centre and has socially flourished....His needs are being met."

Feedback is also gained from families and carers through an annual open evening organised to make stakeholders more aware of what goes on within the centre and the resources available to their family members using it.

Service user reviews take place on a six monthly basis and are multi disciplinary in their make up, with contributions from service users, carers, families, local authority care managers and other professionals involved in the care and support of each individual. Again from our examination of the review minutes we found that those in attendance were very pleased with the supports being delivered to each individual.

A newsletter which is inclusive of service user contributions is produced quarterly to ensure that all external stakeholders are aware of goings on within the centre and to publicise its activities and successes of those using the service.

Inverclyde Health and Social Care Partnership (HSCP) has its own organisational policy on the participation and involvement of service users within its many locations delivering support. This is complimented by the centre's own strategy which details the way people are involved in this service at a local level.

A service booklet has been developed with using the feedback of all stakeholders and is given to all using the centre to outline what anyone attending the centre should come to expect in terms of support. This is consistently reviewed in line with the needs of service users to ensure that their positive experiences are being reflected in the lives of all going forward.

The care and support plans that we examined during the inspection had been developed over time with the involvement of service users and their families to ensure that the information held within was directly related to their ever changing needs.

The service has developed good links with a local independent advocacy group who have made themselves available to become involved in the service as and when required. This provides service users and their families with an additional independent voice when it comes to making any decisions related to their on-going care and support.

### **Areas for improvement**

We noted that staff within the centre had assisted service users who were unable to complete an internal survey on how satisfied they were with the service.

We have suggested to the manager during feedback that this could be construed as a conflict of interest given that the staff are working in the service that they are asking for feedback on.

We have suggested that the surveys be continued however for service users who are unable to complete them on their own, a more independent support network should be sourced when providing this support.

During feedback we also discussed involving more people in the make up of the centre's self assessment which is to be submitted to the Care Inspectorate once per year.

We will make further comment on this in the areas for improvement within Quality Theme 4 Statement 4.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

"We ensure that service users' health and wellbeing needs are met."

### Service Strengths

During the inspection, we gathered evidence relating to the health and wellbeing of service users; in particular, we examined support plans, medication records, accident/incident records and risk assessments.

We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

We examined the care plans of four people who attend the centre on a daily basis. We found that they have been well put together via a uniform approach but with the support needs of each individual person clearly noted throughout. Care plans are developed and maintained by a mixture of staff, service users and their families.

Routines for all service users are present within the plans, giving the reader an indication of how best to provide supports at specific times of the day.

Those requiring medication support have the information correctly recorded throughout their plans along with a range of other health related information including risk assessments, section 47 certificates and guardianship documents, ensuring that each plan is person centred.

Some staff working in the centre have been trained to a good level in areas such as PEG feeding, epilepsy, diabetes and medication administration in order to fully meet the health needs of all using the centre.



Outcomes are noted throughout the care plans for each individual along with ways in which the service users can be supported to achieve them.

Personal Emergency Evacuation Plans have also been developed for those service users in need of assistance in the event of an emergency within the centre.

During the inspection we spent time with service users and staff within the main hall in the centre at lunchtime. We could see that each person was afforded a choice of healthy options to eat for lunch according to their dietary requirements. The privacy and dignity of each service users was maintained during this time of support whilst ensuring they could enjoy the company of other centre goers and the staff supporting.

### Areas for improvement

During feedback we highlighted a number of instances within care plans where the use of language was a little impersonal and could be construed as being more task orientated rather than person centred.

We have suggested that during care plan audits the service management could highlight these instances of inappropriate language "dealt with the service user, XXX requires to be toiletted" and ensure that staff are aware of the most appropriate ways to record the support given.

We have received 11 notifications of medication errors from within the service since March 2015.

During feedback we have suggested that the service should ensure that a reasonable amount of first time and refresher training is provided to all members of the team to avoid more unnecessary errors occurring. We will make further comment on this in Quality Theme 4 Statement 4.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

#### Service Strengths

The performance for service user involvement under this statement was found to be very good. We decided this after touring the building and speaking to the service users and staff.

We found that service users have been involved in helping to decorate the service in each specific area/room.

Work done by service users is apparent as is decorative pictures of their involvement in activities throughout the centre.

The strengths noted within Quality Theme 1 Statement 1 are also applicable here.

#### Areas for improvement

Please see the areas for improvement noted under Quality Theme 1 - Statement 1.

#### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

#### Service Strengths

The performance of the service under this statement was found to be very good. We decided this after touring the building and speaking to the service users and staff.

We found a very warm and inviting atmosphere within all areas of the centre which has been decorated over the past year to provide a bright airy environment which we found to be conducive to a supportive atmosphere. Each specific area of the building used to deliver supports was noted to be clean, tidy and professional maintained at all times.

We found well maintained support equipment used to ensure that all necessary aids were available to service users who required them during the course of any activity they may wish to become involved in.

There are many different rooms which contribute to supporting the needs of individuals attending the centre, these include Sensory, Beauty, Arts, and Crafts, Music and Education rooms.

A training kitchen is also provided for use by those who may wish to learn some new skills in preparation for a transition they are making in their lives.

The centre benefits from extensive external grounds for service users to use in less inclement weather. During our time in the centre we observed service users spending one on one time with some staff outdoors, from our observations these activities were noted to be very positive.

Special adaptations have been made throughout the service to fit in with the needs of each person using the centre. This demonstrates the centres commitment to providing better quality services and outcomes for those attending on a daily basis.

Any remedial work to be done within the centre is carried out by the local authority after being reported by staff in centre, all defective equipment is replaced in a timely fashion to ensure the safety of all within the centre.

### Areas for improvement

The centre staff should continue to make use of the very good resources available with the McPherson Centre to ensure better outcomes for those using the centre on a daily basis.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

During the inspection, we found that the service was very good at encouraging those using it to have their say on the staffing in the service. We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The strengths noted in Quality Theme 1 Statement 1 are also applicable here.

In addition:

The service has demonstrated the involvement of service users and family members in recruitment and selection in line with the needs and abilities of service users.

Due to the communication difficulties faced by some of the service users, some may not be able to speak directly with candidates however the manager has implemented a local policy within the centre whereby all those shortlisted for interview are invited to come along to meet service users and spend time within the environment in which they would be working on a daily basis.

Over time a number of carers/family members have expressed an interest in becoming involved in the recruitment of new staff for the centre. As per Inverclyde Council's policy on this, the manager of the service is looking into securing training spaces for those interested which must be completed prior to involvement in the process.

## Areas for improvement

The areas for improvement within Quality Theme 1 Statement 1 are also applicable here.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

#### Service Strengths

During the inspection, we gathered evidence relating to professionalism, training and motivation of the staff; in particular, we examined staff training records/schedules, team meeting minutes and supervision records. We observed practice and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

As mentioned earlier in the report, our observations of staff/service user interaction at lunch was very good. Attention was paid to each person throughout what was a busy time, with all being afforded choice and being treated with dignity throughout the time spent together.

We observed staff working with service users in a range of settings over the course of our visit. Our findings were the same throughout, finding staff to exude a values based approach to the care and support of each individual being supported.

Respondents to our care standard questionnaires commented on staff:

"The staff at the centre are fantastic. They treat all clients with great respect and often encourage clients to push themselves through learning, exercise and enjoyment."

Through examination of training files we could see that staff have been trained well in a number of areas all which are appropriate to the needs of service users.

These include but are not limited to:

- CALM
- Moving and Handling
- Learning Disability & Dementia
- Autism Awareness
- Sensory processing.

The staff we spoke with throughout the inspection process commented that they feel well trained and provided with the tools required to properly support the service users in all aspects of their care and support.

Most have completed a formal qualification in relation to their role, those who have not are on the HSCP learning and development plan which aims to "build a competent, confident & valued workforce allowing them to improve our services to deliver better outcomes for people.

The centre holds a team meeting every week in which staff feel empowered to make contributions to the direction of travel for the service. An agenda is available prior to the meeting for staff to add to with any discussion points they feel would be of worth to the team as a whole.

The staff team report feeling well supported by the management team in the McPherson Centre. An open door policy exists where staff feel they can go to their line manager at any point to discuss issues related to their role and be confident of receiving support to ensure they can provide consistently high class support to those using the service.

### **Areas for improvement**

As stated above within the strengths for this quality statement, staff have commented that they feel supported by the management team within the service, however the levels of formal supervision sessions which have been offered to the staff are not at a level which we would expect to find.

We have acknowledged during feedback with the centre manager that supervisions are occurring, however maybe not just frequently enough.



Ideally we would like to see all staff being offered four separate sessions per year to ensure that they have regular protected time to discuss their development in each particular role.

We also found that information contained within some of the sessions recorded is a little sparse with a lot of emphasis on service user issues rather than staff development issues.

We would suggest that line managers try and always use the headings provided within the official supervision document as they provide good prompts for discussion points for each staff member.

During feedback we also discussed the introduction of a formal system of observational monitoring of staff practice and performance within the centre.

We noted evidence of medications being checked at regular intervals by line managers which is a strength however we would like to see this widened to incorporate other areas of daily support provided to service users.

This could include communication skills, moving and handling skills and the staffs abilities to take the national care standards and SSSC codes of practice into their everyday duties.

Line managers could also attempt to gauge instant feedback from those being supported and use these findings to inform the basis of supervision sessions. This will further involve stakeholders in the continual assessment of staff.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

The strengths highlighted in Quality Theme 1 - Statement 1 are also applicable here.

### Areas for improvement

The areas for improvement highlighted in Quality Theme 1 - Statement 1 are also applicable here.

### Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

## Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

### Service Strengths

During the inspection, we gathered evidence relating to the quality assurance systems used by the management team in the service; in particular, we examined auditing paperwork and spoke with staff members and the management team. We concluded that the service is operating at a good level in relation to this quality statement.

A six monthly reporting and standard check is completed by management team. This is a good audit tool which can be used to contribute towards the completion of the annual self assessment. The check examines various areas within the service under headings such as:

- Safety of Service
- Healthy
- Nurtured
- Respected and Responsible
- Achieving
- Included.

We found this to be an effective quality assurance tool, allowing staff to comment on how they would grade the service and to make comment on how they would improve the service delivery.

We also noted other areas of support which are audited regularly by both the staff and management team in a joint effort to improve standards within the centre.

These included medication checks (see further detail in area for improvement). Care plans, which are audited within supervision and a list of weekly and monthly checks which monitors all paperwork prior to service user review, accident/incident logs as they come in, fire drills, fire safety etc.

We noted that the centre has developed an Improvement Action Plan, which is a very good resource to use in setting future goals for the service. We have made further comment on this below, within the areas for improvement.

### Areas for improvement

During feedback we have discussed the service's recording and notifications of medication errors which have occurred within the centre. Examination of medication checks folder shows eleven medication errors have occurred within the centre since 1 March 2015.

The service should take any and all appropriate steps to ensure that repeated medication errors are kept to a minimum and that when they do occur, lessons are learned through reflective work.

The six monthly reporting and standard check is very similar to the self assessment which the service must complete and submit each year to the Care Inspectorate. This would prove to be a worthwhile exercise in preparation for the completion of the self assessment.

The self assessment submitted prior to this years inspection contained many references to previous years strengths and areas for improvement. At feedback we discussed how the involvement of all staff and stakeholders can allow a more updated and relevant document to be developed. By using the tools within the reporting and standard check, the service will ensure that good preparation work for the self assessment is completed and is ready to be used.

The Improvement Plan which we noted above is a good resource however could be improved upon by examining a number of issues within it. The plan we examined contained no indication of when it was completed therefore any development areas could not be tracked for progress. We would like to see where the information held within the plan comes from, for example, who has

set the goals within the plan, have they come from external/internal feedback etc.

The plan contains a colour coding system for the stated outcomes to be achieved over time. We have suggested adding a section for specific timescales for the completion of these outcomes, especially when the status is red, indicating immediate action required. This will allow the service to track progress and work to a methodical plan of action allowing all outcomes to be worked on strategically.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. The service should ensure that any issue raised by or on behalf of service users is not only addressed but the resulting action, if any, is fed back to the reporter and properly recorded. This will help to engender confidence in the service and encourage open dialogue and communication with those with a vested interest in how the service is delivered.

#### **NCS 12 Support Services - Expressing Your Views.**

#### **This recommendation was made on**

We found that the centre management have taken effective steps towards ensuring that any and all feedback to the service is taken on board and used to make improvements to outcomes for service user.

This recommendation has been met.

2. The service should ensure that new staff and those changing roles are provided with the opportunity to shadow experienced staff prior to being given care responsibilities. We consider this to not only be good practice but an essential grounding for less experienced staff working in this specialist

area. This is likely to produce better care outcomes for service users and also staff by way of their professional development.

### NCS 2 Support Services - Management and Staffing Arrangements.

#### This recommendation was made on

All staff we spoke with advised that they felt safe and comfortable within the working environment thanks to a thorough and supported induction scheme which allows all new staff to learn about the job and the service users within a protected timeframe.

This recommendation has been met.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

## 9 Inspection and grading history

Date	Type	Gradings
18 Aug 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

9 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
30 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
6 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
21 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
20 Jun 2008		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good



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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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**Report To:** Health and Social Care Committee      **Date:** 7<sup>th</sup> January 2016

**Report By:** Brian Moore  
Chief Officer  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Report No:** SW/08/2016//BC

**Contact Officer:** Beth Culshaw  
Head of Health and  
Community Care      **Contact No:** 01475 715283

**Subject:** Reshaping Care for Older People and Delayed Discharge  
Performance

---

## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of progress in Inverclyde's performance in relation to Delayed Discharges, set in the wider context of the range of initiatives in place responding to the national strategy of Reshaping Care for Older People.

## 2.0 SUMMARY

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks from April 2015. Local efforts to achieve this target are informed by the Reshaping Care for Older People strategy, with the overarching aim to provide integrated, planned, person-centred care close to or within people's own homes.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress towards achieving the Delayed Discharge target and the ongoing work to maintain performance.

## **4.0 BACKGROUND**

- 4.1 The 10 year strategy Reshaping Care for Older People- A Programme of Change 2011- 2021 and the subsequent refresh 'Getting On' (2013), set out the vision that "Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting".
- 4.2 Our local intentions are contained in the Joint Strategic Commissioning Plan for Older People (2013) and associated delivery plan, the purpose being to promote involvement, empowerment, enablement and recovery-focused planning and delivery which shift the balance of care from residential to community-based services.
- 4.3 Change Fund monies were available for a three year period to March 2015. This funding enabled us to trial a range of initiatives to address the demographic challenges of an increasingly frailer, elderly population with the key aim of avoiding unnecessary hospital admission and promoting safe, effective discharge.

### **4.4 Home First**

Partnership working across the HSCP and Inverclyde Royal Hospital has recently focused on improving our discharge processes and is informed by the Joint Improvement Team 'Home First' policy. Home First complements the Reshaping Care for Older People strategy by recognising that safe, effective care should wherever possible be provided in the community and that prolonged periods of hospitalisation can contribute to detrimental outcomes for older people. Wherever possible, we reduce the length of time older people spend in hospital and that, at discharge, older people return to their own home.

We continue to utilise and update our Home First Strategic Action Plan, which is monitored at the monthly Strategic Discharge meeting attended by senior managers of the HSCP and Inverclyde Royal Hospital.

There is robust evidence to support the effectiveness of early assessment and the diagnosis of frailty in older people. Within the hospital environment this approach can have major improvements in outcomes including: positive effects on mortality rates; reduction in readmissions and safe discharge of the individual back to their own home.

In November we held a joint workshop to consider the advantages of the comprehensive geriatric assessment model recently introduced to the Royal Alexandra Hospital, Paisley and how we might utilise resources to achieve this locally. This includes jointly developing the role and remit of the new Elderly Care Assessment Nurse (ECAN) who provides early assessment to older people in hospital in order to identify those who can be discharged home quickly and those who would benefit from rehabilitation within the Larkfield Unit, Inverclyde Royal Hospital.

### **4.5 Review of specialist nurses**

We have undertaken a review of all specialist nurses with a remit around discharge based within Inverclyde. This has provided a greater clarity of roles and assisted us to establish processes which ensure appropriate access to information and services to support timely discharge. It is our intention to broaden the scope of this work within both Inverclyde Royal Hospital and the community to include other services supporting discharge such as:-

- Home Care
- Discharge Social Work Team
- Allied Health Professionals
- Care Home Liaison Nurses

## 4.6 Delayed Discharges

From April 2015 the target for Delayed Discharge, which had been in place since 2013, decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde also reports on the number of bed days lost due to Delayed Discharges, as this provides a more complete picture of the impact of hospital delays (Appendix 1).

There is a proposal for a new target to discharge a higher proportion of patients within 72 hours of being ready for discharge. We have therefore started to measure the number of patients discharged within 72 hours of being ready.

Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package or residential care placement.

We have consistently achieved zero delays of more than 4 weeks since February 2015 and zero delays more than 2 weeks since April 2015. In November the census data showed that we again had no service users waiting longer than 14 days, with 4 service users awaiting support packages to be arranged.

This performance is set against a background of increasing referrals for social care and community supports following discharge. Between April and October 2015 we have received a 15% increase in referrals compared to the same period in 2014.

In common with other areas across Scotland, we continue to see an increasing number of emergency admissions with an overall reduction in the number of bed days occupied (Appendices 2 and 3). This performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

## 4.7 Step Up Beds (Intermediate Care)

To further develop our range of community-based options to avoid unnecessary hospital admission, we have engaged with local care home providers to establish step up beds.

During this winter, we will utilise short term placements in care homes to provide 24 hour supervision and intensive rehabilitation. This offers an additional service which can respond at times of crisis where it is not practical for someone to remain at home but for whom hospital admission is not required. We will monitor the effectiveness of this service in reducing the number of emergency admission to IRH.

Placements will be short term, and may be from as little as a few days up to a maximum of 6 weeks, thus focusing on recovery, reablement and rehabilitation, to enable a return home.

This service will be funded through existing budgets and use of the Integrated Care Fund to provide additional Allied Health Professionals capacity, including physiotherapy and occupational therapy.

Engagement sessions have taken place with providers and representatives of Scottish Care, and we will closely monitor activity over the winter to inform the future specification of the service. There is an intention then to begin a tender process which will enable the development of a 6-bed step up unit within a local care home(s). The unit will allow provision of dedicated rehabilitation space and an environment focused on equipping people to return home.

#### **4.8 Care Home Activity**

In recent years we have been monitoring the average length of stay of clients in care homes, and are pleased to report an ongoing reduction (Appendix 4). This reflects the changing demographic of the care home population; improved assessment and community resources have ensured that those admitted more recently have more acute needs reflecting a greater period of support whilst still in their own home.

#### **4.9 Providers Forums**

Inverclyde HSCP is committed to working in partnership with social care providers to ensure the best possible services are provided, and that mutually beneficial relationships are sustained with a range of Providers Forums now in place. Working in this way informed the recent development and introduction of the new Homecare Framework as well as the development of proposals relating to step up beds in care homes.

Feedback from providers demonstrates that they find the opportunity to get together in this way invaluable, not only for the information that they receive but also for the ability to network with other providers.

#### **4.10 My Home Life**

Local care home managers have participated in the 'My Home Life' leadership programme with support provided by Inverclyde HSCP and Scottish Care. This is a UK-wide initiative promoting quality of life for older people living and dying in care homes, and for those visiting and working with them, through relationship-centred and evidence-based practice. The programme highlights include: Improving health & healthcare; Sharing Decision-making; and Keeping the Workforce Fit for Purpose. This has also led to increased collaborative working, particularly with District Nurses and Care Home Liaison Nurses (CHLN).

#### **4.11 Role of Social Work Review Team and Care Home Liaison Nurses**

In March 2015 the HSCP set up a Long Term Care Social Work Review Team whose remit is to ensure regular reviews of residents within care homes, better liaison with care home managers and staff, and monitoring of the care and support residents funded by the HSCP receive. The review team works closely with the CHLN.

As well as offering professional nursing support to nursing homes within Inverclyde, the CHLN are involved in an exercise to review all admissions to hospital from long term care placements. The CHLN are assisting in identifying where admission may have been avoided as well as facilitating timely discharge.

#### **4.12 Integrated Care Plan**

Since April 2015 and the end of the Change Fund, we have developed our local Integrated Care Plan (ICP) which is supported by the associated Integrated Care Fund. Whilst not solely directed at older people, the themes within the plan continue to deliver on the Reshaping Care for Older People outcomes, and have widened to pay particular reference to individuals with long term conditions.

In particular, the focus continues to be on supporting older people to stay in their own homes for as long as possible by further developing supported self care, anticipatory care, reablement and access to Telecare. A full report on the progress of the ICP will be brought back to a future Committee.

#### **4.13 Integrated Palliative Care Development Plan**

As part of the partnership approach to care of older people, we have developed a multi-agency Palliative Care Development Plan. This has led to a range of initiatives in line with the aim to embed palliative care in our day to day practice.

The Inverclyde GP Palliative Care Facilitator has led an initiative to increase awareness of palliative care services and support GPs in their care of patients. This has included visits to all local GP surgeries to foster links between the community and Ardgowan Hospice services. This has also led to providing each GP surgery with a copy of the Palliative Care Resource Packs which includes pharmacy advice and prognostication tools.

Following an educational needs assessment survey of local GPs in 2014, GPs are offered regular Palliative Care evening education sessions which include discussion around all these topics and again foster good team working and networking within Inverclyde.

The District Nursing Teams have supported the roll-out of the Supportive and Palliative Care Action Register (SPAR). This tool assists with recognition of deterioration in the health and wellbeing of palliative care patients.

All partners across Inverclyde have been encouraged to be involved in SPAR and this has been particularly successful within care homes and is now being rolled out to care at home services.

#### **4.14 Day Care Review**

Inverclyde Day Care Services were last fully reviewed in 2003 and it was recognised that a review was necessary in recognition of the ageing population, as well as policy directives such as the Reshaping Care for Older People agenda, Self-Directed Support legislation and the Inverclyde Joint Strategic Commissioning Plan for Older People.

A review of all day care provision for older people across Inverclyde is nearing completion. This will inform the future development of day services across both the HSCP and our partners.

#### **4.15 Reablement and Homecare**

Reflecting the complexity and increasing needs of our older population we continue to see increasing demands upon both our reablement and homecare services. Homecare is a high volume, complex service interfacing with over 1200 discrete service users each week, many several times per day, and given the need to meet fluctuations in demand has to be able to flex service delivery at short notice.

We are now seeing some consistency in the level of referrals to reablement at around 80 per month and, on average, achieving full independence for a third of these. If this performance continues, it places us in a stronger position for the future.

However, of the hours transferring, we continue to see increasing demand in both evening and weekend service delivery.

Additional pressure monies are being considered as part of the current process of budget proposals.

## **5.0 PROPOSALS**

5.1 As outlined above, it is intended to continue to utilise the range of initiatives currently underway to achieve the objectives outlined in the Reshaping Care for Older People strategy with the implicit aim of maintaining and improving upon our current performance in relation to Delayed Discharges.

## 6.0 IMPLICATIONS

### FINANCE

#### 6.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

6.2 There are no legal issues within this report.

### HUMAN RESOURCES

6.3 There are no human resources issues within this report.

### EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### REPOPULATION

6.5 There are no repopulation issues within this report.

## 7.0 CONSULTATION

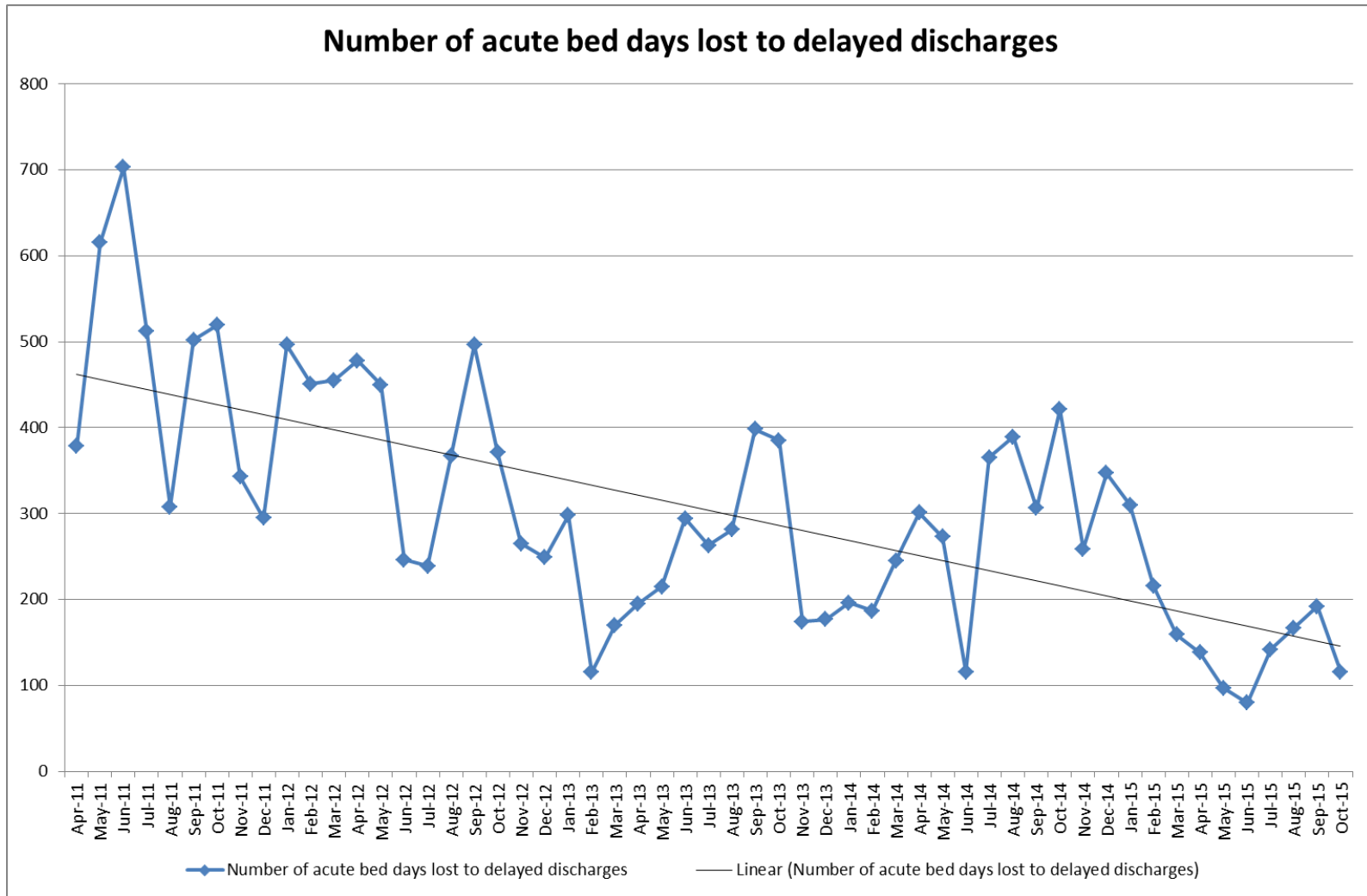
7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP).

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 Reshaping Care for Older People Strategy – A Programme of Change 2011-2021.
- 8.2 Reshaping Care for Older People Strategy – Getting On 2013
- 8.3 Inverclyde Joint Strategic Commissioning Plan for Older People 2013

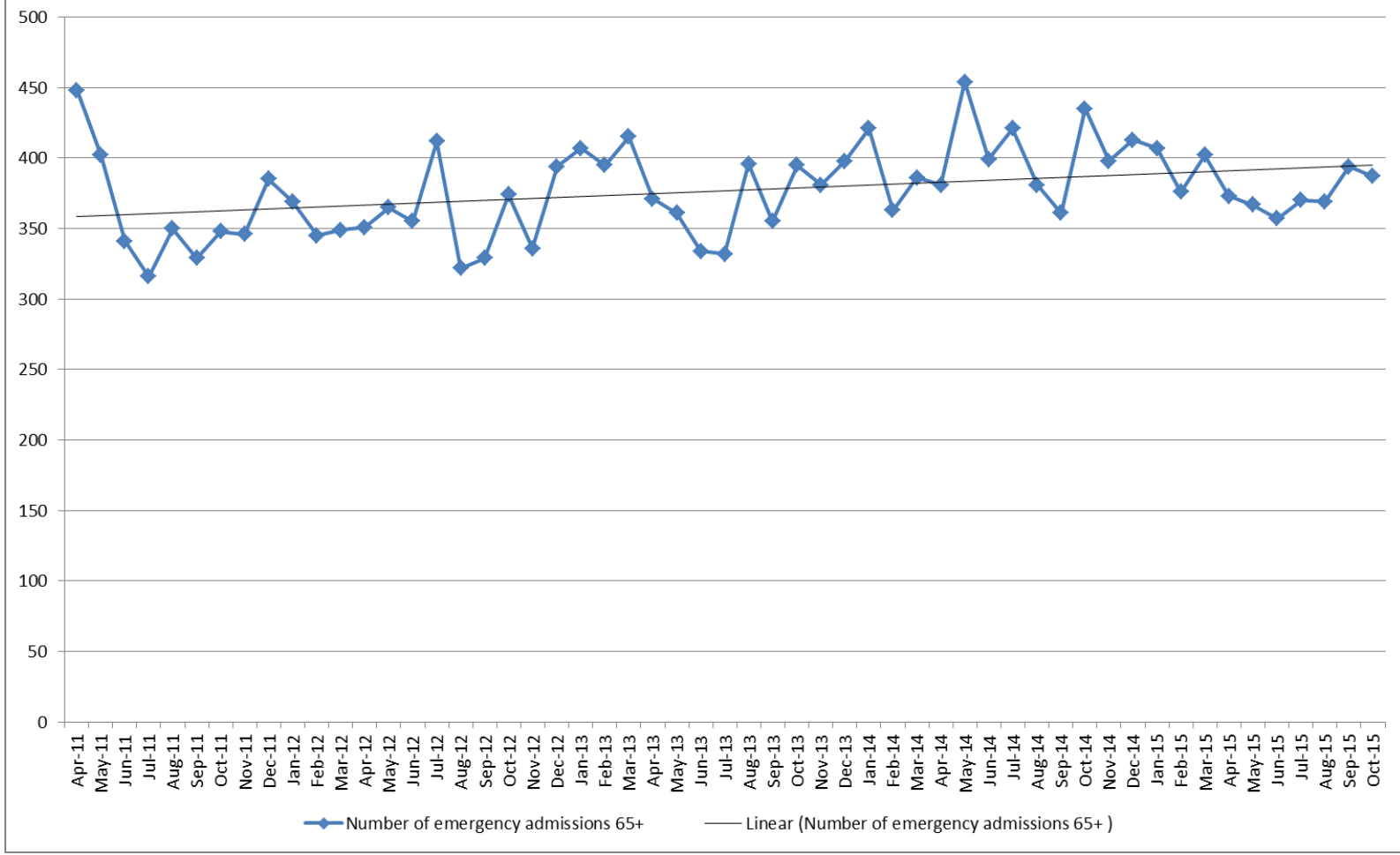


Appendix 1

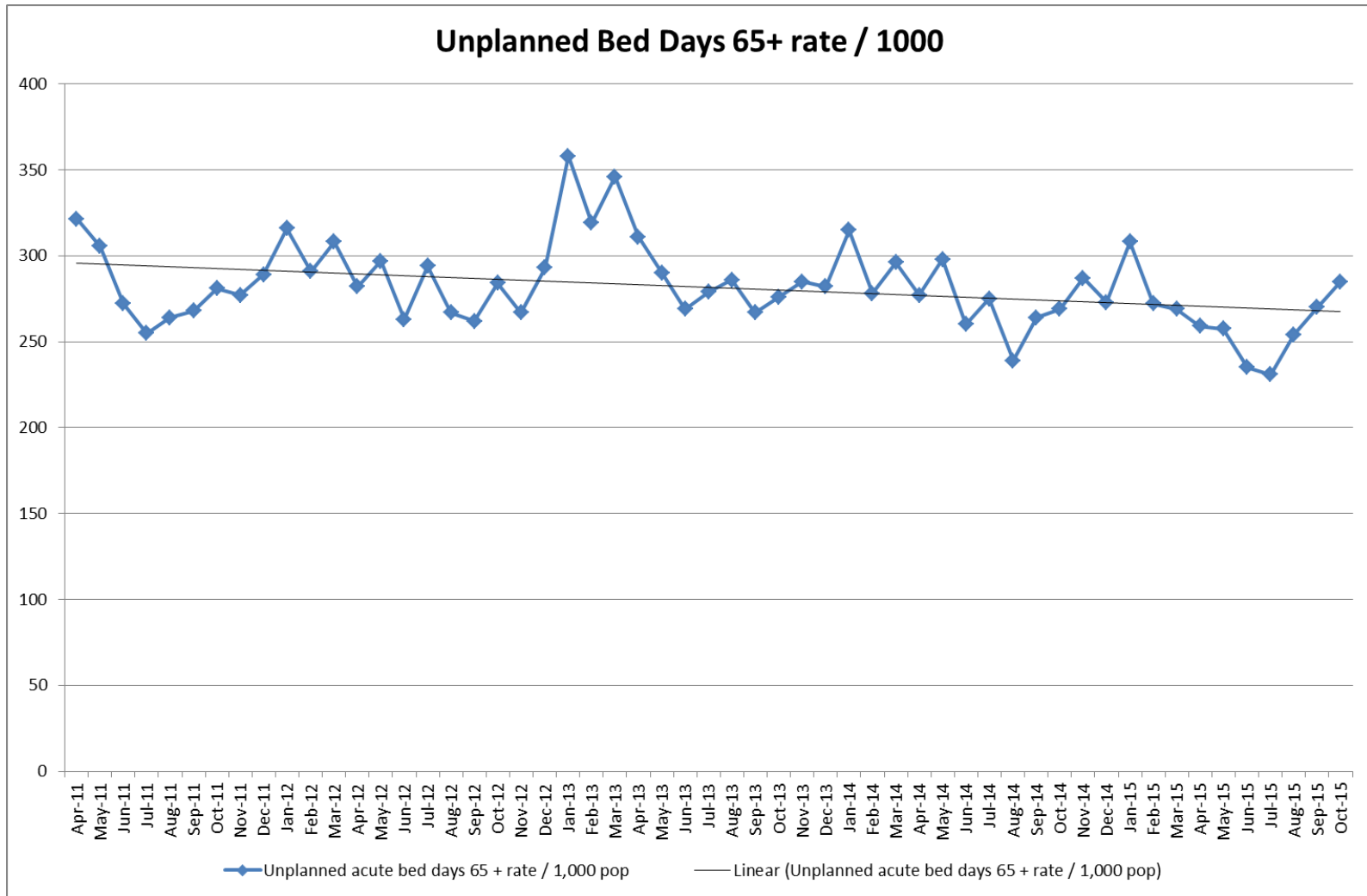


Appendix 2

### Inverclyde HSCP - Number of emergency admissions 65+

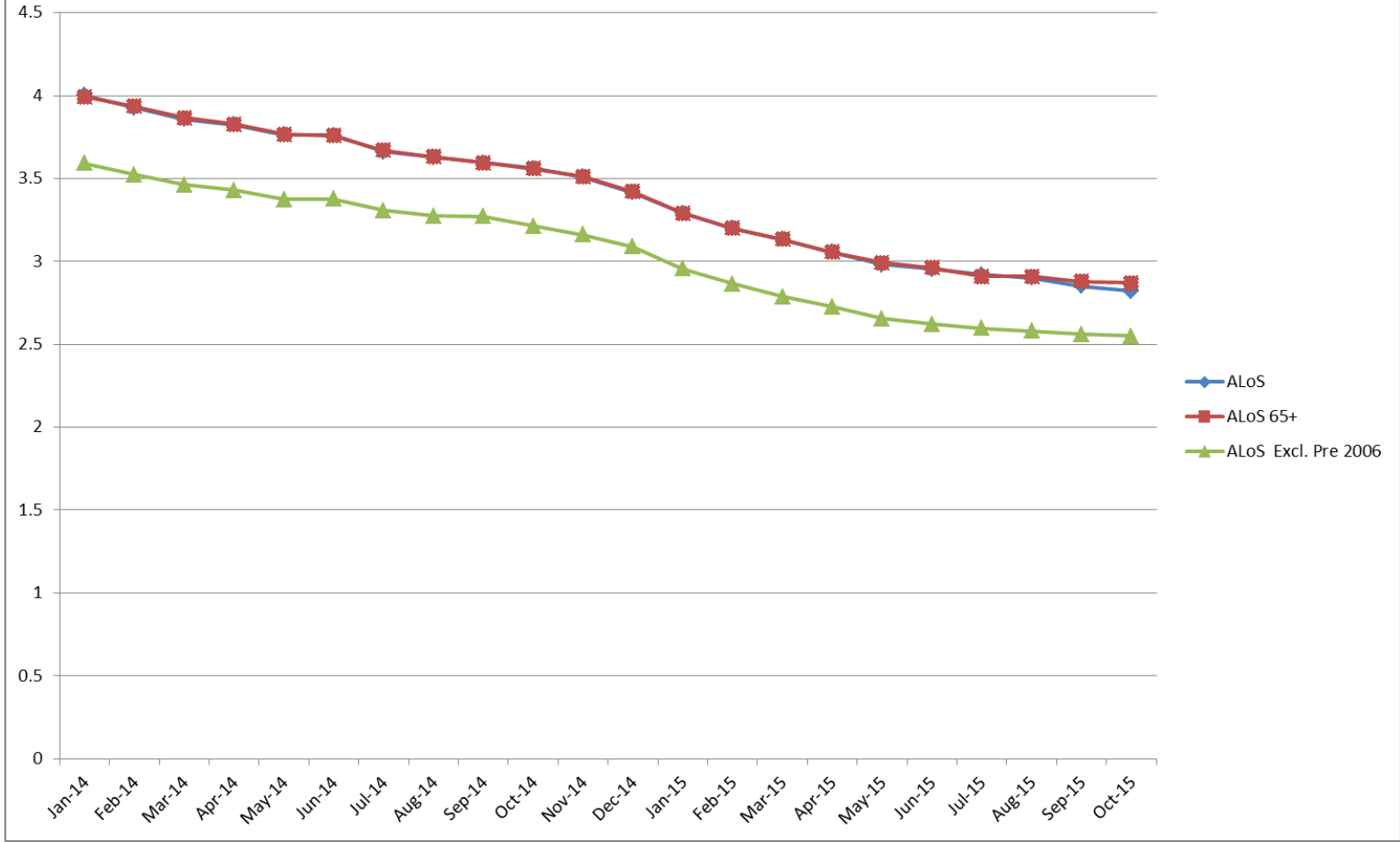


Appendix 3



Appendix 4

### Inverclyde HSCP - Care Home ALoS



**Report To:** Health & Social Care Committee      **Date:** 7<sup>th</sup> January 2016

**Report By:** Brian Moore  
Chief Officer      **Report No:** SW/04/2016/SMcA  
Inverclyde Health and Social  
Care Partnership (HSCP)

**Contact Officer:** Sharon McAlees      **Contact No:** 01475 715282  
Head of Children's Service  
and Criminal Justice

**Subject:** JOINT THEMATIC REVIEW OF MAPPA IN SCOTLAND

---

## 1.0 PURPOSE

- 1.1 The purpose of this report is to bring to the attention of the Health and Social Care Committee the findings of the joint HM Inspectorate of Constabulary in Scotland (HMICS) and the Care Inspectorate review of the multi-agency public protection arrangements (MAPPA) in Scotland which was published in November 2015.

## 2.0 SUMMARY

- 2.1 The multi-agency public protection arrangements (MAPPA) were set up in 2007 to coordinate the approach of a range of agencies (responsible authorities) who work together to reduce the potential risk of serious harm posed by both registered sex offenders and restricted patients with a view to keeping communities safe.
- 2.2 It is important to note that MAPPA is not a statutory body in itself but is the mechanism through which responsible authorities discharged their statutory responsibilities and protect the public in a co-ordinated manner.
- 2.3 The purpose of the joint thematic review was to assess the state, efficiency and effectiveness of the MAPPA arrangements in Scotland.
- 2.4 Their main findings were that there is strong evidence that MAPPA is well established in Scotland and that responsible authorities through joint working and information sharing discharge their duties effectively under the terms required by the Management of Offenders etc. (Scotland) Act 2005.
- 2.5 That said, the report also commented that whilst MAPPA is effective in contributing to keeping people safe, overall efficiency in the management of risk could be improved by implementing a more proportionate and consistent approach through streamlining processes and reducing unnecessary bureaucracy.
- 2.6 The report has identified a number of areas for development (17) that can be delivered at an operational level along with recommendations (10) which are of a strategic nature requiring a national response. With regard to the latter, the report authors clearly articulate a role for the Scottish Government in leading and facilitating on the delivery of these recommendations.
- 2.7 It is also important to note that this is a national report. Thus the applicability of the identified areas of development across the 8 Community Justice Authorities (CJAs) in Scotland will be variable. North Strathclyde Community Justice Authority (NSCJA, of

which Inverclyde is part of, will be meeting with the Review Team on 3<sup>rd</sup> December to hopefully receive more nuanced feedback regarding the arrangements within our own CJA area. This would be used to inform the development of our own CJA action plan and would be worked up and monitored through the MAPPA governance arrangements.

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Health & Social Care Committee note the contents of this report.

**Brian Moore**  
**Chief Officer**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 At present MAPPA processes in Scotland are applied only to Registered Sex Offenders and Restricted Patients. The joint review focused only on those offenders subject to the Sex Offender Notification Requirements.
- 4.2 Within the MAPPA arrangements, Responsible Authorities are defined as:
- The Chief Constable of a police force maintained for a police area, any part of which is comprised within the area of the local authority;
  - The local authority;
  - A Health Board or Special Health Board for an area any part of which is comprised within the area of the local authority (for Restricted Patients only); and
  - Scottish Prison Service (SPS) (for offenders whilst in custody)
- 4.3 The MAPPA Guidance summarises the primary roles for each Responsible Authority. For the local authority the focus is on those MAPPA offenders subject to statutory supervision. Although responsibility primarily lies with the Chief Social Work Officer, the role of other local authority services, such as housing and education, are also commented upon.
- 4.4 The governance structures for MAPPA comprises of both Strategic Oversight Groups (SOG) and MAPPA Operational Groups (MOG), which are aligned to CJA areas. The function of the SOG is to oversee the performance management and quality of local MAPPA arrangements, whereas the MOG supports the operational effectiveness of these arrangements.
- 4.5 The joint thematic review of MAPPA was delivered over six stages:
- Stage 1: Design and planning
  - Stage 2: Desk top analysis (October 2014 - March 2015)
  - Stage 3: Fieldwork (30<sup>th</sup> March – 30<sup>th</sup> June 2015)
  - Stage 4: Analysis and stakeholder engagement (1<sup>st</sup> July – 28<sup>th</sup> August 2015)
  - Stage 5 and 6: Report writing and publication (31<sup>st</sup> August – 28<sup>th</sup> November 2015)

This necessitated, across the country, engagement with more than 500 practitioners, scrutiny of 10% of records maintained on the Violent and Sex Offender Register (ViSOR), attendance at 17 MAPPA meetings and analysis of case records.

- 4.6 As noted previously, the report highlighted 17 areas for development across key processes that can be delivered locally and at an operational level. A further 10 recommendations were outlined in the report which require a multi-agency response facilitated by the Scottish Government to set policy and a strategic framework to strengthen the future delivery of MAPPA in Scotland.
- 4.7 As this is a national report there is a need to determine the applicability of the areas of development to our Community Justice Authority (NSCJA). To this end, a meeting has been scheduled with the Review Team on 3<sup>rd</sup> December where it is hoped we will receive more nuanced feedback. This will help to inform the development of an action plan which will be worked up by the MOG and thereafter presented to the SOG for ratification.
- 4.8 The report clearly stressed that whilst the fundamental purpose of MAPPA is to protect the public, MAPPA and the work of Responsible Authorities cannot entirely eradicate risk. It also acknowledges that whilst the number of sex offenders identified and managed through MAPPA continues to rise, which can in part be attributed to an

increase in the reporting of sexual crime to the police and an increase in convictions for internet offending, the number of MAPPA offenders managed at highest levels (level 2 and 3) continues to reduce each year.

4.9 The full report can be found in Appendix 1.

## 5.0 IMPLICATIONS

### FINANCE

5.1 Financial Implications:

There are no financial issues within this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

5.2 There are no legal issues within this report.

### HUMAN RESOURCES

5.3 There are no human resources issues within this report.

### EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### REPOPULATION

5.5 There are no repopulation issues within this report.



## **6.0 CONSULTATION**

6.1 There are no consultation issues within this report.

## **7.0 BACKGROUND PAPERS**

7.1 None.



**HM INSPECTORATE OF CONSTABULARY IN SCOTLAND**

and

**THE CARE INSPECTORATE**

**Joint Thematic Review of MAPPA in Scotland**

November 2015

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Produced by Her Majesty's Inspectorate of Constabulary in Scotland and the Care Inspectorate  
Laid before the Scottish Parliament by Her Majesty's Inspector of Constabulary in Scotland under  
Section 79(3) of the Police and Fire Reform (Scotland) Act 2012

Published by HMICS, November 2015

HMICS/2015/09

COMMS-1115-184

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# HM Inspector of Constabulary in Scotland

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HM Inspectorate for Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the '*state, effectiveness and efficiency*' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).<sup>1</sup>

We have a statutory duty to ensure that the Chief Constable and the SPA meet their obligations in terms of best value and continuous improvement. If necessary, we can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate. We also have an established role in providing professional advice and guidance on policing in Scotland.

- Our powers allow us to do anything we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions.
- The SPA and the Chief Constable must provide us with such assistance and co-operation as we may require, to enable us to carry out our functions.
- When we publish a report, the SPA and the Chief Constable must also consider what we have found and take such measures, if any, as they think fit.
- Where our report identifies that the SPA or Police Scotland is not efficient or effective (or best value not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the Authority to take such measures as may be required. The SPA must comply with any direction given.
- Where we make recommendations, we will follow them up and report publicly on progress.
- We will identify good practice that can be applied across Scotland.
- We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication.
- We aim to add value and strengthen public confidence in Scottish policing and will do this through independent scrutiny and objective, evidence-led reporting about what we find.

Our approach is to support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs.<sup>2</sup>

**This joint review of the multi-agency public protection arrangements (MAPPA) in Scotland was undertaken in terms of Section 74(2) (a) of the Police and Fire Reform (Scotland) Act 2012 and laid before the Scottish Parliament in terms of Section 79(3) of the Act.**

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<sup>1</sup> Chapter 11, Police and Fire Reform (Scotland) Act 2012.

<sup>2</sup> HMICS, [Corporate Strategy 2014-17](#) (2014).

# The Care Inspectorate

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The Care Inspectorate was established under the Public Services Reform (Scotland) Act 2010 (the 'Act') and is the independent scrutiny and improvement body responsible for regulation and inspection of care and support services, Criminal Justice Social Work services and joint inspections with other scrutiny partners of services for adults and children.

In all our scrutiny activities we are required by statute to take into account the National Care Standards and the Scottish Social Services Council's codes of conduct and practice in making our judgements and decisions on the quality of care. We are an executive non-departmental public body and our functions, duties and powers are set out in the Act and in delegated legislation made under the Act.

We operate independently and at arm's length from Scottish Ministers but are accountable to them through the Scottish Parliament. The Care Inspectorate is governed by its Board which holds responsibility for setting the strategic direction of the organisation, executing good governance and managing performance while taking account of legislation and policy guidance from the Scottish Government to contribute to national outcomes and priorities.

The Act imposes a Duty of Co-operation which requires us to collaborate closely with other scrutiny and improvement bodies and national policy makers. The regulation, audit and inspection activities of scrutiny bodies should be co-ordinated to be efficient, effective and economical for all those involved. We work closely with other bodies such as Healthcare Improvement Scotland, Education Scotland, Audit Scotland and HMICS to co-ordinate our activities so that regulation, inspection and audit across Scotland are efficient, effective and duplication is reduced.

In accordance with Section 54 of the Act we published our inspection plan summary for 2014-15<sup>3</sup> and a commitment to work with HMICS in a joint inspection of MAPPA in Scotland.

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<sup>3</sup> The Care Inspectorate, [Inspection Plan Summary 2014-15](#).

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## Foreword

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The multi-agency public protection arrangements (MAPPA) were set up in 2007 to co-ordinate the approach of a range of agencies who work together to reduce the potential risk of serious harm<sup>4</sup> posed by registered sex offenders and keep communities safe. This report presents the findings of our review into how well these arrangements contribute to public protection.

Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and the Care Inspectorate agreed to jointly work together to undertake a proportionate, risk-based and intelligence led review of MAPPA in Scotland. As part of this review, we engaged with more than 500 practitioners involved in the delivery of MAPPA across Scotland and scrutinised 10% of records maintained on the Violent and Sex Offender Register (ViSOR). We also observed the risk management review of 45 sex offenders discussed at 17 MAPPA meetings across the country and undertook analysis of 78 case records. This approach provided an in-depth understanding of the operational and strategic delivery of MAPPA.

**Our main findings are that there is strong evidence that MAPPA is well-established across Scotland and that Responsible Authorities,<sup>5</sup> through joint working and information sharing, discharge their duties effectively under the terms required by the Management of Offenders etc. (Scotland) Act 2005.<sup>6</sup>**

**That said, whilst MAPPA is effective in contributing to keeping people safe, overall efficiency in the management of risk could be improved by implementing a more proportionate and consistent approach through streamlining processes and reducing unnecessary bureaucracy.**

It should be stressed that while the fundamental purpose of MAPPA is to protect the public, MAPPA and the work of Responsible Authorities cannot entirely eradicate risk. Although the number of sex offenders identified and managed through MAPPA continues to rise, which can in part be attributed to an increase in the reporting of sexual crime to the police<sup>7</sup> and an increase in convictions for internet offending, the number of registered sex offenders managed at Level 2 and 3 continues to reduce each year as shown at [Exhibit 6](#).<sup>8</sup>

We have identified a number of areas for development that can be delivered at an operational level. We have also outlined ten recommendations which are of a strategic nature, requiring a national response.

Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland. Building upon the multi-agency approach that first introduced MAPPA, there is an opportunity for the Scottish Government in partnership with Responsible Authorities to lead and facilitate the delivery of the strategic recommendations ensuring that MAPPA remains effective and efficient.

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<sup>4</sup> Risk of serious harm is defined as; the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible. [MAPPA National Guidance 2014](#).

<sup>5</sup> The Responsible Authorities are Police Scotland, Local Authorities, Scottish Prison Service and Health Boards or Special Health Boards.

<sup>6</sup> [Management of Offenders etc. \(Scotland\) Act 2005](#).

<sup>7</sup> [Recorded crime in Scotland 2014-15](#).

<sup>8</sup> The MAPPA management levels are outlined at page 17.

We will now ask the Scottish Government and Responsible Authorities to provide an action plan in response to our recommendations. We will monitor progress against this plan and publish our findings as part of our annual reporting process.

**Derek Penman QPM**  
HM Inspector of Constabulary in Scotland

**Karen Reid**  
Chief Executive  
Care Inspectorate

November 2015



## Acknowledgements

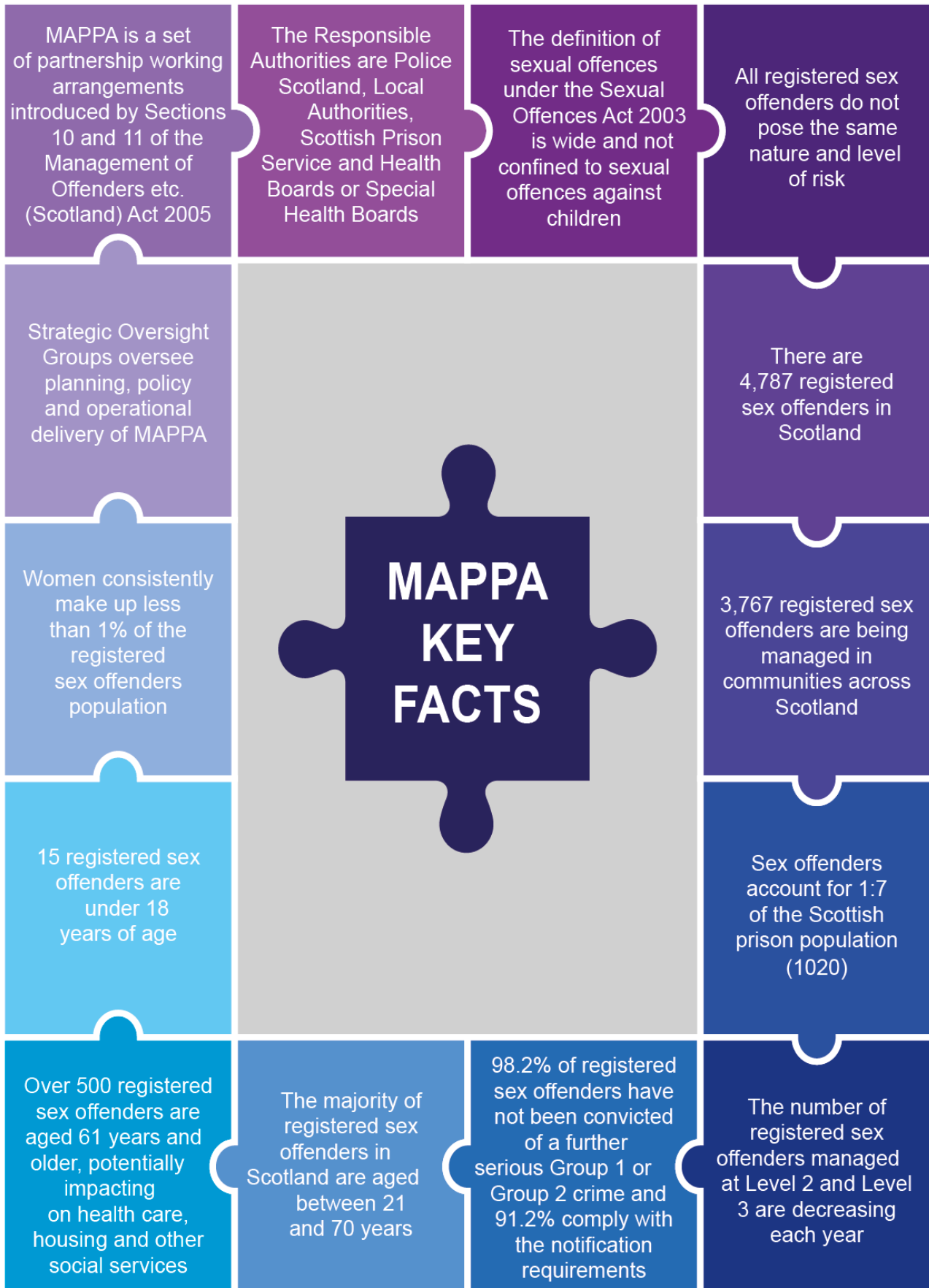
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The Review team wish to record their thanks to all who contributed to the joint thematic review including the MAPPA Co-ordinators, front line staff, first line managers, members of the Strategic Oversight Groups and other stakeholders. In addition, thanks are due to members of the MAPPA Review Programme Board,<sup>9</sup> the MAPPA Review Short Life Working Group and Review Reference Group who helped shape the methodology shown at [Appendix One](#).

Our review was led by Stephen Whitelock, Lead Inspector, HMICS and Ray Jones, Strategic Inspector, the Care Inspectorate. The review was supported by colleagues from both organisations. Executive lead was provided by the Assistant Inspector of Constabulary, Andy Cowie and Kevin Mitchell, acting Director of Inspection, the Care Inspectorate.

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<sup>9</sup> MAPPA Review Programme Board comprised senior representatives from HMICS, the Care Inspectorate, HM Inspectorate of Prisons in Scotland, Scottish Government, Police Scotland, Scottish Prison Service, Risk Management Authority, Healthcare Improvement Scotland, Social Work Scotland and Community Justice Authorities.



<sup>10</sup> Sources: [Scottish Government MAPPA Annual Overview Report 2015](#) and Strategic Oversight Group MAPPA Annual Reports 2015.

# Key findings

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## Outcomes and impact

- Multi-agency public protection arrangements (MAPPA) are well-established across the country. Responsible Authorities, as named in the governing legislation, have robust arrangements in place to manage registered sex offenders (RSO) through dedicated offender management teams, joint working and information sharing.
- MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. However, we are confident that MAPPA is working effectively and as a result, makes a critical contribution to keeping people and communities safe.
- When a registered sex offender comes to the attention of the police for further offending, for the vast majority, it is in relation to their failure to comply with the notification requirements<sup>11</sup> as opposed to the commission of a further serious offence. This is in the context of an increased number of registered sex offenders being managed in the community, the high compliance rate by offenders with notification requirements and a low rate of further conviction for serious violent and sexual offending.
- Registered sex offenders are being managed at the appropriate risk management level, as shown at [Exhibit 6](#), and community integration is supported by risk management plans.
- A range of skilled professionals are working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

## Delivery of services

- Nationally adopted risk assessment tools are used effectively and in accordance with MAPPA National Guidance (2014),<sup>12</sup> Standards and Guidelines for Risk Management<sup>13</sup> and FRAME<sup>14</sup> principles, standards and practice process.
- The introduction of the housing Sex Offender Liaison Officer<sup>15</sup> role as part of MAPPA has strengthened the assessment and planning for sex offender accommodation.
- All Strategic Oversight Group areas have an Environmental Risk Assessment (ERA)<sup>16</sup> process in place as required by national guidance. There is effective communication and strong relationships between offender management staff, Criminal Justice Social Work and housing Sex Offender Liaison Officers in the delivery of these assessments.
- The increasing number of registered sex offenders managed at Level 1 can in part be attributed to an increase in convictions for internet offending and increased reporting of sexual crimes.
- MAPPA Level 2<sup>17</sup> meetings are well planned and meaningful however, we identified areas for development which, if actioned, could improve the overall efficiency of the process.
- Offenders who pose a significant risk of potentially causing serious harm, appropriately receive a more intensive level of multi-agency management at Level 3.<sup>18</sup> Meetings are carried out to a very high standard and commensurate with the level of risk posed.

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<sup>11</sup> Sex Offender Notification Requirements. See Glossary.

<sup>12</sup> [MAPPA National Guidance \(2014\)](#).

<sup>13</sup> RMA, [Standards and Guidelines](#).

<sup>14</sup> Framework for Risk Assessment, Management and Evaluation. Paisley: [RMA](#).

<sup>15</sup> Sex Offender Liaison Officer (SOLO). See Glossary.

<sup>16</sup> Environmental Risk Assessment. See Glossary.

<sup>17</sup> MAPPA management Level 2 is multi-agency risk management.

<sup>18</sup> MAPPA management Level 3 is conducted by Multi Agency Public Protection Panels. See Glossary.

- The statistics which have been gathered and outlined within MAPPA annual reports indicate that the number of individuals convicted of sexual offences and subject of the sex offender notification requirements continue to show a gradual but steady increase.
- There is widespread consensus that posting of self-generated indecent images on social media networks by young people, known as 'sexting', has become a common phenomenon across the country.

## Management

- Robust operational structures are in place to manage multi-agency public protection arrangements. There is close and purposeful working by members of the strategic and operational management groups, who demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.
- Police Scotland's National Offender Management Unit conduct a structured audit of processes, procedures and recording practices. Having a centralised audit function to support local delivery is helpful in supporting a consistent approach to offender management across the country.
- Robust arrangements are in place to ensure that practitioners receive the required training to undertake their duties, principally in the assessment and management of risk.
- Staff are confident in their role in offender management and the use of nationally adopted assessment tools but require additional guidance in the assessment of the risk that internet offenders may pose of further offending.
- MAPPA has transformed relationships and partnership working between Responsible Authorities. It has played a crucial role in cementing particularly strong and effective joint working between Police Scotland and Criminal Justice Social Work.
- MAPPA Co-ordinators play a key role in public protection arrangements, undertaking a wide range of important duties. However, given the demands that are placed on Co-ordinators there is a need to review the role and function in preparation for the MAPPA extension.<sup>19</sup>

## Leadership

- Strategic leaders and managers provide clear operational direction and encourage a supportive and positive culture of joint working arrangements in the management of registered sex offenders.
- There are clear governance structures in place for the delivery of MAPPA through well-established strategic oversight and operational groups.
- Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland.

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<sup>19</sup> The MAPPA Extension programme extends MAPPA beyond registered sex offenders and includes those offenders assessed as posing a risk of serious harm.

# Recommendations

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Whilst MAPPA is effective in contributing towards public protection our review identified a number of emerging trends and issues which are cross-cutting in nature. The ten recommendations outlined in the report require a multi-agency response facilitated by the Scottish Government to set policy and a strategic framework to strengthen the future delivery of MAPPA in Scotland.

## **Recommendation 1**

Scottish Government in partnership with Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an Environmental Risk Assessment which is proportionate, practicable and sustainable.

## **Recommendation 2**

Scottish Government in partnership with the Risk Management Authority and Responsible Authorities should provide additional guidance to enable staff<sup>20</sup> to better assess the risk posed by internet offenders.

## **Recommendation 3**

Scottish Government in partnership with Responsible Authorities should undertake a technical capacity and capability review of equipment, training and guidance required to support staff in monitoring the use of social media devices by registered sex offenders to ensure compliance with licence conditions.

## **Recommendation 4**

Scottish Government in partnership with Responsible Authorities should develop a strategy to address the risks posed to children and young people from 'sexting' in order to build healthy respect and avoid the potential for exploitation and criminalisation.

## **Recommendation 5**

Scottish Government in partnership with Responsible Authorities should collaborate in order to develop minimum practice standards for the management of Level 1 registered sex offenders in order to support consistent and efficient practice.

## **Recommendation 6**

Scottish Government in partnership with Responsible Authorities should review the function and role of the MAPPA Co-ordinator to ensure compliance with agreed guidance and to meet the challenges of the MAPPA extension.

## **Recommendation 7**

Scottish Government should lead on the development and delivery of an action plan in order to overcome the barriers to the effective and efficient usage of ViSOR by Criminal Justice Social Work, outlining owners and timeframes.

## **Recommendation 8**

Scottish Government in partnership with Responsible Authorities should design a national public engagement strategy regarding offender management that includes the management of registered sex offenders in the community.

## **Recommendation 9**

Scottish Government in partnership with Responsible Authorities should establish a robust national governance structure to develop and utilise trend data relating to sex offending to better inform strategic planning for the continued effective and efficient delivery of MAPPA.

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<sup>20</sup> Staff relates to police Offender Management Units and Criminal Justice Social Work teams.

## Recommendation 10

Scottish Government in partnership with Responsible Authorities should develop and introduce a structured and standardised process to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

## Areas for development

We have identified 17 areas for development across key processes that can be delivered locally at an operational level. They are directed primarily at Strategic Oversight Groups and Responsible Authorities. We are confident that they have the capacity to take forward the areas for development and where implemented could improve overall efficiency in the management of registered sex offenders.

Two areas for development (10 and 12) are considered by us to be a basis for a well-balanced approach to multi-agency public protection and where we saw them fully integrated as part of MAPPA there was evidence of enhanced partnership working and information exchange.

We recognise that the areas for development will have more significance for some than others. In order to support continuous improvement we encourage Strategic Oversight Groups to carry out a self-assessment against each of the listed areas for development.

### Area for development 1

Responsible Authorities should ensure that all Stable and Acute 2007 (SA07)<sup>21</sup> assessments are current and updated in accordance with national guidance and circulars.<sup>22</sup>

### Area for development 2

We encourage Responsible Authorities to explore best practice approaches to ensure that staff are equipped to assess the risks and needs of female sex offenders.

### Area for development 3

Strategic Oversight Groups should ensure that members of staff have the required knowledge and skills to undertake the assessment of the risk posed by young people subject to MAPPA.

### Area for development 4

Whilst overall, MAPPA meetings were well planned and effective, we identified a number of areas for development which, if addressed, could improve the overall efficiency of the process. These are outlined in chapter 2 page 25 and include: attendance, scrutiny of minutes and actions, use of pre-information sharing and training.

### Area for development 5

As a result of the increasing number of internet related sex offenders becoming subject to MAPPA, early intervention and diversionary approaches aimed at addressing the risk posed by such offenders should be further scoped by Responsible Authorities in partnership with the Scottish Government.

### Area for development 6

Strategic Oversight Groups should ensure that MAPPA forms part of an integrated public protection strategy.

### Area for development 7

Strategic Oversight Groups and Responsible Authorities should develop and implement a more structured approach to self-assessment.

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<sup>21</sup> Stable and Acute 2007 (SA07). See Glossary.

<sup>22</sup> [Justice Circular No: JD/13/2007](#) and [Justice Circular No: JD/01/2013](#).

### **Area for development 8**

Strategic Oversight Groups should introduce a mechanism which ensures that staff from Responsible Authorities are provided with key information regarding the strategic direction of MAPPA and have an opportunity to contribute to organisational development.

### **Area for development 9**

Strategic Oversight Groups should explore additional opportunities for the delivery of multi-agency training.

### **Area for development 10**

We found evidence of strong local engagement where co-location of staff responsible for delivery of MAPPA was established, providing an enriched understanding of roles, responsibilities and enhanced partnership working.

### **Area for development 11**

It is essential that Strategic Oversight Groups review Information Sharing Protocols to ensure that Registered Social Landlords are clear on their responsibilities and have signed relevant agreements.

### **Area for development 12**

Where the NHS had an integrated single point of contact at the Strategic Oversight Group for all MAPPA related matters, we saw enhanced information exchange which had a positive impact on risk management planning.

### **Area for development 13**

Strategic Oversight Groups and NHS should deliver additional introductory level training for health and care staff.

### **Area for development 14**

Health Boards should ensure that there is an appropriate long term arrangement in place to maintain compliance with ViSOR standards.

### **Area for development 15**

The Scottish Prison Service should monitor and maintain the continued improvement in the use of ViSOR.

### **Area for development 16**

Responsible Authorities in partnership with the Scottish Government should provide opportunities to raise awareness of the release processes, including the role of the Parole Board, in order to enhance planning and mitigate risk for those released into communities.

### **Area for development 17**

The process of engagement with victim support services could be further improved through involvement with Strategic Oversight Group chairs at a national level.

# Chapter 1 Outcomes and impact

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- Multi-agency public protection arrangements (MAPPA) are well-established across the country. Responsible Authorities, as named in the governing legislation, have robust arrangements in place to manage registered sex offenders through dedicated offender management teams, joint working and information sharing.
- MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. However, we are confident that MAPPA is working effectively and as a result, makes a critical contribution to keeping people and communities safe.
- When a registered sex offender comes to the attention of the police for further offending, for the vast majority, it is in relation to their failure to comply with the notification requirements as opposed to the commission of a further serious offence. This is in the context of an increased number of registered sex offenders being managed in the community, the high compliance rate by offenders with notification requirements and a low rate of further conviction for serious violent and sexual offending.
- Registered sex offenders are being managed at the appropriate risk management level, as shown at [Exhibit 6](#), and community integration is supported by risk management plans.
- A range of skilled professionals are working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

## Outcomes for, and impact on, communities

In response to public concerns regarding sexual offending and the potential impact on victims, a range of legislation, policies and interventions have been introduced by the Scottish Government to improve the management, supervision and treatment of individuals who pose a risk to the public. The timeline of key legislation and policies is laid out in [Appendix Two: Legislative and policy timeline 1997 - 2015](#).

Most significant of these policies has been the introduction of the multi-agency public protection arrangements (MAPPA) introduced in 2007 by virtue of Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005.

MAPPA is not a legal entity in itself but a set of partnership working arrangements placing a statutory duty on Responsible Authorities [\[Exhibit 1\]](#) to jointly establish arrangements for assessing and managing risk posed by registered sex offenders.

Practitioners commented that prior to MAPPA the previous arrangements lacked consistency regarding the management of high risk people and information exchange between agencies was informal and ad hoc in nature.



Exhibit 1: Responsible Authorities in Scotland

Police Scotland	Local Authority	Scottish Prison Service	Health Boards and Special Health Boards
Police Scotland will normally be the Responsible Authority for those offenders subject to the Sex Offender Notification Requirements who are not subject to statutory supervision by the Local Authority.	Responsible through Criminal Justice Social Work for the management of sex offenders subject to statutory supervision in the community.	Responsible Authority for sex offenders whilst they are in custody and during periods of temporary release. <sup>23</sup>	Responsible Authority in relation to the assessment and management of mentally disordered offenders. Restricted patients are reviewed under the Care Programme Approach and risk to the community is managed through MAPPA.

The purpose of the joint thematic review was to assess the state, efficiency and effectiveness of the multi-agency public protection arrangements in Scotland, in terms of keeping people safe and reducing the potential risk of serious harm by registered sex offenders in our communities. A key question which this thematic review sought to answer was: *how effective are the Responsible Authorities in the discharge of their statutory duties, under terms of the Management of Offenders etc. (Scotland) Act 2005, including adherence to national guidance and good practice?*

Managing the risks posed by sex offenders within the community is a complex task involving a broad range of organisations and agencies. Registered sex offenders are required to comply with the notification scheme which includes notifying the police within three days of conviction of their personal details. Where the sex offender is in prison on the day that this requirement falls then notification is required within three days of release. Registered sex offenders must also notify the police of any change to their name or address, intention to travel overseas and reconfirmation of personal details at least once every 12-months.

Success in the effective management of a registered sex offender is judged by the public on whether or not there has been any reoffending or reconviction by a known registered sex offender. Studies of sex offending consistently show relatively low rates of recidivism relative to all other types of offending and statistics in Scotland highlight that sexual offenders have amongst the lowest rates of return to custody after two years.<sup>24</sup>

Scottish Government, Statistical Bulletin, Crime and Justice Series entitled: *'Reconviction rates in Scotland 2012-13'*,<sup>25</sup> reported that offenders in 2012-13 with an index crime<sup>26</sup> for a sexual crime had the lowest average number of convictions and the lowest reconviction rate compared to other offenders. [Exhibit 2]

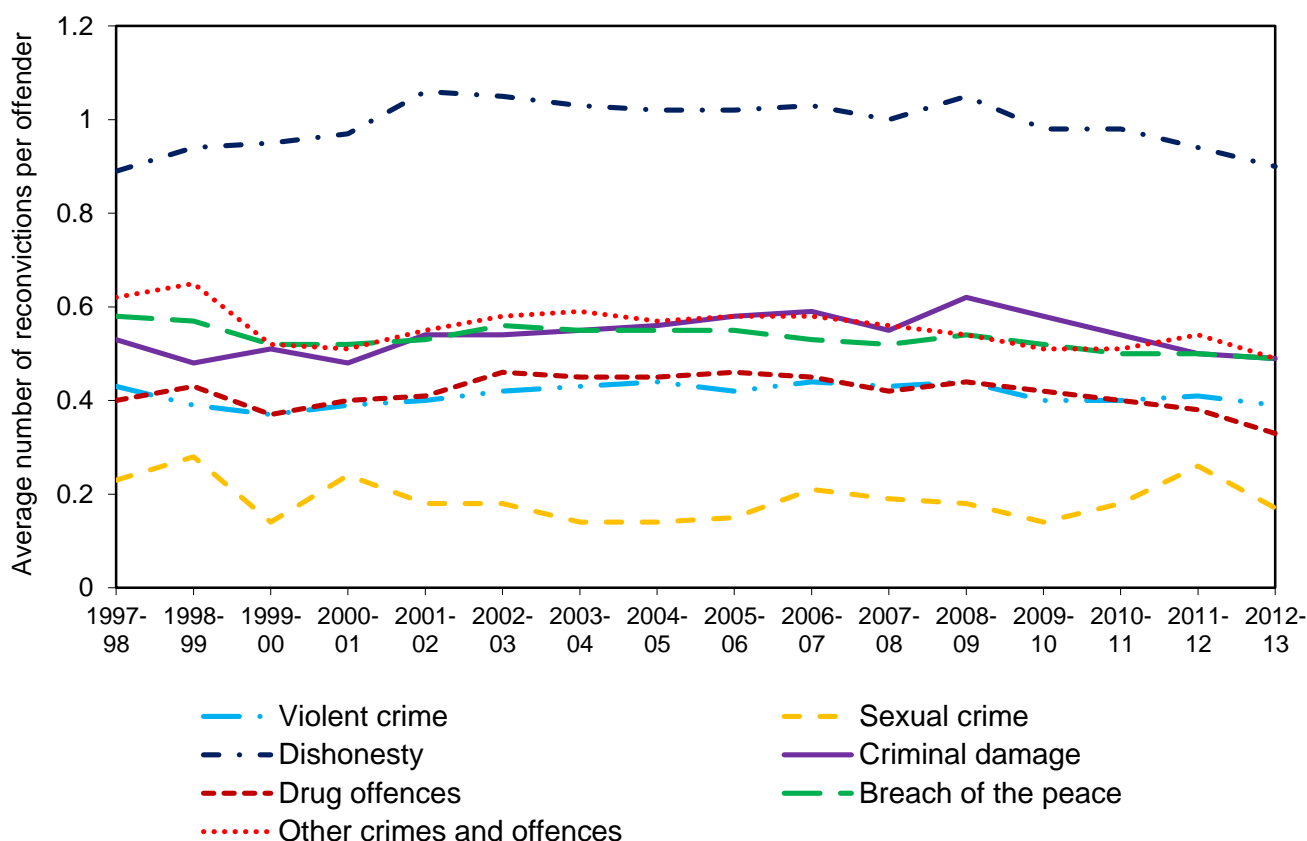
<sup>23</sup> Temporary release includes, day release, special escorted leave, community work placement and home leave.

<sup>24</sup> Ash and Biggar (2001) [Recidivism amongst Serious and Violent and Sexual Offenders](#).

<sup>25</sup> Scottish Government. Statistical Bulletin, Crime and Justice Series. Reconviction rates in Scotland 2012-13, published 31 March 2015.

<sup>26</sup> Index crime. See Glossary.

Exhibit 2: Average number of reconvictions per offender, by index crime: 1997-98 to 2012-13 cohorts



We have extracted elements of the above data in order to demonstrate the reconviction rate of sex offenders in comparison to other offenders. [Exhibit 3]

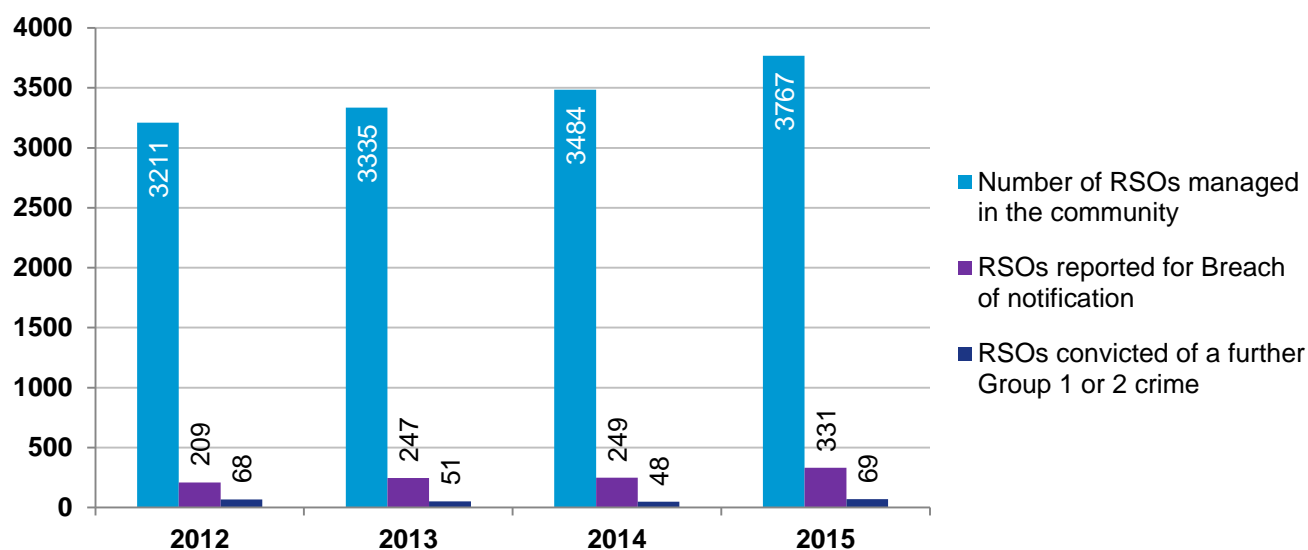
Exhibit 3: Average number of reconvictions per offender, by index crime: 2010 - 13

Index crime	Number of offenders	Reconviction rate	Average number of reconvictions per offender
<b>Violent crime</b>			
2012-13	12386	24.0	0.39
2011-12	13530	24.6	0.41
2010-11	13516	24.7	0.40
<b>Sexual crime</b>			
2012-13	624	12.2	0.17
2011-12	521	12.9	0.26
2010-11	478	11.9	0.18
<b>Dishonesty</b>			
2012-13	8000	41.3	0.90
2011-12	8742	42.3	0.94
2010-11	9122	43.5	0.98

In March 2015 there were 3767 registered sex offenders being managed in the community [Exhibit 4] of which 8.8% (331) had been reported for breach of notification requirements. These offences primarily relate to failing to notify the police of a change in personal circumstances and not the commission of a further serious offence. The monitoring and management arrangements that are in place, including proactive management and partnership working, have enabled the Responsible Authorities to identify a breach in notification and respond accordingly.

Exhibit 4 also indicates that 1.8% (69) of registered sex offenders had been convicted of a further serious Group 1 or Group 2 crime.<sup>27</sup> We note that the manner in which the data was collected does not differentiate between Group 1 or Group 2 crimes. Better collection and analysis of data would provide clearer reconviction data to support strategic planning.

Exhibit 4: Number of registered sex offenders in the community 2012 - 15 including breach of notification and conviction for a further Group 1 or 2 crime<sup>28</sup>



It is clear therefore that when a registered sex offender comes to the attention of the police for further offending, for the vast majority it is in relation to their failure to comply with the conditions of the notification process as opposed to the commission of a further serious offence.

MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. Analysis of sex offender conviction data indicates that on average, the likelihood of sexual recidivism<sup>29</sup> is low, and in general, this risk declines over time. However, in the case of more serious sex offenders, including those subject to indefinite notification periods, whilst the risk of repeat sex offending is very low, the risk of reoffending does not fall significantly over time and never reaches zero.<sup>30</sup>

### Outcomes for, and impact on, those people subject to MAPPA

When a registered sex offender is released from prison it is a requirement for Responsible Authorities to assess the proposed address as part of risk management planning. This can prove to be challenging given the sensitivity that exists around this subject and the identification and availability of housing for registered sex offenders which requires significant co-operation across agencies to ensure that they are housed appropriately. We discuss this issue further in chapter 2.

<sup>27</sup> Crime group descriptors. See Glossary.

<sup>28</sup> Scottish Government Strategic Oversight Group annual reports. Snap shot data on 31 March each year.

<sup>29</sup> Sexual crimes excluding offences relating to prostitution.

<sup>30</sup> Scottish Government. Statistical Bulletin, Crime and Justice Series. Reconviction rates in Scotland 2012-13, published 31 March 2015.

Practitioners told us of their belief that the majority of registered sex offenders following conviction and release from prison return to their home address or to their original community. To examine the type and geographical location of the accommodation provision for registered sex offenders, both pre and post release, we carried out a review of all registered sex offenders released from prison during a two year period between 1 January 2013 and 31 December 2014.

We found that there was a wide geographic coverage with registered sex offenders being housed across Strategic Oversight Group areas. Environmental Risk Assessments (ERA) had been completed in all cases in respect of the post release address. Within the period reviewed, 86% of sex offenders released returned to the same type of housing following imprisonment<sup>31</sup> and 73% returned to the same or a neighbouring community, confirming what practitioners told us.

We found that MAPPA is well-established and Responsible Authorities have robust arrangements in place to manage registered sex offenders through dedicated offender management teams, joint working, information sharing and the completion of collaborative risk assessments and risk management plans. This approach contributes to a reduction in the potential risk of serious harm by registered sex offenders in communities. We are confident that MAPPA is working effectively and as a result makes a critical contribution to the management of risk and public protection.

In this thematic review, we also set out to assess the impact of MAPPA on registered sex offenders and the extent to which the arrangements improve outcomes for them, in helping them manage their behaviour.

Individuals who commit sexually motivated offences do not form a homogenous group and come from all walks of life, age ranges and ethnic groups. They include individuals who pose a low risk of reconviction and others who require intensive supervision and monitoring to ensure that communities are protected. The MAPPA risk management structure is based on the principle that individuals should be managed at the lowest MAPPA level commensurate with the level of risk posed.<sup>32</sup> MAPPA includes three levels at which risk is assessed and managed:

- Level 1: routine risk management
- Level 2: multi-agency risk management
- Level 3: Multi Agency Public Protection Panels (MAPPP)

The number of registered sex offenders is collated annually in a published report by each Strategic Oversight Group and statistics are provided to the Scottish Government. The Scottish Government MAPPA Annual Overview Report 2015<sup>33</sup> records 4,787 registered sex offenders in Scotland with the management levels shown at [Exhibit 5].

Exhibit 5: Total number of registered sex offenders and management levels in Scotland. March 2015

Registered sex offenders in Scotland 2015	MAPPA management levels
4544	Level 1
234	Level 2
9	Level 3
<b>4787</b>	

Many of the registered sex offenders whose cases we reviewed had complex needs which required innovative responses from Responsible Authorities and their duty to co-operate partners. All cases reviewed contained evidence of completed risk assessments, risk management plans and each case had a Violent and Sex Offender Register (ViSOR) record. During our observation of

<sup>31</sup> Housing type: Council to Council, Registered Social Landlord to Registered Social Landlord, Owner Occupier to Owner Occupier, Private Landlord to Private Landlord.

<sup>32</sup> [MAPPA National Guidance \(2014\)](#).

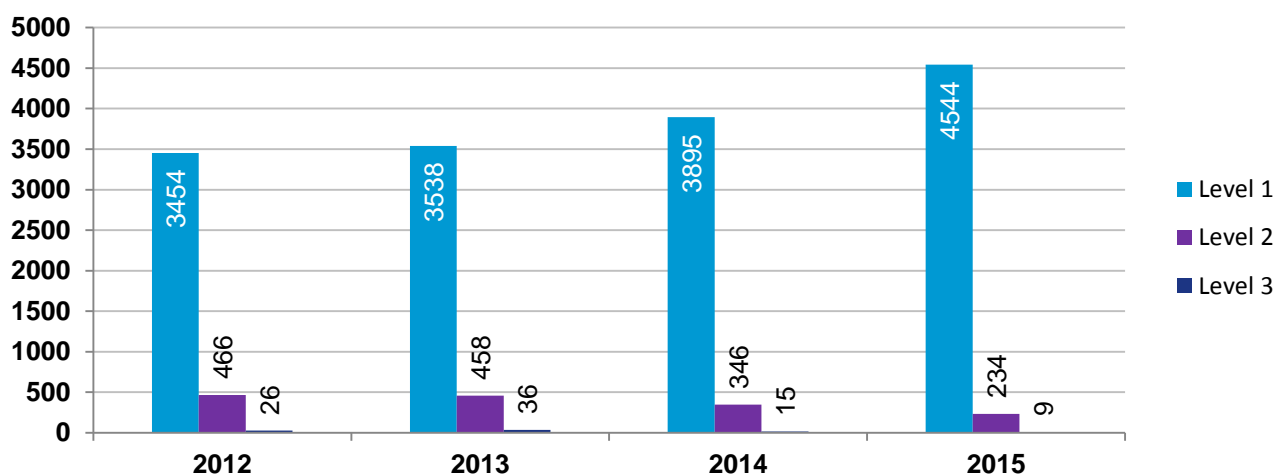
<sup>33</sup> Scottish Government, [MAPPA Annual Overview Report 2015](#).

MAPPA meetings we saw that staff were considering victim impact issues, community and offender needs consistently.

The majority of registered sex offenders are being managed appropriately at risk management Level 1, the lowest defensible level of management, and are being integrated into communities. The number of individuals being managed at Level 2 on a multi-agency risk management basis has steadily decreased over time as a result of Responsible Authorities' increased knowledge, skills and ability to assess and manage risk.

The number of registered sex offenders who pose the most serious or imminent risk of reoffending, or who have complex risk management plans as a consequence of a high degree of public or media scrutiny and therefore managed at Level 3 remains low, reducing each year [Exhibit 6]. This indicates that the principle of managing individuals at the lowest defensible level is being maintained, with expensive multi-agency resources being utilised to manage those who pose the greatest risk of serious harm.

Exhibit 6: Number of registered sex offenders by level of management 2012 -15



Offenders were provided with appropriate information which explained the requirements of the notification process. There was clear indication of positive outcomes being achieved for individual offenders. This is evidenced by the high level of compliance with and completion of statutory supervision and notification; the reduction in risk level over the course of the supervision period; good access to offender programmes and increased stability as a result of community integration.

### Impact on staff

A major strength of MAPPA is the purposeful engagement of front line staff and managers. Practitioners indicated that arrangements are in place to ensure that they receive appropriate training to undertake duties, principally in the assessment and management of risk which has improved their skills and confidence. We saw evidence of strong front line engagement between police Offender Management Units and Criminal Justice Social Work teams.

Managers are aware of the impact that working in this area may have on staff and there was evidence of support, advice and guidance being provided as necessary. Staff confirmed that they have access to helpful welfare arrangements if required. We were impressed by a clear culture of mutual respect and understanding across Responsible Authorities and the extent to which staff demonstrated their commitment to the delivery of MAPPA. Practitioners viewed working within MAPPA as being a safe and supportive environment in which to undertake this challenging work.

## Chapter 2 Delivery of services

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- Nationally adopted risk assessment tools are used effectively and in accordance with MAPPA National Guidance (2014), Standards and Guidelines for Risk Management and FRAME principles, standards and practice process.
- The introduction of the housing Sex Offender Liaison Officer role as part of MAPPA has strengthened the assessment and planning for sex offender accommodation.
- All Strategic Oversight Group areas have an Environmental Risk Assessment (ERA) process in place as required by national guidance. There is effective communication and strong relationships between offender management staff, Criminal Justice Social Work and housing Sex Offender Liaison Officers in the delivery of these assessments.
- The increasing number of registered sex offenders managed at Level 1 can in part be attributed to an increase in convictions for internet offending and increased reporting of sexual crimes.
- MAPPA Level 2 meetings are well planned and meaningful however, we identified areas for development which, if actioned, could improve the overall efficiency of the process.
- Offenders who pose a significant risk of potentially causing serious harm, appropriately receive a more intensive level of multi-agency management at Level 3. Meetings are carried out to a very high standard and commensurate with the level of risk posed.
- The statistics which have been gathered and outlined within MAPPA annual reports indicate that the number of individuals convicted of sexual offences and subject of the sex offender notification requirements continue to show a gradual but steady increase.
- There is widespread consensus that posting of self-generated indecent images on social media networks by young people, known as 'sexting', has become a common phenomenon across the country.

The aim of MAPPA is to strengthen the ways in which staff across services work together to manage risks presented by registered sex offenders. Key MAPPA processes include:

- identification of convicted offenders who may pose a risk of harm
- assessment of the nature and extent of the risk posed
- planning for and managing the identified risk which effectively protects victims, communities and reduces further harm.

### Identification and notification

The term 'sex offender' relates to a person who is convicted of an offence listed in Schedule 3 to the Sexual Offences Act 2003.<sup>34</sup> Following conviction, all sex offenders automatically become subject to the sex offender notification requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003 including those made subject to a Sexual Offences Prevention Order<sup>35</sup> or convicted of a breach of a Risk of Sexual Harm Order.<sup>36</sup> The number of offenders identified and subsequently subject to the SONR continues to increase.

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<sup>34</sup> [Sexual Offences Act 2003](#).

<sup>35</sup> Sexual Offences Prevention Order. See Glossary.

<sup>36</sup> Risk of Sexual Harm Order. See Glossary.

## Assessment of the nature and extent of the risk posed

The cases reviewed demonstrated comprehensive application of nationally adopted risk assessment tools in accordance with MAPPA National Guidance (2014), Standards and Guidelines for Risk Management and FRAME. However, there were a small number of cases where Stable and Acute 2007 (SA07)<sup>37</sup> assessments had not been updated as required. [Responsible Authorities should ensure that all Stable and Acute 2007 assessments are current and updated in accordance with national guidance and circulars. \(Area for development 1\)](#)

In support of MAPPA, a National Accommodation Strategy for Sex Offenders in Scotland (NASSO) was introduced in 2007 and required Criminal Justice Social Work and police to undertake an address profile or 'scan' in partnership with the housing Sex Offender Liaison Officers (SOLO) as part of risk management activities. The introduction of the housing SOLO as part of MAPPA and the operational practices demonstrated by staff strengthened the process of assessment and planning for sex offender accommodation. The role of the housing SOLO is a cornerstone of MAPPA and we support the continuation of this arrangement.

The NASSO Guidance was revised in 2012<sup>38</sup> and introduced the term Environmental Risk Assessment (ERA). The purpose of the ERA is to gather information and to use it to make an assessment of the accommodation identified and its appropriateness for an individual registered sex offender managed at either MAPPA Levels 2 or 3. The guidance also advises that the lead Responsible Authority should consider the need for an ERA for offenders managed at MAPPA Level 1 based on set criteria.

We found that all Strategic Oversight Group areas had an appropriate ERA process in place and there was effective communication and strong relationships between Offender Management Unit staff, Criminal Justice Social Work and the housing SOLO in the delivery of the ERA. However, a key challenge for these officers is managing the demand for temporary accommodation when a registered sex offender is made homeless or released from prison at short notice balanced with the availability of suitable housing.

We found a number of strengths within the ERA process. It promotes a high level of collaboration between agencies and is clearly improving risk management plans. Visiting proposed tenancies and carrying out checks on police and Local Authority information systems, albeit data systems vary, is a robust approach in managing the potential risks posed by offenders.

A Significant Case Review published in 2013<sup>39</sup> recommended that Police Scotland have an audit process in place to enable an annual environmental scan for all addresses occupied by every registered sex offender they manage in the community. Police Scotland carried out an internal review of the ERA process across policing and identified inconsistencies in their use of the ERA. A national policy designed to provide clarity and to ensure consistent practice by police was introduced with limited consultation with Criminal Justice Social Work partners. We found that while Police Scotland delivered the change in the ERA process through centralised oversight, the ability of Criminal Justice Social Work staff and housing SOLO's to deliver with the same level of consistency across all local authorities was inhibited by the lack of a collaborative plan for implementation.

This has resulted in different approaches being applied with some areas using component parts of both the 2007 and 2012 guidance, resulting in inefficient duplication of activities. With the continued increase in the number of registered sex offenders becoming subject to MAPPA and in

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<sup>37</sup> Stable and Acute 2007 (SA07). See Glossary.

<sup>38</sup> [National Accommodation Strategy for Sex Offenders in Scotland 2012](#).

<sup>39</sup> [MAPPA Significant Case Review \(2013\)](#).

order to improve overall efficiency, key partners need to ensure that the ERA is proportionate with the risk posed by an individual offender and consistently delivered across the country. The Scottish Government and Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an ERA, ensuring these are sustainable, proportionate and workable.

### Recommendation 1

Scottish Government in partnership with Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an Environmental Risk Assessment which is proportionate, practicable and sustainable.

### Internet Offending

With the rapid growth in the use of the internet and expansion of social media, this provides a platform for sex offenders to pursue the sexual abuse of children and young people. As there is no single offence that covers all aspects of internet offending and as the term is open to interpretation, we have focused on a number of offences as shown at [Appendix Three](#) that include online child sexual exploitation, possession of and distribution of indecent images of children, on-line grooming and 'live' streaming.

Since 2013, Police Scotland has proactively raised and responded to a number of intelligence reports including information provided by the National Crime Agency CEOP (Child Exploitation and Online Protection) Command that have led to the detection of 679 individuals for internet related offences with cases being progressed through the criminal justice system.<sup>40</sup> The data shown at [\[Exhibit 7\]](#) is an indicator of the number of offenders convicted in the past three years of internet related offences; an increase of 109% between 2012-13 and 2014-15.

Exhibit 7: Number of offenders convicted for internet related offences 2012-15. Source: ViSOR National Systems Support

Legislation	Offenders Convicted		
	2012-13	2013-14	2014-15
The Civic Government (Scotland) Act Section 51(a)	27	80	101
The Civic Government (Scotland) Act Section 52 (1) and 52 A(1)	202	308	387
The Protection of Children and Prevention of Sexual Offences (Scotland) Act Sections 1,9 and 10	16	21	22
The Sexual Offences (Scotland) Act 2009, Sections 26 and 36	7	11	17
<b>Totals</b>	<b>252</b>	<b>420</b>	<b>527</b>

The increased identification of internet offenders provides an opportunity to minimise the risk of further harm as result of the screening processes that are provided by the Protection of Vulnerable Groups (Scotland) Act 2007,<sup>41</sup> and the Keeping Children Safe community disclosure scheme.<sup>42</sup> The latter enables parents, carers and guardians to enquire as to whether or not people who have access to their children have convictions for child sex offences.

<sup>40</sup> Information provided by Police Scotland 2015.

<sup>41</sup> [Disclosure Scotland.](#)

<sup>42</sup> [Keeping Children Safe.](#)



It has been reported that internet offenders present a relatively low risk of reoffending compared to contact sex offenders.<sup>43</sup> However, there is limited research in this area of offending and studies present differing findings. Practitioners found the process of assessing the potential risk that an internet offender poses of committing a contact offence particularly challenging and lacked confidence in this area. Although a range of guidance is available in terms of risk assessment standards and principles, there are no nationally adopted risk assessment tools for those who commit internet related offences. The provision of further guidance would strengthen the assessment process and enable Responsible Authorities to deploy resources more efficiently and proportionately with the level of risk posed by an offender. Notwithstanding the gap in guidance we saw robust risk management plans in place to manage such offenders.

### Recommendation 2

Scottish Government in partnership with the Risk Management Authority and Responsible Authorities should provide additional guidance to enable staff to better assess the risk posed by internet offenders.

Police Scotland and Criminal Justice Social Work staff are trained to undertake their role in offender management. Police Scotland have access to field search software required to scrutinise media devices used by some offenders necessary to monitor compliance with licence conditions. However, such equipment is not available within Criminal Justice Social Work teams and there is a reliance on police to undertake this activity on their behalf.

Practitioners expressed concern at the growing number of internet offenders and the challenge this posed in terms of management and risk assessment. Staff indicated that they would benefit from greater access to such equipment supported by a code of practice to enable them to proactively determine whether or not a registered sex offender has accessed the internet in breach of licence conditions and / or commission of a further offence.

### Recommendation 3

Scottish Government in partnership with Responsible Authorities should undertake a technical capacity and capability review of equipment, training and guidance required to support staff in monitoring the use of social media devices by registered sex offenders to ensure compliance with licence conditions.

The internet provides both anonymity and distance to an offender and understanding the scale of the threat remains challenging. We recognise that police continue to develop their approach to victim identification, investigative strategies and the detection of internet sex offenders.

The National Crime Agency CEOP Command estimate that during 2012 there were around 50,000 individuals in the United Kingdom involved in downloading and sharing indecent images of children<sup>44</sup> and that the proliferation of indecent images of children and online child sexual exploitation remains of serious concern.<sup>45</sup>

As public confidence grows in reporting sexual crimes including internet offending and coupled with the technical and specialist developments by police it is likely that there will be an increased number of investigations, detections and prosecutions which may present a challenge to the capacity of agencies responsible for sex offender management.

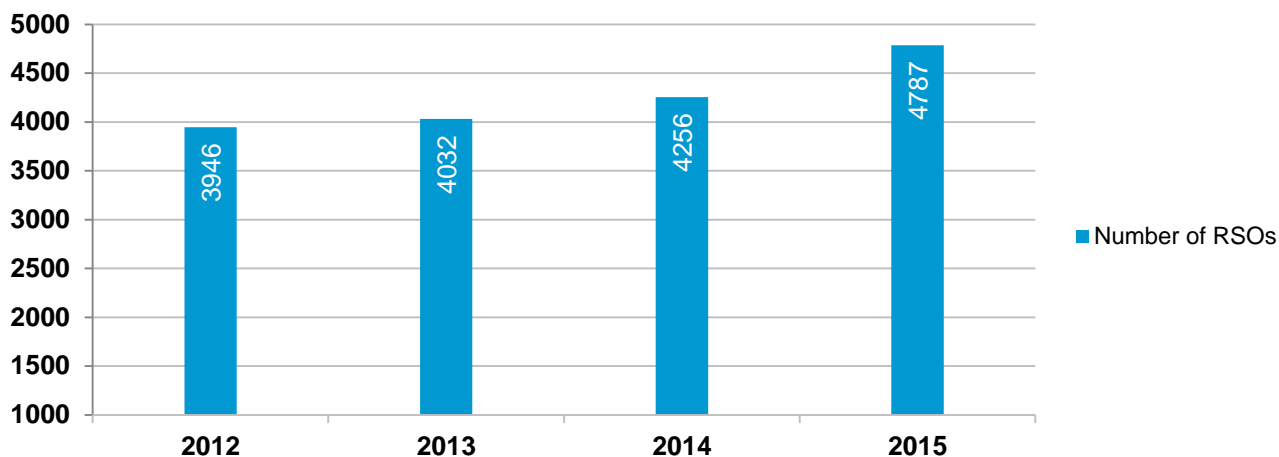
<sup>43</sup> Seto, M. (2014) [Internet-Facilitated Sexual Offending](#).

<sup>44</sup> [Threat Assessment of Child Sexual Exploitation and Abuse, June 2013](#).

<sup>45</sup> National Strategic Assessment of Serious and Organised Crime 2015 published 23 June 2015.

The statistics which have been gathered and outlined within MAPPA annual reports, indicate that the number of individuals convicted of sex offences and subject of the sex offender notification requirements continue to show a gradual but steady increase. [Exhibit 8] To ensure that multi-agency public protection arrangements remain effective there is a requirement to scope future demand. We discuss this further at chapter 4.

Exhibit 8: Number of registered sex offenders in Scotland 2012 - 15



### Female sex offenders

Whilst females consistently make up less than 1% of registered sex offenders, there are particular complexities involved in assessing risks and needs. The lack of a nationally adopted risk assessment model for females who sexually offend was identified as an area of concern by practitioners who stated that they would benefit from access to additional guidance in assessing the risk posed by female sex offenders. Whilst we did see practitioners adopting a pragmatic approach using available tools as a guide and accessing research to support their professional judgement, a gap remains. We encourage Responsible Authorities to explore best practice approaches to ensure that staff are equipped to assess the risks and needs of female sex offenders. (Area for development 2)

### Young people

The majority of young people in Scotland involved in offending behaviour are dealt with by the Children’s Hearing system, which provides an integrated approach to addressing risks and needs. A minority of young people aged between 16 and 18 years who are involved in sexual offending will be processed through the criminal courts and become subject to supervision and monitoring under MAPPA. Analysis of the available statistics indicates that in 2015 there were 15 young people<sup>46</sup> subject to MAPPA in Scotland.

The guidance and standards for the assessment and management of young people who commit sex offences is contained within FRAME guidance.<sup>47</sup> One of the principal assessment instruments used to consider the level of risk posed by this category of young people is the AIM2<sup>48</sup> framework, which is outlined within the Risk Management Authority (RMA) Rated<sup>49</sup> manual. While we saw evidence that this was being used well to assess risks and needs of the small number of young people managed within MAPPA there was a lack of knowledge and confidence among some members of staff in dealing with this aspect. Therefore, Strategic Oversight Groups should ensure that members of staff have the required knowledge and skills to undertake the assessment of the risk posed by young people subject to MAPPA. (Area for development 3)

<sup>46</sup> Strategic Oversight Group MAPPA annual reports 2015.

<sup>47</sup> RMA (2014) Framework for Risk Assessment Management and Evaluation (FRAME) for Local Authorities and partners - For Children and Young People under 18. Edinburgh: Scottish Government.

<sup>48</sup> Assessment, Intervention and Moving on Project, Version 2. G-MAP (2012).

<sup>49</sup> RMA (2012) RATED: Risk Assessment Tools Evaluation Directory.

We noted good examples of MAPPA reviews managing the transition of young people who pose a risk of sexually harmful behaviour from youth to adult services by ensuring that all relevant risk management information was shared and that relevant staff were in attendance.

During our review we established that the posting of self-generated indecent images on social media networks by young people (sexting), was common practice across the country. This trend is supported by research that indicates that 44% of British girls aged 13-17 years have sent indecent images of themselves and that sexting is now considered a way of life by some young people.<sup>50</sup> The National Crime Agency CEOP Command report that the majority of this imagery has been freely produced by young adolescents and did not involve coercive or exploitative conduct by an adult.<sup>51</sup> However, many young people may not recognise that they are being coerced or exploited due the anonymity provided by the internet. The scale of the problem could increase the vulnerability of young people at risk of exploitation and potentially result in them becoming subject of criminal justice processes including offender management.

#### **Recommendation 4**

Scottish Government in partnership with Responsible Authorities should develop a strategy to address the risks posed to children and young people from 'sexting' in order to build healthy respect and avoid the potential for exploitation and criminalisation.

#### **Planning for and managing the identified risk**

MAPPA National Guidance (2014), along with FRAME outline the standards and practice process relevant to undertaking MAPPA review meetings for managing offenders at Level 2 and Level 3. The overarching principles are that the risk assessment and risk management plans must be defensible, proportionate, evidence-based and collaborative.

The primary function of MAPPA is to share information to review the risk of serious harm and establish agreement regarding the development and implementation of a risk management plan. MAPPA members also make decisions to address any obstacles to the delivery of the plan and consider whether the MAPPA level should increase or decrease depending on the risk assessment.

#### **Level 3**

The number of registered sex offenders managed at Level 3 has been consistently low. [Exhibit 6 ] During this thematic review we attended and observed all Level 3 meetings across Scotland<sup>52</sup> and found that offenders who posed a significant risk of potentially causing serious harm received an appropriately more intensive level of multi-agency management. We are confident that Level 3 meetings were being carried out to a very high standard and were commensurate with the level of risk posed.

#### **Level 2**

The MAPPA chair plays a crucial role in ensuring that all participants are fully engaged and that relevant information is considered so that a consensus on the management of risk can be reached. We found Level 2 management arrangements to be robust, the chairing of MAPPA meetings effective and that MAPPA chairs demonstrated decision making in a consistent manner.

<sup>50</sup> Research conducted by [Bristol University](#).

<sup>51</sup> [Threat Assessment of Child Sexual Exploitation and Abuse, June 2013](#).

<sup>52</sup> During the fieldwork stage 3 footprint there were two Level 3 meetings which were observed by the review team. Appendix One.

Whilst overall, MAPPA meetings were well planned and effective, we identified a number of areas for development which, if addressed, could improve the efficiency of the process. These are shown below as (Area for development 4) and include the following:

- Attendance at MAPPA meetings by the agencies which are required to attend was of a good standard and representatives had an appropriate level of seniority and ability to make decisions. The Scottish Prison Service (SPS) routinely attend MAPPA Level 3 meetings. While there is no requirement for the SPS to attend Level 2 meetings, as outlined within the MAPPA National Guidance (2014), it is evident that there were some cases where SPS attendance and contribution would be beneficial to the risk management process. MAPPA chairs should have the mandated authority to decide in advance which agencies should be in attendance at Level 2 meetings based on the circumstances of each case.
- MAPPA chairs need to ensure that all participants make a contribution to meetings and are held to account for the successful completion of allocated tasks. Where MAPPA actions are recorded as 'done' or 'on-going' there is a need for the provision of more detail by participants and scrutiny by the chair.
- While we found that most MAPPA documentation was of a good standard, in a few areas MAPPA minutes were of poor quality, difficult to follow and the rationale for decisions not clearly recorded. Minutes should better reflect the decisions made particularly when the level of risk management is changed.
- Whilst some areas share pre-information reports,<sup>53</sup> as required by guidance, which is designed to avoid lengthy repetition of discussion during the MAPPA meetings we found that this was not the case across all areas. This meant that some MAPPA meetings were excessively long. MAPPA chairs should ensure that pre-meeting information is used more efficiently in order to avoid unnecessary repetition during MAPPA meetings.
- The majority of MAPPA reviews demonstrated a high standard of information sharing, as well as clear evidence of joint working and shared responsibility. While risk assessments were robust, MAPPA chairs should ensure that risk factors identified during assessment are clearly linked to a corresponding action outlined within risk management plans.
- MAPPA chairs need to maintain and enhance their knowledge and understanding of current MAPPA processes and procedures. We acknowledge that the Scottish Government and the Risk Management Authority are delivering a programme of training and we encourage participation by MAPPA chairs.
- In order to administer the process efficiently, Responsible Authorities are creating agency-specific risk management plans. An unintended consequence is duplication and lack of collective oversight by MAPPA members. Strategic Oversight Groups and MAPPA chairs should ensure that the MAPPA risk management plan is the primary document and accurately reflects all risk management decisions, actions and outcomes.
- In some cases insufficient care was taken in the preparation of reports and we saw the use of 'cut and paste' from previous reports which resulted in the inaccurate transfer of offenders' personal details from one set of forms to another. There is a need for better scrutiny by supervisors to ensure that MAPPA documentation is accurate and that quality assurance processes are in place and working effectively.

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<sup>53</sup> [MAPPA National Guidance \(2014\)](#).

## Level 1

The MAPPA National Guidance (2014) indicates that Level 1 arrangements are considered to be the duty of Responsible Authorities in each area. Our analysis of published Significant Case Reviews (2013) and (2014)<sup>54</sup> highlighted that the development of more specific guidance in relation to the management of registered sex offenders at Level 1 should be introduced.

Whilst the arrangements put in place by Strategic Oversight Groups and Responsible Authorities to manage offenders at Level 1 were robust and contributed to community safety, it was evident that the lack of guidance has resulted in variable and inconsistent practice across Responsible Authorities. In some areas the arrangements had become overly bureaucratic, resource-intensive and therefore impracticable. We could see that structures and arrangements differed considerably across Strategic Oversight Group areas. While this, in itself, did not pose a risk to the management of registered sex offenders in the community, it highlighted that there are efficiencies to be made through adopting a more proportionate and consistent approach.

Throughout the course of this thematic review, practitioners consistently called for better guidance to create parity in arrangements between areas. The Risk Management Authority is working closely with the Scottish Government and Police Scotland on the development of a practice model to support police offender management staff in the management of MAPPA Level 1 offenders. While this is a positive development, we encourage the inclusion of statutory cases that are managed at Level 1, on a multi-agency basis, to enable a more consistent approach across agencies.

## Recommendation 5

Scottish Government in partnership with Responsible Authorities should collaborate in order to develop minimum practice standards for the management of Level 1 registered sex offenders in order to support consistent and efficient practice.

## Access to appropriate services and intervention

Strategic Oversight Groups have well-established arrangements in place for the provision of therapeutic intervention programmes for registered sex offenders. Evaluation of the various types of programme or the different models for delivery that exist, including the provision of these services through dedicated Criminal Justice Social Work teams, is outside the scope of this review. Nonetheless, we did examine the availability of programmes to support and facilitate change in the behaviour of registered sex offenders and the reduction of risk of further offending.

## Moving Forward: Making Changes

The primary intervention approach for registered sex offenders in Scotland is Moving Forward: Making Changes (MF: MC). It is an accredited programme developed by the Scottish Government and the Scottish Prison Service for the treatment of adult male offenders<sup>55</sup> who have been assessed as posing a medium and above risk of reoffending through the application of risk assessment tools including Stable and Acute 2007, RM2000<sup>56</sup> and LS/CMI.<sup>57</sup> It is delivered both within prison and in the community and uses the latest research, evidence and practice to work with registered sex offenders to reduce the likelihood of reoffending and to increase opportunities to build a productive life that does not involve harming others. This is an area of good practice and the specialist teams, projects and individuals involved in the delivery of this work are making a valuable contribution to multi-agency public protection arrangements.

<sup>54</sup> [MAPPA Significant Case Review \(2013\)](#) and [MAPPA Significant Case Review \(2014\)](#).

<sup>55</sup> MF:MC has been designed for males who have been convicted of a sexual offence or non-sexual offence that contains a sexual element, Scottish Government 2015.

<sup>56</sup> RM2000 – Risk Matrix 2000. See Glossary.

<sup>57</sup> Level of Service/Case Management Inventory (2004). Andrews, D., Bonta, J. & Wormith, J.S: Canada.

Whilst MF: MC can include some individuals convicted of internet sex offences, most will fall below the criteria outlined within the MF: MC assessment manual and will not be included. Such offenders will continue to be managed and monitored under MAPPA.

Whilst the management arrangements in place were effective it was evident that there was limited focus on diversionary approaches with internet offenders. As a result of the increasing number of internet related sex offenders becoming subject to MAPPA, early intervention and diversionary approaches aimed at addressing the risk posed by such offenders should be further scoped by Responsible Authorities in partnership with the Scottish Government. (Area for development 5)

## Chapter 3 Management

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- Robust operational structures are in place to manage multi-agency public protection arrangements. There is close and purposeful working by members of the strategic and operational management groups, who demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.
- Police Scotland's National Offender Management Unit conduct a structured audit of processes, procedures and recording practices. Having a centralised audit function to support local delivery is helpful in supporting a consistent approach to offender management across the country.
- Robust arrangements are in place to ensure that practitioners receive the required training to undertake their duties, principally in the assessment and management of risk.
- Staff are confident in their role in offender management and the use of nationally adopted assessment tools but require additional guidance in the assessment of the risk that internet offenders may pose of further offending.
- MAPPA has transformed relationships and partnership working between Responsible Authorities. It has played a crucial role in cementing particularly strong and effective joint working between Police Scotland and Criminal Justice Social Work.
- MAPPA Co-ordinators play a key role in public protection arrangements, undertaking a wide range of important duties. However, given the demands that are placed on Co-ordinators there is a need to review the role and function in preparation for the MAPPA extension.

### Operational and strategic planning arrangements

#### Strategic Oversight Groups

Strategic Oversight Groups were established to oversee the performance management and quality of local MAPPA operations. This arrangement was introduced in response to the inspection report entitled 'Assessing and managing offenders who present a high risk of serious harm'.<sup>58</sup>

Strategic Oversight Group membership comprises senior representatives from the Responsible Authorities and duty to co-operate agencies. Chairs are experienced practitioners with a senior social work or police background. [Exhibit 9] We noted robust operational structures in place and they demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.

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<sup>58</sup> Social Work Inspection Agency (SWIA), HMICS and HMIPS Report 'Assessing and managing offenders who present a high risk of serious harm' 2009. Recommendation 19.

Exhibit 9: Strategic Oversight Groups -Chairs as at June 2015

Strategic Oversight Group Area	Chair
Fife	Independent Chair
South West Scotland	Police Scotland
Edinburgh, the Lothians and Scottish Borders	Social Work Services
Forth Valley	Police Scotland
Glasgow	Social Work Services
North Strathclyde	Social Work Services
Tayside	Social Work Services
Lanarkshire	Police Scotland
Northern	Police Scotland

The management of registered sex offenders should not sit in isolation from the wider approach to public protection and we saw a variety of operational arrangements across the country designed to incorporate the role of the Strategic Oversight Group with Child Protection Committees and Adult Protection Committees. Building on existing frameworks, *Strategic Oversight Groups should ensure that MAPPA forms part of an integrated public protection strategy.* (Area for development 6)

### Performance management and quality assurance

Strategic Oversight Groups are responsible for performance monitoring and quality assurance of MAPPA, ensuring that organisations are working together effectively to reduce risk. In compliance with the MAPPA National Guidance (2014) we saw a range of performance data<sup>59</sup> collected and scrutinised by the Strategic Oversight Groups including the number of registered sex offenders being managed in the area and management levels. We also noted that regular updates on performance were provided to elected members and community planning partnerships on MAPPA.

Strategic Oversight Groups undertake a range of operational audits which have supported and improved the delivery of key services and enhanced partnership working. These include performance reviews and audits of case files and risk management plans. MAPPA Co-ordinators also collate statistics relating to registered sex offenders which are published in MAPPA annual reports which provide information on the number of registered sex offenders and their risk management levels within each Strategic Oversight Group area.

Police Scotland was formally established on 1 April 2013 bringing together eight legacy police forces. Tackling sexual crime and the sexual abuse and exploitation of children and people at risk of harm remains a priority for policing in Scotland.<sup>60</sup> We found that the introduction of a single police service has resulted in a more clearly defined public protection structure with each local policing division having an Offender Management Unit with dedicated officers working in partnership through MAPPA to manage registered sex offenders.

The local policing arrangements are supported by a National Offender Management Unit (NOMU) that provides centralised functions that were previously delivered by each of the eight legacy police force areas. This includes an audit and governance team carrying out audits across all 14 divisional Offender Management Units.

<sup>59</sup> 90% of Level 3 cases reviewed no less than once every 6 weeks; 85% of Level 2 cases reviewed no less than every 12 weeks; disclosure to be considered and decision recorded in Level 2 and Level 3 minutes; total number of registered sex offenders (RSO) being managed at Level 2 and Level 3 in the community; total number of RSO being managed at all Levels in the community; total number of restricted patients Level 2 and Level 3 meetings; total number of restricted patients being managed in the community; new referrals being managed at Level 2 and Level 3 in the community and the number wanted / missing RSO.

<sup>60</sup> Police Scotland, [Annual Police Plan 2015-16](#).



Whilst we noted that Strategic Oversight Groups and the National Offender Management Unit had a structured audit of process in place, self-assessment is at an early stage and requires continued attention. Building on this foundation there is an opportunity for Strategic Oversight Groups and Responsible Authorities to [develop and implement a more structured approach to self-assessment](#). (Area for development 7)

## Staff training, development and support

### **MAPPA Operational Groups**

To support delivery of MAPPA, Strategic Oversight Groups established multi-agency management groups. These are often referred to as MAPPA Operational Groups however other nomenclature is used. The operational groups have responsibility for ensuring that MAPPA operates effectively within their area. While the structure of these groups varies across the country we have found the groups to be well-established and effective.

Staff commented that MAPPA Operational Groups provided clear operational direction. However, in light of emerging trends such as the ageing population of registered sex offenders and internet offending they were less clear on the future direction of MAPPA. [Strategic Oversight Groups should introduce a mechanism which ensures that staff from Responsible Authorities are provided with key information regarding the strategic direction of MAPPA and have an opportunity to contribute to organisational development](#). (Area for development 8)

Scottish Government and the Risk Management Authority, in preparation for the MAPPA extension, is providing additional training to police and Criminal Justice Social Work staff in the assessment of the risk of serious harm posed by some offenders. We recognise that multi-agency training is seen as positive by staff and is a particular strength where this has taken place. Understanding each other's role in the delivery of MAPPA provides a level of confidence that enhances partnership working. [Strategic Oversight Groups should explore additional opportunities for the delivery of multi-agency training](#). (Area for development 9)

## Partnership working

There was consensus among staff at all levels that MAPPA has transformed partnership working between Responsible Authorities and that relationships are particularly strong between Police Scotland and Criminal Justice Social Work. [We found evidence of strong local engagement where co-location of staff responsible for delivery of MAPPA was established, providing an enriched understanding of roles, responsibilities and enhanced partnership working](#). (Area for development 10)

### **Duty to Co-operate Agencies**

Information sharing is an essential component of MAPPA and the 2005 Act places a requirement on Responsible Authorities to act in co-operation with agencies specified by Scottish Ministers known as the Duty to Co-operate (DTC).<sup>61</sup> The DTC is reciprocal, requiring two-way co-operation and information exchange between Responsible Authorities and DTC agencies. The DTC persons or bodies in Scotland include registered social landlords, third sector agencies and the Children's Reporter.

### **Registered Social Landlords**

Housing Sex Offender Liaison Officers commented that the effective management of registered sex offenders is enhanced by close working relationships and meaningful information sharing arrangements between housing providers, including registered social landlords (RSL), and Responsible Authorities which enhances risk management planning and public safety.

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<sup>61</sup> Duty to Co-operate (DTC). See Glossary.

It was evident that there is inconsistency in the degree to which RSLs, who provide accommodation to registered sex offenders, are signed up to Information Sharing Protocols. This has resulted in a lack of clarity among some RSLs regarding the parameters of information sharing and maintaining required standards of confidentiality. [It is essential that Strategic Oversight Groups review Information Sharing Protocols to ensure that Registered Social Landlords are clear on their responsibilities and have signed relevant agreements. \(Area for development 11\)](#)

A small number of community based housing associations have declined to provide accommodation for registered sex offenders and to sign Information Sharing Protocols. We understand the nature of the challenges that exist in housing a registered sex offender in a small community which may have influenced this position. However, the risk of not sharing information about registered sex offenders has the potential to undermine risk assessment and risk management planning. We acknowledge the continued dialogue between the Strategic Oversight Group and community based housing associations to progress this matter.

### Health Boards

Health Boards and Special Health Boards are Responsible Authorities in relation to restricted patients. They are a Duty to Co-operate partner in respect of registered sex offenders. We reviewed the case records of two restricted patients who had been the subject of conditional discharge and integrated into the community whilst subject to the sex offender notification requirements.<sup>62</sup> Although the sample size was small these records provided an opportunity to review the processes as required in the MAPPA national guidance. We found that the required risk assessments had been undertaken and that a comprehensive risk management plan had been developed and implemented. These documents, as well as a record of contact visits by police and other agencies, were recorded appropriately on ViSOR. From the documentation reviewed, it was evident that in both instances there was effective multi-agency working to support the safe reintegration of both restricted patients into the community.

Attendance at MAPPA meetings by NHS staff is strong in some Strategic Oversight Group areas but inconsistent in others. Some areas had a nominated and integrated single point of contact for all MAPPA related matters which effectively supported the process of information sharing and risk management planning. Where specialist consultancy is available from health services such as the Sex Offender Liaison Service (SOLS) to inform MAPPA decisions, this strengthens risk management planning.

To reduce the inconsistent level of service provided by NHS, a more efficient process to support staff to attend MAPPA meetings is required in order to enhance information sharing and contribute to the risk management process. [Where the NHS had an integrated single point of contact at the Strategic Oversight Group for all MAPPA related matters, we saw enhanced information exchange which had a positive impact on risk management planning. \(Area for development 12\)](#)

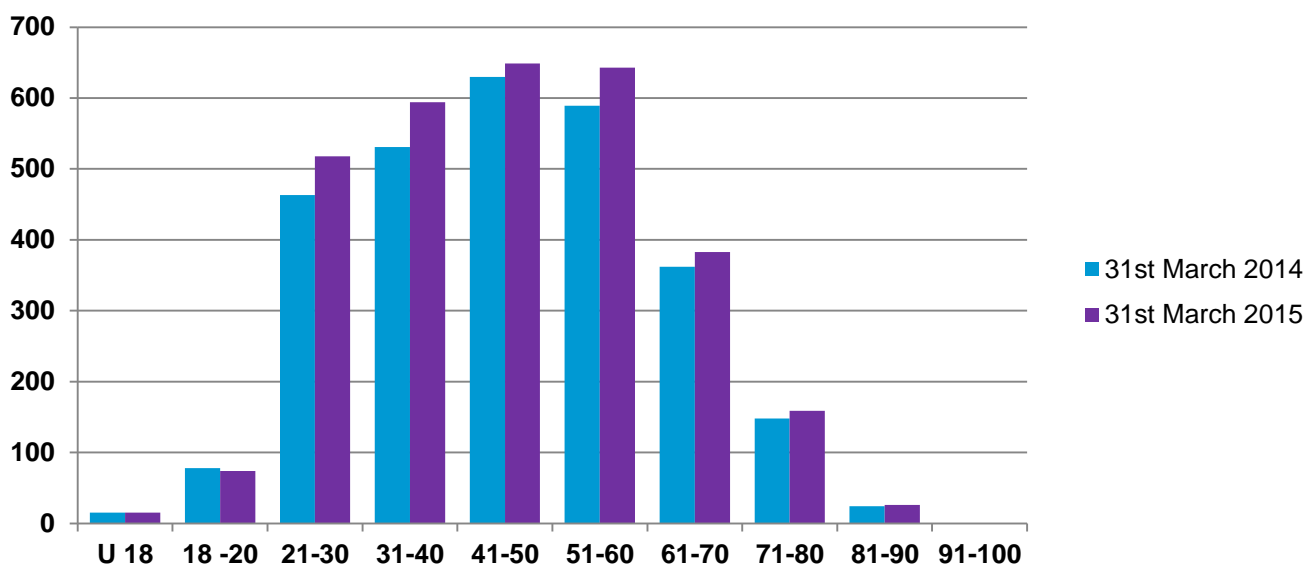
With the projected ageing population of registered sex offenders [\[Exhibit 10\]](#) which may increase demand on the NHS and other care services, including the potential for offenders to be resident in care settings, NHS staff would benefit from additional knowledge and understanding of the complexities around MAPPA. [Strategic Oversight Groups and NHS should deliver additional introductory level training for health and care staff. \(Area for development 13\)](#)

There is no single recipe for delivery of this specific area for development. We encourage Strategic Oversight Groups to engage with key partners to gain an insight into the potential challenges that may exist and the opportunities to deliver this area for development through a structured training needs analysis.

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<sup>62</sup> Between the period 2013 -15 two restricted patients subject to the notification requirements were subject of conditional discharge.

Exhibit 10: Registered sex offenders by age 2014-15<sup>63</sup>



Since 2011, Police Scotland has seconded a police officer to the Mental Health Division within the Scottish Government to manage ViSOR on behalf of Health Boards in relation to restricted patients. During our review, Police Scotland indicated that this arrangement was unlikely to continue in the long term with the seconded officer being redeployed. To maintain continuity of approach in the use of ViSOR for restricted patients by the Scottish Government restricted patients team, Health Boards should ensure that there is an appropriate long term arrangement in place to maintain compliance with ViSOR standards. (Area for development 14)

### Scottish Prison Service

The Scottish Prison Service (SPS) acts as the lead Responsible Authority for all registered sex offenders whilst in custody and during periods of temporary release. Sex offenders are subject to the Enhanced Integrated Case management<sup>64</sup> process whereby professionals meet together within a prison establishment with the prisoner, in order to review progress and prepare plans for progression and future release.

We reviewed 20% of all case records of registered sex offenders released from custody in the past two years to evaluate the quality of the risk assessment, risk management plans and multi-agency engagement. We found that the majority of records reviewed were fully compliant with MAPPA national guidance. All of the cases reviewed contained a risk management plan which demonstrated that robust monitoring and supervision arrangements had been agreed. It was evident that Responsible Authorities were working effectively together in the preparation and planning for the release of registered sex offenders.

MAPPA National Guidance (2014) states that the lead Responsible Authority with knowledge of the relevant offender must make a notification to the relevant MAPPA Co-ordinator. We found that in the majority of cases the police led in terms of notification at the point of conviction to ensure that there was early visibility of the offender through ViSOR. We recognise that this practice is working well and contributes to public safety.

<sup>63</sup> The data shown is collected from Strategic Oversight Group annual reports. The collection process varies across the country and should not be regarded as a definitive picture of registered sex offender numbers. Exhibit 8 reflects the numbers across Scotland.

<sup>64</sup> Integrated Case Management is a process where the Scottish Prison Service work closely with other agencies to prepare for prisoner release.

The SPS did not as a matter of routine record notifications, referrals and relevant dates on ViSOR and in most cases this activity was also undertaken by police. However, analysis of current cases on ViSOR has shown an improvement in this area by SPS which is attributed to the fact that there is an increased awareness as well as the number of staff who are able to access ViSOR. [The SPS should monitor and maintain the continued improvement in the use of ViSOR. \(Area for development 15\)](#)

The Parole Board directs the release of offenders in cases where the level and nature of risk is deemed to be manageable in the community. This is based on risk assessment and risk management plans provided to them. The Parole Board has no role in risk management planning and no role in MAPPA.

The key dates for release are the parole qualifying date and the earliest date of liberation<sup>65</sup> and these are maintained by the SPS. The dates are provided to the MAPPA Co-ordinator and the Responsible Authorities as soon as practicable to enable forward planning. We found strong evidence that the SPS held pre-release case conferences to establish the offender's continued level of risk and the level of multi-agency management required upon release. In the majority of cases examined, community based social work was in attendance at the pre-release meeting.

The release of a registered sex offender into the community remains highly emotive and often attracts media attention potentially impacting on risk management plans. Early notification of the release date of a registered sex offender into the community enables Responsible Authorities to ensure that the risk management plans reflect current risk and needs. Where there is short notice of the release of a registered sex offender by the SPS to Responsible Authorities this can impact on the time available to Responsible Authorities to re-evaluate risk management plans prior to release.

It is the role of Responsible Authorities to put in place risk management plans without unnecessary delay before the SPS implement the Parole Board decision to release a sex offender. The Parole Board recognise that there is a need to balance the right of the offender to prompt release with the competing rights of victims and public protection. The Parole Board do not direct the timing of release which they state must be intimated and executed without unnecessary delay. A short delay in the process to ensure that release arrangements designed to manage risk are in place is considered unobjectionable by the Parole Board.

During our review we found some misunderstanding of the process that relates to the immediate release of a registered sex offender. The MAPPA national guidance advises MAPPA members not to engage directly with the Parole Board instead, contact should be via reports provided by the Criminal Justice Social Work supervising officer. This approach does not support a helpful understanding of the release process.

To ensure that there is an appropriate level of knowledge and understanding of the procedures in place for the release of a registered sex offender into the community we suggest that an awareness session for those tasked with MAPPA and offender release would be beneficial. [Responsible Authorities in partnership with the Scottish Government should provide opportunities to raise awareness of the release processes, including the role of the Parole Board, in order to enhance planning and mitigate risk for those released into communities. \(Area for Development 16\)](#)

### **Third sector agencies**

We engaged with third sector agencies which provide practical and emotional support to victims. We also engaged with agencies which provide services to sex offenders in order to reduce their likelihood of offending.

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<sup>65</sup> Parole Qualifying date: the half-way point of a sentence when a prisoner serving a sentence of 4 years or more is eligible for parole. Earliest date of liberation is when an offender reaches the 2/3<sup>rd</sup> point of their sentence and is subject of statutory release on licence.

## Victim Support Scotland

Victim Support Scotland<sup>66</sup> is an independent agency which offers support to all people affected by crime on a free and confidential basis. Victim Support Scotland is supportive of MAPPA and has representation on some of the Strategic Oversight Groups. Their involvement adds a useful victim perspective in planning for the delivery of services. The level of involvement is not consistent across Strategic Oversight Group areas but while Victim Support Scotland value the opportunity to contribute as an organisation, they have limited resources to engage consistently on a local area basis across the country. To maximise the wider understanding of victim impact issues and support service planning, [engagement with victim support services could be further improved through their involvement with Strategic Oversight Group chairs at a national level.](#) (Area for development 17)

## SACRO

SACRO<sup>67</sup> is a Scottish Third Sector organisation which works to create safer and more cohesive communities across Scotland. During our stakeholder engagement SACRO commented that MAPPA provides a platform for information-sharing and confidentiality and since its introduction has been positive in contributing towards public protection.

## Stop it Now! Scotland

Stop it Now! Scotland<sup>68</sup> is a registered charity, as part of the Lucy Faithfull Foundation, with a remit for the prevention of sexual abuse. The charity receives funding from the Scottish Government to develop services for those affected by child sexual abuse and also provides information and advice intended to divert individuals from offending behaviours. A number of Strategic Oversight Groups work closely with Stop it Now! Scotland and where this was in place, it provided additional options for risk management.

The involvement of third sector agencies in MAPPA provides an additional opportunity for information sharing, the provision of services for victims and offenders to address risks and needs, which supports the risk management process.

## Management of resources

MAPPA Co-ordinators have a key role in the efficient and effective delivery of MAPPA and provide a single point of contact for advice on all MAPPA related matters particularly to the Strategic Oversight Group and individual Responsible Authorities. They also carry out a quality assurance role predominately for Level 2 and Level 3 managed cases.

While many of the core tasks undertaken by Co-ordinators remains consistent across the country we found that the role differs in some aspects. This includes the chairing of MAPPA meetings and assigning risk and management levels. These activities are not compatible with national guidance.

Given the demands that are placed on MAPPA Co-ordinators, including undertaking activities out with the original remit, there is a need to review the existing role and function to meet the challenges of the MAPPA extension.

## Recommendation 6

Scottish Government in partnership with Responsible Authorities should review the function and role of the MAPPA Co-ordinator to ensure compliance with agreed guidance and to meet the challenges of the MAPPA extension.

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<sup>66</sup> [Victim Support Scotland.](#)

<sup>67</sup> [SACRO.](#)

<sup>68</sup> [Stop It Now! Scotland.](#)

To assist in the management of registered sex offenders, Police Scotland introduced a resource model of 1:25 ratio (1 manager to 25 offenders) to provide a consistent approach to offender management. Whilst this model was a useful approach in the initial days of police reform and provided a platform to make operational decisions around the best use of resources, feedback from staff suggested that the long term approach is not sustainable as a result of the complexity of individual cases, the geographical challenges and the predicted increase in the number of Level 1 registered sex offenders as shown at [Exhibit 6]. Police Scotland have indicated that they shall continue to review resource management in order to ensure flexibility. This is an area that remains of interest to HMICS and we may return to the resource allocation model to establish that flexibility is delivered.

### Violent and Sex Offender Register (ViSOR)

The recording and sharing of information about individuals who have been identified as posing a risk of serious harm to the public remains fundamental to the effective and efficient delivery of MAPPA. The names of sex offenders subject to notification requirements are placed on the Violent and Sex Offender Register (ViSOR).

ViSOR is a secure central web-enabled, national system, accessible over the Criminal Justice extranet. ViSOR is owned and managed by the Home Office Police ICT Company Directorate. Police Scotland National Systems Support (NSS), funded by the Scottish Government, facilitate and support access to ViSOR by Responsible Authorities in Scotland.

ViSOR holds details of registered sexual offenders and facilitates the sharing of information including, risk assessment and risk management plans on individual offenders across Responsible Authorities in Scotland. The ViSOR database is also used by all police forces in the United Kingdom as well as a number of other agencies. The benefits of ViSOR usage are provided in the examples shown below.

#### **ViSOR Example 1**

A registered sex offender informed Police Scotland that he had relocated from England to Scotland and wished to register a new home address. Enquiry through ViSOR established that the individual had failed to notify the offender management team in England that he had relocated to Scotland and was in breach of notification requirements.

The registered sex offender was returned to England and action taken in response to the breach of notification.

#### **ViSOR Example 2**

A Children and Families Social Worker contacted the local Offender Management Unit about a male who was suspected of being a registered sex offender who had recently arrived in the area and had access to a vulnerable woman and her children.

A search of ViSOR identified that the individual was the subject of a sexual offences prevention order in Northern Ireland. The use of ViSOR removed the need for protracted cross jurisdiction enquiries enabling offender management teams to react quickly to the risk posed.

During our review we examined 10% of all ViSOR records. In each record reviewed there was evidence of a completed risk assessment and risk management plan. The majority of registered sex offenders are managed by Police Scotland at Level 1 using ViSOR as the primary database and there was a consistently high level of use and compliance with the national ViSOR standards by Police Scotland.

Where an offender has been released on licence or community supervision, Criminal Justice Social Work (CJSW) will manage that person using a number of datasets including ViSOR. We established that ViSOR was not being fully utilised by CJSW and we noted local arrangements where police supervisors provided a considerable level of support by routinely updating ViSOR on behalf of CJSW. Whilst this day to day engagement between police Offender Management Units and CJSW supported the exchange of information and contributed to risk management planning, the over reliance on police to update ViSOR on behalf of CJSW was reminiscent of the 2009 inspection<sup>69</sup> where we commented that there was a requirement to address the reasons underlying the poor use of the ViSOR database by agencies other than police.

We investigated this position further and held a special focus group with key stakeholders involved in the delivery of ViSOR in Scotland. This identified three key themes (security, accessibility and vetting of staff) that inhibited full exploitation of ViSOR by CJSW.

- **Security:** Terminals remain stand-alone and located in a secure setting with key pad entry. Access tokens to facilitate user log on are often secured in a separate area. Whilst we recognise the need for proportionate security, the current arrangements are not conducive to an effective and efficient working environment.
- **Accessibility:** The ViSOR system remains incompatible with other Criminal Justice Social Work data systems.
- **Vetting:** In 2011 Non Police Personnel Vetting (NPPV2) was introduced as the national standard required for access to ViSOR. There is ambiguity around the purpose of vetting and consequently resistance from some Local Authority areas to increase the level of vetting for staff. Each Local Authority is responsible for individual decisions on vetting and it is clear that there is no consistency in terms of vetting across the country.

Since the 2009 inspection, we established that there were signs of improvement with an increased number of ViSOR terminals available to CJSW which has supported data input. Scottish Government funding also enabled CJSW to address the issue of double / triple keying by enabling secure email to be used to enable cut and paste information from Local Authority case recording systems to ViSOR. However, CJSW are not fully utilising the system with an over reliance on the relationship with Police Scotland to manage data on their behalf. This position is likely to undermine their ability to meet their expected role in relation to the MAPPA extension.

A working group led by the Scottish Government comprising key stakeholders has met to discuss the issues and a number of potential solutions to overcome existing barriers have been identified. This now requires a strong commitment and decisive leadership to develop and deliver an action plan for the effective and efficient usage of ViSOR by CJSW. Despite the barriers listed creative solutions can be found, however, we do not believe that Responsible Authorities can do this on their own. Rather, it will require leadership by the Scottish Government and meaningful joint working with Responsible Authorities.

## Recommendation 7

Scottish Government should lead on the development and delivery of an action plan in order to overcome the barriers to the effective and efficient usage of ViSOR by Criminal Justice Social Work, outlining owners and timeframes.

<sup>69</sup> Social Work Inspection Agency (SWIA), HMICS and HMIPS Report 'Assessing and managing offenders who present a high risk of serious harm' 2009. Recommendation 11.

## Chapter 4 Leadership

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- Strategic leaders and managers provide clear operational direction and encourage a supportive and positive culture of joint working arrangements in the management of registered sex offenders.
- There are clear governance structures in place for the delivery of MAPPA through well-established strategic oversight and operational groups.
- Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland.

### Vision, values and culture

The vision and values of Strategic Oversight Groups are derived from the contribution of constituent agencies and is implicit within strategic plans. We met with all nine strategic groups and noted the articulation of a clear vision for the delivery of services with the aim of reducing the risk of harm posed by registered sex offenders and prioritising community safety. It was evident however that Strategic Oversight Groups could make better use of available data<sup>70</sup> on the nature and pattern of offending in order to plan more effectively for the long term delivery of services.

The strong values of the Responsible Authorities were evident through our observation of MAPPA review meetings, the review of case records and direct contact with staff in focus groups. Strategic leaders provided clear operational direction to staff and encouraged a positive culture of partnership working which is ably supported by joint working arrangements and information sharing processes which have enhanced offender management.

### Leadership and governance of strategy and direction

There are clear governance structures in place with well-established Strategic Oversight Groups and MAPPA Operational Groups. We are confident that they are following the Principles of Good Governance Standard for Public Services,<sup>71</sup> demonstrating clear focus on purpose and outcomes for the public and service users.

The MAPPA Operational Groups are responsible for the delivery of key services relating to MAPPA. We found that MAPPA meetings were appropriately multi-agency in nature and well managed. In some areas a sub-group structure was established in order to support the work of the Strategic Oversight Group. This has had a positive impact on the development of operational practice and delivery of priorities.

The management of MAPPA offenders requires effective partnership between all agencies and we found that across Strategic Oversight Group areas, a variety of productive practice including highlighting MAPPA annual reports, the use of web sites to inform the public and positive engagement with elected members through presentations and sharing of management and performance data.

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<sup>70</sup> Data sets include: ViSOR, LS/CMI and the Criminal History System (CHS).

<sup>71</sup> The Good Governance Standard for Public Services, CIPFA Scotland, the Chartered Institute of Public Finance and Accountancy.



The management of sex offenders in the community remains a sensitive and emotive subject and public perception can be influenced by social media campaigns which may impact negatively on offender management and on public reassurance. As yet, there is no national overarching communications strategy to raise awareness of MAPPA in Scotland and ownership rests with individual Strategic Oversight Groups and Responsible Authorities. Strategic Oversight Groups have found the requirement to increase public awareness of the management of offenders subject to MAPPA challenging and sought guidance on the best approach to raise awareness without raising fear and concern.

Police Scotland's public facing website is used to publish statistical data on registered sex offenders including the numbers wanted or missing which contributes to raising awareness.<sup>72</sup> This approach has led to an improvement in the visibility of information for the public and may have been a contributory factor in a reduction in the number of Freedom of Information requests, received and processed by Police Scotland regarding the management of registered sex offenders.

Strategic Oversight Groups would welcome the opportunity to develop, in partnership with the Scottish Government, key messages that balance the rights of the victim, communities and registered sex offenders with the facts which highlight MAPPA's contribution to keeping people safe. With the planned implementation of the Community Justice Bill, which has a focus on managing offenders in the community and the extension of MAPPA to include other offenders who pose a risk of serious harm, there is an opportunity to do this in a coherent and inclusive manner.

### **Recommendation 8**

Scottish Government in partnership with Responsible Authorities should design a national public engagement strategy regarding offender management that includes the management of registered sex offenders in the community.

### **MAPPA National Strategic Group**

Strategic Oversight Groups have identified emerging issues potentially impacting on the future delivery of MAPPA including; the use of the Environmental Risk Assessment for all offenders, the increase in identification and conviction of internet offenders, the ageing population of registered sex offenders and the potential impact on health and care services. Whilst we saw robust planning at a local level to address emerging issues, there was a requirement for a more cohesive response across the country to strategic planning.

The National Strategic Group comprising the Scottish Government (Public Protection Unit), Strategic Oversight Groups chairs, Police Scotland and the Scottish Prison Service, meet on a quarterly basis to provide national oversight of MAPPA. While effective in the delivery of operational matters, it is less effective in progressing national cross-cutting issues; a position strongly commented on by practitioners. There is little evidence that the National Strategic Group has had the required level of mandate to drive change at a national level.

With the continued development in approach to encourage the reporting of sexual crime and the techniques to identify and detect sex offenders it is our assessment that the trend of an annual increase in the number of offenders subject to MAPPA is unlikely to change in the foreseeable future. Combined with the change in offender behavior (internet offending) and the ageing population of sex offenders, there is a need to understand the emerging nature and scale of sex offending in Scotland to better inform future planning arrangements.

Building upon the multi-agency approach that first introduced MAPPA there is an opportunity for the Scottish Government to lead and facilitate the future policy and strategic framework for the cross-cutting issues outlined in our report ensuring that MAPPA remains effective and efficient.

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<sup>72</sup> Police Scotland, [National Offender Management Unit](#).

## Recommendation 9

Scottish Government in partnership with Responsible Authorities should establish a robust national governance structure to develop and utilise trend data relating to sex offending to better inform strategic planning for the continued effective and efficient delivery of MAPPA.

Under the Management of Offenders etc. (Scotland) Act 2005, Community Justice Authorities [Appendix Five] have responsibility for the disbursement and monitoring of funds provided by Scottish Ministers for community based Criminal Justice Social Work services. The introduction of the Community Justice (Scotland) Bill<sup>73</sup> will result in the dissolution of the Community Justice Authorities. However, the Bill will not repeal Section 11 of the 2005 Act, merely removing reference to the CJA. During the transition period between the dissolution of the CJA and establishment of new arrangements, we consider that maintaining the Strategic Oversight Group structure will provide a recognised platform for partnership engagement across Responsible Authorities, supporting continuity of service delivery and minimising the risk of dilution of existing multi-agency public protection arrangements.

### Learning from Significant Case Reviews

A second question which the review sought to answer was: *how effective are the MAPPA Significant Case Review (SCR) processes including the arrangements that are in place to promote organisational learning and development across the Responsible Authorities?*

The MAPPA National Guidance (2014) advises that each Strategic Oversight Group must have a process to examine incidents<sup>74</sup> which may lead to an SCR. Where there has been an incident and the circumstances appear to meet the criteria, an initial case review (ICR) will be commissioned by the Strategic Oversight Group chair. We found that Strategic Oversight Groups demonstrated clear and collaborative processes for the commissioning of an ICR. Following completion of an ICR the Strategic Oversight Group decide on whether or not to proceed to an SCR, based on criteria laid out in the guidance.

We examined all SCRs published since 2007 and found inconsistencies in approach, style and content. This is attributed to the lack of clear guidance available at that time. However, we recognise that the current guidance<sup>75</sup> provides a much clearer structure for commissioning and completing SCRs. It should be noted that at the time of our fieldwork no SCRs had been published since the introduction of the 2014 guidance.

The overarching themes emerging from our scrutiny of the SCRs related to issues about communication and information sharing, aspects of risk assessment, risk management, staff training and the use of ViSOR. We recognise that since publication of these reviews, the Scottish Government, Responsible Authorities and other relevant agencies, including the Risk Management Authority, have made progress in relation to the issues identified and have implemented a range of actions which have resulted in improvements in risk assessment and risk management including the introduction of FRAME and the LS/CMI risk assessment instrument.

Strategic Oversight Groups have responsibility for implementing the recommendations emanating from their own SCR and we saw good structures in place to record, monitor and review delivery of actions locally including lessons learned.

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<sup>73</sup> [Community Justice \(Scotland\) Bill 2015](#).

<sup>74</sup> When an offender managed under MAPPA is charged with a serious crime or offence; when significant concern has been raised in respect of the management of a registered sex offender under MAPPA; when a registered sex offender has been killed or seriously injured as a result of their status.

<sup>75</sup> [MAPPA National Guidance \(2014\)](#).

The MAPPA National Strategic Group provides a forum for Strategic Oversight Group chairs to identify good practice. We saw members raising and discussing matters and cascading lessons learned from SCRs through local arrangements. However, we established that there is no comprehensive means to share learning emanating from an ICR, which may have national relevance, across Responsible Authorities which we consider to be a gap in the process.

There are clear structures in place for sharing lessons learned from significant case reviews relating to children and young people<sup>76</sup> and there is an opportunity to take cognisance of this approach to further develop the process for MAPPA ICR and SCR to maximise learning and development across Responsible Authorities.

Scottish Government in partnership with Responsible Authorities should develop a structured and standardised processes to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

### **Recommendation 10**

Scottish Government in partnership with Responsible Authorities should develop and introduce a structured and standardised processes to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

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<sup>76</sup> Scottish Government, [National Guidance for Child Protection Committees, Conducting a Significant Case Review](#).

## Conclusion

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We recognise that the challenges in managing registered sex offenders are often complex and that risk can never be eradicated. MAPPA is well-established across the country and we saw professionals working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

From our evidence, Responsible Authorities adhere to the statutory requirements and effectively discharge their duties under the 2005 Act, thus contributing to National Outcome 9: *We live our lives safe from crime, disorder and danger.*

## Appendix One: Methodology

The Management of Offenders etc.(Scotland) Act 2005 Act sets out three broad categories of offender who can be subject to MAPPA:

Category One: Offenders subject to the Sex Offender Notification Requirements

Category Two: Violent offenders

Category Three: Other offenders<sup>77</sup>

This joint review focused on Category One offenders subject to the statutory notification process. To ensure that the joint thematic review was integrated, co-ordinated and improvement led, a MAPPA Review Programme Board was established. The Board, jointly chaired by HMICS and the Care Inspectorate, included senior representatives from Her Majesty's Inspectorate of Prisons for Scotland, Police Scotland, the Scottish Prison Service, Social Work Scotland, Community Justice Authorities, Healthcare Improvement Scotland and the Scottish Government. The joint thematic review of MAPPA in Scotland was delivered over six stages.

### Stage One: Design and planning

A MAPPA Review Reference Group<sup>78</sup> was also established to support the Review team in the development of scrutiny tools and processes. Inspired by the Quality Scotland Public Sector Improvement Framework, a MAPPA Quality Indicator Framework (QIF) was designed which is shown at [Exhibit 11](#) below and supported a consistent and objective approach to our work.

Exhibit 11: MAPPA Quality Indicator Framework

What key outcomes have we achieved?	How good is our delivery of services?	How good is our management?	How good is our leadership?
<b>1. Key performance outcomes</b>	<b>3. Delivery of key processes</b>	<b>4. Policy, service development and planning</b>	<b>7. Leadership and direction</b>
<b>1.1</b> Adherence to statutory duties	<b>3.1</b> Identification and notification	<b>4.1</b> Operational and strategic planning arrangements	<b>7.1</b> Vision, values and culture
<b>1.2</b> Adherence to national guidance	<b>3.2</b> Assessing risk and need	<b>4.2</b> Performance management and quality assurance	<b>7.2</b> Leadership and governance of strategy and direction
<b>1.3</b> Outcomes for communities	<b>3.3</b> Planning for and managing risk	<b>4.3</b> Improvement through self-evaluation	<b>7.3</b> Leadership of people
<b>2. Impact</b>	<b>3.4</b> Access to appropriate services and intervention	<b>5. Management and support of staff</b>	<b>7.4</b> Leadership of change and improvement
<b>2.1</b> Impact on communities	<b>3.5</b> Effective multi-agency working	<b>5.1</b> Staff training, development and support	<b>8. Capacity for improvement</b>
<b>2.2</b> Impact on those subject to MAPPA		<b>5.2</b> Staff deployment and team work	
<b>2.3.</b> Impact on staff		<b>6. Partnership and resources</b>	<b>8.2</b> Organisational learning and development across responsible authorities
		<b>6.1</b> Partnership working	
		<b>6.2</b> Management of resources	
		<b>6.3</b> Information systems and data management	

<sup>77</sup> The MAPPA Extension programme extends MAPPA beyond registered sex offenders and includes those offenders assessed as posing a risk of serious harm and are outwith the scope of this joint thematic review.

<sup>78</sup> A Short Life Working Group (SLWG) was initially created to support the development of the review tools and methodology. Once achieved the SLWG evolved to a Reference Group.

## Stage Two: Desk top analysis October 2014 – March 2015

Desk top activity included document review of legislation, national guidance, current research, MAPPA annual reports and scanning of media and other public documents. We carried out a review of findings from the six published Significant Case Reviews, undertaken since the commencement of MAPPA in 2007 to identify cross-cutting themes.

A Position Statement aligned to the MAPPA Quality Indicator Framework was completed by each Strategic Oversight Group and used to determine the current position in relation to MAPPA including areas of good practice and areas for development.

A quantitative review was also undertaken of 10% (362) of records held on the Violent and Sex Offender Register (ViSOR) which then informed our selection of case records for qualitative review.

## Stage Three: Fieldwork 30 March – 30 June 2015 – Exhibit 12

A programme of interviews with staff, management teams and strategic leaders was carried out across all Strategic Oversight Group areas. In addition, a qualitative review of 78 case records was completed which included 20% of registered sex offenders released from custody within the two years prior to January 2015. The review of records relating to those released from custody was undertaken in collaboration with Her Majesty's Inspectorate of Prisons for Scotland.

Overall, the records reviewed were selected from Level 1 and Level 2 cases albeit some of the Level 2 cases had been reduced to Level 1 at the commencement of fieldwork. The Review team also examined the process regarding the conditional discharge of restricted patients subject to the notification requirements into the community. During fieldwork we undertook 76 focus groups and engaged with over 500 members of staff involved in the delivery of MAPPA in Scotland.

We observed 17 MAPPA review meetings being undertaken across the country which related to the review of 45 cases from all three management levels. This included the observation of all Level 3 reviews held between March - June 2015.

### Exhibit 12: MAPPA Joint review stage 3 fieldwork footprint

Strategic Oversight Group area	Dates
Fife	30 March - 1 April The initial fieldwork methodology was tested during the review stage in the Fife Strategic Oversight Group area.
South West Scotland	20 - 24 April Following lessons learned from Fife the methodology was adjusted and successfully used during the fieldwork stage for South West Scotland Strategic Oversight Group area.
Edinburgh, the Lothians and Scottish Borders	5 - 8 May
Forth Valley	11 - 14 May
Glasgow	18 - 21 May
North Strathclyde	25 - 28 May
Tayside	8 - 11 June
Lanarkshire	15 - 19 June
Northern	22 - 25 June

During the review we met with representatives of Registered Social Landlords through focus groups and with housing Sex Offender Liaison Officers providing us with a comprehensive understanding of the challenges that exist in the housing of registered sex offenders.

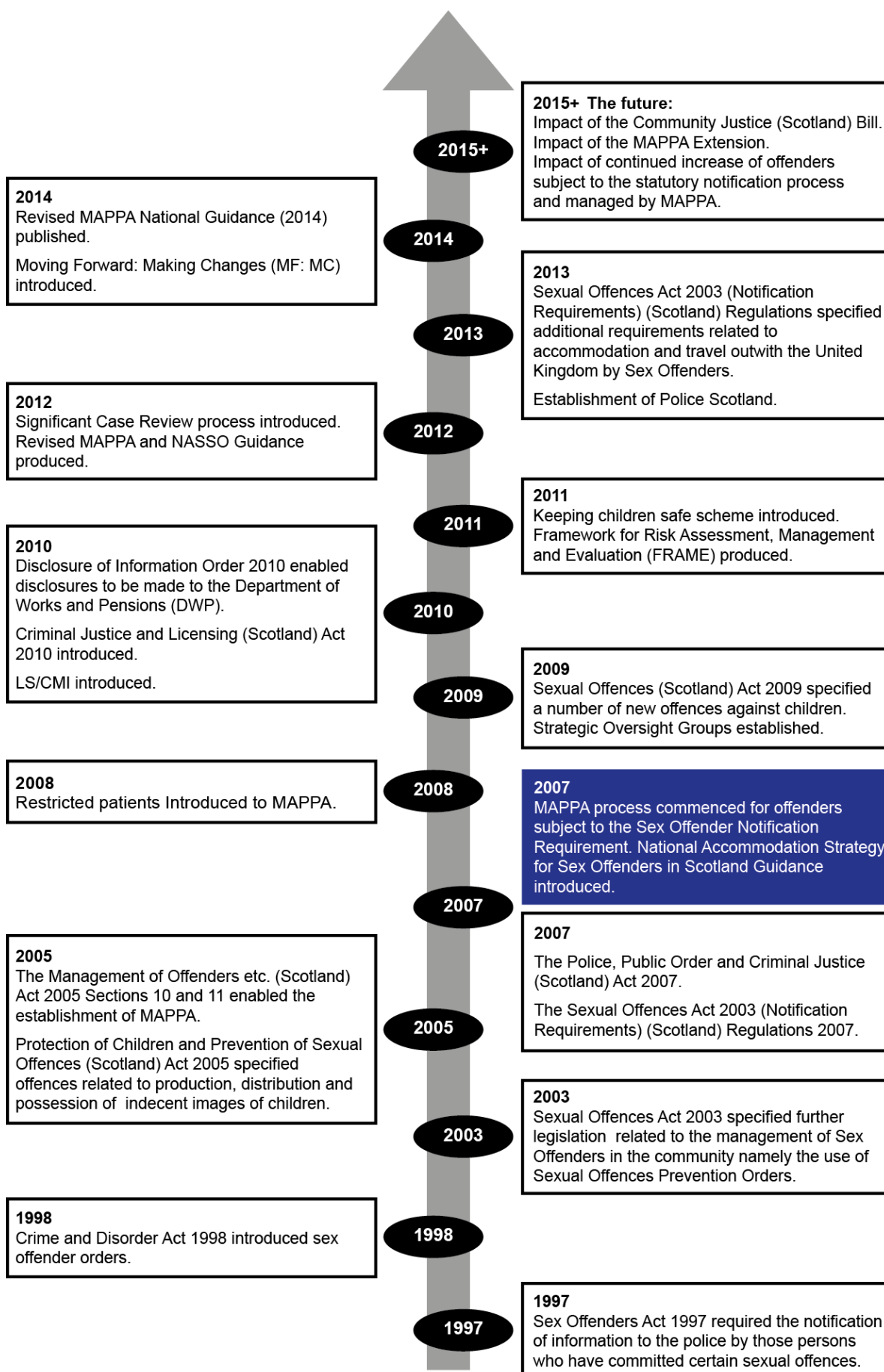
#### **Stage Four: Analysis and stakeholder engagement 1 July – 28 August 2015**

During this stage we analysed documents received including fieldwork evidence. A literature review was undertaken and areas for further examination completed including stakeholder engagement.

#### **Stages Five and Six: Report writing and publication 31 August – 26 November 2015**

The final stage of the review resulted in the publication of a national report.

## Appendix Two: Legislative and policy timeline 1997 - 2015





## Appendix Three: Internet related offences

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Legislation	Key elements
The Civic Government (Scotland) Act 1982, Sections 52 (1) and 52 A(1).	Possession of indecent photographs of children.
The Criminal Justice and Licensing (Scotland) Act 2010 Section 42 which amended Section 51(a) of the Civic Government (Scotland) Act 1982.	Possession of extreme pornographic and obscene images.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 1.	Those who groom children (a person under 16 years) for the purposes of carrying out unlawful sexual activity.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Sections 9 and 14.	Where the offence(s) involved the use of the internet or had a significant internet element to the offending.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 16.	Relates to curbing the production, distribution and possession of abusive images.
The Sexual Offences (Scotland) Act 2009, Sections 26 and 36.	Where the offence(s) involved the use of the internet or had a significant internet element to the offending.

## Appendix Four: Glossary

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ACPO	The Association of Chief Police Officers previously led the development of policing practice for England, Wales and Northern Ireland and was replaced by the National Police Chief's Council in April 2015.
ACPOS	The Association of Chief Police Officers in Scotland was the collective organisation of senior police leadership in Scotland and ceased to exist following the establishment of Police Scotland in April 2013.
ADSW	The Association of Directors of Social Work was the primary leadership organisation for the social work profession in Scotland until it was replaced by Social Work Scotland in June 2014.
CEOP	The National Crime Agency CEOP (Child Exploitation and Online Protection) Command is an organisation which works with key child protection partners across the United Kingdom to identify threats to children and co-ordinate activity.
CJA	Community Justice Authorities are a multi-agency group which provides a co-ordinated and structured approach towards planning and monitoring the delivery of offender services in Scotland.
CJSW	Criminal Justice Social Work services are responsible for the management of offender services within local authorities which includes the assessment and supervision of registered sex offenders subject to statutory supervision in the community.
COG	Chief Officer Groups provide oversight of certain public sector activity related to community planning within each Local Authority area in Scotland.
COPFS	The Crown Office and Procurator Fiscal Service is an agency which provides a prosecution service in Scotland.
CPA	The Care Programme Approach is a process for organising the multi-disciplinary care and treatment of patients with mental health problems.
CPO	A Community Payback Order is a court order designed to ensure offenders payback to society and to particular communities by requiring an offender to make reparation through a range of disposals.
CPP	Community Planning Partnerships are strategic forums which bring together public agencies to work together with the community to plan and deliver better services within local authorities.
CRIME GROUP DESCRIPTORS	<b>Group 1 Crimes of violence</b> Homicide Attempted murder Serious assault Robbery and assault with intent to rob Possession of a firearm with intent to endanger life <b>Group 2 Sexual crimes</b> Rape and attempted rape Sexual assault Crimes associated with prostitution

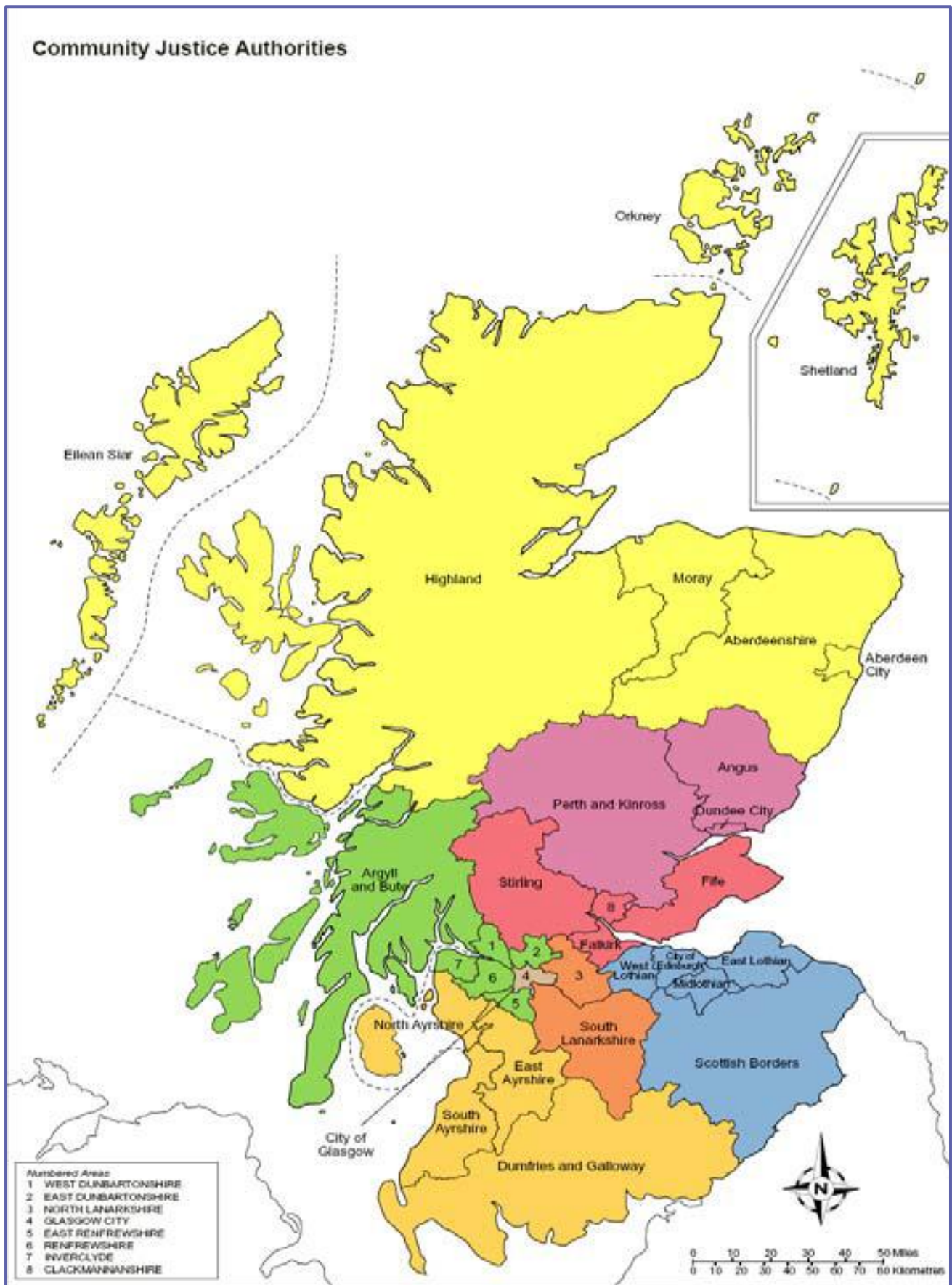
DTC	<p>Duty to Co-operate persons or bodies in Scotland are listed within The Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Order 2007. They include registered social landlords, the Principal Reporter to the Children's Panel, electronic monitoring providers, and any persons/organisations providing services to, or on behalf of, a responsible authority in connection with the assessment and management of the risks posed in a relevant area by any person to whom Section 10(1)(a) of the 2005 Act applies.</p> <p>NHS is a DTC partner in respect of registered sex offenders. Health Boards are a Responsible Authority in relation to restricted patients who are subject of the sex offender notification requirements.</p>
DWP	<p>The Department for Work and Pensions is a UK wide public service department responsible for welfare, pensions and child maintenance policy.</p>
ERA	<p>Environmental Risk Assessment is a process used to identify housing related risk and informs decisions on the most suitable accommodation for use by registered sex offenders in order to minimise risk towards the community.</p>
FRAME	<p>FRAME promotes consistent and proportionate practice by proposing a tiered approach in which the same standards, principles and practice process apply, but are delivered proportionate to the risk. 'Active and alert risk management' is the term applied to the approach indicated when managing those who pose a risk of serious harm.</p>
HIS	<p>Healthcare Improvement Scotland is a national healthcare improvement organisation which supports the healthcare priorities of the Scottish Government.</p>
HMICS	<p>Her Majesty's Inspectorate of Constabulary in Scotland has statutory responsibility for inspection of the state, effectiveness and efficiency of Police Scotland and the Scottish Police Authority.</p>
HMIPS	<p>Her Majesty's Inspectorate of Prisons for Scotland is an agency which has responsibility for inspecting prisons in Scotland.</p>
ICM	<p>Integrated Case Management is a management structure used by the Scottish Prison Service and brings together the prisoner and other key staff and agencies to examine the prisoner's progress through custody.</p>
ICR	<p>An initial Case Review is a process which is initiated within MAPPA following receipt of information about a case that meets the criteria for a significant case review.</p>
INDEX CRIME	<p>An index crime is the crime which resulted in an index conviction. The index conviction is the reference conviction which is determined by either the estimated release date for a custodial sentence or the sentence date for non-custodial sentences imposed for the conviction.</p>
ISP	<p>Information Sharing Protocols are documents which set out the principles by which information can be shared between agencies involved in the management of registered sex offenders.</p>

LS/CMI	The Level of Service Case Management Inventory is an assessment tool principally used by Criminal Justice Social Work and prison staff, which measures the risk and need factors of offenders.
MAPPA	Multi-Agency Public Protection Arrangements are a set of arrangements which the police service, Local Authority, prison service, health service and others are statutorily obliged to operate, with the objective of protecting the public from the risks that may be posed by registered sex offenders.
MAPPP	The Multi-Agency Public Protection Panel (MAPPP) has responsibility for the management of offenders who are generally assessed as presenting a high or very high risk of harm within the MAPPA framework.
MFMC	Moving Forward: Making Changes is a therapeutic intervention programme designed for adult males who have been convicted of a sexual offence or non-sexual offence that contains a sexual element.
MOG	MAPPA Operational Groups have responsibility for the operation of MAPPA.
NASSO	The National Accommodation Strategy for Sex Offenders in Scotland is the national framework for housing sex offenders in the community.
NCA	National Crime Agency see CEOP.
NHS	National Health Service.
NOMU	The National Offender Management Unit operates within Police Scotland and provides a governance, audit and compliance role in respect of all areas of offender management.
NSS	The Police Service of Scotland National Systems Support department manage and provide support to all MAPPA Responsible Authorities in the maintenance and use of the ViSOR system.
OMU	An Offender Management Unit is a police team responsible for the on-going management and supervision of registered sex offenders.
PAROLE BOARD	The Parole Board for Scotland is a Tribunal Non-Departmental Public Body whose members are appointed by Scottish Ministers. The Parole Board operates independently from the Scottish Government.
PPU	A Public Protection Unit is a police team that deals with a range of crimes including the investigation of serious sexual offences.
QIF	The Quality Indicator Framework provides a set of key quality indicators which are used to ensure that a consistent methodology is applied in the course of inspection activity.
RA	Responsible Authorities are agencies defined by the Management of Offenders etc. (Scotland) Act 2005 and are Police Scotland, the Local Authority, the Health Board, Special Health Boards and the Scottish Prison Service.

RMA	The Risk Management Authority is a body which exists to provide a centre of best practice in risk assessment and management, promoting excellence and regulating the delivery of services to help manage and minimise the risk of serious harm caused by sexual and violent offenders.
RM2000	Risk Matrix 2000 is an actuarial risk assessment tool applied to men aged 18 years and over convicted of sexual offences and is used by trained professionals to assess the risk of reconviction.
ROSH	A Risk of Sexual Harm Order is an order which places restrictions and obligations on someone who is behaving in such a way to suggest that they pose a risk of sexual harm to a particular child or to children generally.
RP	Restricted patients are people who are detained in hospital and have usually committed an offence punishable by imprisonment, but as a result of mental disorder are not imprisoned and instead are ordered to be detained in hospital for treatment.
RSO	A Registered Sex Offender is an offender convicted of an offence specified in Schedule 3 of the Sexual Offences Act 2003 and therefore subject to the notification requirements.
SA07	Stable and Acute 2007 is a dynamic risk assessment tool which provides a structured method for identifying and measuring dynamic risk factors that are predictive of sexual offence recidivism.
SCR	The MAPPA National Guidance (2014) advises that each Strategic Oversight Group must have a process to examine incidents which may lead to a Significant Case Review.
SOG	Strategic Oversight Groups operate in each Community Justice Authority area and are responsible for the development of planning, policy and operational delivery of MAPPA.
SOLO	Sex Offender Liaison Officers are staff, usually within housing, who provide a single point of contact for accommodation requests from Responsible Authorities in respect of the housing of Registered Sex Offenders.
SOLS	The Sex Offender Liaison Service is a service delivered by NHS Lothian across the Lothian Borders area, which assesses and consults on sex offenders to assist relevant agencies to manage them in the community.
SONR	The Sex Offender Notification Requirements are set out in legislation and identify certain requirements, in terms of notification, that all Registered Sex Offenders must comply with when placed on the 'sex offenders register.'
SOP	Standard operating procedures are written instructions intended to document how staff within organisations perform certain activities to ensure a consistency of approach in the application of corporate policies.
SOPO	A Sexual Offence Prevention Order is an order which a court may make at the time of dealing with certain sexual offenders or when the police make application on account of an offender's behaviour in the wider community.

SPS	The Scottish Prison Service is an agency of the Scottish Government which is legally required to deliver custodial and rehabilitation services for those sent to prison by the courts.
SWIA	The Social Work Inspection Agency provided an inspectorate role until the work of this organisation passed to the Social Care and Social Work Improvement Scotland; known as the Care Inspectorate.
SWS	Social Work Scotland is the leadership body for the social work profession and replaced the Association of Directors of Social Work in 2014.
ViSOR	The Violent and Sex Offender Register is a computer system which provides a UK wide multi-agency information sharing tool for offenders which can be accessed and updated by the police, Scottish Prison Service, Local Authorities and the Scottish Government.

# Appendix Five: Community Justice Authorities



## Appendix Six: Exhibits

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Description	Title
Exhibit 1	Responsible Authorities in Scotland
Exhibit 2	Average number of reconvictions per offender 1997-98 to 2012-13
Exhibit 3	Average number of reconvictions per offender by index crime 2010-13
Exhibit 4	Number of registered sex offenders managed in the community and breach of notification and reconviction rates for Group 1 and Group 2 crimes 2012-15
Exhibit 5	Total number of registered sex offenders and management levels in Scotland 2015
Exhibit 6	Number of registered sex offenders by management levels 2012-15
Exhibit 7	Number of offenders convicted for internet related offences 2012-15
Exhibit 8	Number of registered sex offenders in Scotland 2012-15
Exhibit 9	Strategic Oversight Group chairs June 2015
Exhibit 10	Registered sex offenders by age 2014-15
Exhibit 11	MAPPA Quality Indicator Framework
Exhibit 12	MAPPA Joint review stage 3 fieldwork footprint





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**Report To:** Health & Social Care Committee      **Date:** 7<sup>th</sup> January 2016

**Report By:** Brian Moore  
Chief Officer  
Inverclyde Health and Social  
Care Partnership (HSCP)      **Report No:** SW/01/2016/SMcA

**Contact Officer:** Sharon McAlees  
Head of Criminal Justice and  
Children's Services      **Contact No:** 01475 715282

**Subject:** COMMUNITY JUSTICE TRANSITION PLAN

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee the draft Inverclyde Community Justice Transition Plan for the period 2016-2017.

## 2.0 SUMMARY

- 2.1 The Community Justice (Scotland) Bill was introduced to the Scottish Parliament on 7<sup>th</sup> May 2015.
- 2.2 Stage 1 evidence sessions concluded on 6<sup>th</sup> October 2015 and it is anticipated that enactment of the Bill will be in June 2016.
- 2.3 A number of Working Groups have been established by the Community Justice Division to develop a national Community Justice Strategy, including a National Performance Framework.
- 2.4 Locally, a Community Justice Lead Officer was appointed in September 2015. This post is funded by the Community Justice Transitional funding monies.
- 2.5 A Transition Group has been established and includes both the statutory partners outlined in the Community Justice (Scotland) Bill and other key partners from the third sector.
- 2.6 The Community Justice Division has provided an outline of what is required in local Transition Plans and these are to be submitted by 31<sup>st</sup> January 2016.
- 2.7 The Inverclyde Community Justice Transition Plan (Attached Paper) has followed this outline as well as giving a broader local context.

## 3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health & Social Care Committee note and give comment on the draft Inverclyde Community Justice Transition Plan.

**Brian Moore**  
Chief Officer  
Inverclyde HSCP

## 4.0 BACKGROUND

### NATIONAL CONTEXT

4.1 The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

"The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance."

Inverclyde submitted a response to this consultation paper on 13<sup>th</sup> August 2015 in respect to a call for evidence from the Justice Committee.

4.2 The new model will allow for:

- Local strategic planning and delivery of community justice services.
- Duties on a defined set of statutory Community Justice Partners to engage in this local strategic planning and delivery with accountability for planning and performance residing at a local level.
- The creation of Community Justice Scotland to provide leadership for the sector; enhanced opportunities for innovation, learning and development; independent professional assurance to Scottish Ministers and Local Government Leaders on the collective achievement of community justice outcomes across Scotland.
- A focus on collaboration, including the opportunity to commission, manage or deliver services nationally where appropriate.

4.3 The statutory Community Justice Partners include:

- Local Authorities
- Health Boards
- Police Scotland
- Scottish Fire & Rescue Service
- Skills Development Scotland
- Integration Joint Boards
- Scottish Courts & Tribunal Service
- Scottish Ministers (Scottish Prison Service)

4.4 The statutory Community Justice Partners are required to engage and involve the Third Sector in the planning and delivery of services.

4.5 The statutory Community Justice Partners have been chosen because of their role, individually and collectively, in delivering services that will improve community justice outcomes. It is for a local area to identify the needs and priorities of their community. The collaborative identification of these needs will allow partners to contribute and plan services according to local need. While planning will be done at a local level, if benefits can be realised that allow for wider partnership delivery then these can be established and this will be for local areas themselves to decide together.

4.6 The Community Justice Division has established four work streams that reflect the suggested pillars of the national Community Justice Strategy that is currently being progressed. These include:

- Empowering communities to participate in community justice matters and support those who have offended or have been affected by offending.
- Improving partnership, planning and performance to ensure community justice bodies deliver services effectively.
- Improving access to services to ensure there is equality of access to all

based on need.

- Effective use of interventions to ensure people who have offended receive the most suitable intervention at the appropriate time.

4.7 The key milestones in the establishment of the new Community Justice model are:

<b>Timescale</b>	<b>Milestones</b>
2015-2016	Partners will commence their collective planning and capacity-building activities in the community planning context.
31 <sup>st</sup> January 2016	A local Transition Plan to be submitted to Scottish Government.
1 <sup>st</sup> April 2016	Partners will assume their responsibilities under the new model as a shadow year alongside the current Community Justice Authorities.
Summer 2016	The enactment of the Community Justice Bill is anticipated.
Summer 2016	Scottish Government will publish the National Community Justice Strategy; the National Community Justice Performance Framework and guidance on the implementation of the new Community Justice model.
Summer 2016	Community Justice Scotland will be established.
December 2016	Partners will produce their first plan for Community Justice.
31 <sup>st</sup> March 2017	Community Justice Authorities (CJAs) are formally dis-established.
1 <sup>st</sup> April 2017	The new model for Community Justice comes fully into effect.

## LOCAL CONTEXT

4.8 On 31<sup>st</sup> July 2015 the Depute Director, Community Justice Division, wrote to Community Planning Chairs to clarify what is required in the shadow year Transition Plans that CPP's are required to submit by 31<sup>st</sup> January 2016. This includes:

- How CPPs plan to build links with and between Community Justice Partners.
- How CPPs plan to involve the Third Sector, service users, people with convictions, and communities in their local arrangements, planning and delivery in 2016 / 2017.
- How CPPs intend to work with CJAs to ensure that community justice issues that are led on by CJAs are picked up, where appropriate, by the relevant CPPs in 2016 / 2017.
- How partner resources will be leveraged to support change and innovation locally, making the most effective use of transition funding.
- Looking to 2016 / 2017 and beyond, what the local governance arrangements will be for:
  - Community justice, including accountability lines;
  - Which organisations and individuals will be involved across the statutory, non-statutory and community sectors;
  - How community justice arrangements will link into the wider CPP, and
  - How links will be made from broader community planning themes to the community justice agenda and vice versa.

4.9 A Transition Group has been established and includes the statutory Community Justice Partners, national Third Sector representation and the local Third Sector Interface representative. The Transition Group has developed Terms of Reference which informed the governance arrangements detailed in the Transition Plan.

- 4.10 The Transition Plan provides an articulation of the key areas of activity over the coming year in laying a sound foundation in developing a local Community Justice Model.

## 5.0 IMPLICATIONS

### FINANCE

- 5.1 A review of the funding arrangements for those monies currently allocated to CJAs for the planning and delivery of services, most notably Criminal Justice Social Work Services, is currently underway. While no decisions have been made, there is growing consensus that the current funding formula is not fit for purpose. This work is being taken forward under the auspices of Reducing Reoffending Programme 2 (RRP2). However, under the new model it is proposed that the Scottish Government will retain responsibility for the allocation of funding, with advice from the new national body as appropriate.

The Scottish Government's transition funding allocation of £50,000 to Inverclyde will be used in taking forward the Transition Plan. A Community Justice Lead Officer was appointed in September 2015 and will support the co-ordination of activity and the Community Justice Transition Group. Any further expenditure will require to be contained within the overall budget allocation.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

- 5.2 It is anticipated that the Community Justice (Scotland) Bill will be enacted in June 2016. This will provide the legal framework to support the new model.

### HUMAN RESOURCES

- 5.3 There are no human resources issues within this report.

## EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

## REPOPULATION

5.5 There are no repopulation issues within this report.

## 6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners. It is also the intention to hold a series of consultation events during 2016 as outlined in the Transition Plan.

## 7.0 BACKGROUND PAPERS

7.1 None.

# Inverclyde Community Justice Transition Plan 2016 - 2017

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<b>Version</b>	1.0
<b>Date</b>	11.11.15
<b>Review Date</b>	(Draft)
<b>Produced by</b>	Ann Wardlaw

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## Introduction

Welcome to the Community Justice Transition Plan for Inverclyde. This is in response to the legislative requirements proposed in the Community Justice (Scotland) Bill as it is introduced. The plan covers the transitional period of shadow arrangements alongside the North Strathclyde Community Justice Authority (NSCJA) to the point where Community Justice Authorities are dis-established and the new model of Community Justice is implemented on 1st April 2017.

The plan adopts Inverclyde Alliance vision of “Getting it Right for Every Child, Citizen and Community (GIRFECCC)” and developing a Nurturing Inverclyde approach. While we are at the early stages of laying a strong foundation for Community Justice in Inverclyde’ this plan will make a significant contribution towards delivering the wellbeing outcomes where we want all our children, citizens and communities to be safe, healthy, nurtured, active, respected, responsible and included. These aspirations reflect the proposed national Community Justice Strategy vision that

“Scotland is a safer, fairer and more inclusive nation where we reduce reoffending by addressing its underlying causes, while safely and effectively managing those who have committed offences, to help them integrate into the community and realise their potential for the benefit of all citizens.”

This plan is outcome focused and will strengthen partnership working, community capacity, engagement and involvement of a full range of stakeholders. This plan sets out a clear pathway to ensure a smooth period of transition for Community Justice.

I am confident that this plan includes all the necessary building blocks for a robust and successful local model of community justice and I look forward to working with all the partners and wider stakeholders to bring this into fruition.

Sharon McAlees,

Chair of Inverclyde Community Justice Transition Group

## 2. Demographic Profile of Inverclyde

Inverclyde is located in West Central Scotland covering 61 square miles stretching along the south bank of the estuary of the River Clyde. Inverclyde is one of the smallest local authorities in Scotland with the main towns of Greenock, Port Glasgow and Gourock sitting on the Firth of the Clyde. The towns provide a marked contrast to the small coastal settlements of Inverkip and Wemyss Bay, which lie to the South West of the area, and the picturesque rural



villages of Kilmacolm and Quarrier's Village which are located further inland, offering a further dimension to the area's diversity.

A strong sense of community identity exists in Inverclyde and local residents are proud of the area and its history, which is steeped in centuries of maritime and industrial endeavour. There is also a strong community spirit and opportunity to further enhance this with the Community Justice agenda and the aim of building on local capacity to co-produce local responses.

Inverclyde is going through a period of transformation with improvements taking place in the physical infrastructure including further improvements in the existing well developed transport links to Glasgow and the rest of Scotland, new residential developments, leisure and retail facilities, cultural and arts centres and a new and refurbished schools estate being established that will help further renew and regenerate Inverclyde and more importantly, its communities. Inverclyde is also strengthened with West College Scotland situated over two local campuses. With regards to health facilities, Inverclyde is served with Inverclyde Royal Hospital and sixteen GP practices. Inverclyde also has HMP Greenock that includes both male and female prison population. These are all considered as key assets within Inverclyde and in meeting the aspirations of how Community Justice is developed locally.

The 2014 mid-year population estimate for Inverclyde according to the National Statistics of Scotland (NRS Mid-Year Estimate) is 79,860; this accounts for 1.5% of the total population of Scotland. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 18.6% (based on the 2012 population estimate).

There is a significant gap between our more affluent areas and those which experience high levels of poverty and deprivation. In our most deprived and disadvantaged areas, people face multiple problems such as ill-health; high levels of worklessness; poor educational achievement/attainment; low levels of confidence

and low aspirations; low income; poor housing and an increased fear of crime. In addition, Inverclyde has particular issues relating to alcohol.

The Scottish Index of Multiple Deprivation ranks the 6,505 zones of Scotland from most to least deprived using data on 7 domains. 50 of the 110 Inverclyde zones rank among the 20% most deprived in Scotland. Inverclyde has the second highest (42.7), next to Glasgow (44.4), proportion of data zones that are within the 15% most deprived in Scotland.

There is increasing research that demonstrates the strong links between mental health and material deprivation. The poorest fifth of adults are at double the risk of experiencing a mental health problem as those on average incomes. The impact of welfare reform has compounded this further where 98% of respondents in a recent report **Worried Sick: Experience of Poverty and Mental Health Across Scotland** (2014) indicated their mental health had suffered.

**Mental Health in Focus: A profile of mental health and wellbeing in Greater Glasgow & Clyde**, (2011) produced by the Glasgow Centre for Population Health states in the Inverclyde Profile.

“In Inverclyde perceptions of local crime were 36% higher than the Scottish average (an estimated 78% of Inverclyde adults reported that crime was “very or fairly common in their area” compared to 57% in Scotland). This contrasted with the relatively low level of both acquisitive crime (170 in Inverclyde versus 238 per 10,000 in GG&C) and offenders and victims of violent crime (30% and 22% lower in Inverclyde compared to GG&C)... Across the intermediate zones in Inverclyde, a picture of polarised communities is presented.”

The estimated number of individuals with problem drug use and the corresponding prevalence rates for 2012 / 2013 indicates the council areas with the highest prevalence rates of problem drug use in Scotland are Inverclyde 3.20%, Dundee City 2.80% and Glasgow City 2.76% - For Scotland as a whole the figure is 1.68%. (Percent of populations aged 15-64). **Inverclyde ADP Strategic Plan 2014-2015**.

Alcohol misuse is a particular problem in Inverclyde, particularly amongst the more disadvantaged population, where deaths and hospital admissions related to alcohol misuse are more than double the national average. In a Citizens' Panel survey carried out in Spring 2012, 87% of respondents thought that excessive alcohol consumption is a particular problem in Inverclyde. **Inverclyde Alliance SOA 2013-2017**.

Alcohol plays a major part in relation to crime and the fear of crime in Inverclyde. 85% of people who are arrested for disorder related offences are under the influence of alcohol, and in about 80% of violent crime cases in Inverclyde, alcohol has been a contributing factor, whether consumed by the victim, perpetrator or both. **Drugs Strategy: Tackling Drugs in the Community, ACPOS, 2009-2012**. Domestic violence also demonstrates a significant level of alcohol involvement. Women's Aid highlight that whilst the number of incidents of domestic abuse reported to the Police have fallen, their data has shown an increase in the last year. **To Reduce Violence Against Women, Inverclyde CSP, Co-ordinating Group, October 2009**.

Parental substance misuse is also a significant factor in Child Protection concerns. **Inverclyde Alliance SOA 2013-2017.**

Two thirds of young offenders were under the influence of alcohol at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison. **Alcohol and Inverclyde: Impact, Services and Strategy, Report prepared for the Inverclyde Alliance Board, 2007.**

The Scottish Fire and Rescue Service in Inverclyde believe there may be a link between the consumption of alcohol and the types of fire-related anti-social behaviour incidents encountered by their officers. <http://www.strathclydefire.org/pdfs/Scotland Together 07 09 09.pdf>

A significant proportion of Inverclyde residents presenting at emergency homeless services have alcohol and drug problems. **Inverclyde Alliance SOA 2013-2017.**

All of these criminogenic conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community. Importantly the profile also speaks to the variety of community assets that may be utilised in developing community capacity to facilitate the desistance of offenders.

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### 3. Community Justice

#### National Context

The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

"The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance."

The Community Justice (Scotland) Bill outlines the meaning of community justice as:

- a) "Giving effect to community disposals and post-release control requirements."
- b) "Managing and supporting offenders in the community with a view to reducing reoffending by them."
- c) "Arranging general services in ways which facilitate offenders in the community accessing and using them."
- d) "Preparing offenders for release from imprisonment or detention in a penal institution."

Following Stage 1 evidence sessions as part of the parliamentary process of the Bill; it is anticipated there will be an amendment to the definition of community justice that reflects a more holistic approach. Karp and Clear (2000) state that

"Community Justice broadly refers to all variants of crime prevention and justice activities that explicitly include the community in their processes and set the enhancement of community quality of life as a goal."

The Community Justice Division has established four work streams that reflect the suggested pillars of the national Community Justice Strategy that is currently being progressed. These include:

- Empowering communities to participate in community justice matters and support those who have offended or have been affected by offending.
- Improving partnership, planning and performance to ensure community justice bodies deliver services effectively.
- Improving access to services to ensure there is equality of access to all based on need.
- Effective use of interventions to ensure people who have offended receive the most suitable intervention at the appropriate time.

It is anticipated that the national Community Justice Performance Framework will also reflect these outcomes.

## Local Context

The Inverclyde Alliance Single Outcome Agreement 2013-2017 enshrines three pivotal approaches that will be interwoven in progressing community justice in Inverclyde. These include:

1. Community Capacity building and Co-production.

The core values underpinning this are:

- Recognising that people have assets, not just problems.
- Redefining work so that unpaid activities are valued and supported.
- Building reciprocity and mutual exchange.
- Strengthening and extending social networks.

2. Focus on Prevention and Early Intervention.

The Report on the Future Delivery of Public Services (2011) emphasised the need for public services to focus on prevention and early intervention which included a move towards preventative spend.

3. Getting it Right for Every Child, Citizen and Community (GIRFECCC): A Nurturing Inverclyde.

Inverclyde Alliance has applied the GIRFECCC approach and has adapted the wellbeing outcomes as outlined below as a whole population approach.

<b>Safe</b>	Protected from abuse, neglect or harm and supported when at risk. Enabled to understand and take responsibility for actions and choices. Having access to a safe environment to live and learn in.
<b>Healthy</b>	Achieve high standards of physical and mental health and equality of access to suitable health care and protection, while being supported and encouraged to make healthy and safe choices.
<b>Achieving</b>	Being supported and guided in lifelong learning. Having opportunities for the development of skills and knowledge to gain the highest standards of achievement in educational establishments, work, leisure or the community.
<b>Nurtured</b>	Having a nurturing place to live and learn, and the opportunity to build positive relationships within a supporting and supported community.
<b>Active</b>	Having opportunities to take part in activities and experiences in educational establishments and the community, which contribute to a healthy life, growth and development.
<b>Respected &amp; Responsible</b>	Respected and share responsibilities. Citizens are involved in decision making and have an active role in improving the community.
<b>Included</b>	Overcoming social, educational, health and economic inequalities and being valued as part of the community.

The Inverclyde Alliance Single Outcome Agreement 2013-2017 outlines eight local strategic outcomes as detailed below.

Outcome 1	Inverclyde's population is stable with a good balance of socio-economic groups.
Outcome 2	Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to bring about an improvement in the quality of community life.
Outcome 3	The area's economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential.
Outcome 4	The health of local people is improved, combating health inequality and promoting healthy lifestyles.
Outcome 5	A positive culture change will have taken place in Inverclyde in attitudes to alcohol, resulting in fewer associated health problems, social problems and reduced crime rates.
Outcome 6	A nurturing Inverclyde gives all our children and young people the best possible start in life.
Outcome 7	All children, citizens and communities in Inverclyde play an active role in nurturing the environment to make the area a sustainable and desirable place to live and visit.
Outcome 8	Our public services are high quality, continually improving, efficient and responsive to local people's needs.

#### 4. Community Justice Partners

The diagram below outlines both statutory partners (highlighted in blue) and non-statutory partners (highlighted in white). At this stage there have been discussions with the majority of these partners exploring their potential role to progress the community justice agenda.





As an interim measure a Community Justice Transition Group has been established. This has the aim of ensuring a smooth transition into shadow arrangements on 1<sup>st</sup> April 2016. This will operate alongside NSCJA and ensure we are ready for the introduction of the new model for Community Justice on 1<sup>st</sup> April 2017.

The Transition Group includes involvement of all of the statutory partners and representation from Action for Children and Turning Point Scotland who both deliver local services; CVS Inverclyde who form one part of Inverclyde's third sector interface; local Community Safety and Wellbeing Manager, ADP Co-ordinator and NSCJA Policy Officer.

The main consideration when opting for the development of the Transition Group was that the transition period required the expertise of various sectors while also recognising the SOA is being revised during 2016 and this will impact on future governance structures. The Transition Group will be able to remain focused on community justice at this crucial time while the SOA is being revised.

It is anticipated that while the statutory partners will remain static; there can be a degree of fluidity with regards to non-statutory partners dependent on the various stages and priorities at any given time. While there are partners who may not directly be involved in the Transition Group, this is not under-estimating the role they may have in progressing community justice. Several meetings have already taken place and will continue with other community partners to ensure a whole systems approach is taken and a wide range of community assets are fully utilised in community justice.

## 5. Involvement of Stakeholders

Inverclyde Alliance Community Engagement Strategy mirrors the National Standards for Community Engagement as outlined below:

1. **Involvement:** we will identify and involve the people and organisations who have an interest in the focus of the engagement.
2. **Support:** we will identify and overcome any barriers to involvement.
3. **Planning:** we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
4. **Methods:** we will agree and use methods of engagement that are fit for purpose.
5. **Working Together:** We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
6. **Sharing Information:** we will ensure that necessary information is communicated between the participants.
7. **Working With Others:** we will work effectively with others with an interest in the engagement.
8. **Improvement:** we will develop actively the skills, knowledge and confidence of all the participants.
9. **Feedback:** we will feed back the results of the engagement to the wider community and agencies affected.
10. **Monitoring And Evaluation:** we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.

There is an opportunity to build capacity and strengthen community resilience through promoting maximum participation in a programme of engagement events commencing in January 2016. This will be wide ranging and inclusive of those considered to be at the furthest distance from services such as people who have committed offences in a variety of settings including those who have an alcohol or drug problem; mental health issues; or are homeless; and those who are currently serving a community order or a prison sentence. Particular effort will also be given to ensure we capture the views of women who have committed offences and young people.

Other key stakeholders are the victims of crime and their families as well as the families of those people who have committed an offence.

A variety of methods will be used including one-to-one interviews; focus groups and questionnaires. The primary focus of this engagement will be to learn from people's own stories of both what has worked for them, what has had less impact, what are the gaps in service delivery and how services individually and collectively can improve to make the greatest impact for individuals, their families and wider community.

Engagement events will include tailored sessions for providers including national third sector organisations; PSP providers; local third sector organisations; and community organisations. This will provide an opportunity to both strengthen local networks and map the wide range of services. It will also assist in identifying any duplication of effort as well as informing future planning of services.

A further element of engagement will be at a community level using existing mechanisms developed as part of community planning partnership wellbeing localities and Health and Social Care Partnership Integrated Joint Board locality planning. This will include involvement of Community Councils, community groups and the general public. This will be about enabling community conversations to capture information about what really matters to people in the various geographical localities and to understand the outcomes they would wish to achieve as part of community justice. A range of methods will be used including attending meetings, arranging events, focus groups and using the Citizen's Panel.

## **6. Governance Arrangements**

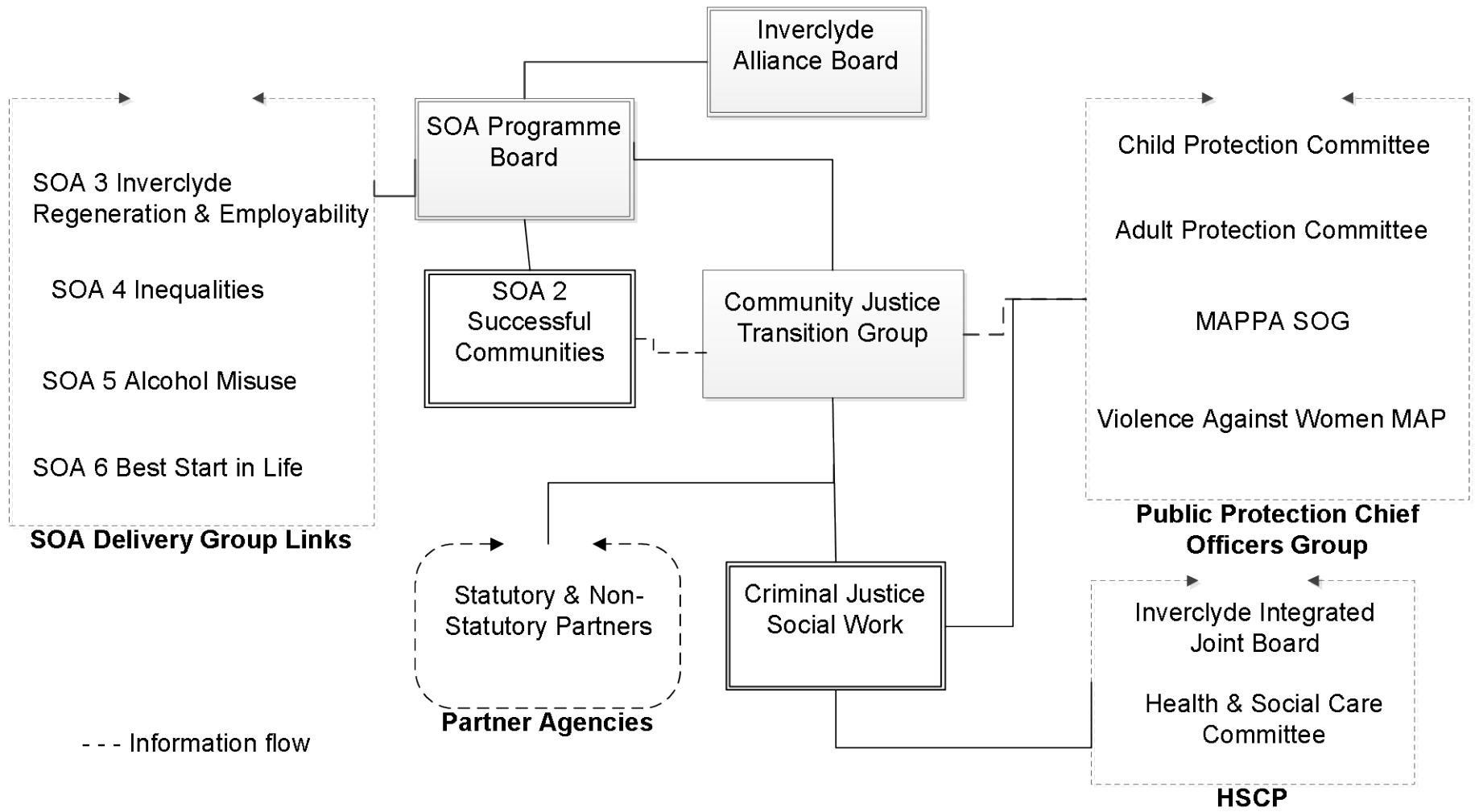
Before reaching agreement with regards to the governance arrangements for community justice; various options were considered and a SWOT Analysis was undertaken to inform the decision.

It was agreed as an interim measure to support the immediate period of transition, that a Community Justice Transition Group be established. The Transition Group has developed a Terms of Reference (Appendix 1) that details the remit and focus of the group. Final governance arrangements will be considered following the revision of Inverclyde SOA and implemented during 2017.

The Community Justice Transition Group is aligned to the SOA Delivery Group "Successful Communities" and will report to the SOA Programme Board and Inverclyde Alliance. Each partner will also report within their respective organisational governance structures. In addition; information sharing and collaborative working will also be developed with SOA Delivery groups and other fora including Inverclyde Public Protection Chief Officers Group; Inverclyde Integrated Joint Board and the Health & Social Care Committee as well as the Inverclyde Alcohol and Drug Partnership and Community Safety Partnership.

The Structure Chart below outlines the governance arrangement.

### Governance Structure



## **Planning Structure**

With a view to simplifying the planning structure in line with various locality planning drivers and the Community Empowerment (Scotland) Act 2015; it was agreed at Inverclyde SOA Programme Board on 6<sup>th</sup> November 2015 that there will be three “Wellbeing Localities” in Inverclyde. These will be known as Inverclyde East, Inverclyde Central and Inverclyde West. The concept of “wellbeing localities” reinforces the GIRFECCC approach and the role of the wellbeing indicators across Inverclyde’s planning structure.

Below each “Wellbeing Locality” there are “Wellbeing Communities”, followed by “Wellbeing Neighbourhoods”. All of these have been mapped with Community Council and Ward boundaries. Both Police Scotland and the Scottish Fire and Rescue Service use Ward boundaries in their planning structures. Inverclyde HSCP intends to adopt the Wellbeing planning structure.

With regards to implementing Community Justice the locality planning arrangements will be applied. This will enable a common language to be used by all partners around wellbeing, while also considering data specific to Inverclyde as a whole, right down to individual ward information where partnership resources can be targeted to ensure they make the maximum impact and services can be localised and flexible.

Appendix 2 details the planning structure.

## **7. Transition / Shadow Arrangements**

As outlined in Appendix 3; the North Strathclyde Community Justice Authority Area Plan 2014 – 2017, local and partnership actions will remain a primary focus during the transition period and beyond. The NSCJA is a key partner represented on the Transition Group where they will be able to share their knowledge and expertise.

Inverclyde has an active role in NSCJA and has close working relationships with both the NSCJA Chief Officer and NSCJA Policy Officer. The NSCJA have developed a Transition Plan and are scheduled to give a presentation to Inverclyde Alliance on 14<sup>th</sup> December 2015 to provide information on this. The NSCJA is also intending to produce Local Authority Level Offender Profile and Strategic Assessment.

There are regular meetings between NSCJA and Inverclyde in preparation for the transition that take cognisance of national developments within community justice and how this relates to the local context of Inverclyde.

## **8. Going Forward**

Much of the focus and activity during 2016 will be on developing the local model for community justice alongside partners and stakeholders from our local communities. A key focus of Inverclyde Alliance is in tackling inequalities including health, housing and employability. These all impact on criminogenic conditions and in tackling them will support desistance.

The pathway to desistance is an individual one and in planning services it is recognised that “one size fits all” will not work. Community justice as an approach needs to be outcome-focused and person-centred. There are good practice developments that can be adapted and applied to community justice. One aspect is in recognising and building on personal strengths and resources including positive social networks and developing a positive identity within their local neighbourhood.

As previously outlined there is a programme of engagement events planned for January – March 2016. Information from these will be used to inform future planning of services.

An Inverclyde Community Justice Logic Model will be developed that will be used to identify short-term, medium term and long-term outcomes. As part of this exercise there will be a mapping exercise of all the local resources available to progressing community justice.

A comprehensive data collection and analysis will also be undertaken at the various levels described in the planning structure. This will help to identify the range of data available, as well as informing any gaps and future developments of local indicators.

## **9. Resources**

The Scottish Government’s transition funding allocation of £50,000 to Inverclyde will be used in taking forward this plan. A Community Justice Lead Officer was appointed in September 2015 and will support the co-ordination of activity and the Community Justice Transition Group.

By developing close partnership working, identifying all available resources, (not just financial resources) whether staff, expertise or premises and services; partner resources will be leveraged to support change and innovation locally.

In undertaking benchmarking there will also be opportunity to consider cost analysis and preventative spend options.

A key resource that partners may share is around learning and development opportunities. This may include sharing training opportunities and expertise, sharing facilities or developing peer support and shadow opportunities.

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*Evaluation of Sixteen Women's Community Justice Service in Scotland*, (2015), Social Research, Scottish Government

*How and Why People Stop Offending: Discovering Desistance*, (2012), IRISS Insights 15

*Inverclyde Local Policing Plan 2014 – 2017*, Police Scotland

*Mental Health in Focus: A profile of Mental Health and Wellbeing in Greater Glasgow & Clyde (Inverclyde Profile)*, (2011), Glasgow Centre for Population Health

*The Scottish Public Health Observatory: Deprivation Data* <http://www.scotpho.org.uk/life-circumstances/deprivation/data>

*Preventing Homelessness and Reducing Reoffending*, (2015), Shelter Scotland

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*Inverclyde Health and Social Care Partnership Strategic Plan Establishment Plan 2015 – 2016*

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*Management Information Council Area Report: Quarter 1 2015 – 2016*, (2015), Police Scotland

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*Online Statistics Local Authority Breakdown (Inverclyde)*, (2015), Scottish Children's Reporter Administration

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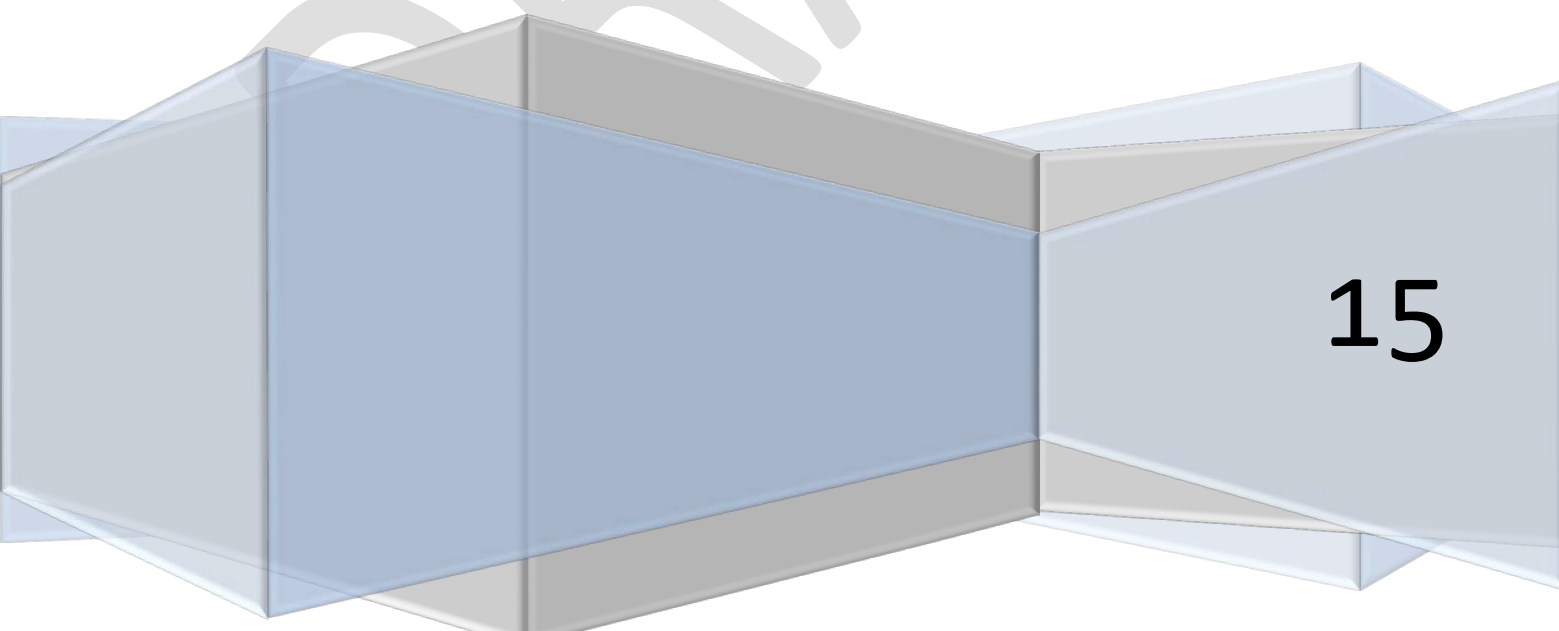
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# Community Justice Transition Group

Terms of Reference

Sharon McAlees



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## **Introduction**

The Scottish Government's Future Model for Community Justice in Scotland consultation paper (2014) defined community justice as:

“The collection of agencies and services in Scotland that individually and in partnership work to manage offenders, prevent offending and reduce reoffending and the harm that it causes, to promote social inclusion, citizenship and desistance.”

The Community Justice (Scotland) Bill is the legislative vehicle for implementing this new model whereby responsibility will transfer to local strategic planning and delivery while disbanding the current Community Justice Authorities.

The Community Justice Division has established four work streams that reflect the suggested pillars of the national Community Justice Strategy that is currently being progressed. These include:

- Empowering communities to participate in community justice matters and support those who have offended or have been affected by offending.
- Improving partnership, planning and performance to ensure community justice bodies deliver services effectively.
- Improving access to services to ensure there is equality of access to all based on need.
- Effective uses of interventions to ensure people who have offended receive the most suitable intervention at the appropriate time.

It is anticipated that the national Community Justice Performance Framework will also reflect these outcomes.

These terms of reference define the remit and focus of the Transition Group in preparing for local implementation of the Community Justice (Scotland) Bill.

## **Aim**

The aim of the Community Justice Transition Group is to ensure a seamless period of transition whereby a model of community justice is developed that reflects both the needs and strengths of Inverclyde.

The Community Justice (Scotland) Bill details statutory partners to include:

- Local Authorities
- Health Boards
- Police Scotland
- Scottish Fire & Rescue Service
- Skills Development Scotland
- Integration Joint Boards
- Scottish Courts and Tribunal Service
- Scottish Ministers (Scottish Prison Service)

In addition there are key non-statutory partners including the third sector. The Community Justice Transition Group has representation from all of the statutory partners and key non-statutory partners.

Underpinning the emerging model of community justice in Inverclyde are the principles of Best Value; efficiency, effectiveness and equity of service provision across all partners.

### **Group Membership**

<b>Name</b>	<b>Designation</b>	<b>Service</b>
Sharon McAlees	Head of Children's Services & Criminal Justice	HSCP Integrated Joint Board
Helen Watson	Head of Planning, Health Improvement and Commissioning	HSCP Integrated Joint Board
Andrina Hunter	Health Improvement, Inequalities and Personalisation Service Manager	NHS Greater Glasgow & Clyde
Audrey Howard	Service Manager	HSCP Criminal Justice
Ann Wardlaw	Community Justice Lead Officer	Community Justice Partnership
Miriam McKenna	Corporate Policy & Partnership Manager	Inverclyde Council
Fraser Jarvie	Legal Services Manager	Inverclyde Council
Willie Kennedy	Planning Officer	NSCJA
Anne Glendinning	Service Manager	HSCP Youth Justice
Lisa Davies		Scottish Court Service
Stuart Cassisdy		Procurator Fiscal

Mary Flynn	Team Leader	SDS
William Stuart	Governor, HMP Greenock	SPS (Representative for Community Justice)
Andy Lawson	Chief Superintendent	Police Scotland
Ian Bruce	Executive Officer	CVS Inverclyde
Paul Nelis	Group Manager	Scottish Fire & Rescue
Janine Ryan	Service Manager	Action for Children
Christine Buntrock	Operations Manager	Turning Point
Drew Hall	Community Safety and Wellbeing Manager	Housing, Safer & Inclusive Communities, Inverclyde Council
Margaret McConnachie	ADP Co-ordinator	Inverclyde ADP

Other members will be co-opted onto the group for specific projects as appropriate.

## **Scope and Methodology**

The group will work across a wide range of partners and stakeholders in Inverclyde and will use the following to inform methodology:

- Community Justice (Scotland) Bill
- Consultation Events by Criminal Justice Division
- Local Community Justice Engagement Events
- Community Justice Strategy (when published)
- Community Justice Performance Framework (when published)
- Community Justice Guidance (when published)
- Community Empowerment (Scotland) Act 2015
- Best Value Toolkits
- GIRFECCC approach across Inverclyde and SHANARRI Wellbeing Indicators
- Logic Modelling Toolkits
- Benchmarking
- Research on good practice examples
- Research on desistance and reducing re-offending
- The values of holding the people and communities of Inverclyde as the primary focus; recognising partners work better together; that all partners strive to improve and each partner individually and as a collective ensure transparency and accountability.

## **Reporting**

The group will report to the SOA Programme Board and Inverclyde Alliance. Each partner will also report within their respective organisational governance structures.

## **Meetings**

The group will meet on a six-weekly basis and the quorum required will be that a minimum of three different agency partners are in attendance.

There is a clear expectation that this group will be required to make decisions and each partner has a responsibility to have an appropriate representative in attendance who can contribute to this process. Where there are occasions where a partner is unable to have representation in attendance at a meeting; that partner has responsibility for ensuring they have submitted their feedback on matters being taken forward.

## **Data Analysis**

Data will be shared and collated across all partners in order to undertake all aspects of logic modelling and benchmarking, as well as being able to identify the impact of service delivery.

## Dispute Resolution

Where there is a disagreement on a particular matter, in the first instance attempts should be made to resolve this within the group. Where this is not possible it may be necessary for the respective partner(s) and the chair of the group to meet out with the meeting to attempt resolution. A further option would be for the respective partners and the chair of the group to identify and agree to approach an independent person to act as a mediator. The final stage where all other steps have been fully exhausted is that the matter is considered at the SOA Programme Board for arbitration, whereby a final decision will be reached. An appropriate partner with expertise regarding the specific matter may be co-opted onto the SOA Programme Board for this purpose.

## Recommendations

- That the terms of reference are used to steer the group during the transition period.
- As the legislation is progressed the terms of reference may need periodic review.

## Timescales

The following milestone dates have been identified:

<b>Timescale</b>	<b>Milestones</b>
2015-2016	Partners will commence their collective planning and capacity-building activities in the community planning context.
31 <sup>st</sup> January 2016	A local Transition Plan to be submitted to Scottish Government.
1 <sup>st</sup> April 2016	Partners will assume their responsibilities under the new model as a shadow year alongside the current Community Justice Authorities.
Spring / Summer 2016	The enactment of the Community Justice Bill is anticipated. Following this the Community Justice Strategy; Community Justice Performance Framework and Community Justice Guidance will be published.
December 2016	Partners will produce their first Community Justice Outcomes Improvement Plan.
31 <sup>st</sup> March 2017	Community Justice Authorities are formally dis-established.
1 <sup>st</sup> April 2017	The new model for Community Justice comes fully into effect.

## How will we know we are getting there?

As well as by meeting the milestones identified, qualitative achievements would include:

1. There is an enhanced understanding among statutory and non-statutory partners of the concept of community justice and their role in progressing this within the communities of Inverclyde.
2. The model of community justice in Inverclyde is outcome-focused and person-centred.
3. The communities of Inverclyde are recognised as having a wide range of strengths on which to build on.
4. The foundations of effective partnership working are established with regards to community justice.

## Appendix 2 – Wellbeing Localities

Wellbeing Locality	Wellbeing Community	Wellbeing Neighbourhood	LEARNING COMMUNITY CLUSTER	COMMUNITY COUNCILS	WARD
<b>Inverclyde East Wellbeing Locality</b>	Kilmacolm & Quarriers Village	<ul style="list-style-type: none"> <li>• Kilmacolm</li> <li>• Quarriers Village</li> </ul>	Port Glasgow High/Joint Campus	Kilmacolm	Ward 1 (Inverclyde East)
	Port Glasgow	<ul style="list-style-type: none"> <li>• Devol</li> <li>• Slaemuir</li> <li>• Oronsay</li> <li>• Woodhall/Kelburn</li> <li>• Park Farm</li> <li>• Parkhill</li> <li>• Clune Park</li> <li>• Lilybank</li> <li>• Town Centre</li> <li>• Chapelton</li> <li>• Kingston Dock</li> </ul>		Port Glasgow East Port Glasgow West	Ward1 (Inverclyde East) Ward 2 (Inverclyde East Central)
<b>Inverclyde Central Wellbeing Locality</b>	Greenock Central and East	<ul style="list-style-type: none"> <li>• Gibshill</li> <li>• Strone</li> <li>• Weir Street</li> <li>• Cartsdyke</li> <li>• Bridgend</li> <li>• Greenock Town Centre</li> <li>• Well Park</li> <li>• Drumfrochar</li> <li>• Broomhill</li> <li>• Propecthill</li> </ul>	Inverclyde Academy	Greenock East Greenock Central	Ward 2 (Inverclyde East Central) Ward 3 (Inverclyde North)
	Greenock South and	<ul style="list-style-type: none"> <li>• Bow Farm</li> </ul>	Inverclyde	Holefarm &	Ward 4



<b>Wellbeing Locality</b>	<b>Wellbeing Community</b>	<b>Wellbeing Neighbourhood</b>	<b>LEARNING COMMUNITY CLUSTER</b>	<b>COMMUNITY COUNCILS</b>	<b>WARD</b>
	South West	<ul style="list-style-type: none"> <li>• Grieve Road</li> <li>• Neil Street</li> <li>• Whinhill</li> <li>• Overton</li> <li>• Pennyfern</li> <li>• Peat Road</li> <li>• Hole Farm</li> <li>• Cowdenknowes</li> <li>• Barrs Cottage</li> <li>• Fancy Farm</li> <li>• Branchton</li> <li>• Braeside</li> <li>• Larkfield</li> </ul>	Academy	<p>Cowdenknowes</p> <p>Greenock South West</p> <p>Larkfield, Braeside &amp; Branchton</p>	(Inverclyde South) Ward 6 (Inverclyde South West)
<b>Inverclyde West Wellbeing Locality</b>	Greenock West and Gourock	<ul style="list-style-type: none"> <li>• Greenock West End</li> <li>• Cardwell Bay</li> <li>• Midton</li> <li>• Gourock Town Centre</li> <li>• Ashton</li> <li>• Levan</li> <li>• Trumpethill</li> </ul>	Clydeview Academy	<p>Greenock West and Cardwell Bay</p> <p>Gourock</p>	Ward 3 (Inverclyde North) Ward 5 (Inverclyde West)
	Inverkip & Wemyss Bay	<ul style="list-style-type: none"> <li>• Inverkip</li> <li>• Wemyss Bay</li> </ul>	Inverclyde Academy	Wemyss Bay & Inverkip	Ward 6 (Inverclyde South West)

## Appendix 3

### NSCJA Area Plan 2014-2017 – What we plan to achieve locally

NSCJA Plan	Inverclyde
1. A continued reduction in the 1 year reconviction rate in the NSCJA area.	Continue at a local level.
2. The effective provision of person centred, evidence led support services and interventions for women offenders as recommended by the Commission on Women Offenders in both community and in-custody settings.	Continue at a local level.
3. Effective and enhanced support services and interventions for high risk offenders including sex offenders and perpetrators of domestic abuse, whilst ensuring the 'victim's voice' is heard in the NSCJA area	Continue at a local level.
4. An increased focus on alternatives to custody and community sentences where appropriate, including diversion; community payback order (CPO); Drug Treatment and Testing Orders (DTTO); the use of electronic monitoring, where suitable; and alternatives to remand.	Continue at a local level.
5. Continue to support a prison culture where the maximisation of opportunities for prisoners to work towards positive destinations is the norm, addressing the cross cutting issues that contribute to offending and re-offending.	Continue at a local level.
6. A collaborative approach with our partners in Health and Alcohol and Drug Partnerships to address Health Inequalities.	Continue at a local level.
7. A smooth and efficient transition into the new Structure for Community Justice.	Continue at a local level.

## NSCJA Area Plan 2014-2017 – What actions we will do as a partnership

NSCJA Actions	Inverclyde
1. We will continue to work effectively in partnership to ensure the coordination of plans/strategies, interventions and workforce learning and development to reduce reoffending.	Continue at a local level.
2. We will agree an Action Plan each year with our partners and others, which will set out specific actions that we will manage and monitor through regular progress reports to NSCJA.	Continue via agreed local structure.
3. We will be responsive to developing policy initiatives by including these within our existing partnership structures or establishing new structures where required to implement at a local level.	Continue at a local level and in line with the development of the national Community Justice Strategy and Performance Framework alongside any new guidance.
4. We will take into account the recommendations of the Commission on Women Offenders and ensure all resources are utilised effectively across a multi-agency and multi sector approach to addressing the needs of women offenders in the NSCJA area coordinated through the NSCJA Women's Services Steering Group.	Continue at a local level.
5. We will ensure the effective roll out of 'Moving Forward, Making Changes' in the NSCJA area, as well as continuing to work in collaboration with a wide range of partners to develop effective interventions for domestic abuse perpetrators as well as support for victims.	Continue at a local level.
6. We will continue to support the increased, appropriate use of all forms of community sentences and alternatives to custody. We will progress any appropriate actions arising from the current review of Community Payback Orders and the unit cost of CPO's and review the delivery of Drug Treatment and Testing Orders across the NSCJA area.	Continue at a local level.

<p>7. We will continue to support the Scottish Prison Service; in particular taking advantage in the opportunities presented by the developing estate within the NSCJA area, whilst continuing to offer support to the innovative initiatives that have already been introduced.</p>	<p>Continue at a local level.</p>
<p>8. We will continue to support the National; Local and exemplar Public Social Partnerships and through these we will communicate examples of good practice and success to our wider partnership group. We will work with key public sector bodies to secure sustainable funding for successful PSPs.</p>	<p>Continue at a local level as part of a local Community Justice Commissioning Strategy.</p>
<p>9. We will work with NHS GG&amp;C and other partners to pursue innovative initiatives that incorporate a 'Whole Family Approach' to address health inequalities experienced by offenders and their families.</p>	<p>Continue at a local level.</p>
<p>10. We will work in partnership with local Alcohol and Drug Partnerships to improve equity of service access and reduce the instances of drug related deaths and alcohol related deaths in the NSCJA area.</p>	<p>Continue at a local level.</p>
<p>11. We will work with Scottish Government Community Justice Division; Community Planning Partnerships and other partners and stakeholders to ensure the smooth and efficient transition of duties and functions to the new structure for Community Justice.</p>	<p>Continue at a local level.</p>
<p>12. We will use flexibility and innovation in the way that we allocate funding whilst keeping a focus on 'What Works' and interventions that have the most impact on reducing reoffending.</p>	<p>Continue at a local level.</p>

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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>7<sup>th</sup> January 2016</b>
<b>Report By:</b>	<b>Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)</b>	<b>Report No:</b>	<b>SW/06/2016/SMcA</b>
<b>Contact Officer:</b>	<b>Sharon McAlees Head of Children's Services &amp; Criminal Justice</b>	<b>Contact No:</b>	<b>715282</b>
<b>Subject:</b>	<b>KINSHIP CARE ALLOWANCE</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of Scottish Government policy to increase and extend eligibility to kinship allowances for certain categories of kinship carers and the implications of this for Inverclyde.

## 2.0 SUMMARY

- 2.1 The Children and Young People (Scotland) Act 2014 introduces a number of changes to how children and young people in Scotland are to be cared for. In particular the act introduces changes to the financial assistance to eligible kinship carers.
- 2.2 Specifically the act introduces what is described as a parity model and involves increasing the financial support to kinship carers to a level that is equivalent to foster carers. The act also extends eligibility to kinship care allowances to certain categories of carers holding a residence order in respect of Section 11 of the Children (Scotland) act 1995. It should be noted that parity is in respect of the fostering allowance element only and does not include the fee element paid to registered foster carers.
- 2.3 Eligible kinship carers are currently defined within the Children and Young People (Scotland) Act Guidance as those who:
- I. Are caring for a child statutorily defined as a looked after child
  - II. Have been granted a Section 11 order by the court and where
    - a) The child had previously been looked after and
    - b) Placed by the Local Authority or
    - c) Is at risk of becoming looked after

The definition is currently subject to ongoing dialogue between COSLA, Social Work Scotland and the Scottish Government as it is widely accepted that greater clarity is required.

It should be noted that clarification of these issues is central to setting the future direction of Kinship Care Policy and until these matters are settled the content of this report should be considered interim.

- 2.4 The Scottish Government has agreed revenue funding of £10.1 million for all Scottish local authorities to fund allowances to achieve parity between foster carers and kinship carers in Scotland. This includes 50% of the estimated cost for formal care (£3.3million) and 100% of the estimated cost for holders of a Section 11 Order

(£6.8million). The funding is in addition to the £2.6million already allocated to local authorities through the local government finance settlement 2015/16 to assist with the implementation of Part 13 (Kinship Care Order) Children & Young People (Scotland) Act 2014 which is due to commence in April 2016. The specific allocation for Inverclyde equates to £91,688 for 2015/16 and annual allocation of £183,376

- 2.5 The current model proposes to bring about parity in payment between fostering allowances and kinship payments within each local authority. The Scottish Government have intimated that there is an intention to bring together the work commenced by the Foster Care Review and the Kinship Care Financial Review Groups to develop a sustainable national minimum allowance rate that local authorities can use to financially support looked after children.
- 2.6 In October the Scottish Government wrote to every local authority asking, that in light of the equality issues raised by the Equality and Human Rights Commission, each local authority publish as soon as possible a revised Kinship and Fostering Allowances Policy with details of eligibility criteria, assessment process and complaints procedures. In conjunction local authorities were asked to publish their current fostering allowance rates by the 1<sup>st</sup> of November. Work is at an advanced stage in updating the Inverclyde's kinship policy and procedures to include the introduction of a kinship approval panel which should contribute to a robust level of scrutiny around the approval of kinship carers Inverclyde's fostering rates are available to view within the HSCP website.

### **3.0 RECOMMENDATIONS**

- 3.1 The Health and Social Care Committee acknowledge and note the implications of the extension of duties on local authorities to increase and extend payment of allowance to kinship carers.

**Brian Moore**  
**Chief Officer**  
**Inverclyde HSCP**

## 4.0 BACKGROUND

- 4.1 Getting it Right for Every Child In Kinship and Foster Care was published by the Scottish Government in 2007 introducing a wider focus on the needs of children who could not be looked after by their parents and on the needs of the carers of these children. This included a commitment to pay parity between kinship and fostering allowance
- 4.2 In 2009, the Looked After Children (Scotland) Regulations came into force giving kinship carers of looked after children a formal and statutory basis. The implication of this was that there was little incentive for kinship carers to obtain a residence order in terms of Section 11 Children (Scotland) Act 1995 as kinship allowance was paid only in respect of looked after children.
- 4.3 Inverclyde launched a Family Placement Strategy in 2010. This strategy sought to achieve a level of parity in allowances between foster carers and eligible kinship carers. This included a commitment to continue to pay allowance to kinship carers caring for children who had been placed by the local authority secured via a compulsory supervision order and who had subsequently obtained a Section 11 Order. The approximate cost of obtaining an order if uncontested is £2000. Inverclyde contributes £499 towards the costs and some families if eligible receive the balance from Legal Aid.
- 4.4 In addition to financial support, Inverclyde provides other forms of support and advice to kinship carers. This includes a monthly Family Ties support group, short break holidays funded via carers strategy monies and individual support to young people in kinship placement. Feedback from our carers suggests that this is of equal importance to the financial support they receive.
- 4.5 Inverclyde HSCP currently pay allowances to 61 kinship households comprising 81 kinship carers and 83 children.
- 4.6 As noted, since 2011 there has been a duty on councils to pay formal kinship carers the same allowance as their local foster carers. This was the position in Inverclyde following the implementation of the Family Placement Strategy, and Inverclyde was one of a small number of authorities who had achieved approximated parity. However local practice was that payment ceased when a young person reached their 16<sup>th</sup> birthday and no uplifts were funded when the foster carers received a 2% increase in fostering allowance rate in 2014, meaning a slight differential existed between kinship and fostering allowances.
- 4.7 In 2014 the Equalities and Human Rights Commission (EHRC) commenced legal proceedings against a small number of local authorities for failure to meet what they perceive to be an existing statutory commitment to pay local kinship carers parity with foster care allowances. The current proposal is an interim solution to resolve these issues until a longer term solution is agreed by the National Allowance Review Group.
- 4.8 In 2015 Scottish Government and COSLA agreed that councils should adopt parity in relation to informal and formal kinship carers. The payment of allowances to eligible informal kinship carers was viewed as a commitment to encourage wider use of Section 11 Orders underpinned by the Kinship Order provision in the Children & Young People (Scotland) Act 2014 which will come into force in April 2016. The aims being to promote commitment of ensuring children and young people have security and permanence. Scottish Government and COSLA recommended that Local Authorities across Scotland adopt what has become known as the "Inverclyde Model"
- 4.9 Local authorities submitted information to COSLA and the Scottish Government identifying the number of kinship carers holding Section 11 Orders. Inverclyde currently pays allowance in respect of 61 kinship households with 60 children the



subject of Section 11 Orders and 23 subject of Compulsory Supervision Orders with condition of residence. Nationally the current number of Section 11 Orders varies widely and does not directly correlate with number of looked after children suggesting that obtaining Section 11 Orders is often determined by local practice. It should also be noted that across Inverclyde there will be a number of families who have obtained Section 11 Order whom the local authority has no current knowledge of or involvement with. Based on current analysis of the available guidance, these carers are not eligible for financial support.

- 4.10 The Settlement and Distribution Group agreed that the preferred option for local authority funding monies was based on a 70/30 weighting of children age 0-18yrs in Income Support/Job Seekers Allowance households and general population respectively. Inverclyde was subsequently awarded £183,376 per annum in conjunction with a pro rata payment of £91,688 for 2015/16.

The Health and Social Care Committee approved the use of £75,000 from this funding allocation for the prudential borrowing for the replacement of Neil St Children's Home.

- 4.11 When considering the financial impact of current proposals around kinship allowances it is important to take account of a number of factors.

- Wider changes contained within the Children and Young People (Scotland) Act. This specifically relates to Part 11 (Continuing Care) providing certain care leavers including those in kinship with the opportunity of continuing care until 21yrs of age. Presently Inverclyde ceases kinship payments when a young person reaches their 16<sup>th</sup> birthday. As of 1<sup>st</sup> October 2015, payments to those reaching 16yrs will require to continue until at least the 18th birthday.
- Presently a Section 11 Order can remain in force until a young person's 16<sup>th</sup> birthday. When the Children & Young Person (Scotland) Act 2014 comes into force, an eligible young person may also be entitled to kinship care assistance in their own right. The current fostering allowance rate for 16- 18yrs is £220.05 however previously looked after 16-18yrs young people currently receive a weekly allowance of £57.90 thus creating a future parity issue.
- Inverclyde's Family Placement Strategy introduced a level of parity. With the exception that foster carers were awarded 2% uplift on the fostering allowance in 2014, this was not extended to kinship carers. Fostering allowance is paid over 57 weeks to take account of holiday periods. This will also require to be extended to kinship carers.
- Current calculations for kinship allowance require an individual assessment by a welfare rights officer. A proportion of Inverclyde kinship carers are eligible for child tax credit and child benefit benefits, intended to cover accommodation and maintenance. These benefits are deducted from the amount of allowance payable to the carer and any shortfall of allowance that brings the amount payable up to the fostering allowance is paid to promote the wellbeing of the child or young person. All kinship carers will require a further financial assessment to take account of any changes in benefits paid which may incur further cost for the council. In the longer term the move to roll out Universal Credit across Inverclyde is anticipated to impact further on kinship carers caring for looked after children.

- 4.12 Taking the above into consideration, it is estimated that the additional annual cost of kinship allowance amounts to £132,000, depending on the work currently underway to establish definitions and parameters of formal kinship care. The figure has the potential to rise significantly both in year and cumulatively.

## **5.0 IMPLICATIONS**

### **FINANCE**

- 5.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Children & Families	Kinship Payments	2015/16	47	N/A	Estimated Costs from 01/10/15 to 31/03/16. Funded from Scottish Government Funding.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
Children & Families	Kinship Payments	2016/17	132	N/A	Estimated annual cost funded from Scottish Government funding.

**LEGAL**

- 5.2 There are/are no legal issues within this report. The report seeks to align practice with new legislative requirements.

**HUMAN RESOURCES**

- 5.3 There are/are no human resources issues within this report.

**EQUALITIES**

- 5.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

**REPOPULATION**

- 5.5 There are/are no repopulation issues within this report.

## **6.0 CONSULTATION**

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with children and families services.

## **7.0 BACKGROUND PAPERS**

7.1 Children and Young People (Scotland) Act 2014.

**INVERCLYDE COUNCIL  
HEALTH AND SOCIAL CARE PARTNERSHIP**

**AGENDA AND ALL PAPERS TO:**

Councillor McIlwee	1
Councillor Jones	1
Councillor Dorrian	1
Councillor McCabe	1
Councillor Brennan	1
Councillor McCormick	1
Councillor Ahlfeld	1
Councillor Rebecchi	1
Councillor MacLeod	1
Councillor Grieve	1
Councillor Campbell-Sturgess	1

All other Members (for information only) 9

**Officers:**

Chief Executive	1
Corporate Communications & Public Affairs	1
Chief Officer, Health & Social Care Partnership	1
Head of Children & Families & Criminal Justice	1
Head of Community Care & Health	1
Head of Planning, Health Improvement & Commissioning	1
Clinical Director	1
Head of Mental Health & Addictions	1
Corporate Director Education, Communities & Organisational Development	1
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Property Services	1
Vicky Pollock, Legal & Property Services	1
S Lang, Legal & Property Services	1
Chief Internal Auditor	1
File Copy	1

**TOTAL 37**

**AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:**

Community Councils 10

**TOTAL 47**